

The Bulletin

OF THE TULSA COUNTY MEDICAL SOCIETY

VOL. 3 TULSA, OKLAHOMA, OCTOBER 1937 NO. 6

TULSA COUNTY MEDICAL SOCIETY
1202 Medical Arts Building
TULSA, OKLAHOMA



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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"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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Homes of County Medical Societies

10. Executive Offices of The Medical Society of Milwaukee County.

The Family Physician and School Health Work

No health program can ever be completely effective without the co-operation of the family physician

by Jerome M. Jekel, M.D.

The general practitioner is a potent factor in any disease prevention program. Its success depends in no small degree upon his active interest. It is to be regretted then that there are certain phases of public health which, apparently, have not attracted him. I have in mind, particularly, what is referred to as school health work. By the term "school health work" I mean the individual and collective efforts of those responsible for the health and well-being of school children. These efforts may be in the form of clinics, special health projects, and periodic examinations.

Everyone will agree that it is the duty and responsibility of school authorities to protect children against disease and the many health hazards inherent in the regimen and environment while they are at school. In reference to the latter, mention might be made of the dangers involved due to the sudden transition from outdoor activity, fresh air, and sunlight to sedentary confinement of the classroom. This in itself demands that proper medical supervision be given.

From the public health official's viewpoint the grouping together of school children offers a splendid opportunity for the application of preventive procedures which otherwise would not be possible. For there still are many parents who would neglect precautions were they not thrust upon them. Examples of "procedures" which have been found most necessary are tests for vision, hearing, posture, communicable and contagious diseases and tuberculosis, chest roentgenography, urinalyses,

and psychological studies by groups.

To some physicians this program may seem wider in scope than is necessary, for the criticism is still leveled at health agencies that they are doing unnecessary work. Admittedly there is difference of opinion as to what should or should not be included. In my opinion actual medical and dental care should be given by private practitioners. I have the same feeling about preventive procedures, although practitioners in both medicine and dentistry have not assumed the role that many of us believe should be theirs.

Several reasons might be advanced for this situation. Certainly the greatest impetus has been given preventive medicine by public health agencies, schools, educators, and social groups who, with the assistance of the medical profession, have been responsible for its mass application. Physicians seemingly have been reluctant to urge upon their patients the precautions which they know should be taken, lest it be suggested that they are mercenary. This, I believe, is an error. Lay groups, on the other hand, have been quite aggressive.

Can and will private practitioners take their rightful places in school health work? The answer, of course, lies with physicians and dentists themselves. In order to accomplish this objective they must make the families under their care conscious of the value of medicine. They must demonstrate conclusively that they are equally interested in the prevention as well as the cure of disease. They must counsel and advise with

school authorities, working with them in close harmony.

School health work is developing rapidly and is becoming more standardized because of the impetus given it recently by the United States Public Health Service, and it seems to me that an opportunity is immediately at hand for the family physician. Unless he takes advantage of it he may find that at least this phase of public health activity has been lost to him.

There are, of course, many sound arguments why school health work should be done by the family physician. First of all he is in the first line of defense and offense in the health of any community. Without his cooperation no health program can ever be completely effective. Little can be said against the benefits inherent in the personal relationship between patient and physician. Practicing physicians are nearly unanimous in their certainty that it is a very necessary factor in treating the sick. They are equally certain that preventive procedures can be more satisfactorily applied by the physician who knows the patient's peculiarities, heredity, and environment.

It will always be necessary, of course, for health departments and schools to employ physicians, either on a part- or a full-time basis, to supervise public health work; to as-

sume responsibility for the control of communicable diseases; to see that restricted corrective exercises are given children who need them; to make sanitary surveys; to determine the fitness of athletes; to supervise the sanitation of swimming pools; to direct the work of the nursing service, and to give attention to such problems as will always arise in the conduct of any department.

An adequate school health program need not include treatment except in emergencies. It will aim, rather, at the prevention of disease and physical defects and the early detection of abnormalities, referring the individual to his family physician or dentist for diagnosis and treatment. Of necessity there must be a follow-up system which will involve the child, physician or dentist, and the school. This is not as simple as it seems, and requires the cooperation of all concerned. Too often corrective measures are neglected unless someone sees to it that recommendations are carried out.

Programs of this type are in effect and are working successfully in many places. Probably it is done on the largest scale in Detroit. However, other communities have incorporated the same ideas. No one program is suitable to all communities, but basic in each and every one should be the services of the family physician.

INTERSTATE POSTGRADUATE ASSOCIATION

The International Assembly of the Interstate Postgraduate Medical Association of North America, under the presidency of Dr. John F. Erdmann of New York, will be held in the beautiful new public auditorium of St. Louis, Missouri, October 18, 19, 20, 21, and 22, with pre-assembly clinics on Saturday, October 16, and post assembly clinics, Saturday, October 23, in the hospitals of St. Louis.

A most hearty invitation is extended to all members of the profession who are in good standing in their State or Provincial Societies to be present.

A registration fee of \$5.00 will admit each member to all the scientific and clinical sessions.

For further information, write Dr. W. B. Peck, Managing-Director, Freeport, Illinois.

Infra-Red Photography

Quality of infra-red rays and the manner in which they are used in photography as applied to medicine are here explained

by L. C. Massopust

There could have been no world for us, no life at all without light. For this world and all the worlds we know, the sun and stars are the central sources of light. But a ray of light is not flung out of the sun and thrown to earth as we throw a stone; it is not a thing apart that we can get hold of and carry from one place to another. A ray of sunlight is a continuous shaft that spreads for more than 90,000,000 miles, a mighty band of quivering ether. It has given us all the color of the earth. It has opened for us the gates of knowledge; it is the source of beauty and health. It is the power that lies behind the existence of the human race.

How are we to explain light? If a beam of white light be allowed to pass through a transparent prism on to a white card its general direction is changed and the beam itself becomes spread out into a broad band of rainbow colors. This dispersion of the beam into its constituent colors shows the great complexity of what we call white light. It will be noticed that the violet and blue ingredients of the beam are more strongly bent than the orange and red, while green and yellow take intermediate positions. The dispersion of a beam of mixed radiation into its constituent parts is called the spectrum.

