

The Bulletin

OF THE TULSA COUNTY MEDICAL SOCIETY

VOL. 3

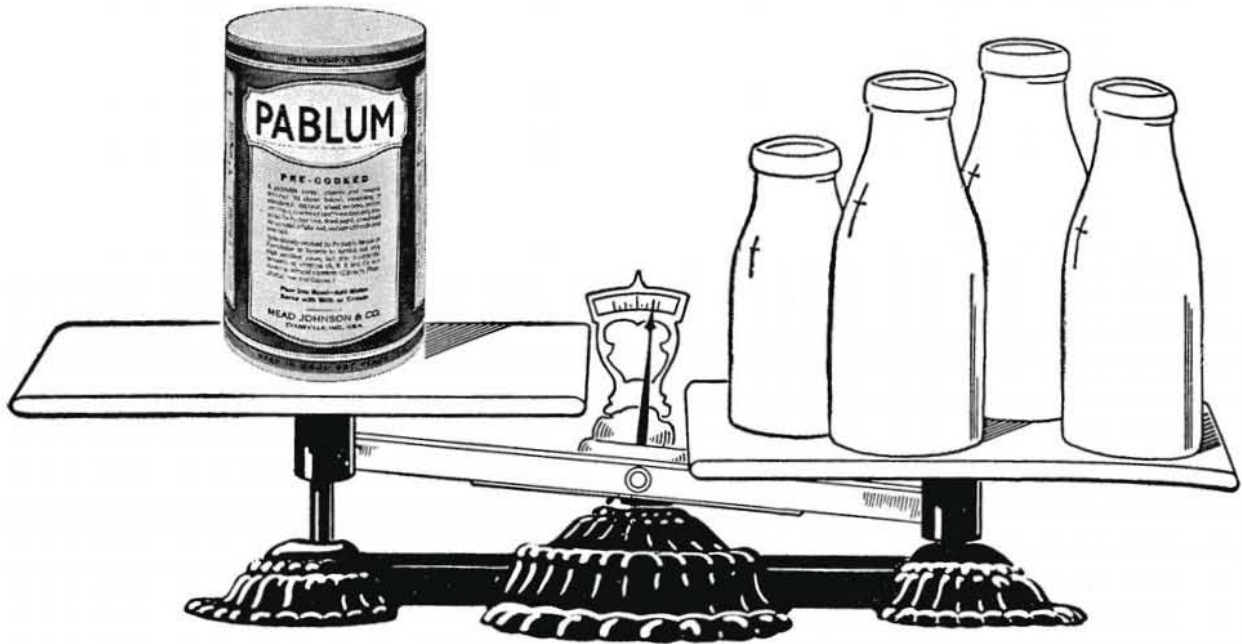
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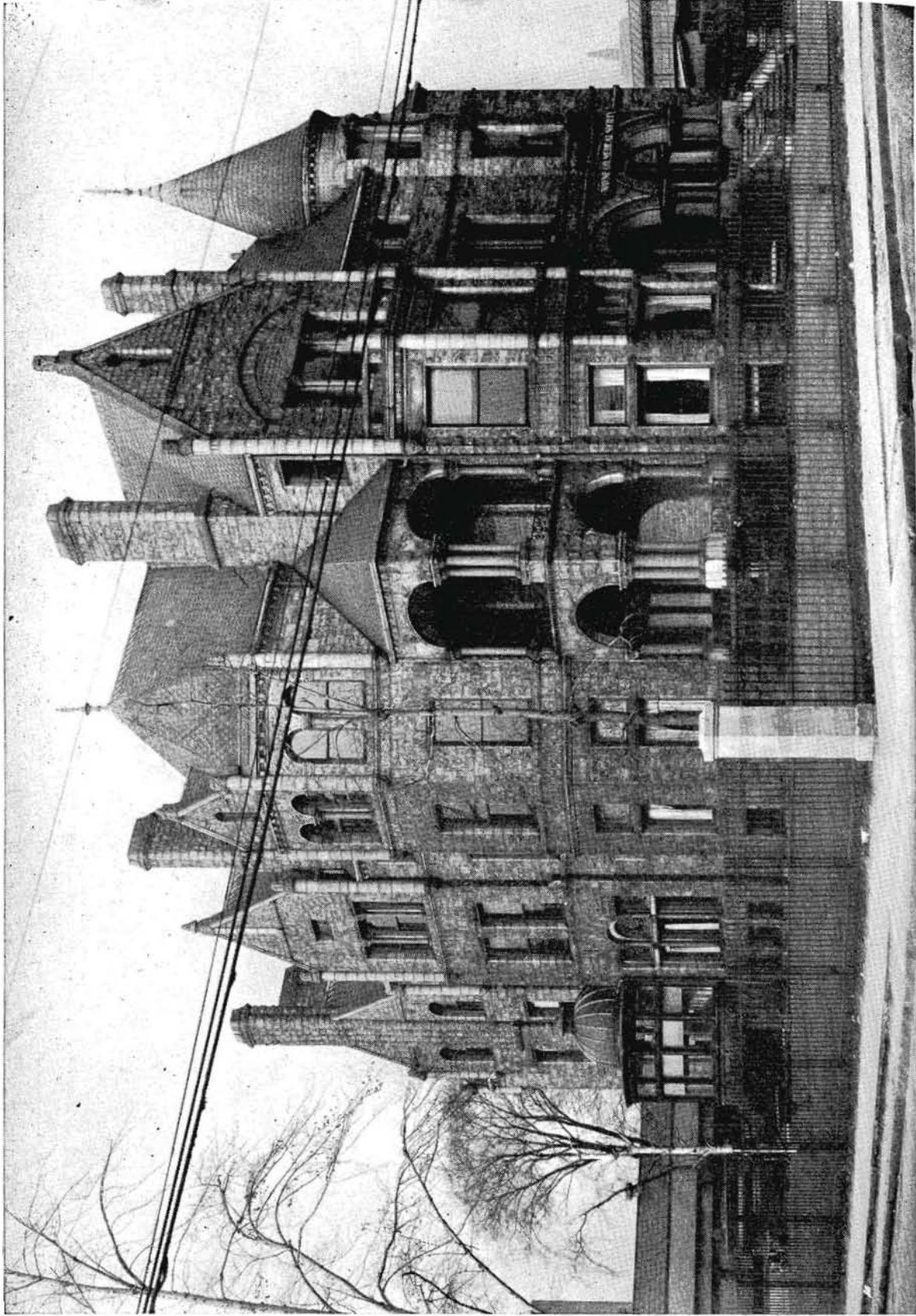
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The Value of the Postmortem Examination

