

The Bulletin

OF THE TULSA COUNTY MEDICAL SOCIETY

VOL. 3 TULSA, OKLAHOMA, SEPTEMBER 1937 NO. 5

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Research, Constant Research **continues to improve the quality of** **Mead's Brewers Yeast* in the fol-** **lowing respects, *without increased*** ***cost to the patient:***

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2. Bottles now packed in light-proof cartons, for better protection.
3. Improved bacteriologic control in harvesting and packing.
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★ A dietary accessory for normal persons, for the prevention and treatment of conditions characterized by partial or complete deficiencies of vitamins B₁ and G, as in beriberi, pernicious vomiting of pregnancy, anorexia of dietary origin, alcoholic polyneuritis, pellagra.

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"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.

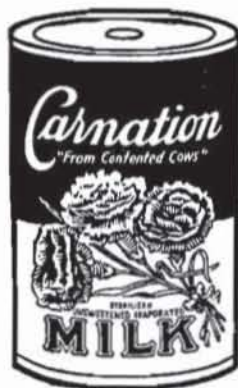
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The ready digestibility, safety, convenience, economy, and availability of Irradiated Carnation Milk specially recommend it for use in the construction of all types of feeding formulas. Enrichment with vitamin D is an important added factor, further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

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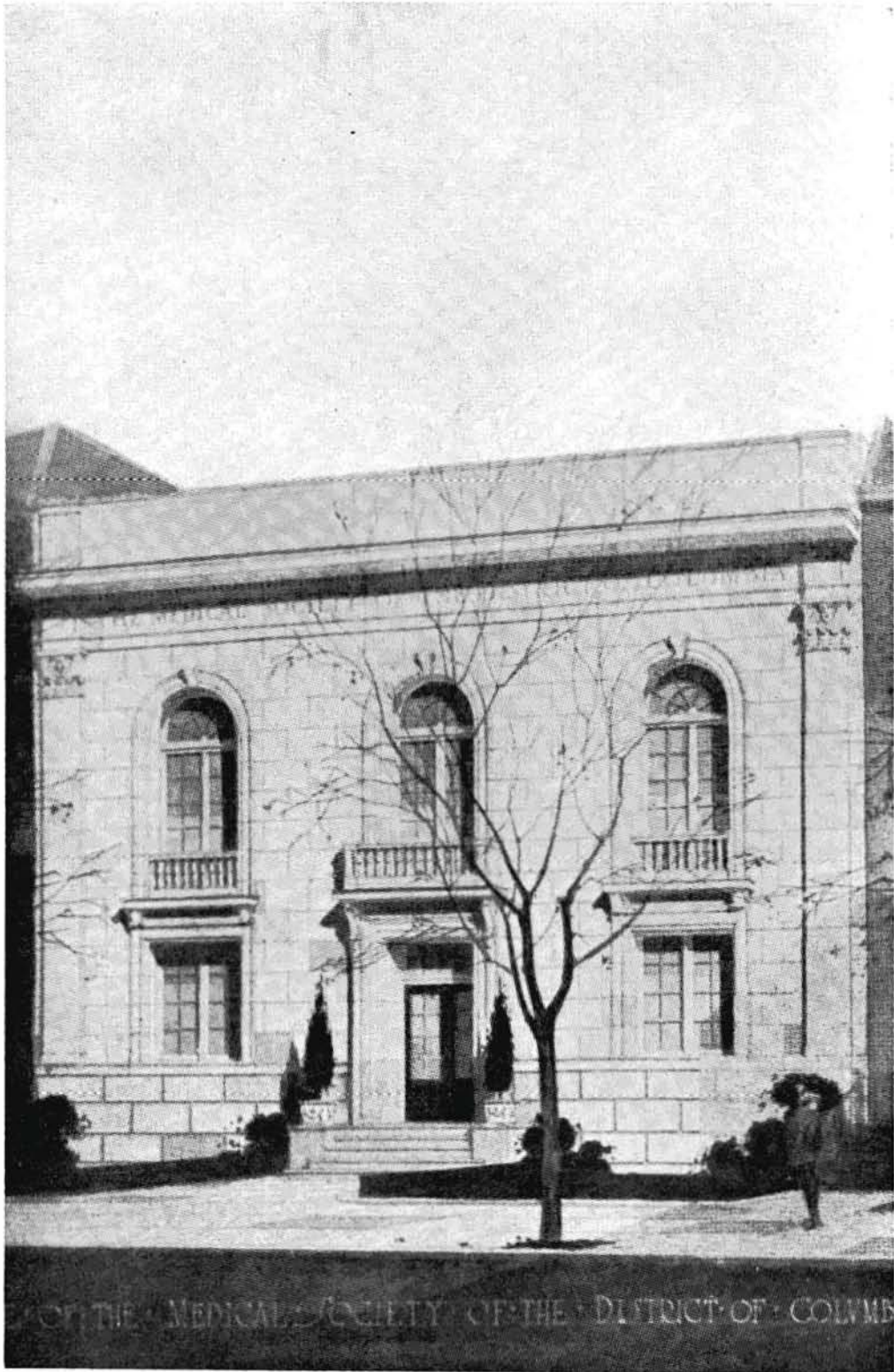
Milwaukee, Wisconsin

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Homes of Medical Societies

9. The Medical Society of the District of Columbia, Washington, D. C.

Speaking of Vacations

What kind of a vacation is worth while? Suggestions made by Dr. Tufts will interest physicians

by Millard Tufts, M.D.

Dr. Payne walked into the hospital exceptionally early this morning. He was deeply sun-burned and looked very stern and definitely fatigued. It was apparent he had just returned from his annual vacation.

The Doctor seemed introspective for he said little. Perhaps he was thinking of his experience on the last day of his vacation when a Spider Lake muskie had snapped his line. It had been a struggle to control his emotions because there had been many similar misfortunes. His entire catch during his stay had been unimpressive, and in a desperate effort to trap the wary fish there had been little relaxation.

On his hospital rounds the Doctor observed that the charts, except for one relating to an obstetrical case delivered in his absence by a substitute, recorded satisfactory improvement of his patients. He was not particularly disturbed by the condition of the patient who was not doing so well. At least he could not be criticized for such an off-schedule episode as the arrival of a seven-months' baby occurring during his absence.