We may now consider the classification of the different kinds of radiation in the spectrum. For this purpose use is made of the fact that all kinds of light and radiations to be considered behave in most respects as if they were electro-magnetic waves transmitted through space filled with a hypothetical substance known as

the ether. Christian Huygens in 1690 propounded the wave theory of light which scientific men hold today. One kind of radiation may differ from another because the vibrations may be rapid or slow; the frequency is therefore, respectively, fast or slow and the wave length corresponding by long or short. Thus we may classify the spectrum by means of a numerical scale of frequencies of wave-length, or of the number of waves per centimeter. The Angstrom unit of measurement, which is one ten-millionth part of a millimeter, is most commonly used. The wave-length is the distance between corresponding parts of successive waves. Thus the various radiations in the spectrum correspond with definite wave-length regions; these are indicated in the following table:

Kind of Radiation	Approximate Wave-length Region in Å
Ultra-violet (Invisible)	1000 to 3900
Violet	3900 to 4400
Blue	4400 to 4900
Blue-green	4900 to 5100
Green	5100 to 5500
Yellow-green	5500 to 5750
Yellow	5750 to 5900
Orange	5900 to 6300
Red	6300 to 7000
Deep Red	7000 to 7600
Infra-red (Invisible)	7600 to about 10,000,000

When light strikes against an object it is reflected in a new direction, just as the waves of the sea are reflected when they meet the shore line. It is only by the light rays reflected from reflecting surfaces that we are able to see objects. From these reflected rays we learn the size, shape and color of an object. The color depends upon which wave-lengths are

reflected from the surface of an object, and which are absorbed. For example, a book that reflects the waves of red light and absorbs the others is red, while one that nearly absorbs all the colors is black. The direction reflected light takes is determined from the following law: "The angle of incidence equals the angle of reflection." This simply means that a ray of light departs from a reflecting surface at the same angle at which it arrives.

We walk in the garden and stop for a moment to look at a little blue flower, and this wondrous shaft of light has sent 800 million million waves into the eye in a single second in order that we may realize that the flower is blue. We are checked for a moment by the red flash of a danger lamp, and something in our eye has

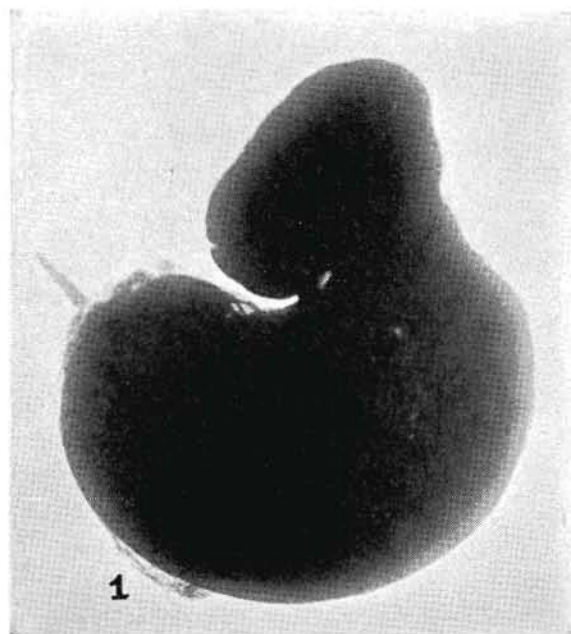


Fig. 1. Photomicrograph of a rabbit embryo, gross mount, approximately 14 days old. Stained with carmine. Carbon arc illumination, B filter, Eastman DC Ortho Plate. 6 seconds exposure.

moved 400 million million times in order that we may see red. In studying the visible spectrum a further fact to be observed is that the brightness of the colors is very much greater in the middle of the band, the brightest color being the yellow-green. The

outer colors, violet and deep red, are very dull indeed and appear to shade gradually into darkness. The darkness is, however, only apparent. In the regions beyond the violet and red there are more radiations which, though they fail to excite any sensation of luminosity in the eyes of the observer, may nevertheless be found by suitable detectors. These radiations are called, respectively, ultra-violet and infra-red. Radiations shorter than the ultra-violet and longer than the infra-red are known. They comprise respectively X-rays and Hertzian or wireless waves.

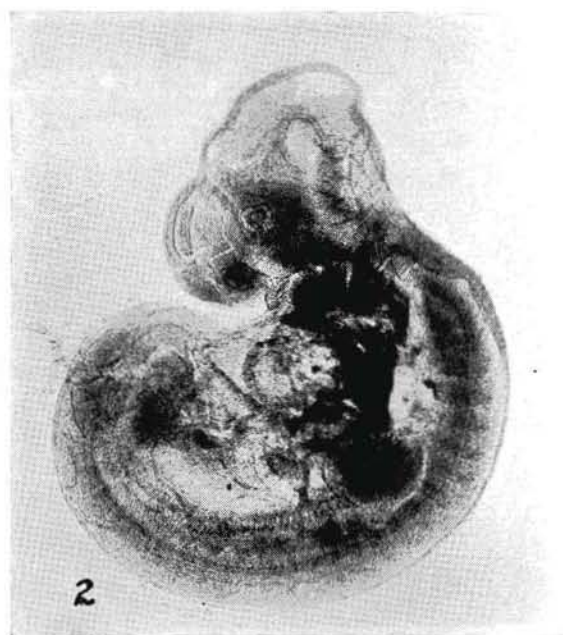


Fig. 2. Same as figure 1. A filter, Eastman infra-red plate type 1R. Exposure time 1 second.

The value of sunlight in the prophylaxis and treatment of disease has long been recognized. It has been found that the rays of light, which may be referred to as the healing or curative rays, lie in the Ultra-Violet Zone. It has been found, also, that these ultra-violet rays in the sun's spectrum vary in intensity during the different seasons of the year, being highest during the summer months and lowest during the winter months. It is believed that this seasonal variation is due to the absorption of the

shorter wavelengths by the atmosphere. In any event, it is evident that from a therapeutic point of view the determining factor is the quantity, not the quality of these short or ultra-violet radiations. This is illustrated by the incidence of rickets in different geographical locations. In the Panama Canal Zone rickets is

