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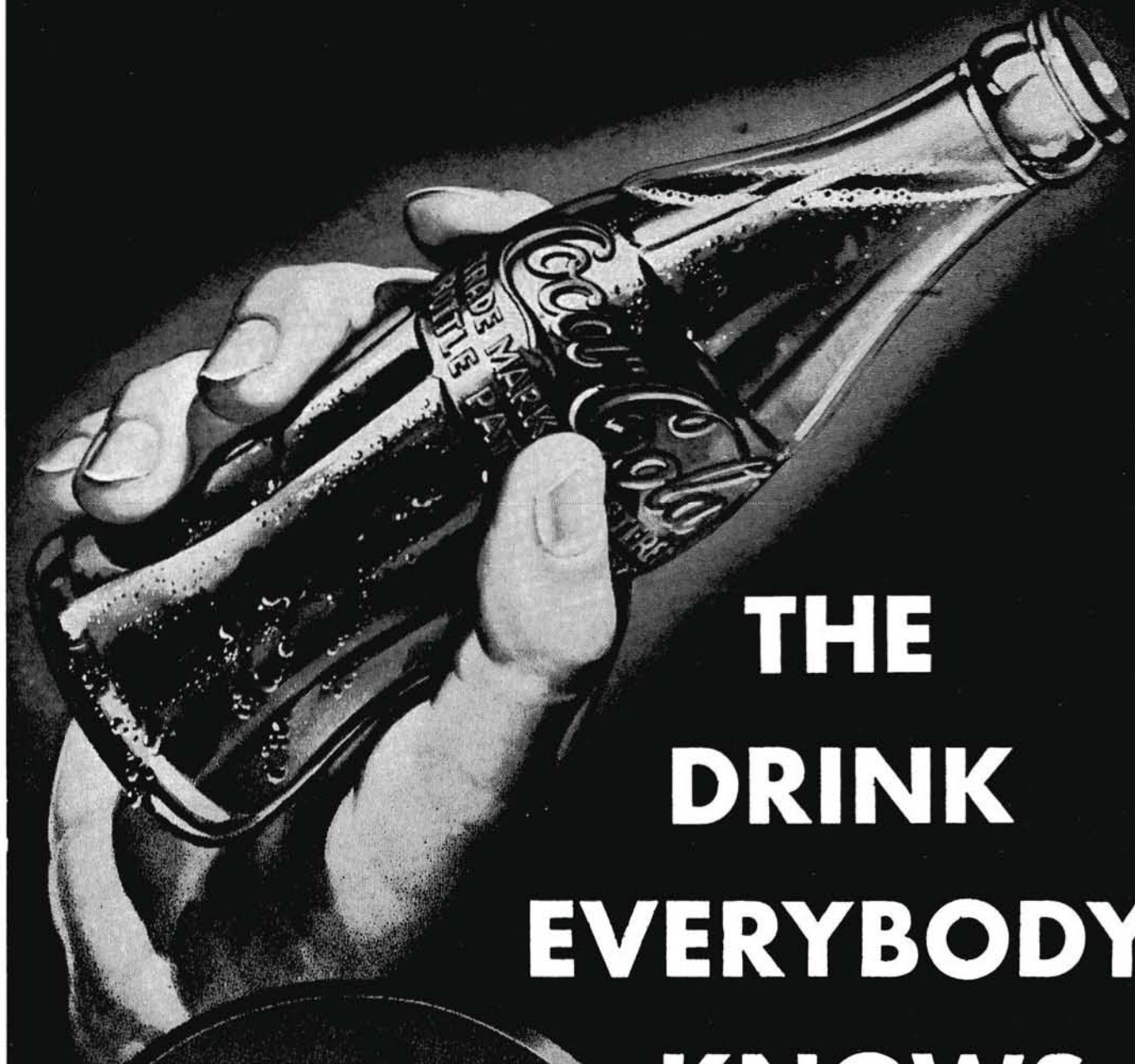
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# THE BULLETIN

OF THE

## TULSA COUNTY MEDICAL SOCIETY

J. C. Brogden, M.D., *President*H. B. Stewart, M.D., *President Elect*Gifford Henry, M.D., *Vice-President*Roy L. Smith, M.D., *Secretary-Treasurer*Lloyd Stone, LL.B., *Executive Secretary*

VOL. 7

TULSA, OKLAHOMA, SEPTEMBER, 1941

No. 9

## Resume Medical Meetings Sept. 8th

Dr. Grady F. Mathews, State Superintendent of Health, will be guest speaker at first meeting in September; Dr. F. P. Baker, Superintendent of State Tubercular Sanitarium at Talihina, will be here September 22.