Dr. Payne sighed with relief as he relaxed at home and sought a night's repose. He was glad that vacations came but once a year. His family agreed with him as he complainingly applied cream to a stubborn sunburn which had not improved his disposition.

Other weary physicians seeking relaxation also come to mind. Dr. Gardner, for instance, has always been a great home man. He builds his vacation around his family.

There is the good wife to think about. She must answer the door bells in the daytime and unnecessary phone calls at night. Besides, after two weeks' vacation at home with pay the faithful family servant asked to remain on the farm—preferring the primitive advantages there to bath tubs and well regulated city household routine. In her last letter she had even added in a postscript that her mother was not at all well. This is a bad omen.

Dr. Gardner has not forgotten the children. Their teacher advised a splendid vacation trip to see some interesting region. Personally the doctor is not interested in racing over hot dusty highways on geological trips. It is fatiguing and not consistent with good vacation technique. But Bobbie must be inspired for his fifth grade geography class. There is also Susie to take along—Susie, who only recently recovered from the chicken pox that was soon followed by her usual summer allergic throat irritation annually diagnosed by her grandmother and the neighbors as old-fashioned whooping cough.

A physician cannot discuss the subject of vacationing without considering the frequent advice given to him by his own patients. However, it is offered always with the thought that physicians are very wealthy, have a great deal of spare time and are anxious to find strange, unusual and inaccessible regions to visit. So that the inexperienced doctor will not be taken in by a patient who has ulterior motives, I offer the following suggestions for what they are worth:

If an overly-enthusiastic patient

(Continued on page xiii)

Illumination and Eyesight Conservation

Dean Kartak of the Marquette University College of Engineering sets forth the results of a recent survey

by Franz A. Kartak

In a recent article directed to school administrators, I took occasion to make the following statement:

"Scientists have pictured to us the gradual running down of the sun like to a huge clock whose spring is slowly unfolded, until at some distant geological period the world will be in a perpetual twilight. But while we contemplate such a phenomenon with scientific equanimity, we approach a rapidly dimming world of our own making.

"It becomes increasingly obvious that the evolution of our material civilization far outstrips the adaptation of the human organism to new surroundings that appear with kaleidoscopic rapidity. The herding of vast masses of people into metropolitan centers, for example, has brought us face to face with innumerable problems of human adaptation. Modern civilization demands that individuals spend their daylight hours in the midst of all the artificial conditions that accompany the modern office, factory, and business place.

"Of these changed conditions, brought about in a few generations, perhaps the most outstanding and significant in their effect upon our well-being are those affecting our vision. Modern conditions of living and working have produced artificial and unusual conditions of seeing which apparently have strained that marvelous organ, the human eye, beyond even its incredible capacity to permanently adapt itself. Artificial light and daylight of limited and inadequate characteristics are the media of seeing for the vast majority of human beings of the present generation during most of their waking

hours from the time they enter upon their years of formal school training through the years of working and perfecting a livelihood. Under these conditions there has developed a far-reaching and tremendously important problem involving the gradual decrease of effectiveness in sight and an increase in the defects of the eye. This is not at all incredible if we ponder for a moment the changes that civilization has brought upon us.



Fig. 1. Excessive glare from the work is injurious to the eyes.

"To realize that our problem in the conservation of eye-sight is specific and real, we need but to refer to reliable sources of information which show that while upward of 97 per cent of infants are born with normal eyes, eye defects begin to develop early and become more numerous with age. A summary of various surveys reveals that upon completion of grammar school about 15 per cent of pupils have defective vision, upon completion of high school, 25

per cent, and upon completion of college, 40 per cent. The percentages of defective vision at various ages run about as follows:

AGE	PER CENT DEFECTIVE
20	23
30	39
40	48
50	71
60	82
70	95

"These figures voice an eloquent plea for serious consideration and for a concerted effort to overcome civilization's burden on human eyes.

"Reliable surveys indicate that 40 per cent of college students and nearly one half of all adults have defective eyes. What this means annually to the country and to the community in loss of life and injuries due to faulty vision, in cost of spoilage of material, in cost of lowered efficiency of production in industry, and in loss of time due to eye fatigue in stores and offices, can but be imagined.

"Obviously, we have arrived at the point in our material civilization where we must give thought to human seeing and its adaptation under proper conditions to the modern world. Unless this is done, future generations will be living in a dimming world because they have failed to provide proper conditions for the tremendously important activity of seeing."

While the above presents only what is already obvious and known to the medical practitioner, it is surprising how little thought or attention has been given to it by the layman. Eyes and seeing are taken for granted and action is undertaken only when vision becomes threatened or impaired. If we are to seek the remedy, it must be through some form of prevention rather than by remedial measures. In any such program, success can be attained only by the cooperation of all groups concerned.

In order to determine on a small

scale the extent to which a satisfactory program in eyesight conservation might be carried out, I undertook to promote such a program among the students of Marquette University. This undertaking had for its objective the improvement of seeing condi-



Fig. 2. Using the wall as a reflector.

tions in student study rooms. To the student, particularly the university student, who must spend many hours "burning the midnight oil" in his study night after night, the matter of avoiding and eliminating eye-strain is of essential importance. Yet, surprisingly enough, it has been my experience that the average college student, even the medical student, has given little or no attention to this matter. Perhaps it is because lighting is taken for granted and statements about inadequate lighting conditions have become too commonplace.

NEED FOR SURVEY

A conviction has been growing for a period of years on the faculty of the College of Engineering of *Marquette University* that much of the indisposition and lack of efficiency on the part of a number of students has been due to inadequate lighting for study purposes. In numerous cases, there seemed to be no other explanation when all other factors had been taken into account. With this in

mind, a survey of study rooms in the rooming houses and fraternity houses at the University was undertaken in the spring of 1936.