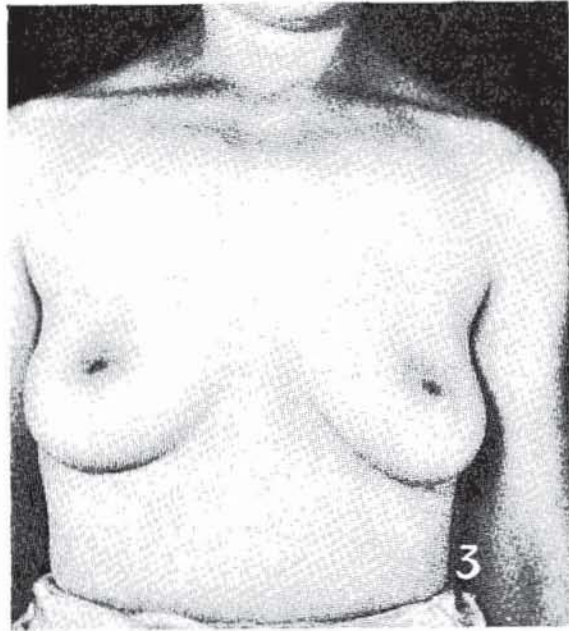


Fig. 3. Ventral aspect of female thorax and abdomen. Illumination 2 500 watt tungsten bulbs. Eastman super-speed film; exposure time 1 second.

practically unknown while in New York City this disease is prevalent. Artificial means for producing such rays have been found.

The infra-red region of the spectrum is very broad extending from 76 Å to 4 millimeters. In our simple dispersion experiment their existence may be demonstrated by placing a sensitive thermometer just beyond the red end of the visible spectrum. A slight rise in temperature will be observed. For this reason infra-red radiations are generally considered as heat rays.

The therapeutic value of the infra-red ray is well known. Phototherapy, which combines infra-red rays and light, is useful whenever a superficially induced hyperemia is in-

strumental in bettering a condition.

Our chief source of light is from hot bodies such as the sun. There are, however, sources of light not as-

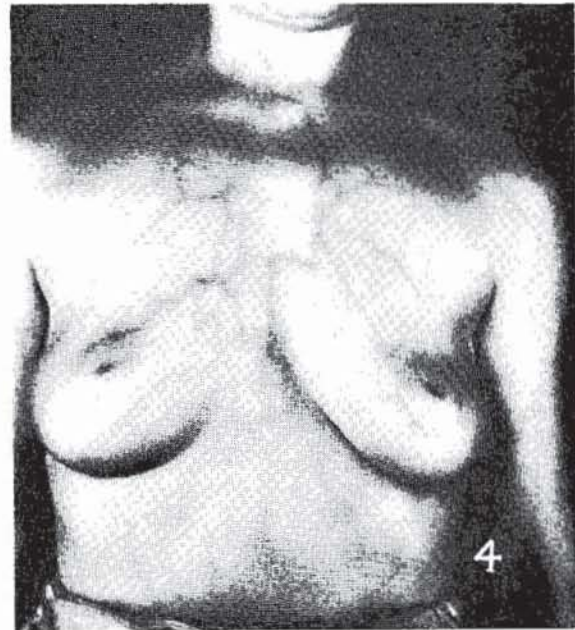


Fig. 4. Same as figure 3. A filter, Eastman infra-red plate type 1R. Exposure time 5 seconds.

sociated with heat, such as the firefly. Certain large and brilliant fireflies of tropical America, called "cucujos," are captured by natives, and on festival nights are sold to the young women of the region who thread them together, weave them in their hair or fasten them to their gowns to glow there like flaming jewels. In South America there is a remarkable firefly which is said to flash a greenish light on each side of its body and a reddish light at each end of its body. It is called the railway beetle.

There are also so-called phosphorescent substances such as are used in luminous paints which glow in the dark but without measurable quantities of heat. No man, however, has yet produced a source of bright light without heat. Even the best of tungsten lamps turn only a small fraction of the energy used into visible light.

We have seen how the visible spectrum is characterized by different colors, each color being associated with

a definite wave-length. Our senses, however, do not tell us much about the special properties of the different wave-length regions of the infra-red. However, photography has provided a means of exploring the fringe of the infra-red region of the spectrum. The extension obtained is to about 15,000 Å. When considered in relation to the whole of the infra-red region, the range covered by infra-red photography is very small indeed, yet the results obtained thus far are quite encouraging.

PHOTOGRAPHIC MATERIAL NECESSARY

The plate that is most satisfactory for making infra-red photographs is the Eastman Infra-Red Plate, Type 1-R. In common with all other films

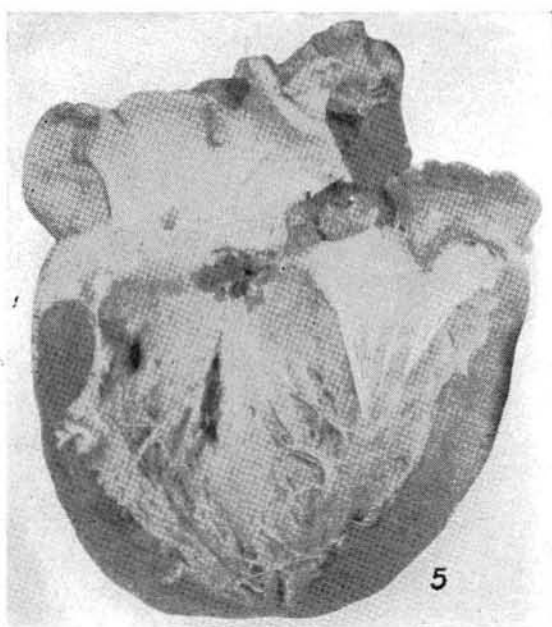


Fig. 5. Photograph of a calf heart, fresh specimen. The conducting system is injected with India ink. Photographed under water by reflected light from a 500 watt tungsten bulb. Eastman par-speed portrait film. Exposure time 6 seconds.

and plates it is sensitive in the violet and blue regions of the spectrum; however, it is not sensitive in the visible green and red, and its sensitivity reappears in the invisible near infra-red, reaching a maximum at a wave-length of 8200 Å. In order to make infra-red photographs with this plate

any ordinary camera can be used; it is merely necessary to place over the lens a filter which will transmit the infra-red rays and will absorb all the violet and blue light to which the plate is sensitive. The most satisfactory filter is the Wratten No. 25.

