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Just for fun articles

written in 30's
during quarantine
in writing
HEJ

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I

Excellent A

A.L.Price.

H.E.Thelander.M.D.
40-22nd Avenue,
San Francisco, Cal.

3000 words.

Diphtheria's Retreat in San Francisco.

Some of minimizes

By H.E.Thelander.M.D.

*the importance of what you are saying**By starting with a "dramatic" word like "dramatic" you stir the audience*

~~Some of the~~ dramatic advances in science can be illustrated in one's own city even over as short a period of time as 10 years. In 1924 there were 1725 children with diphtheria in San Francisco and 116 of these died. In 1934, just 10 years later, there were 57 cases of ~~diphtheria~~ and only one death. Few diseases have yielded as successfully to the advancement of scientific knowledge as ~~diphtheria~~. It is gratifying that this should be so, for diphtheria uncontrolled was one of the world's deadliest plagues. When epidemics of it occurred, few families remained untouched and in many all the children succumbed to the disease.

note at end has an ancient history

Diphtheria is a very ancient disease. In the sixteenth and seventeenth centuries Spanish physicians wrote about the murderous epidemics of diphtheria that swept over the Spanish peninsula continuously for a period of 35 years. In 1618 diphtheria broke out in a village near Naples and from there spread over the entire southern Italy and Sicily. In the early part of the 18th century the disease appeared in Britain, France, and North America. About 1850 or shortly thereafter diphtheria was a world wide disease causing untold suffering and death.

Physicians through the centuries had watched the victims of ^{the disease} diphtheria and accurately described the symptoms of ^{the} disease and the complications that followed its occurrence. The disease was known to be contagious and was believed to be contracted by breathing the foul air in the presence of a patient sick with the disease.

It is just about 100 years now since the doctrine of disease producing germs was first established. But it was not until 1875 or about 60 years ago that Klebs, then professor in Prague, found an organism which he thought produced diphtheria, and Loeffler in 1884, not much more than 50 years ago proved satisfactorily that the rod shaped organism now known as Klebs-Loeffler bacillus was the actual cause of the disease.

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LESSON RECEIVED
DEC 6 1938
EXTENSION DIVISION
UNIVERSITY OF CALIFORNIA

Diphtheria

Diphtheria's Retreat--

There are reasons why the control of diphtheria has been more successful than that of scarlet fever, measles, or whooping cough. The germ that causes diphtheria is readily grown in the laboratory and is easily recognized. Not all disease germs have distinguishing characteristics. The fact that the diphtheria bacillus~~##~~ can be readily grown and recognized makes it possible to diagnose the disease early and to isolate the patient in order to protect others. Cultures can also be taken on the people who have been in contact with the patient and should the diphtheria bacillus be found on such ~~a~~ cultures, the carriers can be isolated and observed.

However, it was found that no matter how diligently isolation was practised or how carefully carriers were tracked down, these means alone did not conquer diphtheria. Scientists, therefore, continued their studies and investigations. In 1890 Behring and his co-workers published papers dealing with immunity to diphtheria and mentioned the toxin destroying properties of immune serum. In a foot-note, these toxin-destroying properties were described as "anti-toxic". Thus came into universal use the term anti-toxin. In these research papers are the details of one of the greatest discoveries ever made in medicine. One of the peculiar characteristics of the diphtheria germ is that the symptoms of the disease and the cause of death are not the organisms themselves but the poison which these organisms produce, a poison which is as deadly as snake venom. This poison affects the heart, kidneys and nerves. If the organisms are permitted to grow unchecked in the throat of a person for only two or three days enough poison may have been produced to kill even if treatment is carried out. It was against this poison, called toxin, that the life saving anti-toxin was produced. This serum, known as diphtheria anti-toxin, when given early in the course of the disease, is specific and dramatic in its effect. The

not clear to Re Copman - That's me!

Diphtheria's Retreat--

child looks and feels better after a few hours; the fever subsides and the angry swollen throat improves quickly. The serum fails only when there has been a delay of several days before it is given or if the disease is so unusually severe that it kills in 24 or 48 hours. The first child treated with anti-toxin was in Berlin. The injection was made on Christmas night in 1891. The number of children that have been saved by anti-toxin since then would be hard to estimate, but the terror known as diphtheria is gone.

*Good
dramatic
line*

Any disease that may be unusually severe or in which delay in treatment may be fatal, will claim its victims. The oft witnessed scene of a grieving mother saying, "I thought it was only a sore throat", proves too well that no amount of cautioning will save all children from a diphtheria death even with anti-toxin available. Statistics reveal that neither the isolation or the treatment of diphtheria controls the disease satisfactorily. Scientists, therefore, again turned to the laboratory with the hope of finding some method whereby children could be immunized against diphtheria much as they were successfully vaccinated against small-pox. Dr. Schick, now of New York, was the first scientist to describe a test by means of which it was possible to determine whether or not a child was immune to diphtheria. This test is known as the Schick test. While working with the toxin and the Schick test, there was gradually evolved through the work of several scientists an immunization material known as toxin-antitoxin and later a more satisfactory product called toxoid. The injection of either one of these preparations in two or three doses at three weeks interval immunizes the child against diphtheria. The usual routine now is to give two injections of toxoid three weeks apart and after six months do a Schick test in order to determine whether or not the child is immune. This is done because a few children do not become immune with one immunization and have to have the injections repeated. If once immune, the individual is almost always immune for life. The immunization should be done early, between seven

*I think you should have put more
emphasis on this point. It must be highly
important.*

Diphtheria's Retreat--

months and a year. (Babies are usually immune the first six or seven months of life). The immunization procedure is very simple, it is perfectly safe, and it is very effective in producing immunity.

The weapons against the disease, therefore, are complete. The Doctor can determine who is susceptible and who is immune. The susceptible group can be immunized by a simple, safe and effective method. Should anyone escape immunization and develop the disease, he can be treated with antitoxin. Cultures ~~###~~ taken of those who have been in contact with the patient will determine who are carriers of the germ and these individuals can be isolated until the organism has disappeared. Against few diseases have such an array of armamentaria. If rightly applied they must defeat the disease. Diphtheria's retreat will depend upon how enthusiastically the weapons against it are applied.

Capitalize the name of the war

Although the first successful attempts at immunization were reported as early as 1913, the ~~World War~~ delayed research and it was not until 1919 and 1920 that the general application of immunization was tried. In 1920 some private physicians in San Francisco began immunization of children and in May 1924 immunization was adopted as a public health measure by the Department of Health both for the well baby centers and the public schools. Studies before 1924 had revealed that practically all children under six years of age and the vast majority up to ten were susceptible to the disease. Epidemics occurred most frequently among pre-school and school children and most deaths were in children in these age groups. A private physician has a chance to urge immunization for any child he sees. The Department of Health was wise to urge immunization both in the baby centers and in the schools. Had immunization been done only in the schools,

*included in his practice (or)
any child among his patients.*

Diphtheria's Retreat--the

the younger children would have been in danger several years; had it been done only in the baby centers, epidemics in the schools could have continued for several years. By attacking the entire susceptible group from the baby through the school child, the best chance of rapidly eliminating diphtheria was achieved.

At the beginning of this year a survey was made of baby centers, hospital clinics, private offices, Community Chest homes and nurseries, and the Department of Health reports to determine what percent of the children in San Francisco ^{were being} ~~are now~~ immunized. When summarized these figures show that 80% of our babies and pre-school children and 60% of our school children have been immunized. As previously stated, in ten years the number of cases of diphtheria in San Francisco decreased from 1725 to 57 and deaths from diphtheria fell from 116 to one. This is an enviable record for any city and San Francisco can rejoice over it.

With such a record, however, responsibility increases. As long as diphtheria deaths occur in our midst, caution will be practised, but with the ghastly experiences and memories of this disease fading will vigilance still be maintained? Or will a few ~~human~~ human sacrifices have to be offered to diphtheria every year in order to keep parents and doctors alert and on guard? There are still many children unprotected against diphtheria, and an epidemic could occur before forces could be mobilized to control it. There will be diphtheria in San Francisco this year; there may be deaths from it. It is within our power as physicians and parents to make the retreat of diphtheria complete and permanent if we will ~~but~~ devote ourselves seriously to it.

Radio community forum.
KGO May 1936.

*(An excellent conclusion)
But you might have repeated
the urge for early immunization!*

Note. Page 1. ^u Diphtheria is a very ancient disease. Are not all diseases primordial? Were not germs created the same day that lions and tigers were?

Don't you mean: Diphtheria has an ancient history.

Appendicitis has a modern history, but must have occurred in primitive times.

(I don't know - and you do - but I don't think diseases were invented like the telephone, they existed, unrecognized, like electricity.)

Dear Doctor Thelander: address

This must have been followed by fine results. I think you balance medical knowledge and popular information with fine skill in this article

And now I have a real subject for you - with popular magazine possibilities - entitled:

A Father For The First Time

Magazines are full of pre-natal advice to mothers - now write one for fathers. I went through it five times myself, and I think I was the anxious one in the family, in spite of the old joke: "The doctor saying, 'I've never lost a father yet.'" But there must be facts on pregnancy, the mother's possible idiosyncrasies (there were none in my family!) Sex relations (magazines are quite candid now) and such information which prospective mothers would like their husbands to know. Write it lightly, but

I come with much personal information. A. L. Price

H.E.Thelander.M.D.
40-22nd Avenue
San Francisco, Cal.

Excellent A

3000 words.

MEETING THE CHALLENGE OF INFANTILE PARALYSIS.

By H.E.Thelander M.D.

The history of infantile paralysis, like history in general, emerges slowly and haltingly from an obscure past. Scattered observations made over a period of several hundred years suddenly begin to take form, crystallize, as it were, into positive knowledge and a disease entity, like the formation of a picture from the pieces of a mosaic. The late Dr. Ruhrah, himself a sufferer from infantile paralysis, interested himself in finding and identifying present day diseases in the ancient Arts. ~~He published~~ A few years ago he published an article and a reproduction of an early painting showing a child with infantile paralysis. The portrait was of a young prince of the 18 th dynasty of Egyptian rulers (1580- 1350 B.C.) Another illustration of the deformity of infantile paralysis is found in a Pharoan mummy of 1209 B.C..

As a disease entity, however, infantile paralysis was first mentioned by Underwood at the end of the 18th century but not really differentiated until 1840. As recently as 1905 Wickman of Sweden described the condition in such classical terms and with such accurate observations that little has been added since then. To date the disease has been more prevalent and more severe in the northern countries but the southern ones have not entirely escaped. Infantile paralysis is no respecter of sex, race, or caste; although it usually occurs in the summer, the winter months are not always free from it. The disease is more common in the young than in the old, however in recent years both in U.S. and the Scandinavian countries, it has shown an increasing tendency to affect adults. The name obviously is a misnomer for the disease is not limited to infants and it ~~does~~ not always cause paralysis. Several

EXTENSION
CORRESPONDENCE
LESSON RECEIVED
FEB 2 1939

attempts to change the name have been made with some success. In medical circles the disease is usually called poliomyelitis, a word referring to the pathology of the disease; in general conversation, however, even physicians frequently speak of ^{it as} infantile paralysis.

The bedside picture of poliomyelitis (to use its scientific name) is usually recognizable after a little experience. The child is not ^{very} sick; if he is old enough, he may complain of headache, he looks apprehensive, he has a fever, a slight neck and back stiffness, and often a tremor of the hands or even of other groups of muscles. After paralysis has occurred, the diagnosis is obvious. The only laboratory aid in the diagnosis is the spinal fluid test. In almost every instance this test will show an increase in the number of cells. The above described picture is only the more common one, in individual persons the disease varies widely. Some cases are so atypical that even the most experienced doctor will miss the diagnosis, or the signs may be so marked with neck stiffness and a high cell count in the spinal fluid that the condition is confused with meningitis. ^{with} Occasionally, some other central nervous system disease.

In the beginning of the 20th century, laboratory investigation of diseases to confirm clinical observations became an established procedure. From ~~1905~~ 1905 to 1913, in this country and abroad, intensive laboratory studies of poliomyelitis were made. Practically all that is known about the nature of the disease was learned during those years. The only animal that has been successfully infected with poliomyelitis is the monkey. Through long, tedious and very expensive experimentation it has been learned that the organism causing poliomyelitis is a virus, that is one of the disease germs that is too small to be seen even by the high powered microscope. The virus can be

Meeting the challenge--

passed from one individual to another; if infection occurs and the person survives, he is immune to further attacks of the disease. This immunity can be demonstrated in the blood of recovered patients over a period of many years. Immune blood mixed with the living virus in a test tube will quickly destroy the virus. Not all people who have the disease become paralyzed and some adults who have never been known to have even contacted the disease may still be immune to it. Much about poliomyelitis is still not understood. The known facts merge again into theory. The spread of infantile paralysis is not as obvious as that of measles, whooping cough or chicken pox. Frequently children who have not been in contact with a case of the disease contract it. Whether the spread is by carriers, missed cases or some still unknown method remains undetermined.

Rest is of fundamental importance in the treatment of infantile paralysis. If parents would only learn that a child who is sick today, be that illness ever so trifling, should not be given full activity to-morrow, many tragedies in medicine would be avoided. It is truly appalling to find that in one instance after another of poliomyelitis the story is that the child was sick one day but on the next seemed so much better that he was permitted to go to school, or to play football or to go in swimming, and to the physicians mind comes the tragic "IF"? If these sick children had not been permitted to do ~~these~~ these things would the outcome have been the same? Rest is considered so important in this hospital that even examinations are made only frequently enough for the attending physician to be aware of the state of the patient. Rest applies not only to the patient but to individual muscles. The extremity that is showing any weakness is kept absolutely quiet and supported in the correct position. This is accomplished by splints or casts. In health the muscles of the body are balanced and the normal position is retained by this balance. With paralysis of some muscles and not others this equilibrium is disturbed and if support is not instituted, deformities occur.

Meeting the challenge--

Swimming

If deformities do occur it is almost impossible to get any return of function in the involved muscles. The period of rest is continued until the fever is gone and until all pain has disappeared, then movements are started very slowly. Fatigue is always avoided. The pool is of great help during this period of convalescence. The limbs are bouyed up by the water and movements are more easily performed. Water is a great adjunct in re-educating the muscles.

The muscles of respiration, those that move the chest, are no different than other muscles. They may be affected with paralysis either partially or completely, alone or with other muscles of the body; the weakness may be transient or permanent. If the respiratory muscles are weakened but must continue working they, like other muscles, may become totally paralyzed. For years physicians who have observed patients with varying degrees of respiratory paralysis have felt that if breathing could be supported for a period of time many patients could be saved. A few years ago Drinker perfected a mechanical device which can sustain respirations in a totally paralyzed chest for an indefinite period of time. For this one purpose the Drinker respirator is almost perfect. It should be clearly understood, however, that ~~that~~ the use of the Respirator is limited and is not entirely without tragedy. The iron lung is ~~not~~ neither to be hailed as a new cure for infantile paralysis nor condemned for prolonging useless lives. Artificial respiration will not prevent all deaths, for even maintaining respiration will not prevent the failure of the heart or some other vital organ. Respiration has been maintained in some instances for weeks and months in patients who were hopelessly paralyzed and would never live out of the machine again. Of the group treated in the respirators in this hospital the past five years, at least two have survived with practically no permanent paralysis and several others have no greater impairment ~~than~~ than many other victims of the disease. These people are quite capable of pursuing useful lives.

Meeting the challenge--

In addition to rest and supportive treatment attempts have been made to further benefit the patient by the administration of convalescent serum. The use of specific serum in poliomyelitis dates back to the discovery that survivors of the disease have an immune substance in the blood which is capable of destroying the virus when brought in contact with it. The logical development from this discovery was an attempt to influence favorably the course of the disease by giving to the sick patient some blood or serum from a recently recovered patient. This method of treatment has been employed for some twenty years but only fairly extensively within the past ten years. At first the serum was given into the spinal canal but this method of administration has been entirely abandoned in favor of intramuscular or intravenous injection. The medical literature on serum treatment sounds like the daisy game, "He loves me he loves me not"; "It helps, it does not help." The reason the question remains controversial is that the animal disease artificially produced is much severer than the human illness naturally contracted. Furthermore, the treatment of animals can not be used for comparison with man. The disease varies so greatly in its severity from year to year that it is practically impossible to prove beyond doubt that a case treated would have had a different outcome untreated. Also, the personal element is so strong that no doctor has the courage to treat without discrimination every other patient ~~that~~ admitted and leave every other one untreated. The reports of "No benefit" from treatment come almost entirely from statistics gathered by people with little or no direct care of the patients. Those who have treated and watched the patients themselves, both in this hospital and others, are of the opinion that large doses of serum or blood given early and repeated during the febrile period of the disease tend to decrease the severity of the symptoms and prevent or lessen the subsequent paralysis. When one child after another comes in with the classical symptoms and signs of the disease, is treated and watched for several days (days that seem like weeks to the attending physician), and then the temperature drops, the stiffness and pain

*There is a distinct
tendency back to this opinion
on recent literature*

Meeting the challenge...

and tremor disappear, and the child is dismissed without paralysis instead of being treated with casts and crutches for months and years; and when the child who comes in already paralyzed gives the same history of the onset of the disease certainly one can be excused for persisting in the serum treatment until a better one is offered.

The collecting of human serum for the treatment of poliomyelitis is an extremely difficult task. In other diseases, as diphtheria for instance, the immune serum is obtained from animals. Such animal serum can be standardized and sold from commercial firms. An animal serum for use in infantile paralysis would be welcomed and studies along this line are being conducted.

If serum is useful in treatment, it is logical to deduce that it would be even more effective as a prevention. Measles, for instance, can be prevented or modified by a similar method. ^{However} When the suggestion was made that such passive immunity be attempted on a large scale during an epidemic of poliomyelitis, conservative physicians received the suggestion with apprehension. To attempt to immunize temporarily the entire population up to 30 years of age by this method, still experimental, remember, is an unwise procedure. There is no practical way of determining whether or not the serum used has immune properties in it. If the serum has such properties the treatment, to be effective during an epidemic season, should be repeated every two weeks. The collecting of human serum in large quantities is a gruesome task and ~~##~~ to do so during an epidemic creates an unjustified fear and panic. A procedure which ordinarily is a 100% safe may, when the demands are overwhelmingly great, lead to accidents and disastrous results. In a disease the incidence of which is as low as is infantile paralysis, even one accident in a prevtive ^{or} measure nullifies results.

per cent

st. Did!

Meeting the challenge...

The ideal control of any disease is by immunization, permanent immunization, if possible. A safe vaccination procedure against poliomyelitis would be welcomed by physicians and parents, but neither the doctor nor the parents should be carried away by desire or enthusiasm. Any immunization procedure against infantile paralysis must be nearly 100% ^{percent} safe, simple and effective. If the procedure has any risk attached to it, immunization is not justified as long as the attack rate is as low as it is at present.

It later did & was with drawn of the same 7/20/40

The immunization procedure against poliomyelitis that has been written up in the news papers the past year has potential dangers, the virus is not entirely destroyed and it is conceivable that in some case it might actually produce the disease. The immunizing material is made from the spinal cords of monkeys and is therefore expensive to produce; it must be given in large doses which makes the patient uncomfortable; and finally it has not been proven that the material does immunize human beings to poliomyelitis. It is highly desirable that physicians retain a cautious, critical and conservative attitude toward the use of any immunizing agent against infantile# paralysis at present. To no one does Kipling's "If" apply as well as to the doctor during an epidemic, "If you can ^{keep} your head when all about you are losing theirs and blaming it on you. If you can trust yourself when all men doubt you but make allowance for their doubting too" and so on.

Not all the attention, however, should be given to preventing and curing infantile paralysis. Those victims of the disease who remain more or less permanently handicapped by it, need care. The disease is no discriminator of persons but happily it does no injury to the mentality of the individual. The brilliant mind, being more sensitive, may be harder to adjust to the cruel fate of crippling but at the same time the intelligent person has greater capacities, once adjusted, to meet the demands of life and society and be a useful and independent member of it. He may still be a famous pediat-

Meeting the challenge.....

rician like the late Dr. Ruhrah or president of U.S. The child whose natural capacities limit him to the field of manual labor has a far more difficult problem to face, his opportunities with a physical handicap are more limited. The program of education and rehabilitation of the crippled child must take into consideration the natural capacities and limitations of the child. It is not an easy task. Most parents are over-indulgent with normal children and to refrain from coddling and spoiling the cripple is almost impossible. Yet the handicapped more than the normal child must learn to overcome his infirmity if he is going to avoid becoming a parasite upon society.

The scientist in studying a disease tries to keep facts ~~####~~ and theories separate and to divorce both from sentiment and emotions. The public likewise should be instructed to place a disease where it belongs in the scale of disasters. In closing, therefore, I want to quote some figures. In 1934 there were reported in San Francisco, 122 cases of infantile paralysis with 15 deaths. The same year, in this city, there were 123 people killed by automobile accidents. There were 514 fractures in similar accidents and 400 more less serious injuries. 1934 was an epidemic year for poliomyelitis; 1935 will have few if any deaths from the disease in San Francisco. The chances therefore of a child being maimed or killed is more than 10 to one in favor of the automobile and the automobiles are always with us while infantile paralysis is sporadic in its appearance.

Nevertheless, even when stripped to bare truths, the number of children killed and crippled by infantile paralysis is too high, and the fight to eradicate the disease must go on. To meet the challenge of infantile paralysis successfully there must be more people to whom facts are more interesting than fiction and to whom real adventure into the field of the unknown in disease is more exciting than the applause of the crowds fired by false enthusiasm.

U.C.
Exter-
301 Calif Hall

Dear Doctor Thelander:

Who am I to pass on this?
But it is well organized, the
opening is good, and the
Conclusion Excellent.

Now let me have one of
your 'Wise Baby' articles.

I wonder if the Journal of
the Association of University
Women wouldn't be interested
in some of these pieces - say
'Ladies of Charity' (but it might
hit home.) I thought the American
Mercury might like it, but it was
too good for them. All they print
now is distortions of American
History & in panicky attacks
on the New Deal.

My daughter Anna was much
impressed by the Children's
Hospital improvements, she called
there the other evening, A. J. P.

*This was an extension
course in Journalism
that I took*

UNIVERSITY OF CALIFORNIA
EXTENSION DIVISION
BERKELEY

Grade A

*to help me with Radio & T.V. talks which
at that time I was called upon to do*

August 4, 1938

Journalism 842
Assignment 1

Dr. H. E. Thelander
40 22nd avenue
San Francisco

Dear Doctor Thelander:

Your list of topics is interesting, and perhaps at first it might be mutually helpful if you would submit as assignments articles you have already written. So please send as

Assignment 2: The Dust Bowl Invasion of California.

(I have read somewhat about that, and have written several editorials on the subject for The Examiner--which you would probably find superficial. Also I've read John Steinback's pamphlet, which I considered unfair to California, though a vivid picture of the distress. Your article might be a real contribution for eastern publication.)

Assignment 3: "Ladies of Charity." (What is "written in anger" should be good--and it also should show your intuitive skill in writing more than the papers you have prepared for public consumption.)

In addition you might send me some of your other published articles, not as assignments for correction, but to give me an impression of your writing background.

It is so seldom I have students who have, or can, accomplish-(ed) anything, that when I have a tangible writer like you, I like to make the most of what ever opportunity I may have to be of some real help.

Yours truly,

A.L. Price
A.L. Price

Instructor

Journalism 542

Assignment 2 -

Mr. A. L. Price

Dear Mr. Price,

I am enclosing a ~~self~~ copy of the Dent
Bowl invasion of Calif. of my own typing. ~~as~~
I might as well practice two things at once.

The other is a reprint of another
- article I wrote a few years back. I'll
enclose one of the scientific ones next
time. Of course ~~scientific~~ if you have
interesting facts in medicine, the editors
will accept the article almost regardless
of how it is written though they do make
an attempt to encourage better writing.
There is no objection on my part, to
having a criticism of published articles.
In fact I would appreciate it.

May I ask how words are counted,
articles are all or estimated by
lines & pages?

September 17, 1938

Journalism 842
Assignment 2

Dr. H. E. Thelander
40 22nd avenue
San Francisco

Dear Doctor Thelander:

In certain respects your article on the Dust Bowl Invasion of California is more convincing than John Steinbeck's pamphlet on the same subject "Their Blood is Strong." Undoubtedly you have seen the Steinbeck booklet, published by the Simon J. Lubin Society.

You discuss the subject scientifically; Steinbeck, for all his realistic ideals, was emotional and propagandic; blaming California for a situation which we did not create.

But of course you do not pretend to rival Steinbeck's exceptional literary skill (and exceptional literary skill is a dangerous gift if one wants to present facts.)

But you could be clearer. As you see, I made marginal and interlinear suggestions and corrections, and also references to notes.

Note 1: Your opening paragraph is not definite enough for an article of this sort. What you say is almost axiomatic. The last sentence in your first paragraph is fine. I hadn't thought of that comparison. I wish I had when I was writing some editorials on the subject. I would suggest you use that as your opening sentence, only making it more definite (Your recurrent fault is lack of definiteness--you know what you are writing about, what you have in mind, but all informative writing should be addressed to the man who has just arrived from a winter spent at the North Pole, without a radio.) A first sentence could be:

California, like Italy in the days of the Goths, pays for its wealth, beauty and salubrity, by facing invasion. The epic of '49 is being repeated 90 years later. Then the quest was gold; now it is the rudimentary necessities of life which ~~araxnawinx~~ have drawn an army of more than 200,000 men, women and children, born and unborn, from the desolated Dust Bowls and starvation relief policies of the southwestern States into California's fruitful Central Valley.

That better explains the situation. I think nothing should be written about this problem without stigmatizing the inadequate relief program of the States which have driven out these people into generous California. My quarrel with Steinbeck's pamphlet is that he ignored the culpability of Texas, Oklahoma and Arkansas, ~~xxx~~ and put all the odium on California.

Then, since you are writing as a medical expert, you should have a short second paragraph presenting the health problem. Then continue with your second paragraph, but condense it, with your third paragraph. Note 2: refers to the indefiniteness of your writing--"Almost the entire population of an area...." You do not say what area, but the

ruthless nature and of the penurious economy of southern States. It is a hardship on California to be forced suddenly to bear the burden imposed by drought and windstorm, ~~which~~ a burden rejected by the States where ~~the~~ the victims lived, and which they had helped to develop.

Perhaps what California taxpayers, through county agencies, for health and relief are now doing, is but a palliative. But in self-defense, California realizes it must guard the health of their invaders, assimilate those it can--and discourage future migrants to whom the Sierra Nevada has always been America's Pisgah.

Those paragraphs are just a suggestion. They may not agree with your philosophy based on your own expert observation of the situation--which I, personally know nothing about. You have wisely avoided ~~the~~ what I consider Steinbeck's error in blaming California for the whole trouble. Gilead ~~has~~ was not responsible for Moses' invasion--there it is simpler to put the responsibility--the Lord told Moses where to go! But your article needs a more comprehensive tail piece.

Structurally your article on the Children's Hospital is much~~y~~ better, but of course that was a simple problem in exposition--this Dust Bowl migration is a phenomenon, the most complicated ~~agrarian~~ agrarian problem that ever confronted an American State. It is so complicated you should confine yourself chiefly to the health and sanitation problems involved, merely sketching in the economic ~~question~~ background.

I was interested in the Children's Hospital--all of my children were born there, with Dr. Adelaide Brown, a remote cousin of my wife's, officiating. My wife, who knew Dr. Charlotte Brown well, was surprised to learn the pioneering episode you relate.

As for counting of words--just estimate them. When you sell your manuscript at ten cents a word, then you can be more meticulous.

Cordially,
A.L.Price

Do not fear I shall write such lengthy commentaries on all your papers--I like to discuss the early papers fully to point out my views as definitely as possible, as a guide post of future work.

One more point: Why not sign your published articles with your full name--Hulda E.....the simple initials are ambiguous, or rather, neuter. Part of the value of your writing would be that they were done by a woman, particularly ⁱⁿ in a sociological line. Don't disparage your sex by assuming that a woman's work would not attract the interest that a man's would. In "popular" writing your feminine name would be an asset, though in scientific writing it might not be.

A. L. Price

points of origin of this migration are fairly well localized--Texas, Oklahoma and Arkansas--*and is important to mention.*

As in all migrations and in immigration, the wanderers follow their native degrees of latitude.

Page 2 of your article could be condensed. You are a health expert and your article should confine itself chiefly to health and sanitation problems, after concisely establishing the background which you do on page 1--but your background is not clear enough.

On page 3 you start with your problem. I made a memorandum about the California housing law--you may know more of that than I do. If you are not familiar with the Act you can readily obtain a copy from the State Labor bureau, or whatever department enforces the law.

Page 4--last paragraph. "Upper ~~parx~~ end of the central valley" is ambiguous. I believe that model camp is at Marysville--there is also one at Arvin--but I don't know where Arvin is. In an article like this place names must be given--unless you are purposely vague to avoid a libel suit! You are writing facts for the information of the unadvised. Crowd in as many facts as possible.

Note 3: "Law and order" is indefinite, and is not just what you mean. You mean legal property rights. The radical group does not believe property rights are entitled to much consideration when human rights are involved. We may be in a transitory stage: The old view, the historic "capitalistic" view, is that the law will protect an owner's property rights, but leaves a man responsible for his own self-preservation. The radical view is that the indigent is more entitled to food and shelter than the landowner is to possession of his land. Steinbeck leans to the left; there is an organization at Bakersfield which presumably favors letting the migrants starve to death. Justice lies somewhere between the extremes--since we are still formally operating the country under the capitalist theory.

Note 4: I have covered this above.

Note 5: Your point about summer campers gladly accepting the hardships of camping is a good one, if you can avoid the implication of being cynical. (I ~~don't~~ know you are not--but you don't want to leave any vulnerable points which would stir up the supersensitive animals.)

There are no other points which I think I have not covered on the margin. You will notice I have transposed your pages at the end, more extensively than you did. Better transition from paragraph to paragraph may have to be made. The end is too sudden.

It might be a good idea to return to your original comparison of the Goths in Italy and the Oklahomans in California--some such ideas as:

Italy absorbed the Goths, at the cost of retarding its civilization; ~~and~~ some authorities even argue that the Dark Ages was the world's penalty for that third and fourth century invasion.

California will ~~pay no such~~ receive no such prodigious punishment from this twentieth century invasion; but none can deny the situation is mutually painful, deleterious. The migrants are victims both of

THE DUST BOWL INVASION OF CALIFORNIA.

Good B

(see Attached notes) By H.E. Thelander M.D.

NOTE 1
Too much space
to be obvious

When natives of the State return from visits abroad or to other parts of United States most of them wonder why anyone lives elsewhere than in California. This characteristic of love and loyalty is not unknown to outsiders; it has been the cause of considerable amusement and the butt of many a joke. It has not endeared Californians to inhabitants of other localities. As a state, however, California has many attractions. A spot map of United States showing places of interest has California well covered when some other states are almost blank. It has a volcano that still smokes; it has a petrified forest; it has natural parks like Sequoia, General Grant, Yosemite, Lassen. It has mountains and forests, lakes and rivers, and an ocean. It has fruit, cotton, and oil. It has gold. The Spanish from the south and the Russians of the north desired it. Every city, almost every gathering in it, has representatives from many states. The adopted resident is a greater booster than the native son. This should be your opening idea. Like Italy of old, California pays for its beauty by invasions. Good

NOTE 2

Never before, however, have circumstances been such that almost the entire population of an area should wander ## into new regions in search of food. Draught, storms and depression created a situation that made it necessary for tens of thousands to go in search of a better place to live; in retrospect it is not surprising that a vast army chose California. Our boosting should bring some returns.

The need of food has been a frequent cause of migrations. In snow covered areas people and animals follow the ~~green~~ ^{grass} fields. ~~In~~ ^{from} barren tracts the same has occurred. If the desired land has been occupied struggles have ensued and the spoils have gone to the victor. These wanderings and battles are considered as belonging to primitive peoples and other eras. We may fail completely to recognize the same underlying principle when it occurs here and now and we are the participants in the drama.

from migration

more definite,
picturesque, never
and more accurate.

The total is over 200,000.

SEP 13 1938
EXTENSION DIVISION
UNIVERSITY OF CALIFORNIA
CONFERENCE
LESSON RECEIVED

*Since pre-Revolutionary days.
America's settlement was
western 1/2.*

The trek westward in the United States has gone on for a long time. The early
migrators, however, could squat and make the land their own or they wrested it from
the Indians who by the white man's standards ~~never were the rightful owners.~~ *NOT worthy of such rich pastures.*
The westward cycle has reached its starting point.
Pacific barrier has been reached, and even the lands beyond are occupied. All the
territory is owned, and ~~the establishment of~~ newcomers requires a job or capital. *15*
establish themselves.

*NOTE 3
Not definite*
Law and order are on the side of the citizens of the state. It is not likely that
the invaders will rise up in arms and take the land. A far subtler occupancy, however,
may take place. Even the attempts to stop invaders or return them, or pleas to the
federal government for aid will probably be futile.

Like the legend of the elephant and the blind men, entirely contradictory
pictures of the problems involved in the present migration from the dust bowl into
California are portrayed by different people. Can anyone get a detached picture of
the situation at present? Who are the invaders? what are they like? What are their
problems? How are they received? What will become of them? How will they influence
the country they are attempting to make their home? Will succoring them bring more
until our land is destroyed by them? These are some of the questions involved.

new of California
The *p*invasion has been insidious. As noted earlier the present citizenship
q is composed largely of adopted sons and daughters from other states and countries.
Added to these at the onset of the depression were the more progressive from the
afflicted areas; These in turn were followed by increasing numbers until the inflow
became almost a stampede. They came mostly in old model cars with the entire family
and household belongings and sometimes in addition a tent. When they arrived they
squatted in a convenient spot and looked for something to do. About the only available
jobs for this type of laborer was field or crop work. The type of agriculture in this
state requires large numbers of workers for short periods of time. The various
products are gleaned at different seasons and the laborers soon develop the habit of
following the crops-- prunes, apricots, apples, grapes, and cotton have to be
picked. Prior to this *depression* invasion most of the pickers were Mexican. The estimated pro-
portion then was 75 Mexican to 24 whites, now it is about 40 to 60. The new white

laborers have been called by various names: migrants, squatters, transients, or Oklahomans. By what ever name they are called many are not only without residency in the state , but because of their wanderings without citizenship in any county. Thus when a child was asked where he was born he replied, " *In the prunes.*"

Although a car , a family and a tent may stop by the roadside almost anywhere, when over 200,000 arrive with and without tents some type of housing and colonization will occur. Families and friends will try to keep together. Furthermore, though a land owner may permit one family and a tent under a tree on his property for a night or two, he is apt to object to a colony pitching tents indefinitely on his ranch. Attempts have been made, therefore, to limit certain areas to transient camps. Some of the wealthier and more progressive ranchers have built cabins and cottages on their property to house their laborers. This is not a particularly new venture. These may be very attractive and well cared for little white cottages with green shutters and picket fences, some with gardens, vines and flowers. Cleanliness and sanitation is maintained. There is adequate garbage disposal, a nurse may be employed and even a doctor contemplated. These houses are rented for a small fee per month to laborers on the ranch and at times even to those working on nearby ranches. This method of caring for its laborers is not without grief to the rancher. Honest attempts at comfort and hygiene are frequently met with dishonesty, uncooperativeness and destructiveness. Cabins cleaned and repaired after evacuation are left by the next inhabitants dirty, with windows broken, doors unhinged, and screens torn. The characteristic of destructiveness and lack of responsibility for another mans property is probably present among all peoples , It certainly is not limited to transients as the defacing of public monuments and the souvenir habit will attest.

Housing , however, is not the only problem facing the rancher. The brunt of criticism for the poverty of the farm laborers falls on him. This frequently is not justified. The farmer belongs to neither the capital or the labor *group* parties and yet by each he is considered a member of the opposite group. Whether or not he can maintain his identity in such a position is a real question. If any group is threatened to be crushed in the labor-capital struggle it is the farmer. In California crops

*California said prunes suitable
habitation must be available for
transient labor on a ranch.*

have been limited by frost, flood and legislation. When prices are up there is nothing to sell. When the yield is good, prices drop to a level that harvesting is scarcely ~~worth~~ ^{worth} while and yet the cost of living and of production as well as taxes have constantly risen. In spite of the influx of men and the large number of unemployed, dependable laborers are hard to find. Much of the work is necessarily sporadic. The farmer cannot compete with federal projects in such a way that it will make it worth while for the laborer to drop temporarily his WPA job or go off relief. The return to either is tied up with so much red tape that the inertia of the average unemployed cannot hurdle it. The difficulty and the cost of marketing crops with union labor in control of ports still further reduces profits and makes farming indeed a capricious industry.

