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DIARRHEA

"the commonest ailment of infants in the summer months"

(HOLT AND McINTOSH: HOLT'S DISEASES OF INFANCY AND CHILDHOOD, 1933)

One of the outstanding features of DEXTRI-MALTOSE is that it is almost unanimously preferred as the carbohydrate in the management of infantile diarrhea.

In cases of malnutrition, and indigestion in infancy, ... improves rapidly, and the stools soon become normal in appearance. ... the sugars are intelligently prescribed. By this I refer to proper proportions of dextrin and maltose. When there is a tendency for looseness, I have used the preparation known as 'dextri-maltose,' ... carbohydrates; ..."—*M. Ladd: Further experience with* ... *Arch. Pediat. 33:501-512, July, 1916.*

In diarrhea, "Carbohydrates, in the form of dextri-maltose, well cooked cereals or rice, usually can be handled without trouble."—*B. B. Jones: A discussion of some of the commoner ... infantile diarrhea, and the ... the diets used in ...*

"Dextri-maltose is a very excellent carbohydrate. It is made up of maltose, a disaccharide which in turn is broken up into two molecules of glucose—a sugar that is not as readily fermentable as levulose and galactose—and dextrin, a partially hydrolyzed starch. Because of the dextrin, there is less fermentation and we can therefore give larger amounts of this carbohydrate without fear of any tendency of fermentative diarrhea."—*A. Capper: Facts and fads in infant feeding* ...

SERIOUSNESS OF DIARRHEA

There is a widespread opinion that, thanks to improved sanitation, infantile diarrhea is no longer of serious aspect. But Holt and McIntosh declare that diarrhea "is still a problem of the foremost importance, producing a number of deaths each year. . . ." Because dehydration is so often an insidious development even in mild cases, prompt and effective treatment is vital. Little states (Canad. Med. A. J. 13:803, 1923), "There are cases on record where death has taken place within 24 hours of the time of onset of the first symptoms."

"Maltose is more easily absorbed than cane or milk sugar, ... by changing the carbohydrate one may prevent a deficient supply of sugar."

"When sugar causes diarrhoea one can change the form of it. Mead's Dextrimaltose in small doses is more quickly absorbed and so superior to castor [cane] sugar. Lactose is expensive and seems not to be better than castor sugar."—*H. B. Gladstone: Infant Feeding and Nutrition*, William Heinemann, Ltd., London, 1928, pp. 11, 79.

In cases of diarrhea, "For the first day or so no sugar should be added to the milk. If the bowel movements improve carbohydrates may be added. This should be the one that is most easily assimilated, so dextri-maltose is the carbohydrate of choice."—*W. H. McCaslan: Summer diarrheas in infants and young children*, ... *Alabama, 1:278-282*

... fermentation ... bowel and have a definite laxative tendency, which may, when carried to excess, cause severe intestinal irritation.

"The more complex carbohydrates, of which dextrin is the type, ferment more gradually and do not have this laxative effect."

Regarding the treatment of diarrhea, "In our experience, the most satisfactory carbohydrate for routine use is Mead's dextri-maltose No. 1."—*F. R. Taylor: "Summer Complaints," Southern Med. & Surg.*, pp. 555-559, Aug.

"If there is an improvement in ... ments carbohydrate may be added ... ing the teaching of the originator ... the carbohydrate added should be the one that is most easily assimilated. Dextri-maltose is therefore the carbohydrate of choice."—*Summer diarrheas in the young, International* ... *9:111-118* ...

... the treatment of diarrhea, ... ditions admit, some sugar other than milk sugar or cane sugar being used, preferably dextrin and maltose."—*H. E. Small: Diarrhoea in bottle-fed infants, J. Maine M. A. 12:154-158, Jan. 1922.*

"The condition in which dextri-maltose is partic... in acute attacks of vomiting, diarrhea and fever. It seems that ... covery is more rapid and recurrence less likely to take place if dextri-maltose is substituted for milk sugar or cane sugar when these have been used, and the subsequent gain in weight is more rapid.

"In brief, I think it safe to say that pediatricians are relying less implicitly on milk sugar, but are inclined to split the sugar element giving cane sugar a place of value, and dextri-maltose a decidedly prominent place, particularly in acute and difficult cases."—*W. L. Hoskins: Present tendencies in infant feeding, Indianapolis M. J.* July, 1914.

"It should be ... of lactose may cause diarrhoea. If a higher percentage of sugar be required it is better to replace it by dextri-maltose, such as Mead's Nos. 1 and 2, where the maltose is only slightly in excess of the dextrins, thus diminishing the possibility of excessive fermentation."—*W. J. Pearson: Common practices in infant feeding, Post-Graduate Med. J. 6:38, 1930; abst. Brit. J. Child. Dis. 28:152-153, April-June, 1931.*

... gradual transition to a whole milk or evaporated milk formula, which will supply about one and one-half to two ounces of whole milk to every pound of body weight, is reached. This also should finally have the addition of dextri-maltose amounting to five to seven per cent."—*R. A. Strong: Summer diarrheas in infancy and early childhood, Arch. Pediat.* ...

... that group of organisms thrive on) and high in protein. Calcium caseinate milk accomplishes this purpose. In our series of cases, we found it was necessary to use the casein calcium for from 5-8 days; we then stopped it and added dextri-maltose to the formula."—*A. G. DeSanctis and L. V. Paider: The value of calcium caseinate milk in fermentative diarrhea, Arch. Pediat. 38:233-236, April, 1921*

Just as DEXTRI-MALTOSE is a *carbohydrate* modifier of choice, so is CASEC (calcium caseinate) an accepted *protein* modifier. Casec is of special value for (1) colic and loose green stools in breast-fed infants, (2) fermentative diarrhea in bottle-fed infants, (3) prematures, (4) marasmus, (5) celiac disease.