The usual type of lighting equipment used by students was the familiar "goose-neck" desk lamp with opaque reflector of the kind shown in Figure 1. These were generally equipped with 25-watt or 50-watt lamp bulbs, and in a few instances with 75-watt bulbs. The average wattage was 46 and the illumination on the desk tops varied from a maximum of 200 foot-candles directly under the lamp, to less than 1 foot-candle in most instances at a distance of two or three feet. The effect was that of a spotlight on the middle of the desk top with the balance of the room in almost complete darkness. Shadows were deep and sharp, glare from the surface was bad, and the contrast between the reading surface and the room background extreme. Figure 1 illustrates these conditions and particularly the glare in the face of the student. Note the lack of definition of detail on the desk top. Conditions such as these were found to be general throughout the University district.

ATTEMPTED REMEDIES

A few of the students had come to realize that something was wrong with their lighting and in groping for a solution had attempted the arrangement shown in Figure 2 directing the lamp against the back wall of the room. A lower illumination on the desk top was then accompanied by better definition on the reading surfaces, and less glare in the face, although the glare surface was now on the wall directly opposite the student. This was very trying and objectionable.

In some instances, the equipment consisted of novelty store lamps with small fluted paper shades, and in at least one instance the light source was limited to one 15-watt lamp bulb. The student in this in-

stance, as might be expected, complained of headaches and eye fatigue, but had not realized the cause of his difficulty.

Insofar as both natural and artificial illumination are concerned, eye-strain may be caused by any one of four conditions, or a combination of them.

1. *Insufficient amount of light or level of illumination on the desk top*—Prolonged work under insufficient

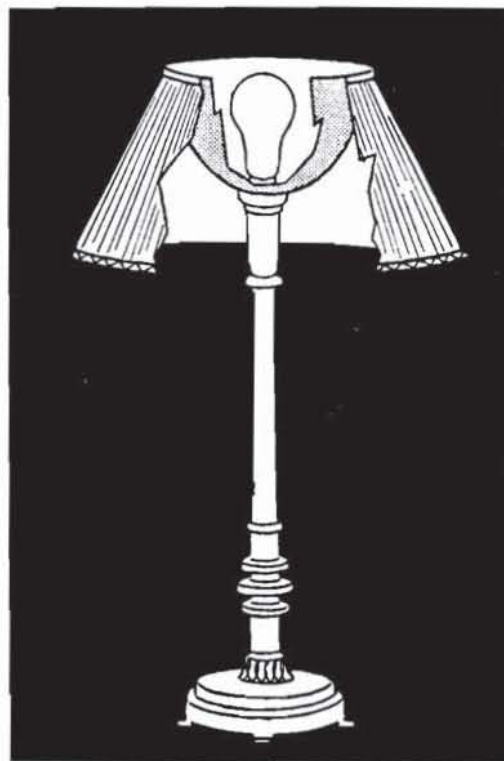


Fig. 3. *The IES Student Lamp.*

light places an excessive strain upon the eyes.

2. *Glare*—Light sources directly in the field of vision or whose rays reflect into the eyes and produce a fatiguing or blinding effect because of contrast with surroundings. Under daylight conditions a window directly in front of a student subjects him to glare just as an unshaded electric light does at night. Reflected glare from books and desk tops may be very trying and should be avoided. Generally, glare, both direct and reflected, can be eliminated by rearrangement of light sources or study tables.

3. *Shadows* — Lights which are not properly diffused and which are too directional in nature, produce harsh shadows. The gooseneck lamp or the drop cord reflector unit, in common use by students, are examples of poor illumination in this respect, and since they leave the balance of the room in comparative darkness, the moving shadows produced as the student writes or draws, are particularly bad.

4. *Contrast*—Even though the illumination may be adequate, too low a level of illumination on the surrounding surfaces call upon the eyes to adjust and readjust themselves whenever they are taken from the work. When the balance of the room is in comparative darkness, the eyes are continually attempting to adapt themselves to extreme changes of condition. As the reader unconsciously or otherwise glances up from his work in the natural manner of relaxation of vision, the eyes attempt to adapt themselves for seeing first in the dark areas and then in bright areas when work is resumed. When this cycle repeats itself frequently and over a period of time it may lead to serious eye-strain which may be avoided if the brightness of the room background is not less than one-fifth of the brightness of the work on the desk top. Hence it is important to use lighting equipment which provides some general illumination for the room as well as for the desk top.

THE SOLUTION

On the basis of the conditions disclosed by the survey, the University now requires that all student study rooms under its supervision be equipped with adequate and acceptable lighting equipment such as the IES Study and Reading Lamp. This lamp is produced by numerous manufacturers to meet the specifications of the Illuminating Engineering Society, and such lamps may be had at a variety of prices ranging from \$3 upward, thus placing them within easy

reach of students. As shown in Figure 3 a large part of the light is thrown upward to provide for the general illumination of the room, while the diffusing bowl and large shade produce adequate and well-diffused illumination on the desk top.



Fig. 4. *The Student Lamp is sturdy and home-like.*

A special model of this lamp, developed under the auspices of the University, is shown in Figure 4. A typical student room installation using this lamp is shown in Figure 5 where the illumination over the desk top is normally between 10 foot-candles and 30 foot-candles. As contrasted with previous views, it is interesting to note in this view the uniformity of distribution of light, the definition of detail on the desk top, and the absence of glare from the face of the student.

OPENING THE EYES OF THE HALF-SEEING STUDENT

The lighting conditions revealed by the survey of student rooms and the availability of suitable equipment in the form of the IES Study

and Reading Lamp, prompted the immediate adoption of a carefully conceived program on the part of the University. As an urban institution with upward of 2,500 students, it was relatively easy to care for the one-third out-of-town portion of students who live in rooming and fraternity houses. These places of residence are under strict supervision

Reading Lamp" whose specifications are approved by the Illuminating Engineering Society, or equivalent, is required. Students living at home are expected to safeguard their vision by the use of proper equipment."

The remaining two thirds of the student body reside at home or with relatives in the Milwaukee metropolitan area. To reach this group, a



Fig 5. The Student Lamp produces light which is almost ideal in quality.

on the part of the institution, and hence the following rule, which went into effect in the fall of 1936, met with prompt compliance:

"Section 76a, Good Lighting Required—Because of the importance of good lighting for study purposes, the University requires that all study places for students in private rooming houses and fraternity or sorority houses be furnished with lighting equipment meeting the approval of the University authorities. Lighting equipment such as the "Better Sight

campaign of education was necessary, and this was undertaken as part of an all-university eyesight-conservation program, which opened in September and will be carried on over an extended period.

