

The Bulletin

OF THE TULSA COUNTY MEDICAL SOCIETY

VOL. 3

TULSA, OKLAHOMA, APRIL 1937

NO. 4

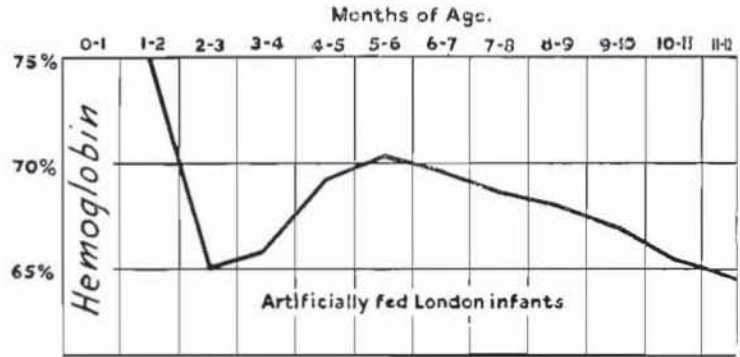
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TULSA, OKLAHOMA



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

Nutritional Anemia in Infants

The accompanying chart of the hemoglobin level in the blood of infants is based on more than 1,000 clinical cases studied by Mackay. The sharp drop in hemoglobin during the early months of life has also been reported by a number of other authorities. It is noteworthy that this fall in hemoglobin has been found to parallel closely that of diminishing iron reserve in the infant's liver.



The usual milk formula of infants in early life further contributes to this anemia because milk is notably low in iron. It is now possible, however, to increase significantly the iron intake of bottle-fed infants from birth by feeding Dextri-Maltose With Vitamin B in the milk formula. After the third month Pablum as the first solid food offers substantial amounts of iron for both breast- and bottle-fed babies.

Reasons for Early Pablum Feedings

1. The iron stored in the infant's liver at birth is rapidly depleted during the first months of life. (Mackay,¹ Elvehjem.²)
2. During this period the infant's diet contains very little iron—1.44 mg. per day from the average bottle formulae of 20 ounces, or possibly 1.7 mg. per day from 28 ounces of breast milk. (Holt.³)

For these reasons, and also because of the low hemoglobin values so frequent among pregnant and nursing mothers (Coons,⁴ Galloway⁵), the pediatric trend is constantly toward the addition of iron-containing foods at an earlier age, as early as the third or fourth month. (Blatt,⁶ Glazier,⁷ Lynch⁸).

The Choice of the Iron-Containing Food

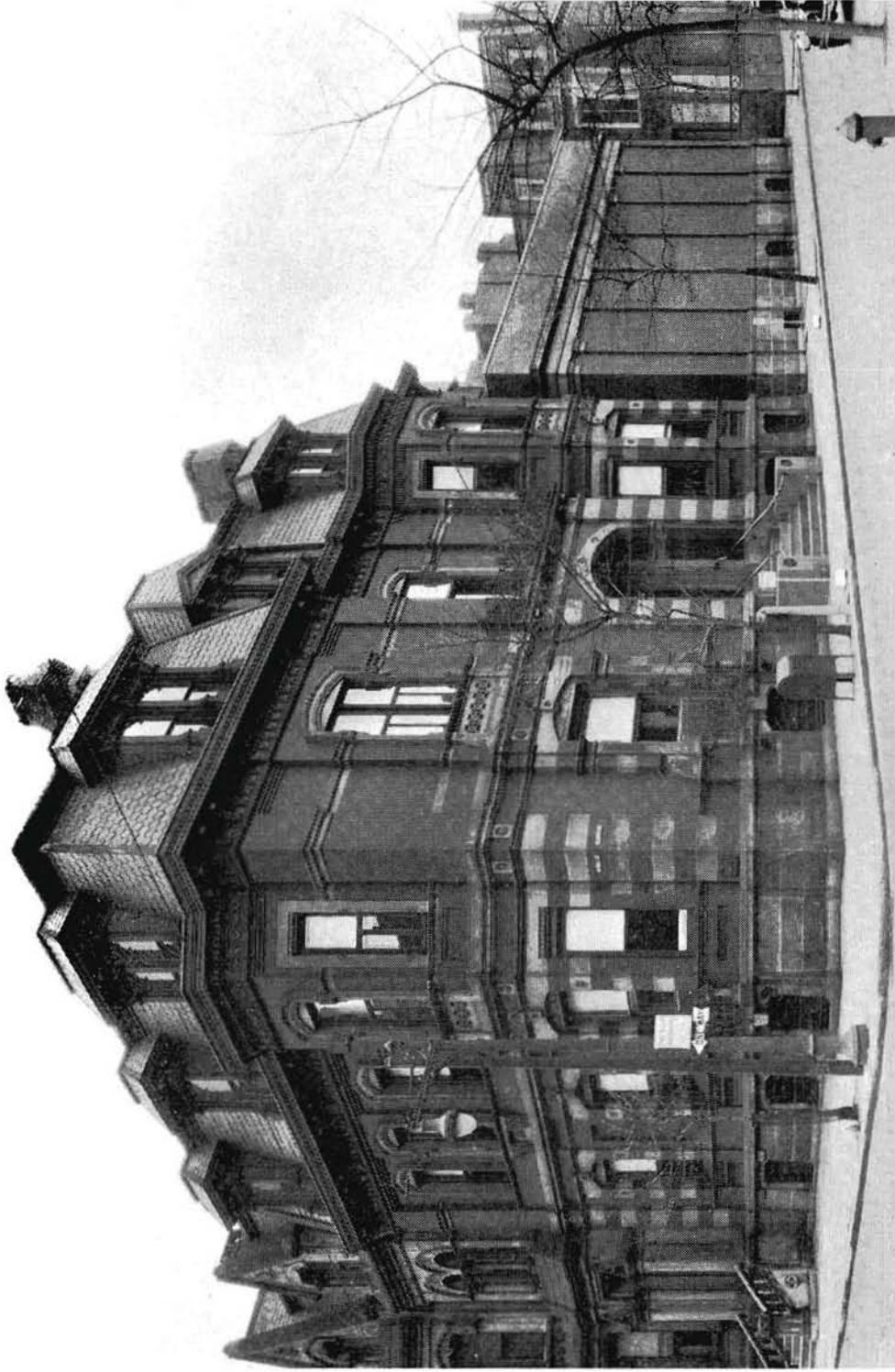
1. Many foods reputed to be high in iron actually add very few milligrams to the diet because much of the iron is lost in cooking or because the amount fed is necessarily small or because the food has a high percentage of water. Strained spinach, for instance, contains only 1 to 1.4 mg. of iron per 100 gm. (Bridges.⁹)
2. To be effective, food iron should be in soluble form. Some foods fairly high in total iron are low in soluble iron. (Summerfeldt.¹⁰)
3. Pablum is high both in total iron (30 mg. per 100 gm.) and soluble iron (7.8 mg. per 100 gm.) and can be fed in significant amounts without digestive upsets as early as the third month, before the initial store of iron in the liver is depleted. Pablum also forms an iron-valuable addition to the diet of pregnant and nursing mothers.

Pablum (Mead's Cereal thoroughly cooked and dried) consists of wheatmeal, oatmeal, cornmeal, wheat embryo, brewers' yeast, alfalfa leaf, beef bone, iron salt and sodium chloride.

¹⁻¹⁰ Bibliography on request.

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Homes of County Medical Societies

4. The Philadelphia County Medical Society

The American Hospital of Paris

Dr. Hardgrove relates an interesting story of the development of an American institution on the Continent which is receiving wide recognition

by Maurice Hardgrove, M.D.

