The Bulletin

OF THE TULSA COUNTY MEDICAL SOCIETY

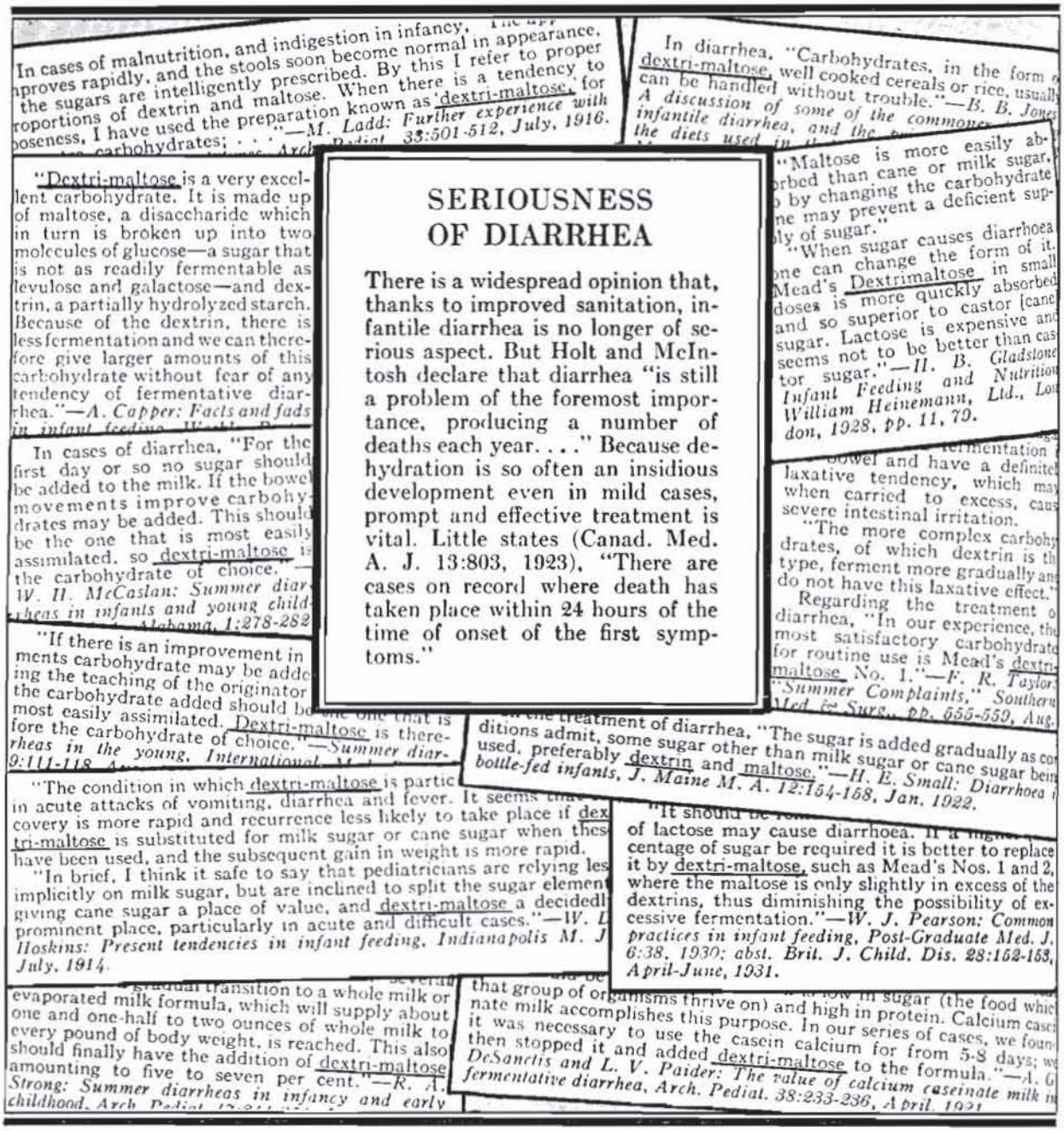
VOL. 3 TULSA, OKLAHOMA, JUNE 1937 NO. 4 B

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.



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."

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.

MEAD JOHNSON & CO., EVANSVILLE, IND., U. S. A.

When requesting samples of Dextri-Maltose, please enclose professional card to cooperate in preventing their reaching unauthorized persons.

"The average gain in weight of the children fed on the buffered lactic acid evaporated milk for the first ten days of life was 110.5 Gm., which surpassed that of any other group. In this period the infants fed on buffered lactic acid milk showed approximately seven times as great an increase in weight as the other artificially fed infants. This increase in weight was reflected in the excellent tissue turgor and muscle tone of these infants. Furthermore, the morbidity in the group was almost as low as that recorded for breast fed infants."—SMYTH, FRANCIS SCOTT, and HURWITZ, SAMUEL: J. A. M. A., Sept. 7, 1935.