The regular meetings of the Tulsa County Medical Society will be resumed the second Monday in September—the 8th—with Dr. Grady F. Mathews, State Superintendent of Health, as the guest speaker, in addition to the regular business session. The regular meetings again will be held in the Mayo Hotel as usual, according to the announcement by Dr. Ralph McGill, chairman of the Program Committee.

President J. C. Brogden announced that the remaining meetings of the present year will be very important and worthwhile. He urged all of the members to turn out in large numbers for the remaining meetings of the year and to start by attending the first fall meeting September 8, at 8 o'clock in the Mayo Hotel.

The program committee announced also that Dr. F. P. Baker, Superintendent of the State Tubercular Sanitarium at Talihina, would be the guest speaker at the second meeting of the Society on September 22nd. His subject will be

“Some of the Problems in the Management of Tuberculosis”.

Doctors McDonald and Stuart will present the program to the society at the first meeting in October. Dr. L. A. Calkins of the University of Kansas School of Medicine, has tentatively agreed to present a paper as guest speaker for the second program in October, according to Dr. McGill.

Doctor V. K. Allen will present a paper for the first meeting in November. The guest speaker for the second meeting in November has not been secured but Dr. McGill said that he was expecting an acceptance for this date very shortly.

The meeting in December will be the annual business meeting and the election of officers.

The attendance of the meetings so far this year is well above the average of previous years and an effort will be made to increase the numbers to establish something of a record for the year.

### MARK SEPT. 8

The fall meetings of the Tulsa County Medical Society will be resumed at 8 p.m. on that date in the Mayo Hotel.

# 4% of Okla. Draftees Have Syphilis

Records of first 25,000 show 1,363 are infected with disease; Tulsa ranks with rest of state; half of those found to have disease were not aware of it until after examinations.

A report received from the United States public health service showed that of the first 25,409 draft registrants examined in Oklahoma, 1,363 had syphilis.

Dr. E. A. Gillis, director of venereal disease control for the state health department, said the Oklahoma report would be included in a national report covering the first million draft registrants registered between November, 1940, and April 15, 1941.

The statistics on syphilis showed the following percentage of infection among four principal divisions examined in Oklahoma:

Urban white, 8,364 examined, 3.65 per cent; urban Negro, 1,418 examined, 26.52 per cent; rural white, 11,396 examined, 2.43 per cent; rural Negro, 1,056 examined, 15.44 per cent.

The federal report showed a sharp increase in the rate of infection in the higher age brackets in all four groups.

Lowest rate of infection was in the group of volunteer rural whites between the ages of 18 and 20. Of these only 0.32 per cent were infected. Of urban Negroes between the ages of 31 and 35, 37.95 per cent had syphilis.

Dr. Gillis said the report did not represent a true cross section of the population, as nearly all the men examined were single, were not employed in vital defense industries, or were unemployed.

He said 63 per cent of the infected men are taking treatment for the disease, and that about half of those found to have the disease were not aware of it until given draft examinations.

The report was compiled by federal, state and local health departments. It showed the following rates of infection for cities of more than 10,000 population in Oklahoma, per 1,000 draftees examined:

Oklahoma City, 7.88 per cent; Tulsa, 8.66; Enid, 7.06; Muskogee, 10.28;

Ada, 12.92; Ardmore, 9.41; Bartlesville, 6.11; Chickasha, 8.41; Durant, 7.27; El Reno, 5.00; Guthrie, 0.78; Lawton, 5.42; McAlester, 7.59; Norman, 3.68; Okmulgee, 10.76; Ponca City, 2.08; Sapulpa, 7.62; Seminole, 6.94; Shawnee, 6.11; Stillwater 2.27 and Wewoka, 11.71.

## DR. VAN URK DENIED MEDICAL LICENSE

Oklahoma City, Aug. 16.—A special action of the state board of medical examiners in refusing to grant an Oklahoma license to Dr. J. B. Van Urk, Tulsa, Mac Q. Williamson, attorney-general, announced.

Doctor Van Urk asked the board of medical examiners to grant him a license to practice after he came here from New York where he was a practicing physician.

The board denied the application for reciprocity license May 19, 1941, and he appealed to the special board composed of Williamson, A. L. Crable, state school superintendent, and Gen. Robert U. Patterson, dean of the medical school.

Williamson said 31 states have refused to grant reciprocity licenses to New York doctors. He added reciprocity was denied because of the large number of doctors in New York, many of them refugee. Van Urk is expected to appeal the decision to the state supreme court.

### NOTICE

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# Personally Speaking

All we know is what we hear and what we hear will appear in these columns. If you have done anything or gone anywhere or know of anyone who has—let us know. . . .