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Facing Difficulties

Emotional stability is dependent upon many factors, not the least important being willingness to face reality

by J. C. Hassall, M.D.

When a person develops a mental illness it is usually because he is emotionally weak and unable to face the difficulties of life. He may be mature physically and intellectually but under-developed emotionally, either toward his work, toward society, or toward his sex-life. Such a person, if he is subjected to sufficient strain along the line in which he is weak emotionally, is prone to break.

When he is born, each individual possesses certain instincts which later grow into emotions, so that emotions are instinctive and have little to do with intelligence or intellect, and are seldom influenced by them. Depending greatly upon our early environment and our training, these emotions may grow normally, may become retarded, or may be increased. Just where in our bodies they arise is not known, although we are sure that the origin and stimulation of emotions is not confined to any one area of the brain or other organ of the body, as is intelligence.

The stimulation of and reaction to emotions is a highly complicated process about which we know little. They may be stimulated through any one of the senses of sight, smell, hearing, touch, and temperature. Involved, also, are a number of glands of internal secretion (or ductless glands or endocrines) such as the thyroid, adrenals, sex glands, etc. These glands cause changes to take place in the chemical composition of the blood, in the expansion and contraction of blood vessels, in muscular movement, in postural tone, and in many other physiological activities.

The emotions of some persons are of stronger intensity and are more easily aroused than those of others: in fact, it can be said that no two beings ever lived who would react in exactly the same way and with the same degree of intensity to a given experience. This is due to a difference in the development of their emotions.

Once we experience an emotion, something must be done with it. No emotion ever remains quiet, and it cannot be destroyed. In general, what we do with it is called a "reaction," and the reactions which we show determine how well we adjust to our environment, our social contacts, our work; in short, whether we live normal or abnormal lives.

Fear was one of the earliest emotions, and primitive man, when he became afraid, ran away. Thus it is human nature or instinct to run away from whatever threatens our lives, our physical comfort, or our peace of mind. The physical coward takes to his heels when danger threatens, and in everyday life men and women run away from unpleasant tasks and environments. When people get into what they believe is a thoroughly impossible or intolerable situation, their first reaction is the natural and primitive one of flight, or of removing themselves from the source of irritation and danger. Thus, persons whose emotional control is not fully developed put as much distance as possible between themselves and the source of their difficulty. The husband who finds his domestic situation too unpleasant, or the difficulty of supporting his family too great, may desert, taking the easiest way out.

Most people who react to difficulties by flight do it less directly. They

run away mentally instead of physically; and the result of their efforts causes grave concern to society, for the economic burden of the country is becoming greater each year because of flights from reality by those not emotionally equipped to face life as it is. Our hospitals today have, it has been said, as many beds for the mentally ill as for the physically ill from all causes combined. The economic loss was recently estimated as $742,000,000 annually (H. M. Pollock, N. Y. State Department of Mental Hygiene), to put it in dollars and cents. Of this amount, $575,000,000 represents the loss of annual earnings of more than fifty-three thousand men and thirty-eight thousand women treated as first admissions to hospitals for mental diseases.

Fainting was one of the old ways of escaping difficulties, and it is still used by poorly balanced individuals in unpleasant situations. Day-dreaming is another method: withdrawing into a make-believe world of one's own creation, where all is serene and pleasant. This is natural with children, and is even indulged in by normal adults to a greater or less degree. Used occasionally, it is harmless; carried to excess, it is dangerous, for one withdraws into a fanciful world instead of facing the real one, and lives more or less in a dream state. Continuation of this habit makes one seclusive, tends toward the avoidance of social contacts, and increases introspection to an abnormal degree. Persons who use this method of escape usually show a lack of personality which has been described as "the ability to impress others and make them like us." They may develop inferiority complexes because of their feeling of failure and uselessness, and seek refuge in a neurosis with its fears, anxieties, and compulsions, or develop a more serious mental illness.

Dementia praecox, or schizophrenia, which furnishes a large percentage of first admissions to, and chronic residents of, hospitals for mental diseases, is frequently developed by young people who forsake the real world for that of phantasy and day-dreams. In this disorder there is the tendency toward seclusiveness and the refusal to meet the problems of life. The interest of these individuals is withdrawn from reality, and is used in the creation of phantasies, hallucinations, and delusions. The abnormality becomes apparent about the time of puberty, by personality changes which grow with the individual. The adolescent does not develop emotionally parallel with his growth intellectually, and sooner or later he shows signs of abnormal thinking and acting, the symptoms being at the level at which he is emotionally weakest.

The time to teach the attack on problems of life is as early as possible in childhood. One of my predecessors in this series of talks called attention to the need of proper training of the child to prevent its becoming the tyrant of the household. It is known that children consciously seek to avoid the unpleasant in life by tricks and subterfuges. Unless these are recognized by the parents and corrected, they grow with the child, and by the time of adolescence they have become fixed habits. Children who learn to avoid unpleasant experiences by developing illness, or who are coddled during real illness, are apt to feign similar attacks later in life when confronted with difficulties. The sooner such attempts are recognized at their full value and prevented, the sooner the child will realize the intention of the subterfuge and will be prevented from pushing the real reason for it into the unconscious.