Important contributions to the knowledge of disease processes have come from the autopsy table

by **Hobart K. B. Allebach, M.D.**

"Why do an autopsy? The patient is dead, and I know my diagnosis is correct; so why bother?" That such an attitude is assumed by many physicians is almost unthinkable, but is true, nevertheless. Is there any real reason or basis for such a condition existing? Surely, sentiment or the regard of the physician for the "feelings" of the relatives should not deter him from desiring a postmortem examination.

Why is a postmortem desirable? One has only to read the pages of medical history to see what an important contribution to our knowledge of disease processes has come from the autopsy table. For instance, the appearance and description of the various stages of lobar pneumonia were first accurately known by reason of postmortem examinations. The necropsy is still important for confirming diagnoses or, on the other hand, to show wherein an error has been made. The physician who attends autopsies will be amply repaid by an increased knowledge of the fundamental processes of disease, without which he cannot intelligently diagnose and treat his living patients. Many puzzling conditions, unexplainable before death, may be revealed by autopsy.

The postmortem is desirable also, for the wealth of teaching material it may furnish. The interns in our hospitals have a right to know all that can be found out about the patients under their care. That right to know has not been fulfilled until a postmortem has been held on the fatal cases. Clinical-pathological conferences are a source of instruction for both the staff physicians and the in-

terns. By use of carefully chosen cases the conference may be kept interesting to all. An abstract of the history and autopsy report should be prepared, and either a lantern slide of this shown or mimeographed copies distributed to all present. Likewise, lantern slides showing the gross specimens or the actual specimens themselves should be shown. The latter should always be prepared so that they appear in the best possible manner.

Another worthwhile feature resulting from necropsies is the valuable information we are able to impart to the relatives of the deceased. Not only can they be told the cause of the patient's illness and death, but in some circumstances can be shown the tumor or other unusual condition affecting some organ. Too often the relatives are forgotten, once they have given their consent to have an autopsy performed, and not informed of the findings. If we can assure them, when asking for permission, that a frank discussion of the condition which is found will be given them in an interview after the autopsy, some of their reluctance may be overcome.

A recent case is illustrative of the good an autopsy can do to all concerned: the physician, the relatives, the hospital, and the staff. A newborn baby continued to be cyanotic and died six hours after delivery. Was the doctor at fault in his delivery technic or was the care in the nursery inadequate? Was there pneumonia or an intracranial injury? The necropsy revealed a left diaphragmatic hernia with all the abdominal viscera within the thorax, and the left

lung only a rudimentary organ. Here was a condition which, when explained to the parents, dispelled all doubt concerning the ability of their physician or the hospital care.

Why do we still lack cooperation from the undertaker? It has been partly the fault of the physician doing the autopsy. The pathologist or physician who ruthlessly makes skin incisions which will be visible after the body is dressed, or who severs arteries with no thought of the result can naturally expect opposition from the embalmer. The embalmer's task is to properly preserve and restore the body to lifelike naturalness. Imagine his dilemma when confronted with a body which has been carelessly autopsied. The use of the proper skin incisions and the preservation of the essential arteries for the purpose of arterial embalming will do much to eradicate the antagonism of the mortician concerning autopsies. On the other hand, reports that some undertakers are charging a larger fee for cases on which an autopsy has been performed should be thoroughly investigated. Certainly the relatives should not be penalized to the extent of twenty-five or fifty dollars because they have been considerate enough to permit an autopsy. The excuse of the mortician that such

a case is more difficult to care for is not valid, provided the autopsy is properly performed.

Before closing, I feel that I should mention one other angle which affects the medical profession directly. I refer to the fact that many physicians are opposed to an autopsy on personal friends or relatives. It is not consistent to expect others to give us consent to a procedure to which we ourselves would not consent. What is the reason for this feeling among many doctors? It is probably because at the autopsies they have witnessed there was no decorum or respect such as would have been shown had the patient been alive. Smoking, joking, and a total disregard of the dead should have no place in the autopsy room. Our conduct as physicians should be practically the same as if we were in the operating room, or at the patient's bedside. This would do much to allay the fears in the minds of doctors and nurses that the bodies of their dead may be treated with disrespect. The properly conducted necropsy should not be any more of a spectacle than the ordinary surgical operation. We should be gathered together there as physicians and scientists to obtain knowledge which can be gained only by this type of examination.