—The Editors

Present at one of the great moments in world history was a Tulsa youth, PIERRE CHARBONNET JR., son of DR. AND MRS. PIERRE CHARBONNET, 2116 E. 37th, who was aboard the flagship Augusta when PRESIDENT FRANKLIN D. ROOSEVELT AND WINSTON CHURCHILL held their mid-ocean conference. Ensign Charbonnet was assigned to the Augusta upon his graduation in February from the United States naval academy.

DR. LUVERN HAYS spent her vacation in Vancouver.

DR. ALLEN has just returned from a nice vacation in Old Mexico and also did some fishing on the Gulf at Corpus Christi.

DR. S. C. VENABLE and wife spent a two weeks vacation in Canada, 100 miles north of Toronto. Dr. said he saw his first black bear in the open, and said the bear never saw such a looking face and immediately fled.

DR. RUSSELL PIGFORD and wife went to Santa Fe, New Mexico on their vacation.

DR. DAVID V. HUDSON and family spent their vacation in Montreat, North Carolina. Dr. Hudson returned before his family and reported the climate as being very cold.

Friends of DR. L. C. NORTHRUP were surprised to learn that the Tulsa physician looked so much like a Nazi agent that he was twice in jail on a South American vacation trip from which he has just returned with MRS. NORTHRUP.

DR. RUPRECHT and family spent their vacation on the Texas coast.

DR. HENRY S. BROWNE was married on August 16th, and left for a couple of weeks to Old Mexico.

DR. N. S. and ERIC WHITE have moved their offices from 416 to 312 Medical Arts Bldg.

After September 1st. DR. M. O. HART will be at 1232 South Boulder instead of 1228 South Boulder.

DR. AND MRS. NORTHRUP were hosts at Barbecue given on the lawn of their home Saturday night, August 16th. Guests were limited to their close friends.

LIEUT. and MRS. LAWRENCE N. JOHNDROW, who have been visiting in the home of Mrs. Johndrow's parents, DR. AND MRS. WILLIAM A. WALKER, 1629 East 36th, left this week for their home in Stockton, Cal., where Lieut. Johndrow is an instructor in aviation. Mrs. Johndrow is the former Miss Billy Kate Walker.

DR. AND MRS. O. A. FLANAGAN spent their vacation in Colorado Springs and Denver, Colorado.

---

By his own count, the fuehrer has made 724 mistakes, but not the big one. He has double-crossed many a nation, but never a blonde.

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# PRESIDENT'S PAGE

The Tulsa County Medical Society is on the home stretch as far as the work for the current year is concerned. The summer season is over and the fall meetings will be resumed on September 8, with but seven meetings remaining on the schedule.

Many of the committees appointed almost a year ago have performed heroic work. They have done everything they could have hoped to do. Many went far beyond the call of duty. However, many of the committees have taken the easiest way out. They have done nothing, and that not any too well.

But four months remain in this year. This is plenty of time to get started and accomplish enough for an entire year. This is not too much to expect. There never has been a time when as large a percentage of our members are working for the good of the profession through Medical Society activities.

Let me urge every member to attend the first fall meeting at the Mayo Hotel, Monday September 8th at 8 p. m. Let's take hold of things again and wind the year's work up in a blaze of activity.

Very truly yours,



President.



# Medical Calendar

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**MONDAY, Sept. 1st:**

Hillcrest Hospital Staff Meeting.

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**TUESDAY, Sept. 2nd:**

Clinic Meeting, 1202 Medical Arts Bldg., 12:30 p.m.

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**FRIDAY, Sept. 5th:**

Radio Broadcast at 1:45 p.m. Station KTUL. Dr. H. Lee Farris.

Trustee Meeting, 1202 Medical Arts Bldg., 1:00 p.m.

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**MONDAY, Sept. 8th:**

Tulsa County Medical Society Meeting, Mayo Hotel, 8:00 p.m. Program: Dr. Grady Mathews, Commissioner of Health of Oklahoma.

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**FRIDAY, Sept. 12th:**

Radio Broadcast at 1:45 p.m. Station KTUL. Dr. Marvin D. Henley.

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**MONDAY, Sept. 15th:**

St. Johns Hospital Staff Meeting.

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**TUESDAY, Sept. 16th:**

Office Assistants Meeting, Michaelis Cafeteria at 6:00 p.m.

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**FRIDAY, Sept. 19th:**

Trustee Meeting, 1202 Medical Arts Bldg., 1:00 p.m.

Radio Broadcast at 1:45 p.m. Station KTUL. Dr. H. Lee Farris.

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**MONDAY, Sept. 22th:**

Tulsa County Medical Society Meeting, Mayo Hotel, 8:00 p.m. Program: "Some of the Problems in the Management of Tubercular Patients," by Dr. F. P. Baker, of Talihina, Oklahoma.

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**FRIDAY, Sept. 26th:**

Radio Broadcast at 1:45. Station KTUL. Dr. Marvin D. Henley.