At present the Mexican laborers are more satisfactory than the white. They keeps the cabins in better repair, they cooperate in maintin^{ing} hygiene and sanitation, and they respond better to suggestions for improving the home by gardening, growing flowers and so on. The reasons for such^a commentary on the two types of laborers furnishes some interesting psychological speculations. The Mexican migrant may have been the more progressive citizen of his own country, he is more seasoned, he has been in the field longer, he may have learned to appreciate some semblance of a permanent home, some beauty, and the futility of rebellion. Furthermore being of a different color and race and definitely the invader of another man's country he suffers few complexes of class distinction. The white migrant on the other hand is more apt to be the low end result in a land of many oppotunities; he is unseasoned in the work; being a white citizen of the United States he is apt to feel this is his home as much as it is that of the native. There is rebellion of a kind in his soul, and he suffers as a hireling of his own race and a fellow laborer of a foreign one.

At the upper end of the central valley Uncle Sam provides the camp ground and controls regulations. Here cement squares serve as floors for canvass tents, the latter being required of the migrants. The camp¹ is electrically equipped and has utility houses with toilets, baths, and washing machines. Electric irons are checked out to the campers on request. There is ^{an} entertainment building with a nursery school,

Indefinite See note 4 (At Marysville, Sta in the Northern Sacramento Valley)

a dance hall, and a screen for showing movies. A clinic building with a nurse in charge is maintained and conferences are held weekly by the doctor. Even a part of the camp is set aside for tents of those who have infections. It is called the isolation unit. A small fee is charged the campers. Various regulations have been formulated governing the type of occupants of the camp, care of property, behavior in the camp, drunkenness, visitors to dances etc. Even a pamphlet is published and campers are urged to contribute to it. It probably acts as a safety valve. Which type of overlord ^{Ranchera Government} will prove the more acceptable only time will tell.

The above types of camps are still rare and house only a very small number of the migratory laborers. Others live in places not unlike the average auto camp with cabins of wood or canvas. These may be located in or on the outskirts of a small town or village or on a ranch. If electricity is available they may have this lighting, otherwise kerosine lamps are used. The privies are usually out houses without plumbing. The cabins have one or two rooms which serve as kitchen, living room and bedroom for a family of three to eight or nine. One of the poorer camps had a few cabins of wood, many tents and some with wood part way up and screen or canvas above. Some had wooden floors, others only dirt, yet many ~~#####~~ radios were blaring out their programs as we entered. A health talk coming over one seemed like a voice from another planet so inapplicable was the message to the surroundings and situation which the voice reached here. In another cabin was a modern frigidaire which occupied a large section of the room. It served not only the members of that cabin but all the married children and their families. Although it looked incongruous, it probably was the most useful article in the camp. There were many washings on the lines; the bed linens, towels, and diapers were snow white. ~~###~~ Watching the women rub the clothes in soap suds, boil them in tubs on an outside fire, rinse them in bluing water, starch the dresses and suits before hanging them up to dry, increased ones respect for a wandering people. With diapers flying like snow white banners on the wash lines in camps like these, the occupants must be credited with capabilities beyond their present opportunities.

It was summer and the children played in the dirt and sand. One marvelled at the patience that brought them in and washed them clean with a little basin of water and dressed them up in starched and ironed clothes to go out and immediately soil themselves, yet mothers living in one or two room cabins with seven or eight children will bring the entire brood to visit the clinic or be inspected by the nurse, clean, starched and well mannered. ^{It} Probably the same instinct that prompts the Englishman to dress for dinner in the jungle.

It is surprising that we should be so shocked at the transients mode of living. When compared with our numerous vacationers who live in trailers, tents or merely # sleeping bags for weeks or months, the difference is largely psychological and optional. The facilities in the two types of camps are about the same. Many a vacationer reads by a kerosene lamp, washes her face in a tin basin on a bench outside the cabin, brushes her teeth around the corner and dons her make up before a small mirror hung on a tree with the food on one side and the table on the other. The water is often "Too cold to wash my face". And she stands in line in the morning trying to look non-chalant before entering quarters often blocked and over flowing and littered with "Scott's tissue". In spite of these discomforts, at the end of the season one hears remarks about returning to the "shackles" of civilization.

California is mild the year round compared with some of the places ^{in which} these families have lived, but even here winters with almost constant rains and many frosty nights add considerably to the difficulties and hardships of the campers. Increased crowding is felt when the outdoors is no longer inviting; Cleanliness is maintained with greater difficulty when the water is cold, the rooms chilly, and clothes will not dry in the rain. Infections spread rapidly, Whooping cough, measles, scarlet fever, and even smallpox, diphtheria and typhoid appear. Pneumonia is common and the death rate is high. In the winter months it is harder to find work, the little earnings during the summer months have not been sufficient to allot any for rainy days. Food is scarce, hunger almost constant and the morale low. Death under these circumstances might seem a blessing, yet when it occurs the grief is ~~very~~ sincere and great. In fact the childless parents have gone with their scant pennies to the doctors of the village in hope of finding a remedy for their sterility that they too might

Good
NOTE 5

= Symbolical and real!

Good
enjoy a family. It is hard for most of us to understand that pleasure can be derived from anticipating the arrival of a child into an environment like this and a future not much brighter than that of the parents. It should be appreciated, however, that they who to us are migrants, transients or squatters are individuals who also pass this way but once and who feel the urge of getting some pleasure out of their stay here and partaking in some of the desires inherent to us all. The wish to live and reproduce and laugh a little before going on is too fundamental a part of human nature to be summarily dismissed.

public health nurse - visiting nurse?
(Be more definite)

The nurse if she is experienced, conscientious, and understanding comes closer to these people and shares their difficulties, their joys, and sorrows better than any one else. To her they are human, they have certain rights and obligations, they are individuals with different capacities and they should be given a chance. To the interested onlooker, in addition, they are white, many are tall and lanky with blond hair, often brown eyes. Some of the children are very pretty. They are happy rather carefree, not bitter or vicious. One would surmise that they have their jealousies and hatreds. Occasional feuds, brawls and fights would be expected. It is also likely that in this group as in all classes considerable variations occur. There will be the ^{more} most intelligent and the most stupid, the dirtiest and the cleanest, the most selfish and the most generous, the kindest and the cruelist, the laziest and the most diligent and all the variations in between. To judge all of a hundred thousand by one or two contacts would be very unjust.

He most intelligent don't get into such a flight.
regional
To the health officer the transient is quite a different problem. He Though a physician, ^{he} is farther from the individual and closer to his health statistics. To him the infant mortality of his county has taken an appalling leap. His figures on the incidence of diphtheria, smallpox and typhoid in an age when these diseases have fallen to insignificant numbers, have steadily increased. To him transient camps, crowding, poor disposal of garbage and excreta are the causes. He would like to eliminate both the squatters and the camps. He has tried to at least push them over into the next county, but this does not solve the problem, and cannot always be accomplished. Camps have been limited to designated areas and are under medical inspection and control. Vaccination and immunization ^{has been} instituted to safeguard against preventable

It once was almost universal in the Sacramento Valley.

diseases such as smallpox, diphtheria and typhoid. Tuberculosis is a worrisome problem with the camps an ideal place for its spread. Care of the tuberculous patient is protracted and expensive. Malaria and trachoma are not diseases of this state, and the health director wonders what the introduction of them will mean to the rest of the populace. The care of the acutely sick raises another problem. How shall they be cared for? They have no money to pay for medical services or hospitalization. Most of them have not been residents in the county long enough to receive aid from this source and money for county aid to its own indigents will not meet an added load.

County hospitals are crowded with residential patients. No additional burden.
The counties are threatened with bankruptcy should they assume it. When the state

has been appealed to, these same people are non-residents and again ineligible to sick aid. Through the *Federal* Agricultural Administration arrangements are now being made and in some areas already functioning whereby both physicians and county hospitals are partially reimbursed for services. This plan has not been in operation long enough to test its effectiveness or find its pitfalls. However, the fact that the county, the state, and the federal agencies with their divisions of social welfare, nursing, and medicine have representatives in each county to supervise and control the individual work of each agency has lead to duplication of effort, incoordination in the work and red tape in giving relief, to say nothing of inefficiency and waste of money. The workers in the field are willing to cooperate and deplore this situation. The organizations higher up should remedy it. One of the worst relief features has been the dole. In the midst of a plan for solving an individuals problem of residency home building and employment, *the migrant* he goes to the relief bureau and receives a check. This tides him over for ^a week or a month; it is his line of least resistance. If he can do it once he thinks he can probably do it again. In the meantime he is unable to establish citizenship in the county as a prerequisite to state residency both of which require self support for a definite period of time. At the same time absence from the state of previous residency nullifies his citizenship there.

observers
Added to all the above parties in the field, has at times been the private philanthropist who comes to investigate whether or not part of his millions can be used to his credit there. Hence the limousines with uniformed chauffeurs, and silken ladies in satin slippers tip-toeing through the dust and gingerly viewing the

With your pronouns

little half starved waifs and the pregnant mothers. It is a virgin field for sensation writers and propagandists.

Insert A here

Insert A on Page 9 +

The local medical man who sees the sick patient has still another reaction to the problem of the transient. In the middle of the wet and cold season is brought to him a baby two or three years of age, undernourished, rachitic, and suffering from pneumonia. *The child (Pronoun HE would imply the doctor.* He is hospitalized and his temperature subsides, his blueness fades and his cough ceases. The baby laughs and coos and gets friendly with the doctor and the hospital personnel. To them he is only another baby, helpless, sick and hungry needing a benefactor. But when his illness is over, when he needs careful convalescing for weeks with good food and comfortable quarters, he must be sent back to a tent or sometimes to the open with eight or nine others in the cold and rain to share a limited food supply. Surviving such a transfer seems impossible yet he cannot be maintained indefinitely in the hospital or in a convalescent or foster home. Even if he could the parent's want him back. The mortality, therefore, remains high and the law of the "survival of the fittest" rules. One worker probably has developed the best philosophy in simply saying in the presence of insurmountable health obstacles, "God wants this child".

As the children pass through the clinic, however, the majority look very well. The number of defects in the way of carious teeth, enlarged tonsils, and malnourishment does exceed considerably the average of the health centers in the larger communities, as well as those in the better rural areas; but glaring defects such as deformities, strabismus, tuberculous lungs or diseased hearts are not unduly prevalent. The reason for this is obvious- since the law of survival rules the toll of the weaker along the way has already been taken. In the groups are found some young Tarzans with brown bodies and sparkling white teeth as well as some handsome girls with blond hair and brown eyes. Among the younger ones, however, will be seen frail little bodies with square heads and big hollow eyes, but when the nurse reports that during the past winter they may have had measles, whooping cough, and pneumonia in a tent without medical aid and survived you realize that by the

End of the Summer they will probably be quite fat again.

*Inserting
should come out
first page runs
What does this mean?*

10
No suddenly precipitated problem is solved in a day. The transient problem is not impossible of solution. Health will be reestablished by sanitary control of camps, immunization and vaccination against preventable diseases, education in food substitutes and health measures. Medical care and hospitalization will eventually be provided by federal and state aid to the counties. Already the Child Hygiene trailer is a familiar sight to the natives. This is equipped as a dispensary with an examination table, sterilizer, instruments and literature. By means of a large canvas and ground sticks a lean-to is quickly ~~made~~ put up which serves as a waiting room and admitting unit for the nurse. Typical well baby and prenatal clinics are conducted ~~usually~~ lasting from 8:30 or 9 in the morning to six or seven at night. Stakes are then pulled and the procedure is repeated in another camp the next day. No definite schedule can be maintained for a camp is here today and gone tomorrow. The patient seen one month in the "apricots" will be met another time in the "cotton". Mothers, however, have grown accustomed to look for the clinic and bring ~~##~~ their problems to its personnel. There is a limit to the effectiveness of this type of service but in a few months the sale of dried milk as a substitute for the too expensive fresh milk ^{has} increased tremendously. Babies have been vaccinated and immunized early, parents have been taught the procedures by which medical aid is available during illness and many other points in education have been put across. The county personnel is defining its work, the state will take over the counties' unsolved problems, leaving the federal government to handle only the unsolved state and interstate problems involved.

The best worker for the field, whether nurse, social worker, or doctor is one with experience, adaptability and kindness. The city bred person with no understanding of agricultural problems or rural life wastes considerable time learning before he approaches his people correctly. The person whose sole training is book learning topped with a little field work in the city does not speak the language of the people. The mother who has borne without medical aid and raised eight or nine children in a tent or many tents scattered over several states, has not only tremendous

experience in life but a philosophy be it ever so simple or crude that the college neophyte can well afford to sit down and learn a bit about before he tries to revolutionize the entire mode of existence of such a people. "Perfumed" gentlemen as the natives call them are apt to make an ineffectual effort at reforming conditions.

His
194 Chest

~~end of the summer they will probably be quite fit again~~

End Insert A

What is the future of the migrant? The greatest question with the native is not of the future, but when will they stop coming. As long as they get shelter, food and medical care better than where they came from will they not continue to bring their friends and relatives? How inexhaustible are the numbers? Some type of equalization will take place. Again the migrant is not a uniform product but a group of individuals who will be sorted out and adjusted in different ways. Already many boys at the gas stations and clerks in the stores greet you with a southern drawl. At first this a sort of shock to the native to whom it is almost a foreign language, but at the same time it is intriguing and infectious; those working with them soon acquire phrases and expressions from them. They may produce a greater change in our speech than we do in theirs. The majority are not wanderers by nature. One widow had bought two acres of land and put up her own little cabin. She had children ranging from preschool age to adulthood, some were married and had children as old as her youngest. In conversation she stated when she bought her lot "there were most all whites hereabouts but now more and more Mexicans have come in and the whites are leaving". She "didn't like her children to grow up with only Mexicans. The Mexicans were nice folks and the children 'sociated with them always, but she still wanted them to know more of their own kind". If she expressed a common feeling, this alone will sort out another group desirous of owning their own homes, tilling their own land and 'sociating with their own kind. Some may go back to the land from which they came, particularly if it is made a little attractive. One man said "with irrigation our country will be as good as this" and he was homeward bound to boost irrigation. If the promised land is not too bountiful others may follow him.

What another mode of life will do for the children is hard to predict. The girls were found with finger nail polish, one said a permanent had almost ruined her hair, another stated emphatically that she was goi^Ng to be a nurse. Equalization will probably take place without California looking like a field visited by locusts and of course, it is impossible to say what the climate might do for the invaders.

*(The Ending is not Satisfactory
See note = 1*

Pick up: 9 No standard, pre-cited problem - etc.

H.E.Thelander
(Joan Land)
40- 22nd Ave nue
San Francisco, Cal.

300 words.

Very good A-

Look for the exact, and possibly humorous word
LADIES OF CHARITY.

By Joan Land.

most fashionable

most fashionable
"Faith, hope and charity, these three: and the greatest of these is charity." *Perverted proverbs are generally effective.*

more definite
Nuns
Sisters have been made saints and the followers of Nightingale have been dramatized as "White Angels", but no praise has yet been sung to another group of women *probably rightly* called "Ladies of Charity". They are the pillars of orphanages, hospitals, women's prisons and Crittenden homes. They are women of wealth and leisure. Money *plus* apart from leisure seems to be a necessary attribute, not that the ladies give *too prodigiously* of their wealth to the charities they foster, but money begets money. She who has a million knows the technique of opening the purse-strings not only of others with millions but of those with thousands and even of those with mere pennies. It is a technique that people of lesser means seem incapable of mastering or resisting. Like the cables of dinkey cars, it works

two ways: opening another's purse closes one's own. *For while their magic can spring the clasp of others' purses,* Attempts to pry *protestant* the personal purses of these *proficient* beggars have

ended disastrously for many a brave jimmier. One superintendent of charities upon beholding his *flawlessly outfitted* Board of Managers *assumed* his institution *could* be flawlessly equipped. So he ordered prolifically the things needed, but with the cancelled bills was a tactful suggestion that he move on.

by charitable organizations
The money accumulated through endowment funds, wills and gifts is carefully hoarded as a capital fund and the purse strings to that coin bag are as closed as the private ones. Money is never spent for any services that can be

gets Ladies of Charity
obtained from volunteers. In order to get free workers, the ladies give teas or lunches for the pre-chosen victims and the conversation at such gatherings consists of reciting a series of hard-luck stories about the charity. These

omit the stuffy and make you are not under oath.

OCT 15 1938

CORRESPONDENCE
LESSON RECEIVED

EXTENSION
UNIVERSITY

women can "cry" charmingly for aid and few men can resist promising help to a dazzling ladies in distress. Regret may follow when the spell is broken but payment will be exacted.

The line is most over worked on the medical profession. Most young doctors and many older ones are still naively motivated by a desire to serve. By tradition and a code of ethics, ^{physicians} they render their services with or without remuneration. Moreover a great many ^{doctors} physicians have never belonged to the strata that toys with diamonds and pearls and they are ~~flattered~~ by the company and fooled by the flattery. The ladies congratulate themselves when they have enticed one of these young aspirants to give free services to their pet charity, entirely unmindful that the small sum thus saved may be ^a small fortune to the beginning practitioner. The goal of the girls is to "Getting something for nothing" and they play their game as cleverly and avidly as their friends pursue bridge or poker. ~~In fact~~ ^{generally omit this} the game has become so popular that there are not enough charities to go around.

Charitable institutions need inmates and the working staff is coerced to supply them. Sometimes one wonders if it would be wiser to kidnap children from their parents or merely put poison in the soup, ^{to make the supply of orphans equal the demands of ambitious philanthropists.} The talents of these ladies are not limited to the practice of economy.

As decorators they are experts. They can select the most fascinating cretonnes and splash paint about to produce intriguing effects. Even when the institutional walls serve as ^{good} waste baskets for discarded paintings and etchings, the results are enchanting. ~~Their~~ Fashion shows and balls entice the entire populace. Once in

a long while, probably due to a twinge of a dormant conscience, one of the ladies is moved to donate a needed building or a piece of equipment. Such an ^a prospect occasion is the cause of much excitement and ^{the gift is} is shrouded in great mystery. ^(clean!)

Anticipation runs as high as a child's the night before Christmas. Doctors, nurses and superintendents ^{are} ~~have been~~ consulted regarding needs. The neophyte ^{staff member} wanders about with a sublime far-away look, for to him the most cherished dreams are about to come true. The whole performance, however, is only another game. The gift has probably been decided upon long in advance of any announcement, and

It's too bad you couldn't
refer to race track funds.
Can't you find some
analogous scandal
that wouldn't be identifiable?

Anyway, a friend of mine
won \$6000 on the last

Children Hospital Overstock -

I had bought a ticket from
him - see how near I come!

A & P

At the time of "unveiling" the donor and her cohorts are so engrossed in the ceremonies that they fail to notice the deflation of the disillusioned as ~~they~~ he learns anew there is no Santa Claus. One recently appointed Doctor who had expected a new X-ray apparatus found a grand piano in the crippled children's ward. The benefactress thought that "The poor little darlings should ~~not~~ not be required to listen to a crippled piano." Another physician, equally naive, had looked forward to a well equipped surgery but was given a roof garden for "The dear little shut-ins". Unless he is a chronic idealist, the doctor soon learns that when he asks for bread in the name of charity he usually receives a stone.

In the ~~choice~~ ^{selection} of trained workers (another duty the ladies often assume), their talents, however, are wanting. The "Matinee idol" type ^{of doctor} is often chosen in preference to his ^{skilled} talented brother who may be more intent on discovering the secrets of science than charming the ladies. The young woman who can appear at ease in the cocktail lounge will be given the promotions instead of her conscientious sister who may feel the last minute call upon a sick patient more important than a change of attire. Diamonds in the rough have been missed ^{by bediamonded fingers writing orders}.

Yes, there are women managers with ability and there are those who are generous and unselfish. But doctors, nurses and lawyers have found it necessary to protect themselves against imposters ⁸ and if organized charity wants lady managers some other qualifications than money and charm should be required. Charity may still be "the greatest of these", but vicarious charity will not make the needles eye.

Imposters is in the word - these people are well meaning - that is they are not dishonest.
Masqueraders.
(This word might do.)

Keep perverting your hearts

(?) Be definite

by bediamonded by bediamonded fingers writing orders.

(opposite page)

the frosting for a non-existent cake.

Dear Dr. Thelander,

This is a good article in planning and idea, but such a piece depends for success on the word that fits to a millimeter.

You see most of my suggestions are on words. I had the greatest difficulty in finding a substitute for your too harsh word "importors".

I ran down ten words in the dictionary - artful, facile, insinuous, disingenuous, wily, etc, trying to get just the word which would convey the idea of futile sympathy. Masquerade seems nearest.

Cultivate that hobby of chasing words to their lair - one word will suggest another, back and forth from A to W.

You were fortunate in having a literary artist like Mary Ellen Chase as an instructor - Most of the Ph. D's put more stress on grammar than on ideas. But grammar is the materia medica of writing.

Now I think you have a good article here. Maybe I have emasculated it, (which would be a paradox of masculine-feminine collaboration!) Perhaps it still needs to be more caustic. Rewrite it according to your views - if I have mellowed them too much. Maybe Forum might like this - or the unspectable American Mercury.

next sent in "Medical History Refracts itself" - It might be well to alternate "Scientific & Secular" articles in this course. Then I like the Boston books at his moor. A. I. P.

~~_____~~
~~_____~~
San Francisco, California.

Duplicates

17020 words.

*please return
to
Hesterland*

LADIES OF CHARITY
~~_____~~

Faith, hope and charity, these three: but the most fashionable of these is charity.

Nuns have been made saints and the followers of Nightingale have been dramatized as "White Angels", but no praise has yet been sung to another group of women propitiously called "Ladies of Charity". They are the pillars of orphanages, hospitals, women's prisons and Florence Crittenden homes. They are women of wealth and leisure. Money plus leisure seems to be a necessary attribute, not that the ladies give too prodigiously of their wealth to the charities they foster, but money begets money. She who has a million knows the technique of opening the purse-strings not only of others with millions but of those with thousands and even of those with mere pennies. It is a technique that people of lesser means seem incapable of mastering or resisting. Like the cables of dinkey cars it works two ways: opening another's purse closes one's own.

While their magic can spring the clasps of others' wallets, attempts to pry open the personal purses of these prosperous beggars have ended disastrously for many a brave jimmy. One superintendent of charities upon beholding his flawlessly outfitted Board of Managers assumed his institution could also be flawlessly equipped. So he ordered prolifically the things needed but with the cancelled bills was a tactful suggestion that he move on.

The money accumulated by charitable organizations through endowment

funds, wills and gifts is carefully hoarded as a capital fund and the purse strings to that coin bag are as closed as the private ones of these ladies of charity. Money is never spent for any services that can be obtained from volunteers. In order to get free workers, the ladies give teas or lunches for the pre-chosen victims and the conversation at such a gathering consists of reciting a series of hard-luck stories about the charity. These women can "cry" charmingly for aid and few men can resist promising help to dazzling ladies in distress. Regret may follow when the spell is broken but payment will be exacted.

The line is most overworked on the medical profession. Most young doctors and many older ones are still naively motivated by a desire to serve. By tradition and a code of ethics, physicians render their services with or without remuneration. Moreover, a great many doctors have never belonged to the strata that toys with diamonds and pearls and they are flattered by the company and fooled by the flattery. The ladies congratulate themselves when they have enticed one of these young aspirants to give free services to their pet charity, entirely unmindful that the small sum thus saved may be a fortune to the beginning practitioner. The goal of the girls is "getting something for nothing" and they play their game as cleverly and avidly as their friends pursue bridge or poker. The game has become so popular that there are not enough charities to go around. Charitable institutions need inmates and the working staff is coerced to supply them. Sometimes one wonders if, to make the supply of orphans equal the demands of ambitious philanthropy, it would be wiser to kidnap children from their parents or merely put poison in the soup.

The talents of these ladies are not limited to the practice of economy. As decorators they are experts. They can select the most fascinating cretonnes and splash paint about to produce intriguing effects. Even when the institutional walls serve as waste baskets for discarded paintings and etchings,

the results are enchanting. Their fashion shows and balls entice the entire populace. Once in a long while, probably due to a twinge of a dormant conscience, one of the ladies is moved to donate a needed building or a piece of equipment. Such a prospect is the cause of much excitement and the gift is shrouded in great mystery. Anticipation runs as high as a child's the night before Christmas. Doctors, nurses and superintendents are consulted regarding needs. The neophyte staff member wanders about with a sublime far-away look, for to him the most cherished dreams are about to come true. The whole performance, however, is only another game. The gift has probably been decided upon long in advance of any announcement, and at the time of "unveiling" the donor and her cohorts are so engrossed in the ceremonies that they fail to notice the deflation of the disillusioned as he learns anew there is no Santa Claus.

One recently appointed doctor who had expected a new X-ray apparatus found a grand piano in the crippled children's ward. The benefactress thought that "the poor little darlings should not be required to listen to a crippled piano." Another physician, equally naive, had looked forward to a well equipped surgery but was given a roof garden for "the dear little shut-ins". Unless he is a chronic idealist, the doctor soon learns that when he asks for bread in the name of charity he usually receives the frosting for a non-existent cake.

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Yes, there are women managers with ability and there are those who are generous and unselfish. But doctors, nurses and lawyers have found it necessary to protect themselves against masqueraders and if organized charity wants lady managers some other qualifications than money and charm should be required. Charity may still be "the greatest of these" but vicarious charity will not make the needle's eye.

400 B.C..

"For should you begin by discussing fees, you will suggest to the patient either that you will go away and leave him ^{if no agreement be reached} ~~and not~~ ^{or you will neglect him} prescribe any immediate treatment. So one must not be anxious about fixing a fee. For I consider such a worry to be harmful to a troubled patient, particularly if the disease be acute.----Therefore it is better to reproach a patient you have saved than to exhort money from those who are at deaths door."

1938 A.D.

"When a long course of treatment is indicated, naming a lump-sum fee is often the best possible way to scare off the patient. Not that the amount the doctor asks is unreasonable, but the person who is going to pay it may have to be sold on the idea gradually. Many patients who shy away in alarm when you mention a charge of two or three hundred dollars can pay it, and will-- if properly conditioned."

H.E. Thelander
40, 22 Avenue
San Francisco, Cal.

Excellent A

2320 words,

See note at end about the intro due

Medical History Repeats Itself.

By H.E. Thelander. *M.D.*

"That which hath been is that which shall be; and that which hath been done is that which shall be done; and there is no new thing under the sun. Is there a thing whereof it may be said, See, this is new? It hath been long ago, in the ages which were before us."

The science of medicine had a prolonged infancy and youth lasting from Aesculapius to Pasteur, and then grew more rapidly in fifty years than it had in five thousand. Modern scientists are proud of their progress and they have relegated to the past with tolerant smiles many nostrums from the old pharmacopeas. The physicians of to-day no longer accept the traditions of therapy handed down by the medical fathers. One runs the risk, therefore, of being presumptuous in intimating that medical science is repeating its past. However, a few excerpts from both ancient and modern writings will be cited and the reader left to his own musings.

A perusal of the annals of ancient medicine reveals that a great many of the remedies used for the cure of the sick were obtained from the animal kingdom. Sometimes the whole animal was used, more often one or more of the organs were the source of the remedy, and at times the excretions only were employed. It is recorded that the fox boiled either dead or alive yielded an oil which when used as a hip bath relieved arthritic patients of much pain and stiffness. Frogs were put to many

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CORRESPONDENCE

uses before the legs alone became a delicacy. Bullfrogs were burned and the ashes used to stop hemorrhages as well as to restore hair to the bald. The meat of the frog was taken internally to counteract the effects of bites from venomous animals. Spiders were softened into a plaster and applied to the forehead and temples for headache and attacks of tertian. The skin of a serpent when boiled with vinegar cured toothache, and that of the asp when triturated with honey and rubbed over the eyes sharpened the powers of vision. Grasshoppers cured dysuria and crabs hydrophobia. Pickled sparrows dissolved kidney stones and stewed larks cured colic. ~~E~~arthworms were versatile therapeutic creatures; when pounded into a mash and applied to wounded nerves they had a most soothing effect. If boiled in goose grease and dropped into the ear otitic pain was immediately relieved. If the worms were stewed in oil and dropped into the opposite ear toothache was relieved. These same worms were taken in wine to produce diuresis. The author ~~specifically~~ ^{conveniently} states that earthworms might be applied internally and externally without mashing or boiling them!!

The whole animal, however, is also used in modern medicine. For comparison the following is quoted: "Ticks are permitted to feed for three days on guinea pigs, and then at once eviscerated one by one and ground in a mortar for ten or fifteen minutes with sterile sand and a few c.c. of salt solution. The emulsion is next diluted with sufficient salt solution so that each c.c. contains the equivalent of two or more ticks. The mixture is permitted to remain at room temperature for two to three days.-----The precipitate after drying has also been shown to possess protective qualities if reemulsified and injected."

(But give what they are supposed to cure.)

(Set in a light word occasionally.)

In a recent journal an author states with wounded pride that another doctor in a treatise on the treatment of chronic osteomyelitis entirely overlooked the writer's paper in which the following statement had been made:--"However, it may also be that something additional in the way of an "enzyme-like product" is produced by the maggots bodies themselves which acts as a digestant and antiseptic. I suggest research in this direction. Perhaps ground sterile maggots may be shown to be useful in superficial wound infections and chronic discharging wounds and leg ulcers. A substance may be isolated from these insects that will be just as beneficial as the use of live creeping maggots--I shall not be surprised if in the not too distant future some preparation will be recommended for local use and perhaps for deep installation in the treatment of wound and bone infections- A preparation made from maggots and roaches".

¶ Echoes of earthworms! Apparently the roaches were added as an after thought, but what a field for research they suggest! Most people would probably prefer earthworms to maggots even in wine. Earthworms have pleasant associations. Practically every little boy has bated his fishhook with worms dug from the dirt of his back yard and on rainy days he has picked up the pink lazy creatures from sidewalks to make little girls squeal and run to cover. The grown-up lad has dissected and made sections of the worms in his first biology course and learned that the inside has a structure instead of being just "mush". Maggots on the other hand, are vile sneaking creepers that are associated with death and decay. If popular choice were permitted, the maggots would certainly lose to earthworms.

~~Medical history-----.~~

-3-

~~In another journal~~

The dangling roaches at the end of the sentence are most thought provoking. Why not hang fleas and mosquitoes on the same line? The use of these insects in research would be such a convenient way ## to rid the world of undesirable pests. Furthermore, if doctors devoted more time to the study of these vermin the pursuit might be so engrossing that cats and dogs would be given a respite. Or would this lead to an anti-flea-visitation society? Even so it might be a boon to the dogs to be cut in on by the fleas, for the whelps could then revert to their more normal puppy loves. *Good* *Comma*

The seed of specialization was sown early. Even in the ancient pharmacopeas the use of parts rather than the whole animal for the treatment of specific conditions is found. The commonly used organs were the skin, muscles, brain and liver, but extracts of other glands are mentioned in the records. The art of organotherapy was further specialized by the differentiation of the same glands taken from various animals. It is recorded that the skin of a sheep warm and newly taken off cured scourges; that of the hippopotamus when triturated with water dispersed boils; that of the viper promoted growth of hair. The burnt leather of old shoes cured friction sores on feet, also burns and intertrigo. The skin of the goat cured poisoned wounds.

The brain of the hare rubbed into the gums or eaten forwarded dentition in infants. It also proved useful for ### tremblings. The brain of the cock when drunk with wine relieved bites from venomous snakes and stopped hemorrhage from the meninges. The brain of a camel when dried and drunk with vinegar cured epilepsy.

The liver of a mad dog roasted and eaten relieved those bitten by him. Boiled goats liver rested epileptics. The liver of the lizard relieved toothache. Equally varied benefits were accredited the livers of the ass, wolf, bear, and cormorant.

Except for the quaintness of the language of the old manuscripts, they read not unlike the modern endocrinologies. Extract of thyroid, for instance, was originally used to treat cretins, but according to modern papers on the subject thyroid extract has become much more versatile. It may be used to increase or decrease fat, depending upon whether the patient is under or overweight. Thyroid preparations have been credited with beneficial effects in as unrelated conditions as allergy and nephrosis. Extract of pituitary also has a variety of uses. It may be given to stimulate growth in dwarfism, to hasten delivery in obstetrics, to prevent post-partum hemorrhage and to relieve obesity.

Comma

Ovarian preparations are used for menstrual disorders, but also to cure sterility and to stop bleeding in hemophilia.

Extract of liver cures pernicious anemia but it is given to any patient with a low blood count regardless of the cause. ^{Liver} It is even recommended as a general tonic for any one who can afford to buy it, if and when it is available. The pancreas yields insulin which is specific for diabetes, but ~~it too~~ has been advocated ^{also} for tonic purposes. If insulin is given to a "Hunger striker" the patient can no more refrain from eating than Tristan and Isolde, after drinking the love potion, could resist falling in love. Even the story of a love potion is scarcely incredible any more for the sex hormones have revived in the modern Babbit the old hope of finding a fountain

Who wants to resist? (either)

of youth.

The scientist has not been content with the choice and variety of tissues supplied by the animals, he has even invaded the delivery room and gleaned its dreggs to make a placental extract. This new remedy has been accredited already with such varied attributes as the cure of dysmenorrh~~ea~~ and the prevention of measles.

It would not be fair to leave the subject of animal & tissues in therapuesis without mentioning blood. In⁴ the past blood-letting was a panacea for all ills, /Now transfusions are. In⁵ the early enthusiasm for ^{blood} ~~this type~~ of therapy doctors sometimes were too generous with the dosage. Like the new wine in old bottles, the receptacle could not always take it. Modern teachings advocate limiting the amount to ten c.c. per pound. A suggestion from Russia that the bodies of healthy accidental death victims be drained of their blood and ~~it~~ ^{the blood} preserved for use in transfusions may develop a new type of ambulance chaser.

Not Too Many pronouns
It was customary in the past, for certain tribes to drink the gall of slain warriors, believing the valor of the fallen could thus be imbibed. The modern crusader waits at the gallows to get the glands -- if ultr^amodern he collects the orbits too.

Every tissue of the body has yielded its extract. Institutions have been endowed and volumes written because of glands. Nor have the possibilities been exhausted; for although the ancients failed to avail~~e~~ themselves of all the organs, their choice of animals far exceeded ours. To be sure, scientists now use the liver of calf, sheep and chicken and enlarge upon the comparative merits of the different ones. Even hogs stomach has found a place in the literature. But is it

not possible that the camel accustomed to desert tramps may yield more insulin than the sheep or goat ? that the roaring lion may supply more adrenalin than the meek lamb? A comparative study of the pituitary of the Dachshund and the Giraffe may illuminate dwarfism and gigantism. Likewise a study of the hypophysis of the bulldog or the rhinoceros may give us a clue to the pathology of acromegaly. "I suggest research in this direction". *(Why the goats? (I see))*

Even the great variety of glands did not satisfy our forerunners, their resourcefulness found a use for excretions. Urine was used extensively by the ancients, it was especially specified that the excretion was collected from humans, ## mules, goats and camels, and there was some dissertation on the values of the product in various ages of the different species. When taken internally, urine cured such varied conditions as putrid ulcers, leprosy and plague. It is described as a laxative, a diuretic and emetic. Locally urine preparations soothed the arthritic patient and cured erysipelas.

The dung of man and animals was found of value in many conditions. Particularly mentioned was the dung of dogs, goats, wolves, oxen, cows, sheep, wild pigeons, domestic fowls, storks, mice and starlings. Furthermore the excreta was modified in its uses by what the animal ate. Applied locally the remedy relieved the sting of wasps and bees; with vinegar it cured furuncles. If a person with dropsy had his entire body rubbed with ## a dung preparation he was much relieved. This excreta was even used as a cosmetic to clear away freckles.

Not all early medical writers subscribed to the use of excretions in therapeutics. Galen rejected with disgust the

internal use of urine and another author, speaking of dung stated, "As we have no wish to see this article restored to materia medica we shall not enlarge upon the subject. Those who wish to improve their knowledge of the medicinal articles mentioned under this head by authors may find them treated of 'Usque ad nauseam' by Dioscorides and others".