In any formula

The ready digestibility, safety, convenience, economy, and availability of Irradiated Carnation Milk specially recommend it for use in the construction of all types of feeding formulas. Enrichment with vitamin D is an important added factor, further justifying the marked favor with which Irradiated Carnation Milk is regarded by pediatrists generally.

CARNATION COMPANY

Milwaukee, Wisconsin Seattle, Washington

ACCEPTED AMERICAN MEDICAL ASSN.

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

IRRADIATED

Carnation Milk

"FROM CONTENTED COWS"

Homes of County Medical Societies

6. **Medical Society of the County of Kings, Brooklyn, New York**

Visual Defects in Children

Dr. Martin urges the need for the conservation of visual functions of our youth

by Hilmar G. Martin, M.D.

It is grossly misleading to assume that a child's eyes are normal if certain test letters on a chart can be read correctly at a specified distance. This test may suffice to separate definite visual abnormalities from those nearly normal. Beyond this, it is not a measure of properly functioning eyes. To establish the exact status of function of the eyes of young children, only the most complete examination, including the instillation of mydriatic drops into the eyes, is capable of disclosing whether the patient's eyes are normal. Incomplete or improper examinations constitute the most flagrant form of neglect. It is tragic to hear daily the plaint of patients, "If my eyes had had proper care in childhood, I should not be troubled now."

Despite the efforts put forth by public health agencies and other organizations, parents have not been made sufficiently aware of the need for periodic physical examinations of the pre-school child. This is a phase of preventive medicine of tremendous importance. Any ophthalmologist can testify that there are appreciable numbers of children of later school age who have definite ocular deficiencies. This provokes speculation as to how long the condition has existed, and why it was never discovered. It is by no means a criticism of the efficiency of health officials. Reasons for this situation are as varied as are the numbers of cases involved.

To depend upon children to voice complaints regarding ocular abnormalities is, of course, absurd. Never having had the advantage of normal vision, naturally they have no basis for comparison. They accept as normal, therefore, the working of the visual apparatus. Well meaning but unthinking parents sometimes resent the fact that their children do not get along well in school, and defensively insist that their offspring are normally intelligent. They often lose sight of the fact that sustained comfortable vision is essential to the maintenance of sustained attention and close application. There are, of course, others who, when it is suggested that their child's eyes be examined, insist that "he got glasses a few years ago." Each case, of course, deserves and must have individual attention as to its specific needs and adequate follow-up care.

The resentment of parents towards glasses is understandable. This antipathy can be replaced with cooperative understanding by a full explanation to the parents of the purposes which glasses and periodic examinations really accomplish. The possibility of injury to the eyes by broken glasses is another source of parental concern. We seldom see injury to the eyes from this cause. On the other hand, we see many instances where glasses have been the means of sparing the eyes in the common accidents of childhood. Indeed, it is at play when the wearing of glasses is essential to correct certain common anomalies. Postponing as long as possible the wearing of glasses is distinctly unfair to these young patients. The proper correction immediately supplied when indicated provides much greater possibility of restoring normal function.

Oculists agree that the small errors are most important to correct because the eyes attempt constantly to over-

come these small errors and succeed in doing so, giving good vision but at the expense of strain. If neglected, this marks the onset of faulty development of important factors contributing to good vision, generally increasing, and most damaging to ultimate comfortable vision during the years of rapid growth.

By reason of the great adaptability of the muscles of accommodation in childhood, great degrees of latent errors are covered up, and a mere chart test only serves to delude one into a false sense of security. Similarly, muscle defects, not sufficient to produce a crossed condition of the eyes but just as surely detrimental, can be disclosed by complete muscle tests, such as only medical men are qualified to apply and properly interpret. There are, unfortunately, some instruments being sold to school agencies and used by teachers upon their students to determine — really diagnose — muscular defects. The merit of such instruments to do the job their makers claim is open to question in the minds of men intimately associated with these problems.

The first essential is the recognition of a predisposition to ocular disease in patients. The patient's complaint in itself often provides a valuable lead. A comprehensive history, sufficient to establish or obviate ocular consideration, need not be time-consuming if we are mindful of a few rather common discomforts proceeding from ocular disorders. The fact that good or even excellent vision obtains is no indication whatever that the eyes are not contributing factors. Good vision is one thing; sustained good vision with comfort is quite another. Visual acuity seems to be a simple accomplishment. Actually, it is, in effect, the summation of several associated and complicated functions.

In all cases manifesting headache symptoms careful consideration should be given to ocular conditions as causes or contributing factors. The manner in which the patient uses the eyes, the nature of his work, his working conditions, and lighting must be considered. A complaint such as "motion discomfort," by which is meant headaches, nausea, or eye strain during or after movies, driving or riding, and shopping, generally points to ocular muscle imbalance. More specifically some patients say that sewing causes no discomfort while reading does, and vice versa. This points to a definite group of ocular muscle involvement.

The relatively high incidence of refractive errors, including the various ocular muscle abnormalities, is becoming increasingly important in the physical economy of the individual. We, as physicians, have a definite obligation to the public in this respect. Unless we are thoroughly alive to this responsibility it will, as a matter of course, be discharged for us by non-medical agencies and perhaps in a way not to our liking.