Doctors' wives come to learn a great deal about the intimacies of families and individuals who occupy different social positions. Through contact with their husbands and their husbands' patients, they envision a broad section through life, an intelligence which, unless thoughtlessly ignored, can give them greater understanding of the ramifications and significance of living than is the lot of any other single group of individuals. Theirs is potentially less emotional than that of their sister social workers and less coldly scientific than that of intramural research students forever bent on discovering something new.

The laity instinctively has respect for the things that doctors' wives say and do. They are influential, whether they will or not. Doctors' wives truly have married not alone into close contact with the men they love — but into the great profession itself.

Jackson County Medical Journal.

Up from the South

An absorbing account of the important role played by a Southern medical college in medical history

by James K. Hall, M.D.

An educational institution could bear no more fitting nor inspiring name than Jefferson. Thomas Jefferson possessed a restless, versatile mind, and he was interested in all that concerned mortals. But his long, busy life was devoted to one simple purpose—the liberation of the human mind from the tyranny of ignorance. Jefferson conceived personal liberty to be impossible in the individual enslaved by ignorance; he knew that democracy could not prevail amongst people who are ignorant, and that there could be neither civic nor political progress amongst people whose minds were undisciplined by knowledge. The Jefferson Medical College holds high the torch of learning. Our College here is about equal in age to the University of Virginia, upon the material construction of which Jefferson looked with aging eyes but with the hope of his immortal youth. I can think of no other school of medicine in America that has touched for more than a century so many phases of the varied life of this nation as Jefferson Medical College. In the formative years of our republic; in peace and in war; in prosperity and in adversity; in the constantly increasing demands of scientific progress Jefferson continues to stand in the forefront of the world's great medical schools. The lives of the majestic members of Jefferson's faculty that have become numbered with the world's deathless dead serve to inspire us to a still larger vision for our alma mater. Those who guide the destinies of Jefferson are evolving it into a still more splendid school, worthy of its

founding fathers and equal to its responsibilities.

Atkinson Pelham came over from his boyhood home at Maysville, Kentucky, and entered the new Jefferson Medical College. In the first class, that of 1826, he was graduated. At that time the college work was carried on in a building at 518-520 Locust Street, then called Prune Street. Some time after graduation, Atkinson Pelham went to North Carolina, to Person County, and established a practice. There he married Martha McGehee. After a few years his father-in-law moved to more fertile lands in Alabama, and he induced Dr. Pelham to bring his family there. In Calhoun County, Alabama, in 1838, was born the sixth child and sixth son, John Pelham. The secession of the Southern States and the impending conflict caused John Pelham to resign as a cadet from West Point Military Academy a few months before his graduation. He reached his home in Alabama by a roundabout journey, during which he barely escaped capture. He offered his services to the Confederacy and was soon assigned to the staff of General J. E. B. Stuart, the great cavalryman who served as the eyes and ears of Lee and of Stonewall Jackson.

Just beyond the northern boundary of the City of Richmond I look from my office window upon the old Brook Turnpike. Along that thoroughfare in the latter part of June, 1862, Jeb Stuart, with his 1200 picked men, and his famous Horse Artillery under command of Major John Pelham, rode northward as he began his march around the army of General George Brinton McClellan,

come down from Washington with a great army to lay siege to Richmond and to capture the capital of the new Confederacy. Ten or fifteen miles north of Richmond and a few miles from the birthplace of Henry Clay, the great conciliator, Stuart turned eastward, and he moved silently and swiftly in the rear of the mightiest army our continent had ever seen. And he rode by the birthplace of Patrick Henry. Within forty-eight hours Jeb Stuart and his 1200 had ridden clear around McClellan's army and he had supplied General Lee with the information that he needed to have about the threatening army. Then Lee crossed the Chickahominy River and assaulted McClellan, first at Mechanicsville. At the conclusion of a battle lasting continuously for seven days and nights the army of McClellan had been driven upon Federal gunboats on the James River and Richmond was saved. Thousands of lives were lost in each army, but desperate deeds of valor were done, and names were fetched from obscurity into immortality. In the thick of the fighting were Stuart and his cannoner, the son of our Dr. Atkinson Pelham and Martha McGehee. Tall and graceful, blue-eyed and golden-haired, Major John Pelham, quiet, modest, clean and wholesome and unostentatious, but terrible in battle as Achilles, pushed his guns up against the enemy and defied danger and death. Even in his dignified official despatches, Jeb Stuart referred always to Jefferson's son's son as the Gallant Pelham. If you would have each particular hair of your head to stand upon end read the *Life of Jeb Stuart* by Major John W. Thomson, Jr., of the United States Marines. All of the six sons of our fellow-alumnus, Atkinson Pelham, entered the Confederate Army. If you would read of one who fought for the thrill and the glory of combat, possess yourselves of Mercer's *Life of the Gallant Pelham*.

On Saint Patrick's Day in 1863,

the boy Major was calling on his sweetheart at Culpeper. The sound of battle reached his ears. He mounted the first horse within reach, rushed without his accouterments into the melee, was struck on the head by a piece of shell, and was dead. He had engaged in more than sixty encounters without having been wounded. Within two months Stonewall Jackson was dead at Chancellorsville; on the next July 4th, Vicksburg fell, and the retreat of the Confederates from Gettysburg had begun. Within a little more than a year Jeb Stuart was killed in a clash with Sheridan at Yellow Tavern. I can almost see that field from my office window. Within a year Appomattox was to come. And the Confederacy died, not in its second, but in its fourth summer.