As a result, both faculty and students have become distinctly lighting-and-seeing conscious.

CHECKING OF RESULTS

Realizing that "the proof of the pudding is in the eating," a check survey on the progress of the pro-

(Continued on page xiv)

Events

■ for ■

SEPTEMBER

OCTOBER

JANUARY							FEBRUARY							MARCH							APRIL							MAY							JUNE															
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S									
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31									

JULY							AUGUST							SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER										
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MONDAY, SEPTEMBER 27th:

Tulsa County Medical Society,
 Auditorium Medical Arts Building—8:00 p. m.
 The Differential Diagnosis of Diseases of the Spinal Cord—Harry
 Wilkins, M. D., Oklahoma City.
 Discussion opened by Ned R. Smith, M. D.

MONDAY, OCTOBER 11th:

Tulsa County Medical Society,
 Auditorium Medical Arts Building—8:00 p. m.
**THE SEDGWICK COUNTY ORGANIZATION AND WHAT IT HAS DONE
 FOR WICHITA.**
 John F. Austin, Executive Secretary, Sedgwick County Medical Society.
 J. F. Gsell, M. D., President Kansas State Medical Association.
 J. S. Hibbard, Chairman, Executive Council of County Hospital and
 County Clinic.
 G. E. Milbank, M. D., Past President.
 G. B. Morrison, M. D., President-elect.
 J. W. Shaw, M. D., President.

OCTOBER 14, 15, 16:

**ANNUAL MEETING SOUTHWESTERN BRANCH OF THE AMERICAN
 UROLOGICAL ASSOCIATION.**
 Mayo Hotel.
 Members of the Oklahoma State Medical Association invited to attend.

MONDAY, OCTOBER 25th:

Tulsa County Medical Society,
 Auditorium Medical Arts Building—8:00 p.m.
 The Indication and Contra-Indications for Cesarean Section—George
 R. Osborn, M. D.
 Special Business Session.

INVITATION

The Southwestern Branch of the American Urological Association will meet in Tulsa on October 14-15-16. This Association is composed of the leading urologists from Galveston to Omaha, and from Denver to St. Louis. A very fine scientific program has been arranged, to which all members of the Oklahoma State Medical Association are cordially invited and urged to attend. The guest of honor will be Dr. J. A. C. Colston of Johns Hopkins Hospital. Other papers will be presented by Dr. C. C. Higgins of

Cleveland, Ohio; Dr. Russell A. Hennessey of Memphis, Tenn., and other outstanding urologists belonging to the Branch Society. Dr. R. H. Flocks of the University of Iowa will show his remarkable exhibit on the blood supply of the prostate which has very important and direct bearing on surgical procedures of that gland.

This is the most important medical meeting to ever be held in Tulsa and we are additionally honored by having Dr. E. L. Cohenour as president. So be sure to attend these meetings. It will be well worth your while.

THE BULLETIN OF THE TULSA COUNTY MEDICAL SOCIETY

Editorial Board

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VOL. 3 SEPTEMBER, 1937 No. 5

LOOKING FORWARD

The season is upon us when we resume our active program as a County Society. Under the leadership of our President, and with the hearty cooperation of a certain proportion of the membership, certain proposals are to be presented at an early date that on superficial consideration might sound impractical and quite radical. These proposals will embrace certain phases of the economics of medicine and our public relations with particular reference to the problem of the medical care of the indigent. It is an open secret that these propositions were inspired by the now well settled and smooth running program of the Sedgwick County Medical Society at Wichita, Kansas. A small group of the membership, headed by President Stevenson, made an all-day visit to the Sedgwick County Medical Society last spring. Some of you may recall the somewhat enthusiastic impressions that were brought back and were reported to you verbally as a result of this visit. It is expected and most sincerely hoped that other members of the society will avail themselves of the opportunity to go and see and hear exactly

what the Sedgwick County physicians have accomplished. The current issue of the *Kansas Journal* reports a survey with respect to the activities of the Medical Service Bureau. This bureau handles the border-line cases that are in the low income bracket and outside requirements to receive charitable service. This survey covered both the patient and the physician involved, and revealed that the function of the bureau in helping establish satisfactory economic relationships between the low income patient and the physician of his or her choice was working in a very satisfactory manner. There are abundant signs upon the horizon that the time has come when doctors must look after their own interests and resist by appropriate means further encroachment upon their rights by well meaning, but wholly misguided social agencies and forces. We will have no one to blame but ourselves if our position becomes any more untenable, or intolerable. The Sedgwick Society has definitely pointed the way. They are far out in front in their organized procedures and the doctors are all thoroughly sold on the situation as it has been developed, thus far. The most just criticism that can be levelled against the medical profession is their tendency to rugged individualism. Even lower animals, however, will submerge their individualistic activities for the benefit of the herd when danger threatens. We should be capable of applying the same evidence of intelligence to the solution of our own problems. Every new idea in all fields of human progress has survived in spite of obstructions and a theory of "we had better let well enough alone." If you are entirely satisfied with the present status and outlook of medicine, this program will not find much response. Will Rogers once said that the only men he did not like were those he did not know. The only basis upon which one could oppose some of the suggestions that are to

be made will be a lack of knowledge as to what they are and how they are working elsewhere.

~R~

Editor of *Bulletin*,
Tulsa County Medical Society.

Dear Sir:

As we are approaching the fall season and the beginning of our winter work, a question will be brought to our attention which is of the gravest importance to us, as a society and to each of us as individual professional men.

Last spring it was my pleasure to accompany the committee on a trip to Wichita to inspect their methods of handling the business of their society. The first thing that impressed me was the excellent and most effective system on which they based all of their activities. This system had been gradually evolved, since they had the courage and foresight to hire a very competent young man as executive secretary for the society. This secretary brought together all of the varied interests of the county society and by the cooperation of numerous committees one problem after another has been worked out. This is only one example of what a county society is capable of doing if they make up their minds to do it. Especially since my visit to Wichita I have been interested in such an arrangement for our society. From time to time articles are appearing in magazines giving methods employed by other societies.