In definite muscle abnormalities of early life in which one eye is favored, the vision in the unused eye becomes greatly reduced, even to blindness. This can occur within a few months. Proper function of both eyes can be restored, provided treatment is instituted early. We all are familiar with children in lower grades who do well in all school work except reading, spelling, and writing; who see letters reversed or upside-down, and who persistently miscall letters of similar shape. These cases are not freaks but victims of a disordered perceptive apparatus. Proper treatment having been given such cases, it has been suggested that the patient repeat the previous grade school work with the result that he rapidly advances to his normal school grade status again.

The rapidly growing child constitutes a real responsibility regarding his ocular development. It is during this period when supervision of the manner in which the eyes are being used and careful watch over tenden-

(Continued on page xi)

On Handling Patients

Dr. Witte offers some practical suggestions which will prove of value to the physician in his daily practice.

by Dexter H. Witte, M.D.

Physicians are frequently judged by patients upon what has come to be known as their "bed-side manner." This term broadly includes many phases of the relationship between patient and physician. In general it refers to the manner in which the physician meets and handles his patients.

It is not our purpose to give any detailed suggestions or advice as to how a doctor should examine or treat the sick. The intention is rather to discuss some general principles of successful practice.

One often hears the statement that a doctor's success depends about equally upon his knowledge and his personality. Medical education is fairly well standardized and there is no great difference in the training of recent graduates. But there are vast differences in that intangible thing known as "personality." If such a thing is possible let us ignore scientific training and briefly consider some of the other attributes that go to make up a physician's personality. In a narrow sense consideration would be limited to his stature, carriage, manner of dress, and those other factors which determine personal appearance; to his cultural background; to his character, and to his charm and mixing ability.

There are, too, other things to be considered. Some of these are the location and appearance of his office and equipment, the type of his secretary, and even the make of his automobile.

The many words of advice which have been written about the doctor's office indicate how important a matter this is, especially to the young physician. Its location may determine to a large extent the class and type of his patients. It is obvious that an office in a residential district will attract an entirely different type of patient from that in an industrial neighborhood. There are corresponding differences in patients dependent upon whether an office is "down town" or in an outlying district; whether in a wealthy suburb, a new subdivision, a district settled largely by members of a single race or religion, or in an old established neighborhood. All of these factors must be considered by the physician after he has determined what type of patient he is best qualified to treat. Whatever the choice of location may be it should be borne in mind that the doctor will not be happy if he is compelled to deal largely with patients with whom he has no common interests. And if the doctor is not happy in his contacts with his patients he will soon become dissatisfied and find himself unable to do his best work.

When the general location of the office has been determined careful consideration must be given to its appearance. Some medical men may feel that it is perhaps beneath their dignity to try to impress patients by means of their offices; they feel that it is sufficient to give conscientious and scientific care to those who seek their services. The quack is always exceedingly careful to convey the best possible impression to the public by his office. Does not the reputable, ethical physician owe a duty to the public to present an equally good "front?"

Medical publications abound with

sketches and diagrams of satisfactory offices and only a few words need be said on the subject. The entrance should be clean and well lighted. If there is a stairway it should not be long, steep or narrow and should have adequate bannisters. The reception room should be light and cheerful and furnished with comfortable chairs of different sizes. It is better for it to be small than too large. Human beings are naturally gregarious, and patients seem to prefer to be somewhat crowded rather than scattered about a large room.

The examining or consultation room need not be elaborately equipped but should be immaculately clean and well lighted. The doors should be sound-proofed if necessary to make certain that confidential conversations cannot be overheard.

Perhaps nothing is more important than to have a neat, cheerful, courteous office secretary or assistant. An intelligent girl can do much to make patients feel comfortable and at ease. Her intelligence and willingness alone limit her value. Many doctors are handicapped by cheap, inefficient help. On the other hand other doctors are sometimes unknowingly hampered by over efficient assistants who permit themselves to become arbitrary and officious in a manner resented by intelligent patients. The ideal secretary remains discreetly in the background.

As for the doctor himself it should be unnecessary to mention that he always should be scrupulously clean and well groomed. This does not mean that he should follow all of fashion's dictates but he should always strive to present a neat appearance.

Each doctor must develop his own type of personality. It is a mistake to attempt to copy the mannerisms of another. While the day of the high hat and frock coat has passed, a certain amount of dignity should be maintained in contacts with patients. This is especially true of the young man or the man of small stature. The more the relationship can be kept on a professional plane the greater will be the efficiency. After all the patient is paying the doctor for professional advice and not for social conversation. On the other hand the doctor need not fear to let his patients know that he is human. It requires exceptional ability to succeed when one assumes a cold, "poker face" pose.

In order to secure patients contacts must be made. The manner of making contacts must be left largely to the individual. Whether they are made through churches, lodges, golf clubs, or other social organizations will depend upon the tastes of the man.

It is always instinctive for a physician to spend a little time once a year in going over his files to check up on the number of patients who have failed to return, and to ask himself why. The explanation, of course, is in most cases that he did not make a favorable impression. It seldom results from the lack of medical skill.