Physicians or their friends, anticipating a visit to Central Europe, should know about the American Hospital at Paris. It will give them a sense of security in event illness occurs while they are abroad. There is an almost total lack of private hospital facilities on the Continent, and Paris is quite accessible from any point. Also, through this hospital physicians visiting in Paris may obtain information concerning the many interesting and instructive clinics being held throughout the French metropolis.

The American Hospital is located at 63 Boulevard Victor Hugo, in Neuilly-sur-Seine, a Parisian suburb just outside the city limits of Paris, about a ten-minute ride by taxicab from the Madeleine. It may be reached, also, by subway or bus. Located in a quiet, residential district, it is densely shaded by trees. A large garden which makes up part of the grounds, covers an area equal to a city block.

The Hospital was founded by American residents and physicians to provide medical care for Americans living and traveling in Central Europe. It was planned and incorporated under the French laws in 1904, the original site having been purchased in 1908. The first building was opened in March, 1910, and was incorporated in 1913, by an act of the United States Congress. At that time there were accommodations for only twenty patients, ten in private rooms, and an equal number in the single ward. In a short time additions made possible the accommodation of twelve more private patients. Demands grew more rap-

idly than expansion of the hospital's quarters. It was often necessary to provide for fifty or more patients, and there was always a waiting list.

The small, original Hospital soon gained recognition as a model institution. During the early days of the World War it rendered a splendid service to France by organizing and conducting the American Ambulance Hospital. Later, when the United States entered the world conflict, the Hospital, completely equipped, was turned over to the United States Army, and became the American Military Hospital, Number One.

In 1921, adjoining ground was purchased to erect a larger building in which all American patients who might apply could be cared for. The new Memorial unit, erected at a cost of over one million dollars, received its first patient on January 30th, 1926. It had a capacity of one hundred and twenty beds, including eight private maternity rooms; a maternity ward of four beds; two roof gardens, and sun parlors on each floor for the use of patients. There were two large, twelve-bed wards, one for men, the other for women.

The building contained, also, three large operating rooms; complete radiographic and radiosopic installation; a modern clinical laboratory; an elaborately-equipped eye department; an ear, nose and throat department; dental department; complete equipment for electrotherapy, radiotherapy, and hydrotherapy; special diet kitchens; general consultation rooms, and a lecture hall. All of the patient rooms are exposed to the sun for part of the day, and fresh air, at the proper temperature, is pro-

vided at all times by a system of mechanical ventilation.

The Hospital is built of reinforced concrete and brick, with a stone facade. The central portion is five stories in height, while the two wings have four stories, each with a pergola, which forms the roof

disposal of others than Americans, but only when ample accommodations are first assured our countrymen.

An excellent nursing school which has given instructions in all types of nursing and dietetics was founded in 1914. Although many of the nurses



THE AMERICAN HOSPITAL OF PARIS

gardens. From these gardens one obtains a beautiful view of Paris; Sacre Coeur, the Eiffel Tower, the Seine, and St. Cloud are all within sight.

Both the old and new institutions were built by funds contributed by American residents of Paris, who gave generously of their time as well as of their money. Although the Hospital is for the exclusive use of Americans, except in certain contingencies, many French friends have given unsolicited donations, and gifts have been received from other countries, also. The Board of Governors has ruled that a certain number of rooms may be placed at the

are American, it has been found that the pleasant, honest, and hard-working Scandinavian girls, of whom there are many in training at the hospital, make excellent nurses. Over two hundred well-trained nurses have received diplomas. The hospital now has a complete staff of select graduates and maintains a graduate nurses' registry where requests for private nurses for duty outside the hospital receive attention at any hour. To have an English-speaking nurse, trained in American nursing technique, is indeed a blessing for one ill in a land where such trained attendants are a rarity.

(Continued on page x)

The Medical Millennium

A tragi-comedy in four acts by a physician whose name isn't Hepplethwaite. It is an amusing and thought provoking commentary on what would happen if medicine were socialized

by Artemus C. Hepplethwaite

ACT I

PROLOGUE

With their campaign slogan as a rallying cry, "A Flivverplane in Every Hangar and Caviar Three Times a Week," the Republicrats were swept back into power by an overwhelming majority in 1940. In one of his first public addresses the president announced the official members of his new cabinet. The post of the first Secretary of Public Health was given to a former buggy-whip magnate from Detroit. His one and only qualification for the office had been his heavy contributions to the party fund. With his appointment the whole system for the free care of the sick was at once tossed into the lap of politics. The scramble for jobs began, and the faithful were rewarded.

The Department of Public Health had been recently created in 1938, two years after the passage of the Social Protective Act in 1936. It was followed by the Medical Socialization Act in 1939. Under the provisions of this act all physicians in practice at that time were given the option of becoming employees of the State or remaining in private practice. Many chose to remain private practitioners. However, as more and more of the population was included under the benefits of the Medical Socialization Act, existence for the private physician became more precarious. Nor was the life of a State physician an easy one. The hours were long and the financial remuneration meager. For this reason young men and women refused to make medicine their vocation. The cost of a medical education was too high

and eight years too lengthy a period to spend for so small a return. They preferred rather to seek a career with the W.P.A., now a permanent fixture in the State. Here, no special qualifications were necessary. Accordingly, the Medical Draft Act was passed in 1943. The purpose of this bill was to conscript students for medical practice. Any high school graduate having an excellent scholastic rating could be drafted and sent to medical school at the expense of the State. On the completion of his course he was assigned to a locality, there to practice medicine. He had no choice of his patients, and they had no choice but him.

A system of State Medicine so comprehensive requires the mobilization of an army of lay workers throughout the country. Since the doctor is required to fill out four reports on each patient per week, there is a tremendous amount of detail work for administrators, clerks, stenographers, and the like. The number of lay employees in the system soon out-numbers the doctors. In fact, the number of all State employees has reached the ratio of 1 to 1; that is—for each State employee there is only one tax-payer to support him.

To further complicate the whole structure of State Medicine there is also health insurance. Persons ill and unable to work receive a weekly insurance check from the State. Needless to say taxes are gradually mounting higher and higher. In 1942, the amount expended for all benefits was \$7,656,000,000, of which the administrative costs totaled \$1,916,000,000. Thus, out of every dollar spent on the Nation's sick, about

25 cents was stoked into the fire that kept the ponderous machinery turning.

SCENE I

TIME: May, 1945.

PLACE: The home of the Edwards family in Denlyn.

CHARACTERS:

Dr. Paul J. Edwards—a former physician.

Mrs. Edwards—his wife.

Richard—his son.

(The scene is laid in the living room of the Edwards' home. DR. EDWARDS, who was a practicing physician until crippled in an automobile accident, is sitting in his wheel chair by the window. He is reading. MRS. EDWARDS, seated in a large easy chair, is sewing. The door bell rings. MRS. EDWARDS answers it. A deputy sheriff stands in the doorway. The deputy sheriff speaks.)

DEPUTY SHERIFF: "Does a Richard Edwards live here?"

MRS. EDWARDS: "Yes, he does!"

DEPUTY SHERIFF: "I want to see him."

MRS. EDWARDS: "Step in, please. I'll call him." *(She goes into another room and can be heard calling Richard. She soon returns with a sturdy-looking boy of about 18 years of age.)*

DEPUTY SHERIFF: "Are you Richard Edwards?"

RICHARD: "Yes, sir, I am."