Up to Jefferson after a year in medicine at the College in Charleston came James Marion Sims in September, 1834. By March, 1835, he was a doctor of medicine. He had been born in 1813, in upper South Carolina, only a few miles from Andrew Jackson's birthplace, but forty-six years after old Hickory. Jackson and Sims were both adventurers and pioneers; both were courageous and contentious, and both spread their names and their deeds over the spacious and solemn pages of the world's mighty story. Every physician should read Sim's *Story of My Life*. He was probably not inherently brilliant, but he succeeded in making of himself the greatest surgeon of his day by his incessant labour and his unflinching courage. He gave up a good practice in Montgomery and went to New York on account of his poor health, because he had observed that he always felt better when he was in the North. I have no doubt that Dr. Sims had pellagra, although the disease was not identified in the United States until about 1905 or 1906.

General George B. McClellan, the son of Dr. George McClellan, the

(Continued on page x)

Timely Brevities

A The learned profes-
Deciding sions have always en-
Factor joyed a distinction which
has never been found in
any other field of human endeavor.
Members of all three—the clergy-
man, the lawyer, and the doctor—
have ever dealt directly with human-
ity. To this day no middleman has
been interposed between them and
those who sought their services.

As far as the medical profession is
concerned there are those who would
change this age old custom, for med-
icine is at present being bombarded
by a variety of schemes to alter its
mode of practice. There is State
Medicine and Co-operative Medicine,
not to mention some of lesser im-
portance. Whether organized medi-
cine can withstand their onslaught
remains to be seen. However, this is
beside the point. The idea we wish
to convey is that contrary to the
claims of their advocates these
schemes do place a middleman be-
tween the doctor and his patient.
Any business, government or private,
must regulate its expenses. And
when the expenses exceed the income
some drastic reductions must be made.
This is where the controller with his
red pencil comes in. It will be this
man in any scheme for supplying
medical care to the American people
who will hold the purse strings. It
is he, not the physician, who will
then determine the amount of med-
ical care which shall be adequate. In
neither State Medicine nor Co-oper-
ative Medicine will there be unlimited
funds for unlimited care. It is a fal-
lacy to believe otherwise.

History In this land of ours
Repeats there are many individuals
Itself who glibly speak of the
coming revolution. Some
are communists of a very red hue;

others are merely "parlor pinks."
But they all have one thing in com-
mon. They have forgotten that his-
tory repeats itself.

The French Revolution was one
long reign of terror. The streets of
Paris were deep in blood as thousands
of victims went the way of the guil-
lotine. And the guillotine was no
respector of persons, for the very
leaders of the revolution sooner or
later themselves were beheaded by its
keen blade. Among the most promi-
nent, Herbert was one of the first to
go, followed by Danton, and finally
by Robespierre, who had sent them
both to their deaths.

Today we see a recurrence of this
in the bloody purges of Russia, which
should be food for thought to our
Communitic friends in the United
States. The revolution they seek
may mean their own "liquidation."
As the Good Book says, "He who
lives by the sword shall perish by the
sword." We wonder if they have
thought of that.

Where Are the Everytime we see
Privates? a list of names of
those doctors in-
vited to represent the medical pro-
fession at some lay conference or other
to discuss new plans for remedying
the state of medicine in the United
States, we are impressed by this one
outstanding observation: the gen-
erals are all there — but where are
the privates? The voices of health
officials, professors, and those who
are not personally affected are heard
and listened to, but what of the man,
who in rain or shine, night or day,
makes his rounds—the general prac-
titioner and family doctor?

Men in medicine whose day be-
gins at eight o'clock in the morning
and is finished at five in the after-

noon, and others who practice what is known as "arm-chair" medicine have no right to speak for the rank and file in medicine. For them to do so is most presumptuous on their part. They who have spent their entire medical lives in positions out of touch with the problems of private practice are unable to properly discuss them. These medical generals, as in most armies, are too far from the battle line.

**Medicine
Cannot Be
Standardized**

One of the most scathing indictments made by the opponents of medicine is the statement that medicine is not an exact science. If in this they include the basic sciences, then we must disagree. But, if they mean the clinical application of basic knowledge, then we concur with them. Clinical medicine can never be standardized. It always will be as flexible and must be as varied as is man himself. No two people react in the same way to the same disease, nor do they always respond to the same treatment. It is for these reasons that no hard and fast rules can be laid down governing the practice of medicine. We sincerely doubt man will ever want his bodily ills remedied in the same manner as automobiles are built—on a moving belt. If he does, he may end up by being only Nut No. 39.

**On Meeting a
Challenge**

Never before in the history of organized medicine has the profession been confronted

with a problem as serious as the one now facing every physician in active practice. We refer to the introduction into state legislatures of bills for the socialization of medicine. Of course, most of the bills have been defeated, but they have left behind them a psychological effect upon the minds of the people just as their sponsors intended. The result has been a change in the attitude of the public toward the profession.

Some people are beginning to believe they have been swindled. The idea has been insidiously implanted in their minds that medical fees are outrageously high, and that a paternal government has discovered an evil which it will correct. Failure on the part of the medical profession to realize this subtle propaganda is comparable to the ostrich burying his head in the sand. Recent events leave no doubt that there is a planned program for socialized medicine. (The new term is "federalized medicine." It sounds better and doesn't frighten the more conservative members of society.)

The question is how to meet these attacks against organized medicine. Since the reply of the advocates of socialized medicine always is "What have you to offer in its stead?" it behooves the medical profession to formulate a program which will leave the control of medical care in the hands of the profession and yet continue to provide adequate medical care to all classes. Perhaps this is easier said than done. However, it is a challenge we must eventually accept.