**The BULLETIN***Editorial**Committee*.....

F. L. UNDERWOOD, M. D.,  
Chairman  
CARL J. HOTZ, M. D.  
G. H. HENRY, M. D.

*Managing Editor*.....LLOYD STONE

*Published monthly on the 3rd day of each month, at the executive offices of the Tulsa County Medical Society, 1202 Medical Arts Building, Tulsa, Oklahoma.*

VOL. 7      SEPTEMBER, 1941      No. 9

### **Return Your Information Card For the Directory Promptly**

About September 1, an information card will be sent from the headquarters office of the American Medical Association to every physician in the United States and Canada. The information secured is to be used in compiling the Seventeenth Edition of the American Medical Directory.

The directory is prepared at regular intervals in the Biographical Department of the American Medical Association. The last previous edition appeared in 1940. This volume is one of the most important contributions of the American Medical Association to the work of the medical profession in the United States; it has been especially valuable in the medical preparedness program. In it, as in no other published directory, are dependable data concerning physicians, hospitals, medical organizations and activities. The directory provides full information concerning medical colleges, specialization in the field of medical practice, memberships in special medical societies, tabulations of medical journals and medical libraries and, indeed, practically every important fact concerning the medical profession in which any one might possibly be interested.

Before filling out the information

card, read the instructions carefully. Physicians are specially urged to state whether or not they are on extended active duty for the medical reserve corps of the United States Army and Navy. Fill out the card and return it promptly whether or not a change has occurred in any points on which information is requested. If a change of address occurs before March 1, 1942, report it at once. Should you fail to receive a card before the first of October, write at once to the headquarters office stating that fact and a duplicate card will be mailed.

### **SUMMER TIPS—**

There's nothing like a hot weather grouch.

Be sure to get all heated up mentally and physically as much as possible.

Whatever you do, rush!

Don't bother with bathing or cool drinks; they might get you clean and cooled off.

Wear dark, heavy clothing; it absorbs the sun's rays and is bound to make you uncomfortable.

You'll enjoy a diet of rich, heavy foods, with an excess of meats, fats and sweets.

Chewing is a needless waste of energy; don't bother.

Your stomach is a lazy bum; keep it overworked.

If you want a sunburn, try to get it in two days; thus you ruin your skin and your health for at least a few months.

Get as little sleep as possible; it's a waste of time.

Typhus germs are said to exist in water; but don't you believe it; boiling water is a lot of trouble.

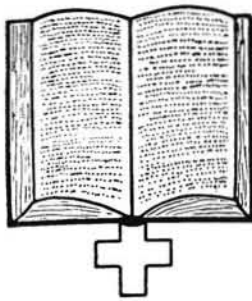
Be kind to flies and leave lots of garbage and stuff around for them to eat.

Be nervous and hysterical if you want a nice case of heat prostration.

A smile may be enough to ruin your whole day!

"I like psychology when it isn't over my head."

"That's the way I feel about pigeons."



# THE MEDICAL LIBRARY

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## RECENT ACCESSIONS

### New Books—

Livingston, Edward M., B. Sc., M. D., and Pack, George T., F.A.C.S., End Results in the Treatment of Gastric Cancer.  
American Society for the Control of Cancer: Cancer, A Manual for Practitioners. Both of these the Gift of Dr. H. D. Murdock.

### Gifts of the Month—

- Dr. Fred E. Woodson, Medical Clinics of North America, 1930, 1934, 1935 and 1936 American Heart Journal, 1939 and 1940: also, various Textbooks on Surgery and Therapeutics.
- Dr. W. Albert Cook, Current Issues of the Illinois Medical Journal, Southern Medical Journal, Journal of the American Medical Association and Digest of Ophthalmology and Otolaryngology.
- Dr. J. Franklin Gorrell, Textbooks on Ophthalmology, dating from 1892 to 1933.
- Dr. A. Ray Wiley, Current Issues of the Medical Record, and the Journal of the International College of Surgeons.
- Dr. Samuel Goodman, Journal of Immunology, 1934, Diseases of Infants and Children by J. P. Crozer Griffith in two Volumes, Osler's Modern Medicine in seven Volumes, and Journal of the American Medical Association for 1928 and 1929, which will complete our Volumes for binding and make this Journal continuous from 1918 to date.

Merck and Co. Stilbestrol (Annotated Bibliography) April 1941.

## LIBRARY JOINS MEDICAL LIBRARY ASSOCIATION

A letter dated August second was received from Miss Anna C. Holt, Secretary of the Medical Library Association, stating that the Tulsa County Medical Library had been admitted to the Medical Library Association. This association includes the Army Medical Library, the Yale, Tulane, Johns Hopkins, American Medical Association, St. Louis Medical Society and most of the larger Medical Libraries of the United States in its membership. The Library Committee anticipates a very profitable association with these libraries, which will be an inspiration to build up a very useful Library for the physicians of Tulsa County. It is a pleasure to make this announcement.