DEPUTY SHERIFF: "Then this is for you." *(He hands RICHARD a paper, then turns to leave. MRS. EDWARDS shows him to the door.)*

DEPUTY SHERIFF: "Goodbye." *(DR. EDWARDS, MRS. EDWARDS, and RICHARD echo his "goodbye.")*

MRS. EDWARDS: "What is it, Richard? I hope you haven't gotten into trouble." *(RICHARD has unfolded the paper and is reading it.)*

RICHARD: *(Bewildered)* "It says I'm drafted into medical school."

DR. EDWARDS: "Keep a stiff upper lip, old son."

RICHARD: "But, Dad, why did

they have to do this to me? I don't want to be a doctor. Nobody wants to be a doctor anymore. It means work and work and work. I know! Jack Slater's father is a doctor. Jack told me he has to make calls night and day. He never gets any time for himself or his family—and he doesn't get much pay. It isn't fair, I tell you, it isn't fair." *(The boy stands in the center of the room. Tears are coursing down his cheeks.)*

DR. EDWARDS: "Your life will be what you make it, Dick. The practice of medicine need not be a drudge, if you will ride your profession instead of letting it ride you! It is true that under State Medicine many of the old ideals and traditions have been lost. Perhaps some day they may return. So I hope! As far as the salary is concerned, the doctor of today must receive his greatest remuneration in the satisfaction of work well done." *(RICHARD is still standing. He says nothing.)*

DR. EDWARDS: *(continuing)* "Medicine has a wonderful heritage. It was always an honorable profession. Wheel me into my study, Dick. You and I will talk this over. Somehow we might make the seriousness of your problem seem less serious." *(RICHARD wheels his father from the room.)*

SCENE II

TIME: May, 1945.

PLACE: The living room of the Jukes family in Nashapolis.

CHARACTERS:

Pete Jukes—A "gentleman of leisure."

Mrs. Jukes—his wife.

Bill—his son.

(As the scene opens MR. JUKES is pacing back and forth across the room. He stops often to peer out the window. Finally, he goes to the doorway of an adjoining room and shouts.)

MR. JUKES: "Hey, Ma! Call the doctor again. I ain't gonna wait all

day. I been waiting a half hour already. A guy kin die before he gits here."

(The voice of MRS. JUKES is heard from the kitchen.)

MRS. JUKES: "Aw, quit yer belly-aching. All that's the matter with you is too much bad booze."

MR. JUKES: *(Disgustedly.)* "That's sympathy for yuh."

(A knock is heard at the door.)

MR. JUKES: "I guess that's the doc." *(He opens the door. A deputy sheriff steps in.)*

DEPUTY SHERIFF: "I want to talk to William Jukes. Is he home?"

MR. JUKES: "I dunno. Oh, Ma, where's Bill?"

MRS. JUKES: *(From the kitchen.)* "He's here."

MR. JUKES: "Send him in, will yuh?"

BILL *(walking into the room):* "What do you want?"

DEPUTY SHERIFF: "I've got to serve this paper on you." *(He hands BILL the paper.)*

Bill *(reading):* "You are hereby ordered to report immediately to the local office of the State Medical Bureau for induction into medical school."

MR. JUKES: *(Peering over his shoulder)* "Well, I'll be damned." *(To deputy sheriff)* "Say, they can't do this to my kid."

DEPUTY SHERIFF: *(Shrugging his shoulders)* "That's what you think." *(He leaves.)*

MR. JUKES: "Who do them guys think they are? This is a free country. A doctor's gotta dog's life. I ain't gonna see no kid of mine go to work if he don't wanna. A guy's got some rights. And ain't I a good Republicrat? I oughta be; I voted for 'em six times in the last election." *(He grabs his hat from the table.)* "Come on, Bill. We're gonna go to the Big Boss about this. He kin git yuh out of it." *(The door slams after them.)*

ACT II PROLOGUE

Balzac once said, "Bureaucracy is a giant power wielded by pigmies. It has a natural tendency for mediocrity, a predilection for statements and reports, and is as meddlesome as a small shopkeeper's wife. It has shirked every question, protracted delays and perpetuated abuses, the better to protect and perpetuate its own existence."

He certainly was a prophet! All this and more is true of the present system of State Medicine.

Since health insurance has been in effect the average number of days of incapacity to work because of ill health has risen from 5.5 to 28 days. What is the reason? Malingering, the ever faithful handmaiden of all health insurance schemes, is to blame for the climbing sickness rate. Patients are becoming past-masters in the art of prolonging convalescence in order to obtain compensation.

At first sight it seems improbable and paradoxical that anyone should desire to collect "sick" money that amounts to half the sum of his wages. The motives are numerous. For example, when wages are being decreased, when work is scarce and work hours shortened; when there are fewer shifts, many holidays, work restrictions at certain seasons, outdoor work in inclement weather, fifty per cent of the wages is welcome. One objects to the work he is given; another does not feel like working; a third man's time is taken up by some family matter for which he would have to take leave of absence and forfeit his pay. In such cases, the sickness insurance comes in handy.

It is unfortunate that the doctor's salary depends on the number of patients he cares for. To become tagged as "too strict" plays havoc with a practice. The easier way is to grant sick leave and the right to sickness insurance almost whenever a patient requests it. Of course, the flood of

patients with imaginary or commonplace complaints, for the purpose of getting on the sick list, naturally has led to a tendency on the part of physicians to suspicion the actuality of the symptoms described by the patient, and to disbelieve the existence of serious disease. This attitude is unfortunate for the patient who is really ill. He has just cause for indignation when he feels his illness doubted.

However, the underlying evil in State Medicine is the control exercised over it by politicians. It is not always the best qualified physician who is promoted to the better position. Rather it is often the doctor with the most political influence. This has succeeded in stifling ambition. No doctor would think of spending his own hard-earned money for books and post-graduate courses when the possibility of improving his professional status is so hopeless. Of course, the person who will eventually suffer most from such a scheme is the patient.

SCENE I

TIME: August, 1947.

PLACE: A doctor's office in Cleve-
mond.

CHARACTERS:

Dr. Simpson Bartlett—a state
physician.

Tony Morono—a small politi-
cian.

(As the scene opens DR. BARTLETT is seen writing at a desk in his office. The opening and closing of a door is heard from the outer reception room. Before DR. BARTLETT can rise a man strides into his office. It is TONY MORONO. He does not remove his hat from his head nor the cigar from the corner of his mouth.)

MORONO: "H'yuh, Doc?"

DR. BARTLETT: "Very well,
thank you."

(They shake hands.)

MORONO: (looking about him)
"Nice layout yuh got, Doc."

DR. BARTLETT: "I like it."

(There is a silence as they both
size up each other.)

DR. BARTLETT: (Continuing)
"What can I do for you?"

MORONO: "You know me, don't
yuh?"

DR. BARTLETT: "Yes, I do."

MORONO: "Ok! Then let's get
down to business. Some of the boys
tell me yuh wouldn't fill out their
sickness insurance papers. How
come?"

DR. BARTLETT: "That's simple.
Because they were not sick."

MORONO: "Be yourself, Doc.
What's the difference? It ain't any-
thing out of yer pocket."

DR. BARTLETT: "You're right,
but I don't practice medicine that
way."

(MORONO picks up a picture of a
young woman and child from the
doctor's desk. He looks at it.)

MORONO: "Your wife and kid,
Doc?"

DR. BARTLETT: "Yes."

MORONO: "Yuh think a lot of
them, don't yuh?"

DR. BARTLETT: "Of course I
do."

MORONO: (Placing picture back
on desk.) "Then get wise to your-
self, Doc."

DR. BARTLETT: "What do you
mean?"