We all know individuals who say that their "nerves" cannot stand shock or emotion, and who are always dodging issues and difficulties by headaches and "nerves." Those of us who are dealing with such problems know that nerves, per se, have nothing to do with the patient's

(Continued on page xii)

A Ship's Surgeon on Mal de Mer

A complaint common to all ocean travelers afflicted Dr. Owen on his first voyage. It furnished the inspiration for this article

by John D. Owen, M.D.

Ours was one of the many ships which sailed with the weekend traffic from Sandy Hook. Like the others, after dropping our pilot we pursued a solitary course. Uneventful though the voyage was to many others, to me, a novice, it was hardly that.

Our start was auspicious, for the weather was ideal. I did not have to breathe on my braids and buttons to make them shine, nor was any polish, obtained by brisk rubbing, necessary. My cap badge shone as a diamond— or at least a rhinestone. In rapid succession I visited the barroom, the lounges, and the music room. The former, with its sturdy fixtures, crystal glassware, and fine Scotch whiskies, brandies, and liqueurs, invoked memories of certain cocktails, possessed of aromas for the discriminating who are the chosen of the gods. The latter rooms were delightful spots, filled with overstuffed furniture, reading materials, piano, and music.

These were almost surpassed by a spacious dining room, noted for the quality of its menus. To insure a pleasant voyage, I planned to visit each of these temples on occasion. I foresaw ample time in which to make my daily tours, and was certain of this after viewing the passengers and their healthy and expectant features.

So—sailing day ended. The next day we arrived in Boston. Curse the name! I blame it all on Boston, not on its pork and beans, but rather on several thousand tons of odd cargo bound for the continent, furnishing occasion for an unfortunate change of course. Seeing no brass band present, I retired before sailing time and engaged promptly in peaceful slumber.

Several hours of sailing brought us into the Bay of Fundy. Here the elements coalesced against us. Our ship being a movable object, entered the game with zest! I was already awakened when a steward came to batten down my porthole—and well that he did. In a few moments water was running down the alleyway alongside the officers' rooms.

With these changes, Henry Stomach, an old, stoical friend, began to express vague suggestions of displeasure, but I could not remove him. By the same relationship as that of brawn to brain, he was necessary to my well being. I pleaded with him, and promised all sorts of restful periods, complete abstinence from foods that he dislikes, and, conversely, an intake of those viands which would stimulate his numerous glands to his greatest satisfaction. Well—gentle reader, you can guess the rest. It was while I was in the bathtub, planning the next line of attack, that Henry caught up with me.

In my berth I found that I could forestall his further activities by lying flat on my back. Unfortunately, I once looked out of my porthole— and again, my left hip became cramped.

I fed the wretch chicken sandwiches on dry toast, besides a bit of ginger ale, but he continued his wicked plot against me. Suddenly I understood;—by flopping over several times he hoped to induce John Hepatic Artery to undergo complete torsion near the coeliac axis, thus producing an hepatic infarct.

With a violence that loosened all

of my retro-peritoneal organs from their moorings, he sent paroxysms of reverse and regular peristalsis roaring through my alimentary tract. Henry was the complete victor. The gastrocolic reflex became acute, and soon a source of trouble. Phineas Q. Spleen then followed suit, contracted, and forced myriads of red blood cells into my already laboring circulation. Francis Hepar (liver to you), showing complete disdain for my discipline, poured oily bile upon the already roaring fires. I was about whipped. The crowning blow came when the Renal twins, Joe and Sam, tripled their excretory rates. What could I do?

Horace (acid-base) Balance, disturbed by the advance of the alkaline tide, and the great depletion of his acids, then warned me. I noted a decrease in respiration; my skin became cold, wet, pale, and covered with large droplets of perspiration. I felt faint, and vertigo assailed me. I realized the capabilities of my combined enemies, and determined to attack. Quickly I ingested saltines, butter, and extra salt in other forms. I felt temporarily relieved.

Night had fallen and the waves could no longer be seen. I dressed and got up onto the boat deck, and although Henry provoked me once more, my evening was fairly comfortable.

The night following was heavenly, almost. I arose, conscious of a feeling of well-being. Gosh, never had I been so well and comfortable! Anyway, so I thought. Ship inspection began at eleven o'clock. Henry rebelled once again. Where? Why, in a de luxe cabin, in front of the skipper, of course. So it was—but I had no pride left after the beating received the day before. I straightforth marched into the dining room, dared anyone to sit near me, ate my fill, and retired to a deck chair.

Here I sat. Oh, my! Life at sea is a wonderful existence.

Now that I am in private practice, I am tempted to "sign on" the Naval Reserve. On second thought, I guess that I shall choose the Army!

The American Medical Golfing Association will hold its twenty-third annual tournament at the Seaview Country Club, Atlantic City, New Jersey, on Monday, June the 7th.

Thirty-six holes of golf will be played in competition for the seventy trophies and prizes in the nine events. Events and prizes will be announced at the first tee.

All male members of the American Medical Association are eligible and cordially invited to become members of the A. M. G. A. Write the Executive Secretary, Bill Burns, 2020 Olds Tower, Lansing, Michigan, for an application blank. Only active members may compete for prizes.

Graphically Speaking

A young physician who began his practice in the worst year of the depression recounts his experience

by A Fledgling Medico

Before opening my office in 1934, I sat in on the usual discussions concerning the practice of medicine. I heard the melancholic dirge of the perpetual moaner, the fatherly and condescending advice of the older practitioner, and the uneasy, nervous fluttering of my fellow fledglings. The note of all this was pessimistic, —not to say downright gloomy!