ILLUMINATION

The most convenient source of illumination is the incandescent tungsten filament lamp. Other sources that may be used are sunlight and arc lamps. Two 500 watt lamps, at a distance of about 3 feet, give sufficient illumination to obtain a properly exposed negative in about 3 seconds at

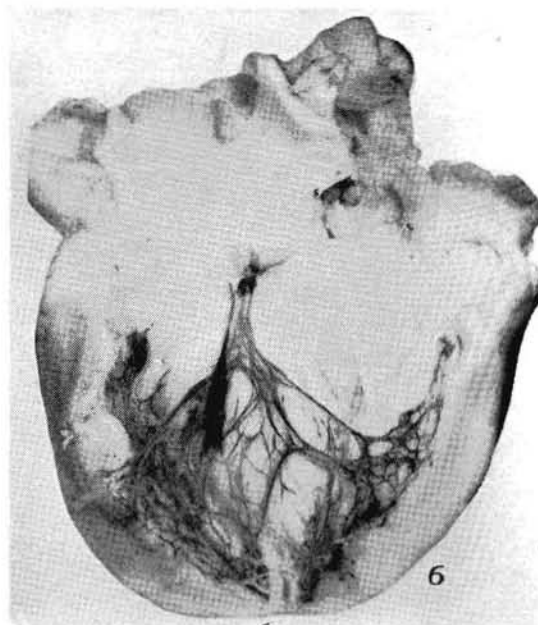


Fig. 6. Same as figure 5. A filter, Eastman infra-red plate type 1R. Exposure time 15 seconds.

f. 22. In illuminating a subject it is important to strive for a moderately flat lighting, for in general the gradation of the infra-red plate is so good that even very delicate shades of intensity are clearly rendered.

At f. 22, using the No. 25 Wratten Filter over the lens, sharp infra-red pictures are obtained. It is advisable at all times to focus visually with the No. 25 filter in place. In addition, movement and breathing should always be controlled by a method

(Continued on page xii)

Events for November

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, November 8th:

Tulsa County Medical Society, 8:00 p. m., Auditorium, Medical Arts Bldg.
 Undulant Fever.....M. R. Beyer, M. D., Oklahoma City
 Discussion opened by Margaret G. Hudson, M. D.

MONDAY, November 22nd:

Tulsa County Medical Society, 8:00 p. m., Auditorium, Medical Arts Bldg.
Reorganization Plans for the Society:
 Report on Recommendations by the Board of Trustees.
 Medical Reserve Officers School 7:30 p. m., Friday, Auditorium Medical Arts Bldg.

Note: The Bulletin will print notices of Hospital Staff Meetings and programs when sent in. Hospital Staffs are sending out their own notices and no announcements or programs have been received by the Bulletin for November.

AMENDMENTS ADOPTED

Amend Capter 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 above amendment was adopted at the September 27, 1937 meeting.)

Amendments Pending

(To be voted on at the Oct. 25 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-elcct 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.”

SULFANILAMIDE

The Council of Pharmacy and Chemistry of the American Medical Association has to date accepted the following preparations of sulfanilamide:

- Sulfanilamide-Calco, Calco Chemical Company, Inc.
- Sulfanilamide-Lederle, Lederle Laboratories, Inc.
- Sulfanilamide-Merck, Merck & Co. Inc.
- Sulfanilamide-Squibb, E. R. Squibb & Sons.

TRUSTEES TO RECOMMEND REORGANIZATION PLANS

At the October 11, 1937 meeting the following motion by Dr. A. Ray Wiley was carried by unanimous vote:

That the Board of Trustees be instructed to prepare recommendations for reorganization of the Tulsa County Medical Society together with necessary changes in the by-laws and submit these to the society at or before the November 22, 1937 meeting for consideration.

NEW MEMBERS

(Elected September 27, 1937 Meeting)

Courtesy

- Walter E. Brown
- Paul B. Cameron
- K. K. Eason
- Harold B. Justice
- James D. Markland
- Cole D. Pittman

Regular

- Hugh J. Evans
- Thomas H. West

THE BULLETIN OF THE TULSA COUNTY MEDICAL SOCIETY

Editorial Board

W. H. Calhoun, III, M. D.
Russell C. Pigford, M. D.
Ned R. Smith, M. D. Editor in Chief.
Miss Maurine Calhoun, Managing Editor

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Vol. 3 OCTOBER, 1937 No. 6

GONE WITH THE WIND

Out of Washington comes another "New Deal" baby that gravely concerns every member of the medical profession. It appears that the Government has taken a tip from Shadid and gone him, not one better, but many times.

I call your attention to an article in October 2 Journal of the American Medical Association, telling of the formation in Washington of a "Group Health Association, Inc." This is an association of all government officials and employees and all their dependents wherever located throughout the world for the treatment or attention that may be required by the sick or in the prevention of disease.

In their certificate filed with the recorder of deeds at Washington, D. C., they propose to set up their own medical building, clinics, hospitals, pharmacy and all equipment for the needs of all their members. This is fostered and evidently financed by the Federal Home Loan Bank Board. Whether this organization is actually operating at this time is not stated.

The reason the medical profession should be concerned about this plan is that many thousands of patients will immediately be taken out of the ranks of private practice. The income to the profession will be entirely controlled by a board, which may or may not have medical representation. It certainly subordinate practice to a lay group instead of the medical profession itself. It is

the greatest group plan of medical practice that has ever been proposed in this country. I believe that it is only a forerunner of what is coming, on even a greater scale.

I believe every local member received a letter, as I did, from Dr. Byrum of Shawnee the early part of October. I forthwith did as he suggested and my part is now in the hands of Dr. Willour.

If such a plan as Shadid has proposed and operated is wrong and is suppressed in Oklahoma, can we keep others, such as this government plan from invading the State?

Will the medical profession in Oklahoma stand passively and let themselves be overwhelmed by certain lay individuals commercializing the practice of medicine?

It behooves the men in private practice to think clearly to meet these changing tides of time and to protect his own practice. If not, he will have to salvage later what he can.