MORONO: (Scowling) "I mean I
can bust yuh, and have yuh sent out
in the sticks. That wouldn't be so
good for them, would it?"

(DR. BARTLETT doesn't answer,
but he gets up from his chair and
walks to the window; he stands with
his hands in his pockets, looking
down into the traffic. Then he walks
back to his desk. He picks up the
phone and calls a number.)

DR. BARTLETT: "Helen, you re-
member our discussing the letter I re-
ceived from the Presbyterian Board
of Medical Missions; do you still

(Continued on page xi)

Can You Believe the Patient?

by An Observer

Physicians are only too familiar with people who have imaginary ills. In consequence, they become expert at interrogation. They avoid, if possible, hearing about unimportant symptoms and pains. Despite their precautions, some patients relate most convincingly many things which are not so. Good judgment is then needed to determine how much should be discounted.

Although experienced physicians are not taken in by complaints of their neurotic patients, it is surprising how readily they accept what is told them about fellow practitioners. Many patients delight in reporting their observations of physicians and the treatment given them. If statements are questioned by the doctor, they assure him of their veracity because they "have seen it with their own eyes." If the doctor is impressed he may so far forget himself as to make some comment. Needless to say, better judgment should suggest that it is dangerous to accept hearsay as fact, and worse folly to encourage gossip.

Illustrative of the fallibility of any observer is the witness in court. Under oath two witnesses may be in entire disagreement as to the details of an incident which happened in their presence. Both may be honest, but such qualities as intelligence and perception vary considerably. The physician, therefore, should realize that whether it be praise or blame, patients' comments upon physicians, more often than not, are colored by prejudices, and certainly by a lack of understanding of what constitutes good medical practice.

There are some patients, too, who read into a doctor's every action some questionable motive, and will de-

scribe his behavior in such a manner as to convince the listener that he is not what he should be. The usual complaint, however, is that the patient received inadequate and improper treatment.

Why physicians accept unsupported statements made by patients about their colleagues and comment upon them is unexplainable. That they are guilty of such indiscretions is well-known. Not infrequently, they lead to malpractice suits.

No physician is justified in making derogatory remarks about a colleague unless he has definite evidence that the practitioner was grossly negligent. Even then he should exercise caution because he is usually not thoroughly familiar with all the circumstances which led to the result.

Most patients, we believe, do not intentionally mean to injure a doctor or to praise him beyond what he justly deserves. Due to their lack of understanding of what constitutes good medical practice and the scientific factors involved, it is perfectly natural that incidents will be exaggerated in their minds. The safest course for the doctor to pursue is to accept a patient's statements with reservations unless there is undeniable evidence to substantiate them. Certainly he should not be taken in by hearsay information relayed to him by persons who may be prejudiced.

It is not suggested that flagrant abuses by incompetent practitioners be overlooked. These must receive the attention of the medical profession. What we do suggest is that petty and malicious gossiping be guarded against, and that the doctor discount what the patient says about his colleagues.

Events

■ for ■

M A Y

JANUARY							FEBRUARY							MARCH							APRIL							MAY							JUNE						
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MONDAY, MAY 3RD:

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

TUESDAY, MAY 4TH:

Auxiliary to the Tulsa County Medical Society with Mrs. J. F. Gorrell, 2116 East 15th Street at 12:30 p. m.

TUESDAY, MAY 4TH:

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

WEDNESDAY, MAY 5TH:

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

THURSDAY, MAY 6TH:

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

MAY 10, 11, 12:

Annual Meeting, Mayo Hotel, Oklahoma State Medical Association. See State Journal for Program.

MAY 17TH:

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

Invitation

The Tulsa County Medical Society is eagerly awaiting your arrival at the State Convention May 10, 11, and 12. Our members have worked hard to prepare a scientific and entertainment program which you will remember for a long time. The Auxiliary is composed of enthusiastic ladies, and your wives will miss some delightful entertainment if they do not accompany you.

Cordially yours,
 JAMES STEVENSON, M. D.

Do Not Read This

Maytime is playtime; so reach for the calendar and put a circle around Monday, May 24. This will be the last meeting of the year, and once again all doctors and their wives, not only of Tulsa County but of all the adjoining counties, are most cordially invited out to Oakwood Sanitarium for the annual Barbecue dinner. The occasion, as usual, will be largely social with dinner at 6:00 p. m. However, open house the whole afternoon will be the rule at Oakwood, and any who care to do so may come early and fish in the lake across the road, bowl,

play pool, or what have you. Do not let the weather scare you out, because the festivities can be quickly and fully transferred indoors, if necessary.

Dear Editor:

Roy Dunlaps letter about a projector is to the point. We have taken advantage of the good natured projector owners long enough and its time for the society to buy its own machine. A buck apiece from all the boys should get a very good machine. Here's my dollar Miss Calhoun. See what you and the secretary can get from the other fellows. Roy Dunlap should be good for a buck so that makes \$2.00.

Yours truly,
 JIMMY.

Personals

Doctors V. K. Allen, Andre B. Carney, Ralph A. McGill, and A. W. Pigford attended the American College of Surgeons' Convention in Denver, Colorado the week of April 4.

Dr. A. H. Redding of Ponca City has been assisting Dr. V. K. Allen in his practice.

THE BULLETIN OF THE TULSA COUNTY MEDICAL SOCIETY

Editorial Board

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



Vol. 3

April 1937

No. 4

Medico-Legal Aspects of Autopsy

A medical man wishing to perform an autopsy must secure permission therefor from the persons having the authority to grant it, also he had better use the work autopsy and not post-mortem examination, or merely examination, otherwise the doctor may find himself the central figure in unwelcome litigation, the plaintiffs therein claiming that they did not understand "examination" and "post-mortem" to mean dissection. So it is well to have the understanding with the grantor of such permission that you wish to dissect, cut up parts of the corpse into pieces, if necessary, and that you do not autopsy a body by a mere external viewing of it. Also this permission preferably should be written and signed by the grantor, in order to avoid misunderstanding which might arise days or even months later, on the part of the relatives.

Our statutes provides for penalties of a criminal nature in the event an autopsy is performed without permission from the proper authorities, and such failure makes the doctor performing the autopsy guilty of a misdemeanor.

Therefore the first thing to do is to secure permission from the proper authorities to perform an autopsy. The

Oklahoma Statutes say that these authorities are "any husband or next of him of a deceased person, being charged by law with the duty of burial who authorizes such dissection for the purpose of ascertaining the cause of death." The duty of burying the body of a deceased person devolves upon the persons hereinafter specified:

"First: If the deceased were a married woman, the duty of burial devolves upon her husband.

"Second: If the deceased were not a married woman, but left any kindred, the duty of burial devolves upon any person or persons in the same degree nearest of kin to the deceased, being of adult age, and possessed of sufficient means to defray the necessary expenses."

"Third: If the deceased left no husband, nor kindred, answering to the foregoing description, the duty of burial devolves upon the officer conducting an inquest upon the body of deceased, if any such inquest is held; if none, then upon the persons charged with the support of the poor in the locality in which the death occurs." (Which in Tulsa County means the Board of County Commissioners).

"Fourth: In case the person upon whom the duty of burial is cast by the foregoing provisions omits to make such burial within a reasonable time, the duty devolves upon the person next specified; and if all omit to act, it devolves upon the tenant, or, if there be no tenant, upon the owner of the premises where the death occurs, or the body is found."

Permission from an undertaker who has taken charge of a body at the request of persons entitled to its custody, and who permits physicians to make an autopsy is not good authority and both the physician and the undertaker are liable in a tort action for damages.