I have had occasion to talk to men from various sections and it seems to me that the profession over the entire country is being aroused to the need of something of this kind. By this means we can handle our own local problems to a greater advantage and do our part to delay the arrival of state medicine. I feel that it is high time that the Tulsa County Medical Society interest themselves in having an executive secretary who will help us to carry on the increasing responsibility of

such an office and help us to work out problems which at the present time seem to be impossible. I trust that this matter will be brought before the society at an early meeting and will be presented in such a manner that all realize its importance.

Fraternally yours,
VICTOR K. ALLEN, M. D.

~R~

Applications for Membership

COURTESY:

Walter E. Brown
Paul B. Cameron
Harold B. Justice
Philip Kline
James D. Markland
Cole D. Pittman

REGULAR:

Hugh J. Evans
Thomas H. West

~R~

Special Program October 11

The men from Wichita have very kindly accepted the invitation to come to Tulsa and give us the details of the organization which has made Wichita and the Sedgwick County Medical Society known all over the United States as the most progressive medical society of its size in the country. You cannot afford to miss this most important meeting of the year.

~R~

The Auxiliary

For the first meeting of 1937-38 the Auxiliary to the Tulsa County Medical Society will have a tea at the home of Mrs. J. W. Childs, 1616 South Madison. At this time the booklet containing the names of members and the program for the year will be given out.

THE LIBRARY READING ROOM

At the special call meeting, August 23, 1937, to take up the question of furnishing and equipping the library reading room, the following report of the library committee was read:

*Dr. James Stevenson, President,
Tulsa County Medical Society,
Tulsa, Okla.*

"Dear Dr. Stevenson:

The library committee has discussed the question of furnishings and equipment for the library reading room and society office with various members of the society and the consensus of opinion has been that the space should be as comfortably and efficiently furnished as possible within reasonable limits.

Whereas it is impossible to provide all that will be necessary to make the library complete at this time the committee feels that four items are immediately necessary and should be provided now. These are:

- (1) Floor covering for the library reading room and society office.
- (2) Adequate cabinets with glass doors for books and journals.
- (3) Inexpensive but comfortable furniture.
- (4) Adequate index system for cataloging the books and journals.

Respectfully submitted,

C. S. SUMMERS
S. C. SHEPARD
M. O. NELSON

For the Library Committee."

The president stated that the estimated expense of the four items was roughly \$250.00.

Motion by Dr. Ned R. Smith, second by Dr. A. Ray Wiley that \$250 be appropriated for equipping and furnishing the library reading room was carried.

It was announced that during Dr. R. M. Shepard's term as president (1935) the society purchased two

desks, one library table and five chairs to furnish an office for the Medical Society and that this furniture could be used in conjunction with the reading room.

The chair stated that the Assistant Secretary would be in charge of the reading room and it would be open all day for the convenience of members of the society.

The Library Committee is busy completing the alterations and anticipates the opening of the reading room in the next few days.

~R~

Proposed Amendments to Constitution and By-Laws to be read at the September 27 meeting:

Amend Article 8, Constitution, by substituting the following:

"The Society shall have authority to elect a Board of Trustees of not more than thirteen members and to provide for articles of incorporation. The president and president-elect shall always be two of the Trustees. The Trustees shall be elected at the Annual Meeting in December for a term of one year. Trustees may be re-elected to office."

Amend Chapter 3, Section 1, By-Laws, by adding the following:

"The Society may employ an executive secretary who shall be appointed by the Board of Trustees and ratified by the Society in regular session. A three-fourths vote of all the members present and voting shall be required for ratification."

Proposed Amendment to By-Laws to be voted on at the September 27, 1937, meeting:

Amend Chapter 3, Section 1 by substituting the following:

"No one shall be eligible for election to any office who has not attended at least fifty percent of the meetings of the Tulsa County Medical Society during the year."

The Man with a Hobby

Doctor Baum describes his subject as one who is never content with his possessions

by E. L. Baum, M.D.

It is my purpose in these brief comments to pay my respects to "the man with a hobby," that very much misunderstood and unappreciated individual.

After receiving an application blank from my county medical society with a request that I display at an exhibit any hobby which I might have, my thoughts turned to the two avocations which have occupied days and even weeks of my time for many years and given me much happiness and pleasure. I could not resist the temptation to put on paper a few of the things which occurred to me.

"The man with a hobby," particularly if it be collecting antiques, coins, butterflies, war tokens, medical instruments, books, clocks, plaques, old china, fire arms, fishing rods and reels, bows and arrows, and other sundry things, is a strange mixture of a proverbial fool soon parted with his money, monomaniac and intelligent student. All in all, he is a most interesting and worthwhile individual.

In search for articles he so much prizes he goes into side streets; musty, even dirty, shops; homes; aboard ships; into grimy factories and other out of the way places. Only this last winter my wife and I spent many wonderful hours in a distant southern city where a street is lined with antique and curio shops from which we emerged in the evening covered with dust and dirt, having the appearance of coal miners rather than tourists.

Society is richer because there are people who enthusiastically pursue avocations. With few exceptions

they are wholesome beings. Seldom are their hobbies of such a nature as to lead to criticism by their fellows. If they have sufficient means their travels may take them into distant lands. When on vacation in foreign ports they are never at a loss for something to do. They meet many types of individuals who are "cranks" like themselves. In this event, hours are spent in lively conversation debating the merits of their avocations. Others who are not so fortunate may be bored and perhaps wonder what interest a normal person can have in the subject.

The happiest moments in the life of "the man with a hobby" are when he sits down to admire the treasures which he has gathered, examining over and over again with satisfaction and pleasure the things which mean so much to him, and recalling how they came into his possession. The only touch of sadness is the thought of things he does not possess and the worry of how he is going to obtain them.

The final chapter of his career is written when the administrator of his estate sends his collection to the auction shop to be sold and scattered throughout the world, giving to posterity and another enthusiast the opportunity of gathering them again. If his collection is valuable or of special interest it may be accepted by a public museum to meet the gaze of an unappreciative populace. His fondest hope is that there may be some member of his family who has the same urge to seek treasures and carry on the endless search for the things he has not.