“The future belongs to those who shall have done most for suffering humanity.”—  
Pasteur.



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# Defense Savings Bonds on Sale

**State-wide campaign launched offering bonds to all members of Medical Society as part of defense movement; letters sent out by state organization to be followed up locally.**

A state-wide program for the sale of Defense United States Savings Bonds has been launched as a part of the national campaign to finance the defense operations in this country—the Liberty Loans of the first World War—and every doctor in Oklahoma recently received a circular from the state organization in an effort to enlist every physician in this nation-wide savings program.

This state-wide program will be followed up locally in each county and in Tulsa County, Lloyd Stone, executive secretary of the Medical Society, has been named as one member of the County Defense Committee. Individual campaigns will not be made but a continued effort will be launched from now until after the period of the emergency ends.

Today there is further need of safety for the United States and for all its people.

United States Savings Bonds are the quickest way in which you can both serve your country and conserve your earnings. To meet the needs of all our people, the Government now offers three kinds of Savings Bonds:

(1) The Series E Bond preserves the character of the Savings Bonds which have proved so popular in the past. This bond is issued to meet the needs of the small investor, who can buy for \$18.75 a bond that will appreciate in value in 10 years to \$25. Larger bonds up to \$1,000 are issued at the same rate of appreciation, which gives an investment yield of 2.9 percent to maturity in 10 years after issue date.

(2) The new Series F Bond is issued to meet the needs of people who can invest up to \$50,000 a year; and it may also be bought by associations, trustees, or corporations. For \$74 they may buy a bond that will appreciate in value in 12 years to \$100. Larger bonds are is-

sued at the same rate, which gives an investment yield of 2.53 percent to maturity in 12 years after issue date.

(3) The new Series G Bond meets the needs of individuals, associations, trustees, and corporations that want current income checks. Offered at par, these bonds bear interest at 2.5 percent per annum. These bonds, in denominations of \$100 up to \$10,000, are redeemable at par if they are held for 12 years from issue date.

The full faith and credit of the United States Government is pledged for payment of both principal and interest on these bonds.

Through these three United States Savings Bonds, the Government gives a balanced and complete investment program to the people. Complete details will be found in Offering Circulars dated April 15, 1941, available at the Treasury Department or Post Office, Federal Reserve Banks, and other designated agencies.

There remains one great army of savers, eager to accumulate funds with which to support the national defense program, to whom the payment of \$18.75 at one time is not convenient. For these boys and girls, young workers, clerks, soldiers and sailors, a simple system of saving money with which to buy United States Savings Bonds is provided through Postal Savings Stamps.

---

Onions are said to throw off violet rays. We suspect who asserted that had not smelled many violets.

---

George: "These flowers are for the waitress."

Martha: "Oh, thank you, sir; you flatter our service."

George: "Flatter, nothing, I thought they were all dead!"

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# "Give the Doctor a Break"

The Low-Down on Group Practice and State Medicine is presented in this condensed article by Dr. Floyd Burrows; this is a brochure distributed by the Public Relations Bureau of the Medical Society of the State of New York.

By FLOYD BURROWS, M.D.

(Continued from August Bulletin)

Money, money for everything, but no dollars for doctors!

Childbearing is alleged to be a special function of the Joneses, and it must be conceded that many of them devote attention to it with phenomenal vigor and astonishing success. The knowledge that babies have been alighting on this terrestrial sphere for thousands of years, most of them quite successfully by the same competent route which nature constructed, never seems to impress anyone favorably with the process. Many regard the arrival of a baby with grave apprehension. They declare in awesome tones, "The Joneses must have the best—to hell with the expense!"

So when young Jones and wife decide to have an heir—or she becomes pregnant without a decision—they lose sight of the fact that the best obstetrical care is not always the most expensive.

"How much will it cost us?" they inquire of one of their bride friends at the end of a grand slam.

The Jones or anybody else can get competent and reliable obstetricians anywhere at a price well within their means, unless in a desert or an isolated hangout. If people wish to hire a Zeppelin to fetch a baby when an ordinary plane would fly it safely in, it is O.K. with me. But advertising that the cost of a youngster nowadays is a prohibitive proposition, or that the event needs a corps of group specialists to inspect the bedroom scenery, is a lot of tommyrot which needlessly discourages motherhood.

If one seriously analyzes the accusations that state medicine exponents bring to bear upon honest, hard-working, well-educated physicians and their fee system of payment, which has prevailed almost universally since the days of Hippocrates, one is impressed with their utter fallacy.