The dead body must not be held, or the final disposition of it interfered with, an unreasonable length of time after the lawful purposes of such dissection have been accomplished.

One rather amusing provision of the Oklahoma Statutes is that all the provisions of the statutes in regard to autopsy are applicable to and, "apply equally to any dead limb, or member of a human body separated therefrom during lifetime."

The summary of the foregoing is simple: Permission must be secured from the proper authorities, private or public. Be certain that there is a "meeting of the mind," on the term autopsy, and that your permission is to autopsy, not merely to examine.

Roster For 1937

Tulsa County Medical Society, Inc.

Allen, V. K.	Farris, H. Lee	McDonald, J. E.	Searle, M. J.
Allison, T. P.	Flack, F. L.	MacKenzie, Ian	Shepard, R. M.
Alspach, W. L.	Flanagan, O. A.	McComb, L. A.	Shepard, S. C.
Ament, C. M.	Ford, H. W.	MacDonald, D. M.	Sherwood, R. G.
Armstsong, O. C.	Franklin, S. E.	McGill, Ralph A.	Shipp, J. D.
Atchley, R. Q.	Fulcher, Joseph	McGuire, Harry J.	Showman, W. A.
Atkins, Paul N.		McKellar, M.	Simpson, C. F.
	Garabedian, G.	McLean, B. W.	Sinclair, F. D.
	Garrett, D. L.	McQuaker, Molly	Sippel, M. Edna
Barham, J. H.	Gilbert, J. B.	Margolin, Bertha	Sisler, Wade
Baum, Eldon E.	Glass, F. A.	Mayginnis, P. H.	Smith, D. O.
Beesley, W. W.	Goddard, R. K.	Miller, G. H.	Smith, Ned R.
Beyer, J. W.	Goodman, Samuel	Miner, J. L.	Smith, Roy L.
Billington, J. Jeff	Gorrell, J. F.	Mohrman, S. S.	Smith, R. N.
Black, H. J.	Graham, H. C.	Munding, L. A.	Smith, R. R.
Bolton, J. Fred	Green, Harry	Murdock, H. D.	Smith, W. O.
Bradley, C. E.	Grosshart, Paul	Murray, P. G.	Spann, Logan A.
Bradfield, S. J.		Murray, Silas	Springer, M. P.
Branley, B. L.	Hall, G. H.	Myers, F. C.	Stallings, T. W.
Braswell, J. C.	Haralson, C. H.	Napper, Marvin	Stanley, Mont
Brogden, J. C.	Harris, Bunn	Nauheim, H. S.	Stevenson, James
Brookshire, J. E.	Haskins, T. M.	Neal, James H.	Stewart, H. B.
Browne, Henry S.	Hart, Mabel M.	Nelson, I. A.	Stuart, Frank A.
Bryan, W. J., Jr.	Hart, M. O.	Nelson, Frank J.	Stuart, Leon H.
	Hays, Lurvern	Nelson, F. L.	Summers, C. S.
	Henderson, F. W.	Nelson, M. C.	Swanson, K. F.
	Henley, Marvin D.	Nesbitt, F. P.	
	Henry, Gifford H.	Nesbitt, P. P.	Turnbow, W. R.
	Hoke, C. C.	Norman, G.	Trainor, W. J.
	Hooper, J. S.	Northrup, L. C.	
	Hoover, W. D.		Underwood, D. J.
	Houser, M. A.		Underwood, F. L.
	Hotz, C. J.		
	Huber, W. A.		Venable, S. C.
	Hudson, David V.		
	Hudson, Margaret G		Wainright, A. G.
	Humphery, B. H.		Walker, W. A.
	Hutchison, A.		Wall, G. A.
	Hyatt, E. G.		Wallace, J. E.
			Ward, B. W.
	Jackson, L. T.		West, T. H.
	Johnson, C. D.		White, N. S.
	Johnson, E. O.		White, Peter Cope
	Johnson, R. R.		Wiley, A. Ray
	Jones, W. M.		Wilks, F. M.
			Woods, C. J.
	Kemmerly, H. P.		Woodson, Fred E.
	Kramer, Allen C.		
			Zink, Roy
	Laws, J. H.		
	Larrabee, W. S.		Applications
	Lee, J. K.		Eason, K. K.
	LeMaster, D W.		
	Lhevine, Morris B.		
	Loney, W. R. R.		
	Lowe, J. O.		
	Lynch, T. J.		
Eads, Charles H.		Ray, R. G.	
Edwards, D. L.		Reese, K. C.	
Emerson, A. V.		Reynolds, J. L.	
Evans, Hugh		Rhodes, R. E. I.	
		Richey, S. M.	
		Roberts, T. R.	
		Rogers, J. W.	
		Roth, A. W.	
		Roy, Emile	
		Ruprecht, H. A.	
		Ruprecht, Marcella	
		Rushing, F. E.	
		Russell, G. R.	

The Auxiliary

The Auxiliary to the Tulsa County Medical Society met April 6, for luncheon at the home of Mrs. H. D. Murdock, 1244 South Owasso, with an attendance of 57. A regular business meeting was followed by a program, which consisted of a Poster contest conducted by Mrs. H. Lee Farris, chairman, and prizes were awarded. Plans were made for the meeting of the Auxiliary to the Oklahoma State Medical Association to be held in May.

The program follows:

Registration on the Mezzanine Floor, Mayo Hotel, Monday, May 10, 1937.

12:00 Meeting of State Executive Board.

2:00 Special Study Conference.

6:30 P. M. Informal Dinner and Fashion Show, Tulsa Club.

Tuesday, May 11, 1937

10:00 A. M. Annual Business Meeting of State Auxiliary.

1:00 P. M. Luncheon at Oakhurst Country Club, Play Review—Mr. Richard M. Dickinson.

9:00 P. M. Program and Dance, Crystal Ball Room, Mayo Hotel.

Mrs. Robert E. Fitzgerald, President of the Auxiliary to the American Medical Association, and Mrs. Frank M. Haggard, President of the Auxiliary to the Southern Medical Association will be special guests during this meeting.

Hostesses were Mrs. Charles J. Woods, Mrs. Morris Lhevine, Mrs. T. B. Coulter, Mrs. J. S. Hooper. Assisting Hostesses were Mrs. H. H. Porter, Mrs. Charles Eads, Mrs. W. D. Hoover and Mrs. Paul Atkins.

The next meeting will be with Mrs. J. F. Gorrell. Hostesses will be Mrs. G. A. Wall, Mrs. K. C. Reese, Mrs. C. A. Pavy, Mrs. Allen C. Kramer, and Mrs. E. P. Nesbitt.

Financial Statement March 31, 1937

Local Dues to date.....	\$1122.00
Expenses to date.....	572.56
Cash on hand.....	549.44
Expenses:	
Telephone.....	\$ 26.93
Library.....	355.00
Salaries.....	105.00
Bulletin.....	12.48
Stationery.....	18.36
Postage.....	10.00
Miscellaneous.....	44.79
	<hr/>
	\$572.56

Comments

A ray of sunshine appears through the clouds and as the old saying goes: "It is darker just before dawn." At last in Oklahoma the public or the representatives of the public as the guardians of its state legislative activities have grasped the desires and wishes of the medical profession in the elevation of the standards of those in whose hands are entrusted the care of the sick and afflicted.

It will now be harder for the washer-woman and the hod-carrier, who dream dreams of grandeur and unlimited renown as a back-breaker and back massager to reach their Utopia in the healing world, in competition with men who have spent the best of their life in study and training, for it appears our basic science law is a reality.