I had seen statistical surveys of various types dealing with standard fees, average incomes of doctors (not encouraging!), and a very few estimates as to the number of patients required to insure a doctor a living income.

I was, of course, interested in expenses, and I had the usual ridiculous idea of a low monthly cost of operation. Because I was married I filled sheets of paper with budget figures (none of which ever approximated actual totals) and decided that we could live and pay all expenses on less than $200.00 per month. This, I believe, is possible, but not especially comfortable.

One day a brother practitioner and I were settling the problems of the medical profession, in the large and handsome manner possible only to the very young, when we chanced on the subject of medical costs, net incomes, and charges. He was keeping a graph in which he was very much interested. It fascinated me, and I decided to try my hand at it. The chart presented here (on page viii) is a direct outgrowth of my friend's graph. I have elaborated my own record more than was his at the time of our discussion. Perhaps his, also, has been enlarged by this time.

Fortunately, I opened an office with a part-time position furnishing a much-needed prop to my shaky fortunes. This position I still hold, but the income derived from this source is not included in the graph here presented.

Undoubtedly, some will feel that an effort of this kind requires too much time. As a matter of fact, it can be done in a few minutes each day. For example: I write the date; the name of the patient; an "H" for home visit; "O" for office visit; "X" for night call, and an "N" for new patient. Ten minutes monthly and an interesting evening once a year covers the time required.

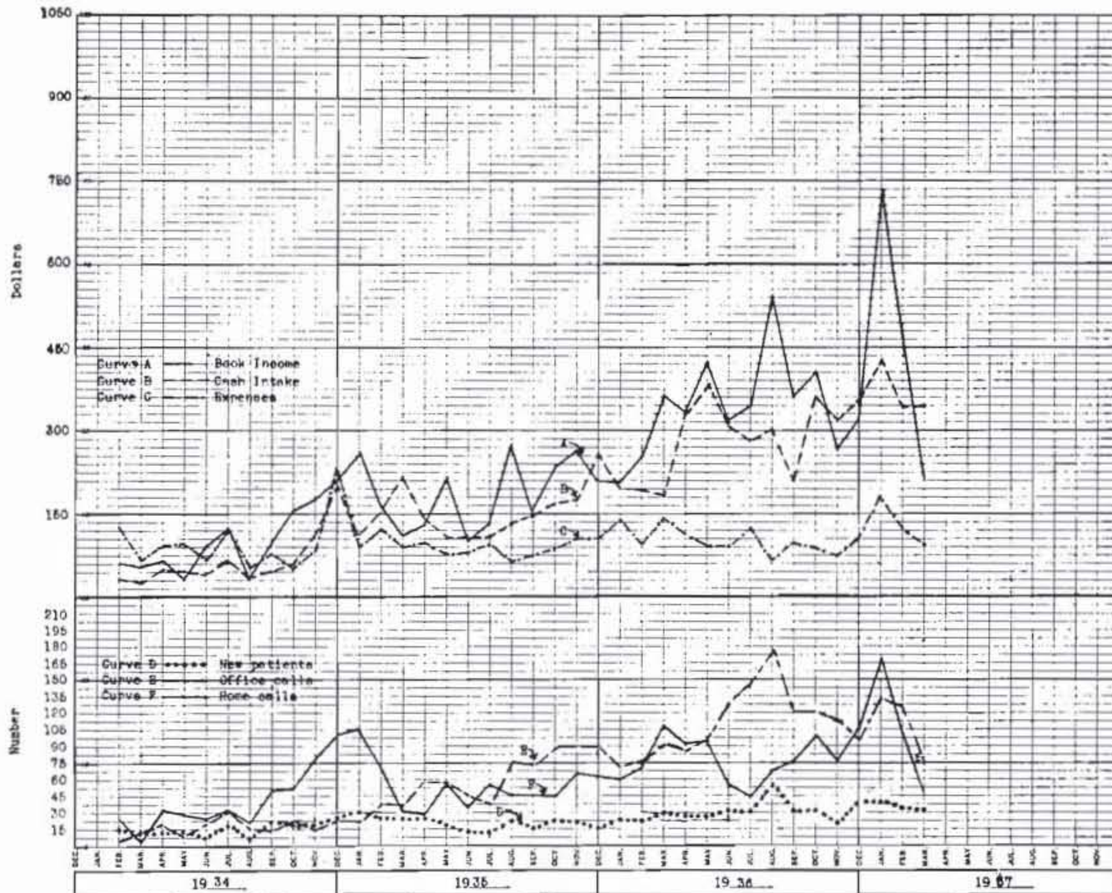
It was my opinion that given a certain number of patients a man had to receive a rather definite income. I believed, as I recall, that the average person, over a ten-year period, would spend perhaps $6.00 per year for medical care. Therefore, I thought, to insure myself an income of, let's say, $6,000.00 yearly, I should have to take care of 1,000 persons during that time. This, at least, gave me an idea of what had to be done. The next logical deduction was that the new patients one saw (and satisfied) were decidedly important to future success and contributed most toward a steady, dependable income.

Keeping the "new patients" line tilted upward has been one of my first aims. I knew I must avoid controversies. A single enemy could hurt my "new patients" line more than three boosters could help it. To make every patient my advocate was important. Old stuff—but how very true is the statement that courtesy, service, and sincere sympathy are generously rewarded.

I can honestly say that I never have competed on the basis of fees. In spite of my refusal to cut fees I have done my share of office work and have reaped definite, worthwhile financial rewards—believe it or not!