For example, the assertion is made in print by one of their able spokesmen that "75 per cent of our population is missing out on cures," which modern medicine has made possible, and that exorbitant fees of "\$500 to \$10,000" for some abdominal operations are being charged.

This statement is such subtle unverified amplification of facts that it needs definite analysis. It is a grossly inaccurate declaration intended to cleverly misrepresent the truth. Such an estimation is not based on a trust-worthy survey; it is absolutely false. If

a statement like that presented to the public isn't hitting brother doctors below the belt, then I never saw a prize fight. No wonder the publication or the promulgation from the rostrum of such bold, deliberate exaggeration creates misunderstanding and confusion in the minds of the public.

In the first place, 75 per cent of the people of the United States are not sick—unless those with a coated tongue or a pimple on their beak are counted in—or there would be an epidemic of illness rivaling that of Medieval times when the black plague was on the rampage.

In the second place, where one \$10,000 fee is obtained 10,000 operations are performed for a hundred bucks or less.

Again, to fan the fire and make it blaze cheerily, it is alleged that there are "unqualified, self-appointed specialists in each city." This is true only in a modified sense. As an actual fact it seldom occurs, as everyone knows.

So long as lawmakers wilfully legalize every "pract," "path," and "cult" which quack genius can originate to foist on a susceptible public, they won't stay up nights to draft laws governing qualifications of specialists. No one denies that there is an urgent need for such legislation, but the solution is a legal one—not medical. The majority of physicians would welcome reasonable statutory restrictions. Of course the medical profession has regulations governing requirements for entering specialism. But it must be borne in mind by the critical that a law and a regulation are as different as a baseball diamond and an engagement solitaire; consequently there may be some evasions. After all a law is a law, while regulations, drafted by an organization such as the American Medical Association, are like pants with no suspenders—they are often upheld with difficulty.

In dramatic outbursts of rhetoric, the public is told that most people are in an appalling quandry when they have to select a medical adviser.

Numerous methods exist for acquiring the services of a first-class doctor besides appealing to a janitor or a postman. One excellent way is to phone the superintendent of a good hospital. A three-minute talk would give an intelligent person sufficient reliable information to put him in touch with a dozen skillful, high-class medical men. Yet,

**"GIVE THE DOCTOR A BREAK"—Continued**

I recently read a statement made by a personage high up in my profession who declared people "have no criterion to help them decide between one doctor and another." What nonsense!

Another asinine claim is advanced that because bankers and industrialists always have been on a salary and have survived with plenty of initiative, therefore it is to be assumed doctors likewise can maintain initiative if paid a definite salary for services by the government. This bald assertion is put forth without any more substantiation than the one enunciated by the person who originally declared that the "moon is made of green cheese."

I don't believe many physicians working on a salary would take the punishment I—as well as most family physicians—have absorbed struggling to make a living under the fee system. I honestly don't believe I could put the same intensive effort into the care of the sick for a definite wage. There would not be the relentless driving force—the prodding stimulus—the ambition urge. There is an unpleasant uncertainty about a doctor's income that forcibly eliminates the tendency to develop a lazy leg. Competition with other aspiring men keeps one stepping briskly forward lest an impatient, hard-won clientele drift away.

These are impelling forces that send a doctor forth—when half ill, often wholly so, or when dog-tired, aching unmercifully for rest and sleep—to act his part like a good trooper so that the show may go on. I have gone on calls when it was agony to start such an expedition; returned home weary, with nervous battery exhausted, limp as a drowsy angleworm, then dragged myself out again.

For years I have been pestered by unnecessary telephone calls at all hours, often at most inconvenient times, but have struggled to answer them so sweetly that whoever was calling would think they were connected with a beehive bursting with honey. Times innumerable, hungry as a wolf, I have just eased my corns comfortably around a table leg and, before the steak had time to juice the platter, was on my way again. I have tolerated suffering and annoyances sufficient to drive a holy saint to a heavenly bughouse in an eager, strenuous effort to maintain my status and increase my business.

There also are intrinsic factors in a doctor's life that make it peculiar to itself—that distinctively set it apart from all other laborious pursuits—that consume nervous reserves wholesale.

I have turned out hurriedly in howling blizzards, wading in drifted snow up to my middle, and in torrential downpours which would drown a husky bullfrog, staged in darkness intense enough almost to subdue the gleam of a flashlight. I have been through the wringer of innumerable sickroom dilem-

mas so terrible that goose pimples as big as the warts on a toad's back arose on my spine. I have helplessly observed the grim pallor of death steal over the silent visage of the doomed in the grief-torn homes of the rich and poor, and have spent long, wearisome hours in distant nights gone by watching the struggling approach of a slow winging stork while the cries of on-coming motherhood resounded from cellar to attic. I have done this for a fee—sometimes received, sometimes not. I wouldn't do it for a salary if I could help myself.