The first question asked the patient may have a profound influence on your future relations. If asked, "What seems to be the trouble with you?"—the patient thinks, if he does not state, that that is what he came to find out and some antagonism develops. If the patient does not voluntarily proceed with his complaint, he may be prompted with a question as to "what makes *him* think he needs a doctor?"

Ordinarily a patient will state his complaint very simply and details will have to be elicited by questions. Those who "enjoy ill health" will, on the other hand, soon indicate that they are prepared to spend the rest of the day in telling of their troubles. It is not difficult to interrupt such a patient by systematic and orderly questions designed to bring out the essentials of a good history. In any case courteous and thoughtful atten-

(Continued on page xiii)

Timely Brevities

A great experiment is now being undertaken in Germany. We refer to the attempt to improve the quality of the future German population by exterminating inherited disease by means of human sterilization. The German law applies to patients suffering from eight groups of infirmities. Among these are mental deficiency and four different forms of mental disease: namely, epilepsy, Huntington's chorea, manic-depressive psychosis, and dementia praecox.

Psychiatrists believe that heredity accounts for 80 or 90 per cent of the mental deficients. This is certainly proved by the study of the so-called Jukes family. The study involved descendants of two sons of an early Dutch settler who married the two Jukes sisters, both of whom were feeble-minded. Of the 1,200 descendants, 709 were traced. It was found that 280 received public support; 140 were criminals and offenders serving a total of 140 years in prison, and a large proportion were licentious and nervously diseased. Incidentally, the estimated social cost of the family in 75 years was placed at $1,308,000.

However, when a study is made of manic-depressive psychosis and dementia praecox different facts are encountered. According to the findings of the Committee of the American Neurological Association for the Investigation of Eugenical Sterilization, "many valuable members of society, worth more to it than the cost of maintenance of all state institutions put together, would have been lost if sterilization laws had been enacted on a compulsory basis a few centuries ago."

The following are a few of the individuals whom the world might never have known:

Anderson, Hans C. (1805-1875): Grandfather and father psychotic; mother drunkard of masculine type, died from delirium tremens.

Balzac, Honore de (1779-1875): Hypomanic psychopathic personality; his father had a depression for 20 years, did not leave his bed though not physically ill, then again took up his former life.

Beethoven, Ludwig van (1770-1827): Paranoid psychopathic personality with tendency to abuse of alcohol; father and grandmother drunkards.

Bonaparte, Napoleon (1769-1821): father a neurotic hypomanic; brother, Louis, definitely psychopathic; sister, Pauline, hypomanic degenerative personality; brother, Jerome, unstable. Napoleon himself neurotic, possibly suffering from rare attacks of affect-epilepsy and narcolepsy.

Byron, Lord George Gordon (1774-1824): mother hysteric; mother's father died by suicide.

Dostoievski, Feodor Mikhailovich (1821-1881): Suffered from epilepsy. One son died in epileptic seizures.

Frederick, the Great (1712-1786): King of Prussia. His grandfather, George I, and his ancestor, William the Younger, were schizophrenics.

von Goethe, Wolfgang (1749-1833): sister a manic-depressive.

Mayer, Robert: famous physicist, discoverer of the principle of conservation of energy, was suffering from manic-depressive insanity, usually hypomanic, with elations and depressions. He conceived his theory in a hypomanic state, while travelling in the South Seas. In 1850 attempt at suicide; 1852-53 in insane asylum.

Michelangelo, Buonarroti (1475-1564): father suffered from periodic attacks of insanity with delusions of persecution.

Poe, Edgar Allan (1809-1849): father, a psychopathic personality;

mother a vagrant actress, died from phthisis of the lungs; one brother was a "half-crazy drunkard;" one sister, an idiot. Poe himself was alcoholic, possibly on a depressive and epileptoid (dipsomanic) basis. He had attacks of delirium tremens. From the year 1837 to his death he took opium and morphine.

Thus we can see that the eugenicist has a grave problem on his hands. Who shall be sterilized?

•

What is this liberalism—this term we so often hear and see today? Many times have we asked this question. And the answers have been as varied as the persons asked. All of which forces us to conclude that the majority of those who profess to be liberal are not liberal at all. They are liberal only as their liberalism is of material advantage to themselves. There was a time when it was dangerous to be a liberal. Now it seems to be a mere matter of political expediency to be liberal. Or even a means of livelihood. But, when their liberalism is put to the test, they are as intolerant of the opinions of others as are those they condemn. They also should remember that statement of Voltaire wherein he says: "I do not agree with a word that you say, but I will defend to the death your right to say it."

A. C. HANSEN, M.D.

County Medical Societies throughout the country apparently are awakening to the value of owning their own buildings. Enquiries are being received from a number of societies that at the present moment are contemplating building libraries and auditoriums for their membership.

The fact that the Los Angeles County Medical Association has been extremely successful in building for itself one of the finest medical libraries in the west, together with meetings and office facilities, has received national recognition.