A. R. W.

CALL MEETING HOUSE OF DELEGATES

A meeting of the House of Delegates of the Oklahoma State Medical Association has been called to assemble at THE SKIRVIN HOTEL, OKLA. CITY 6:00 P. M. Wednesday, Nov. 3, 1937
DUTCH DINNER—\$1.00 Per Plate

Served at 6:00 P. M. Sharp	
Delegates	Alternates
J. C. Brogden	J. F. Bolton
W. A. Cook	Joseph Fulcher
E. R. Denny	R. W. Dunlap
M. D. Henley	H. S. Browne
W. S. Larrabee	Roy Smith
James Stevenson	A. W. Pigford
M. J. Searle	P. P. Nesbitt
C. J. Woods	R. Q. Atchley
Ned R. Smith	

JAMES S. McLESTER NUTRITION FUND

A donation has been received from Mr. Early Cass, Manager of the Beatrice Creamery Co. to establish an endowment fund for the library to be known as the James S. McLester Nutrition Fund. This has been deposited in a government insured account and the income will be used for books and journals on nutrition in accordance with the terms of the gift.

Dr. McLester is an authority on nutrition, was President of the American Medical Association 1935 and lives in Birmingham, Alabama.



HUBERT W. CALLAHAN, M. D.

Dr. Callahan was born May 27, 1887 at Garden City, Kansas, graduated from the University of Illinois College of Medicine, Chicago, in 1911 and served his internship at Columbus, Ohio.

He obtained his Oklahoma license in 1913 and located in Collinsville. During the World War Dr. Callahan enlisted in the Medical Corps and after an assignment to the Urological School in Paris served in the front line and at base hospitals.

Coming to Tulsa in 1919, Dr. Callahan was associated with Dr. E. L. Cohenour in the practice of urology until 1923. Going to Chicago for further post-graduate study under Dr. Herman Kretschmer he attended courses in the Presbyterian and Cook County Hospitals.

Returning to Tulsa Dr. Callahan limited his practice to urology and during the last few years devoted a considerable portion of his time to the urological cases of the County Charity Service. His death Monday, October 11, 1937 terminated a busy career.

Among Hubert's qualities were his readiness to cooperate or lend assistance and his equipment was always available to his colleagues any time day or night.

Recommendations For Reorganization

The recommendations of the Board of Trustees as reported by Dr. Ned R. Smith, Secretary of the Board at the October 25 meeting are as follows:

"The Board of Trustees recommend to the members of the Tulsa County Medical Society the immediate employment of a full-time executive lay-secretary. We further recommend that the employment of the full-time secretary be carried out without further investigation of the various plans and activities of the Medical Societies about the country.

We further recommend that in order to finance the full-time executive Secretary that the following schedule of society dues be adopted for physicians who practice in the City of Tulsa:

First year	\$16.00
Second year	24.00
Third year	36.00

Professional Directory

VICTOR K. ALLEN, M. D.
 PROCTOLOGY
 1001 Medical Arts Building
 Tulsa, Oklahoma

E. RANKIN DENNY, M. D.
 Diagnosis and Clinical Investigation
 Allergy
 1105 Medical Arts Bldg., Tulsa Tel 4-4444

W. S. LARRABEE, M. D.
 Roentgenology
 411 Medical Arts Bldg., Tulsa Tel. 4-3111

I. A. NELSON, M. D.
 Tissue and Clinical Pathology
 1107 Medical Arts Bldg., Tulsa Tel. 4-1835

RUSSELL C. PIGFORD, M.D., F.A.C.P.
 Internal Medicine
 Cardiology
 1001 Medical Arts Bldg., Tulsa Tel. 5-3762

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

THE SEDGWICK COUNTY REORGANIZATION

It is not necessary to tell those who were present at the October 11 meeting of the excellent presentation of the problem of re-organization which the Sedgwick County Medical Society met and licked to a frazzle. It is impossible to tell those who were absent what they missed so we will give them a few of the high lights of the presentation and let them go up to Wichita to verify our statements.

Reorganization

Dr. J. F. Gsell, President of the State Society who was in on the original dog fight said that the executive secretary plan won on a very close margin. After a neck and neck race through the fifteenth round with the bases full, the chair cast the deciding vote scoring a touchdown for the executive secretary. A few men dropped out but soon came back again and now swear by the plan they originally opposed. Dr. Gsell stated that the main points in the new organization were a lay executive secretary unencumbered with practice or traditions, free to efficiently manage the affairs of the society, a representative board of directors to handle matters of policy, and an adequate number of small committees to take care of matters of detail without passing the buck. With the executive secretary acting as secretary of the committees information is always centralized and society meetings are not cluttered up with a multitude of miscellaneous matters.

Clinic and Hospital

Dr. J. S. Hibbard, chairman of the County Clinic and County Hospital outlined the organization of the charity services. The clinic and hospital are directed and "staffed" by the medical society, expenses are paid from the county charity appropriation and the medical society receives \$500.00 per month which goes into the general fund. The financial status of applicants for charity service is determined by the Medical Service Bureau thus eliminating those who can pay and salvaging professional fees. With the cooperation of the commissioners and the direction of the society medical services are efficient and effective with politics out.

Medical Service Bureau

Mr. John F. Austin, Executive Secretary described the operation of the Medical Service Bureau. Here those who feel that they are unable to pay usual professional fees are interviewed and placed

in three groups namely, full pay, part pay and charity.

The charity patients are referred to the county clinic where they receive necessary treatment. Full pay patients go to the physician of their choice paying him the usual professional fee. Part pay patients are referred to the physicians and treated in the office. The amount they pay is based on what they are able to pay in a years time divided into twelve equal monthly payments. The physician may accept or reject the recommendations of the Bureau. The effectiveness of this system is demonstrated by the fact that except for two or three cases the physicians have invariably accepted the financial rating determined by the Bureau and the recommended scale of payments. Many individuals by this means have maintained their sense of independence and self respect who were formerly relegated to charity.

Credit Bureau

Dr. J. W. Shaw, President of the Sedgwick County Medical Society took up the question of credit and collections. The Medical-Dental Credit Bureau is operated by the society on an "expense—no profit" basis with no third party receiving the dividends. The fact that all members are participating makes credit information more complete and small accounts are collected which are not profitable to the average commercial collection agency. Commercial firms are now requesting credit information from the Bureau which is an acknowledgement of its efficiency inasmuch as the Bureau's information is derived from physician's and dentist's accounts. The attitude toward medical and dental accounts has changed to that of recognition of an obligation and a persons medical and dental credit is now a thing of importance.

THE AUXILIARY

The Auxiliary to the Tulsa County Medical Society had its membership tea, Tuesday, October 5th in the home of Mrs. J. W. Childs, 1616 South Madison. The Social Committee with Mrs. Fred Woodson, chairman, Mrs. N. Stuart White, Mrs. O. C. Armstrong, Mrs. R. G. Ray, Mrs. Hugh J. Evans, Mrs. Fred Y. Cronk, Mrs. Frank A. Stuart were in charge. The next meeting will be on November 2 at the home of Mrs. J. O. Lowe, 1252 East 28th at twelve-thirty o'clock.