A. C. HANSEN, M.D.

We respectfully recommend to the profession careful perusal of their own journals where official actions taken by the organized profession will be fully reported. It is in these and not in the headlines of the daily lay press that our members will learn what actually was done.

The New York Medical Week.

Government Bureaus and Paper Work

by An Observer

If there is any detail of medical practice which the average physician finds distasteful, it is making out reports. Yet this is a very necessary task which he performs daily. Ordinarily he does not object to completing the forms sent him unless they become too numerous or are too detailed. Government bureaus, he finds, are the worst offenders in this regard. These bureaus are veritable fountains of red tape. Innumerable forms and inquiries are forwarded to doctors on the slightest pretext.

A few experiences with various official departments only serve to confirm the doctor's belief that any form of government-supervised medicine for the general population would make him a slave to an immense amount of "paper work." He recognizes the necessity for certain reports in any organized effort, but the veritable deluge of forms which he must complete even in the most inconsequential case he finds exasperating. Duplications of questions, contradictions in instructions, and mistakes are frequent when doctors come in contact with the ponderous machinery of government. In recent years bureaus have multiplied, many of them becoming so vast and top-heavy that workers in one department, if correspondence with them is indicative, obviously are unfamiliar with the duties of other departments in the same bureau.

Recently a physician known to us treated a government employee coming under the United States Employees Compensation Act. The doctor was requested to complete a preliminary report in quadruplicate, mailing it to the proper bureau. It was returned promptly because an erasure had been made. This was understandable to the practitioner,

and he completed another set of forms. No sooner had this been done than he was asked for additional information, and other forms were forwarded to him. Since the injury which he had treated was of a very minor nature and his compensation for the case would be slight, the physician was much disgusted. He threw the papers in the waste paper basket and made no charge at all for his services.

Another instance which has come to our attention is worthy of an article in itself. It seems that a man employed on a government work's project received a serious injury to one eye. The eye was removed and shortly thereafter a representative of the government put in his appearance, questioning the capability of the doctor who performed the operation because he was not a specialist. The physician replied that he was and had been the patient's doctor for a number of years and was perfectly capable of giving the attention needed.

Requests for a report then followed. A number of bureaus got in on this case and settlement of the medical bill was refused because no original authorization had been given the doctor. However, this did not retard the requests for information, and forms poured in to the doctor's office. For a time he thought the entire matter was settled; then some bureau re-opened the case and reports were requested all over again. Finally the doctor made a requisition for an artificial eye which was refused. He was reminded that no written authorization for treatment had been given him although innumerable reports had been demanded and forwarded. After considerable time had

elapsed, a letter arrived stating that the patient was entitled to two glass eyes and one lens for the good eye. However, a communication was received later that same day cancelling the order. The doctor, by this time heartily sick of the whole affair, purchased the two glass eyes and provided the patient with the necessary glasses. To date he has not been reimbursed. As a reminder of his contact with government bureaus there is a stack of reports, literally a foot high.

Some people would have us believe that there is nothing to the conten-

tion of the physician that a vast amount of "paper work" will detract from the quality of service which he is able to give. However, the foregoing illustrations are fair samples of what one might expect were doctors entirely responsible to bureaus for what they do. The patient's treatment would be unnecessarily delayed; confinement in a hospital, where found necessary, would be prolonged, and, most disheartening of all, the patient would be at the mercy of bureaucrats who would know nothing at all about what medical care he needed.

Up from the South

(Continued from page vi)

founder of Jefferson, was born in Philadelphia in December, 1826. Atkinson Pelham's son was to cause McClellan trouble in Virginia thirty-odd years later. When Dr. Sims was a student at Jefferson he used to give the little boy, later General McClellan, candy and what-not. And Dr. Sims was on intimate terms with General McClellan after the War.

Dr. John A. Wyeth, who also went from Alabama to New York, married a daughter of Dr. Sims. I know of no more stirring reading than Dr. Wyeth's *Life of General N. B. Forrest*. There would seem to be little doubt that Forrest was the greatest natural-born soldier the world has ever known. Practically without education, academic or military, he exhibited a genius for warfare that made even General Sherman shudder, and to cause him to implore President Lincoln to bring about Forrest's capture or destruction even if the effort emptied the Federal treasury. Although Forrest was born in Tennessee, his father was born in North Carolina, near the State University. And Thomas Hart Benton, first United States Senator from Missouri, was born nearby. Benton's

daughter, Jessie, against his wishes, married General J. C. Fremont, whom Buchanan, of Pennsylvania, defeated for the Presidency, and whom Stonewall Jackson hurled from the Valley of Virginia. Fremont was born in Savannah, and his formative years were spent in the South.