Have modern scientist become less fastidious than Galen and his contemporaries? From the recent literature such titles as these were gathered: "Changes in eye after parenteral injection of urine and related substances lowering blood### pressure", "Auto urine therapy in spasmodic rhinitis", "Therapy of ovarian disturbances with urine from pregnant women". Even feces which was tabooed from the materia medica returns to modern literature under the learned title "Coprophagy (eating of dung) as a source of vitamin B". and The scientist has returned to sewage for bacteriophage.

The repetition of the past is not limited to organo-therapy, practically every drug introduced into western ^{pharmacy} therapy has been recorded and its uses listed in the Chinese pharmacopea. The orientals are ~~the~~ herbalists- animals are sacred in the East. Even the art of acupuncture is finding its counterpart in western medicine. No part of the human body-not even Achilles heel- is invulnerable to the modern physicians needles and trocars. The child has become a veritable pincushion.

Even in its rapid advancement the science of medicine may repeat ~~some of~~ the past. Modern prevention and therapy is performing so many prodigies that there is danger that the followers of Aesculapius may meet the fate of their founder.

Verily the preacher was right when he said,

"That which hath been is that which shall be; and that which hath been done is that which shall be done: and there is no new thing under the sun. Is there a thing whereof it may be said, See, this is new? it hath been long ago, in the ages which were before us."

The legend is that Pluto, God of Hell, alarmed at the diminishing numbers of his daily arrivals, complained to ~~Zeus~~^{& Zeus} the supreme deity, ~~who~~^{he} destroyed the ~~audacious~~^{great} healer. In historical repetitions some variations are permissible. The modern healers may be annihilated by the army of unfits they are saving from Hell and thus complete the cycle ^{or start to}

death paying taxes for pensions of those ~~who~~^{kept} from well deserved graves! ^{omit}

Very erudite and amusing paper - a rare combination. Yes, it is not for us ^{lately} - I was busy at dictionary chasing while reading it.

I have tried to figure out a more effective introduction.

One suggestion is the newspaper's deadly parallel. In twin columns you could have quotations from an ancient writer, and one on similar point from a modern - as

50 B.C.	1938 A.D.
=	=

You could make the selection.

Your suggestion of an anti-flea-virulent

Society reminds me of one
of Gilbert K. Chesterton's Characters
who started out as a Vegetarian,
then realized that plants had
life, too, and finally could
eat nothing but salt - and
then, with a scream

"Why should salt suffer?"
He leaped into the sea.

Chesterton had his man-
sion in Oregon - about 1,000
miles too far north, I think.

No letter is generally necessary
in submitting manuscripts, but
in your case, you might send
the briefest possible note,
just as an excuse to establish
your identity by using your
professional letter head paper.

For ordinary purposes, just
estimate the number of words -
When you are paid from 10 cents
to \$1.00 a word, count everything -
and, the and all the other devices.

A. L. Brown

Continue with articles
if your own selection

H.E. Thelander
40-22nd Avenue
San Francisco, California.

A HEAD START TO HEALTH

H. E. Thelander

1937

2100 words

is dramatized by being abandoned
When a baby ~~is left~~ on a doorstep or ~~abandoned~~ elsewhere there are hundreds of families seeking to adopt him. The direct immediate need of any child appeals to most of us. It is of other children equally needy, though ~~less dramatically~~ *undramatized* presented to us, that I wish to speak today. There are over five thousand children on San Francisco's doorstep now needing complete or partial support. Most of these children are away from their own homes under the care and supervision of others, *than their parents*. I think *Be definite, concise, assured* ~~it can be truthfully said that so far~~ we have found no perfect substitute for home. However, when circumstances make it imperative that we strive to find such a substitute we must seek to meet the ideal of a good home in as far as this is possible.

These five thousand children come to *us* by various routes.

Every year there are left with us some three hundred children *Who have lost their parents through* of death or abandonment. These are the babies which are placed for adoption. ~~First~~ They are examined *first* carefully both mentally and physically by physicians to ascertain whether or not ~~they~~ *they* are normal. *children* A child who does not ~~meet~~ *pass the examinations* this requisite is not placed for adoption. The homes which desire a child are *also* investigated ~~equally~~ carefully. There are usually homes waiting for babies. The orphaned child who is normal, therefore, is on community care for only a short time, the time necessary to determine his and the home's fitness.

Beside orphans there are in our city about eleven hundred children without fathers, due to death or desertion. A number of years ago it was realized that it was poor economy to take a mother out of her home and put her to work to support the family. Either the family ~~was~~ *broken up* or a substitute ~~must be~~ was hired for the home and this cost almost as much as the mother ~~could~~ *has* hope to earn. The mother's pension *has* tried to remedy this condition. The stipend *and* she gets *for* allows a mother a minimum amount of money for food, clothing, and shelter. *and* *only* is granted to mothers without any other means of support. *There is* It does not provide for medical or dental services.

Avoid pronouns - particularly in speaking. The auditor can not chase back the antecedent.

COMMUNICATIONS
LESSON RECEIVED
NOV 22 1938
EXTENSION DIVISION
UNIVERSITY OF CALIFORNIA

Who do you mean by us? The father is a sponsor?

These ^{services} must be supplied through other agencies of the city. In order to encourage the mothers to keep their children under medical supervision the University ^{of California Medical School} has assigned one doctor to follow these children routinely ^{in the clinic}.

Another thirteen hundred children are cared for in foster homes. These homes, like those that seek ~~a~~ child^{en} for adoption, are carefully selected and routinely inspected. ~~This is done~~ by the Department of Health. Into these homes go children who cannot be adopted or who may be temporarily without a home. Some children fit into a home of this type better than into a larger institution. Foster parents receive a small compensation for the care they give to these children, but again no money is allotted for medical or dental care; ^{which must be} ~~this is~~ supplied by doctors or clinics giving volunteer services or receiving compensation for actual costs only.

Over fifteen hundred children are in institutions. Only a few of these have no parents. Many are temporarily cared for during the illness of the mother. Some are awaiting replacement or return to the home after a temporary disruption. Many are from broken homes. Some have one parent, some are in that unfortunate position of having too many parents. Some of these institutions are only boarding homes, the children attending the district school and in other ways mingling with the community children. Other homes are conducted on the principle of a boarding school, the teaching being done at the home. Some of these children have occasional weekends and vacations with one or both parents. All the institutions try in as far as it is within their means to give the children a healthy happy home environment and a feeling of security.

Some mothers, instead of accepting mothers' pension or having hired help in the home, prefer to care for their children themselves during hours off duty and placing ^{the children} ~~them~~ in a day nursery while at work. Many of these mothers' earnings are ^{very small} ~~not great~~ yet they are willing to pay ^{something} ~~what they can~~ toward the care of the children. The amount they can contribute, however, does not cover the cost ^{of maintaining} ~~to run~~ the nursery. It must be reimbursed from other quarters. Whenever large numbers of infants and young children are grouped together ^{as in a nursery} there is danger of introducing or spreading infection.

not great is too ironical a term to apply to these earnings. Generally, too, avoid negative expressions.

What was once called orphan asylums.

among them. This hazard must be reduced to a minimum. Not only should the children be protected but illness in the family means the mother must miss her work which may result in a reduction of her pay check or maybe a loss of her job. Health services are needed everywhere.

Over eight hundred children have received convalescent care or rest and country air to restore impaired health during the year and over four hundred thousand visits have been made to free and part pay clinics.

Many young parents have been not ¹alittle surprised at the increase in the family expenditure upon the arrival of a baby. Somehow we all expect these little creatures to cost nothing but when the expense of arrival and the home equipment has been added to the cost of food, clothing, and other items the sum is considerable. Of course, in your own home the love and care that the mother and father contribute is not paid for with cash. Furthermore, parents can practise economies under stress without interference. They may have three or four or five children in one room and no one objects but laws govern the care of dependent children. The Department of Health specifies the type of home for them and regulates many other items. Cooks, nurses, practically everyone concerned is a ^{paid} ~~payed~~ employee. If these additional expenses were added to your budget you would find the cost of Sonny or Sister had risen considerably. No one stretches a dollar to go farther and provide more necessities than do those caring for ^{dependent} ~~these~~ children but the cost of caring for normal children away from home is high and the fare of sick or handicapped children necessitates far greater expenditures. Charity economies have been and are being intensively studied in your city. *by the Community Chest*

You may rightfully ask how is this expense met? In spite of the work done by the Department of Health and city hospitals and even social security ^{the} ~~program~~ practically none of the problems I have mentioned are touched by official funds to date. Maybe some day they will be. When one or both parents can contribute something he ^{is asked} ~~must~~ do so. Many of the homes and much of the equipment have been provided for by endowments. In a few cases the endowment also provides for the running expense in

others only partially so. The rest ^{of the money} must be sought from willing givers.

One phase of the work that has required much thought and study is the organization and development of an adequate health service for the children. Universities and boarding schools, in fact any organization caring for children or young adults away from their own homes, have had to meet the need of an adequately run and equipped health service. The problem of finding ^a satisfactory health program for ^{the dependent} ~~this group~~ ^{children} has difficulties not met with in any other type of organization. ~~In~~ ^{the children} the first place the ages vary from newborns to adolescents, ~~secondly they~~ are not located in any one area but scattered, some in foster homes, some in institutions, some in nurseries. In some institutions the children remain apart from other groups, in others they mix with the community children. Some receive permanent care through childhood, ^{for} ~~others~~ ^{the care is} very temporary. Some are entirely dependent on the community, others receive part of their support from their parents. Each type presents a separate problem. Some parents, even though contributing nothing toward the child's care, refuse to cooperate in a health program of either prophylaxis or cure. Added to all these difficulties is the problem of money, that ^{backed} ~~green-eyed~~ dragon that raises his head whenever any services must be obtained. Because of this recurring money problem the existing medical services and much medical volunteer work must be relied upon.

For the past several years members of institutions and agencies caring for children have worked together with a group of doctors, dentists, nurses, dietitians, and social workers in an attempt to simplify and clarify medical, clinic and hospital care for the dependent children. In order to define our goal, standards were first drawn up. It is necessary, for instance, to have an incoming child or new admission carefully examined not only for his own protection but to avoid the introduction of any contagious ^{disease} ~~conditions~~ into the home. This ^{elimination} ~~examination~~ in addition to excluding infections answers such questions as, is he well nourished, in what condition are his teeth and tonsils, has he any heart or blood condition, is he immune to diphtheria and smallpox? All these things are determined and placed on

record in order that necessary care may be instituted or new conditions arising be determined at the next routine examination. The older children are examined twice a year or oftener if necessary, the younger ones every three months and the babies monthly or more frequently. If not previously done, the children are vaccinated against smallpox and immunized to diphtheria. These two simple procedures, absolutely reliable and safe, have eliminated two epidemic diseases from institutions. All children have the necessary tests for tuberculosis and syphilis. Every child including your child is entitled to this much expert observation.

Not only is there danger that new children may bring infection into an institution and endanger others, but adults may do it. ~~Of these infections~~ ^{particularly} tuberculosis should be guarded against very carefully. A person working in intimate contact with children or with food preparations distributed to children should in fairness to the younger group have a physical examination and an X-ray ^{of throat} to determine his fitness for such work. This rule, too, should apply to your own household and your ^{servants} children.

In spite of good care and preventive work, children will take sick or get into accidents requiring more attention than can be given by the visiting physician. They may need X-rays, eye tests, or even hospitalization. For this type of service the available clinics and hospital beds are used. After much study and years of experience we feel that the most adequate care at the least cost can be had only if there is a visiting physician to the institution plus available clinic ^{services} and hospital beds when these are ^{indicated} necessary. ^(Necessary is the better word for this) An attempt has been made to have each institution or agency affiliated with a hospital for ^{clinic of free bed} these services. You probably will find it hard to believe that during the past years of economic distress children in need of ^{tonsil operations} tonsillectomies had to go for months before ^{the operation} they could be done, that sometimes several hospitals were called before a free bed could be found for an acutely sick child. Those of us who stand close to these homeless children suffer with them when such things happen. Yet we know that most of you are removed from direct contact and are not aware of these needs or ^{you} they would not ^{let them} exist. The world is too ready to

*This is an important phrase to bring in here -
linking your start and conclusion.*

-6-

aid the child left on the doorstep to believe that ^{our people} ~~it~~ would permit the neglect of any homeless child.

The best solution to all our problems is still the prevention of dependency. The child whose parents are dead and who has been accepted into the love and affection of another home has security and a rational interpretation for this need of a substitute home. But desertion, imprisonment, drunkenness, cruelty, or separation of parents is hard for a child to rationalize and it almost always leads to emotional conflicts. The best method to reduce dependency is to ^{preserve and} idealize the American home. *The child belongs inside that home. Not on the doorstep!*

Radio Broadcast
October 15, 1937
K. P. O.

Dear Doctor Thelander:

*I am safe in making this
ex post facto criticism - you can
not expose my ideas to a test
against your own. I listen
very little to the radio, so
I am not a competent judge of
its literature. But I think
there should be few pronouns
in a radio script, and more
parallelism. You have noted
the many parallelisms, or repetitions
of ideas in the Old Testament.
That was because the Old Testament
literature was, like the radio, oral.
The audience could not turn back
to find what the deuce the
pronoun referred to; the idea was
paraphrased so it could get over.
The radio brings this reversion to*

the technique of the age of illiteracy.

But I found only a few possible confusions over pronouns here, and very little professional jargon.

(One of my students, a Junior College instructor is taking this course chief to curse himself of the vice of jargon.) Your talk was singularly free from that.

I hope you feel well enough and interested with me now to read your article on "Our Male Confreres". I haven't read either of the books you mentioned but would like to read your article.

It might have possibilities for a non-professional magazine.

I hope you prefer to select your own topics in this course. You can do that so much better than I could do it for you.

A. L. Price

I hope you find another semi-permanent housekeeper.

H.E.Thelander M.D.
40 22nd Avenue,
San Francisco, Cal.

Very good A-
2000 words.

A Father for the First Time.

by H.E.Thelander M.D.

Birth is a dramatic event. The scenes may be noisy and not always dignified but they are never lacking in tenseness. The experience may be more harrowing to the dramatis personae if the climax occurs in a taxi cab, but even the minor players in the well regulated delivery room experience an emotional strain that few other oft repeated performances evoke. Not until the ~~youngest~~ performer announces his independence with a loud ~~squawck~~ *debutant* squawck, does anyone relax.

The greatest emotional strain, however, is born by the pacing pater in the corridor. Although, according to the trite phrases of physicians, there is no paternal mortality, the father's fears upon which his emotions are based, are not entirely unfounded. Even with intensive effort and study, physicians have been unable to reduce the maternal mortality much below five deaths to every 1000 living births or the infant death rate below fifty to 1000 living births. Since at least two individuals (Sometimes twins or even quintuplets appear) are involved in each delivery the chance of an adverse outcome cannot be ignored. These figures represent averages and considerable variations from them occur in different races, economic levels, rural and urban communities, and geographical sections of the country. The expectant father probably knows nothing about these figures and, even if he is a stock broker the curves may mean little to him, but accidents happen with sufficient frequency in any community that an aura of hazard pervades the event of birth.

UNIVERSITY OF CALIFORNIA
EXTENSION DIVISION
JAN 4 1939
RECEIVED

A Father---

*Cavied negativ
expressions.*

The mental conflict endured when someone loved must face physical pain and danger, is ~~not an unknown~~ *am inevitable* emotion. The classical example is the suffering of women when sons and husbands must go to war. There is no direct mortality from this illness either, but the anguish is ~~not belittled~~ *dramatic*. A less poignant ~~illustration~~ illustration is evinced by the oft heard wish of parents and elders that they might bear the pain for him of the injured child. Most people would rather endure physical pain themselves than see a loved one suffer.

For a man, who ordinarily plays the role of protector, to be helpless when the woman he loves is in pain and danger, the mental anguish is maximum. In addition there may be a wee bit of conscience annoying the young man. It is at a time of intense feeling that the ghosts of cross words and thoughtless deeds haunt the harpased mind. The prenatal period may not have been as smooth at all times as ~~the~~ *and psychological* honeymoon. Pregnancy causes a number of physiological changes and sometimes a few pathological ones. In this field, too, doctors have struggled somewhat in vain to conquer nature. In a fair percentage of pregnancies the woman is sick at least part of the time. She is nauseated, she fatigues easily, she is irritable, she weeps readily. She may be a stranger to herself and ^{her} husband and indeed a trying person with whom to live. Fortunately the more extreme symptoms are rare, but even without pathological changes, many taboos and fears cling to the bearing of a child that cause conflicts and give rise to emotional changes which may be the basis for altered reactions. Maybe Darwin should be blamed for some of the barnyard interpretations of human reproduction. But regardless of religious beliefs or anti-monkey views on heredity, man tends to place his reproductive urge at the animal level, or at least ~~among~~ *with* the birds, bees and flowers. The emotional development of human beings, however, is as far above that of animals as the mental development of mankind is unique to Homo Sapiens. Often a

*Curiously I have
made the same comparison
between war and childbirth*

A Father-----

*You have become an
epigrammatist. If only
every line could be as clear - but
only Bernard Shaw could do that!*

woman is unaware of her pregnancy for three or four months and as long as she is unaware of it she may experience no alterations in her emotions. There is, in other words, no basis for recommending concubinage. However, if celibacy makes the clergy more godly, a touch of it during the last few weeks of the prenatal period may not be amiss for an expectant father.

Some of the male complexes during the prenatal period arise from the re-awakening of suppressed desires of childhood. The grown up boy is suddenly faced with the dilemma of being pleased to be "papa" when from earliest infancy he has been teased, ridiculed, and bullied out of any manifested paternal feeling. His sisters played with dolls, but he was a "sissy" if he was found fondling one. Before our present era of sophisticated childhood was created by adults, boys and girls played "house" together. They chose mamas and papas from the bigger playmates and the younger brothers and sisters ~~were~~ played the part of children. Dolls were their babies. True, the boys would bolt after a while to romp in the woods, climb trees and generally rough house, but they would come back to their play homes -- just like grown-ups.

Childhood is the proper time to learn the fundamentals of home-making and parenthood. The knowledge should be naturally and spontaneously acquired. The more scientific information about anatomy and physiology should be given in graded doses according to age and development. The pathetic picture of a parent sitting down to to give a four year old an encyclopedic explanation of reproduction because the innocent imp happened to ask where babies come from, is entirely unnatural. Homes, advertently or inadvertently, have been limited to one child because a parent could not face the possibility of going through the ordeal twice of dissecting his emotions to his offspring. The very thought of so doing is sufficient to cripple those emotions. The story of the stork is less harmful and children survive

This is a good point

*But this is
excessive*

1900 to explain the biology of flowers to children, and there would be no further sex current until marriage! And look at reports today

A Father---

it as readily as they do the Santa Claus myth.

The pre- and early adolescent years represent the time of greatest curiosity about the facts of birth and should be paralleled by instruction in anatomy, physiology, and hygiene. This information should be given in its normal context as a part of maturation, marriage and family development. The removal of one bodily function from its context and relationship to other functions and labeling it "SEX" has been one of the greatest errors of our generation. Late adolescence or young adult life is too late a time for teaching home building. This later period is the natural mating time and emotions run too high ~~####~~ for the intellect to function normally.

In the post-war days when ~~hygiene~~ stammering teachers first attempted to teach hygiene to college youth the school physician frequently had to treat attacks of true hysteria after the lectures; since youngsters have outstripped the oldsters in information, "hysterics" rather than hysteria over the lectures is the rule. Love sick youths and maidens are interested in each others and not in babies. After the calmer seas of married life are reached, the earlier and deeper emotions associated with parenthood re-assert themselves. The arrival of the first child would be faced with greater equanimity and the romance of courting days better preserved, if children were given a more consistent training for family life.

Since women have written autobiographies, fathers have frequently been paid tributes similar to the ones mothers have received from sons through the centuries. The relationship between a father and daughter is unique even though the ferreting psychologist thinks he smells a ^{complex} rat. Nothing means as much to many a girl as the memory of the rattle of the door ^{knob} that meant father had returned from work, the romps with him out of doors, his advice and instruction during childhood, father's council during adolescence, father's companionship, understanding and faith during the ambitious years.

This could be used in another article - but is a depression here.

A Father-----

If the anguishing hours outside the delivery room changed the arrogant young male to the man a daughter knows as father, the "birth" of that father was not in vain.

Dear Doctor Melander,

Perhaps I didn't make myself clear on what I had in mind - my idea was an article for some such magazine as Ladies Home Journal or Women's Home Companion, on ^{how} the expectant father may conduct himself during the period of pregnancy - what he may expect of his wife, how he can make her happier, more content, calm the rebellion some women feel. Say the man is 25 years of age - probably \$8 an average age; he is inexperienced, unformed. I don't remember any idiosyncrasies in my family, but I believe they are rather common. Young men are not prepared for them. You touch on them generally, but you can be more specific. This really could be an important contribution.

Next, write A Doctor Looks at His Mail, one of the topics you proposed.

No danger of Bill when looking over my shoulder - I work in the 5th floor - he on the 2nd. I ~~but~~ look over his shoulder when he is doing worse than my copy then I need do to yours! Your secret is safe! G.!

H.E.Thelander M.D.
40 22nd Avenue,
San Francisco, Cal.

2000 words.

Excellent A

The Doctor looks at his Mail.

By ~~H.E.Thelander M.D.~~

The doctor has "looked" at everything else, so why should he not take a look at his mail? Every physician, of course, sees his bills, also some letters from colleagues, occasionally a humorous or pathetic note from a distracted patient, and sometimes ^(by surprise) even a check, but no doctor knows what is in the great bulk of mail that the competent secretary relegates to the waste basket.

Curiosity one day dictated (without explanation) that all mail be saved. The period of hoarding, however, was limited to one week, for by the end of that time every available space in the desk was full, the book cases were jammed and the janitor was complaining because he had no scavenging to do. By weight there were over 20 pounds, by count more than 300⁰⁰ pieces, and by rough calculation it was estimated that the paper would be sufficient to cover the walls and ceiling of the entire office.

Good! In these times of unemployment, it is pleasing to contemplate the vast army of people occupied in filling the doctor's waste basket.

The idea of papering the office was suggested by the art represented in the discard. Everything was there from reproductions of masterpieces to comic cartoons. Various assortments might be made; one room could be devoted to paintings, another to etchings, a third to modern art and another to cartoons. The largest space should be left for a chamber of horrors. Into this room should go such pictures as the ghostly silver and white human mask almost life sized called "Masked edema"; also a modernistic design in black, grey and white of a lady, an owl and a crescent moon called, "What of the night?". A few sinister ones could also be hung in this room

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CALIFORNIA

like the one with the old parched men shaking dice labeled "Don't take a chance!" or the Hindu bust called "Sundry adventures of Marco Polo". In the same room, if space permitted, or in an annex, should be hung the pictures of suffering humanity like babies crying for breakfast foods, convalescents languishing in wheel chairs, beautiful girls in the act of sneezing and broken hearted debutants with halitosis. The advertising art in medicine has indeed progressed far since Doan's Kidney Pills were first popularized in the farmer's almanac by the man with a painful back.

These vivid illustrations should be sufficient to enlist the interest of any doctor but apparently literature attracts at times when pictures fail. One room might be used, therefore, as a library, like the interesting historical library attached to the Huntington Museum. Booklets and ~~#####~~ pamphlets are becoming increasingly popular. Some of these come at irregular intervals, but many appear monthly or even weekly. Each issue has an attractive cover design which again may be a copy of an old painting or etching, a modernistic design or a symphony in colors. One of these booklets purports to hand out "Wit and wisdom in pleasant doses" and consists of clever sayings well interspersed with timely advertisements of the company's products. Other pamphlets devote the pages that are not covered with illustrations to ~~summarize~~ summaries of medical articles relating to the particular drug the firm is popularizing. Still others abstract the medical literature for the doctor with pertinent little advertisements inserted at intervals. Poetry has not been forgotten and cute sayings of children as well as humorous anecdotes find a place.

Journalism, however, does not exhaust the art; letter writing is quite as ingenious. Envelopes are variously marked. The unstamped or open envelope gets no consideration. Those addressed in longhand and carrying a first-class-mail stamp are now the vogue. Even "Important" written across

in open thought & starting a crusade in this subject according to advertisement and beautiful girls with beautiful legs than come; only glorified females even sneeze. It makes his hand a feeling crusader.

the envelope is ineffectual. One package had this on it, "To be handed to the doctor at his request." Postcards addressed in longhand and saluting the doctor by his first name have been tried.

Recently a firm has put a note on the envelope addressed to the Secretary stating the firm guarantees the contents will not reach the doctor's waste basket if it does escape here.

If the letter does get to the physician, the first line must so attract him that he does not discard the message without reading it. Here are quoted some of the valiant attempts. "Did you ever see a turtle climb a tree?", (No one could resist reading on from there!); or "Better than counting sheep--", (There is no mistaking what will follow this!); or "To him who cannot sleep X opens the portal to the land of Nod", (That is almost poetry!); or best of all, "We are still far from equalling the progress made by rat colonies", (Who wants to equal them!). The letters and the post cards often have a timely post script such as, "Your patients may like it as table water -- natural or carbonated", and another, "As the supply is limited we suggest you act promptly".

It might be advisable to add another room to our museum and, copying the precedent of world fairs, devote space to the progress of science. For the mail is not all art and literature, if the contents of food and drug advertisements were mastered and the claims fulfilled, one would be equipped to diagnose and cure every known type of ailment. An infant may receive milk preparations that are anti-rachitic, hypo-allergic, breastmilk equivalents, irradiated, easily digested. The picture of the robust laughing baby in each case is the proof of the products superiority. The vitamins vie with the government in the use of the alphabet. Vitamins may be had singly or combined. They will be found in milks, cereals, vegetables, and tonics. Vitamins come in liquids, powders, pills, pellets, plastules, and perls. Cereals are provided ready to serve in order to tempt harassed mothers. Vegetables instead of being pureed, are now homogenized. The older child has cough medicines, nasal drops and sprays, sedatives and tonics.

*Whole or fractional
(I see Vitamin B₂ etc)
Noted*

Adults needing laxatives will spend a life time sampling the varieties. Gland preparations are inexhaustible. The liver and bile are still inspiring new remedies. Sleeplessness and neurasthenia are ever provoking more aids. Epilepsy comes in for its share of cures. Even cancer has a cure. A suggested intelligence test for practitioners in medicine is the following: Define and give the uses of the following: Activin, Dicholin, Omnadin, Silvogen, Siprotein, Pabutole, Autophysin, Incretone, Prokliman, Theominal, Tonicine, etc ad infinitum. What would happen to the house that Morpheus built if bromide were called bromide again!

fine | The ~~secretary's~~ ^{doctor's} vulnerable spot, however, was finally touched by the firm that originated the idea of supplying the doctor's office with useful articles. Even in the horse and buggy days some firm furnished each graduating physician with a clock dial on which was printed, "Doctor is out, will be in at-" and the hand could be set at the hour. This little gadget was as much a part of the doctor's equipment as his pill bag. A little later the blotter became a means of advertising. It is still popular. Blotters appear in all sizes, little handy ones to go into a pocket note book, big ones that almost cover the desk, humorous ones with cartoons and witty sayings, plain ones with the doctor's name across them, white ones, pink ones, green ones, and multiple ones.

The next most common advertisement designed to be useful is probably the calendar. Formerly a calendar appeared only the first of the year, but when it became popular it too landed in the waste basket. In order to survive the calendar also ~~has~~ had to change; little ones designed to stand on the desk appeared, then blotters with the months on them, and finally each month brought its own ^{representative}. A few suggestions from the secretary might expand this method of advertising. Doctors would appreciate tongue blades, applicators,

*(Do the undertakers send
calendars to the doctors to cheer
the waiting patients?)*

towels, sheets, gauze, adhesive tape, hypo-needles, luers, or why not furnish the doctor's office? A couch might bear the name of a sedative, a stool that of a laxative, a rug might be designed with foot prints like Grauman's Chinese Theatre Patio, to advertise cures for corns, bunions and athletes foot. Some modernistic paintings could be dedicated effectively to endocrine preparations.

The advertising art has indeed gone baroque. It would seem advisable, therefore, before pursuing the present trend further, that the men and women behind these creations be given a long vacation in the country where like Ferdinand, they might sit under a tree and contemplate the herbs. After weeks, months or years of such meditation, maybe there would be a return to sanity in drug advertising.

Dear Doctor Thelander =
Very amusing piece. You see
more mail than I do, but
I get reports from all the
corporations, societies (including
The Friends of the Duke of
Windsor in America - dinner \$1.75)
My boy wrote a well commended
college paper on my mail for
one month. (That is, my editorial
mail.) Wouldn't some journal
be interested in this piece? - but

I'm afraid Dr. Fishbein wouldn't
permit it in his cheery AMA
Journal - but he might, at least,
to show dealers their
personal direct mail advertising
is a flop. Anyway it is
good.

How would ~~you~~ you like
to write a piece on the
text of my marginal note
on Page 2 - about pretty girls
being the victims of diseases
and unpleasant odors?

It's terribly disgusting.

I don't believe little girls
are made of "sugar and spice
and every thing nice" but
I hate to think they are
made of "rats and nails
and puppy dogs' tails."

The Atlantic Monthly does it carry
those ads, so might print the
piece - or Coronet. Have you tried to
peddle "Ladies of Charity"?

If you don't like my suggestion above,
you can write a piece from our
Selection. A. L. Price

H.E.Thelander M.D.
40-22nd Avenue,
San Francisco, Cal.

1500 words.

*Excellent
A*

The Mighty Caesar Turns to Clay.

By H.E.Thelander M.D.

It was heroic to come to the rescue of Oliver Twist and his clan. The little fellow did not count for much ~~a~~ hundred years ago. Children arrived in families at the rate of one or two a year and whether or not they accumulated depended largely on their capacities to buck adversities and survive. Typhoid ~~fever~~ and dysentery picked off scores of babies in summer time and scarlet fever, measles and pneumonia selected victims from the survivors in the winter. Every few years an epidemic of diphtheria or smallpox left only the hardest or luckiest.

Then suddenly ~~some~~ one discovered puericulture. Like sheep, the leader looked over the fence and saw green fields beyond. He vaulted the barricade only to be followed by the entire flock including bleating lambs and *braying* goats. Everyone wanted to do something for the child. In a phenomenally short time, children were little ~~Gods~~ on thrones. Parents gave them undivided attention; ladies of charity helped the poor and orphaned; teachers, nurses and social workers majored in infant care; authors wrote for and about children; and doctors made ~~Pediatrics~~ *Pediatrics* a specialty. *CONIMA*

All the while the child enthusiasts were increasing, the number of children were decreasing, no longer by disease but, ~~by~~ *by* in the words of Ella Wheeler Wilcox, remaining disembodied souls. Whether ^{or not} these unborn babes were restless ghosts in the invisible ether or were merely thumbing their celestial noses at those who have had to don a mortal coil, *Margaret* Sangster ~~won~~ won the day. Babies, instead of being the bitter pills of pleasure, had *time* become the chosen toys of indulgent parents.

I hope this sentence is original with you - it is a delight. (No - I'm not accusing you of plagiarism)

CORRESPONDENCE
LESSON RECEIVED
FEB 20 1939
DIVISION

The Mighty Caesar---

Increase in money and mechanical devices has ^{now} given the mother ^{li}esure to exploit her toy and child enthusiasts ~~####~~, for pleasure or gain, have not failed to capitalize the opportunity. A mother may receive education in child care and training ~~####~~ by radio, magazines, Government Bulletins, Health Centers, teachers, visiting nurses, grandmothers, and neighbors. Commercial firms of all kinds push their wares upon the unsuspecting mater. She is made to feel that her infants success or failure in life depends on the type of bottle from which he gets his food, the shape and application of his dy-dee and the color of the duck's head on his "Toidee" chair.

The Public Health system automatically keeps the food and drink pure and the nuisances contrölld. Baby Centers weigh and measure the infant, supply him with diets, and vaccinate^f him. If a child is passed up on immunization in infancy, he is caught by the school health system ^{later}.

Diphtheria, smallpox and whooping cough are now largely preventable; the Streptococcus is susceptible to a drug taken almost as readily as Aspirin; The Pneumococcus is yielding to a serum; diseased tonsils are refered to the Nose and Throat specialist; broken bones to the orthopedist; and appendicitis to the surgeon. The first child specialist tackled a big field, but certainly no one has succeeded in as short a time or as efficiently in eliminating the need for his own services as the Pediatrician.

fine
Instead of stepping aside and letting the rolling snow ball he started pass him by, the Pediatrician is frantically trying to keep abreast of it. In so doing, he is ~~##~~ becoming a caricature of his forerunners in the field. As a glorified nurse maid, the doctor can remain very busy. For a certain group of mothers, an afternoon at the doctors is a substitute for a bridge game. This pas³time happens to interest her more and ^gives her some

The Mighty Caesar-----

first hand information. At teas, cocktail parties and luncheons she too can join in the conversation with "My Doctor/says"; it is as good as talking about ^{her} ~~year~~ operation. The doctor's afternoon in the office, therefore, consists of congratulating one mother because she beams and tells him her child is the biggest in the neighborhood, and another because her child cut his first tooth earlier than any of her friend's babies, and a third because her baby walked two days sooner than any of the cousins. To counter-balance this, the doctor must next console a mother because cousin Molly's baby, who is cared for by Dr. Jones, weighs 2 pounds more than hers. Then appears a midgit with an offspring a miniature of herself ^{who} ~~which~~ the doctor is to make into a full-back for the father's college team ~~some~~ day. The early part of the afternoon, devoted to little babies, finds the office full of mothers intent on keeping babies gaining at the original rate of an ounce a day, conversation sounds as if ^{infants} ~~little babies~~ like little pigs were being ^{fattened} ~~raised~~ for market. Good The late afternoon, after school, sees scores of distressed adolescent girls who, after ten or twelve years of forced feeding, are vainly trying to curb ~~to~~ their appetites and develop sylph like figures to please the ~~the~~ same doting mamas who fattened them ^{up}.

The closing of the office does not end the doctor's day. The dinner hour, guests or no guests, finds the host directing his ⁷ conversation into the telephone. Every time he lifts the receiver he is greeted with "My baby is constipated", or "My baby has the hiccups", or "My baby sneezed". Into the late hours of the night these weighty problems are discussed. Sunday morning, the one day a week that the Pediatrician might get some rest, has been made almost universally, the baby's day to be weighed. It was so chosen because father is home to help. Invariably, however, every Sunday morning some father

fumbles his baby and the doctor must assure an indignant ^{mama} mother and a distressed ^{poor} father that no bones are broken. Two or three o'clock in the morning is another favorite hour for calling the doctor. The ^{poor, thick-skinned} mother has put off the hour to save the doctors fee, but when it is dark and dreary, fears begin to beset her and so she yields to the impulse and calls for help. This call is always urgent, "Doctor, my baby is dying." Usually ^{the patient} he is sound asleep when the doctor arrives and merely resents being disturbed. The ^{wealthy} rich mother calls at three in the morning mostly to salve a guilty conscience. Upon returning from a night club she finds that the child has been feverish and restless all night. She knows, though she does not confess it, that she refrained from taking his temperature before she left (even though she suspected that he was not well) because it might spoil her evening of pleasure.

Aside from his private practice, the Pediatrician is expected to conduct at least one or two free clinics a week or as a substitute he might have charge of a free service ward in a hospital. He is expected to donate his services to P.T.A. organizations, Women's Clubs, nurses and any other group interested in ~~the~~ the child. He is to advise them on programs, literature, or speak for them when called upon.

Since children are small and helpless and do not contribute to the family income the Pediatrician's charges must always be correspondingly small or charitable.

Even the Pediatric literature reflects the changed specialist. Instead of articles dealing with a fight against death and crippling diseases more and more frequently titles appear with catch phrases like the deploring tendency in lay magazines and journals. "~~Breaking the Hunger striker~~", "Colored gowns and sheets in the Pediatric office", "Candy coated tongue blades", are ~~a few~~ examples.

At pediatric meetings such ^{weighty} subjects as ~~the proper~~ the proper washing of dy dees may be discussed at length and husky he-men ~~almost come to blows over~~ get into heated arguments over differences in opinion on methods of laundering this indispensable baby article.

The Mighty Caesar-----

It may be financially necessary for the present generation of Pediatricians to note which way the wind blows, but nursery maid work is not going to inspire the best brains among the coming medical students to choose Pediatrics.