Day In and Day Out

In the daily conduct of his practice hardly a day passes that a physician does not have amusing as well as tragic experiences

by A Family Physician

August 4—Yesterday I saw Mrs. Schneider, the sole support of a lazy husband. Her complaint was vaginal bleeding. Examination revealed a large fibroid uterus. The recommendation of surgery was made . . . Today to the office came Mr. Schneider. "Say, Doc, how long can the little woman wait before being operated? I just bought a new car and she's gotta keep up the payments."

August 7—Young Robert Rice has contracted a Neisserian infection. To his mother's inquiry as to whether Robert has a "sociable" disease I most convincingly assured her this was not so. I think Robert has learned his lesson and to destroy a mother's faith in her son or daughter is cruel. Surely the Lord must forgive doctors for the little white lies they tell daily.

August 12—I did feel sorry for old Mrs. Kroening. Unable to get along with her daughter-in-law, she was forced to move into a one room apartment, there to live in loneliness. But she no longer needs my sympathy. Since taking a widely advertised nostrum (alcoholic content 56%), one tablespoonful every three hours, the little old lady has a perpetual "bun" on. Life for her has taken on a more rosy hue.

August 17—I am taking care of Mrs. Shipley and her gallstone colic. She came to me after an encounter with a quack who could not relieve her of pain, but who did relieve her of considerable money. My treatment has been along the lines of good medical procedure. The patient has done nicely and I

have been showered with praise. But today I was floored by this one. "Doctor, if you are puzzled by my case, you can get consultation. My brother-in-law told us of a doctor who is a spiritualist. He has the power to look into people and tell what the trouble is. We could call him in" . . . With remarkable self-control I informed her that a man named Roentgen had invented a machine to do the very same thing.

August 19—Mrs. Bertland is a trusting soul who believes everything the neighbors tell her. She has been feeding her month-old baby a mush of graham crackers and water. However, because of her staunch religious faith, I was able to show her the error of her ways by pointing out that since time immemorial man has been raised on milk. Evidently the Lord intended this to be. Now the milkman delivers an extra quart each morning.

August 23—Tonight a new patient came to the office,—a young woman desirous of obtaining some information on birth control. When asked if she was married, her reply was, "Well, not actually; but I'm biologically married."

August 25—I stopped in at the filling station to have my tank filled with gasoline. The usual hangers-on were present. Spoke one of them, "Say, Doc, every morning when I get up I have pains way down in my belly. What do you think it is?" I facetiously answered, "Maybe you've got labor pains." To which he replied, "Gee, Doc,

(Continued on page xiv)

Timely Brevities

*No Truce—
No Retreat* "Criticism, as it was first instituted by Aristotle, was meant as a standard of judging well." For those who would sit in the judgment seat these words should always be remembered, "Is it in destroying and pulling down that skill is displayed?" Burke asks. And then he answers, "The shallowest understanding, the rudest hand is more than equal to that task."

Not so long ago a columnist, Bond Bliss, wrote as follows:

"Science has discovered much, advanced amazingly. Yet knows so little. Science says that records show a person may die and be revived in 15 minutes. But no longer. A baby girl was born prematurely in Tennessee and pronounced dead by the physician. The body was placed in a smokehouse over night. Next day when the father went to get it, the baby cried. It lived. Rushed back to the hospital it succumbed.

"Doctors are too ready to surrender to death. A heart stops and they depart, whereas modern knowledge and skill and medicine might restore life in many cases. America's record of maternity and infant deaths is disgraceful. Life is permitted to slip away easily."

A positive, cock-sure statement! And yet in the same newspaper we read this item from New York:

"A baby girl that seemed dead and weighed only three pounds at birth was placed in an iron lung here yesterday and twenty minutes later was transferred to an incubator, with apparently every prospect of living. She was born to Mrs. Gusella Weinberger, wife of a Jewish rabbi."

We do not and cannot believe that "doctors are too ready to surrender to death." Between death and the doctor there will never be a truce. The doctor may lose one battle but he never retreats. He is continually

counter-attacking with the new discoveries medical research gives him. The constant increasing life-span bears witness to this.

•

*"Optometry
on Trial"* Most laymen and even many doctors do not know the distinction between an oculist and an optometrist. To them they are one and the same—both fit glasses.

Rogers William Riis in a recent issue of *The Readers Digest* wrote an article called OPTOMETRY ON TRIAL, and thereby brought down much wrath upon his head. It is an article which every physician should read.

Riis begins by explaining the difference between the oculist and the optometrist. "The oculist is a graduate physician who has specialized in the study of eyes. Not only is he competent to correct defects in vision, but, as a medical man, he can detect and give you timely warning of changes in the tissues of the eye caused by diabetes, kidney trouble, brain tumors, arteriosclerosis, and other diseases which frequently affect our power of vision.

"The optometrist (literally "one who measures the eye") is not a licensed physician; indeed he is forbidden by law to practice medicine. His acknowledged function is to examine the manner in which the eye transmits or refracts light. And even this limited function calls for skill and a strictly diagnostic attitude that many optometrists do not possess."

The remainder of his article deals with some of the facts ascertained in a ten months' survey during which \$1500 worth of glasses were bought by investigators in all parts of the country. One of the investigators was a Mr. D., an attorney of established reputation. "He suffered from

major ocular disorders. His eyes had residual signs of glaucoma in an arrested state, and also iritis. Furthermore, he was cross-eyed. His usual glasses were very strong; to check the correctness of his present optical formula he was examined by three oculists in New York before he started his investigation. These three men top their profession." Then, "Mr. D. visited forty-one optometrists in various parts of the country. He got not one single correct diagnosis of his eye troubles."

The article concludes as follows:

"It is not so much the optometrists' prescription of improper lenses, but their failure to recognize the early symptoms of major eye disease (glaucoma iritis, cataract)—and their failure to detect in the eye signs of serious bodily disorders—that makes one question whether, for all their neon-light signs, their glistening shop windows, their persuasive advertising, they are really competent to offer eye examinations to the public.