Dr. Stuart McGuire lives in Richmond. He is a distinguished surgeon. Dr. McGuire told me that several years ago while attending a medical meeting in Philadelphia he met for the first time Dr. John Chalmers DaCosta. As Dr. McGuire was taking a walk on Walnut Street during a recess of the meeting, he met a friend who suggested that they go on down to Jefferson to hear Dr. DaCosta's lecture on surgery. They occupied front seats, and Dr. DaCosta came over and greeted his friend. Dr. McGuire was presented to Dr. DaCosta. Instantly Dr. McGuire was asked if he were related to Dr. Hunter McGuire. He replied that he was Dr. Hunter McGuire's son. Dr. DaCosta begged him to stand for a moment. Then Dr. DaCosta addressed himself to his students and he told them that he

would not talk to them about surgery but about the Valley Campaign of Stonewall Jackson, the son of whose medical director they were looking upon. Then, Dr. Stuart McGuire said, Dr. DaCosta talked for an hour about Jackson's routing from the Valley within four weeks the separate armies of Fremont, Banks, and Shields, and that Dr. DaCosta exhibited a detailed knowledge of Valley geography and of Confederate history and of Jackson such as few historians could possess. Dr. Stuart McGuire told me that he sat enraptured and delighted by Dr. DaCosta's eloquent admiration for Stonewall Jackson's character and genius—and so did the students. But know you that Dr. Hunter Holmes McGuire, too, is one of us—an alumnus of Jefferson? He had been graduated about 1855 from the Winchester Medical College in his own town, where he had been tutored by his father. But in the fall of 1858 he came up to Philadelphia and opened a private quiz class in surgery, and he enrolled also as a student in Jefferson.

In October, 1859, John Brown made his raid on Harper's Ferry, Virginia. He was captured by United States Marines under command of Colonel, afterwards General, Robert E. Lee and by Jeb Stuart, then a subordinate officer. A little later John Brown was tried, convicted, and hanged at Charles Town, Virginia. His body was sent north. As it passed through Philadelphia much feeling was aroused against the South. All the Southern medical students there decided to leave. Dr. Hunter McGuire communicated with the Medical College in Richmond. He was told that the students would be charged no tuition there. When they reached Richmond, three hundred of them, headed by Dr. Hunter McGuire, Governor Wise and other dignitaries met them, and the city had a day of it.

I doubt not that old John Brown was spoken of in deep disapproval.

But, mind you, something almost happened. Governor Wise had gone with the State troops to Harper's Ferry. He talked with John Brown and expressed admiration for his courage and his candor. But he surmised that old Osawatomie might not be quite right in his head, and Governor Wise came within an ace of ordering a lunacy commission on him. Had John Brown been adjudged a paranoiac, as he undoubtedly was, and a homicidal paranoiac, too, and had he been committed to the State Hospital at Staunton, a hundred miles away, what do you suppose would have been the effect upon abolitionists and upon history? Who can know? But Dr. Hunter McGuire and all of his fellow-students spent the winter hard at work in Richmond. In 1860 Dr. McGuire went to New Orleans to open a quiz-class in surgery. But the South was getting mad, the States began to secede, and Dr. McGuire returned home — to Stonewall Jackson, to danger, to a busy life, to distinction, to teaching, and until his death in 1900 there was always a great breath of fame about him.

It is not easy to stop. The first great battle of the Civil War was First Bull Run, fought in July, 1861. For several years prior to that time Jackson had been an obscure and an uninteresting teacher in the Virginia Military Institute. Probably not much was expected of him in the new army. But at Bull Run he had saved the day, his name had become in an instant and forever Stonewall, and the story of his deeds was coursing 'round the earth. He was a deeply religious man, a Presbyterian elder, and the superintendent of a Sunday-school for Negro slaves, to the maintenance of which he contributed from his meager salary. To his pastor, the Rev. Dr. White, two or three days after the battle at Bull Run, came this letter:

"My Dear Pastor.—In my tent last night,

after a fatiguing day's service, I remembered that I had failed to send you my contribution for our colored Sunday-school. Enclosed you will find my check for that object, which please acknowledge at your earliest convenience and oblige.

Yours, faithfully,
Tho. J. Jackson."

And there was never a word about the battle which had written his new name forever upon the sky!

Can we doubt that Jack DaCosta is in sweet communion in the Great Valhalla with his fellow-heroes—McClellan and Lee and Meade and Thomas and Grant and Jackson and Stuart and Pelham? Throughout the years, even after he became unable to sign his name, Jack DaCosta and I kept in touch with each other through the medium of letters. Aside from my wife and my boys, I have no possessions which are so sacred to me as his letters.

Philadelphia, Pennsylvania,
October 31, 1932.

My dear Doctor Hall:

Thank you for your letter, particularly for the copy of the wonderful letter General Lee wrote to General Jackson just after Chancellorsville.

It may interest you to know that my wife spent her debutante winter in Richmond, Virginia, and that the Mayos and the Wises saw to her coming-out affair. While there she grew very intimate with Miss Julia Jackson who she says was one of the loveliest girls she ever knew. I fancy she was the one who married afterwards. Mrs. DaCosta tells me that this young lady was General Jackson's daughter, but she is now dead.

Thanks very much for the search of the battlefield. You don't know what a pleasure it is to me to hear from you about some of those affairs of my father's day.

Sincerely and cordially yours,
J. CHALMERS DaCOSTA.

P. S. Because of the crippled condition of my right hand I am not signing this personally.

Philadelphia, Pennsylvania,
September 8, 1931.

My dear Dr. Hall:

I am very grateful to you for sending me that delightful book on *The Gallant Pelham*.

I think he must have been not only one of the most gallant but one of the most noble and splendid figures of the Civil War. To what mighty heights he would probably have risen had his life been preserved no one can tell. I believe that every soldier, North

or South, respected him and admired him without measure and that every one who ever came in contact with him loved him.

What a fine, joyous, boyish face he has, the face of a man, who, a reader of countenances would say, "was equal to the gayest of proper amusements and one of the bravest men who ever lived." He evidently loved the battle for the stir and the tumult, backed up by his high sense of patriotic endeavor.

I intend to have looked up the members of his father's class at the Jefferson, for I am quite certain that there were some men in it destined to become eminent.