However, by saving the unfit on the one hand and spoiling the better ones on the other, some future Pediatricians may have a more heroic task to perform than the originators of the specialty.

Dear Doctor Thelander:

Really this is full of points, some delightfully sharp, and I had fun in reading it. I'm sorry I didn't show it to Anna when she came home yesterday. This is the sort of witty and shrewd article that ought to get over. I wonder if Collier's would like it!

Here is a suggestion for a piece "Why Women Doctors Do Not Marry" — I know some do for all I know you have a handsome husband with a seat in the stock exchange and a chair at the Pacific Union Club, but I have known of many women doctors who didn't marry. Is there a reason?

I hope you have recovered from your flu — anyway, it helped your literary style. A. L. Fenn

H.E.Thelander M.D.
49-22nd Avenue,
San Francisco, Cal.

Assignment 13.

Excellent A

A.L.Price.

2000 words.

Medicine at the San Francisco Fair.

Anonymous.

The Hormone Woman was making unintelligable noises when I stopped in front of her the other day and the longer I watched her the more mystified I became, for as the lights flashed on and off, ^{potential} her offspring, which at first sight was well along in its development, grew smaller and smaller. Then the ~~young lady~~ ^{attendant} in charge stepped up and informed me that something had gone wrong with the hormone lady and she was not performing properly nor would she be back in order for another fifteen minutes. I was greatly relieved but also a wee bit amused as I thought of the many women who at some time or other would have liked to put their own hormone reactions into reverse.

Not so long ago, the doctor looked at the patient's tongue, felt his pulse, ahem-ed and ah-haed and wrote out a Latin prescription. The field of medicine was a mystery akin to magic to the lay person. At the San Francisco fair nothing is left to magic and very little to the imagination. The modern physician has right about-faced and is attempting by figures, lights and # mechanical devices to make clear to anyone who wishes to learn, the intricate make up and workings of the human body. The construction of the models is perhaps not entirely educational in purpose, as the maker must get fully as much pleasure out of his devices as papa gets out of sonny's electric train at Christmas time.

The most ingenuous ~~###~~ method of teaching anatomy, is unquestionably transparent illuminated body. One physician, after visiting the exhibits he fully expected some little girl patient of his wpuld come in with the complaint that the light in her spleen had burned out. Misinterpretation, however, can be readily righted if the visitor will only step across the ~~##~~ aisle and

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Medicine at the S.F. Fair.

see the Mayo models do a ^{stip}tease. Layer after layer of the body tissues are removed, most of them unilaterally in order not to overtax the memory. The heart and vessels ^{stripped} of all coverings in the next booth, must vie with the brain and nerves, equally bare, for the nudest prize in anatomy.

Beauty may be only skin deep, but curiosity goes much deeper. It must be somewhat disconcerting for the girl in Folies Bergere to have these transparent and illuminated rivals competing so successfully with their show.

The Botanical physiology is better displayed than human physiology, and should give exhibitors new ideas for the next fair. The attempts to demonstrate mechanically the circulation, respiration and kidney function ~~##~~ are fairly successful, but not as realistic as the rise and flow of the sap in the tree trunks or the intricate exchange in the leaves of the plants. So much is suggested by the sister science that minds are probably already at work on inventions to show human cell physiology.

The studies in heredity, likewise, both in the plant and animal Kingdoms, surpass the genetical studies of man. The exhibits on ^{selective} breeding and breeding of cereals, fruit, vegetables, chickens and cows are not only convincing but the results are accepted without controversy. In dealing with Homo Sapiens, the ugly is beautified and the unfit saved to reproduce its kind and few ask the question, "Whither will it lead us?"

Several booths are devoted to the growth and development of the human embryo. Some of the displays have models but others have actual anatomic specimens. The most fascinating of these revolves on a cylinder with the ~~actual~~ embryos from ten weeks to six months above and the corresponding skeletons below. It should be enlightening if not startling to many visitors to see how early in embryonic life the human form in all details is formed. It might clarify for some, the doctors adamant attitude toward interruption of that development. When is infanticide not infanticide?

Second only to the interest in the birth of a baby, is the public's curiosity about operations. The models for the removal of the appendix may not be as dramatic as the spectators had anticipated, but the operation is so realistic that the doctor in the group instinctively feels for his mask or starts to remove his gown when he leaves the rail. The demonstration of repair work on distorted faces is apparently viewed with more equanimity by the average sight-see-er than by the physician. The person who is squeamish about ugly things glances and turns away, but even such a glance recalls to the doctor long histories of sorrow, tragedy, and heart-breaking complexes-- however, this ^{is} read between the lines and seen through the illuminated panes.

The cancer exhibit particularly shows the doctor's persistent sniping at an enemy that he is still fighting in the dark. The diligence, patience and perseverance of the scientist in this discouraging field will not go unrewarded.

The great work on insulin, on the other hand, is now so well launched that the exhibitors can confidently use such arguments as, "Diets before and after" or the cost of insulin in the terms of cigarettes.

Medicine, ^{on the other hand} however, is mundane ^{to the lay person who} compared with surgery. It is like the study of a blue print ^{instead of} ~~as compared with~~ viewing a painting of the finished structure. The surgeons have capitalized on this attitude of the public. The recent revolutionary discoveries in drugs and serums may ^{however} sway opinion again back to medical magic. "Restraint" is the word most applicable to the displays of the newer treatments for pneumonia, Streptococcus, Meningococcus, and Gonococcus infections. These stupendous discoveries of the last few years and even of the last few months are portrayed as it were in monotones with no inflections and no elations. There is no arch of triumph, no winged victory, no flying banners, no blare of trumpets and no laurel wreaths over the booths ~~with the~~ showing the most glorious victories over man's greatest enemy, the bacteria.

The exhibits by the department of health, social welfare and institutions show the advances in the application of scientific knowledge and discoveries.

Before leaving the exhibits the visitor should view the panels depicting the training required before the young man or woman is given a permit to practice medicine. The preclinical sciences include physics, chemistry, anatomy, physiology, pharmacology, and the clinical branches cover medicine, surgery, obstetrics and pediatrics with all their sub-divisions. These studies are then supplemented by technical training in the use of instruments for looking into and inside the body organs and cavities. Even when all this has been mastered, correct diagnosis and therapy of the individual patient depends on the proper interpretation and application of this knowledge. The individual with the best inherent capacity for a physician is hard to select.

The advances in medicine here displayed are tremendous, yet recent newspapers and magazine articles have accused doctors of being unprogressive and behind the times in human progress; The exhibits are models of modesty, but physicians have been told that they are arrogant and dictatorial. The question might, therefore, be raised, "Is it wise to educate the public"? May not these attempts to simplify and clarify the most baffling and intimate of the sciences simply make the non-scientific person feel too soon that he knows it all and tempt him to take the administration of the work out of the doctors' hands? It may be so, but the majority of the doctors will be led like lambs to the slaughter rather than change their ideals or tactics. ^{It} ~~There~~ may have been a significant purpose for calling that heroic figure of history who as a reward for his good deeds, saw but a cross, ^{was called} the great physician.

But, lets get back to the hormone woman, she should be back in working order by now.

Journalism 842.

Assignment 12.

Excellent A

A.L.Price.

H.E.Thelander M.D.
40- 22nd Avenue,
San Francisco, Cal.

4000 words.

IS MEDICINE A DESIRABLE FIELD FOR WOMEN ?

By H.E.Thelander M.D.

Since women physicians have been glamourized on magazine covers, by radio, and by stars like Kay Francis and Ann Harding in the movies, the motive for ~~desiring~~ ^{seeking} an M.D. has changed. It is no longer necessary to enter the field for the mere purpose of proving that it is not impregnable. It may be timely, therefore, to analyze medical work, not as a battle ground for feminists nor as a passing fancy for debutants, but as a desirable or useful employment field for women.

Not long since, prejudice precluded a reliable opinion from either sex. Men, ~~refused to evaluate women as individuals~~ because they were blindly opposed to the ^{feminist} invasion of the opposite sex into a field generally considered exclusively their own, refused to evaluate women as individuals; and women, becoming bitter, failed to distinguish between just criticism, often warranted, and what they termed masculine prejudice against the sex.

The discussions and dissensions on the question of women's fitness for medical work have generally been limited to attributes that have nothing to do with ^{Gender} ~~sexual~~ characteristics. The ability to learn, the first line of defense, has been proven beyond debate by both college records and intelligence tests, to be independent of sex. It is absurd to discuss it further. The question of the physical strength of the two sexes can be quite summarily dismissed. An unusual physique is not required to practice medicine. Loss of sleep, fatigue, emotional strain, the sight of suffering, are all withstood by women on a par with men. That is being generous as it is usually the man who faints. Dexterity and individual characteristic and its application to any field varies with

Yes?

Isn't there a word that has a less sensual connotation?

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*I agree with you about the
E - but we are in a
minority against the
dictionaries.*

tradition, training and public opinion. Sewing is ordinarily considered women's work, yet men make good tailors; cooking is usually the function of the housewife, but most large establishments have male chefs. The hand that carves the meat and sews on the buttons can be trained to do surgery. Judgment also is a quality dependent upon inherited capacity coupled with training and experience and appears developed to different degrees in individuals of either sex. Conscientiousness, frequently mentioned as a feminine quality, certainly is shared by a great many men. The ability to inspire confidence, upon which attribute a practice depends, involves two parties and, therefore, is dependent upon the personality, intelligence and training of the patient as well as the doctor.

Through centuries of adaptation and training, men prefer members of their own sex as personal physicians even though they accept women as nurses. Among women the choice of physician, aside from training, ability and personality, depends on many factors. The Hebrew women, long trained in patriarchy, usually show a preference for men in positions of leadership. Likewise some foreign women from countries where the professions are open only to men prefer men, ~~but~~ in contrast, women of India and some other Eastern countries will not consult men. The ignorant and particularly the stupid woman questions the ability of other women probably because she judges others of her sex by herself. The "clinging vine" type of female will always need a man and always find one. The educated women and those who have competed in the world with men are the ones who are most apt to choose a woman physician. In addition to these, there are many women who because of modesty or shyness prefer consulting a woman. Still others have had their confidence in men shaken by some unpleasant domestic experience or simply feel that women have a better understanding of problems and are more considerate than men. There is, therefore,

Is Medicine -----

a clientele for the woman physician who wishes to practice medicine.

After having dismissed all of these attributes, the fact remains that ~~Homo Sapiens~~ is a bi-sexual animal, and the functions of the two sexes in procreation are very different. The sex impulse is more strongly developed in the male than in the female. This is true throughout the animal kingdom and man is no exception. The desire for children and motherhood, on the other hand, is usually more compelling than the desire for fatherhood. The reproducing period is shorter in women than in men; man's ^{participation} ~~part~~ in reproduction is brief and woman's is long. Upon her adjustment to these fundamental factors depends woman's success or failure in medicine.

The average college graduate is twenty or twenty-one years of age and unmarried; seemingly up to this time the single state works no particular hardship on either sex. The addition of four or five years of professional training with intensive work may and usually does, submerge the question of marriage until the age of twenty-five. The accomplishments of the two sexes up to this time are usually indistinguishable. The end of the training period, however is the crucial time. Success for the future depends largely upon intensive application and personal adjustment. Most men marry and assume the responsibility of a home and family. Man's position in so doing is different from a woman's; he does not bear children, nurse them or do much of the daily chores for them, but he compensates for this by an increased desire to protect and to provide for the mother and offspring. The new responsibilities are a powerful incentive to work, to compete and to succeed, - there probably is no greater incentive. Man's success or failure often depends upon the woman he marries and the inspiration she is to him. There are exceptions.

A professional woman cannot duplicate man's experience at this stage. If she marries and has a family, her position is in no way similar# to a man's. Her part in procreation is different; she bears the child for nine months during which time she is his protection and source of nutrition. Physiological changes

its (?) Isn't the embryo referred to by it?

participation might be the more accurate word

Since you say often this is not needed

changes occur within her. Her thoughts and emotions are turned inward. It is physically necessary for her to step out of work for a time to accomplish her purpose, and emotionally there is a strong urge to watch over and care for the offspring herself. This of necessity has the opposite effect on a woman's professional career than man's position has on his work. Her mind is distracted from ^{her career} ~~it~~ instead of being inspired to greater activity. Furthermore, because woman's period of reproduction is limited she must decide for motherhood fairly early ~~in her career~~, which usually means an interruption in her work at a time when intensive application to it is most essential for success.

There is no deterioration in woman's mental ability during this period. There is simply a change of application and interest.

The woman preparing to enter the medical profession, therefore, should be compelled to seriously consider the possibilities of her own success in the field. If she is a woman of only average college ability and has a strong attraction for the opposite sex with a real urge for motherhood, it is a waste of time and money ^{for her} to study medicine. She will marry and have a family, ^{her mental capacity limits her,} and either give up medicine entirely or use it as a hobby. This position of women in medicine is undesirable. It is a waste of time and money and lowers the dignity of the profession. The person contributes nothing of particular value by having a degree nor is her training of sufficient benefit to her to compensate for the time, money and energy expended.

Women with superior intelligence and industry may work out a satisfactory career, which includes marriage and children; but it means a careful balancing of duties and responsibilities ~~in~~ in order not to neglect the home and at the same time contribute something of real value professionally. ~~It also requires~~ Sympathy and understanding by her mate. ^{is also essential} If ~~she~~ wishes to practice medicine,

^{a wife & mother}

I s medicine-----

she must have courage to take time out from her career for her family duties in order that these ~~be~~ in no way ^{be} neglected, and yet she must devote enough hours to medicine to keep abreast of the times in that rapidly advancing field ~~to resume her~~ or she will not be prepared to resume her work at a later date. Mothers have been successful doctors but it takes very exceptional women to do two fulltime jobs well. Not all applicants to medical schools are exceptional. Some women with families have succeeded by concentrating upon some single problem which limited time has permitted them to do well and thus won recognition for themselves. Still others have met the problem by marrying and continuing work either separately or in partnership with husband but having no children. If this arrangement is satisfactory to both partners there is no valid objection to it. No woman with family responsibilities has the range of freedom and activity that a man or a single woman has.

The easiest solution and the one most often attendant with success for women physicians is to remain single, and many CHOOSE to do so. By the time a woman is through the medical course and well started toward a career, she is already of an age when ~~when~~ the desirable eligible men are few. Public opinion permits a man a choice of wife from from all women regardless of age or mentality but limits a woman's choice to men older than herself and her equal, or superior mentally. May these standards for women never change!

Celibacy is no problem to many women and it may be a boon. Spinsters chiefly dread the secondary disadvantages of a single life. There is still a certain onus attached to the name "maiden lady" or "old maid". Many single women find it difficult to adjust themselves socially, or a fear of loneliness besets them. But the educated and cultured woman can easily find a happy adjustment and more than one woman lives alone and likes it.

For the# well-prepared, intelligent and happily adjusted woman there

Is medicine-----

are plenty of opportunities and surprisingly little prejudice is encountered. There not enough such women to fill the places open to them. On the other hand, it is often difficult to make hospital appointments from among women students ~~##3~~ because their decisions are dependent upon a husband's appointment; or a woman is given a position of responsibility with a long-time appointment and then suddenly interrupts her work to have a baby. Other girls accept positions and do satisfactory work, but are unexpectedly called upon to leave because the husband's work has been transferred. Finally, the reactions of a woman in love are always unpredictable, - the most brilliant career may be suddenly dropped and apparently forgotten without a sign of regret. Many positions once open to women have been closed because those in authority have encountered difficulties repeatedly and wearied of feminine appointees.

Admissions to medical schools should not be made on grades alone. Several interviews to determine the fitness of a girl to enter the field should be held. The disadvantages and the difficulties inherent in the work should be pointed out to them and a more definite attempt made to limit the field to women who are capable of difficult adjustments and most likely to contribute to the advancement of science.

Dear Doctor Thelander: Thank you for a shrewd, witty and informed article. You answer my question nobly - but I didn't accuse you of plagiarism, and from the condition of the stock exchange these days, no gold digger would be interested in a broker. Here is another topic that

might find publication.

"Medicine At the San Francisco Fair."

Walking briskly through the Science Building last night it seemed to me that an average bright person could learn enough there to qualify for a Nevada or New Mexico medical license.

You could make a good report on the exhibits - of course not in detail, but comprehensive.

A. L. Price

301 West 10th Ave

University of California
Extension Division
April 23, 1939

Journalism 842
Assignment 14

Dr. H. E. Thelander
40 22nd avenue
San Francisco

Dear Doctor Thelander:

The only trouble here is that you have written three articles instead of one.

You start out on a walking tour of the Art Building.

Then you change suddenly to an excellent discussion of the freakish in modern art.

Then you end briefly with a discussion of perspective and three-dimensional art possibilities.

Your first paragraph, however, can be part of your main theme.

Perhaps the difficulty I find with the article is in the abrupt transitions from one topic to another. But to rearrange it, roughly, keep paragraph one, all of page 2 and 3, and a more definite application of the idea of perspective as a cure. *make*

Antique
My theory of "modern art"--which in America, Benton, Wood and Curry are making ~~passé~~--is that the painters dispaired ~~for~~ of competing with the old masters and the technicians of the Sargent, Innes, Whistler epoch, and so tried something different. That theory is supported I think by your more incisive theory of infantilism. My theory is somewhat "historical", yours pathological.

If you could revise the second paragraph on Page 1 and most of Page 4, you would have a strong unified article. The trouble with Paragraph 2 Page 1 is that it leads the reader to expect you are to take him on a tour of the Art Building. The word stroll gives that idea.

(You know in reading we are watching a procession, not viewing an organized masse en scene. Each word, as it passes the reviewing stand of our eye, creates an impression. The word "stroll" creates the impression that we are to take up each picture, or gallery, or period in order. But then you suddenly jump out of the particular individuals or type, into a psychological discussion of modern art.)

Perhaps in your use of the word "juvenile" you have made a contribution to criticism. (I'll have to ask Al Fried is that is new.) Anyway, it is worth developing. Use classical art merely as a background and index of comparison. Mention more modern artists by name, and cite their work. Juvenile frustration may be the explanation--but I can't see what criteria the art committee uses in selecting pictures--they all look equally bad to me--from Matisse down--and yet I know Matisse is considered a master!

There is no examination in this course. If you like, you may send me

Oru

one of your medical articles--a published one--as the 15th assignment.

Maybe this course has had something to do with your recent literary activity. I feel that you ought to have a refund doubled on this course, for I must have learned more from your papers than you learned from my comments. But don't get excited--there won't be a refund! You can just have the feeling that you are entitled to one, and as a doctor you probably are often entitled to a fee you don't receive.

If you unify this article I am sure you shall have a larger audience than simply me--for it seems you have found the answer to a lot of artistic puzzle.

Cordially,

A.L. Price
A.L. Price

H.E.Thelander M.D.

3000 words.

40-22nd Avenue

San Francisco, Cal.

Excellent A

The Doctor Looks at Modern Art.

Anonymous.

A short while ago an eye specialist wrote an article attempting to show that some of the distortions in modern art were actually the result of ^{however} defective vision. Few people are credulous enough to believe that the incidence of faulty vision among ^{modern} painters is close to one hundred percent. Furthermore, eyes are not the only connecting link between medicine and art. Critics will point out the undulations in Von Gogh's paintings corresponding to his mental states. Recently at a private exhibit, the artist ^{home from the tropics} referred, facetiously, to his "Malaria" and his "Dysentery" paintings. ~~He was showing works just completed in the tropics.~~ The association of medicine and art is even more intimate than these suggestions would indicate. Psychiatrists often use the drawings of mental patients as an aid in probing into inhibitions, ~~suppressions~~ and complexes.

A stroll through the art exhibit at the world fair ~~to the doctor~~ is a bit suggestive ^{to the doctor} of hospital rounds that start in the maternity ward and end up on the psychiatric floor. A turn to the right on entering the building introduces the visitor to the primitives. The sampling is not large but adequate. Madonnas predominate. The development in color, form, perspective and accuracy in presentation is consistent and progressive. There is apparent in the art, the artist's striving for perfection. (The renaissance saw an attainment as near perfection as art has ever reached. The road to beauty ~~##~~ was not easy. Leonardo da Vinci was not content to study the living form, but under extreme difficulties dissected the human body and studied anatomy so thoroughly that his knowledge in this field is traditional. Other artists worked equally hard even if ^{they were} not as versatile as da Vinci. This age was followed by one of selfishness, greed and finally speed. An age not conducive to devoted application. The psychological results are apparent in the paintings that have followed ~~the~~

*Remembering I think it is the
excuse - I forgot there is the
first condition.*

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from an imitative group, they degenerate to representation of plain temper tantrums over a goal too high^{= perfection?} to be attained.

There are many different manifestations of artists' frustrations, but only a few characteristics# ones need to be pointed out. The most obvious reaction ## to failure or hopelessness in attainment of a goal, is a reversion to infantile pleasures. Emotionally it is very much like the reactions of a four year old when a new baby arrives in the home. The youngster instinctively feels he should grow up but dreads assuming the responsibilities of big brother and clings longingly to his babyhood. Consequently, he frequently reverts to a bottle or to thumb sucking or even to bed wetting. The artist Equivalently reverts to primitive drawing. There# are numerous examples of such reversions to the infantile in the Fair exhibits. These paintings ^{have} put everything in one plane; animals are drawn crudely; object are out of proportion; there is no logic in the arrangement of the figures; the subject is simple. If a child is given a pencil and put to bed to nap when he does not want or need sleep, the murals on the wall by his bed will compare favorably with much of modern art.

Another type of juvenile frustration takes a somewhat different form. Maybe it should be considered a little more mature. We have all seen a child supplied with blocks and models of animals, men and trees, start out to build a little world of his own. His co-ordination, however, may not be fully developed and when his building has reached a certain height the center of gravity may not be in the right place and things topple. If he is of a patient nature, he may try and try again; but if he does not finally succeed ###, with a few swift sways of his arms and legs he scrambles the whole pile. The defeated artist does the same in his paintings. Note the head cross-wise on the body, an apple, a cow, a key and a chair scrambled into one picture.

Another somewhat more serious form of reaction is sometimes observed in a child placed in a difficult situation. Occasionally, one child in a family suffers from constant comparison with a superior sibling. If the goal set for

Isn't this typical of surrealism?

the child is above his power of attainment, he may suddenly revert to the opposite extreme. He may become viscious, destructive and sullen or ugly in his moods. Again the artist may suffer a similar fate. If he is unable or lacks the # patience to perfect his art as he sees it or desires it to be, he may revert to the opposite extreme and draw his figures totally out of proportion- pin-point heads, elephantine legs and frog like faces. *There are plenty examples of such works in any modern exhibit.*

A few, ^{artists} fortunately a very few, show real sadistic traits- with painting of bodies torn apart, leering skeletons, and abnormal mutilations. If putting such thoughts onto paper relieves penned up emotions and irritating tensions, the paintings may serve a humanitarian purpose. It is likely that ^{the drawings} they would serve that purpose equally well if relegated to the ash can when finished instead of hung on studio walls.

The popularity of modern art can also be explained by the modern trend to exalt the juvenile, to concentrate on the child, to let the young grow without inhibitions and without discipline. The modern artist, like the modern spoiled child, should ~~should~~ have his foolish creations junked and his fingers spanked.

If for no other reason, for the sake of posterity, the present art should not be ~~preserved~~. Suppose through some cataclysm nothing should be left to reveal to some future generation the characteristics of the forbears but art, would ^{we} prefer that the new race know us by Michelangelo's "The Holy Family" or by "A Nude Descending a Stair"?

Cont. Next page

If modern art is a medical problem, is there a cure? There is an ~~occasional~~ trend seen in an occasional modern painting that gives the doctor hope that a cure may be found. A new objective is needed. Some discovery that will give the artist a new goal to reach. As mentioned earlier, one of the most striking advances in early art was the introduction of perspective into the drawings. Although the development of perspective shows some evidence of growth, it was introduced almost as a sudden discovery. Even with perspective, paintings have remained flat; the figures have never moved out into space as they may be seen, for instance, in a stereoptican view. Generally it is considered impossible to achieve this effect without the outside aid of special glasses and double pictures. However, an Italian painting viewed recently (Not at the Fair) almost had it. The grapes in the garden hung round and luscious from the vines. The fruit did not merely suggest roundness, it looked round and hung in space. A few of the contemporary American artists seem to be struggling for the same effect. At present the most simply drawn pictures reveal ~~reveal~~ best the possibilities of third dimensional drawing. Once the art is discovered, details will follow naturally. Uncomplicated pictures, such as a single house on a sandy plane, or a lone barn in a snow field show the beginning of a new technique. It is a goal worth striving toward.

There are other goals to be reached. The renaissance artists perfected the art of painting textures; silks, satins, velvets and brocades look real in the pictures. But no one has painted water that looks wet, mobile, transparent and blue. The nearest approach to a successful portrayal of the characteristics of water again was seen in Italy, done by an artist in Capri. There are other phenomena of nature and of man that have defied the painter's brush and should inspire new efforts at original work. There is no real necessity to either revert to the primitive or give up with a gesture of despair. Modern art is simply the fruit of a lazy, spoiled generation with marked psychopathic tendencies mostly of a hysterical nature.

Journalism 842.

Assignment 15.

Excellent A

A.L.Price.

H.E.Thelander M.D.
40- 2 2nd Avenue,
San Francisco, California.

1500 words.

Short, Short Stories in Medicine.

H.E.Thelander, M.D.

Paul was a young Sicilian fisherman with a wife and three small children. Paul liked ~~particularly~~ to hob-nob with doctors. He enjoyed giving his professional friends a Sunday of deep-sea fishing or a trip to the Farallone Islands. He paid for his medical care with crab and wine and no one objected. Paul had many friends but one enemy was his undoing. Argument frequently occurred between Paul and a rival fisherman regarding the right to tie up the boats at a favorite dock.

One night Paul came home from fishing to find what he considered his dock, occupied by the enemy's boat. Paul was angry but deliberate; he turned the parked boat loose to drift and docked his own. When he stepped up on the dark wharf, after executing this maneuver, however, he faced a gun. Paul drew his own weapon but it was too late. A young girl was left a widow and three children fatherless. This version of the story was accepted by friends and acquaintances. No one saw the duel and no legal aid ^{was} sought.

A short time after the death, I was called to see Johnnie. The home and family ~~was~~ draped in black. The obvious sorrow and plight touched me and I asked a brother-in-law, who acted as interpreter, if Paul had left anything for the support of the family. The man shrugged his shoulders and replied, " Yes, he had insurance for 500.00 dollars but the funeral cost that much." When asked how was the family going to live? he said, "Oh, we six, they four more, six- ten- all the same."

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Short, Short Stories.----

North Beach Psychology.

After I had examined three year old Lydia, her mama said rather ruefully, "Me and my husband no live together any more." Italian Catholics do not resort to divorce very often and the woman's statement surprised me. I expressed my sympathy and ventured to ask the reason why. She rather hurriedly explained, "Oh, he pay for Lydia and all the doctor's bills but he drink too much". "Ah," says I, "If he drink too much maybe he will spend all his money and not pay for Lydia." (I didn't add ^{and} "The doctor bills"); "No, no" says she, "He is a good man, he work hard, he pay his bills, his boss like him. But, you know vat I think? I think he aint very bright, he no learn English, he kind of dumb. Then he drink a little, and soon he thinks he know every thing and I think that vy he drinks".

Mary had a little Limb.

Aunt Mary had diabetes, and diabetics sometimes get gangrene. When one morning Aunt Mary woke up with a painful swollen toe and her family doctor looked concerned and talked about ~~removal~~ ^{amputation}, Aunt Mary called another doctor. After the small town physicians had all paid a visit and had all agreed that amputation was necessary, Aunt Mary packed her trunk and bought a ticket for an Eastern clinic. This time, however, even the big specialists agreed that the leg must come off. Reconciled to her fate, Aunt Mary had but one request to make. Every one concerned was glad to say, "Yes, Aunt Mary, anything you wish we will do." Then Mary wanted, (of all things!) her amputated leg sent back West for burial in the family cemetery plot. Aunt Mary probably had visions of the day of resurrection catching her hopping up with only one leg and the other one bursting its glass jar several thousand miles away to seek its old place of attachment. It would be much more esthetic to have the parts assembled in advance. The request was granted and the leg amputated.

*I believe
psychologists
give the sound
of amputation
for some
drinking*

*I thought you meant merely
removal to a hospital. Be careful
of ambiguous technical terms.*

Short, Short Stories----

Then the real trouble began. How was a lone leg sent across country? Did you consult an undertaker or cold Storage? Some one suggested that the Department of Health might have useful information and the problem was referred to it. In this Department, the message was stepped up from one Division head to another until the Director faced it. After considerable cogitation, he decreed that if the package was sealed into an air tight container, he would approve its shipment to the West coast or to Mars. This much accomplished, the question of shipping next confronted us. A body travels on a ticket, accompanied, but how does a lone limb travel? Again, there seemed to be no precedent. A complete railway fare and a traveling companion seemed too expensive a procedure. ~~One might wait~~ One might wait until the patient had recovered and then she might be her limb's own escort, but it seemed rather sad to have part of yourself in the baggage coach ahead and sadder to have to pay fare for that part when if attached, one fare covered all. It was finally decided to forget that it had been a human leg and send it by freight. At the freight office it was learned that the contents had to be declared and when this was done there was no listed price for such an article. Fortunately the clerk had a sense of humor and with a wink said "Lets send it as dead fish". And as dead fish Aunt Mary's amputated limb went to its resting place out West.

Goods

This reminds me of the Irish lady who declared she must be buried in a dress, not in a shroud that did not meet in the back - ~~to~~ She was not to appear immodestly attired on the Judgment Day - (Honest!)

I am sorry your course is ended because I have enjoyed your papers.

You are right about continuous writing. Even Bernard Shaw says he has to write

Every day or he slips.

Al tried, the Examiner art critic,
questions your theory of juvenilia
as being responsible for ~~sub~~ surrealism
and such fantastic art manifestations.
(No, I did not mention your name)
My theory is these artists despaired
of improving on historic art from
Rembrandt to Whistler, and
tried something new.

My daughter Anna (once a
patient of yours) graduates
from the University as B.S. next
Saturday, but does not finish
her "hospitalization" until August.

Again, thank you for your
interest in the course, and your
good work. Students like you
take the curse of fertility
off me.

Cordially
A. L. True

IF I WERE QUINTUPLETS

Five brains that think in quintuplet time - my theme song. Plays, novels, and essays have been written on the subject, "If I Were a Millionaire", and why should I not take a flight into fancy, in which my riches are mental instead of material. The imaginary spenders of millions have probably all secretly hoped that the million would be theirs to spend sometime, whereas, a superabundance of grey matter is either looked upon as impossible of attainment or already possessed and therefore not subject to fantasy.

Everyone has at sometime or other wished he could be in two places at once or do two things at the same time. Identical multiple births offer a means of fulfilling this wish. The members of the party arise from the complete divisions of one cell. The separate organisms are therefore equal in capacity and identical and yet each division is equipped with the appendages to act separately. A perfect state.

My special field of interest is medicine or more particularly pediatrics, that branch dealing with children. The ramifications in this specialty are many and I feel quite modest limiting myself to a quint.

The Marie part of me would be a practitioner. She would make the hospital calls, visit the sick at home and attend to the office. She would have time to study the mysterious illnesses, to rejoice over a brilliant diagnosis and thrill over cheating death of its prey. Mothers in panic over real or imaginary dangers she would pacify; fathers unfamiliar with the methods of doctors and mothers she would instruct; grandmothers who know it all she would flatter. Her years of training

and specialization would equip her to diaper babies in the very latest fashion, to make holes in nipples exactly the right size and to so dress and conduct herself in the presence of the young as not to condition them against the physician and his procedures.

My Cecile part would spend her time in the laboratory. She would be an investigator, a great research worker. All Marie's unsolved mysteries she would ponder. Rabbits and guinea pigs, mice and monkeys would be her playmates. She would use them as soldiers on the battlefield and sacrifice them by thousands. The bacteria would not escape the eagle eye of her microscope and she would defeat the virus in the game of blind man's buff. It would be science for science sake, no longing for rewards, everything carefully controlled, checked and double checked, credit given to contemporaries who succeeded where she failed; a lifetime in obscurity among test tubes and musty odors all for the joy of working.

The Emilie of me would do public health and child welfare work. Marie's brilliant diagnosis which might incite the admiration of professors would interest her only slightly, a rare disease involves only a few individuals, Emilie would be interested in the masses. Children, all children, should have clean milk and pure water, they should be safe from epidemic diseases such as diphtheria and small pox. She would not be interested in practicing medicine - Marie could do that. The crippled, blind, and deaf should be given every available means science offers to restore them to normal or, failing this, they should be trained to such usefulness as their handicaps permit. The feeble-minded would be properly housed, the delinquent would be guided, the prodigy would be taught "pride goeth before a fall". The orphans would be given the best possible substitute home, the children from broken homes would be isolated from their elders as from a plague and the parents would be spanked.

Emilie would use Marie's knowledge for individuals and apply Cecile's discoveries to the welfare of all.

My Yvonne fifth would spend all her time in the library and at the typewriter. She would keep Marie and Emilie and Cecile informed of everything new that is published. She would criticize and evaluate and discard the information gleaned from the printed page and she would co-ordinate, elucidate and convey to the rest of the world the theories and discoveries of Marie, Emilie and Cecile. Her publications would be lucid and grammatically perfect. They would be written only when there was something of real interest and value to write. They would not be hurried to get priority, they would not be verbose to attract attention. They would give credit to others when credit was due and criticize when criticism was deserved.

The Annette of me would teach. The young, hungry minds should be given in a comprehensible way the art of practice, the joy of research, the pleasure of public health and social welfare work and the inspiration for writing. The honest, sincere, and intelligent would be directed, informed and encouraged. The stupid would be flunked, the cheater annihilated and the egoist shot at daylight.

"What about the other amenities?" I hear someone say. Well, I would marry quadruplets who would bring into my life art, music, literature, and play. Marie would have to be a spinster. No one who practices medicine, be it Mary or John, has the right to inflict himself or herself on a mate.

Fall 1936
H. L. F. Lander

~~What we~~

Let the Male be Your Guide.

Women have been so occupied getting into the field of medicine and learning equally well or better than men, the science of medicine that they have had very little time to study the art of medicine. It is timely that their thoughts should now be directed to this amenity. A true scientist profits by other peoples experiences and to whom should a woman more naturally turn to learn the art of medicine than to man.

Women will probably never experience the necessity of keeping another sex out of the field. ~~They can, therefore, ignore, forgive and forget the tactics used by the male to keep women out.~~ The "Neuters" promised by British scientists or the beings of Huxley's "Brave NEW World" are still too fantastic to give great concern. Women should, therefore, ignore, forgive and forget the tactics used by the male to keep women from entering the medical field.

If we turn to the more practical things, the first to concern us might well be dress. Many of the early women in medicine imitated ^{man} as far as ^{feasable} ~~possible~~ in her dress. Some women doctors still do, though the tendency is waning fast. Manish clothes and hair cuts as well as masculine poses are disappearing though the stetoscope around the neck still often replaces a necklace. Women are learning that the best sales talk for femine^{ne} science is femininity. Even the most feminine creature should draw the line at wearing last years evening gown no matter how altered, to work. Note how our male contemporary has discarded the traditional silk hat and shop-worn swallowtailed coat of the old time doctor. and no man has ever been known to wear last years tuxedo ^{as work suit} ~~to work this year~~ not even with alterations.

Since the code of medical ethics forbids advertising, personal salesmanship must take very subtle forms. There is for instance the "Honor Key". It is the emblem of membership in some honorary society. For men the watch chain across the chest with one or several such keys attached to it is such a naive way of telling the world "I am smart". Say it with keys. Women have had no difficulty in getting the keys but how to wear them effectively remains a problem. Some have worn them with a pin attachment but the implication is too obvious and thereby defeats its purpose. Others have hung the keys to a chain around the neck but most such jewelry has been unattractive.

When a pediatrician is in charge of the children the management should provide a general medical person or designate a clinic to examine the adult personnel.

Inasmuch as the mental hygiene of the children is the responsibility of the attending physician the general fitness of the supervisory staff to care for children is also a part of his responsibility. Any such personnel problems should be taken up by the attending physician with the Board of Managers or its proper representatives.

MEDICAL STAFF

The size of the medical staff depends upon the size of the institution. It should include a physician, nurse, and dentist, and social worker.