Timely Brevities

“Blowing Off Steam” One of the favorite pastimes of the more blase and sophisticated of our modern intelligentsia is to belittle the typically American characteristic of joining lodges, dinner clubs, and one or another of the many other civic or patriotic organizations. They poke fun at the enjoyment the average man derives from wearing elaborate regalia and addressing the brethren by high-sounding titles. For brief moments in his life the average man takes flight from the humdrum existence of his daily life. He lives in the land of make-believe and relaxes for the time being.

As for conventions, these are a strictly American way of “blowing off steam.” Psychologists call it “releasing the inhibitions.”

A Pioneer in Radio Engineering The recent death of Guglielmo Marconi brings to mind the part an American physician played in radio engineering. He was Dr. Mahlon Loomis of West Springfield, Massachusetts. Certain facts recently unearthed bring to light the fact that he was the first to use an aerial with a kite, the first to discover the phenomenon of wave length, and the first to use a battery excited magnetic wave apparatus, although he was ignorant of the real manner of the generation of the impulse.

There is documentary proof in the United States Patent Office that Dr. Loomis discovered the oscillatory current and its application to short distance transmission. He used gilded balloons as part of the transmitting and receiving apparatus. His patent on an “aerial telegraph” was granted in 1872. An effort was made by the

Loomis Aerial Telegraph Company to make practical application of this patent. However, the Chicago Fire and the Black Friday Panic of Grant’s administration wiped out Loomis’ backers. Disappointed and with bitter recollections of his failure to convince others of the magnitude of his project in radio engineering, Dr. Loomis died in 1886 at the age of sixty years.

Protection Against Sex Crimes The seeming increase of sex crimes against children is reason for alarm. It is evident from a study of the court records of many of those convicted that we do not have a clear understanding of this problem. Too often an offense against a minor is punished by a small fine or short jail sentence. However, neither fines, short sentences, nor even legal executions are a solution.

There has always been a discrepancy between the legal and medical definition of insanity. The law recognizes as insane those who are unable to differentiate between right and wrong. Legally the sex offender is sane, but medically he must be recognized as a psychopathic personality. It is problematical whether his crime is not motivated by some factor as is that committed by the alcohol or narcotic addict. If this be true, then our present manner of handling the problem is entirely wrong. If the sex offender is sick mentally, we are, by our present legal system, inflicting an injustice upon the offender and society as well. Society should be protected from this type of misfit by life-long segregation. Possibly sterilization may be another solution.

With more and more reports of sex crimes appearing in the daily press, a joint study of the whole problem by psychiatrists and law-making bodies is indicated — and soon.

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Birth Selection The action of the House of Delegates of the American Medical Association on birth control has raised the question, "Is there any need for it?" According to Alfred E. Wiggam, "birth selection" is of greater necessity. This is shown by some research conducted by Dr. Raymond Pearl of Johns Hopkins University. Dr. Pearl divided the American population into nine different groups or occupational classes as follows: professional, clerical, trade, domestic and personal service, public service, transportation, manufacturing and mechanical industries, agricultural and mining. The prime result was the discovery by Doctor Pearl that every one of these groups is dying out as a group except the farmers, factory workers, and miners. He showed plainly that the future American people are going to be in the main the descendants of the miners, factory workers and farmers of today. To determine whether this made a difference, Havelock Ellis

studied the lives of thirty thousand of the men and women who made English civilization. He found that only one out of eight of these leaders came from the artisans, skilled craftsmen, and farmers.

During the past several years careful studies have been made of the birth rate of nations. It is revealed that in Western and Northern Europe (England and Wales, Germany, Scandinavia, and Finland) 7 per cent less children are born per year than are needed. Similar defects are noted in Austria, Belgium, Estonia, Ireland, Latvia, Scotland, Switzerland, and Hungary. In the United States, too, important elements in the population are dying out, some at a rapid rate. In Europe only the Slavs, Portuguese, Spaniards, Dutch and Italians are swelling their numbers. In Asia, Egypt, the large islands in the Pacific and Indian Oceans, China, Japan, and in Latin America, a rabbit-like increase continues.

From these facts it might seem that Western Civilization is doomed. It will be invaded by the swarming people of the more prolific races. Professor E. A. Ross once remarked, "The real enemy of the dove of peace is not the eagle of pride or the vulture of greed, but the stork."

A. C. HANSEN, M.D.

The first, and in some respects, the most important function is—to lay a foundation for that unity and friendship which is essential to the dignity and usefulness of the profession . . . The man who knows it all and gets nothing from the Society, reminds one of the little dried up miniature of humanity, the prematurely senile infant, whose tabetic marasmus has added old age to infancy . . . Why should he go to the Society? . . . It is a waste of time, he says, and he feels better at home, and perhaps that is the best place for a man who has reached the stage of intellectual stagnation . . .

—SIR WILLIAM OSLER

A Professional Responsibility

by An Observer

For many years the medical profession has actively campaigned against cultists and quacks in an effort to protect the public health. Although much has been accomplished, fakers in the healing art still flourish. The explanation probably lies in the fact that there is still a large portion of our population who are uninformed or who want to believe the impossible. Under these circumstances the solution seems clear. The medical profession must enlighten the people. Prohibitory legislation, we are certain, would be no more effective or successful than fiascos such as the now forgotten Volstead Act.

Organized medicine has recognized this fact, and in all parts of the country,—over the air, from the rostrum, and through the printed page,—the true message of health is being carried to the people. Eventually it would seem we shall arrive at a state when public credulity in matters of health will not make them the easy prey for the unscrupulous and dishonest "healers" they are today.

Important as it is to eliminate cultists and quacks, a much more serious situation involves doctors of medicine who have abandoned all semblance of proper conduct. These men make a business of medicine, and in the process resort to advertising, unaccepted forms of medical practice, and "cures" for incurable diseases. No physician need be told that they present a problem which should have the attention of the medical profession.