The Bulletin of the Los Angeles County Medical Association

Reprinted by permission of the Milwaukee Journal

GUINEA PIG FOR A NEW EXPERIMENT?

Proposed medical legislation has aroused not only the opposition of physicians of Wisconsin, but the press, as illustrated by the above cartoon.

Protect Your Calls

by An Observer

Like everyone else the doctor finds it necessary to purchase various types of protection. At one time adequate life insurance and protection against loss by fire was deemed sufficient. With the coming of the automobile and other modern innovations this coverage was entirely inadequate. The doctor now purchases accident, liability, malpractice, theft, and numerous other forms of insurance.

Important as this protection is there is none more essential, so far as the doctor's practice is concerned, than complete coverage of his office and resident telephones. I am sure that if it were possible for statisticians to obtain the figures, the calls lost to physicians, because there was no one to answer their telephones or the calls were inadequately handled, would run into millions of dollars.

The young physician, in particular, frequently fails to protect himself against the loss of calls, not appreciating the important role that the telephone plays in modern practice. If he is single he leaves his office or residence without advising his friends or relatives where he can be located. He may be in the vicinity of either his office or home, but that is of little consequence if his whereabouts are not known. Married physicians frequently employ in their homes maids who are not capable of intelligently handling calls. Either they do not respond in a friendly manner or do not accurately record the messages left for the doctor.

If the doctor wishes to adequately protect his calls he should make arrangements to have his telephones efficiently covered twenty-four hours a day. He will employ an office assistant who answers promptly and is friendly to all who call. He will arrange, too, to have someone in his home at all times who will be courteous and understanding, and who will accurately record the information left for him.

In many of the major cities of this country, notably in New York, Cleveland, Chicago, Toledo, Milwaukee, and Portland, Oregon, there are so-called telephone-answering services. A number of these exchanges are operated by county medical societies. They are, in reality, telephone-secretarial services acting as a connecting link between the doctor and his patients. Whenever the physician is not available at his office the patient calls the telephone service which relays the message to him. A special listing in the telephone directory, immediately under his name, advises the public that the doctor is a subscriber to such a service, and if not available through his office can be located by the service. The legend appearing below the doctor's name usually reads "If no answer, call .... (number of the service)."

So-called private-wire services are available, also, through these exchanges. Under this arrangement the doctor's telephone is connected directly with the exchange switchboard. Should a call be directed to his office when he is out it is intercepted by the operator and answered as though she were the doctor's office assistant. Properly conducted, this type of service greatly aids the doctor to solve his telephone problems, for the operators employed are especially trained to handle his calls more efficiently than can any maid.

Of course, there are a few physicians who do not want to be bothered with calls after office hours. These men usually are engaged in limited specialties. To most physicians in general practice and the specialties, however, adequate twenty-four hour telephone coverage is essential.

(Continued from page iv)

cies to imbalance represent the difference between comfortable and useful, or restricted and uncomfortable use of the eyes in adult life.

Emphasis must be given to the fact that refractions directed only to the correction or improvement of visual errors alone are not sufficient. In one class of cases full correction of a visual defect tends to aggravate an existing muscle imbalance. Unless full recognition is taken of all factors entering into the complete function of good vision, one cannot know whether full correction, under-correction, or even over-correction is advisable. No one but a qualified physician, licensed to use medicinal means to establish the existing errors, should be entrusted with such an important procedure.

As long as good general muscle tonus obtains these children may have little cause to complain, since young persons often carry these imbalances with no apparent discomfort, but in later years these factors become very real and are then less readily amenable to treatment.

To establish the incidence of muscle imbalance in routine practice a series of two thousand private, unselected cases was analyzed. Seventy-four per cent showed imbalance of varying degrees or nature, all well above the accepted normal limits. Not all of these patients had symptoms referable to the eyes. That does not justify the conclusion that variations from the normal balance are unimportant so long as no symptoms are present. The symptoms are only latent or dormant in these cases, and sooner or later will manifest themselves.

By muscle imbalance I do not refer to the outspoken strabismus cases alone. Cross-eyed patients require measures of treatment other than, and in addition to, refraction alone, whether they be of the paralytic or non-paralytic variety. These patients are manifestly the problem of the ophthalmologist, but young patients presenting symptoms proceeding from ocular muscle imbalances are definitely the problem of all concerned with medical practice. Improper use of the eyes or any variation of eye muscle usage from the normal in early life can and does lead to a cross-eyed status, or surely to a condition precluding a normally functioning and comfortable sustained use of the eyes in adolescence and later life. These conditions of imbalance represent the greatest number of cases of so-called eye strain, irrespective of the apparent absence of symptoms directly referable to the eyes, often entirely independent of good sight, and are most amenable to proper early treatment with the greatest assurance of normally functioning eyes.