A supervisory physician, preferably trained in the diseases of children, should be employed regularly. He may be either a full-time resident physician or a part-time visiting physician, but in either case he should be a member of the staff. He should submit regular yearly reports on the medical work. In matters of health the physician's authority should be superior to that of the superintendent, who otherwise might not carry out the spirit or letter of the instructions. The physical care of 50 or more children requires too much of a physician's time for the institution to rely on voluntary service. The physician should be paid a reasonable fee depending somewhat on the size of the institution and the work required in it. The minimum fee should be \$50.00 monthly.

A trained registered nurse should be in residence in an institution having a capacity for or more children.
A dentist should be employed for full or part time service
A full-time social worker should be on the staff.

CONSULTATION - CLINIC SERVICE - HOSPITALIZATION

In addition to the regular attending physician, there should be available a consulting staff, members of which will see children in the home when necessary, or at a clinic. Arrangements should be made also for hospitalization of children when this is necessary. A plan for all of these services should be worked out by the attending physician, the superintendent and the board of managers for each institution. The ideal arrangement is one which connects the institution definitely with one hospital for all of these services and with the attending physician also a member of the hospital staff. Such a plan provides for:

A continuity of service otherwise not obtained.
A complete medical record.
Prompt service
The opportunity for the attending physician to follow the course of an illness in the hospital.

The modern custom jewelry offers some suggestions . Why not instead of the ordinary charm bracelet or necklace attach the honorary keys to the chains? It is the first time women have had any chain approaching the beauty, usefulness and exposure of a man's watch chain. She should avail herself of the opportunity.

Rivaling the key is the framed diploma. and membership certificate. The large black latin words, the seal and the signatures are all very impressive. The more such framed mementoes in the office the greater the patients wonder and admiration. Doctors have been known to build museums for their diplomas and glass cages in which to mount their degree robes. Why not! Lily ~~####~~ Hitchcock's costumes are in the De Young museum and the First Ladies' evening gowns in the ^{Smithsonian} Washington museum. If feminine tastes prefer another type of decoration for the consultation and waiting rooms, the diplomas can still be hung in the examining cubicle where the patients may contemplate at leisure the attainments of the illustrious person who will soon arrive to examine her.

Another very simple and effective method of selling oneself is scarcely ever used by women. They should learn it. Probably centuries of training in modesty has made this the most difficult masculine habit to acquire . It is necessary at times to tell your patients that you are a good doctor. It is not usually told as bluntly as that but watch the males technique of conveying the idea it is really a worth while art. "Sure I am a good doctor" said with a laugh at your own " Joke" or "Certainly you chose a good doctor" with a note of scepticism may carry across the idea. If you are oratorically inclined and the patient a good listener an effective little speech can be prepared on the intricate and up-to-date methods of diagnosis and treatment which is now about to be applied to elucidate and eradicate this patient's most difficult ailment. Choose your own way of telling it, but tell your patients you are good. It works.

There are other methods of legitimately evading the ethics code on advertising. Writing and reading papers whether the papers say anything or not, your name appears on programs and your face is seen by your colleagues. Sometimes at conventions such papers may even be quoted or cited in the news papers. Addressing lay groups on medical

A routine examination should be made:

Every three months on children eighteen months
to six years.

Every six months on children over six years.

GENERAL SUPERVISION

The general medical supervision of the institution is under the direction of the medical attendant. The attending physician should visit the institution at regular intervals, not less frequently than once a week.

Infirmary and Dispensary

Every institution must have an infirmary for the isolation and care of sick children. One bed to every twenty-five children in the institution is a minimum provision. The number of infirmary beds will depend somewhat upon the relation of the institution to outside hospitals.

A sick child or an emergency admission case should be immediately placed in isolation and the attending physician notified. The attending physician should examine the child within 24 hours.

A treatment room should be available and equipped for dressings of minor surgical cases and injuries.

Whether or not a laboratory for routine pathological work (blood counts, urinalysis, etc.) is needed will depend upon the expediency by which such work can be done at a nearby hospital.

PERSONNEL

The personnel of the institution should have at least a yearly physical examination. The examination should be done either by the attending physician or by a doctor chosen to do the work who should submit a report to the institution's attending physician. This examination should include an X-ray of the chest for tuberculosis.

subjects if carefully handled and kept within bounds will also do some publicising for you. The society columns is also an outlet. The doctors wife usually manages this part of the publicity and the woman doctor is therefore, handicapped in using it. There are means, however, of getting into this news for the woman who feels the urge or if this field is not readily open, there is always the womens' clubs and their doings occupy fully as many pages in the daily press as the society ladies. Do not forget there is nothing to stop you from being paged at the theatre or in the dining room of a popular hotel or coming in late to dinner or being called away early and make an effective entrance or exit on such occasions.

With all the competition one must admit that man has done well not to burst the bounds of his limited code. What other profession can equal it? But neither does any other group have as high a mortality from heart disease. *as does the medical profession.*

The last one *heartily* done - open to suggestions
I have 2 or 3 others, But I guess
they better not in my desk as
medicine has no room for
humor.

Laboratory Reports with Dates

Re arrange

Blood count
Diphtheria immunization (type)
Nose and throat culture (optional)
Schick test
Tuberculin test
Urinalysis
Vaccination
Vaginal smear
Wasserman

A blood count and urinalysis should be done upon entrance and repeated when indicated.

X-Rays, etc. (done only as indicated).

Follow-up Work

Preventive work.

Children not recently vaccinated should be re-vaccinated.
Schick positive reactors should be immunized.
Positive tuberculin reactors should be studied for signs of activity either by the attending physician or in a chest clinic, the necessary X-rays made and the sputum studied for organisms. Any child with active tuberculosis should not be kept in an institution with normal children.

Communicable Diseases

For the control of communicable diseases the procedures outlined by the Section of Pediatrics of the California Medical Association should be followed. (California and Western Medicine Oct. 1933).

Correction of Defects

Every institution must provide for the correction of the following physical defects in the children either in the institution or by affiliation with a nearby clinic.

Any disturbance in the vision should be checked by an oculist.
Infected tonsils and adenoids should be removed.
The under-nourished and obese should be given special attention.
Training in posture should be instituted.
Dental defects should be corrected and periodic dental examinations should be made.
Psychiatric problems should be referred to a psychiatric clinic, or psychiatrist, if there is not one in residence.

Repeat Examinations

Height and weight should be recorded at regular intervals.

Weight of infants or under-weight children weekly.
Over one year; monthly.
Over six years; once in three months.

The passing parade of women in medicine.

1938

H.E.Thelander.

In speaking to you to-night as a group of women students entering medicine, I should like to be very frank-- brutally frank in order that you even now might go home and in the privacy of your own room take a close look at your self in your mirror and frankly discuss with the image you see there the question of whether or not that person should continue the studies she has ventured upon. For even though you are already in the medical school it is far better to quit now and turn to something else than to doggedly go thru on the false assumption that you have started and must finish if you cannot see a reasonably usefull existence for your self in your chosen field.

The first question you might ask yourself is why am I studying medicine? What is the real motive behind the desire? I was told recently that the publicity that had been given to women physicians thru the Movies the radio and even magazine covers had inspired the society debutants of New York to apply ~~#####~~ for admission to the medical schools. If you wish to be a Kay Francis M.D. you had better apply at Hollywood than at U.C. Your reason may not be quite as superficial as that but in actual content about the same. The title of Doctor has a certain glamor for some people maybe it has for you. You maybe fairly bright, you may have the means and time to go to school, you may not be adverse to handling corpses, and the admiration and praises of friends may satisfy your ego. You may never have looked ahead any further than that. Somhow the future will have something for you. you think if you think about it at all. I doubt very much if the making of money is a motive with any of you I am afraid you would have to be wearing gold or silver glasses to be that decieved. And the old time feminist is almost extinct, there is no real need to enter the field just to show that it can be done.

Let us then face some facts and answer some more questions- in the privacy of your room remember. What do you want to contribute to your profession? What is your future going to be like? Are you going to remain single, are you going to marry, are you planning to be a mother, how and when are you going to fit this into your professional work? To say that men dont worry about these things and you can solve them as easily as the men is pure tommy rot and you know it--at least you will if you are honest with the image in the mirror. What man for instance was ever pregnant for nine months?

AAMedical mirror for women.

H.E.Thelander.



And you might also just as well admit that he may still have offspring at 80 but could you? If you are the one who would like to be married and have children are you equal to it and also having a profession? Very few women are. You have to be very brilliant, a very good manager, have a great deal of endurance, in fact quite a super person. Are you such? Don't say glibly yes, don't even rely on your own judgement of yourself, you may have an exaggerated opinion of yourself. Ask some one who knows you and is capable of giving you another's opinion, ^{talk} it over frankly with someone. Because if you are not let me show you what happens. I'll generalize. Many girls have married and dropped medicine completely devoting all their time to the home and children, a very worthy vocation, in all probability superior to that of medicine. But is it really fair to a limited field like medicine to do so? and can you offer any argument for it that isn't fundamentally selfish? Others don't exactly drop it. They run one or two baby clinics a week and earn a little spending money- about as much as the bridge hound averages who spends an equal time at it. I can't take time to paint you the whole passing parade but those two will suffice if you are in that intelligence bracket. I'll jump a few steps to another group, There are women who have done creditable work in medicine in connection with being a wife and mother. Some have carried on valuable research work alone or in connection with her husband; others have specialized in some one field not too large but ^{her} limited time has made it possible to accomplish worthy things. Still others have been able to carry on partially while raising a family and then resumed full activity later when the family was older and less underfoot. Some few have managed to establish themselves well early enough to then take time out to have a family, but don't forget that you can not imitate the men here and wait indefinitely. A few, A very few have done the phenomenal thing of doing ^{two} complete jobs and doing them both well. Be very sure you are phenomenal before you expect to accomplish anything that ambitious.

Then of course you may marry and have no children thus devoting as little or much of your time to your profession as you desire. Gold-digging is supposedly a woman's trade but it seems to me in medicine it is more frequently practised by the men. However the man or woman who marries merely for support and ~~and~~ a financial security is despicable. To remain single need not be entirely left out of your plans. There are plenty of men doctors who think celibacy should be the practice of the medical fraternity rather than the priesthood. Celibacy is not a hardship for most women --it may be a boon. *But it doesn't guaranty you success in medicine*

If you have passed that much of the examination with any one of the grades mentioned and gone on to finish the course regardless of how you have solved the sex problem do not inject your sex into your work. If you are to succeed as a woman M.D. you must be sexless in your work. Donot employ feminine wiles to gain your ends. It does more than any other one thing to discredit women in medicine. Stand or fall on your ability alone. Donot blame every failure in advancement on prejudice against your sex, it may be wrong. Maybe you didnt do as good work as the fellow who was promoted ahead of you. To fall back on the old story of prejudice may be an unjustified comfort. Dont boast that you prefer to work with men, or that you think all other women in medicine totally undesirable. The men may appear amused but their opinion of you or women in general is not enhanced by it. What would you think of a man who came to you and said, " I much prefer working with women , men are such cads." Above all things dont get bitter if every thing is not always rosy. or if you still have to take a somewhat of a back seat in a profession still predominantly masculine.

If you are to contribute anything to the profession. you should be prepared to go the whole way. life & death depends on you at every turn of the road. you have to learn to take it.

There are some masculine tricks -

1938

to the land

THE MYTH OF A WASTED MEDICAL EDUCATION

Since Elizabeth Blackwell entered Medicine 100 years ago, various reasons have been advanced for curtailing the admittance of women to medical schools. At first women were mentally unfit, then they were physically unfit, and finally and persistently the reason given has been that it is "a wasted medical education". On this hundred anniversary should we not challenge this myth?

Statistically, Lowther and Downes* have shown that women in Medicine actually have practiced or devoted as much time to health work as have men. Some of each sex leave the health field for a variety of reasons. A medical man may be a salesman in a pharmaceutical firm, a president of a university, or act as manager of his wife's estate. A comparative statistical study of the medical graduates who do not remain in active medical work would be interesting.

The persistent myth, however, has had a very definite psychological influence on women entering Medicine, sometimes beneficial and sometimes detrimental. It has driven many women to superhuman endeavors. Within the circle of friends of almost every one of us will be found several medical women who have for years done two or three fulltime jobs. They have had successful medical careers with better than average to superior accomplishments. They have been successful wives to prominent men, accomplishing the duties of mother and hostess; and they have often reared families of two, three or four children and launched them in careers of distinction. Madame Currie may be the most distinguished woman in Science who has also reared famous children but many others have done not too badly. They have received scant acknowledgment for these accomplishments.

*Lowther, Florence, Ph.D.
Helen R. Downes, Ph.D.
JAMA Oct. 13, 1945. 512-514

The myth has had a distinctly detrimental effect upon ^{some} talented women who are not in the class of the superior individuals mentioned above. A few have attempted double duty and done one or both of their tasks poorly enough to serve as perennial examples of failure by those interested in propagating the myth. Others have completely abandoned medical careers, even to the point of hiding the fact of their learning under a disguise of frivolity, teas, bridge, and gossip with the devotees of these pastimes.

The reason for these extreme reactions are purely psychological. This was evident at the time of the war crisis when wives with medical and nurses training stepped out of their domestic roles and contributed tremendously to health activities in hospitals, Red Cross, home nursing and similar positions. They were far happier and healthier doing it than in their traditional pastimes. There are just as great needs to be met in peacetime and needs that can best be met by people on a part time basis and doing staggered work. With increased interest in the practical application and wider distribution of medical discoveries, wives and mothers with medical education are the logical ~~ones~~ ^{ones} to promote the health program. School health work, well baby conferences, the health program of institutions, health education and numerous other activities are in need of well trained and experienced personnel. The physician who is also a wife and mother is not only peculiarly well fitted for this work but the work also lends itself to dovetailing with her home responsibilities. The amount of time available for health work outside of the home is dependent on such factors as the number of children, their ages and the availability of help to ease the daily chores. As the children grow up, a mother has more time for other activities and can then again enter into medical work on a more nearly full time basis.

Medical education is not wasted on women. The health program of every community needs such women. If this last myth can be completely eradicated and women accepted on their merits in the field of Medicine as they are in literature, education, the theatre and the concert stage, the health program will receive a tremendous stimulus. In this field, as in every other, men and women should work in unison, complement each other, thus bringing the full force of each point of view into play. Competition, comparisons and aspersions are infantile traits that we should have outgrown long ago.

H.E. Thelander
40 22 Avenue
San Francisco, California

MEDICAL HISTORY REPEATS ITSELF

400 B.C.

By H.E. Thelander, M. D.

1938 A.D.

"For should you begin by discussing fees, you will suggest to the patient either that you will go away and leave him if no agreement be reached or you will neglect him and ^{not} prescribe any immediate treatment. So one must not be anxious about fixing a fee. For I consider such a worry to be harmful to a troubled patient, particularly if the disease be acute.-----Therefore it is better to reproach a patient you have saved than to exhort money from those who are at death's door."

"When a long course of treatment is indicated, naming a lump-sum fee is often the best possible way to scare off the patient. Not that the amount the doctor asks is unreasonable, but the person who is going to pay it may have to be sold on the idea gradually. Many patients who shy away in alarm when you mention a charge of two or three hundred dollars can pay it, and will-- if properly conditioned."

The science of medicine had a prolonged infancy and youth lasting from Aesculapius to Pasteur, and then grew more rapidly in fifty years than it had in five thousand. The modern scientist is rightly proud of this progress and it is not surprising that he has relegated to the past with a tolerant smile many nostrums from the old pharmacopeas. The physician of today no longer accepts the traditions of therapy handed down by the medical fathers. One runs the risk, therefore, of being presumptuous in intimating that medical science, except probably on the question of ^{fees} ~~fees~~, is repeating its past. However, let us dare!

A perusal of the annals of ancient medicine reveals that a great many of the remedies used for the cure of the sick were obtained from the animal kingdom. Sometimes the whole animal was used, more often one or more of the organs were the source of the remedy, and at times the excretions only were employed. It is recorded that the fox boiled either dead or alive yielded an oil which when used as a hip bath relieved arthritic patients of much pain and stiffness. Frogs were put to many uses before the legs alone became a delicacy, Bullfrogs were burned and the ashes used to stop hemorrhages as well as to restore hair to the

bald. The meat of the frog was taken internally to counteract the effects of bites from venomous animals. Spiders were softened into a plaster and applied to the forehead and temples for headache and attacks of tertian. The slough of a serpent when boiled with vinegar cured toothache, and that of the asp when triturated with honey and rubbed over the eyes sharpened the powers of vision. Grasshoppers cured dysuria and crabs hydrophobia. Pickled sparrows dissolved kidney stones and stewed larks cured colic. Earthworms were versatile therapeutic creatures; when pounded into a mash and applied to wounded nerves they had a most soothing effect. If boiled in goose grease and dropped into the ear otitic pain was immediately relieved. If the worms were stewed in oil and dropped into the opposite ear toothache was relieved. These same worms were taken in wine to produce diuresis. The author conveniently states that earthworms might be applied internally and externally without mashing or boiling them!

The whole animal, however, is also used in modern medicine. For comparison the following is quoted: "Ticks are permitted to feed for three days on guinea pigs, and then at once eviscerated one by one and ground in a mortar for ten or fifteen minutes with sterile sand and a few c.c. of salt solution. The emulsion is next diluted with sufficient salt solution so that each c.c. contains the equivalent of two or more ticks. The mixture is permitted to remain at room temperature for two to three days,-----The precipitate after drying has also been shown to possess protective qualities if reemulsified and injected." In a recent journal an author states with wounded pride that another doctor in a treatise on the treatment of chronic osteomyelitis entirely overlooked the writer's paper in which the following statement had been made:--"However, it may also be that something additional in the way of an "enzyme-like product" is produced by the maggots' bodies themselves which acts as a digestant and antiseptic. I suggest research in this direction. Perhaps ground sterile maggots may be shown to be useful in superficial wound infections and chronic discharging wounds and leg ulcers. A substance may be isolated from these insects that will be just as beneficial as the

use of live creeping maggots--I shall not be surprised if in the not too distant future some preparation will be recommended for local use and perhaps for deep installation in the treatment of wound and bone infections. A preparation made from maggots and roaches".

Echoes of earthworms! Apparently the roaches were added as an after thought, but what a field for research they suggest! Most people would probably prefer earthworms to maggots even in wine. Earthworms have a pleasant association. Practically every little boy has bated his fishhook with worms dug from the dirt of his back yard and on rainy days he has picked up the pink lazy creatures from sidewalks to make little girls squeal and run to cover. The grown-up lad has dissected and made sections of the worms in his first biology course and learned that the inside has a structure instead of being just "Mush". Maggots on the other hand, are vile sneaking creepers that are associated with death and decay. If popular choice were permitted, the maggots would certainly loose to earthworms.

The dangling roaches at the end of the sentence are most thought provoking. Why not hang fleas and mosquitoes on the same line? The use of these insects in research would be such a convenient way to rid the world of undesirable pests. Furthermore, if doctors devoted more time to the study of these vermin the pursuit might be so engrossing that cats and dogs would be given a respite. Or would this lead to an anti-fleas-visection society? Even so it might be a boon to the dogs to be cut in on by the fleas, for the whelps could then revert to their more normal puppy loves.

The seed of specialization was sown early. Even in the ancient pharmacopeas the use of parts rather than the whole animal for the treatment of specific conditions is found. The commonly used organs were the skin, muscles, brain and liver, but extracts of other glands are mentioned in the records. The art of organotherapy was further specialized by the differentiation of the same glands taken from various animals. It is recorded that the skin of a sheep warm and newly taken off cured scourges; that of the hippopotamus when triturated with water dispersed boils; that

of the viper promoted growth of hair. The burnt leather of old shoes cured friction sores on feet, also burns and intertrigo. The skin of the goat cured poisoned wounds.

The brain of the hare rubbed into the gums or eaten forwarded dentition in infants. It also proved useful for tremblings. The brain of the cock when drunk with wine relieved bites from venomous snakes and stopped hemorrhage from the meninges. The brain of a camel when dried and drunk with vinegar cured epilepsy. The liver of a mad dog roasted and eaten relieved those bitten by him. Boiled goats liver rested epileptics. The liver of the lizard relieved toothache. Equally varied benefits were accredited the livers of the ass, wolf, bear, and cormorant.

Except for the quaintness of the language of the old manuscripts, they read not unlike the modern endocrinologies. Extract of thyroid, for instance, was originally used to treat cretins, but according to modern papers on the subject thyroid extract has become much more versatile. It may be used to increase or decrease fat, depending upon whether the patient is under or overweight. Thyroid preparations have been credited with beneficial effects in as unrelated conditions as allergy and nephrosis. Extract of pituitary also has a variety of uses. It may be given to stimulate growth in dwarfism, to hasten delivery in obstetrics, to prevent post-partum hemorrhage and to relieve obesity.

Ovarian preparations are used for menstrual disorders, but also to cure sterility and to stop bleeding in hemophilia. Extracts of liver cures pernicious anemia but it is given to any patient with a low blood count regardless of the cause. Liver is even recommended as a general tonic for any one who can afford to buy it, if and when it is available. The pancreas yields insulin which is ⁶specific for diabetes, but ^Whas been advocated also for tonic purposes. If insulin is given to a "Hunger striker" the patient can no more refrain from eating than Tristan and Isolde, after drinking the love potion, could resist falling in love. Even the story of a love potion is scarcely incredible any more for the sex hormones have

revived in the modern Babbit the old hope of finding a fountain of youth.

The scientist has not been content with the choice and variety of tissues supplied by the animals, he has even invaded the delivery room and gleaned its dreggs to make a placental extract. This new remedy has been accredited already with such varied attributes as the cure of dysmenorrhea and the prevention of measles.

It would not be fair to leave the subject of animal tissues in therapuesis without mentioning blood. In the past blood-letting was a panacea for all ills, now transfusions are. In the early enthusiasm for blood therapy doctors sometimes were too generous with the dosage. Like the new wine in old bottles, the receptacle could not always take it. Modern teachings advocate limiting the amount of ten c.c. per pound. A suggestion from Russia that the bodies of healthy accidental death victims be drained of their blood and the blood preserved for use in transfusions may develop a new type of ambulance chaser.

It was customary in the past, for certain tribes to drink the gall of slain warriors, believing the valor of the fallen could thus be imbibed. The modern crusader waits at the gallows to get the glands--if ultramodern he collects the orbits too.

Every tissue of the body has yielded its extract. Institutions have been endowed and volumes written because of glands. Nor have the possibilities been exhausted; for although the ancients failed to avail themselves of all the organs, their choice of animals far exceeded ours. To be sure, scientists now use the liver of calf, sheep and chicken and enlarge upon the comparative merits of the different ones. Even hogs stomach has found a place in the literature. But is it not possible that the camel accustomed to desert tramps may yield more insulin than the sheep or goat? That the roaring lion may supply more adrenilin than the meek lamb? A comparative study of the pituitary of the Dachsund and the Giraffe may illuminate dwarfism and gigantism. Likewise a study of the hypophysis of the bulldog or the rhinoceros may give us a clue to the pathology of acromegaly. "I suggest research in this direction".

Even the great variety of glands did not satisfy our forerunners, their resourcefulness found a use for excretion. Urine was used extensively by the ancients, it was especially specified that the excretion was collected from humans, mules, goats and camels, and there was some dissertation on the values of the product in various ages of the different species. When taken internally, urine cured such varied conditions as putrid ulcers, leprosy and plague. It is described as a laxative, a diuretic and emetic. Locally urine preparations soothed the arthritic patient and cured erysipelas.

The dung of man and animals was found of value in many conditions. Particularly mentioned was the dung of dogs, goats, wolves, oxen, cows, sheep, wild pigeons, domestic fowls, storks, mice, and starlings. Furthermore the excreta was modified in its uses by what the animal ate. Applied locally the remedy relieved the sting of wasps and bees; with vinegar it cured furuncles. If a person with dropsy had his entire body rubbed with a dung preparation he was much relieved. This excreta was even used as a cosmetic to clear away freckles.

Not all early medical writers subscribed to the use of excretions in therapeutics. Galen rejected with disgust the internal use of urine and another author, speaking of dung stated, "As we have no wish to see this article restored to materia medica we shall not enlarge upon the subject. Those who wish to improve their knowledge of the medicinal articles mentioned under this head by authors may find them treated of 'Usque ad nauseam' by Dioscorides and others."

Have modern scientists become less fastidious than Galen and his contemporaries? From the recent literature such titles as these were gathered: "Changes in eye after parenteral injection of urine and related substances lowering blood pressure" "Auto urine therapy in spasmodic rhinitis", "Therapy of ovarian disturbances with urine from pregnant women". Even feces which was tabooed from the materia medica returns to modern literature under the learned title "Coprophagy (eating of dung) as a source of vitamin B"; and the scientist has returned to sewage for bacteriophage.

The repetition of the past is not limited to organotherapy, practically every

drug introduced into western pharmacy has been recorded and its uses listed in the Chinese pharmacopea. The orientals are herbalists--animals are sacred in the East. Even the art of acupuncture is finding its counter part in Western medicine. No part of the human body- not even Achilles heel--is invulnerable to the modern physicians needles and trocars. The child has become a veritable pincushion.

Even in its rapid advancement the science of medicine may repeat the past. Modern prevention and therapy is performing so many prodigies that there is danger that the followers of Aesculapius may meet the fate of their founder. The legend is that Pluto, God of Hell, alarmed at the diminishing numbers of his daily arrivals, complained to the supreme deity, and Zeus destroyed the great healer. In historical repetitions some variations are permissible. The modern healers may be annihilated by the army of unfits they are saving from Hell and thus complete the cycle. Verily the preacher was right when he said, "That which hath been is that which shall be; and that which hath been done is that which shall be done: and there is no new thing under the sun. Is there a thing whereof it may be said, See, this is new? It hath been long ago, in the ages which were before us."

THE MIGHTY CAESAR TURNS TO CLAY.

It was heroic to come to the rescue of Oliver Twist and his clan. The little fellow did not count for much a hundred years ago. Children arrived in families at the rate of one or two a year and whether or not they accumulated depended largely on their capacities to buck the adversities and survive. Typhoid fever and dysentery picked off scores of babies in summer time and scarlet fever, measles and pneumonia selected victims from the survivors in the winter. Every few years an epidemic of diphtheria or smallpox left only the hardest or luckiest.

Then suddenly some one discovered puericulture. Like sheep, the leader looked over the fence and saw green fields beyond. He vaulted the barricade only to be followed by the entire flock including bleating lambs and braying goats. Everyone wanted to do something for the child. In a phenomenally short time, children were little gods on thrones. Parents gave them undivided attention; ladies of charity helped the poor and orphaned; teachers, nurses, and social workers majored in infant care; authors wrote for and about children and doctors made Pediatrics a speciality.

All the while child enthusiasts were increasing, the number of children were decreasing, no longer by disease but, in the words of Ella Wheeler Wilcox, by remaining disembodied souls. Whether or not these unborn babes were restless ghosts in the invisible ether or merely thumbing their celestial noses at those who had to don a mortal coil, Margaret Sangster won the day. Babies, instead of being the bitter pills of pleasure had become the chosen toys of indulgent parents.

Increase in money and mechanical devices has now given the mother leisure to exploit her toy, and child enthusiasts, for pleasure or gain, have not failed to capitalize the opportunity. A mother may receive education in child care and

training by radio, magazines, Government Bulletins, Health Centers, teachers visiting nurses, grandmothers and neighbors. Commercial firms of all kinds push their wares upon the unsuspecting mater. She is made to feel that her infant's success or failure in life depends on the type of bottle from which he gets his food, the shape and application of his dy-dee and the color of the duck's head on his "Toidee" chair.

The Public Health system keeps the food and drink pure and the nuisances controlled. Baby Centers weigh and measure the infant, supply him with diets, and vaccinate him. If a child is passed up on immunization in infancy, he is caught by the school health system later.

Diphtheria, smallpox and whooping cough are now largely preventable; the streptococci and pneumococci are susceptible to drugs taken almost as readily as aspirin. Diseased tonsils are referred to the nose and throat specialist; broken bones to the orthopedist; and appendicitis to the surgeon. The first child specialist tackled a big field, but certainly no one has succeeded in as short a time or as efficiently in eliminating the need for his own services as the Pediatrician.

Instead of stepping aside and letting the rolling snow ball he started pass him by, the Pediatrician is frantically trying to keep abreast of it. In so doing, he is becoming a caricature of his forerunners in the field. As a glorified nurse maid, the child specialist can remain busy. For a certain group of mothers, an afternoon at the doctor's is a substitute for a bridge game. The pastime happens to interest her more and gives her some first hand information. At teas and cocktail parties and luncheons she too can join in the conversation with, "My doctor says"; it is as good as talking about her operation. The doctor's afternoon in the office, therefore, consists of congratulating one mother because she beams and tells him her child is the biggest in the neighborhood, and another because her child cut his first tooth earlier than any of her friend's babies, and a third because her baby walked two days sooner than

any of the cousins. To counter-balance this, the doctor must next console a mother because cousin Moly's baby who is cared for by Dr. Jones, weighs two pounds more than hers. Then appears a midget with an offspring a miniature of herself who the doctor is to make into a full-back for father's college team some day. The early part of the afternoon, devoted to little babies, finds the office full of mothers intent on keeping babies gaining at the original rate of an ounce a day, conversation sounds as if infants like little pigs were being fattened for market. The late afternoon, after school, sees scores of distressed adolescents who, after ten or twelve years of forced feeding, are vainly trying to curb their appetites and develop sylph like figures to please the same doting mamas who fattened them up.

The closing of the office does not end the doctor's day. The dinner hour, guests or no guests, finds the host directing his conversation into the telephone. Every time he lifts the receiver, he is greeted with, "My baby is constipated", or "My baby has hiccups", or "My baby sneezed". Into the late hours of the night these weighty problems are discussed. Sunday morning, the one day a week that the pediatrician might get some rest, has been made, almost universally, the baby's day to be weighed. It was so chosen because father is home to help. Invariably, however, every Sunday some father fumbles his baby and the doctor must assure an indignant mama and a distressed papa that no bones are broken. Two or three o'clock in the morning is another favorite hour for calling the doctor. The poverty stricken mother has put off the hour to save if possible the doctor's fee, but when it is dark and dreary, fears overwhelm her and she yields to the impulse and calls for help. This call has then become very urgent, "Doctor my baby is dying", startles the sleepy physician. Usually the patient is sound asleep when the doctor arrives and merely resents being disturbed. The wealthy mother calls at three in the morning mostly to salve

a guilty conscience. Upon returning home from a night club she finds that the child has been feverish and restless all night. She knows, though she fails to confess it, that she suspected a fever before she left but refrained from checking it lest it spoil her evening of pleasure.

Aside from his private practice, the Pediatrician is expected to conduct at least one or two free clinics a week or as a substitute he might have charge of a free service ward in a hospital. He is expected to donate his services to P.T.A. organizations, Womens' clubs, nusses or any other group interested in the child. He is to advice them on programs, literature, or speak to them when called upon to do so.

Since children are small and helpless and do not contribute to the family income, the Pediatrician's charges must always be correspondingly small or charitable.

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It may be financially necessary for the present generation of Pediatricians to note which way the wind is blowing, but nursery maid work is not going to inspire the best brains among coming medical students to choose Pediatrics for a specialty.

However, by saving the unfit on the one hand and spoiling the better ones on the other, some future Pediatricians may have a more heroic task to perform than the originators of the specialty.

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MEDICINE AT THE SAN FRANCISCO WORLD'S FAIR.

The hormone woman was making unintelligable noises when I stopped in front of her the other day and the longer I watched her the more mystified I became. For as I watched the lights flashing on and off, her potential offspring, which at first sight was well along in its development, grew smaller and smaller. Then an attendant stepped up and informed me that something was wrong with the hormone lady and she was not performing properly nor would she be back in order for another half hour. I was greatly relieved but also a wee bit amused as I thought of the many women who at some time or other would have liked to put their own hormone reactions into reverse.

Not so long ago the doctor looked at the patient's tongue, felt his pulse, ahem-ed and ahha-ed and wrote out a Latin prescription. The field of medicine was a mystery akin to magic to the lay person. At the San Francisco Fair nothing is left to magic and very little to the imagination. The modern Physician has right-about-faced and is attempting by figures, lights and mechanical devices to make clear to any one who wishes to learn, the intricate make up and workings of the human body.

The most ingenuous method of teaching anatomy is, unquestionably, the transparent and illuminated body. One physician after visiting the exhibits, said he fully expected some one to come in with the complaint that the light had gone out of her spleen. Misinterpretation, however, can be readily righted if the visitor will only step across the aisle and see the Mayo models do a strip tease. Layer after layer of the body tissues are removed, most of them unilaterally in order not to overtax the memory. The heart and vessels, stripped

of all coverings in the next booth, must vie with the brain and nerves, equally bare, for the nudist prize in anatomy.

Beauty may be only skin deep, but curiosity goes much deeper. It must be somewhat disconcerting for the girls of the Folies Bergere to have these transparent and illuminated rivals competing so successfully with their show.

The Botanical physiology is better displayed than the human physiology and should give exhibitors new ideas for the next fair. The attempts to demonstrate mechanically the circulation, respiration and kidney functions are fairly successful, but not as realistic as the rise and flow of the sap in the tree trunks or the intricate exchange in the leaves of the plants. So much is suggested by the sister science that minds are probably already at work on inventions to show human cell physiology.

The studies on heredity, likewise, both in the plant and animal kingdoms, surpass the genetic studies of man. The exhibits on selective seeding and breeding of cereals, vegetables, chickens and cows are not only convincing but the results are accepted without controversy. In dealing with Homo Sapiens, however, the ugly is beautified artificially and the unfit saved to reproduce and few ask the question, "Whither will it lead us"?

Several booths at the Fair are devoted to growth and development of the human embryo. Some of the displays have models but others have actual anatomic specimens. The most fascinating of these revolves in a glass cylinder with the embryos from ten weeks to six months above and the corresponding skeletons below. It should be enlightening if not startling to many visitors to see how early the human form in all details is formed. It might clarify to some the doctor's adamant attitude toward interruption of that development. It is not presumptuous to ask, "When is infanticide not infanticide."

Second only to the interest in the birth of a baby is the public's curiosity about operations. The models for the removal of the appendix may not be as dramatic as the spectator had anticipated, but the operation is so realistic that the doctor~~##~~ among the visitors instinctively feels for his mask or starts to remove his gown when he leaves the rail. The demonstration of repair work on distorted faces apparently, is viewed with more equanimity by the average sight-see-er (inspite of a few faints) than by the physician. The person who is squeamish about ugly things glances and turns away, but even such a glance recalls to the doctor long histories of sorrow and tragedy and heart breaking complexes--- however, this ^{is} read between the lines and seen through the illuminated panes.

The cancer exhibit, particularly, shows the doctors' persistent sniping at an enemy that he is still fighting in the dark. The diligence, perseverance, and patience of the scientist in this discouraging field will not go unrewarded.

The great work on insulin, on the other hand, is now so well launched that the exhibitors can confidently use such arguments as, "Diets before and after". or "The cost of insulin in terms of cigarettes".

Compared with surgery, medicine to the lay man, is mundane. It lacks color and drama. The surgeons have capitalized on this attitude of the public. It is far easier to collect a hundred dollars for an appendectomy than for the care of a pneumonia illness. The recent revolutionary discoveries in drugs and serums, however, may sway opinion again back to medical magic. Sulfanilamide or its related drugs may replace the knife. "Restraint" is the word most applicable to the displays of the newer treatments for pneumonia, streptococcus, meningococcus, and gonococcus infections. These stupendous discoveries of the past few years and even of the last few months, are portrayed as it were in monotones with no inflections and no elations. There is no arch of triumph, no winged victory, no flying banners, no blaring trumpets and no laurel wreaths over the

booths showing the most glorious victories over man's greatest enemy, the bacteria.

The exhibits by the department of health, social welfare and institutions show the advances in the application of scientific knowledge and discoveries.

Before leaving the exhibits the visitor should view the panels depicting the training required before the young man or woman is given a permit to practice medicine. The preclinical sciences include physics, chemistry, anatomy, physiology, pharmacology, and the clinical branches cover medicine, surgery, obstetrics and pediatrics with all their sub-divisions. These studies are then supplemented by technical training in the use of instruments for looking into and inside the body cavities and organs. Even when all this has been mastered correct diagnosis and therapy of the individual patient depends on the proper interpretation and application of this knowledge. The individual with the best inherent capacity as a physician is hard to select.