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 4-4444

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. 5-3762

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

Timely Brevities

Once again the Society for the Promulgation of Worthwhile Advice presents its award to Morris Markey. This marks the second time he has been so honored, and it was brought about by his latest article in the *Redbook*.

In a very sensible manner Mr. Markey discusses "The great Un-speakables"—syphilis and gonorrhea. He tells how not long ago a young man was sent out by the American Social Hygiene Association to accost men in the street, tell them he feared he had gonorrhea, and ask their advice. He stopped one hundred strangers and talked to them. This is what he found:

Twenty-two told him to go to a drugstore and ask the pharmacist to give him some medicine.

Thirty-one told him to consult one of the "specialists" who advertise their skill in questionable places.

Sixteen gave specific advice for a cure: a drug or patented antiseptic of one sort or another.

Twenty told him to let the thing alone; it would cure itself.

Only eleven said, "Go to a doctor."

In the giving of his advice Mr. Markey sides with this latter small minority, for in his discussion of syphilis, he writes for all to read,

"If any symptoms appear, don't groan in secret and horrified misery; get to a doctor. The blood test is a simple and painless one, requiring about two minutes of your time. It will tell you whether to go home and forget your anxieties, or whether to tell your doctor that the quicker he begins his treatment the quicker you will be over with the thing.

If you do not know a doctor or how to find a clinic call up your County Medical Association—the number will be in the phone book—or call up your local public health di-

rector. Whatever you do, place yourself immediately in the hands of a medical man."

The writings of Mr. Markey are a welcome relief after the flamboyant and sensational deluge of medically related topics some of our prominent authors have recently showered upon the bewildered layman.

•

Tramp! Tramp! Tramp! Do you hear those heavy, measured footsteps of a people as they trudge down along the path toward regimentation?

Each year thousands and thousands of bills are fed into the legislative hoppers in the United States. No matter how altruistic and humanitarian their sponsors may seem, each bill aids in the curtailment of our personal liberties. From the moment man allows government to become paternalistic and legislate for him he is enmeshed in an ever tightening web from which there is no escape. Witness what has gone on in Russia, Germany, and Italy where man is but a creature controlled and regulated by the all powerful state. In each instance there was a harmless beginning.

Heretofore the free choice of a physician has been one of the inalienable rights of the American citizen. No matter how trivial the ailment, he has always chosen for himself his own personal physician to minister to his needs. But what does the future hold? We cannot definitely say, for we are given only a peek behind the veil which conceals the future. Those forces advocating the socialization of medicine deny that the free choice of physicians is essential to the life and the liberty of the American people. If so, may this scheme not be the entering wedge of a planned regimentation of the Euro-

pean type? By increasing government control of the life of the individual we may actually be creating a Frankenstein which will later devour him. To assume that state pa-

ternalism will always be kindly is an erroneous and dangerous philosophy.

Eternal vigilance is the price of liberty!

A. C. HANSEN, M.D.

The American Hospital of Paris

(Continued from page iii)

A Medical Board, consisting of both American and French physicians, supervises all medical work. An attending and consulting staff is maintained, as is a courtesy staff of local physicians whose qualifications have been examined and approved by the Board. Americans who fall ill in Paris are, therefore, assured the fullest possible protection. The present chief of staff is Dr. Edmond Gros; Dr. Lawrence Fuller heads the medical section, and Dr. Thierry de Martel is chief of the surgical staff.

The rates charged for rooms, nursing care, and medical service are somewhat lower than those that obtain in our country for corresponding accommodations and care. More than twenty per cent of the patients occupying beds in the hospital are treated free of charge. A full-time, courteous social service worker investigates the ability of patients to pay before admitting them to free service in the wards. During the year 1934, more than 9,539 patients received treatment at this Hospital, 7,795 of whom were seen in the out-patient department. Of the 1,744 house cases, 544 were medical, 861 surgical, and 339 obstetrical.

The American Hospital has established a new service known as "The American Hospital of Paris Affiliations," extending to all large cities of Europe. This organization offers traveling Americans widespread med-

ical security. Prominent physicians, surgeons, and specialists, many of them English-speaking, and all approved by the Medical Board, are recommended in every large city on the Continent. Booklets containing full information may be obtained from the American Hospital by physicians contemplating a trip abroad.

The Board of Governors and the Medical Board are assisted in their administrative duties by an Advisory Medical Board in the United States, composed of thirty-seven leading physicians and surgeons in various centers of the United States. Milwaukee is represented on that Board by Dr. John L. Yates.

Over fifty medical men have received the advantage of being resident physicians in the American Hospital. They are selected yearly by the Medical Board from applicants who are well-qualified, who have graduated from class A medical schools, and who have satisfactorily completed an accredited internship. The first three months of residency are spent entirely in the Hospital. At its completion physicians may take special work in the medical schools or clinics on alternating days and week-ends. In addition to medical training this arrangement makes it possible for young medical men to absorb as much as they will of European culture and life.

PLAN NOW TO ATTEND THE 88TH ANNUAL MEETING OF THE
AMERICAN MEDICAL ASSOCIATION, ATLANTIC CITY,
JUNE 7-11, 1937

The Medical Millennium

(Continued from page vii)

feel as you did?" (He pauses)
"You're sure, my dear?" (Again he
pauses) "And there will be no re-
grets?" (He listens for several sec-
onds, then he continues.) "All right,
we'll go. I'll be home for dinner.
Bye!"

(DR. BARTLETT puts down the
phone. He turns about jauntily and
faces MORONO. He is smiling.)

DR. BARTLETT: "You can try
your worst, Morono, but it won't do
you any good. (His voice becomes
elevated.) I'm through, I tell you,
I'm through. I'm through with you
and your kind. I'm through with
the whole rotten system. For the
first time in years I feel free, and God,
it feels good! From now on I'll
practice medicine as it should be prac-
ticed. (Fiercely.) There's the door.
Beat it! Where I'm going no self-
respecting Chinese bandit would
stoop to your level."

(Morono is perplexed and be-
wildered. All through DR. BART-
LETT'S speech he has sat with his
mouth agape. He now hurries from
the room. DR. BARTLETT stands in
the center of the room, gazing at the
picture on his desk. He is again
smiling.)

SCENE II

TIME: August, 1947.

PLACE: A doctor's office in Bal-
chester.

CHARACTERS:

Dr. G. W. Carney—a state
physician.

Jake—a patient.

(DR. CARNEY has ushered a pa-
tient from his consultation room.)

DR. CARNEY: "And who is
next?"

(A patient shuffles in. The first
glance appraises him as a mental
lightweight.)

DR. CARNEY: (Closing the door.)
"So you're back again, Jake. What
is it this time?"

JAKE: "I dunno, Doc. I guess it's

my old lumbago agin. The misery
in my back is most killing me, and
I can't sleep at night from coughin'.
It's in the bronchial tubes. I'm tell-
ing yuh, Doc, I'm in a bad way. I
try to keep up, but it's kinda hard,
'specially with my fallen arches. Doc,
have you ever bin constipated? If
you have, then yuh know how I feel.
I just can't . . ."

DR. CARNEY: (Interrupting)
"When were you fired, Jake?"

JAKE: "Yesterday. (Amazedly)
Gee, Doc, how did yuh know?"

DR. CARNEY: "Oh, I'm a mind-
reader. But how much is it worth
to you, Jake? I can't write out these
blanks for nothing."

Jake: "Is five bucks enough,
Doc?"

DR. CARNEY: "Sure." (He fills
out a blank and hands it to Jake,
who passes him several dollar bills.)