To cite an example of a very common muscle imbalance, let us consider roughly two essential factors contributing to good vision, comfortably sustained. In order to see clearly at any near work distance, the eye must, through muscle effort, exert a certain amount of accommodation, or focusing power. In addition, near work distance demands that the eyes converge to this point. It is perhaps too elementary to point out that the closer an object approaches the eyes the greater amount of inward turning or convergence of the eyes is required to preserve single vision. However, the demands upon the eyes to focus in order to see clearly and to turn inward in order to see singly are associated, physiological functions. If one of these functions is defective or is improperly used difficulties will eventually arise.

The near sighted patient requires little or none of this focusing or accommodative exertion in order to see clearly. There is then, naturally, an insufficient or lacking stimulus to the

convergent function. If long continued this insufficiency results in symptoms of discomfort not only for close application of the eyes but for distance as well.

Abnormal refractive conditions besides near sightedness produce symptomatically similar, although etiologically different, states of muscular insufficiencies, spasms, or excesses. These often result in the dominance of function of one eye alone, and this leads on to the improper development of other functions not apparent on casual examination such as depth perception, a faculty becoming increasingly important in the patient's economic life. These instances do not by any means exhaust the possibilities of muscle imbalance types. Hereditary factors, sequellae of serious illnesses, sepsis, injuries, and ordinary improper use of the eyes are conducive to the development of these abnormal states of muscle activity.

Great concern is constantly being expressed over the physical status of "the man over fifty," and quite properly so. Undoubtedly when such an individual heeds the admonition to check up, conditions sometimes are disclosed which proceeded from circumstances dating back to his pre-school age period. The "man of fifty" should have the first of his periodic physical examinations during those pre-school years, and it is the duty of his elders to provide him with that advantage.

The subject of "exercises" for the eyes is experiencing a revival in recent years, and is assuming an important place in ophthalmic practice. Like all other methods of treatment it has its advantages and, also, its limitations. Obviously, it serves a definite purpose when properly applied. Here again only the physician is qualified to judge the indication for use and the mode of application. Parents are often intrigued by the claims of unscrupulous persons who claim to cure all refractive conditions by "exercises," making the wearing of glasses unnecessary. Such palpable quackery is a menace to the credulity of the uninformed. It is obvious that any system of ocular exercises, massage, or gazing into the sun can no more change the inherent curvature of the refractive surfaces of the eye than it can alter the shape of the head. Under the direction of the physician certain muscle functions can be enhanced and influenced to achieve certain necessary balances by the use of properly selected systems of exercise.

During the course of a careful and complete eye examination, an investigation is made routinely of all structures of the eye which includes the fundus. It is unnecessary to state that many constitutional diatheses are often discovered in this process although this applies in greater measure to older patients. Again, only a physician is qualified to judge the status of health or deviation from the normal. The importance attached to this phase of medical practice is emphasized by the established agencies such as eye sight saving councils and commissions in many of our large cities, industrial units, and many similarly constituted groups.

Quite properly emphasis is directed by the medical profession to the care of the teeth, regulation of diet and exercise, mental hygiene, etc., to safely equip young members of society. But can it be said that sufficient stress has been put upon the important function of eye sight and its preservation? Vitamin deficiency is *not* the cause, nor is just "fitting glasses" the salvation for these ocular muscle delinquencies. A thorough eye examination is entirely essential to a complete periodic physical examination.

Obviously, it is up to the medical profession to conserve the visual functions of young people and to preserve the visual endowment of all others, so that these demands can be met by the individual without detriment to his inherent economic capabilities.

(Continued from page vi)

tion should be given to whatever the patient has to say.

Whatever examination is indicated should then be made, and some examination is always indicated no matter how trivial the complaint. Even patients who casually state that they just came in for something for a cold expect some form of examination. It will not add to your reputation to have it said that you did not make an examination but merely wrote a prescription.

Laboratory examinations should be made if at all indicated. You will be more than repaid for a hundred urine examinations with normal findings when one pathological specimen is found. Blood counts frequently point the way to proper diagnosis and treatment, and many patients are willing to pay the extra fee if only for the satisfaction of knowing that their blood is normal. And it is always well to remember the old rule "when in doubt do a Wassermann."

X-ray examination should be made of any case in which there is any possibility of bone or joint injury even though the patient does not think it necessary and objects to paying for it. It is better to pay for the x-ray yourself or send the case to another doctor than to do without one. For if the patient does not improve and fracture is later found you will not be thanked for saving the patient a few dollars, but will be the object of severe criticism if not the defendant in a malpractice suit.

Other special examinations should be made whenever there is any indication for them, but only after their probable cost and the reason for them has been explained to the patient. It is equally true that care should be taken to keep from falling in the habit of ordering all manner of laboratory examinations as a matter of routine on all patients. Such a practice imposes unjustifiable expense upon the patient and will reflect unfavorably upon your reputation. But every patient expects you to make some examination of him if only to listen to his heart or feel of his abdomen.

As soon as the examination is completed be prepared to advise or prescribe without delay. The doctor who hesitates or consults a book before writing a prescription immediately lessens the patient's confidence in him. It is a peculiar trait of human nature that a man who consults a lawyer about a simple legal question will be perfectly content to have the lawyer consult a half dozen law books and then ask him to return the next day for an opinion. But woe to the doctor who attempts to treat patients in this way, even though health and perhaps life instead of a few dollars are involved.