The advances in medicine here displayed are tremendous, yet recent newspaper and magazine articles have accused doctors of being unprogressive and behind the times in human progress. The exhibits are models of modesty, but physicians have been told that they are arrogant and dictatorial. The question might, therefore, be raised, "Is it wise to educate the public?" may not these attempts to simplify and clarify the most baffling and intimate of sciences simply make the unscientific person feel too soon that he knows it all and tempt him to take the administration of the work out of the doctors' hands? It may be so, but the majority of doctors will be led like lambs to the slaughter rather than change their ideals and tactics-----ideals of unselfish service that are higher than those governing any other profession. It may have been significant that the heroic figure of history who saw as his reward for his good deeds only the cross, was called, "The great physician."

THE DOCTOR LOOKS AT HIS MAIL.

The doctor has looked at everything else, so why should he not take a look at his mail? Every physician, of course, sees his bills, also some letters from colleagues, occasionally a humorous or pathetic note from a distracted patient, and sometimes by surprise even a check, but no doctor knows what is in that great bulk of mail that the competent secretary relegates to the waste basket.

Curiosity one day dictated (without explanation) that all mail be saved. The period of hoarding, however, was limited to one week, for by the end of that time every available space in the desk was full, the book cases were jammed and the janitor was complaining because he had no scavenging to do. By weight there was over twenty pounds, by count more than three hundred pieces, and by rough calculation it was estimated that the paper would be sufficient to cover the walls and ceiling of the entire office.

In these times of unemployment, it is pleasing to contemplate the vast army of people occupied in filling the doctor's waste basket.

The idea of papering the office was suggested by the art represented in the discard. Everything was there from reproductions of masterpieces to comic cartoons. Various assortments might be made; one room could be devoted to paintings, another to etchings, a third to modern art and another to cartoons. The largest space should be left for a chamber of horrors. Into this room should go such pictures as the ghostly white and silver human mask almost life-sized called "Masked edema"; also a modernistic design in black, grey and white of a lady, an owl and a crescent moon, called, "What of the night?" A few sinister ones could also be hung in this room like the one with the old parched men shaking

dice labeled, "Don't take a chance". Or the Hindu bust called "Sundry adventures of Marco POLO". In the same room, if space permitted or in an annex, should be hung the pictures of suffering humanity like babies crying for breakfast foods, beautiful girls in the ungraceful act of sneezing, and broken hearted debutants with halitosis. The advertising art in medicine has indeed progressed far since Doan's Kidney Pills were first popularised in the Farmer's Almanac by the man with the painful back.

These vivid illustrations should be sufficient to enlist the interest of any doctor but apparently literature attracts at times when pictures fail. One room might be used, therefore, as a library, like the interesting historical library attached to the Huntington Museum. Booklets and pamphlets are becoming increasingly popular. Some of these come at irregular intervals, but many appear monthly or even weekly. Each issue has an attractive cover design which again may be a copy of an old painting or etching, a modernistic design or a symphony in colors. One of these booklets purports to hand out "Wit and wisdom in pleasant doses" and consists of clever sayings well interspersed with timely advertisements of the company's products. Other pamphlets devote the pages that are not covered with illustrations to summaries of medical articles relating to the particular drug the firm is popularizing. Still others abstract the medical literature for the doctor with pertinent little advertisements inserted at intervals. Poetry has not been forgotten and cute sayings of children as well as humorous anecdotes find a place.

Journalism, however, does not exhaust the art; letter writing is quite as ingenious. Envelopes are variously marked. The unstamped or open envelope gets no consideration. Those addressed in long hand and carrying a first class mail stamp are now the vogue. Even "Important" written across the envelope is

ineffectual. One package had this on it, "To be handed to the doctor at his request". Recently a firm has put a note on the envelope addressed to the secretary asserting the firm guarantees the letter will not reach the doctor's waste basket if it escapes hers. Postcards addressed in long hand and saluting the doctor by his first name have been tried.

If the letter does get to the physician the first line must so attract him that he does not discard the message without reading it. Here are quoted some of the valient attempts. "Did you ever see a turtle climb a tree?", (No one could resist reading on from there!); or "Better than counting sheep---," (There is no mistaking what will follow this!); or "To him who cannot sleep X opens the portal to the land of Nod", [That is almost poetry!]; or best of all, "We are still far from equalling the progress made by rat colonies", (Who wants to equall them!) The letters and the post cards often have a timely postscript such as, "Your patients may like it as table water----natural or carbonated", and another , "As the supply is limited we suggest you act promptly".

It might be advisable to add another room to our museum and, copying the precedent of world fairs, devote space to the progress of science. For the mail is not all art and literature, if the contents of food and drug advertisements were mastered and the claims fulfilled, one would be equipped to diagnose and cure every known type of illness or ailment. An infant may receive milk preparations that are anti-rachitic, hypo-allergic, breastmilk equivalents, irradiated and easily digested. The picture of the robust laughing infant in each case is the proof of the products superiority. The vitamins vie with the government in the use of the alphabet. Vitamins may be had singly or combined, whole or fractional. They will be found in milks, cereals, vegetables, and tonics. Vitamins come in liquids, powders, pills, pellets, plastules and perls. Cereals are provided ready to serve in order to tempt harrassed mothers. Vegetables to be different are homogenized. The older child has cough medicines, nasal drops and sprays, sedatives and tonics. Adults needing laxatives will spend a life time sampling

the varieties. Gland preparations are inexhaustible. The liver and bile are still inspiring new remedies. Sleeplessness and neurasthenia are ever provoking more aids. Epilepsy and cancer come in for their share of cures. A suggested intelligence test for practitioners in medicine is the following: Define and give ^{the use of} Activin, Dicholin, Omnadin, Silvogen, Siprotein, Pabutole, Autophysin, Incretone, Prokalimin, Theominal, Tonicine, etc ad infinitum. What would happen to the huose that Morpheus built if a bromide were called a bromide again!

The medical secretaries vulnerable spot, however, was finally touched by the firm that originated the idea of supplying the doctor's office with useful articles. Even in the horse and buggy days some firm furnished each graduating physician with a clock dial on which was printed, "Doctor out, will be in at--" and the hand could be set at the hour. This little gadget was as much a part of the doctor's equipment as his pill bag. A little later the blotter became a means of advertising. It is still popular. Blotters appear in all sizes, little handy ones to go into a pocket note book, big ones that cover the desk, humorous ones with cartoons and witty sayings, plain ones with the doctors name across them, white ones, pink ones, green ones, and multiple ones.

The next most common advertisement designed to be useful is probably the calendar. Formerly a calendar appeared only the first of the year, but when it became popular it too landed in the waste basket. In order to survive the calendar also had to change; little ones designed to stand on the desk appeared, then blotters with the months on them, and finally each month brought its own representative. A few suggestions from the secretary might expand this method of advertising. Doctors would appreciate tongue blades, applicators, towels,

sheets, gauze, adhesive tape, hypo-needles, luers, or why not furnish the doctor's office? A couch might bear the name of a sedative, a stool that of a laxative, a rug might be designed with footprints like Grauman's Chinese Theatre Patio, to advertise cures for corns, bunions and athletes foot. Some modernistic paintings could be dedicated most effectively to endocrine preparations.

The advertising art has indeed gone baroque. It would seem advisable, therefore, Before pursuing the present trend further, that the men and women behind these creations be given a long vacation in the country where like Ferdinand, they might sit under a tree and contemplate the herbs. After weeks, months or years of such meditation, maybe there would be a return to sanity in drug advertising.

Exhibit A

H.E. Thelander, M.D.

Assignmet XIV

A short while ago an Eye Specialist wrote an article attempting to show that some of the distortions in modern art were actually the result of defective vision. Few people, however, are credulous enough to believe that the incidence of faulty vision among modern painters is close to 100 %. Furthermore, eyes are not the only connecting link between medicine and art. Critics will point out the undulations in Van Gogh's paintings corresponding to his mental states. Recently at a private exhibit, the Artist, just home from the tropics, referred, facetiously, to his "Malaria" and his "Dysentery" paintings. The association of medicine and art is even more intimate than these suggestions indicate. Psychiatrists often use the drawings of mental patients as an aid in probing into inhibitions, depressions, and other complexes.

A stroll through the art exhibit at the Worlds Fair is a bit suggestive to a doctor of hospital rounds that start in the maternity ward and end up on the psychiatric floor. A turn to the right on entering the building introduces the visitor to the primitives. The sampling is not large but adequate. The development in color, form, perspective and accuracy in presentation is consistent and progressive. There is apparent in the art, the artists striving for perfection. The renaissance saw an attainment as near perfection as art has ever reached. The road to beauty was not easy. Leonardo da Vinci was not content to study the living form, but under extreme difficulties dissected the human body and studied anatomy so thoroughly that his knowledge in this field is traditional. Other artists worked equally hard even if they were not as versatile as da Vinci. This age was followed by one of selfishness, greed, and finally speed, - a time not conducive to devoted application. The psychological results are apparent in the paintings that followed, - from an imitative group, they degenerated finally to plain temper tantrums over a goal too high to attain.

At 2233

There are many different manifestations of artists' frustrations, but only a few characteristic ones need to be pointed out. The most obvious reaction to failure or hopelessness in goal attainment, is a reversal to infantile pleasures. Emotionally it is very much like the reactions of a four year old when a new baby arrives. The youngster instinctively feels he should grow up but dreads assuming the responsibility of big brother and clings longingly to his baby-hood. He frequently reverts to a bottle to thumb sucking or even to bed wetting. The frustrated artist returns to primitive drawings. There are many examples of such reversions in the exhibit at the Fair. For example, the paintings have every thing in one plane; animals are crudely drawn; there is no logic in the arrangement of the figures; the subject matter is simplistic. If a child is given a pencil when put to bed to nap, but does not feel sleepy, the "murals" on the wall by his bedside compare very well with much modern art.

Another type of juvenile frustration takes a somewhat different form, - maybe a little more mature. We have all seen a child supplied with blocks and other models, start out to build a little world of his own. His co-ordination, however, may not be fully developed and when his building has reached a certain height the center of gravity not being correct, the thing topples. If he is of a patient nature, he may try and try again, but if he does not succeed, with a few swift sways of the arms he scrambles it into a pile. The defeated artist seems to do the same in his paintings. Note the head crosswise on the body; an apple, a cow and a key scrambled into one picture.

Another somewhat more serious reaction may occur when one child in a family suffers from repeated comparison with an older sibling. If the goal set for the child is above his attainment, he may suddenly revert to the opposite extreme, - becoming sullen and destructive. May the artist suffer a similar reaction? If he is unable or lacks the patience to attain perfection, may he revert to the opposite extreme and draw his figures totally out of proportion, - pinpoint heads, elephantine legs and frog-like faces. A few, fortunately very few, may show sadistic traits, - bodies torn apart, leering skeletons and abnormal mutilations. If such art relieves tension or frustrated emotions, the paintings may serve a humanitarian purpose.

The popularity of modern art , may be explained by the present trend the exalt the child , the concentrate on the juvenile, to let the young grow without inhibitions and without discipline. The modern artist like the spoiled child, should have his foolish creations junked and his fingers spanked..

If for no other reason, for the sake of posterity, the present art should not be preserved. Suppose through some cataclysm nothing should be left to reveal to a future generation the characteristics of their forbears but art, would we prefer that the new race know us by a Michaelangelo's " The Holy Family" or by A Nude Descending a Stair" ??

OLD TIMER'S COLUMN

A recent visit to the Galapagos Islands aroused new interest and speculation regarding certain possibilities in evolution. For some time I have been intrigued with the question, "Why is the life span of the female of the human species longer than that of the male?" The chromosome theory is not very convincing.

Let us look at some natural factors in the species. Those who are physically fit must assume this role. They are the ones who have been most frequently exposed to dangers. The mortality in wars has been high. On a visit to the Soviet Union shortly after WWII, a comment about the large number of women working in the fields brought this reply, "So many of our young men were lost in the war, we have to do the work."

The history of the hazards to women has been different. Before the days of sanitation, immunization, antibiotics and birth control, maternal mortality was high. Even 50 years ago, there were a half dozen orphanages in the Bay Area as only the hardiest women survived.

If wars cease and reproduction is controlled and made less hazardous, will the life spans of males and females equalize?

H.E. Thelander, M.D.

The Following are of much more
Recent Origin - Retirement - just for fun

- I Human Design
- II The Origin of Whitey
- III A Bushmans Holiday
- IV A vagabond Square
- V My Pet Rock and I.
- VI Flying High.

Human Design.

H.E. Thelander M.D.*

Almost every Pediatric Journal has an article on a " Syndrome" not previously described. With what model are we comparing these syndromes? What is normal or what is our ideal? The early Egyptians stylized the human form. The Greeks and the Romans, more particularly the Greeks, idealized the body in art, especially in sculpture. Horticulturists have modified plants. Animal Husbandry, by cross and inbreeding, have altered domestic animals both in form and function. County Fairs are held in almost every community and prizes awarded for beauty and for performance. There was a time when baby shows were held and awards given. Pediatricians discouraged the practice. "Queens " are still chosen by beauty contests but these also may be on the way out as recent ones have been picketed.

Years of work with handicapped children raised many questions and some speculation. The children who attended the Child Development Center varied appreciably in basic design. The child with normal foetal development who then was exposed at the time of delivery to hypoxia or to severe trauma presented a picture that differed from that of the child who had been subjected to an unfavorable intra-uterine environment such as thalidomide ingestion by the mother or German measles during the first trimester of pregnancy. Under any of these circumstances the children may be handicapped. In the case of the former circumstance, however, the child may be well designed but the performance may be seriously affected. As an example a severe athetoid paraplegic child may be strongly motivated, he may have a keen sense of humor, he may show persistence and he may have a normal or even a superior intelligence but his physical performance shows lack of control. On the other hand, a child of poor basic design, whether from embryonic injury or by heredity, with even less physical incapacity may function at a much lower level.

* From the Child Development Center, Childrens Hospital, San Francisco, Calif.

It was observed also, and reported in 1958,¹ that children who suffered lesser degrees of injury or hypoxia at birth presented a characteristic picture which has become known as "Minimal Brain Damage" or "Neurologically Handicapped". The behavior of these youngsters suggests that the "finishing touches" of development have not occurred. This concept may be correct. If the last attained skills in the phylogenetic pattern are the first to be lost, then injury to the organism at the end of the foetal period or during the period of rapid growth of early infancy could result in deficits in the higher human skills such as language development, judgement and discrimination.

If Homo Sapiens represents the highest development in the animal kingdom, it is pertinent to raise the question: what type of individual represents the greatest refinement in human development? Are there stigmata that maybe indicators of an hereditary potential toward defective development in a future offspring? It is difficult to follow individuals for a period that is long enough to determine this in man. Two children in my practice who had bilateral simian lines, are particularly remembered. One graduated from high school with honors and the other attended an exclusive boys school. Are these stigmata significant for the future families of these individuals?

In 1874 and 1875 three great men were born who were to live to be ninety years of age. They were Winston Churchill, Herbert Hoover, and Albert Schweitzer. They were wise intelligent humanitarians and they lived well beyond the average life span. They were well designed human beings. In contrast, the children born defective were prone to illness, the death rate was high and the incidence of mental retardation was extremely high

The ideal in human development should be an individual with good body form free of stigmata; he should be intelligent and well adapted psychologically and socially.

1) Thelander, H.E. et al. Journ. of Ped. Vol. 53, no. 4 pp 405-409. Oct. 1958.

A BUSMAN'S HOLIDAY

At the AMA last year during a luncheon with Chinese doctors it was suggested half seriously and half facetiously by the Chinese doctors that American women physicians take a busman's holiday in China, spending two, three, six months or a year doing medical work at a hospital or at a medical school in that country. This year one of our American women physicians said to me: "Do you think it would be possible to spend a vacation at a hospital in China, thus combining the pleasure of travel with some medical work in a foreign country?" Almost simultaneously a letter from a doctor in China states: "Gradually we are assembling nurses until we will soon have a working staff. I do need another good doctor and if we could have a lab technician-x-ray technician combination it would go a long way toward making us a real hospital.

There is presented therefore the interesting possibility of arranging a vacation service in a foreign country. Would it be possible to work out such a program through one of the standing committees (Hospital Committee of the American Medical Women's Association)? The arrangements should be done in such a manner that the doctors in this country would know when and where vacancies in foreign countries occur and the foreign hospitals should know the credentials of the doctors contemplating a visit.

If anyone is specifically interested in the above "need for a good doctor", she may address Dr. V. V. Brown, Scott-Thresher Memorial Hospital, Swatow, China.

*Published
in Minn
Bulletin*

A VAGABOND SQUARE

One of the fun things we did as youngsters in northern Minnesota was to climb the pines during the luncheon break of blueberry picking. Often I was the only girl in the group and I vied with the boys to reach the highest branch. I had the advantage of lighter weight. Up there I could view the horizon and wonder what lay beyond.

When I graduated in medicine in 1924, my territory was limited to an area no greater than 100 miles in diameter. For our internships, Charlotte Calvert and I applied and were accepted at Children's Hospital in San Francisco. We went up to Winnepeg and took the Canadian Pacific across Canada to Lake Louise and Banff. When we were wide-eyed and agog at the scenery, a snob said "You should see the Alps." I have since seen the Alps and I am still in awe of the Rockies. After Victoria and Vancouver, we headed south but stopped in Oregon to take a trip up the Columbia River. Then rather reluctantly, we continued on to San Francisco.

This was my first "Freedom"--a graduate degree and the ability to earn my own way.

In San Francisco I met Charles and Mary Fleishner, and after a year of internship, I was invited to join the office of Fleishner and Shaw, which I did for only one year, as I had another commitment. My medical course was made possible by a scholarship from the Lutheran Church in return for

which I would practice my profession for five years in an underprivileged country. In 1926, I left for China. Helen Pryor had preceded me there and met me at Shanghai. I spent a week with her family in Nanking before proceeding to the Language school in Peking.

Peking was an exciting place. After a strenuous medical course and an exhausting internship, language study from 9 to 4 was leisure. The many new sights and sounds were enchanting. The braying of the donkeys sounded like the fog horns of San Francisco. Flying Chinese kites took you into outer space. In the winter there was skating on the moat around the palace. The weekends found us trekking to the "great Wall of China," the summer Palace, and many other points of interest. The holidays were celebrated both American style in the Embassy and Chinese fashion with the faculty of the language school. On New Year's Eve we serenaded them all from rickshaws.

Then came the expulsion of the "Foreign Devils" from China, and we found ourselves sitting on the floor of box-cars enroute to catch a steamer home. The trip took us north through Korea and then south to Japan. Snow-capped Fujiyama was perfect in her splendor. The passage home was in steerage with hundreds of men, women, and children refugees from all parts of China. I learned from some that my medical notes and text books had been used by the Chinese for a bonfire--my second "Freedom"--science moves too fast to make such encumbrances of any lasting value.

So back to San Francisco I came to join Ed Shaw and to practice pediatrics for 40 years. My idol in pediatrics, Charles Fleishner had died after surgery while I was in China.

It was customary in those days for a physician to be available at all times to his patients--This meant twenty-four hours a day, seven days a week and usually no vacations. Ed and I decided to break the custom, to alternate weekends and take a 2-week vacation yearly. (Later, this was made a month's vacation.)

What could a vagabond do on such a regime? With foresight and planning, the weekends were spent in places near or fairly nearby such as Muir Woods, Tamalpais, Jack London Country, the petrified forest, Carmel, Yosemite, Sequoia, and Crater Lake, if you were heroic, one of the most beautiful spots in the world.

The two-week holidays were long enough to take trips back to Minnesota to see the family and to catch glimpses of scenic places enroute. These included the Grand Tetons, Glacier Park, Yellowstone, the Black Hills, the Badlands with interesting archeological findings, or south through Arizona, New Mexico, Colorado, and Utah.

Charles and Mary Fleishner had spent wonderful months in Europe and Mary wanted to go back. It did not take much coaxing to get me interested, but two-week vacations before the time of jets didn't allow for long jaunts. At the risk of criticism from confreres and patients, I took ten weeks

off. Mary and I toured England, France, Italy, and Sweden. I had to visit Sweden--the home of my parents. Some of the fun we had was to trace the development of mosaics from the early stone-walks to the glass murals almost indistinguishable from paintings. The architecture of the great cathedrals, the history of stained-glass windows, and the development of painting from primitives to the master pieces of the Renaissance was a part of this European experience for me as Mary was an avid student of art.

Leonardo de Vinci as an artist and a personality intrigued me the most. A few years later, when I learned that Milan was celebrating a Leonardo de Vinci Centennial, it was enough of an incentive to take me back to Italy. In addition to a week in Milan, I took a trip to the Italian Lakes and went from there to Switzerland, and then enroute home I had a ride on the Rhine. From there I went to Belgium and Holland. I had seen Italy and Germany under dictatorship and I was frightened. I caught the last boat out before World War II. War was declared on my way home from New York. This experience led Ed Shaw to remark that I seemed to just escape war on my trips and I might run out of luck.

I joined the Navy (to see the world) but served my two years in San Francisco with the Marine Corps.

With the depression and the war behind us, I joined both the World Medical Association and the Womens International Medical Association. When the latter met in Chile, I called Bernice Glasson, a long-time friend, and asked her

if she would like to join me on a trip to Santiago. She promptly said "sure." After a little further conversation, I realized she thought I said "San Diego." I quickly corrected her and she replied "well that's much better." We went down the East Coast of South America, took in the Mardi Gras in Rio and were amused to see the parade led by a band from California. We went on from there to Sao Paulo, Montevideo, Buenos Aires, across the lakes to the west coast and met our medical friends in Santiago. On our way home we stopped at Peru and Panama. South Americans were warm and friendly, the scenery was majestic, but the city tours took us mostly to bullpens and sport arenas. This was a rather stark contrast to the Louvre, Uffizi, and the Vatican.

The first meeting of the World Health Organization that I attended was in London. Tours to other parts of Europe were available and about 8 or 9 of us chose the one behind the Iron Curtain to Warsaw, Prague, and Russia where we visited Moscow, Leningrad, and Kiev. The trip was very well planned. We were taken to medical facilities but also on sight-seeing tours and we attended opera, ballet, and a marvellous puppet show. As a pediatrician, I saw children's wards, well-baby clinics, obstetrical wards with rooming-in and day-care centers. Some surgeons in our group assisted with operations and confessed that the women doctors in Russia were very good surgeons. At that time about 80 percent of the doctors were women and as one Russian man put it,

"It is a natural for women." In a recent survey, U.S.A. was fourth from the bottom of the list in the percentage of women in medicine. What is the matter girls--or is it the men?

Another year a group of physicians in Los Angeles arranged for a refresher course "Down-Under." When the brochure came out I asked Bernice Eddie of the Hooper Foundation if she could take the trip. The group filled one Qantas plane. We went to Australia, New Zealand, and Tahiti with excellent medical programs arranged for us at each of these places, and with adequate time for sight-seeing and socialization. "B" and I visited a unique industry in Sydney, run entirely by Cerebral Palsy Patients. We saw films and heard a lecture on the flying doctor service of Australia. We were shown a film on the Australian aborigines' care on the birth of a kangaroo. In New Zealand B and I took a Cessna V flight to land on a glacier in the Southern Alps. On the way home, in addition to a stop at Tahiti, we got glimpses of Fiji and Hawaii.

The second World Health meeting I attended was held in New Delhi, India. This coincided with rumors out of Egypt that Abu Simbel would disappear under the waters held back by the Aswan Dam. The combination of events was irresistible. Again I called Bernice Eddie. The call reminded her that some of the Fellows from Hooper were taking part of their training in Tropical Medicine at the Institute in Kuala Lumpur. A round-the-world trip could take care of all our

duties and yens. Enroute to Egypt we stopped at Athens and enjoyed that gem of history. The ride up the Nile to see the sunrise and its first rays actually fall in the Altar of Abu Simbel was a memorable occasion. There was time in Cairo to visit the pyramids, the sphinx, the hiding place of the Christ child and parents when they fled into Egypt. We also went to Tutankhamen's Tomb and the relics we didn't see there we saw in the National Museum in Cairo. We visited Luxor, Elephantine Island and the site of the Aswan Dam and had a ride along the Suez Canal where it looked like the boats were moving through the sand. The Sahara Desert was like a live Christmas card to me. I loved it.

On our flight from Cairo to New Delhi, we could see the towering snow-capped peaks of Nepal. The Taj Mahal was more beautiful than I had imagined and this is unusual for me. I have a good imagination. It made me want to go to Persia and see the art there. The rest of the trip took us on short stops to Rangoon, a boat ride on the Klongs of Bangkok, a shopping spree in Hong Kong, a medical and social visit in ~~Kuala Lumpur~~, a short peek at Singapore and then home via Japan and Hawaii.

Most pediatric meetings are rather tame, but when a meeting was held in Florida, Helen Pryor and I decided to extend the trip to some of the Islands. We stopped at Puerto Rico, Guadalupe, and visited the Dolphin Sea-Lab of Dr. Lilly on St. Thomas.

For some time, it seemed, the medical meetings were held either in uninteresting places or where I had been before. "B" Eddie and I decided, therefore, to just go on a fun trip forgetting medicine.

An African Safari was our choice. The longest flight I have been on was the one from Frankfurt to Johannesburg, but we got there. We had a half-day tour of a gold mine 3,000 feet underground, followed by a luncheon at the club and a piece of gold quartz as a souvenir. The diamond mine was less interesting and we were given no samples of their product. We visited Pretoria when the entire city was purple with the jacaranda blooms. Then we went to Capetown and from there took a ride around Cape of Good Hope to see the Indian Ocean. After this we joined the Safari in Nairobi and spent three weeks viewing and photographing the animals in their natural habitat. Everything from treetops to Kilimanjaro was sheer delight. In retrospect, it was the most enjoyable of all the trips.

Only a few months after the African Safari, Helen Pryor and I went to Mexico where we made some anthropometric studies of Mexican and Indian school children. The Mexican people were very hospitable and we enjoyed sight-seeing in Oaxaca, Mexico City, and the environs of both. The pyramids of Mexico are as impressive as those of Egypt and the archeological findings are as interesting. I was ashamed of myself for knowing so little about our very interesting neighbors and their history just across the border.

Squeezed in somewhere during these years was a tour of the British Isles and another one of the Scandinavian countries.

Some have said "How could you afford it?" The answer is simple. I worked very hard eleven months of the year, I was a square, living very simply, I didn't add to the population explosion, and I kept an eye out for unique opportunities.

After "retiring" I decided to fulfill another dream. I am taking the medical course over again. I am a junior this year at the University of California Medical School in San Francisco. The dean has said he will give me an M.D.² if I finish. It is interesting to view medical education as a student sees it! I think I will specialize in space medicine this time around. I would love to orbit the Earth and visit the moon, but I will probably have to do that when I get celestial wings--if I merit them.

Hulda E. Thelander, M.A., M.D.,
L.L.D., Emeritus; Chief, Department of Pediatrics,
Children's Hospital; Clinical Professor of Pediatrics,
University of California School of Medicine, San Francisco

1170?

August 21, 1969

Mrs. Carolyn Dobbs
"The Pointer"
Box 346
Downieville, California 95936

My dear Mrs. Dobbs:

The enclosed is for your evaluation
if you think it would serve any pur-
pose in "The Pointer."

Please feel free to correct, make
suggestions, or reject it.

Sincerely,

H. E. Thelander, M.D.

HET:djr

enclosure

MY PET ROCK AND I.

Early in the twentieth century, on a farm in mid Minnesota, the children, in imitation of their elders, built tiny farms with houses, barns and fences. For animals, stones of various sizes and shapes, were picked up in the gravel pit behind the home. One day I found a red rock the shape of a flattened sphere about 3 inches in diameter and 1 1/2 inches thick. Curiosity prompted me to take a hammer and crack it. The inside had beautiful variegated colors with a red border. This became my PET ROCK.

When I entered High School in a nearby town, I took an elective course in Physiography and learned about the formation of mountains, oceans and continents. One day I brought my pet rock and showed it to the professor. He said it was an agate and gave me a book on rocks to read.

After graduating from the Medical School, we (my pet rock and I) came to California. Here we met some friends from Grass Valley, the heart of the gold country. On a vacation there, we visited the mining area. We went down a gold mine, and then watched the processing of the quartz to extract the gold. Nature had used a gentler method, erosion, to bring nuggets and gold flakes into the rivers where gold was first discovered. Many years later we visited the other gold country, South Africa, we went down another mine and also visited their museum with gold specimens, nuggets and even fools gold. Nearby was a diamond mine where we met pink, black, and clear diamonds.

From California we went to China. In Peking we were introduced to Jade. The museums and shops had Jade jewelry, carved little elephants, camels, donkeys and serpents. Many buildings and Temples were decorated with Jade. The polished rock was soft and smooth to the touch. The colors varied from a light to a darker shade of green. Jade obviously was the pet rock of China. In Australia, the shops displayed opals and we were taken behind the scenes where we saw the crude ore and the process of cutting and polishing these gems. A book on Opals came home with us.

In Brazil, the country famous for its gemology, we visited the lapidaries and were shown the technique of cutting and polishing these gems. Each rock has its own unique crystalization which determines the shape and character of the jewel. These rocks and gems are placed in little boxes, 5 by 7 inches, divided into 20 compartments each of which as a specimen of the native rock

and a polished gem. These boxes are sent to Gemology classes all over the world. Brazil has many pet rocks.

In Mexico my pet rock discovered cousins--agates of a different variety called lace agates. As the name implies, they have a very fine pattern of intricate lines and varying colors. Polishing brings out the colors. They are very beautiful.

On a trip to Egypt, we visited its pyramids and also the Sphinx. There on a moonlight night and with lights playing on those monuments, we heard another ancient story. We took a trip up the Nile to see Abu Simbal and saw the sun's first rays shine on the altar in the morning. It was an inspiring experience.

We then traveled on to Agra to see the Taj Mahal. It truly is the most magnificent building in the world. The white marble is inlaid with precious stones to make floral decorations. The marble screen is studded with jewels--Jade, Jasper, amber, lapis lazuli and some 40 or 50 other varieties of precious stones. Lapis Lazuli, mentioned in the Bible, is an opaque stone of a deep blue color. We were told that it occurs in crystalline limestone in Afghanistan. It was considered such a rarity that Marco Polo, in his travels, visited the mines in 1271.

We even went to Russia once. The most beautiful and impressive rock seen there was black marble with bright blue flakes in it. It was used as pillars and on the facades of some of the buildings.

The last overseas tour took us to Israel. That little bit of territory, no bigger than New Jersey, has tremendous variation of terrain. An area west of Jerusalem is literally covered with rocks, from tiny pebbles to huge boulders. Rocks are used for practically all the buildings; in lieu of fences there are rock walls. We were told that some deep pits had been dug and rocks buried in them in order to clear the surface area for cultivation. Fortunately not all Israel is thus covered--there are still fertile fields and lush vegetation. These were not the only rocks we visited in Israel. We saw the rock caves in which the Dead Sea Scrolls were found; we took the cable car to Mazada, toured the rock ruins and looked out over the tremendous mountains to the west and to the Dead Sea to the East. We could see a Wadi in the deep canyon below us.

My pet rock somewhat resembles the Geodes that are found. These, however, usually have a very rough dark grey surface and when opened, they may have merely an empty space or crystal formation.

Some are very pretty. They probably are of volcanic origin, from hot lava blown into a cold atmosphere resulting in rapid cooling of the surface much as hail stones are formed. In California, Arizona, and other areas hot lava has covered forests as indicated by petrified wood found in these places.

In Africa, outside of Tutankamens tomb, we found a clam shell turned to stone. The following Christmas, a fellow traveler on that trip, sent me a copy of Schulz' book "Happiness is a Warm Puppy" with this comment inside, "Happiness is finding a petrified shell in the desert". It was. Another friend sent me a fossilized chambered nautilus, halved and polished. It belongs to the Cretaceous period which should place its age between 75 and 135 million years.

Thus my pet rock has stimulated desire to observe, read and seek information on gemology from agates to diamonds; on art and sculpture from the sphinx to Buffano; in architecture Abu Simbal, the Taj Mahal and the marble halls of Russia. Seismology has helped us to understand petrification and geodes. Arrow heads, amulets, and a Dinosaur footprint has sent us looking for information in archaeology and interest in anthropology has been stimulated by the digs in Israel and the search for the origin of man in the Ouldavi Gorge in Africa.

From physiography to geology around the world and it never interfered a tittle with the practice of medicine. Thank you my pet rock.

Jo Theodor
1/11/1976

A BIRDSEYE VIEW OF MY TRAVELS.

H.E. THELANDER, M.D.

FLYING HIGH.

As a child I lay on the lawn gazing up at the birds in flight and the clouds above,- at times great mountains of Cumulus clouds, sometimes a buttermilk sky, and occasionally black ones with streaks of lightening zigzagging across them. I wondered what it would be like to be up there. We heard about the Wright brothers attempts at flying,- some laughed, some were skeptical, a few believed we would fly.

A young Charles Lindbergh of our town tore through the streets on a motor cycle; soon it was not fast enough for him and we heard of his barnstorming out of St. Louis in a small plane. Then he flew his small plane alone across the Atlantic landing in Paris. He was surprised to find the airfield crowded with people and he was embarrassed when he was treated as a hero. Flying was a reality.

As soon as flying became commercial, I took my first flight. At first the planes aped the trains and had berths for the passengers to sleep in on night flights. It took 9 hours from San Francisco to New York. It is as beautiful up there as it was dreaming about it on the lawn. Those mountains of Cumulus clouds are piled high; sometimes the plane flies through them; other times big gaps open up and beyond is blue sky; little fleecy clouds scurry past them. Once when passing over the Rockies, we saw the "Glory",- the shadow of our plane on the clouds below with a halo of rainbow colors around it. It is not a common sight, but pilates with much flying time are familiar with the sight. It was described in detail in the Scientific American, July 1974, pp 60.

Not all mountains are in the sky. There are earthy ones with peaks reaching up into the clouds, snow capped and solemn. On a flight to Oregon, the pilate took us over Crater Lake, that beautiful jewel in the Rockies. Then past Shasta and Mt. Hood.

In Europe, flying from Paris to Milan, we passed Mount Blanc. It seemed so near, If the windows had been open we might have touched it. Beyond it were other Alpine peaks. From Beirut to Bangkok, over the hump, was Mount Everest its peak high above us over the clouds. In Japan we saw elusive Fujiama, playing hide and seek behind scurrying clouds. In Africa snow covered Kilimanjara, 19000 feet above sea level near the equator, resembled a brooding giant, a mammoth whale or a sleeping rhinoceros.

In the Southern Alps of New Zealand, we resorted to a smaller plane, a Cessna 5. The pilot took us around the peaks and finally landed us on the Tasman glacier. The Glacier is ^Preported to be 700 feet deep. We walked on the ice, explored the debris that it pushes along and marvelled at the scenery around us. During the war years, the Marines flew me in their little planes to the Military Bases of the West. This seemed like skimming the tree tops. We went into Death Valley, over the Grand Canyon; into Arizona and New Mexico; then north to Idaho, the Grand ~~Canyon~~ Tetons; Glacier National Park and home over Tahoe.

From a plane the patterns below take on different forms;- France looks like a patch quilt of squares and rectangles of greens, browns and yellows, separated by hedges and with the buildings clustered in the corners. Italy also is a patch quilt but different. The squares and rectangles are edged with trees. Even the highways are bordered with trees making them look like channels. When Ireland is seen from the air, you know why green is its favorite color. It is a green patch quilt spattered with blue lakes and wooded hills. Russia is different, it does not give the appearance of patches; the buildings follow rivers and streams. The areas in between ~~are~~ are not differentiated, there are rolling hills, lakes and streams but not the patch work farms as seen over Europe. The Sahara desert was a surprise. Our school maps had pictured it as a barren stretch of sand, There is plenty of sand, but

from the air there also are sand hills and dark rocky peaks with sand drifting down their valleys like water from a mountain side. The beautiful Nile winds its way through the sand. An occasional oasis is seen; there are the pyramids and and the great Rift Valley.

The ocean, from the air on a clear day, looks like the sky turned upside down; it is blue with fleecy clouds scurrying over it between the plane and the waters beneath. Ships look like ants stirring up little ripples, visible even at that distance. There are other water scenes from above like the Lake Country of Italy, the Southern Lakes across the the South American continent, and the 10,000 lakes of Minnesota.