However, I have lost my allotment of patients because of my refusal to reduce accepted fees, where I felt the financial situation did not warrant it. Yet I feel that I have gained much more than I have lost by my attitude on this point. Certainly it has not retarded my progress. I have not felt that I could afford to sue to obtain payment of accounts because of possible publicity and the enemies which I might make. Lately, however, I notice an increasing eagerness to collect some of them, or else!

centages. (See page ix.) Of interest is the decreasing cost per treatment; the increase in income,—both charges and cash,—and the net income per patient. During the first year expenses completely consumed income, and then some! A discouraged young medico wearily realized that during that year some $343.00 had been contributed to landlords, gasoline stations, grocers, etc., over and above the amount he had budgeted for this purpose. BUT—some one hundred and sixty-five new patients had been seen, and the trend from the first to the last month was up on every line except expenses. Under these circumstances I felt that I could be confident of showing a substantial increase in net income for the year 1935. I was



PROGRESS CHART—FIRST THREE YEARS

In discussing the various other lines on the chart it seems to me that only a few statements are necessary. To supplement the graph I have prepared a table of yearly totals and per-

satisfied with the fact that I had built slowly (and how!) but solidly if I could manage to live until I began to make a living!

The year 1935 showed a net in-

come of $700.00 for twelve months' work. Not enough to live on, but some $1,100.00 better than in 1934. The "new-patients" line was up; office and home visits were markedly increased, and the collection percentage was much better.

I believe I could have lived on the proceeds of the third year. Fortunately, I didn't have to, still holding the part-time position. It must be remembered that many deferred expenditures were crying for attention.

My family connections are extensive and demand much of my time. However, I own to a feeling of satisfaction in the knowledge that they trust me enough to call. True, they reduce the charge-per-patient figure and the net-income-per-patient average. I do not pretend to be able to afford to give my services to upwards of eighty individuals when they cost me $.54 per visit. Like most physicians, however, I have a "charmed circle" to whom no statements are sent, and from whom no payments are expected or accepted.

My night calls are rather few, in spite of the fact that I do not refuse to help my decrepit elders, afflicted suddenly with colds or other disabling illnesses. I believe that it is worth at least $25.00 to get up at three o'clock in the morning to see someone who should have called at noon. I accept $5.00 (when I can get it!) and consider the added charge a protection against too many foolish "wee hour" calls.

The sudden, pathetic drop in March, 1937, is explained by an absence from practice of two weeks' duration. Multiply everything but income by two, and a true curve will be produced.

Hospital visits are included as home visits. Too late I realized that their total would be interesting. But perhaps a person can become rather foolish over this sort of thing. An unlimited number of possibilities exists, and I have at least four more lines in mind which I am determined I never shall include in a graph.

RECORD OF THE FIRST THREE YEARS IN PRIVATE PRACTICE

	1934	*1935*	*1936*
Office visits	188	708	1316
Home visits	453	648	954
New patients	165	239	374
Expenses	$1070.00	$1089.75	$1241.37
Night cases	Not Recorded	Not Recorded	52 (9 mos.)
Cash income	$ 727.00	$1846.72	$3446.55
Book income	$1095.00	$2228.50	$4184.00
% collections	66%	82.6%	82%
Cost per treatment	$1.67	$0.80	$0.54
Charge per treatment*	$1.71	$1.64	$1.84
Rec'd cash per treatment*	$1.13	$1.36	$1.51
Net income per treatment*	$0.54	$0.56	$0.97

*Figures arrived at by including all patients, pay and otherwise

Timely Brevities

Yesterday we received a letter. It read as follows:

"Is the general medical practitioner today receiving a just reward for his hard work? Why not?

"Because he is handicapped by a hold-over from the dark ages of medicine, to which most scientific physicians are opposed, but from which they must suffer financially and in prestige until their united action frees the profession from the greatest obstacle to scientific medical progress ever known—vivisection.

"The American public is too intelligent to be permanently sold on cruelty and inefficiency. And vivisectional medicine is a compound of both.

"Can you expect an alert public to patronize a healing system as helpless before the common cold as it is before cancer? Can you expect American parents to trust suffering children to treatment suitable for rats, mice, rabbits, etc? Most parents consider their children wholly different from animals.

"So the financial rewards are going to practitioners of modern healing systems, free from repulsive animal torture and built on genuine science, giving results impossible to the back-number vivisection system. Some years ago the income of these modern practitioners reached $125,000,000.00 yearly. This gives some idea of the loss which vivisection causes those doctors who have not openly renounced it, and shows, also, the extent to which this fanaticism is discredited with the public."

The simple guileless logic of this letter impressed us greatly. We resolved at once to discard from our armamentarium all drugs discovered through animal experimentation. Incidentally there didn't seem to be much left to work with. However, we are bribed easily. ($125,000,000.00 is a large sum of money.)

Today we saw a child. Her little lungs were hungering for air. Already her skin was cold and clammy, and the drowsiness of eternal sleep had descended upon her. Diabetic coma! Our high resolve was still with us. Give no insulin—that product of "vivisectional medicine." Practice masterful neglect instead.

It is strange, but we cannot sleep tonight. We seem to hear a mother sobbing. Tiny hands imploringly stretch out to us from the darkness. Too late! Once before a man sold his soul for thirty pieces of silver. Remorse is a terrible scourge.

. . . Thank God, it was only a dream!

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It is not our desire to debate the merits or demerits of socialism. Nor do we desire to discuss the advantages or disadvantages of State Medicine. If State Medicine is what the American people want, then by due and orderly process it will become a part of the law of the land.