It should be unnecessary to mention that careful records of examination findings and treatment should be kept, but not sufficient emphasis has been placed on the importance of making these records at the time of the examination and in the patient's presence. A record made at once reduces errors, and also serves to impress the patient with your thoroughness and emphasizes the importance of adherence to your instructions. Copies of previously given prescriptions are remarkably helpful in subsequent consultations. For the average physician elaborate printed forms are apt to prove too cumbersome; a simple blank sheet upon which concise notes can be made is more efficient.

Collection agencies testify to the need for greater care in recording identification data regarding patients. A large percentage of accounts turned over to them are uncollected because of incorrect or incomplete names and addresses. For these reasons it is

better to have the office assistant secure the full name, address, occupation, telephone number, name of employer, and name of person referring patient.

If surgery or hospitalization for any other purpose is contemplated the cost to the patient should be discussed in advance. It will have to be mentioned sooner or later, and much misunderstanding and unpleasantness can be avoided if this important consideration is frankly talked over before the bills are incurred. It is only honest and fair to the patient to let him know what his approximate bill will be, and it is surprising how much more it hurts to reduce or cancel one's bill after the charge has been entered on the books.

In this connection it may be well to call attention to the importance of sending out monthly statements to all debtor patients, including cases still under treatment. Most patients like to know how much they owe, and almost without exception you are better off without those who resent this practice.

Finally, attention may be called to another pyschological peculiarity of some patients, who expect their doctor to be on call twenty-four hours a day, never to eat or sleep regularly, never to attend a theater or party, and never to be sick himself. This should be thoroughly understood by those instructed with the important duty of answering your telephone. Except in the rare event of a real emergency call a patient is willing to wait when informed that you are out on a call, but they usually resent bitterly being asked to wait until you finish your dinner, return from the theater, or complete other social engagements. If you are out of the city in attendance at a medical meeting they will await your return or accept a substitute; but if you refuse to leave a meeting in your own city right in the midst of an interesting paper they probably will never call you again.

Verily the ways of a patient are peculiar and it is not surprising that doctors' children early learn the meaning of a "white lie."

I believe that in the future, as in the past, medicine offers to a young man a career which will challenge the very best that is in him. Although his income will probably never be large, it will be adequate. The same intangible things which appeal to us today will still reward him. He will have a respected place in society and will have the realization that he is contributing a worthwhile service to society. He will be given the opportunity to deal with and know people in a personal way which should give him lasting enjoyment. His work will be interesting as long as he lives. I shall be happy and proud to have my sons enter the medical profession.

EDWARD DYER ANDERSON, M.D.

—*From The Bulletin of the Hennepin County Medical Society. Minneapolis.*

EXCHANGE OF WISHES

He—I wish I had some old-fashioned biscuits like mother used to make for me.

She—And I wish I had some new-fashioned clothes like father used to buy for me.

•

THE ORIGIN

A sultan at odds with his harem
Thought of a way he could scare 'em;
He caught him a mouse
Which he freed in the house,
Thus starting the first harem scarem.

•

JUSTIFIABLE EXCUSE

A small boy, was about to purchase a ticket for a movie in the afternoon. The box-office girl asked:

"Why aren't you in school?"

"Oh, it's all right, ma'am," said the youngster, "I've got the measles."

•

SLIGHT ERROR

A simple countryman saw a gaudy-plumaged parrot on the roof of his cottage.

He climbed up to capture it.

The parrot looked at him and said sharply, "What do you want?"

The countryman touched his cap. "Beg pardon, sir. I thought you were a bird."

•

SPARKING

A farmer met his hired man carrying a lantern, and asked him where he was going that he needed a light.

The hired man replied, "Sparking."

But said the farmer, "When I went sparking, I went in the dark."

"Yes," replied the hired man, "but see what you got."

•

TRICK

"Com-pa-nee, atten-shun!" bawled the drill sergeant to the awkward squad. "Com-pa-nee, lift up your left leg and hold it straight in front of you!"

By mistake, one rookie held up his right leg, which brought it out side by side with his neighbor's left leg.

"Aw right, aw right; who's the wise guy over there holding up both legs?" shouted the hard-boiled sergeant. —*The Watchword*

PRESSURE UP—PRICE DOWN

Three blood transfusions were necessary to save the life of a lady patient in the hospital. A brawny young Scotchman offered his blood. The patient gave him $50 for the first pint, $25 for the second pint—but by the third time she had so much Scotch blood in her she only thanked him.

•

SHE KNEW WHAT HE MEANT

Detroit traffic cop, bawling out an unassuming lady motorist: "Don't you know what I mean when I hold up my hand?"

She, meekly: "I ought to. I have been a school teacher for twenty-five years."

•

HIS LEGAL STATUS

Rastus' lawyer was informing him on the legal status of his matrimonial relationship and his chances for a divorce:

"Mistuh Johnson, I has discovered I can get you yo' divorce on the grounds that yo' marriage ain't legal on account of her father —he had no license to carry a gun."