CABLES. There are other means than flying to reach heights. In Italy we took a funicula to the top of Mt. Vesuvius and looked into its boiling calderon. In Switzerland we went up to Jungfrau Joch and viewed the mountains around us, the lakes beneath and the skiers on the slopes. Even at Tahoe we took the Ski-lift to the top and down again before the place was opened to skiers officially. It is fun to travel between heights on a cable suspended in the air. We went from Rio de Janiero to Sugar loaf with a stop enroute at another mountain peak. The panoramic view from these heights of the sea and the coast line were marvelous. In Australia we went to the Blue Mountains across a valley 1000 feet below us and then up another 1000 feet by rail on a car more nearly an elevator. In Capetown, Africa we climbed into a bucket and were lifted up to Table Mountain. From there Capetown looked very much like San Francisco from Twin Peaks, that is if Twin Peaks were elevated a few hundred feet. In Israel the Cable car took us from the Dead Sea 1200 feet below sea level to Mazada 3000 feet above. From there we could view seemingly unending peaks with deep valleys and Wadis below. From all areas and all heights, flying East or West, sun rises and sun sets, add to the glory.

WATERWAYS.

Again, as a child I was fascinated when crossing the Mississippi river by bridge at Little Falls, to watch the water between the planks of the bridge. To one side could be heard the roar of the Falls as it tumbled over the Dam, but to the other side the water was quiet and calm as a lake. During my High School days, I lived near the bottom of the Falls. Much of the stream was diverted to furnish power for the sawmill and the paper works on the west bank. In the shallow remaining stream below the falls there were large rocks; we waded in the water, climbed the boulders and hunted for agates on the beach. On the far side of the bridge in the calm waters, children swam, water skied and sailed boats. At lake Itasca, where the river has its source, we proudly stepped over it,--the great Mississippi, "Father of Waters", starts out as a trickling stream. Many years later at New Orleans we took a ride on the Bayou. The river is estimated to be 2,348 miles long and have a drop of 700 feet from the twin cities, Minneapolis and St. Paul, to its mouth. It is said to carry $1\frac{1}{2}$ times more water than the St. Lawrence, 8 times more than the Rhine and 177 times more than the Thames. I desired to see these other waterways, and succeeded to reach many of them.

On the way to California we took a tour of the Columbia River in Oregon and viewed the beautiful scenery along its course. After a meeting in Toronto Canada we had a boat ride on the St. Lawrence a truly terrific waterway with enchanting scenery along its course. We later viewed the Niagra even without being brides.

In London, on the Thames from 2 to 6 PM one day, and with an interesting guide we were entertained with stories as he identified Big Ben, Westminster Abbey and the Houses of Parliament. It is always interesting to get a sailors point of view from the angle of the water side.

After a visit to Milan we had a ride on the Rhine from Basel to Cologne.

We saw Bingen on the Rhine, the Mouse Tower and the many Castles. It was 1939 just before WW II and the tour guide said, " Formerly we sang the Lorelei on this trip but now it is verboten" and then added " I think that is nonsense". In Egypt we took the cruise up the Nile to see Abu Simbal before that beautiful Monument would be threatened by the flooding after the completion of the Aswan Dam. We saw it at sunup when the first rays fell on the altar as had happened every sunrise for hundred of years. Along the banks of the Nile we could see natives leading or riding their camels, shepherds watching their sheep and the many ruins of former castles.

On the Yangtse in China we wended our way between river junks and and other water vehicles carrying supplies , - traffic as jammed as New York's streets. In Russia it was the Volga. Rivers are mysterious and intriguing; it is natural that songs and poems should be written about them.

There are other waters than rivers to charm and entertain passengers. There was a cruise on the Carribean after a meeting in Florida; We visited St. Thomas and saw Lilley's work with the dolphins; we dined at the beautiful open hotel at Guadelupe and shopped in Puerto Rico. A visit to Greece with a cruise of the Islands and the many famous ruins, was a stop off place on our way to Africa. In Africa , on Lake Victoria and Lake Albert, we saw the Murchison Falls and the source of the Nile, thus full filling a dream I had had since childhood when I read about the many searchers for the source of the Nile.

In Sweden we sailed on the Gota Canal, so narrow you can reach out and touch the vegetation on the sides. Then there was the ride on Lake Killarney in Ireland; on the klongs of Bangkok with Boat houses jamming traffic and trading and housekeeping going on all about us. We cruised on the Canals of Venice and their counterparts in Stockholm, "The Venice of the North".

On the Fjords of Norway we watched the waterfalls leaping over the mountain

crests as uneroded as if they had just been created. We cruised the Chilean Lakes across the Southern part of South America thus I missed flying over the Andes, a thing I had dreamed of doing. We rounded the Horn of Africa to view the Indian Ocean. We even played with the alligators in the Everglades of Florida.

SCIENCE INPUT ON TRAVELS.

Is ones profession necessarily neglected when traveling? I think not. We attended three World Medical Meetings,- in London, Copenhagen and New Delhi. There were 2 International Womens Medical Meetings,- in Amsterdam, Holland soon after WW II. There our Dutch hostess said " Hate is an awful disease". The other was in Santiago Chili, where we met and had a chance to share information with our South American Coeagues. The Southern California Medical Association sponsored a tour of Australia, New Zealand and Tahiti. On this Tour we learned about the Flying Doctors Service, saw our first intra-uterine replacement transfusion, visited a unique factory conducted entirely by Cerebral Palsy victims. We saw a film of the life cycle of a kangaroo. We had a program presented by the Maori doctors.

There was an International meeting of Cerebral Palsy in Rome with excellent presentations from several countries, a wonderful^e way^{of} exchanging information not only from the stage but in the Hallways between sessions. At the AMA meeting in Israel, the local doctors gave us a marvellous insight into the problems in that country arising from the immigration of peoples from all over the world. We saw the phenominal Medical Schools and Research Institutes developed over the short period of 25 years. In Africa we saw the TseTse fly,^{and} visited several physicians who had been trained in tropical diseases at the Hooper Foundation in San Francisco. They took us on rounds at the various hospitals and shared their information with us. We stopped at Kuala Lumpur Where again we we were given tours of their tropical disease research. In Africa we visited Leakeys digs at the Ouldav~~g~~ Gorge and wondered how we became white if we originated there. Later we visited the Museums in London and saw the collection of African discoveries there.

In Czechoslovakia and Poland we had several conferences with the local Doctors, visited hospitals, even saw a concentration camp site and heard first hand the stories of these atrocities. In Russia we visited Day Care Centers, saw an Obstetrical service where child birth without pain was practiced. We even had the opportunity to observe the collection of blood for transfusion from a victim of accidental death. In Denmark we discussed poliomyelitis with physicians who had just experienced an epidemic of it. We discussed BCG then extensively used in that country to combat tuberculosis. In Mexico we did anthropometric measurements on Indian and Mexican children for comparison with similar studies done in San Francisco. I even learned and saw practiced acupuncture in China as early as 1926-27. I assisted in a clinic in Peking and to my surprise learned that children coming to that clinic had the same problems that I had seen in Minneapolis and California. We visited hospitals from the Bambino in Italy to Great Ormond Street in London.

ARTS

There was time to ^{do} other interesting things on these journeys. We visited numerous Cathedrals in Italy, France and England; We saw the Taj Mahal in India, the Leonardo exhibit in Milan, the Medici in Florence; and the Hermitage in Leningrad and the Tate Gallery in London. In Egypt we visited the museum housing Tutankamen relics. In China the prehistoric relics of past ages were on display.

We attended outdoor opera in Milan, a concert at the Pyramids in Egypt, a Symphony in Tele viv. We played in Skansen in Sweden, Tivoli in Denmark and the Tuilleries in France. We spent a night at Tree Tops in Kenya and had a peek at the glow worms in New Zealand.

With WHOM DO YOU TRAVEL?

When I landed in China, Dr. Helen Pryor met me at Shanghai. After a call on Dr. Francis King in a Hospital there, we went to Nanking where Helen worked

and return to this country, Helen and I attended several medical meetings together. We went on the Caribbean cruise after a pediatric meeting in Florida. We published a number of articles together including one on the studies in Mexico.

Mary Fleischner, the widow of Dr. Fleischner and I did the first European trip together. It included, Italy, France, the Scandinavian countries and England. Mary was a student of the arts and most of this trip was spent in art galleries and Cathedrals where much of the art remains. On the South American tour, Bernice Glasson accompanied me. She also was a student of the arts. Three of the medical trips were made with Bernice Eddie; one of these was to Australia, New Zealand and Haiti, another included Egypt enroute to New Delhi and around the World. The third was to Greece and South Africa where we also took a Safari. On the trip to Israel, Marcia Levin was my guide. She had been married in Haifa and the Levin's daughter was in a kibutz there when we visited. Betty Leonards gave me the tour of New Orleans and the Bayou. She had taken her nursing and also met her husband, DR. Richard Leonards there.

This bird feels fortunate in having found a place to nest at SEAFirth. The lure of the water, the birds, the beautiful sunrises and sunsets, the rainbows and the hills behind are alluring, maybe age also plays a role for I have lost my desire to rove. Oh yes I have a real yen to orbit once. but this wish probably will not be fullfilled. If it were I probably would: aspitre to go to the moon,- but this better be left for celestial wings-- if earned?

A T Model Ford Trek.- Fiftieth Anniversary.

The telephone rang,- over it came the message," Do you realize it is 50 years since we came across the country in our T Model Ford?" It was Evelyn Mayman from Modesto. The question roused vivid and humorous memories. The reply," Sure! Come over and lets celebrate". She came in her Mercedes Benz with a bottle of Champagne and delicious home made jams and jellies from the fruits of her orchard. We chatted and reminisced.

Evelyn graduated from the University of Minnesota in 1927 and interned at Childrens Hospital in San Francisco. Jo, (Hulda Thelander) graduated in 1924, interned at Childrens in SF 1924-25, spent a year in practice, a year in China and was home in Minnesota ready to resume practice in San Francisco. Evelyn, her sister, Al Alys, and Jo left Minneapolis in Evelyn's T Model Ford equipped with a pup tent, mattress and some eatables, heading South to Omaha. On the rear of the car we put a card " California or Bust". At dusk we stopped, Alys put up the tent, Evelyn serviced the Ford (She was as good a mechanic as a doctor) and Jo prepared a meal of a kind. Then all three moved feet first into the tent and slept until day break.

We had made it to Omaha. The Motto on the car was changed to " California Straight Ahead". Thus we took off on Highway 80 . This new road had been hailed as the first ~~cross~~ ~~cross~~ great Country Highway. It did not quite live up to expectations; it was sandy, rough, in places muddy, and at one spot we feared impassable. Our gaurdian angels were with us and we made it.

At the Colorado Boarder the Highway divided, one road going ~~thoward~~ ~~Gregon~~ ~~through~~ ~~#~~ south to Salt Lake City. Somewhere along the seemingly endless prairie stretch, a colt, so tiny he looked barely out of the womb, pursued our car ~~winnowing~~ ~~winnowing~~ pathetically. We stoppd, patted and comforted him, also looking for a mother.

T model Ford trip

Note!

There were no equines in sight and we pondered what we could do for the little creature. Some one suggested we might make room for a fourth passenger and we even tried to lift him to see if we could attach him to the rear of the car. He let us know in no uncertain terms that this was not to be and we had no alternative but to also abandon him. He pursued us for a while and then gave up. We wondered the rest of the way what finally happened to him.

We had had good weather along the way, but when we got to the foothills it was cloudy and we decided to pitch our tent on a camp site. These were scarce in 1927 and poorly equipped. The cabins usually had a bed with a mattress but no bed linen, this had to be brought with you. We crawled into our pup tent as usual. But some hour of the night we were awakened by thunder, lightening and a pouring rain. Although we had taken the precaution to pitch the tent on the highest spot in the area, the water was streaming in. Then we heard a voice, the people in the nearby cabin came out and invited us to sleep on the floor at the foot of their bed. We were most grateful.

At Salt Lake City we picked up Highway 50 going to California. Our third placard then read "California Here We Come"! The mountains loomed ahead of us. Evelyn and Alys had not seen these mountains before and they looked formidable. We stroked our little Ford and wondered whether or not it would make it. It did, but with many a huff and puff and several stops along the way for a cooling.

We reached California a few days before July 1 when Evelyn's internship began. A look at the map and it seemed a fairly short and easy jaunt to detour into Yosemite Park. Of course we again were deceived,; the road was tortuous through the foothills, sandy and dusty. However, we got there, pitched our little tent and spent two days sight seeing. Others pitched tents in the same area and arriving after dusk, as happened on occasion, we sometimes had difficulty spotting our own abode.

We left Yosemite by the Old Oak Flat Road which again was very steep, with hair-

pin curves but it finally reached the San Joaquin Valley. There near Turlock we stopped for a big juicy watermelon by the side of the road. We now felt confident of reaching San Francisco before night fall. With no further need for a our camping regalia, Evelyn cheerfully tossed the old mattress out along side the road and merrily drove on. Littering was not a part of our vocabulary then. We made a hasty stop at Palo Alto to say "Hello" to Helen Brenton Pryor, also a Minnesota graduate.

Jo resumed her practice of Pediatrics with Ed Shaw. (Dr. Fleischner had died in the meantime). Alys returned to her teaching position in Minnesota and Evelyn went to work at Childrens Hospital at 9 AM July first. Evelyn later worked for the State Board of Health for a short time and then opened her practice in Modesto serving that community handsomely until her retirement. Jo ,likewise remained in her specialty until retirement. Our chats revealed that we both had travelled extensively touching on most parts of the world.

We then toured Childrens Hospital. Jo had grown up with it , but Evelyn found very little left of the nooks and corners with which she had been so familiar during those strenuous intern years. After the detailed tour of the present huge structure we were about as tired as after the T Model trek across country, and went home to recuperate with some Champagne.

Hulda E. (JO) Thelander, M.D.
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Evelyn Mayman, M.D.
900 Brady Avenue, Modesto, Calif. 95350

MY PET ROCK AND I.

Early in the twentieth century, on a farm in mid Minnesota, the children, in imitation of their elders, built tiny farms with houses, barns and fences. For animals, stones of various sizes and shapes, were picked up in the gravel pit behind the home. One day I found a red rock the shape of a flattened sphere about 3 inches in diameter and 1 1/2 inches thick. Curiosity prompted me to take a hammer and crack it. The inside had beautiful variegated colors with a red border. This became my PET ROCK.

When I entered High School in a nearby town, I took an elective course in Physiography and learned about the formation of mountains, oceans and continents. One day I brought my pet rock and showed it to the professor. He said it was an agate and gave me a book on rocks to read.

After graduating from the Medical School, we (my pet rock and I) came to California. Here we met some friends from Grass Valley, the heart of the gold country. On a vacation there, we visited the mining area. We went down a gold mine, and then watched the processing of the quartz to extract the gold. Nature had used a gentler method, erosion, to bring nuggets and gold flakes into the rivers where gold was first discovered. Many years later we visited the other gold country, South Africa, we went down another mine and also visited their museum with gold specimens, nuggets and even fools gold. Nearby was a diamond mine where we met pink, black, and clear diamonds.

From California we went to China. In Peking we were introduced to Jade. The museums and shops had Jade jewelry, carved little elephants, camels, donkeys and serpents. Many buildings and Temples were decorated with Jade. The polished rock was soft and smooth to the touch. The colors varied from a light to a darker shade of green. Jade obviously was the pet rock of China. In Australia, the shops displayed opals and we were taken behind the scenes where we saw the crude ore and the process of cutting and polishing these gems. A book on Opals came home with us.

In Brazil, the country famous for its gemology, we visited the lapidaries and were shown the technique of cutting and polishing these gems. Each rock has its own unique crystalization which determines the shape and character of the jewel. These rocks and gems are placed in little boxes, 5 by 7 inches, divided into 20 compartments each of which as a specimen of the native rock

Pet Rock

and a polished gem. These boxes are sent to Gemology classes all over the world. Brazil has many pet rocks.

In Mexico my pet rock discovered cousins--agates of a different variety called lace agates. As the name implies, they have a very fine pattern of intricate lines and varying colors. Polishing brings out the colors. They are very beautiful.

On a trip to Egypt, we visited its pyramids and also the Sphinx. There one a moonlight night and with lights playing on those monuments, we heard another ancient story. We took a trip up the Nile to see Abu Simbal and saw the sun's first rays shine on the altar in the morning. It was an inspiring experience.

We then traveled on to Agra to see the Taj Mahal. It truly is the most magnificent building in the world. The white marble is inlaid with precious stones to make floral decorations. The marble screen is studded with jewels--Jade, Jasper, amber, lapis lazuli and some 40 or 50 other varieties of precious stones. Lapis Lazuli, mentioned in the Bible, is an opaque stone of a deep blue color. We were told that it occurs in crystalline limestone in Afghanistan. It was considered such a rarity that Marco Polo, in his travels, visited the mines in 1271.

We even went to Russia once. The most beautiful and impressive rock seen there was black marble with bright blue flakes in it. It was used as pillars and on the facades of some of the buildings.

The last overseas tour took us to Israel. That little bit of territory, no bigger than New Jersey, has tremendous variation of terrain. An area west of Jerusalem is literally covered with rocks, from tiny pebbles to huge boulders. Rocks are used for practically all the buildings; in lieu of fences there are rock walls. We were told that some deep pits had been dug and rocks buried in them in order to clear the surface area for cultivation. Fortunately not all Israel is thus covered--there are still fertile fields and lush vegetation. These were not the only rocks we visited in Israel. We saw the rock caves in which the Dead Sea Scrolls were found; we took the cable car to Mazada, toured the rock ruins and looked out over the tremendous mountains to the west and to the Dead Sea to the East. We could see a Wadi in the deep canyon below us.

My pet rock somewhat resembles the Geodes that are found. These, however, usually have a very rough dark grey surface and when opened, they may have merely an empty space or crystal formation.

Some are very pretty. They probably are of volcanic origin, from hot lava blown into a cold atmosphere resulting in rapid cooling of the surface much as hail stones are formed. In California, Arizona, and other areas hot lava has covered forests as indicated by petrified wood found in these places.

In Africa, outside of Tutankamens tomb, we found a clam shell turned to stone. The following Christmas, a fellow traveler on that trip, sent me a copy of Schulz' book "Happiness is a Warm Puppy" with this comment inside, "Happiness is finding a petrified shell in the desert". It was. Another friend sent me a fossilized chambered nautilus, halved and polished. It belongs to the Cretaceous period which should place its age between 75 and 135 million years.

Thus my pet rock has stimulated desire to observe, read and seek information on gemology from agates to diamonds; on art and sculpture from the sphinx to Buffano; in architecture Abu Simbal, the Taj Mahal and the marble halls of Russia. Seismology has helped us to understand petrification and geodes. Arrow heads, amulets, and a Dinosaur footprint has sent us looking for information in archaeology and interest in anthropology has been stimulated by the digs in Israel and the search for the origin of man in the Ouldavi Gorge in Africa.

From physiography to geology around the world and it never interfered a tittle with the practice of medicine. Thank you my pet rock.

Jo Velauskis
1/11/1976

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Jo Trulander
1/11/1976

Just for Fun Stories. (Written for my prof in Berkley UC during a
correspondance course in the 1930s)

- I. Dust Bowl Invasion of California.
- II. Ladies of Charity.
- III. Medical History repeats itself.
- IV. A Headstart to Health.
- V. Diphtherias retreat in San Fransico.
- VI. A Pather for the First Time.
- VII. The Doctor Looks at His Mail.
- VIII. Meeting the Challenge of Infantile Paralysis.
- IX. The Mighty Caesar Turns to Clay.
- X. Medicine at the San Francisco Fair.
- XI. Is Medicine a Desirable field for Women?
- XII. The Doctor Looks at Modern Art.
- XIII. Short, Short Stories from Medicine.
- XIV. If I were Quintuplets.
- XV. Let the Male be your guide.
- XVI. The Passing Parade of Women in Medicine.
- XVII. The Myth of A wasted Medical Education.

AND A FEW LATER ONES.

- I. My Pet Rock and I.
- II. A Birds Eye View of my Travels.
- III. A T Model Ford Trek., Fiftieth Anniversary.

JUST FOR FUN ARTICLES.

(Written for my Prof at Berkley UC when taking lessons by correspondence)

I. Dust Bowl Invasion of California .

II. Ladies of Charity.

III. Medical History Repeats Itself.

IV. A Head start to Health.

H. E. Melander M. D.
40 J. Griffith Place
Belmont, California 94705

10/14/72.

My dear Mrs. Fried,

Since I will be away the first part of November, I am sending on to you some of the things I have learned about retired professionals. As I mentioned before, the Medical School has a policy of rehiring on a part-time basis many of the Emeriti. Some of them continue their research and give some lectures, often substituting for regular personnel away at meetings. Others have organized extra-curricular courses open to any one. These may be on Medical History, Medical Ethics or Philosophy. I do not think that many would be interested in our project at present for the above reasons.

I then went to the County Medical Society to see about the physicians in practice. Olive Nieck, the secretary, was very helpful. She said that Liability Insurance is now so high that many doctors, as they get older and cut down on their work, find it is not worth while to continue and hence retire. She thought these doctors might be interested. She suggested that when we have the plan drawn up, we put an article explaining it in the local Medical Bulletin.

I have just started collecting information on the other Health Sciences, Dentistry, Pharmacy, and Nursing.

There is one person who might be of great help to us. Roger Wilson started me on the trail of the Emeriti when he was connected with the Continuing Education at UCSF. He is not old enough to retire but was very interested and might be willing to help us. His Address is 3905 Sacramento St. SF. and his Telephone is 752-7734. His wife is a professional Nutritionist and might also be interested.

One day last week my nephew stopped by on his way to New York from overseas. He works with the main Telephone office in N.Y. He told me about their plan. They have two groups. After 21 years, an employee may become a "Pioneer" a group affiliated with the Retirees. The two groups now have a membership of about 4000, equally divided between the two divisions. They have local regional, state and national chapters and are very active. In addition to enjoying themselves, they have courses they may take, arts and crafts and community services. They do a great deal for the handicapped.

I have already had one request for a person experienced in "Personnel Management"!

In an attempt to think through the subject somewhat logically, I came up with the following outline:

Topic: Utilization of the Expertise of Retired Professionals.

- I. Find out 1) what other colleges and Universities in the area are now doing for the Emeriti. These Schools or Colleges might be in Education, law, engineering, business etc.
2) what business firms are doing, - telephone, PGE, stores, insurance companies etc.
- II. Find out what other communities are doing.

- III. Find out what the local needs are where the expertise of retirees might be of service. A natural beginning source would be The United Crusade personnel. Institutions and organizations always, seemingly, looking for help are: Hospitals
Institutions and programs for the Handicapped.
Day Care Centers and Nursery Schools.
Homes for the aged or chronically ill.
Religious institutions
Youth groups, - YWCA, YMCA, Big Brothers etc
Recreation groups.
Museums, Opera, Symphony etc
Minority groups.

- IV. New projects might include:
Pollution
Crime
Drug abuse
Population Control

One function of the Headquarters would be to dove-tail the requests with the Expertise.

There may be many who would enjoy taking courses, especially in the arts or in writing.



The Medical Aspects
of a
Child Development Center

The Medical Aspects of a Child Development Center

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hen the Child Development Center for handicapped children opened in 1952, the general opinion was held that the causes of most birth defects were unknown. This attitude was a challenge; and I decided to take the histories myself and probe, relentlessly if necessary, for possible factors that might be relevant. The questioning was divided into five periods:

- heredity or genetics
- events during embryonic period (first three months)
- adverse factors during the fetal stage
- type of delivery
- early infancy

Over a period of 20 years, histories were taken on hundreds of children with handicaps of various types. It is an art to get the full cooperation of the parents and sometimes also of the grandparents or even great grandparents on both sides of the family. It is neither necessary nor wise to try to get a complete history on the first visit. Actually, it is better to relax and chat with the family, thereby getting a little background and "feel" for the situation. It is surprising how interested families can become in their own family tree and what may have happened in it over the years. It becomes apparent that in some families there are "information skeletons in the closet." It is not uncommon to find a family who

knows very little about the past. Frequently, the mother will say, "My mother never talked much about the past." Or, "I have a vague feeling that there was something wrong in the family but we never talked about it." These histories often represented some hidden hereditary disease, or some tragedy about which the members of the family did not wish to converse. With interest aroused, however, the parents have written to their own parents, grandparents, and cousins in an attempt to learn more about the families. The involvement of the parents in this manner revealed a great deal more history than could be obtained in the usual type of questionnaire. Parents need to get home and think about it. They need to talk to other members of the family. Many of them have never before given a thought to heredity. Many things can be brought to light which the parents themselves had not been aware of or had never considered as pertinent.

What did we learn from this type of interrogation? In a random sample of histories, it was found that in 16 to 20 percent of the families, there was *impressive* evidence that heredity played a role. In some of the well publicized diseases, such as phenylketonuria and hemophilia, it was not difficult to elicit this history; but in other types it often took some real sleuthing. In our sampling of the population over the years, these traditional hereditary diseases, e.g., phenylketonuria, galactosemia, hemophilia, constituted a very small proportion of our case load. There were only three families seen with a history of phenylketonuria. There was only one instance of Tay Sachs disease, and only one instance of hemophilia. The rest of the histories revealed defects which appear at rather infrequent intervals, but which are fairly well known to the parents. The more common of these were harelip, cleft palate, club feet, webbing of the toes or fingers, supernumerary fingers, and enlarged or flat broad thumbs, oddities about ears, or small defects of any other part of the body. Some of these deformities were slight and apparently considered insignificant. The parents frequently said that members of the family had this variation, or they said, "It is a common characteristic in our family: parents, grandparents, and great grandparents have it." Families often brought up the question of consanguinity. If a child was born with a defect and the parents were even remotely related, they frequently asked if this contributed or was the cause of the defect. The question of

consanguinity was raised by the parents as often as it was elicited by direct questioning. We saw one family in which both the parents and grandparents were first cousins. They had four children with multiple small anomalies and varying degrees of mental retardation. In another family the parents were cousins; and they had six normal children, but the six children all had a defective child. These families attributed the defects to consanguinity. The possibility of unknown inbreeding came up fairly frequently, particularly in ethnic or religious groups who had continued to isolate themselves: Such segregation may result in some intermarriage, even though it is not recognized within the group.

When the ovum and sperm unite and start their joint adventure, a new phase of development is initiated. After the implantation of the fertilized ovum, growth is very rapid. The embryonic period, from fertilization through the first three months of pregnancy, is a vulnerable period. The literature advises mothers to see their doctors as soon as they know they are pregnant. It is obvious that such prenatal care is not enough. A great many things can happen before the woman knows she is pregnant. Some women, especially in planned pregnancies, remember the early history fairly well; but, in most instances, the woman has difficulty recalling events around this period of her pregnancy. Sometimes she may be able to tie it to an identified holiday or a travel period, or some other outstanding event that dates her pregnancy with something that happened at the same time. If the mother had a major disease such as German measles, she usually remembered it, although even such an illness may have been forgotten.

In taking a pregnancy history, therefore, I usually asked, "How did you feel during your pregnancy?" Very often the first answer was "fine." "Did you have any illness?" "No." "Were you nauseated?" "Oh, yes, for the first three months." "Did you take any drugs?" "No." "Did you take anything for your nausea?" "Well, only what the doctor gave me." [It is amazing what a woman will consider as "normal" during early pregnancy.] It was only on a rare occasion that the woman knew what drug she had taken, and there may not be any record in the doctor's office. Sometimes the physician hands out samples and does not record it. Caution, however, regarding drugs and illness has increased tremendously. The

thalidomide incident and the publicity regarding German measles have made most women very wary of taking drugs, and has made them more conscious of illness during the pregnancy than in the past. Nine months is a long period, and no one wants to add unnecessary concern and worry. It is natural, therefore, that the physician in charge of the pregnant woman wants to comfort and reassure the potential mother when she makes her visits.

In a random sample of the histories reviewed, over 30 percent gave a history of a variety of adverse factors during the early period of pregnancy. The more common complaints were nausea that interfered with nutrition, medication taken to stop the nausea, or, in illegitimate pregnancies, attempts to abort may have been practiced. Illness of the mother or in other members of the family may be significant, even if the illness is not German measles. The role of emotions also is difficult to evaluate. It is well known that it takes a very slight emotional reaction to upset a menstrual period. Freshman girls in a high percentage of cases have some abnormality of the menstrual period in the first months of new college life. During the war years, the girls who enlisted in military service usually had a disturbance of the menstrual period for several months. If the uterus and its vascular supply is sensitive before pregnancy, there is no reason to feel that it might not be equally sensitive during pregnancy. A circulatory disturbance due to emotions may not be the best environment for the early embryo when rapid growth is taking place and differentiation is occurring; even momentary interference with growth at a critical period may be registered in the body of the fetus.

In general, prenatal care is sought at ten to twelve weeks after conception, rarely is medical consultation obtained earlier.

The period of pregnancy from three to nine months is a safer period for the fetus; but even at this time it is not one hundred percent free from danger. In many mothers, the history revealed hospitalization for several days for bleeding and spotting around the third or fourth month, and sometimes even later. Many pregnancies were lost during this period; others resulted in premature delivery; and some were carried to term. When the history revealed a series of lost pregnancies followed by a live birth, that child often was de-

fective. Some of the histories revealed a severe infection, usually viral in nature (so-called flu) during the fourth or fifth month of pregnancy.

Several of our mothers had a history of physical injury during the last six months of pregnancy. One had been in an automobile accident; one had fallen down a staircase; others experienced less traumatic accidents but recorded spotting as a result. It is reasonable to assume that in some instances the fetus may show evidence of injury after such an episode.

The incidence of abnormal children is higher both in the older mothers and the very young mothers. In a random sampling in our series, this was five to one for the older mother. The incidence of children with Down's syndrome being born to older mothers is well documented, but we also found that other types of retarded children were fairly frequently born to older mothers. On several of these atypical retarded children, chromosome counts were made to see whether or not there was translocation or other evidence of abnormality. We were seldom able to confirm such abnormalities. A review of the histories and a study of the infants in the Teen-age Pregnancy Clinic of Children's Hospital did not reveal a high incidence of abnormal babies. It was noted that many of the girls started menstruating between 10 and 12 years; and, since the pregnancies occurred anywhere between 14 and 18 years, most of the girls had had several years of maturation physically. Many of them, according to the physicians in charge, were not as mature emotionally, and some of them had difficulty during delivery.

The early rupture of the membranes is another source of danger. If delivery is delayed for 48 to 72 hours, infection may occur. Infants born under these conditions are often given antibiotics whether or not positive bacterial cultures are obtained; and serious infections have been recorded.¹

The placenta, as the intermediary organ, has been and is being studied in several research centers. An abnormal placenta may be suspected before delivery. An abnormally small baby at term may be a clue to a malfunctioning placenta. In some instances, the mother had been told that the placenta was abnormal and that this was the cause for the small size of the baby. If the intrauterine starvation has not been too long or too severe, the child may accelerate after birth and develop normally. A number of these children, however, showed small

abnormalities, such as slight malformation of the ears, hands, or feet. Often, they did not perform intellectually at an optimum level. Hospital records sometimes confirmed abnormalities of the placenta, or the doctor had a note in his own record that confirmed the suspicion that there was some placental abnormality. Mothers usually did not know or had forgotten, if in fact they ever did know of such a pathology.

The obstetricians and pediatricians in the newborn nurseries were cooperative. The obstetricians were appreciative of any information that we could give them regarding the development of a given child. This was particularly true if the mother wanted another child or if she was pregnant and concerned about the development of her previous infant. The obstetrician may not have known about a previous abnormality, particularly if there were no visible defects at the time of birth and none detected during the first weeks of life. If the mother is unaware of the abnormalities when she makes her final visit to the obstetrician, there may not be occasion for the obstetrician to learn about defects that may be picked up later. This is especially true of mental retardation. If the mother has a handicapped child, it often deters her from having more children; consequently, she does not revisit her obstetrician.

The next adventure, after the intrauterine sojourn, is the delivery. Even with successful launching and orbiting, the infant must also make a soft and safe landing. (There are many similarities between the astronauts in orbit and the fetus *in utero*). There are many things that can interfere with delivery. Obstetricians and pediatricians have concentrated more on the last part of the pregnancy, the delivery, and post-natal care, than they have on earlier events. The newborn mortality has been reduced chiefly in the area of safe delivery. There will always be some hazards at birth and some situations that cannot be avoided. Some of the pertinent findings in our studies have been: premature separation of the placenta, placenta previa, the cord tightly around the neck, other cord entanglements, difficult presentations, and unsuspected dystocia. Multiple births always increase the hazard at the time of delivery. To the nonprofessional person, a cesarean section may seem the ideal method for the delivery of a baby. Statistics, however, do not bear this out. Morbidity and mortality are higher with cesareans than with vaginal deliveries.

Drugs, analgesics, and anesthetics play a role in the condition of the infant at the time of delivery. Drugs given to the mother may have a different time of excretion, as well as a different effect on the infant, than it does on the mother. The histories revealed that a large number of our handicapped infants had been given oxygen after delivery. The children with learning problems, especially dyslexia, had a high incidence of hypoxia and resuscitation at birth.² This connection may be difficult to elicit in the ordinary history because by the time a child starts school, the events of birth are far in the background.

Unfortunately, some histories revealed that there were some infants that were "held back until the doctor arrived." This is a hazard that should be eliminated. In one case the infant's position was rotated or changed from breech to occiput by external maneuver several weeks before delivery. It is even more difficult to correlate such a history with mental deficiency in the infant; yet, it should be considered as a possible cause. Such a maneuver may cause cord entanglement or placental tearing. Infants may suffer from hypoxia if the mother has a sudden drop in blood pressure when she is placed on her back on the delivery table. Obstetricians are familiar with this syndrome, but the danger to the infant is not always anticipated.

A sudden rupture of membranes with a prolapse of the cord is another accident of the paranatal period that is a real hazard. Time is of such essence that a delay of only five to eight minutes may result in death, and injury usually occurs to the central nervous system of the child. Even with the greatest of care and fastest maneuvers, it may be difficult to get a baby delivered in time to avoid hypoxia when such an accident occurs.

In our series, there were two sets of triplets and one set of Siamese twins. The latter were successfully delivered and successfully separated. Both of the girls have normal intelligence.

The nutrition of the mother has not appeared to be an important factor in our children, although some of the mothers gave a history of anemia early in pregnancy. We are, of course, living in an affluent society. In California the climate is mild; there is an abundance of fruits and vegetables; and the meat has been relatively cheap, which may account for the lack of evidence of malnutrition.

We had only one case of deformity due to thalidomide ingestion. This one child did not have the usual findings attributed to thalidomide. He had some abnormality of the ear lobes, but the major defect was in the kidney tract. He had practically no kidney function.

The patients came from many parts of the State, a few from the neighboring Islands, and some from foreign countries.

It was interesting and gratifying to get very good histories from the physicians in the smaller communities. These physicians more nearly represent the so-called family doctor than do many of the specialists in the larger cities. A country doctor frequently knows the family personally; he (or she) has seen members of the family through various illnesses; and he is very apt to give a total picture of the family situation and the events of pregnancy and birth. The cases referred from the larger medical centers often had more extensive laboratory investigation, but some of the pertinent facts of the history were missing.

Although we felt fortunate in having triplets and Siamese twins who were normal intellectually, multiple births pose a real problem. Many of our children represented one of a twin set; and in many cases the patient was the surviving twin, the other child having died at birth or shortly thereafter. If death of one twin occurred *in utero*, the surviving twin was almost always defective. This may represent an instance where the environmental factors *in utero* were sufficiently noxious to kill one of the infants and injure the other, the more robust of the two surviving.

It was our experience that, when a careful history was taken and an effort made to find out the true facts about the pregnancy and birth, the history was seldom normal. Some adverse factor usually was found in heredity, early pregnancy, later pregnancy, delivery, or post-natally. This statement is often met with skepticism. As a control group, therefore, the patients in my private office were questioned in a like manner and with very different results. The complexity of human beings and the multiplicity of events during the nine months of pregnancy negates the use of direct cause and effect except in exceptional events such as the thalidomide episode and the German measles epidemic. Even in these cases there was a long period of doubt and discussion before the cause and

effect relationship was accepted. Since even these teratogens caused abnormalities in only about 20 percent, it is pertinent to ask, "What protects some under like circumstances?"