Much has been said and much has been written about the lack of medical care. But before the lack of medical care comes the lack of food, proper clothing, and decent shelter. Before sickness there is often mal-nutrition and even actual starvation. These are the things that are the forerunners of disease. Provide them, and this will be a healthier, happier nation.

This article is particularly directed to our farmer-legislators. As they should know, State Medicine (or a state controlled system of health insurance) is the opening wedge to other social experiments. If any of them will submit to the confiscation of their farms by the state, then they should vote for State Medicine. If they believe in the socialization of medicine, they must believe in the socialization of agriculture. For them to

endorse State Medicine now but refuse to submit to socialized agriculture may only serve to brand them as "kulacks" later. There can be no half-way measures.

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Have you read "Fifty Years a Surgeon" by Dr. Robert T. Morris? If not, do so. You won't be disappointed. We were especially interested in what Dr. Morris has to say regarding the general practitioner. Coming from one who himself was a specialist, it is all the more noteworthy.

"I specialized, but if I were today at the threshold of another fifty years, the joy of exercising my skill and adapting myself to all the kinds of minds and illnesses in general practice would outweigh the satisfaction to be found in a specialty.

"In my student work with preceptors I learned to know what it meant for people to develop the sort of love and loyalty for the family doctor that does not go to the specialists. Patients were so impatient for the return of their own doctors that I would have felt hurt except for the lesson that was being learned.

"I believe that the general practitioner-guide, counselor and friend of the family is to return in full force and for several reasons. In the first place, he is needed for sitting upon the supreme court bench of our profession while the specialists are presenting their briefs to him. The general practitioner occupying judicial position will carry greater responsibility than ever before. And he will in future be far less ready to believe cheerfully in his own encouraging, off-hand opinion that he commonly has to give to patients. That has constituted his weakness in the past. In the second place, as Sir William Osler well said, 'There are no specifics in medicine excepting as they are applied by the doctor's art,' and this applies to a specific report made by any specialist quite as well as it applies to a drug.

"Who drove the general practitioner into secondary role temporarily, and actually out of listing in the published list of departments of the American Medical Association? The public—the people who wanted him most, were the ones who did it! They will try to drive him away again, when he returns, by again capitalizing his generosity. How often has the family doctor heard people say when settling up an account: 'There, now my last bill has been paid!' The committee on Medical Education of the American Medical Association estimates that a good general practitioner is capable of handling from 80 to 90 per cent of illnesses for which patients seek medical advice. Yet general practitioners are not listed as such by the A. M. A.!"

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"There's no place like home." So sings the poet. And *The Literary Digest* agrees. In the latest issue we read,

"For the first time the home has emerged as a more lethal institution than the automobile. Last year, 39,000 people were killed accidentally while "safe at home," an increase of 7,500 over the 1935 record. Motor-vehicles killed 37,500 in the same period.

"Two types of home accidents predominate: burns and falls. The kitchen is the most dangerous place in the house: there, 56 per cent of fatal burns originate. The bedroom is the preferred site for falls, accounting for 39 per cent of them, with the living-room a close second.

"Disability effects of accidents were even more dismaying than the fatality record: 170,000 permanently disabled, 5,500,000 temporarily laid up.

"This means that one out of each two dozen Americans was incapacitated by accident in 1936.

A. C. HANSEN, M.D.

Facing Difficulties

(Continued from page iv)

reaction; that it is the mind which is at fault, and that such an individual is poorly balanced emotionally. If he can face his difficulties bravely and without fear and anger, he has no need for the development of "nerves."

The willingness and ability to face reality is of the greatest importance in maintaining mental health. One may run away from trouble a few times without getting into serious difficulty. All of us do it occasionally without becoming badly involved. Most of us, however, when occasion demands, face our difficulties squarely and proceed to overcome them as best we may. Some, because their parents permitted them to acquire the habit, invariably run away. They sidestep difficulties by developing vaguely defined physical complaints, such as eye-strain, headache, backache, intestinal disturbances, and various symptoms for which no definite physical cause can be found. These complaints, too, are often used as a means of obtaining sympathy or pity when the need for such is felt.

If they will, parents can do much to prevent their children from developing such habits. It will help if they recognize that even very young children acquire shrewdness in getting what they want, and in avoiding the disagreeable in life. Temper tantrums, breath-holding spells, vomiting, convulsions, and other methods are used by children to obtain their ends. The child who is allowed to develop such habits is not being taught to meet difficulty. In later years he will be poorly equipped to face life, and when he is forced into a situation which such behavior cannot overcome, he is headed for some form of mental break.

Children learn largely by imitation, so it behooves the parents to set a good example of emotional control for them. One rules his emotions, or is ruled by them, and hospitals today are overflowing with mentally ill who were never taught to control their emotions. The hysterical, excitable, nagging mother must expect similar conduct from her offspring. Children must be shown how to act.

They should be allowed to do what they wish, within certain limits, for too much suppression may be as bad as too little; and when discipline is necessary, it should be intelligent and helpful. They should not be placed under severe emotional stress; they should not go to funerals, be told murder and ghost stories, nor be threatened with bogies, amputations, and the like; for these tire a child's emotional system just as hard play tires him physically. Many an adult can trace his mental illness to unpleasant emotional experiences in early life.