I am positive I can keep up more steam on less money from fees than I could if I received a bigger amount from a salaried sinecure, and I know I can give my patients more value in service for their money. Perhaps if I were employed by a group clinic, did just one specialized job with assistants galore to do the tedious work, my viewpoint might change. I am convinced that most medics who are worth their salt feel the same way I do.

State medicine enthusiasts must not forget, either, that a lay person is prone to regard his doctor as a machine—a sort of human taxicab—of which he may demand quick service at any hour to carry him or one of his family through some illness, either fancied or real, so long as he pays the shot. What such an individual desires is excellent service and not phoney excuses. He imperatively wants old doc to hurry to his relief as though someone had caught fire from a sunburn and Upandatem, M.D., was a chemical hose company turning out on a still alarm. If state medicine ever arrives, the Lord have mercy on the impatient soul. What he will get will be reversed—excuses and not much service—and I don't mean maybe.

What I have done under the fee system is no more, probably not nearly as much, as many hardworking brothers have stood for. When one gets right down to brass tacks, the incentive to earn more money is the lash that drives medical slaves to work long hours often under most trying circumstances. A fixed salary, with no encouraging prospects of a pleasant raise, doesn't carry the requisite sting.

"Should all medicine eventually be distributed on the group principle?" is a question asked by one of its ardent supporters.

In answering this query I want to propound a few conundrums myself.

Just how are towns, villages, hamlets, and scattered homes in rural districts to be served with group doctoring? Is the mountain coming to Mohamet?

Just where, outside the bigger cities, are the specialists going to be dug up to form the necessary groups to attend these remote sections? Must their inhabitants depend on flying squadrons who, after city office hours, dash into the country for a hurried tour?

Is every bronchial cold, coryza, quinsy,



cinder in the eye to be group-doctored? Must every pain in the neck, every pimple on a fair maiden's cheek, every boil on an old maid's gluteus maximus be treated by a group of specialists?

Must every baby shake hands with an oculist, dermatologist, neurologist, orthopedist, as soon as it arrives in the world before it really gets its eyes open? If a person wants to get vaccinated, have a blood count, or take a laxative, must he push-button a clinic and be interviewed and pawed over by a mob of experts?

Will the whole tribe of experts duly assemble for a gala occasion when the garrulous girl loaded to the gills with all the symptoms in the book—and a few she has invented on the side—comes to a clinic for a copious mental catharsis about her pet neurosis? Will the entire gang turn out at night to examine a surgical abdomen and remain patiently a couple of hours trying to convince a reluctant patient he must be hospitalized without delay?

Is group medicine going to chase all the gonorrhoea, syphilis, abortions, and illegitimate pregnancies, which so frequently adorn the life of unmoral people, from their hiding places into the open?

Just how is group medicine going to smoke out of their hidden mental retreat those cases of early cancer, incipient tuberculosis, beginning heart or kidney trouble, and what-not in timid individuals—and there are many, alas, so many—who are too frightfully alarmed to find out the nature of their ailment—who would rather dodge the cold facts than face the stern issue? Does it expect because the expense of an examination may be less than such weak-kneed specimens will stampede a clinic as though it were handing out passes to a circus?

What has group medicine to offer the incurable chronics of various types and the maimed, deformed, and paralyzed derelicts floating pathetically on a storm-tossed sea of hopeless trouble? Are they to be given the once-over? What about Grandma Jones and Uncle Ed who are sitting by the fireside or confined to bed in a dismal back room waiting timidly but expectantly for the arrival of the golden chariot to bear them aloft? Who is going to prescribe and supervise the pain-relieving measures necessary to their comfort while an inoperable cancer slowly saps their life? Will the whole technical squad of experts hurry out en masse every time an anxious attendant rings in a three-three alarm? I wonder!

If group medicine were established and all decked out in its regalia of rosy colors, wouldn't the groups soon be formed into "A," "B," "C" clinics, and so on down the scale to groups "X," "Y," and "Z"?

If group "A" were permitted to organize, wouldn't a group at the end of the alphabet

be privileged to do the same thing? Wouldn't each group quickly establish a price level based on the respective ability of its personnel? Wouldn't an inferior group soon be forced by competition to operate on a scale that would rival the cheap, inferior lodge doctoring that once prevailed in rampant fashion? Solving some of the merry problems certainly will give group managers a terrifying headache if they ever have to face them.

And isn't it a fact that less than 25 per cent of all illnesses combined are of a very serious nature? Isn't it true also that only about 5 to 10 per cent of this serious-nature type really have an imperative need for group doctoring?

These are a lot of questions I am asking, but I never have heard a logical answer made in reply. I am going to keep right on propounding them until I do or until group medicine gets off its hobby-horse and leads the lame old nag to the bone yard where a lot of other queer companions are buried.