Sincerely yours,
JOHN CHALMERS DaCOSTA.

Philadelphia, Pennsylvania,
June 8, 1931.

My dear Doctor Hall:

Your letter gave me very great pleasure and I shall cherish it as an evidence of friendship from a warm-hearted man.

The books you sent me are delightful. I have read the *Life of General Lee*. He was beyond any question one of the noblest men of his age and one whose repute has so grown that I think the North would be disposed to argue with the South on the claim that the North can boast of him as a great American, although I do not think the South would dispute this claim. *General Lee in Warfare* I am now on. It is pleasant to realize that it was written by a great English soldier.

There is a little story I want to tell you to show how the Northern forces respected General Lee. My father was in the Northern Army. He was in the seven days' fight and in the Peninsular Campaign and at Antietam. He contracted malaria and dysentery during that campaign and never thoroughly recovered. He died indirectly as a result in his 52nd year. He adored General McClellan and I have never heard anybody speak of General Lee with more admiration than he did. It was well known to the visitors in our household that there were two people you must not abuse, one was General McClellan and the other was General Lee. In regard to the former, I saw him on a reviewing stand at a great meeting of the Army of the Republic which was reviewed by General McClellan when thousands of veterans of the Army of the Potomac marched before their old General and almost every man of them was in tears.

I remember one day in the family house, several people had gathered there who did not know the inflexible rule of that household about these two great opposing generals. One of the visitors (of whom it was developed had never been in the service at all, although he was the proper age to go but he had bought a substitute) started to deliver a violent attack upon General Lee. I was a small boy, about seven years old (having been born in 1863), but I saw the signs of im-

pending wrath and the DaCosta temper on my father's forehead which would show on his face when he was angry. He got up and said: "Gentlemen, as this happens to be my house, you are my guests and I am debarred from expressing my opinions in the terms I would like to do but I want to say this, one of the prides of my life is that I once saw General Lee at a distance by looking through a telescope on a battlefield, and I think he was the most perfect picture possible of a soldier. Your opinions and thoughts, as you did not go out to serve on one side or the other, are very caustic and unfavorable to General Lee. I wish to state that beyond any question of doubt General Lee was one of the greatest soldiers and most noble of Christian gentlemen that ever drew a sword." Then up spoke General Lansing (Chief of FitzJohn Porter's staff), in far more violent terms than my father had used because it was not his own house and then General Burbidge, who had been Military Governor of Kentucky, spoke in the same way. Then a very humiliated little man, who had acted in so cowardly a manner, sneaked out of the house. So you can judge how I liked that book.

I hope some day to hear from you again. It is always a pleasure to me to get your letters and they cheer me up.

Sincerely and cordially yours,

J. CHALMERS DaCOSTA.

Philadelphia, Pennsylvania,
May 18, 1931.

My dear Doctor Hall:

I was deeply touched by your reference to me in the May number of the Journal. I thank you for it most profoundly.

I am in the relentless grip of rheumatoid arthritis and pass my life between a wheeling chair and a bed and such a reference as yours comes to me as a flash of sunlight on a dark winter day. It was kind and thoughtful of you to say it, and if you knew how much it touched me you would be glad you said it.

In regard to the "gallant Pelham" I had read of many of his achievements in that delightful book written by John W. Thomson—*The Life of Jeb Stuart*. To read of the grief of that great soldier over the death of Pelham is truly touching. A tear from the eye of such a noble soldier and splendid gentleman was far more valuable than any diamond in the world.

I have never read Pelham's life by Mercer but shall endeavor to get it.

Thanking you again for your kindness, I remain,

Sincerely and cordially yours,

J. CHALMERS DaCOSTA.

So writes a brave man of brave men. May God rest Jack DaCosta. I doubt not that the gate of Heaven was flung wide for him, and that there he consorts congenially and in comfort with those who loved their fellow-man.

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Your Correspondence

Although every doctor carries on more or less correspondence in the course of his professional work, probably few have given much thought to the effectiveness of the letters written. Ordinary skill in letter writing demands more than anything else the "human touch," or putting yourself in the place of the person receiving the letter, so that your message will gain the desired results with the same sincerity and directness you would use were you talking to the man in person.

Letters over your signature to firms you are dealing with, patients, friends, and other doctors are, in a

manner of speaking, your messengers and carry very definite impressions of you. Style and quality of stationery and neatness of appearance, as well as the tone of the letter, reflect your attention to detail and your personality just as truly as do your personal contacts, and too much care cannot be given to this phase of your business. Many times in the press of professional duties correspondence is neglected and opportunities for cementing friendships as well as making money are passed up.

For instance, you know how much you appreciate it when a doctor to whom you have referred a patient

promptly drops you a line thanking you and telling you what his diagnosis is and his plans for treatment. Not only is this the courtesy you have reason to expect, but it is also the best possible insurance that you will refer more cases when possible. Neglect of this same thoughtfulness when patients are referred to you ruins more possibilities of referred work than you can imagine, and on the other hand an established routine of always doing this will make you many friends among the profession. Your office nurse can make it a routine to bring to your attention every such case, and the time involved usually need not be long.

Don't you suppose one of your patients who sends a friend in to your office would be pleasantly surprised to receive a note thanking him, and assuring him you will do everything you can to justify his recommendation? And is it not likely that he will seek an opportunity to do it again more surely than if you had apparently ignored his effort? Certainly! And the few minutes you spent thanking him will pay big dividends.