JAKE: "I ain't got all the dough
now. I'll pay yuh as soon as I begin
collecting the insurance. That's the
straight goods."

DR. CARNEY: "See to it that you
do."

JAKE: "Tanks, you're a good
guy, Doc." (He departs. DR. CAR-
NEY stands in the doorway.)

DR. CARNEY: "And who is
next?"

ACT III

PROLOGUE

By 1946, Christian charity is
almost a thing of the past. State
control of all hospitals has taken
from the Church its capacity to dis-
pense practical Christianity. This
has dealt a stunning blow to the ac-
tivities of the Church. No longer
does the Church play the part of the
good Samaritan and minister to the
needs of the afflicted. As a result
those kindly angels of mercy, the
Catholic Nun and the Protestant
Deaconess, find their work unwanted
in this modern age. A nation has
forgotten the sacrifices of those who

first obeyed the call of the Master. The Church can devote itself only to the saving of souls, and, with the State providing all the necessities of life here below, very few seem concerned with the life hereafter.

Fraternal organizations, such as the Shriners, who for years had maintained hospitals for crippled children, regardless of creed or color, fare no better. They, too, find their hospitals appropriated by the State.

The old time drug store has also disappeared. It has been replaced by the municipal pharmacies, of which there is one in each district. These are State owned and State controlled. One of the most serious charges directed against them concerns the manner in which patients are deprived of necessary medication because of unnecessary red tape. The securing of unusual drugs is entirely too intricate and involved. If a doctor has to run a patient through four or five governmental bureaus before the patient can get the medicine he should have, the physician is likely to get along without the drug and prescribe something inferior instead.

Anybody's business has become everybody's business. For centuries physicians have adhered to the Oath of Hippocrates wherein it says, "Whatever, in connection with my professional practice or not, I see or hear, in the lives of people, which should not be discussed abroad, I will not divulge, believing that such things should be kept quiet and secret." How different it is now! No longer is the confidential relationship between doctor and patient preserved. The privacy of the consultation room—once as sacred as the confessional—has been violated. The blame for this lies not with the medical profession but with those lay workers who derive salacious satisfaction in unearthing from reports the better forgotten indiscretions of friends and neighbors. The report of Mrs. McGillicuddy's positive Wassermann on Thursday becomes

neighborhood gossip by Friday.

From the standpoint of both doctor and patient State Medicine leaves much to be desired. One constant source of irritation is the elaborate system of espionage which has been developed. There are investigators to spy on the doctor, and there are investigators to spy on the investigators.

Due to overwork, both physical and mental, nervous breakdowns are frequent among physicians. Calls are numerous and often trivial in nature. It is not unusual for doctors to make as many as forty house calls a day, in addition to holding regular office hours. Nor is the night left free for rest and relaxation. Since the "get something for nothing" virus was inoculated into the people there has arisen a new disease known as malignant hypochondriacism. In many individuals the symptoms appear mainly at night, and are often manifested by nothing more than a painful corn or a slight headache. The treatment of these patients is usually unsatisfactory. As the disease progresses they are apt to develop delusions of grandeur and are not unlikely to shout, wildly, "I'm a tax payer. I want service, or I'll write my congressman." And when the doctor finally gets through with his day's work, he must sit down for hours, filling out his reports on the red, the yellow, the green, and the blue blanks. Woe it is to the doctor who is color blind!

So the year 1949 finds conditions in medical practice well nigh intolerable. The doctor still works twenty-four hours daily for seven days a week, despite the fact that congress passed the Thirty Hour Week Bill as far back as 1944. Thus he remains today the only "Forgotten Man." Nevertheless, a few of the more courageous begin agitation for a "New Deal" for doctors.

SCENE I

TIME: March, 1949.

PLACE: The Biltmore Hotel in San Louis.

CHARACTERS:

Dr. Darrel De Sota—Chairman.

Dr. Edwin Kersch

Dr. James Tunney

Dr. Herbert H. Maurer

Delegates

About fifty other delegates.

(The scene takes place in a small convention hall of the hotel. Some of the delegates are seated on chairs scattered about the room; others are standing. The low hum of conversation can be heard. As each newcomer saunters in he is greeted by old friends. There are many handshakings and introductions. All interest, however, is centered on four men who are grouped around a table on a platform at one end of the room. They are conferring among themselves and glancing over papers. One, who seems to be secretary, is making notes. Finally, the chairman of the meeting, DR. DE SOTA, arises and walks forward to the edge of the platform. The standing delegates seat themselves and all wait expectantly for him to begin speaking.)

DR. DE SOTA: "My fellow practitioners! We have gathered here with one thought in mind: to rid ourselves of the chains which bind us to a barbaric system of medical practice. In all this great country of ours we remain today the only group of workers yet unorganized. Look at our allied groups of workers! Nurses work but eight hours a day. So do the technicians and the dietitians! And even in the kitchens and the laundries of our hospitals no worker toils more than his eight hours. Then why must we as doctors be denied the benefits of old age pensions, sick leaves, industrial compensation, and the like? It is because we have been shackled with the ethics and ideals of ages past. But—do ideals and ethics buy food and clothing for our families? They do

not! It is for this reason a group of us suggested this meeting. We propose to sound out your reaction to the formation of a permanent organization to be known as the American Federation of State Physicians. Its purpose shall be to secure for all doctors the same rights now enjoyed by workers in other industries." *(He steps to the edge of the platform.)* "I will now be glad to hear from some of the delegates." *(Several men rise to take the floor. DR. DE SOTA nods to one.)* "Dr. Kersch!"

DR. KERSCH: "I represent the State of Pennsylvania. After talking with some of the other delegates I find that we in Pennsylvania are confronted with the very same problems that the doctor in California finds before him. Conditions have now reached a point where they cannot get any worse. I for one believe that drastic measures must be taken. I should like to hear some of the other delegates express their views." *(He sits down.)*

(DR. DE SOTA nods to a second delegate.) "Dr. Tunney."

DR. TUNNEY: "The doctors of Kansas have sent me here to speak for them. For want of a better word I must say the conditions of medical practice in Kansas are rotten. We have become mere puppets, controlled by the whims of bureaucracy. None of us dares raise his voice in protest. To do so is to invite severe retaliation. I say to you, gentlemen, for God's sake, let's do something! Are we mice or are we men?"

DR. DE SOTA: "We do intend to do something, Dr. Tunney." *(He glances over the group.)* "The committee responsible for this meeting has drawn up a set of demands to be presented to the State. With your consent I will now read them:

1. We demand a twenty-five per cent increase in salary.
2. We demand a six hour day and a five day week.
3. We demand protection under the

industrial compensation laws of the State.

4. We demand that pensions be paid to the widows and orphans of doctors who die in the employ of the State.
5. We demand the establishment of a retirement fund from which doctors may draw half pay on reaching the age of sixty-five.
6. We demand fifteen days' sick leave each year.
7. We demand vacations with pay.
8. We demand the passage of legislation forbidding suits for malpractice. (*He hesitates, and then continues.*)

"Are these demands unreasonable? I think not, especially since all of them—with the exception of the last—have already been granted other State employees. What is your pleasure, Gentlemen?"

(*All the delegates sit with their eyes fastened on the speaker. A suppressed tenseness hangs over the room. This is a momentous occasion. It marks the beginning of a new order in medical practice. A delegate rises from his chair. He speaks slowly and with conviction.*)

DR. MAURER: "We have no choice. This is the only way out. I, therefore, move that we lay at once the plans for a permanent organization and appoint a committee to submit our demands to the Secretary of Public Health."