There are at present no dependable actuarial statistics upon which group medicine can base a reliable charge for membership in such an organization. It can be established definitely only by a time test of trial and error. Every group that has survived to the present moment is an experiment financially as well as professionally. The entrance fee has been found inadequate in some instances, and the ante has had to be raised. An individual has no reliable guarantee to protect his investment if the group machine suddenly gets ditched.

What suggestions have fee addicts and opponents of group medicine like myself to offer for improving medical practice that will better it and fortify it against tinkering innovations? Plenty.

Eliminate the social agitators who are endeavoring to revolutionize medical customs and who have a distorted conception, or none at all, of the difficult problems facing the men in the ranks, on the firing line, and in the trenches, who day after day, night after night, come in actual hand-to-hand, rough and tumble, combat with disease in all its dreadful forms. Let legislative bodies attend strictly to the economic problems that underlie and create the medical tangle they are attempting to straighten out and not butt into medical matters.

In the 1920's, when money was plentiful and employment was high, not much was heard about high fees or inferior service. Window dressing for selling group medicine to the Jones family was not in vogue. But now it suddenly has been discovered that the medical profession is reeking with rotteness, and needs a drastic house cleaning.

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**REPORT FOR JULY 21 TO AUGUST 21 INCLUSIVE**

Medicine .....	1099
Surgery .....	249
Pediatrics .....	88
Urology .....	48
Gynecology .....	101
Varicose .....	25
Dental .....	113

Eye .....	62
Ear Nose and Throat .....	65
Tonsillectomies .....	15
Ultra Violet Ray .....	4
Neurology .....	19
Cardiology .....	41
Dermatology .....	47
Tumor .....	55
Diathermy .....	19
Orthopedics .....	27
Rectal .....	7

Total number of patients .....	2115
Total number of prescriptions .....	1783
Patients sent to the Hospitals from Clinic .....	28
X-Ray Pictures .....	43
X-Ray Treatments .....	80
Fluoroscopic Exams .....	44

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sistance was greatly impaired. (2) the "Finkelstein method," based on the theory that some carbohydrates are especially likely to cause fermentation and prolong diarrhea. His method consisted of high protein feedings in the form of protein milk, sometimes with added carbohydrate, and continues to have many advocates, especially in breast-fed infants. One of the successful modifications has been Casec (calcium caseinate), which can be used for both breast-fed and bottle-fed infants.

In recent years, the use of raw apple and weak tea for treating diarrhea has had various proponents. The literature contains reports by Birnberg, Reglien, Kaliski, Giblin and Lischner, McCaslan, Tompkins, Borovsky, Stein, and Hunt. Smith and Fried believe that any beneficial effects from scraped raw apple are due to the partial starvation effected by the regimen. The success of apple and tea therapy has stimulated hypotheses as to the effective agent. Moro attributed its value to tannic acid. Heisler would also give credit to malic acid and to the mechanical cleansing of the intestines, while Scheer places most emphasis on indigestible bulk. Malyoth believes pectin and cellulose are the active agents.

Based on their experience with apple, Winters and Tompkins devised a mixture of pectin, agar and Dextrin-Maltose which was more successful. Others have privately confirmed their finding that a mixture of this nature is of value in diarrhea. Kutscher and Blumberg studied the use of the pectin-agar mixture with and without carbohydrate. They concluded that the addition of Dextrin-Maltose to the other constituents was a definite advantage. Various reasons for the effectiveness of both pectin and agar have been advanced but none has a background of experimental proof. It has been claimed that pectin is bactericidal, that its constituent galacturonic acid functions as a detoxifying agent, that it absorbs toxins and enmeshes bacteria, that its hydrophilic nature prevents dehydration, and that it is soothing to an inflamed gastrointestinal tract. Bulk

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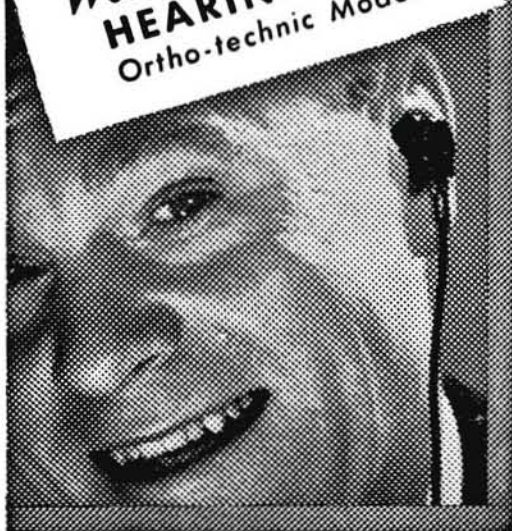
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