Children should not be permitted to develop too strong an attachment for either parent. In so doing, they lean too heavily upon others, and do not learn independence. We find too many children growing up with such attachments, who, when forced to make their own way in life, are hopelessly bewildered and quite unfit for self-support. Nor is this always the fault of the child. Some parents never permit their children to become independent as long as they can be kept tied to the apron strings. This parental domination, this absolute control over the offspring's life, this limiting of independence, is often the cause of delinquency or worse. Children who show this dependence should be kept busy, should be given responsibility, and should be forced to make their own decisions.

In older people, habits which have been acquired are more or less fixed and difficult to change; but during that pliable, educational period of childhood the bad habits which are developing can be corrected so that the result will be an individual emotionally mature.

Carrying the People's Burden

by An Observer

What is the public reaction to efforts being made by the medical profession to eradicate quackery and the vicious practices of certain cults? Unfortunately, there are a number of persons who view them as an attempt by physicians to promote their own financial interests. This attitude one would suppose could be attributed to the ignorant, were it not encountered among the so-called intelligent, well-educated group. It is surprising how many persons are superficially informed about health matters. Small wonder then that medical men sometimes chafe under their responsibilities for the health of the people.

Were he primarily concerned with his personal welfare the doctor might well ignore the activities of cultists. He knows only too well that persons suffering from organic ailments will eventually need his services; further, that the greater the delay, the larger his compensation. But the physician's conscience will not permit needless suffering. He is under obligation not only to cure but to prevent unnecessary illness, seeing to it that all weapons against disease known to science are made available to everyone. So, whether he will or no, he must carry his burden for the people until they are so enlightened they will assume the responsibility themselves.

What people will believe, even in this enlightened day, is, indeed, pathetic. Not so long ago the courts in a certain state held that a widely-advertised light apparatus had no scientific value. Newspapers throughout the country carried the "story;" yet people still are being "taken in" by this device. Yes, many of them should know better.

A supposedly successful cultist in a midwestern city insists that germs do not exist. His contentions are so ridiculous that it is difficult to believe he is given serious consideration. Yet he has followers and on occasion appears before governmental bodies where he is given respectful hearing. All this in the face of overwhelming evidence that life has become comparatively safe because of our knowledge of germ life.

Patent medicine manufacturers and vendors still carry on their nefarious business. Although the "medicine show" has been brought up-to-date, there has been little change in tactics. Why has not more been accomplished toward their elimination? Unfortunately politics figures in this situation. Even with the health of the people at stake there are politicians who maneuver in such a manner as to avoid their duty. There are, of course, conscientious public servants, and to them the people owe a debt of gratitude. We would, however, there were more, for it is quite evident that they cannot cope with forces whose primary concern is profits.

Whatever the cost, the medical profession must proceed with its education of the public. Until such time as the public understands and accepts the basic truths of medical science, so long will quackery flourish. Undoubtedly there always will be those who believe in the impossible. For them safeguards should be set up by law.

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Modern Medical Organizations Demand Trained Executives

by R. W. Blumenthal, M.D.

The county medical society is the first unit in organized medicine,—the center or hub from which community medical activities radiate. In years gone by when the need for a closely-knit organization did not appear to be quite as necessary as it is today, some member of the local group usually was selected to act as secretary. His tenure of office did not change at each year's election: instead it continued as long as the holder thereof could muster sufficient strength to carry on. Records of some secretaries holding office for over a quarter of a century testify to the loyalty of this voluntary officer.

In comparatively small societies this arrangement may still be satisfactory, but when the membership is larger the plan is not practical. Societies with memberships of five hundred or over require more attention in an administrative way than can be given by a practicing physician. It has been found expedient and necessary, therefore, to formulate some plan whereby the multitudinous duties of a present day secretary may be carried out. A very happy solution of this problem has been the employment of laymen as full-time secretaries, who usually are designated as executive secretaries. At this time eighteen county medical societies have lay secretaries.

To the question "Are certain qualifications desirable in the individual selected for this position," we answer, most emphatically, "Yes!" The ability to organize and administer the affairs of a modern medical society are, perhaps, first in importance. Due to the many and varied activities which county medical societies have entered into, numerous committees have become necessary to carry on and guide their course of action. It follows, quite naturally, that someone must act as a director or co-ordinator of these various groups in order that there will not be too much overlapping or duplication of operation and to stimulate where too much inertia is evident.

Another type of activity is that concerned with public relations, including contact with the public through personal appearances before selected groups such as service clubs, parent-teacher organizations, lawmaking and legislative bodies, radio broadcasts, and press releases.

In the matter of public health a great deal may be accomplished in rendering assistance to properly constituted and functioning health groups and by assuming leadership in those instances where the medical profession's interests are paramount.

So that the members of the county medical society may be regularly informed regarding its activities, it is customary for the society to publish a monthly bulletin. The responsibility for this venture is another duty of the lay secretary, and much depends upon his ability in this direction.

There are many other activities which come under the guidance and supervision of an executive secretary, among which may be mentioned postgraduate courses; speakers' bureaus; telephone-exchange services; credit bureaus; blood donor and business bureaus, and the maintenance of membership.

It is quite evident that the individual with the qualifications as enumerated is a valuable asset to organized medicine and is the product of years of study and application. He is your business manager and does for you what you have not the time to do.

Delinquent Accounts

What is a delinquent account? Obviously this question is not easily answered as it applies to medical accounts, because it depends upon the *normal expectancy of payment* and thus varies with the individual arrangements. The time when the creditor expects payment of an account has a very definite relation to his collections because people pay their bills largely by habit.