(*The tension is gone. The delegates seem relieved as if a heavy burden has been lifted from their shoulders.*)

DR. DE SOTA: "Is there a second to the motion?"

DR. CARLSON: "I second the motion."

DR. DE SOTA: "Those in favor say, 'Aye!'" (*A chorus of "ayes" greet him.*) "Those opposed." (*Not a dissenting voice is heard.*) "The motion is carried."

(*DR. TUNNEY steps up on the platform and speaks with emotion.*)

DR. TUNNEY: "Our work is not

completed: far from it. Our task now is to go back home and inform our colleagues of our decision. What the future holds, I cannot say. It may be necessary for us to do something which has never been done before in the history of medicine—strike! Above all else, remember this: "Stick together! In union there is strength." (*He walks back to his chair.*)

DR. DE SOTA: "The meeting is adjourned until eight o'clock tonight when we will re-convene for further discussion of plans for organization." (*The delegates file out of the room in small groups, some talking quietly and others more excitedly debating the subject at hand.*)

ACT IV

PROLOGUE

The great sit down medical strike of 1949 had been won. For five days no physician would as much as examine a patient. It is true that a few doctors here and there refused to walk out. However, they were soon shown the error of their ways, often by means of a blackjack properly applied by a strong arm squad in some dark alley. All the demands drawn up at the meeting in Chiwaukee were granted. The medical millenium had finally arrived for the doctor.

The year 1950 sees the complete socialization of medicine in the United States. No more is medicine considered a profession; it has become a trade. The kindly old family physician has disappeared. In his stead is now a cold impersonal robot who works by the clock. This doctor no longer sees the patient as a suffering fellow being. To him the patient is merely another case to be dealt with as summarily as possible. Here is the old "piece work system" revived in its most pernicious form. Gone too are the ethics of an ancient and honorable profession. The doctor of this new era owes nothing to the patient. His first obligation is to

the State, that third party interposed between him and the unfortunate sick.

Socialization of industry is also making great strides. This has been the cause of no small amount of anxiety among executives of the large foundations, which were organized primarily to secure socialized medicine. Since their purpose has been accomplished, they have been left without an objective. Thus their jobs are threatened and they are casting about for other fields of propagandist endeavor. They are further alarmed because of the loss of revenue suffered by their respective organizations. Foundations, of course, have always been endowed. As the State confiscates one industry after another the income from private investments gradually dwindles. In fact, so serious is the outlook that the director of the Wilblank Fund is considering a fight for the return of "Rugged Individualism."

SCENE I

TIME: January, 1950.

PLACE: A doctor's office in Milwaukee.

CHARACTERS:

Dr. William Z. Lyons — a state physician.

About twenty-five patients.

(The action takes place in the office of DR. LYONS. About twenty-five typical patients are sitting in a typical reception room. The doctor hurries in. With a curt nod to all he enters his consultation room. He changes to a white office coat, then steps to the door leading to the reception room. He opens the door and speaks in a brusque manner.)

DR. LYONS: "Who has a cough? All those with a cough, stand up!" *(Ten patients arise.)* "Come in here!" *(The ten file into the consultation room. To each of these the doctor hands a stock prescription from a pigeon-hole in his desk.)* "Have this filled!"

PATIENT: "I gotta pain in the chest too, Doc!"

DR. LYONS: "Take the medicine as directed. If it doesn't help, come back and I'll write for something else."

SECOND PATIENT: "Can I give the same medicine to my mother-in-law? She has a helluva cough."

DR. LYONS: "Sure. It won't kill her."

SECOND PATIENT: "I wish it would!"

(The doctor then calls the remaining patients into his office one by one. The examination is hasty and perfunctory. To each patient in turn a quick look, a stock prescription, a pat on the back and out the door. The phone rings. The doctor picks up the receiver.)

DR. LYONS: "Hello! Yes. Oh, sure, the pharmacist. You say I can't prescribe Syrup of Sedacough? Why not, new regulations? Costs too much! All right, give 'em something else. Use your own judgment. Goodbye!"

(The doctor dons his hat and coat. He leaves the office, whistling, "Happy Days are Here Again." As the door slams, a picture of Hippocrates on the wall falls to the floor with a crash.)

SCENE II

TIME: July, 1950.

PLACE: Operating room in a large municipal hospital in Chippewa.

CHARACTERS:

Dr. John L. Fuller—a state surgeon.

Interns, nurses, an anaesthetist, and a patient.

(Nurses are scurrying about in preparation for an operation. In an adjoining room a surgeon and three interns are scrubbing. In accordance with the rules of the American Federation of Retractor Holders no less than three interns are required at each major surgical procedure. The surgeon is speaking.)

DR. FULLER: "What's the case, boys? I haven't had time to look it over."

INTERN: "An acute appendix, I guess."

SECOND INTERN: "I'll bet a buck it's an ectopic."

(The patient is wheeled in and transferred to the operating table. An anaesthetist begins the anaesthesia. The surgeon finishes scrubbing. He nods to the interns.)

DR. FULLER: "O. K., gang, let's get going!"

(All are assisted into gowns and gloves. They group themselves around the patient. The surgeon, scalpel poised, looks at the anaesthetist.)

DR. FULLER: "Ready, Miss Brown?"

ANAESTHETIST: "I guess so."

(The surgeon begins work.)

DR. FULLER: "Sponge. By the way, Jones, I saw that little blonde from sixth west down at the Cotton Club last night. Pick up that bleeder! Did she give you the gate? Suture, nurse!"

THIRD INTERN: "She's a twotiming wench. Who was the guy?"

FIRST INTERN: "A better man than you are, Gunga Din."

THIRD INTERN: *(To second intern)* "Look at that! Red hot! Don't you know an acute belly when you see it?"

(A whistle is heard.)

DR. FULLER: "What, five o'clock so soon? Well, I guess that's that for today. I'll finish in the morning. Put her in the Vitaflux!"

(A sterile towel is placed over the incision and the patient covered with a blanket. Two nurses wheel the patient into a large cabinet in one corner of the operating room and close the door. The Vitaflux is the invention of that brilliant Scientist, Professor Siekmaninoff of the University of Vodka. By means of this invention it is possible to keep patients in a state of suspended animation for days at a time. The first intern turns several valves on the side of the Vitaflux and then peers through a glass in the door.)

SECOND INTERN: "Let's go over to the Dutchman's on the corner for a glass of beer."

DR. FULLER: "Sorry! I can't join you. I've got a foursome on. See you at eight in the morning. Tell the patient's old man he might as well go home. So long!" *(He walks away.)*

THIRD INTERN *(watching him leave)*: "Old Doc Butler would have finished the job tonight."

SECOND INTERN: "Yeah, he would. The scab!" *(They, too, walk down the corridor. No picture of Hippocrates falls to the floor. There is no picture to fall.)*

THE END

Sunny Side Up

YOU'RE MARRIED

"You certainly were drunk last night!"
"Go on, tell me something I don't know."
"Sure—you're married."

—Penn Punch Bowl

SHE WAS GAME

A man wandered in to a tennis tournament and sat down on the bench. "Whose game?" he asked.

A shy young thing sitting next to him looked up hopefully, "I am," she replied.

OBJECTION

"Frequent water drinkings," said the specialist, "will prevent you from becoming stiff in the joints."

"Yes, but some of the joints don't serve water."
—U. S. Coast Guard

SLICE OF THE OLD HAM

Fat Man (fondling baby)—"What do you think of my son, Jim?"

Jim (surveying father)—"Well, I'd say that he was a stave off the old barrel."

—Belle Hop