In the post-natal period, the child continues to be subjected to environmental hazards. The brain grows rapidly up to six or seven years of age, when the adult measurements are attained. The system is more vulnerable to injury during the phase of rapid growth than after full growth is reached.

Until the antibiotics were available, meningitis was almost one hundred percent fatal. With therapy, many victims survive. Some of these have serious sequelae. There is a direct correlation between the age at which the child had meningitis and the outcome; the younger the child, the greater the chances of mortality and morbidity. Even when recovery appears to be complete, deficits, particularly in the learning area, have been found as the child grew older.³

The encephalitides are even more devastating to the nervous system than are the meningitides. There are very few children who survive encephalitis without a scar of some type in the nervous system. (Exceptions are more common in encephalitis accompanying or following the acute contagious diseases, such as chickenpox, measles, and mumps; in these, except in severe cases, recovery is often complete).

Diseases other than direct infection of the central nervous system may also be injurious. The toxins of many organisms are destructive to the cerebral tissue. This is particularly true of the pneumococcus, the staphylococcus, and streptococcus. Meningitis due to meningococcus or to influenza has a better prognosis. The severe enteritides also have a fair percentage of neurological sequelae. The injury may be due in part to toxins and in part to dehydration. Again, the hazard is greater for the infant than for the older child.

There are other toxic agents that injure the brain. We had children who had taken overdoses of drugs or poisons. When the symptoms were severe or prolonged, the child often had sequelae.

Physical injury, such as skull fracture in infancy or early childhood, may interfere with normal development of the brain even if not accompanied by subdural hematomas, or known intracerebral hemorrhage. The risk is greater with the more severe injuries, and also when it happens to the infant or young child.

Injury due to parental abuse has been given considerable prominence in literature in recent years. The increase of this is probably due to population explosion, crowding, and difficult home environments. There were only a few such cases that appeared in the Center for therapy as a result of deformities or mental retardation. In one case, the child was injured because he was retarded.

Failure to develop normally due to deprivation was obvious in certain instances. Probably more of this may have occurred than came to the attention of the staff at the Center. The children in this category seen at the Center were usually referred for differential diagnosis between mental retardation, emotional disturbance, and deprivation. There is no longer any doubt that early deprivation may have serious consequences. A few children were referred to us by schools or by physicians because a child with apparent good potential was not achieving. Some of these children were found to have a high I.Q., sometimes between 120 and 140, definitely in the superior range and without perceptual difficulties; yet they lacked motivation. The cause usually was psychological.

The Physical Examination

It was obvious from the start of the Center that children with cerebral palsy or any other major neurological disease were often stunted in their total development. Weight and heights confirmed this impression. Over 70 percent of the children fell on or below the third percentile in both height and weight. This stunting at times was attributed to an inadequate diet. It was clear, however, in working with these children and their parents, that the lack of food intake was not the sole cause of the small stature. Many children had good appetites; and a mother frequently stated that she could not see why he didn't gain, since he ate as much or more than the normal children who were very much larger. This is not always true; some of these children do have small appetites.

Dr. Helen Pryor, who had made extensive anthropometric measurements on normal children in the Bay Area, volunteered to do similar studies on our handicapped children. These studies were made on mongoloid children,⁴ children with multiple small defects⁵ but without any characteristic syndrome; and on classical cases of cerebral palsy (these latter children were selected with great care in order to avoid the

combination of birth defects and cerebral palsy) We were interested in getting a picture of a well designed child who had a normal fetal period, but who had sustained injury at the time of delivery, in order to compare such children with those who had congenital defects arising during the embryonic or fetal period. Measurements were also made on a group of children diagnosed as having minimal brain injury with learning problems. In the more severely injured children, the growth curves tended to follow on the minimal line during the first three or four years; and then the gap between the normal children and children who had been severely injured widened markedly, so that at adolescence there was a very appreciable difference in the heights between normal and severely injured children. This was true both for the congenital anomalies and for the children with cerebral palsy. One of the interesting measurements was the size or circumference of the head. This measurement was often on the minus side, the exceptions being the minimally brain damaged child and, of course, the hydrocephalic child. Only the children with minimal injury approached the normal growth curves.

In addition to anthropometric studies, the details of the individual's development were documented. These included such details as the shape of the head. At times, the flattening of a certain part of the skull correlated with abnormality in the electroencephalogram over that area. X-rays have also confirmed the asymmetries. Marked asymmetries were seen when there was no cranial synostosis, although a number of the children had true cranial synostosis. Several of these latter had had surgical repair, some with good results. In addition to asymmetries, some children had unusually broad heads or unusually long heads; and some had triangular heads with narrow foreheads.

Interest in hairline formations and cowlicks was aroused when hearing a paper on anomalies in animals, with roughing of the hair and change in texture in connection with defects artificially produced. The hairlines are characteristic in some diseases but abnormal in a great many children with birth defects. The number and placement of the cowlicks were noted. Some children had three or four cowlicks, sometimes arranged symmetrically with two posterior and two anterior, making the hair stand up on end. Anterior cowlicks were

fairly common; at times there was only one, often there were two. In some children, the hair was very fine and sparse; in others it was heavy, with heavy eyebrows as seen in gargoylism. The conspicuous part of these variations is the difference in the child from other members of the family.

The shape of the face varied; some children had a very small lower jaw—agnathia. We saw several children with the first-arch syndrome (i.e., with an underdeveloped jaw on one side, sometimes with the ear on that side missing or deformed, often with a hearing loss).⁶ There were those with high narrow palates, harelip, cleft palate, crowded or deformed teeth, missing ones, and unusual rates of eruption.

All variations of the anomalies were seen. The ears varied from very large with plain contours to small ears with the pinna rolled up into tight folds; unilateral or bilateral microtia with atresia of the canal and only remnants of pinna. Hearing involvement could be associated with these defects, or it could be independent of them. In congenital deafness it has been difficult to elicit a probable etiology. Only in a few cases was it definitely hereditary. German measles and kernicterus accounted for some of the children with hearing problems.

Abnormalities of the eyes were very common. These defects varied from strabismus to blindness and any anomaly in between, such as drooping of the eyelids, irregular pupils, split pupils, corneal defects, cataracts, and a host of others.

The extremities are subject to a greater number of defects than the trunk. As reported in the studies of thalidomide intoxication, some children were born without arms or legs, and others showed all degrees of variation; but even without a history of drug ingestion, abnormalities were seen varying from amputations to webbed fingers and toes; limbs were spastic, paralytic, athetoid, or flaccid. There were combinations of these defects.

The hand is the greatest natural tool, and, as such, deserves careful scrutiny. The study of dermatoglyphics has increased the interest in the evaluation of the development of the child. A simian line may occur on one or both palms; it may be absent in a mongoloid child; and it may be bilaterally present in normal individuals. Dermatoglyphics deserve further study. In the total human development the brain and the hand represent the greatest refinement in development.

To a physician or to any other person versed in child development, a mongoloid child is recognized immediately, even if he passes by the door or crosses the street. When these children are described in detail, however, many do not have the so-called classical findings. There are some who do not have simian lines, who do not have a large protruding tongue, who do not have an umbilical hernia, or a congenital heart. The inexperienced may ask, "Why then is he labeled mongoloid?" The only real answer is, "He looks and acts like one." Those of us who work intimately with handicapped children find other "group" resemblances—in other words, children who look as much alike as do the mongoloids and as do those with Turner's syndrome. The chromosome discovery immediately supplied the logical answers to mongolism and Turner's syndrome, and may to many more syndromes. New syndromes are described *ad infinitum*.

Laboratory Procedures

A careful history and physical examination is still the best method of arriving at a correct diagnosis. If one had the courage to rely on these two, many technical procedures could be omitted. There is a definite tendency with undergraduates, students, and house officers to rely heavily on laboratory tests. It has also become almost a fetish to do so. Almost every conceivable test is ordered on a new patient. Probably in no other field is there such a lack of discrimination in the selection of tests as in laboratory procedures. When a new breakthrough is made, such as the chromosome discovery, it is essential to study a variety of diseases in order to determine how pertinent abnormal chromosomes are. Once such a study has been made, however, it should rest upon the clinician to use discrimination in the choice of patients to apply the test. At the Center, chromosome counts were not done routinely on a classical syndrome such as Trisomy 21 (mongolism). They were ordered on young parents who had a mongoloid child in order to see whether or not there was a translocation or abnormality in the chromosomes of either parent. This was done in order to counsel them regarding further pregnancies. Chromosome studies also were done on a child whose physiognomy suggested that he might be a variation of the classical Down's or Turner's syndrome. In these studies, children have been found with translocations or mosaicisms.

Studies of the central nervous system were often indicated, particularly since so many children showed a neurological involvement in the form of retardation, seizures, or abnormal movements. A plain x-ray is informative in regard to determining size and shape of the skull, the closure or failure to close of sutures, and the presence of calcification within the nervous system. Pneumoencephalography provides additional information. It was not done routinely but fairly frequently in order to obtain a picture of the anatomy and pathology of the brain. Arteriograms were done on a limited number of cases, usually if a tumor or vascular anomaly were suspected. An electroencephalogram was done on a fair percentage of cases. It is of value in convulsions, epilepsy, and in detecting tumors; beyond this, its value is speculative.

The spinal fluid studies are not of great value in chronic cases. Only rarely does such a study reveal any pathology. It may show abnormalities in certain progressive degenerative diseases. It is, of course, very important in the acute disease of the central nervous system.

Electrophoresis has limited but definite values in the study of diseases due to chemical anomalies.

The surgical and medical management of defects is far more advanced than the management of the patient's education and training. Some 30 or 35 years ago, even before World War II, the orthopedic problems throughout the State of California were sought out and treated vigorously by the orthopedists. Treatment for clubfeet is now almost always started in the newborn nursery. A harelip is often repaired before the child leaves the hospital. Repair of the cleft palate is delayed until there is more tissue to work with, but is usually done before the child speaks. Plastic surgery, with repair of very difficult problems such as esophageal-tracheal fistulae, imperforate ani, obstructed bowels, diaphragmatic herniae, are managed with great skill. Neurosurgery is well advanced. Great strides have been made in repair of urinary tract abnormalities. The surgical correction of many eye defects is done routinely. Cardiac surgery has made phenomenal progress. The transplanting of organs is advancing.

In other diseases, medical treatment has replaced the need for surgical repair. This is particularly true in the infectious diseases that formerly caused pathology requiring surgical procedures. The introduction of antibiotics has prevented

such diseases as mastoiditis, osteomyelitis, empyema, and bone tuberculosis. Immunization has prevented other diseases that formerly required surgical procedures. New cases of poliomyelitis are no longer a problem. Diphtheria, whooping cough, tetanus, smallpox, and measles are now all well controlled. And more recently, German measles and mumps have been added to the list. Even the dreaded kernicterus has been circumvented.

On the other hand, the advances in medicine and surgery have added new chronic handicaps. The fact that meningitis formerly was practically one hundred percent fatal and now has a high survival rate means that many children who erstwhile died are now handicapped by these diseases. This is particularly true, as mentioned earlier, in the very young child. The older the child is, the more promptly and adequately he is treated, the fewer the sequelae from meningitis. The reduction in the mortality rate of other disease, particularly prematurity, means that children with defects may now not only survive, but live much longer.

The use of drugs has produced other iatrogenic diseases. Excess oxygen to the premature caused blindness in many children. The use of thalidomide in the mothers created crippling diseases. The use of other drugs has caused anemia; still others have caused deafness. Constant vigilance to prevent these accidents is necessary and physicians have conscientiously studied new symptoms, new diseases, and new therapies in order to avoid these complications.

The control of infectious diseases has permitted the pediatrician to turn his thoughts to the chronic handicaps of children. The development of a Center for such evaluation is relatively new, and our own efforts have often been spoken of as pioneer work in this field. The evaluation of the child's performance, his intellectual capacity, his emotional status, and the sociological problems are of extreme importance.

In many hospitals social service personnel, physiotherapists, and occupational therapists have been a part of the staff, almost as regularly as nurses and technicians. Educators have been used mostly as teachers of hospitalized children. Psychologists have been used almost exclusively in child guidance or psychiatric clinics. A Child Development Center utilizes these paramedical disciplines far more effectively than has been done in the past. The aim of a Center like ours is not

merely for additional diagnosis. Unfortunately, some Centers limit themselves to diagnosis and take no responsibility for the counseling or the proper placement of the patient after the diagnosis has been made. It has been the follow-up and follow-through with these children and the assistance that we have given the parents in finding the proper educational facilities for the children, that has acquainted us with the deficiencies in the community and in other disciplines concerned with the children.

Community Facilities

A child with a handicap, regardless of how severe physically or mentally the handicap may be, has the same basic needs as a normal child. In other words, he needs a home, medical care, education or training, recreation, and the right to worship up to his ability.

Home: For the young child under six or seven years, there is no substitute for a good home. If this is not available as a result of death, separation, or illness, then a carefully selected foster home is the best substitute. The handicapped child, like the normal child, needs the individual attention and love and devotion that the normal child needs. If his own home is not giving it, a good foster home may. When the child reaches the age of six, seven, or eight, if he is severely handicapped, either physically or mentally, a substitute for home may be necessary. At this stage and for this type of child, a boarding school, a sort of half-way house, would be ideal. Unfortunately, these are not available at present, except in a few private institutions where the cost is prohibitive to most patients.

Medical Care: As noted earlier, the medical care is at present adequately provided. With Crippled Children's Services available, Medicare, insurance, and hospital clinics, there is no real reason why any child should go without medical care. There are some situations, especially in minority groups or parents who have difficulty with the language that prevent the families from utilizing the medical facilities. There are also instances in which a mother does not have the money either to take the child to the doctor or provide a baby sitter for the rest of the children when she makes a call to the physician. If a child is large, heavy, and helpless, it may be almost impossible to travel by public transportation. These

needs have become very apparent in our Center, and provision should be made for proper transportation at a price that is not prohibitive. The only agency in this community that has provided such services is the Recreation Center for the Handicapped.

Education: The education of the handicapped in the community has progressed fairly satisfactorily. There are many provisions made for education and training. There are special classes for the physically handicapped, the blind, deaf, and the retarded or semi-retarded, as well as for the emotionally disturbed. New provisions are being added constantly to meet the needs of all the children. If the child needs socialization and training when too young for public schools, provisions are being made by private organizations to have nursery schools and day care centers for the physically handicapped at a price that can usually be met either by public funds or by the charity funds provided by these special organizations. The greatest need at present is for the type of residential care that was mentioned earlier when the home cannot handle the situation. There is great need for some type of respite care.

Recreation: Recreation is an area that has been sorely neglected in most communities. In San Francisco, we are fortunate in having a well conducted program of recreation for the handicapped. This program, started by Janet Pomeroy at about the same time as our Center was opened, has expanded rapidly. The new recreation center now provides services for every type of handicap for all ages. These children get pleasure out of play, even if they just watch other children play.

Religion: In recent years, several churches have not only instituted religious training for handicapped children, and especially for the retarded, but they have also provided homes for them. One example of this is the Good Shepherd Home at Terra Bella, California, which is supported primarily by the Lutheran Church but is interdenominational. In the San Francisco area, the Helpers of the Mentally Retarded of the Catholic Church have sponsored similar homes, also interdenominational. The churches have provided well for educational institutions, hospitals, and senior citizens' homes; it would seem a very natural thing for them to also make provisions for the physically handicapped and mentally retarded.

Attitudes of Parents

Our Center was started as a service program. We were there to help the children and the parents. We soon learned that many of the things we had been taught were not true. Parents, both mothers and fathers, loved their handicapped children. They did not wish to "put them away." They did not keep them in "closets." They did not shop around aimlessly. Parents wanted to take care of their children, and they wanted help in so doing. Actually, this group of parents was seeking the same kind of help for their handicapped children that mothers of normal children had been looking for before pediatricians started well child services, well baby clinics, and office care for the well child. The child was loved by the parents because he was a child—their child.

I learned quickly not to mention the State institution to the parents. I watched for a clue from them. As noted earlier, there comes a time when it may be necessary, because of the severe illness or handicap or hyperactivity of the child, to hospitalize or put him in a nursing home with around-the-clock caretakers. This is a very difficult decision for parents to make. They need a tremendous amount of support and help while they are making it. It is only in rare cases that a parent "puts his child away," apparently with relief. It is presumptuous for a physician to feel that if the mother never sees her child or "puts it away without ever seeing him," that she will forget, or believe that such disposal is a less painful method than caring for the child and becoming attached to him. How can a mother forget when she has borne the child for nine months, brought him into the world with labor pains? It is her child. She feels responsible. She may feel guilty; every thought, word, deed, or act she has committed in the past haunts her lest this be the cause for her defective child. Often the father feels equally guilty and responsible.

One father said to me, "I wish I could find something in heredity on my side of the family which would account for it so that my wife would not feel that she was responsible." At another time, when I was taking the history from a father and mentioned a pertinent point in that history, he asked if it could possibly be responsible for the defect in his child. If it were remotely possible, he would like to attribute the defect to his side of the family because it would make his wife feel less guilty.

During the past years in dealing with parents, I have not found a single child hidden away in a "closet." In one case, I had a youngster brought to the Center who had not seen a doctor for several years. I had been told by a physician who had visited the home that this child was severely handicapped and was kept only at home, implying that he was kept "hidden." When the child was brought in, the father told a sad story of wandering from clinic to clinic and doctor to doctor seeking help for his child. When the only advice the father received was "to put the child away," he took him home and they took care of him without consulting any doctors further. If this child was kept in a "closet," he was driven in there by the attitude of the people who should have helped him. Fortunately, this attitude is changing.

A difficult problem may arise with the child who is only slightly retarded and without any marked physical defects. This type of abnormality is not detectable at birth and may not be suspected until the child is three or four years old. Often, the mother, especially if she is familiar with young children, becomes concerned but hoping for the best; and, dreading the worst, she does not express her fears to the physician. Or, if she does, it is done in terms that do not register. It is also difficult, when such a diagnosis has been made, to tell the mother. My approach was to ask the mother first how she saw the child in comparison with other children or with siblings at the same age period, if she had more than one. The mother then might say, "He acts more like his three-year-old brother than as a four-year-old." Or, she might point out areas in which he is not functioning as she would expect him to do at his age. It is easier to say, "Well, that is the way he tests." If she wants to know his I.Q. test, it is easy to say that three-quarters of 100 is 75, or express it in terms on that basis. Parents seemed much more receptive to that approach than to a blunt statement such as "His I.Q. test is 75." In other words, the mother has made her own rating first. The younger a child, the more unreliable a score; and this should be made clear to the mother. Children continue to develop and they do develop at different rates. The important factor is placement in the right learning situation, so that he can develop happily at his own pace and not be discouraged or passed along without learning. This will only widen the gap with his peers and discourage him.

Siblings: Another reason given for "putting a child away" is the effect this child may have on the normal children in the family. The fact is that the siblings in the family take their cue from the parents. If the parents are as accepting of the handicapped child as they would be of any ill child in the family, the siblings accept the situation in the same way as the parents do. It is not unusual to see the normal children in the family come home from school or come in from play and give immediate attention to their handicapped sibling. A defective child may sit in a wheelchair and watch the other children play, or he may sit in a window and watch the children as they come by to and from school or play in the yard. Even a very severely handicapped child may register pleasure in so doing. It is easy to forget that we all get pleasure from watching others, whether we go to a football game or to the theatre, or prefer to be a wallflower at a dance.

The experience at the Center raised many questions. What were the causes of defects? Was any prevention possible? Were agencies doing all they could? Were physicians and other health personnel adequately trained in the field? Finally, how could I find out?

It was after such musings that I decided to take medicine over again, from start to finish, to see how it was taught, and to review such subjects as embryology, neuroanatomy, genetics, pharmacology, biochemistry, bacteriology and virology, psychiatry, etc. Added to the curriculum were new subjects such as community medicine, communication techniques, and teratology. The medical schools across the nation, including the University of California San Francisco, were studying and revising curricula. Students were at the height of rebellion and putting in their two-bits worth. It was indeed an exciting time to go back to school!

I was placed on the Curriculum Committee and served on it for four years. I kept a diary which I shared with the administration, students, and the alumni. I developed a real love for my new alma mater. As a graduate student, I could then attack the other problems (e.g., the causes of handicaps). I made a list of the questions that had arisen in the Child Development Center. These pertained to genetics, the age of the parents, infection, drugs and poisons, nutrition, radiation,

immunity and rejection, multiple births, and accidents. The review of the literature and the correlation of this with examples from the Center were published under the title, "Interference with Organogenesis and Fetal Development."

Prevention

"An ounce of prevention is worth a pound of cure." So goes the old saw. But what can be done to reduce the problem of defects when there are so many causes? Do we educate our children regarding the structure and function of their bodies? My information is that this is the most neglected field of public education.

A young mother told me recently that she went through high school and college and when she had her first child, she realized she had learned nothing about homemaking, child rearing, or personal health. We read in the papers about sex and venereal disease education in the schools and the controversy it has caused among parents and teachers. It would seem obvious that to have a health curriculum in the schools, we first need teachers equipped to give the course. California seems to have taken a first step in passing a law (1973), making it mandatory for all teachers to have a one-unit course in health education. I have not been able to find out who is going to teach the teachers, or what the course will contain; but I am hopeful. The California Medical Association has a committee to study the questions and maybe eventually we will teach our children something about themselves, their structure, and function.

Health education should be a continuous process, starting in nursery school and kindergarten and continuing through the grades and high school. It should start with simple information appropriate for the beginner such as safety, cleanliness, and nutrition, and increase in sophistication as the child grows. In the period of eight to twelve years of age, children are very curious about their bodies and functions. Some anatomy and physiology should be taught at this time, for instance lungs and cigarettes. The function and care of the other systems, including the reproductive system, should be given at the appropriate age. Children should know about genetics and inheritable diseases; they should know about infections and prevention of diseases; they should know the need for an adequate diet. Maybe I am an optimist; but my

experience with parents and siblings and their questions lead me to believe our young folks, if instilled early with some of the hazards of indiscretion, would take heed.

Many of the children are now young adults. One young lady, an honor student, has repeated several times, "Why do people look at your disabilities, never at your abilities? Why do they talk about you in your presence as if you had no ears, eyes, or brains?" Two girls are in college, hoping to study medicine; one, deaf and athetoid, is teaching in a school for the handicapped; a severely incapacitated boy without speech and without any means of locomotion has an I.Q. of 140. It is hard for a well person to imagine what it would be like to have an active mind trapped in a helpless body. Let's not write these children off. Let's try, instead, to be creative and help them.

Not all have the capacities cited above. In a review of one-hundred cases, twelve had died. Twenty-five had been admitted to State institutions, and five to private ones. Nineteen were in schools for the handicapped or the retarded. Let's work and hope for better results in prevention of defects in the future.

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The Early History
of
The Child Development Center
Children's Hospital

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In 1952 a telethon sponsored by the parents of children with cerebral palsy netted surprisingly large sum of money. As a result, a meeting was called in San Francisco to discuss the development of services for the victims of cerebral palsy. As Chief of the Department of Pediatrics of Children's Hospital, I was invited to the meeting. In preparation for the meeting, I discussed the local unmet needs in the field with the hospital's Director of Physiotherapy. Her immediate response was "for children under three years."

In 1945, a law was passed in California making funds available for help to children with cerebral palsy from birth to 21 years of age. The funds were allocated through the Department of Education to develop total services within the school system to care for these children. In San Francisco the school for children with physical handicaps (Sunshine School) antedated this law by many years. The major difference between the proposals of the new law and the organization of services in the school for the handicapped children in San Francisco was that the latter provided for physical and occupational therapy through the Department of Health rather than through the Department of Education. Children were eligible for admission to the school at three years of age. This left the pre-nursery-school child without therapy. In the services developed later in the State, physiotherapy

and occupational therapy were provided in the school clinics, regardless of the age of the child or whether or not he was enrolled in the school.

At the meeting in San Francisco I was alerted prior to the discussion that an effort would be made to have the program for infants and young children at Children's Hospital. The city at that time had two medical schools. The representative from the Cerebral Palsy Association, in looking over the local situation, had concluded that a neutral place, such as Children's Hospital, would be preferable to a university setting. Unfortunately, the news of this preference was in the papers that evening before there was any chance to consult the Hospital Board, administration, or staff. As sometimes happens, this publicity made it difficult for the program to begin smoothly. Some members of the medical staff of the hospital were critical of the fact that the proposal had not gone through the regular channels.

The staff of the Department of Pediatrics was well prepared to launch a pre-nursery-school program for handicapped children. For several years, members of the Department of Pediatrics, The Child Guidance Service, the paramedical staff, and the house officers had conducted a weekly seminar on childhood ecology (long before that term became a household word; to us, it meant the child's total environment—physical, mental, and emotional). At these seminars the normal growth and development of children was discussed. The facilities in the community were visited; and members from other disciplines and community agencies were invited to participate in the discussion from time to time. These seminars acquainted us with the attitudes and skills of the various disciplines and made us aware of the available facilities for children in the local and surrounding communities.

In addition to the above experiences, I had had almost two years of service with the military during World War II, and later was appointed as consultant to the Veterans' Administration Hospitals. The work of rehabilitation which started in military hospitals was continued in the Veterans' hospitals. It was not difficult to adapt the knowledge and experiences gained in these facilities to the young handicapped child. Other programs for the handicapped visited were those of Howard Rusk at Columbia; one at Cornell; Flower's and Fifth Avenue in New York; and the John Tracy Clinic in Los

Angeles. It was Mrs. Tracy who gave me the courage to "start now." Her words were, in effect, "Get a toe in the door and start; you will learn best by doing." The years of experience have shown the wisdom of this statement.

The pre-nursery school for children with cerebral palsy opened August first, 1952. Space was made available in the main room of the Physiotherapy Department by shifting the patients usually seen there to other rooms for two afternoons a week. The Director of Physiotherapy and the Director of Occupational Therapy of Children's Hospital assumed responsibility for the work with the patients. The executive secretary of United Cerebral Palsy Association of San Francisco made her headquarters in the hospital. Her skill and devotion to the service and to the Hospital for the short time she was secretary added immeasurably to the organization. It was a united and close-knit staff that launched the pre-nursery school for cerebral palsy.

Organizations, national in scope, are prone to have somewhat rigid regulations. Before opening the nursery school, therefore, it was requested from the local organization that a rigid diagnosis in early infancy not be demanded; that the upper limit of age not be set irrevocably at three years, but that transfer to a public school be left to the discretion of the staffs of the two involved institutions; and, at least until neighboring counties had time to develop their own services, county lines not be stringently enforced. In addition to the nursery school, a medical clinic for the examination of patients and review of the progress of therapy was instituted.

The program from the beginning was designed for habilitation of all children in need of such help. It was neither set up as a medical facility only, nor was it set up within the framework of the traditional outpatient clinic subject to eligibility requirements. It was open to all doctors for referral of patients in need of the type of services offered.

Not long after the launching of the nursery school, the Crippled Childrens Services of the State authorized a Neurological-Diagnostic Clinic at the Center.

In order to accommodate children not strictly cerebral palsied and not eligible under Crippled Childrens Services, the Little Jim Club, a hospital auxiliary, contributed a supplementary fund to the unit. Since children with many types

of deviations from the normal were admitted, the name was changed to the Child Development Center.

In 1961 the first grant was received from the National March of Dimes Foundation to open a Birth Defect Center as a part of the Child Development Center. This move was particularly appropriate because Children's Hospital had been a center for poliomyelitis and the staff had worked intimately with the Foundation since its origin. The rapid increase in work attested to the need for services of the type given in the Center for children with defects.

Organization

As mentioned earlier, the basic organization of the Center was patterned somewhat after the rehabilitation services already in existence. The Center provided medical diagnosis, total evaluation of the child, diversified therapy to meet the individual's needs—including learning disabilities, family counseling, repeat evaluations, and follow-up studies. A pediatrician was in charge, with pediatric assistants available in neurology, neurosurgery, orthopedics, ophthalmology, general pediatric surgery, ENT, psychiatry, dentistry, and any other specialty that might be indicated.

The nonmedical staff included the nursery school teacher, who not only had charge of the nursery children, but also evaluated the performance of the other children seen in the medical clinic. The physiotherapist and the occupational therapist, likewise, saw not only the nursery school children, but any others in need of their expertise. The speech therapist consulted with the staff and the parents, determined the children's problems and gave therapy when indicated. The psychologists did the psychometric measurements on all the children. They participated in all the conferences, assisted in helping the parents to understand their problems and the rest of the staff to interpret the children. The social worker interviewed the parents, carried on counseling with the parents, and assisted with the proper placements of the child in the community, which meant frequent conferences with personnel of other agencies.

There was no rigidity in our procedure for the evaluation of a given child. In general, however, it was as follows: A patient was referred by a physician or a medical clinic. The social worker obtained pertinent information from the refer-

ring physician and agencies or the school that the child had attended. The patient was seen first by the pediatrician, who took the history and did the first physical examination. Laboratory tests were arranged and the consultants selected. Appointments with the consultants were set up by the secretary. If medical or surgical procedures were indicated, these were instituted. The sessions in the nursery school and therapy by the physio- and occupational therapists were arranged. The paramedical studies, such as psychometrics, speech and hearing evaluations, educational and social studies, either followed or were interspersed with the medical and laboratory examinations.

There was ample opportunity for communication between members of the staff. In a high percentage of cases a major conference was held when the studies had been completed. To this conference were invited the referring physician and other community personnel involved with the child, such as educators, social workers, visiting nurses, and sometimes government and legal representatives. The objective was to establish a long-term, carefully planned service for the patient with the definite goal in mind of developing the individual to his best potential.

Medical reevaluations were conducted in somewhat the same manner as they are in a Well Baby Clinic (i.e., the infants and young children were seen frequently, at first at monthly or six-week intervals; later, every three to four months; then six months; and finally, once a year).

In a multipurpose Center such as this, the amount of work and the type of work done varied with each child. Some children had been carefully worked up elsewhere and were admitted directly for therapy. Others were referred from a distance for a complete diagnostic study. When the study was completed a report was sent to the referring doctor and to other personnel in the community with recommendations that could be carried out at the local level.

The nursery school was conducted five mornings a week from 9:00 to 11:30. Each session was limited to ten children. Some children came once a week, some two or three times, and some five mornings a week. The amount of time spent in the nursery school was decided by the therapy team and the nursery school teacher in charge. A fragile young infant of two years might tolerate only an hour in the group; or a

child might be placed there while the mother talked to the social worker.

The program served both for observation and therapy. The therapy aimed to prepare the child for the next learning experience. The children with major orthopedic handicaps were eligible for public school special education at three years of age. It was found, however, that many of the children were not ready for this adventure at this early age. A severely handicapped child of three might weigh only 20 pounds. He might be extremely dependent and fragile. It would be folly to try to put him on a bus and send him off to the public school.

In the afternoons, the staff of the nursery school conducted individual evaluations and therapy for those children who were either too young to attend the nursery school or who were in situations where they could not get physiotherapy, occupational therapy, or speech therapy under the school system. The work increased rapidly, and the Center was soon conducted five days a week from 9:00 to 4:00.

It was not long before the improvised space became inadequate. An area was then found on the hospital grounds in a small cottage that had been used as quarters for the nurses on the polio floors. This building had been designated for demolition, and our stay there was temporary. The medical record department had outgrown its space, and we were able to remodel that section for our next move. Two friends, Mrs. George Berton and Miss Bernice Glasson, donated generous funds; and the Cahill brothers volunteered to rebuild the area at cost. The nursery school grew and thrived in these quarters until the new building of the hospital was put up; and we were not only able, but by now experienced enough *really* to plan for the space we all needed.

Teachers and Doctors

Although the service for the cerebral palsied children was called a nursery school from the start, it really began as therapy sessions in a playroom setting. When the number of children increased, the therapists suggested that a nursery school teacher be added to the staff to coordinate the activities.

A nursery school in a hospital setting probably was an innovation. There must be others now but, our own may

have been the first one. On a visit to Australia in 1964, it was gratifying to find that the new Royal Melbourne Hospital for Children had not one but three school rooms within the hospital. Nonhospitalized children with physical handicaps received their education there until six years of age.

Children behave differently in a nursery school than they do in a doctor's office, even when the doctor has good rapport with his little patients (and most pediatricians do). Nonetheless, almost every child greets the doctor either in tears or with the question, "Am I going to have a shot?" It is especially difficult to get an evaluation of the child from one to three years of age in a medical office setting.

It was through the nursery school program particularly that the staff was able to help others to see the *child* behind the handicap. This child had the same feelings and motivations, the same desires, that every child had. He had a sense of humor, imagination, and the same power to manipulate adults as did the normal child.

The nursery school often added to the diagnosis. There is no one as well trained to observe a child as the nursery school teacher. She surpasses the mother as an observer because she is objective. She has had professional training, and she has had experience with a great many children. She may observe petit mal attacks that the mother thought were day dreaming, and never reported. She may observe a very mild hemiplegia that is obvious only when the child relaxes completely—as when painting at an easel.

There is an advantage to the teacher also to be in a hospital setting. There are many more opportunities for her to talk to physicians and to the paramedical personnel who ordinarily are working only in a hospital setting.

The joint efforts of the physiotherapist, occupational therapist, psychologist, and nursery school teacher, therefore, were directed not only toward correcting defects, but also toward enhancing the total diagnosis. It is easy to forget that a child with a handicap has no past information on which to build his new experiences. The adult who has a hemiplegia after a stroke, recalls his previous experience; and there must be patterns established in the brain from long usage upon which the therapist may hope to reestablish function. The child has no such past experience. If he has the use of only one hand, he is unaware that he has a second hand. This

hand, even though handicapped, may be brought into use and serve the child. If ignored, however, it lapses into complete disuse. An octopus uses eight legs because he has them. If he were born with six, or with two as a human, he would not miss the others.

The nursery school children added a new dimension to the entire hospital. On favorable days they played on the hospital grounds. Every day they joined an adult to pick up juice at the cafeteria. They took a walk over to the laundry. They rode up and down the elevators. Single or en masse, they made tours of the hospital. The entire hospital personnel changed their attitude toward handicapped children. The children were looked upon as children first, as handicapped second; and the handicap was often overlooked or ignored.

In the wider field of the school and the community, the recognition that physicians and teachers have the same goal (the welfare of the child), is progress. Unfortunately, there has been poor communication between these two disciplines. Even the school physician has not been able to bridge the gap entirely. The teacher recognizes that a child is different and suspects or wants to know if there is some physical reason for this difference. After referral of the child to the physician, a note often comes back saying, "I have examined this child and find nothing wrong with him." In the past, physicians, including pediatricians, were not taught to ask about school performance, nor were they in the habit of talking directly to the teacher. In the school hierarchy, on the other hand, the information often was passed from the teacher to the principal, to the parent, to the doctor. The message was either lost completely in making this circuitous route, or it was so changed that the physician was not aware that the child was really referred to him for a specific reason by the teacher. The mother also tended to be protective of herself and her child, and often would not even tell the physician that a special request was made by the teacher that the child be examined.

The professional people most concerned with the children were teachers, pediatricians, psychologists, and nurses. If good communication could be maintained between these people, the welfare of children would be greatly enhanced. Such communication is occurring more frequently now than in the past.

A Final Word of Acknowledgment

Over a period of 15 to 20 years, the number of staff involved in the Child Development Center grew and multiplied. It is impossible to give credit to all. Some stayed for only a season, others for years. Those who devoted the most time to the Center and helped to get it off to a good start were: Elsa Cabos, MD, a pediatrician who not only helped with diagnosis and treatment, but was a link with the Public Schools of the City; Jane Sledge, the nursery school teacher, who built the school into superb program for the young handicapped child; Barbara Holden joined her later. E. Walton Kirk was our first psychologist, and set a high standard for these evaluations; he was followed by Morrison Gardner and Anne Irvine, who have maintained the high quality of service. Wilda Flower organized the speech and learning division. Gertrude Saxton, our social worker, was well acquainted with the community agencies and facilities, and was a great help to the staff and a guide and comforter to the parents. The physiotherapists were June Peters, Elizabeth Derringer, and Joan Mohr. The occupational therapists were Betty Ho, Marjorie Millen, and Sharon Brown. The secretaries who kept us glued together were Alice Brady, Annaliese Reed, and Helen James. Jerome Mednick MD, when a house officer at the Hospital, showed great interest and sensitivity for our program. When he had finished his education, I felt that I could leave knowing that the work would progress under his guidance.

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