Similarly, collections need not be a "bugbear" if you take time to talk the situation over by letter with the "slow" patient. Try to place yourself in the patient's position and write to him just as courteously as you would talk to him about the matter. You know there is some misunderstanding if he has not responded after two or three statements. One of three things is probably wrong: first, the patient thinks something was wrong with the service, in which case a prompt contact is important; second, payment is difficult, and a gradual but steady liquidation should be arranged; or, third, and most probable, he is just dilatory, and a courteous reminder is necessary to get his attention. In any case a personal letter offers the best possibility of amicable adjustment. But remember this, get the *patient's*

point of view and approach the problem from his angle as well as yours. If you can impress the patient with your interest in helping him to take care of the obligation your results are assured. "Soft pedal" the obvious interest you have in improving your own collections. For instance, here is a typical example of a bad approach:

Dear Mr. Jones:

As I have some heavy obligations to meet this month I will appreciate your taking care of this account.

Sincerely,

Dr. Blank.

What is the patient's reaction? Why, he says to himself, "What does that doctor know about obligations? He has a lot more money than I have."

No one consciously provokes a reader; the trouble is we forget him. Contrast an approach like this:

Dear Mr. Jones:

I know that medical bills often come unexpectedly and do not fit into the family budget, and I want to help all I can, so if you will just let me know the situation I am sure we can make arrangements that will help us both. Thanking you in advance for your cooperation, I am

Sincerely,

Dr. Blank.

Is not such an appeal much more likely to get the money, keep a patient, and make a friend? If your letter is ignored as often it will be, the same interest in the patient's problems should be emphasized in further correspondence. Showing irritation at the patient's evident neglect only makes a bad matter worse.

Thoughtful attention to such little details as appearance, reality, and consideration in handling your correspondence will certainly have a tendency to widen your circle of friends both within the profession and outside, and is likely to pay big dividends in actual money as well.

—HENRY C. BLACK and ALLISON E. SKAGGS, from *The Journal of the Michigan State Medical Society*.

Sunny Side Up

SUCH GOSSIP

"It's being rumored around that you and your husband are not getting along very well together."

"Nonsense. We did have some words and I shot him, but that's as far as it ever went."

A LIFE-LONG HABIT

Friend: "A good deal depends on the formation of early habits."

Hardup: "I know it. When I was a baby, my mother paid a woman to wheel me around, and I've been pushed for money ever since."

EVERY MAN FOR HIMSELF

Risking the perils of death, the valiant knight had rescued the fair maiden and, now, he was holding her in his arms.

"Listen, big boy!" she cried. "You're not holding me for ransom, are you?"

"Not me!" replied the knight. "Let Ransom get his own women."

ETHICAL

Sandy joined a golf club and was told by the professional that if his name was on his golf balls and they were lost, they would be returned to him when found.

"Good," said the Scot, "put my name on this ball."

The pro did so.

"Would you also put M.D. after it?" said the new member. "I'm a doctor." The pro obeyed.

"There's just one more thing," went on the Scot. "Can ye squeeze 'Hours 10 to 3' on as well?"—*Bee Hive*.

ALTERATIONS TO ORDER

A pupil was having trouble with punctuation and was being called down by the teacher.

"Never mind, sonny," said a sympathetic school visitor, "it's foolish to bother about commas. They don't amount to much, anyway."

"Don't they?" retorted the teacher, turning to the president. Then she called one of the pupils to the board and ordered him to write this sentence: "The president of the board says the teacher is a fool."

"Now," she continued, "put a comma after 'board' and another after 'teacher'."

—*Kreolite News*

THIS MODERN AGE

Aunt Fanny: "Will you say the blessing, dearie?"

Machine Age Child: "This food is coming to you through the courtesy of God Almighty."

FAMILIAR

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

Bridegroom: It is, precious.

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

GO ON

"Do those Englishmen understand American slang?"

"Some of them do. Why do you ask?"

"My daughter is to be married in London to an earl, and he has just cabled me to come across."—*Boston Transcript*.

THE WAY OF FAME

Author—"Well, sir, the upshot of it was that it took me ten years to discover that I had absolutely no talent for writing literature."

Friend—"You gave up?"

Author—"Oh, no; by that time I was too famous."—*Valdosta Times*.

TEAM WORK

The quack was selling an elixir which he declared would make men live to a great age.

"Look at me," he shouted. "Hale and hearty and I'm over 300 years old."

"Is he really as old as that," asked a listener of the youthful assistant.

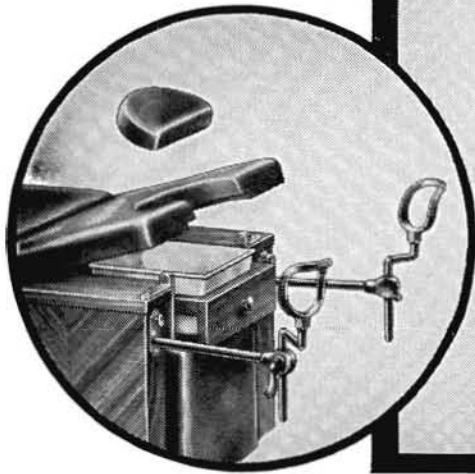
"I can't say," replied the assistant. "I've only worked for him 100 years."

WILLING TO OBLIGE

A very nice old lady had a few words to say to her granddaughter.

"My dear," said the old lady, "I wish you would do something for me. There are two words I wish you would promise me never to use. One is swell and the other is lousy. Would you promise me that?"

"Why sure, Granny," said the girl. "What are the words?"



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