•

MEDICAL PROFESSION, BEWARE!

"Now that you are through college, what are you going to do?" one of his relatives asked.

"I shall study medicine and become a great surgeon," replied the youth.

"The medical profession is pretty crowded already, isn't it?" ventured the relative.

"Can't help that," snapped the youth. "I shall study medicine, and those who are already in the profession will have to take their chances, that's all."

—*Canadian Doctor*

•

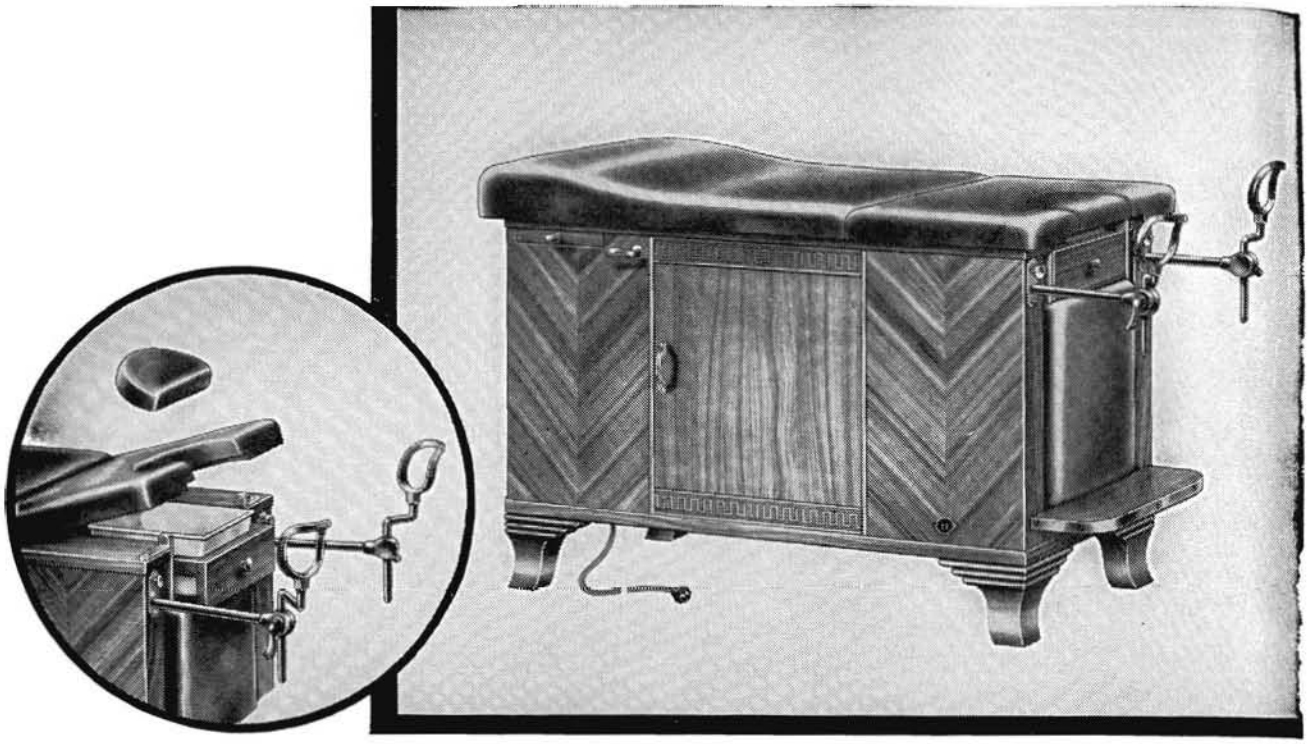
SPARE THE ROD—

A school teacher, after examination of the pupils in her class by the school nurse, wrote the following note to the parents of a certain little boy:

"Your boy, Charles, shows signs of astigmatism. Will you please investigate and take steps to correct it."

The next morning she received a reply from the boy's father who writes:

"I don't exactly understand what Charlie has done, but I have walloped him tonight and you can wallop him tomorrow. That ought to help some."



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

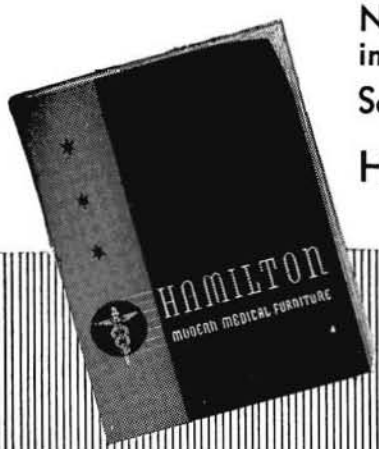
Every Modern Convenience
in this Treatment Table of Nu-Classic Design

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

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

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

HAMILTON MANUFACTURING COMPANY
TWO RIVERS, WISCONSIN



HAMILTON
Modern Medical Furniture

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

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

Dr. _____

Address _____

City _____ State _____