"The net result of the several investigations recounted above demonstrates that too often the optometrist is primarily interested not in diagnosing eye trouble but in selling glasses, and that the patient seeking help must beware."

•

Caste System? Is there a caste system in medicine? Orrin Lockwood, writing in *The American Spectator*, contends there is. This is what he has to say:

"Throughout the United States doctors treat the poor and near-poor without charge. The charters of most municipalities make no provision for the payment, and sometimes even prohibit remuneration to doctors on the staffs of city operated hospitals. Let us examine the New York situation, typical of the entire country.

"(1). Although the City charges and collects fees for the care of compensation cases, the doctors who render the service are not paid.

"(2). A charge is made by the City for domiciliary care of patients who are able to pay, yet the medical staffs are not privileged to render a bill for their work.

"(3). A doctor may be dismissed from the staff of a municipal hospital without charges being preferred against him. He is not permitted to defend himself against such expulsion.

"From cursory examination anyone would conclude that all doctors desire to be paid for treatment of the hordes that clamor for medical care. But it is not so simple. The medical profession is divided into three sections; those who hold power, those who have prospects of coming into power, and those who only through a stroke of good fortune may climb to power. The number of key positions is too small to warrant hope that even a few will have the opportunities to attain them. Those in power are the directors of departments or heads of departmental divisions. Those who expect eventually to attain power are the favorites of those who hold the top positions and are being groomed to assume control. Those who probably never will be elevated to the key positions are clinic physicians, a few of whom are allowed to visit the wards and to work in the operating room under the supervision and permission of those in control. This privilege may be revoked at any time. Thus arises the medical caste system—exalted, touchables, and untouchables."

•

Deadline at Forty Life may begin at forty—but, as industry seems to believe, it also ends there.

A survey conducted in New York State three years ago "showed that 29 per cent of the manufacturing concerns had formal maximum age-hiring limits." A survey of 2800 establishments in California showed that in firms employing 64 per cent of the

workers there were rules barring employment because of age.

Forty was the average deadline for men seeking employment, and thirty-five for women. Some had the age-bar as low as thirty-five for men and thirty for women, while smaller establishments usually did not bar employment until fifty.

Fierce competition and high-speed production on assembly lines demand young men who can stand the grind. The common belief is that older men are more likely to be injured. However, in New York State it was shown that "the accident frequency in the age group 20-29 was 1.69 per hundred, and only 1.44 for the age group 40-44."

In the professions a man has just

hit his stride at forty. "The average man of middle age is reaching the height of his usefulness; he has attained maturity in judgment and responsibility. His spirit has been enriched by his experience; his knowledge, tempering of muscles, and intellect make up for his lack of youthful vitality. He is more painstaking in his work, steadier, more level headed and attentive. Being a father makes him a regular worker rather than an uneven one. He is a valuable addition to a force, for he stabilizes the morale and inspires loyalty; he is constructive rather than destructive." But then—perhaps we flatter ourselves when we think there is something more important than a strong back and weak mind.

A. C. HANSEN, M.D.

Infra-Red Photography

(Continued from page viii)

most suitable for the part being photographed.

Plates should be handled and developed in total darkness or by the light from a Wratten No. 3 Safelight. Many of the older plate holder slides are unsuited for use because they are transparent to infra-red rays and, consequently, the plates placed in them will be fogged. The hard rubber plate holder slides, manufactured by the Eastman Kodak Company, and readily identifiable by five dots on the metal tops, are quite safe, however.

Development in the solution made from Eastman X-ray Developer Powders (Formula D-19), which is available in most laboratories, is specially recommended. The average time of development for the type 1-R Infra-Red Plate is 3½ minutes with the solution at 65° F. During development, it is advisable to continu-

ally agitate the plates so as to prevent streaking of the emulsion.

USES OF INFRA-RED PHOTOGRAPHY

Some of the applications of infra-red photography as applied to the field of medicine may be summarized as follows:

Infra-red photography permits photographs to be obtained with transmitted light in cases in which visible light does not penetrate. (Fig. 2.)

Infra-red photography demonstrates the variable patterns in the superficial vascular system in the living and furnishes a permanent photographic record of any progressive or regressive change in these patterns. (Fig. 4.)

With infra-red photography very slight differences in the color and morphologic detail of gross anatomic specimens may be recorded with excellent contrast. (Fig. 6.)

Who Is a Doctor?

by An Observer

One is frequently impressed with the fact that few titles are more eagerly sought than that of "doctor." Particularly is this true in the healing art. And the less qualified the individual, the more he prizes the designation.

The extent to which some cultists go to justify their becoming "doctors" has its amusing side. Not long ago a chiropractor demonstrated unusual astuteness. Rather than become involved in legal entanglements he had his first name changed to "Doctor." This obviated the necessity of his explaining that he was a "D.C." and not a doctor of medicine. He was a doctor and that was all there was to it. His cleverness, however, got the better of his judgment, for he could not resist impressing his patients with his ability as a scientist. Shortly he entered upon a literary excursion, writing "scientific" articles which he had published in pamphlet form for distribution. The depth of his ignorance was so astounding that whatever he gained in the first instance was lost in later revelations. Even so, he found a few who had less intelligence than himself.

Not all of the cultists, of course, show the ingenuity of this man. The usual way in which legal restrictions are circumvented is to claim to be a "doctor" of something or other. Meaningless as these pretensions are, many persons are taken in, believing

that a doctor is a physician regardless of the manner in which the title is acquired or used. Efforts have been made, therefore, in legislative halls and the courts throughout the land, to limit the use of the title among those treating the sick to licensed medical practitioners and dentists. These have not been uniformly successful due, in some instances, to political maneuvering.

Other steps which would protect both the public and themselves from the confusion arising from the scramble of pretenders suggest themselves. Our belief is that the medical profession should more strictly adhere to the "M.D." whenever possible. To his patients the physician always will be the "doctor," and properly so. On his stationery, on the windows or doors of his office, however, the letters, "M.D." should be used exclusively.

The physician should do a little educational work, also, explaining to his patients what is required to become a doctor of medicine. And while he is about it he can profitably inform them of the training and qualifications of such cultists as chiropractors, naturopaths, naprapaths, and the like. The "M.D." title will then take on a new significance and the pretender will lose much of his prestige.

Who is a doctor? It is the physician's task to see that the public knows.