For instance, the man who habitually pays all his bills each month will do so without much invitation and never becomes a problem in delinquency. Then there is the man, representing by far the largest group, who pays certain bills such as telephone, light, car payments, etc., promptly because he has formed the habit, but who never pays quite all his bills at one time. The bills he pays in full every single month are invariably those firms which have so continually impressed him with the fact that they *expect payment* promptly, that he has almost unconsciously formed the habit of paying them as expected. Since this group usually furnishes the doctor a substantial part of his income it is important to help them form good paying habits, and as many of these are "good as gold," "perfectly honest." "best patients," etc., this must be done with a certain finesse or not at all.

The wide variance of collection percentages among doctors shows that some members of the medical profession have been successful in building up these paying habits. It can be done and the first step begins with the early contacts with the patient in the office. If the attitude of the doctor and his assistant indicates that "of course" prompt payment is expected, and emphasizes the value of the service, there is far less possibility of delinquency. Next in importance is the sending out of statements promptly and regularly, but this has already been amplified in a previous article.

Then if payment has not been made after three or four statements have been sent, there is something wrong and the sooner it is discovered and corrected the better the ultimate result will be. Possibly the bill has just been neglected, or unusual expenses have made it difficult to pay. On the other hand, perhaps there has been a misunderstanding regarding the treatment and the sooner the patient is contacted the more easily the difficulty may be straightened out without unpleasantness.

Personal correspondence is a courteous and dignified method of following up statements which have been disregarded. When a patient responds giving reasons why the bill cannot be paid it should be acknowledged, and in the same manner when he fails to keep the promise to pay he should be sent an immediate reminder. By such a logical routine over a period of months and years patients can be helped to form the habit of paying doctor bills just as promptly as any others, and delinquent accounts may be largely avoided.

If several efforts to collect the account by correspondence fail to bring even a response the account should be given to a local, dependable collection agency bonded by the state, not only to collect, if possible, the small amount which might be obtained but also to make it more difficult for the patient to run up a bill somewhere else that he does not intend to pay.

Deserving patients should be given consideration but those who ignore statements, letters, and all reasonable attempts to collect the account are capitalizing on the generosity and public spiritedness of the doctor, who undoubtedly gives away more of his time and money than anyone in the community.

HENRY C. BLACK and ALLISON E. SKAGGS
—*From* THE JOURNAL *of the* MICHIGAN STATE MEDICAL SOCIETY

Sunny Side Up

THE ASSIDUOUS SENTRY

A soldier in Africa was on sentry duty for the first time. A dark form approached.

"Halt!" he cried. "Who are you?"

"The orderly officer."

"Advance!"

The orderly advanced, but before he had proceeded half a dozen yards, the sentry again cried "Halt!"

"This is the second time you have halted me," complained the officer. "What are you going to do next?"

"My orders are to call 'Halt!' three times, and then shoot!" the sentry explained.

•

SLIGHT ERROR

Barber: "Was your tie red when you came in here?"

Customer: "No, it wasn't!"

Barber: "Gosh, I must have cut your throat!"

•

OUTWARD BOUND!

The transport was shoving off for the Orient. Two little flappers were waving goodbyes from the dock.

"I think it's a shame," said one, "to send all those nice Marines to China. What will they do there?"

"What'll they do!" replied the other. "Ain't you ever been out with a Marine?"

•

"GOOD HEAVENS!!"

The house agent decided to be quite frank with his latest clients.

"Of course," he began, "this house has one or two drawbacks which I feel I must mention. It is bounded on the north by the gas-works, on the south by an India-rubber works, on the east by a vinegar factory, and on the west there is a glue-boiling establishment."

"Good heavens!" gasped the husband. "Fancy showing us such a place. What a neighborhood!"

"Quite so," replied the agent. "But there are advantages. The rent is cheap, and you can always tell which way the wind is blowing!"

•

HOW TO GROW OLD

Length of Life does not depend so much on the star under which one was born as it does on the color of traffic light on which one tries to cross the street.

SPRING FLOWERING

Doolittle: "Have you planted anything in your garden yet?"

Bullfuss: "Only my watch, fountain pen, lodge pin, and seven leadpencils."

—*Pathfinder*

•

THE FIRST HUNDRED YEARS, ETC.

One of two girls in the bus was reading a newspaper.

"I see," she remarked to her companion, "that Mr. So-and-So, the octogenarian, is dead. Now what on earth is an octogenarian?"

"I'm sure I haven't the faintest idea," replied the other girl. "But they're a sickly lot. You never hear of one but he's dying."

•

FUMBLING AT THE KEYHOLE

A man was fumbling at his keyhole in the small hours of the morning. A policeman saw the difficulty and came to the rescue.

"Can I help you find the keyhole, sir?" he asked.

"Thash all right, old man," said the other cheerly, "you jusht hol' the housh shtill and I can manage."

•

GUILTY

A racketeer on trial for murder bribed an Irishman with $100 to hold out for verdict of manslaughter. After being out for a long time, the jury returned the desired verdict.

"I'm very grateful to you," the racketeer told the Irishman.

"Did you have much trouble?"

"Yes," replied the son of Erin, "I had a devil of a time. All the rest wanted to acquit you."

•

GYNECOLOGICALLY SPEAKING

We recently heard about a doctor who had trouble remembering whether his radio had eight tubes and ten payments or ten tubes and eight payments. He admitted though it was an unusual radio, gynecologically speaking.

•

BUST DEVELOPER

"Look here, I bought a bottle of your hair restorer last night and all it's done is to raise these big lumps on my head."

"My gracious," said the beauty doctor, "we must have sold you a bottle of bust developer by mistake."