A few of these "irregulars" have had a good background and excellent training. An example comes to mind of a young man who received his medical training in one of our fine medical schools. Following his graduation he served as an intern in a

first class hospital. During the latter part of his internship he showed erratic tendencies which caused other physicians in the institution some concern. Upon entering practice he became a food faddist, apparently as a means of attracting patients. He let it be known, also, that, in his opinion, many surgical operations were unnecessary. His message was carried, in pamphlet form, and distributed to the people he wanted to reach. Recognizing its value, he wrote his "sheet" in a friendly "fire-side" manner which attracted a considerable number of persons to him. Even some intelligent people failed to recognize the fact that there was little scientific basis for this man's claims, for religious as well as fraternal organizations gave him support.

In nearly every community in this country there are physicians who advertise as a group under a name which includes such words as "association" or "institute" or an equally impressive appendage. Such enterprises have been responsible for the worst forms of medical practice. Honest practitioners admit with chagrin, often accompanied by violent condemnation, that doctors connected with such organizations are graduates in medicine. The usual practice of an "association" is to advertise a low rate for examination and then get the patient to agree to expensive treatments over a period of weeks or months, with the stipulation that he must pay in advance.

Recently we saw a receipt issued by one of these advertising groups to a patient who had gone to them for a three dollar examination. After the patient had been examined he was informed that thirty-six weeks of treatment would be necessary. Finally convinced he paid \$363.00 in advance for treatments, which

were to consist largely of injections, the patient being required to make weekly, and sometimes bi-weekly, visits. Later, it developed that the diagnosis was wrong, and when the patient, having completed but eighteen weeks of the treatments, asked for a refund it was refused. A complaint was then lodged with the local medical society.

Obviously, the prestige of the medical profession is seriously damaged by the conduct of these practitioners. Unfortunately, the public cannot ordinarily differentiate between the honest and dishonest physician. Most people know little about medical ethics or what constitutes proper conduct on the part of a practitioner. Advertising by physicians is accepted by many persons as being proper unless the perniciousness of the practice is explained to them. When the

physician tries to bring respectability to his conduct by more refined means of advertising, such as pseudo-scientific pamphlets, the uninformed and often the intelligent patient may be impressed.

This is a problem that the medical profession must do something about. Practitioners who flagrantly violate all elements of honesty and decency must be curbed or their privilege to practice taken from them. How can it be done? Laws "with teeth in them" must be placed on the statute books. There will, of course, be opposition when restrictive legislation is introduced, but if the public is given to understand that restrictions are necessary to protect the sick against dishonesty and worse, it will not only lend its support but will indicate in no uncertain terms its appreciation.

Speaking of Vacations

(Continued from page iii)

beamingly invites you to share his drawing room on the air-conditioned Zephyr for a trout fishing expedition to Colorado—don't go. He may have put you down as a prospective real estate buyer. He may also have a bad vacation disposition or not understand your desire for an ideal rest. Instead board the Fisherman Special under your own power. The muskie you hook with the help of an Indian guide the next morning will obliterate all yearning for the mountain trout in the very reflection of Pike's Peak.

Every physician is confronted with the choice of a single long trip vacation or several short ones each year. Considering a long trip, he questions the expense. If he decides that the family budget can stand the pressure, there will be many interesting experiences in store for him. Particularly does this apply to vacations abroad when in order to secure a passport he must, among other things, submit a photograph with

other evidence of respectability. The photograph without being retouched by the family photographer costs only one dollar. Naturally the physician is happy not to be required to reveal a whole dozen of these actual likenesses. Often the sight of the single likeness may make him feel inclined to leave the country to his associates for a time at least. He is encouraged, however, by the knowledge that routine expenses of foreign travel are surprisingly low.

Abroad he does not have to entertain costly gatherings at a lake cottage. He remembers particularly one pilgrimage which included many of his friends and a few patients, with a good sprinkling of their sons and daughters just home from college who enjoyed his lake hospitality so much. When he returns from his vacation abroad he is at least invited to tell others about his trip and exchange experiences with them.

Then, of course, there is the short vacation. Dr. Parr can fix one eye

on his professional practice and keep up his golf game twice a week. But what about its cost? He has long since convinced himself that golf is an excellent investment. For how can he do other than forget about a case of auricular fibrillation as he stares in amazement at his first 220-yard drive! As a neophyte he has much to learn. Armed with a set of matched clubs, unique golf attire, one dozen pretty white balls and a club membership, he is embarrassed to find that golf balls do not float, that caddies are not the club guests and that he needs a locker with much room.

From the first, the club golf "pro" has eyed him with great interest. It has already cost the Doctor twenty-five dollars to learn that a golf club is a pendulum and not a ball bat. He soon pays eighty dollars more to learn to keep his head down.

His first game is planned hopefully with a colleague who shoots in the low 80's. Unfortunately he has not learned his golf manners. His ignorance nearly costs him a friendship when he executes his usual innocent and practically noiseless belch just as his opponent starts the back swing of his unsuccessful short putt on the first green.

There are, of course, numerous other short vacation plans adopted by the doctors. A trip to the Arlington Races or a big league ball

game may serve as a short excursion out of the world of healing and good financing as well. For the artistic or intellectual medicos a few weeks in the East enjoying theaters, symphony concerts, chamber music, antique galleries, or post graduate clinics do much to revive the drooping spirit.

This discussion would not be complete without turning the spotlight on the physician who takes no vacation in the ordinary sense. Look him up and you will often find that he is happy, healthy, and prosperous. He prefers to enjoy his life along with his practice. For him the occasional night ball game, a leisurely luncheon with a visiting celebrity, a hobby, the family church and fraternal organizations, gardening, bowling in season, football week-ends at his Alma Mater all serve to give complete satisfaction and perfect relaxation from season to season.

When does a physician need a vacation? Better ask his wife, his family, or one of his chronic patients. What, then, is an ideal vacation? Whatever brings peace of mind, physical and mental rest, and contentment. It must be selective. Some of us are rested by simple variation in our work while others are fatigued by idleness.

Speaking of vacations, then, the physician must both carefully make and fill his own prescription.