This business of penalizing the Doctor, who by his researches alone has been responsible for every new medicine and medical device for helping the sick, by telling him how he must distribute his services and making him subservient to lay command is unjust.

Bulletin, The Toledo Academy of Medicine.

Day In and Day Out

(Continued from page ix)

how could I, when I haven't worked for six months?"

August 28—By hard work and frugal living John Weyman and his first wife laid by a nice little sum for their old age. She died before she had a chance to enjoy it. John married a second time,—a girl forty-five years his junior. He always said he wanted a plain funeral when he died. No fancy frills for him. With the fast pace his new wife is setting for him,

plus his hypertension and brittle arteries, John may not last long. I have a sneaking suspicion his funeral will be very plain—and very, very cheap.

August 31—I sent Mr. Kessler to Dr. Miller because of failing vision. He returned today with the report that the doctor told him he had "cadillacs of the eyes." Americans certainly are automobile conscious.

YOUR SOCIETY

"I hold every man a debtor to his profession; from which, as men of course do seek to receive countenance and profit, so ought they of duty to endeavor themselves by way of amends, to be a help and ornament thereunto." Thus spoke Francis Bacon.

In the increasing tempo of our daily routine we are prone to become so engrossed in our own individual problems that we forget our debt to our professions. We fail to see that our problems are no different than those of our contemporaries. The following story illustrates well this point:

A man had become so overwhelmed by his many problems that he was ready to give up in despair. One evening he fell asleep in his favorite chair and dreamed. He dreamed he had found a place where he could buy his own cross and bear his own burdens. He bought a cross and bore it several days. His load seemed to get heavier and heavier each day, until finally he went back and asked the keeper of the crosses if he could not exchange his cross.

"Certainly, my young man," replied the keeper. After many hours spent in trying on the different crosses, he at last found one that he thought was exactly what he wanted. He called the keeper and told him he had made his decision, pointing to the one he had selected. "May I ask," queried the keeper, "Why you prefer this cross above all others?" "Because it is so much lighter," was the answer. "Fine," said the keeper, "but I would like to remind you that the cross you have chosen is the cross you brought in here."

At some time or other we all feel that our problems are overwhelming. But the fact that all physicians are confronted by the same problems is the reason for the existence of medical societies. The purpose of your medical society is to lighten your burden by the united action of the entire membership. Individually no physician can even hope to cope with the many and diversified onslaughts directed against the medical profession. Hence it is very important that we continue to support our medical society, for the county medical society is the cornerstone in the temple of American Medicine.

—Polk County Medical Bulletin.

Sunny Side Up

HE KNEW WHAT HE WAS DOING

The absent-minded professor who sent his wife to the bank and kissed his money goodbye wasn't so blamed absent-minded at that.

AN OLD STORY

Wife: "Wake up, John! There's a burglar going through your pants pockets."

Husband (turning over): "Oh, you two just fight it out between yourselves."

SPENDTHRIFT

Tramp: "Lady, I'm almost famished."

Housewife: "Here's a cent. But how did you fall so low?"

Tramp: "I had your fault. I was too extravagant."—*Wall Street Journal*.

A RADIO FAN REPORTS

The foreman of an electric repair shop was interviewing a bright boy who was applying for a position.

"Do you know anything at all about electrical apparatus?" asked the foreman.

"Yes, sir," was the prompt reply.

"What is an armature?" asked the foreman.

"It's a guy who sings for Major Bowes."

RACKET

Landlord (to prospective tenant)—"You know we keep it very quiet and orderly here. Do you have any children?"

"No."

"A piano, radio, or victrola?"

"No."

"Do you play any musical instruments? Do you have a dog, cat, or parrot?"

"No, but my fountain pen scratches like hell sometimes."—*Pennsylvania Punch Bowl*.

BOSSY MIGHT HAVE BEEN SAVED

Said the lawyer as he was making his plea for his client, who was suing the railroad for killing a cow:

"If the train had been run as it should have been ran, or if the bell had been rung as it should have been rang, or if the whistle had been blowed as it should have blew, both of which it did neither, the cow wouldn't have been injured when she was killed."

A PENNY FOR YOUR THOUGHTS

Dora: I see where a young wife presented her 85-year-old hubby with a baby boy. What do you think of that?

Jack: The same as you.

SUPER-FRESH

"Are these chickens freshly killed?" asked the demure young housewife of the poulterer.

"Fresh killed, lady?" he replied. "Why artificial respiration would probably bring 'em round!"

NO LAUGHING MATTER

Draper: "These are especially strong shirts, madam. They simply laugh at the laundry."

Customer: "I know that kind: I had some which came back with their sides split."

—*Santa Fe Magazine*.

FATHER WAS PERTURBED

"Gee," said Jimmy's little friend, "when I went by your house this morning I heard somebody swearin' something awful!"

"Aw, that was my dad," said Jimmy. "He was late for church and couldn't find his hymn book."

IMPORTANT

The master, to impress on his pupils the need of thinking before speaking, told them to count fifty before saying anything important, and one hundred if it was very important.

Next day he was speaking, standing with his back to the fire, when he noticed several lips moving rapidly.

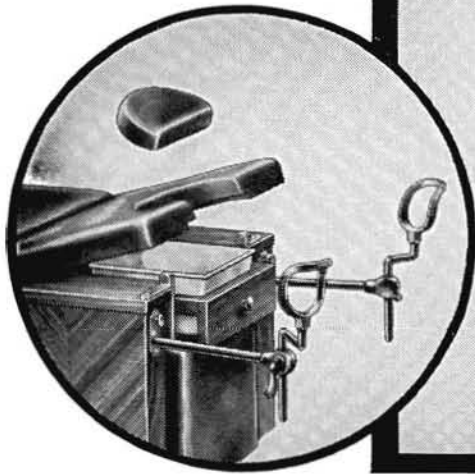
Suddenly the whole class shouted: "Ninety-eight, ninety-nine, a hundred. Your coat's on fire, sir!"—*Expositor*.

GOSPEL PIPE LINE

The colored preacher was talking to his congregation about free salvation. Finally he asked Brother Smith to take up the collection. At this point an old darkey got to his feet and said: "Parson, I thought you said salvation was free—free as the water we drink."

"Salvation is free, brother," replied the preacher. "It's free and water is free, but when we pipes it to you, you have to pay for the piping."

—*Pure Oil News*.



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

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

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