Illumination and Eyesight Conservation

(Continued from page viii)

gram was made in November, about six weeks after the opening of the school term. This was accomplished by a questionnaire method whose purpose was not merely to obtain certain desired information but to cause the student to continue to think about his eyes and his lighting conditions. Naturally one could not expect the program to be completely effective within only a few weeks but University authorities were most

gratified to find that most of the rooming and fraternity houses were properly equipped. Of the large number of students living at home about 35 per cent were using IES lamps, which indicates that a continuing program is necessary. However, it is significant that as the result of the effort up to that time, over 1,000 students were using proper equipment. Most significant also is the fact that from the 2,252 questionnaire

returns, it was learned that 862 students or 38.2 per cent admitted having known eye defects and that 36.9 per cent wear glasses. Of those not using IES lamps for study purposes, nearly one half are conscious of eye fatigue while studying. Over one half of the students who reported are conscious of less eye fatigue under improved or better illumination.

This analysis reveals not only the fertility of the field to be cultivated, but lends confidence to the assurance that before long many hundreds of students and faculty members will be protecting their vision and conserving their eyesight.

THE MILWAUKEE SIGHT SAVING COUNCIL

The indicated success in this program has warranted thinking of it in terms of its extension into the general community by combining the activities of the medical and engineering professions. The primary question in this development has been, "How can this be done on an ethical basis enlisting the support of the professions and educating the public to a realization of the problem and an interest in its solution?" The answer has been found in the Milwaukee area through the formation of the Milwaukee Sight Saving Council in which (with the approval of the Board of Directors of the County Medical Society) a group of professional people have banded themselves together in a non-stock, non-profit corporation, whose purposes are to study and investigate matters pertaining to the conservation of human eyesight and to disseminate knowledge in reference to this subject.

This group consists of men and women of outstanding reputation in the community who are devoting some of their time to the organization of this movement and who hope to demonstrate its possibilities by correlating and utilizing the agencies of the community in awakening a general public interest in eyes and seeing.

The personnel of the group in-

cludes the following: three eye physicians, a general medical practitioner, the dean of a medical school, the dean of an engineering school, three illuminating engineers, the executive secretary of the county medical society, a club woman actively interested in parent-teacher associations, an architect, the city health commissioner, the president of an insurance company, the city librarian, an assistant superintendent of schools, a staff member of the state industrial commission.

The opening activities of the Sight Saving Council for the coming year will take place at the annual convention of the State Medical Society of Wisconsin in Milwaukee in September, where in the Hall of Health at the Milwaukee Auditorium the largest exhibit space will be devoted to seeing and lighting. With an estimated attendance at the Hall of Health of 2,000 physicians and 50,000 laymen, an effective step in the direction of developing a consciousness of the problem and a cooperative attitude will have been taken. The Council plans shortly to develop a traveling exhibit to demonstrate the characteristics and control of light, to have available movie films, lecture lantern slides and demonstration equipment, as well as pertinent literature. The Council hopes, through its professional standing, to develop a "clearing house" for information regarding lighting and seeing.

Here is the type of community program in which medical practitioners may participate to the lasting benefit of the community. They are in a particularly favorable position to be of assistance since their patients and others with whom they come in contact will usually unhesitatingly accept their comments and recommendations regarding eyesight preservation where the motives of laymen might be questioned.

Through the Milwaukee Sight Saving Council, the other professions involved stand ready to cooperate in this sector of preventive medicine.

Sunny Side Up

A CHEAP VACATION

A Scotchman's tip to vacationists: "Stay at home and let your mind wander."

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LOW BRIDGE

"Did you hear about Mr. Goofus the bridge expert being the father of twins?"

"Yes, looks like his wife doubled his bid."

•

SAFETY FIRST!

"I don't like your inviting that chap to dinner. He used to kiss you before we were married."

"Well, so did you."

"Yes, but I've got over it and maybe he hasn't."

•

ANTI-LOVE VITAMIN

She was crying.

"I'll kiss those tears away," said the big man from the West.

He did his best but the tears flowed on.

"Will nothing stop them?" he asked breathlessly.

"No," she murmured. "It's hay fever, but go on with the treatment."

•

ILLNESS TO ORDER

MacGregor and MacPherson decided to become teetotalers, but MacGregor thought it would be best if they had one bottle of whiskey to put in the cupboard in case of illness.

After three days MacPherson could bear it no longer and said: "MacGregor, Ah'm not verra weel."

"Too late, MacPherson, Ah was verra sick m'sel all day yesterday."

•

STILL WONDERING

Bill, our colored camp cook, told us one evening after supper of a funeral that he attended and said there was a ventriloquist present unknown as such by any one. The funeral was very impressive and decorum perfect until at the grave when lowering the body into the excavation the corpse requested, "Let me down easy, boys," and we did, said Bill. After laughing, someone asked: "Bill, did they finish the funeral?" "I declare boss," replied Bill, "I don't know. I never even looked back."

•

WILLING TO TRADE

There had been several earthquake shocks in a certain district. So a married couple sent their little boy to an uncle who lived out of the danger-zone.

A few days later they received this telegram:

"Am returning your boy. Send earthquake."

•

A CLOSE GAME

When men wore long beards—a wife allowed her husband to play poker twice a month while she had a party of lady friends. The husband came home one night while all were there, his whiskers loaded with tobacco juice.

Wife: Dear me, John, couldn't you turn your head to spit?

Husband: Nope, not in that game.

•

COURTESY UNDER TRYING CIRCUMSTANCES

The letter which follows was written to his home doctor by a patient in a hospital for the mentally diseased:

Dear Dr.———

If you don't come for me at once I will never ask a favor of you again.

Yours truly,

I. E. D.

•

LAST REQUEST

The doctor stood by the bedside, and looked gravely down at the sick man.

"I can not hide from you the fact that you are very ill," he said. "Is there any one you would like to see?"

"Yes," said the sufferer faintly.

"Who is it?"

"Another doctor."

•

OWNER'S RIGHTS

A man who had not been very good during his earthly life died and went below. As soon as he got to the nether regions, he began to give orders for changing the positions of the furnaces, and commenced bossing the imps around. One of them reported to Satan how the newcomer was acting.

"Say," said Satan to him, "you act as though you owned this place."

"Sure," said the man, "My wife gave it to me while I was on earth."

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