

Mountain Air



DEVOTED TO THE INTERESTS OF OKLAHOMA
AND THE FIGHT AGAINST TUBERCULOSIS

OKLAHOMA STATE TUBERCULOSIS SANATORIUM



Volume 32

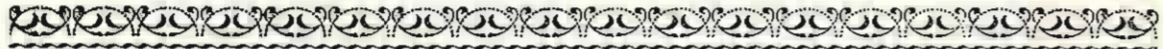
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SYMPTOMS OF TUBERCULOSIS

PERSISTENT COUGH	NIGHT SWEATS
PLEURISY	AFTERNOON TEMPERATURE
POOR APPETITE	AFTERNOON FATIGUE
LOSS OF WEIGHT	BLOOD SPITTING

"EARLY FOUND—EARLY CURE"



EASTERN OKLAHOMA STATE SANATORIUM

VISITING HOURS

Everyday— 7:00 A. M. to 9:00 A. M.
11:00 A. M. to 1:00 P. M.
4:00 P. M. to 8:00 P. M.

Examination of out-patients made on Tuesday mornings only (if not a holiday) from 8:00 A. M. to 12:30 P. M. Letter from patient's private physician MUST be presented. Patient must have been examined by private physician first. Charge of \$3.00 (increase 50c over former charge) is made for each x-ray of outside patients and ex-patients.
Ex-patients will be examined by appointment only, except on Tuesday. No appointments will be made on Saturdays, Sundays or holidays.
Do not send patients to this institution for admission unless notice has been received from sanatorium authorities to do so. Such patients will not be admitted but will be returned home to await his or her turn on the waiting list.

MOUNTAIN AIR

"HELPS CURE TUBERCULOSIS"

The Patient's Attitude Toward The Treatment of T. B.

Anthony D. Liroy, M. D.
(Former Chest Specialist, Talihina Medical Center,
Talihina, Oklahoma.)

The dominant role in treating tuberculosis is to treat the patient. The first step in treating the patient with tuberculosis is to tell him frankly and sincerely about the disease. The details and the circumstances of the cure should be explained thoroughly. The patient should be told that while the physician can tell him about his disease and can explain the cure and can give him moral support and can guide him, he, the patient, must take the cure, and to do so, he must master his emotions rather than let his emotions master him.

The patient should understand that getting him well is a job at which both the doctor and the patient must work and that each one must do his share thoroughly and honestly. The patient should realize that after his disease has been explained to him and the cure, as applied to his case, he has outlined in detail for him, and the physician has assumed his duty of close supervisor, about 85 per cent of the job of getting well falls in the patient's hands, while only about 15 per cent belongs to the doctor. If the patient does not get along as well as he thinks he should, he should reexamine his behavior and in so doing he may find probably nine chances out of ten that he is not doing his part as well as it should be done. It should be emphasized that in many cases what the patient has in his head is, as a rule, much more important in determining the course of his disease, than what he has in his lungs. By what he has in his head is meant his ability to reconcile himself to what he has, to what he must do, and to where he must do it, as well as his self-control, his will power, and his determination to enter the task of

getting well with a spirit of optimistic cooperation with the physician and with all others concerned with his recovery. The truth of knowing that he has tuberculosis may be a great shock to the patient at the beginning, but it is only by knowing the truth that he can adjust himself to the situation and do the things that he should do. An honest explanation about his trouble to the patient goes far toward establishing a bond of confidence that must exist between the patient and the doctor. One of the major functions of the physician in treating patients with tuberculosis is to keep the patient thinking rightly. To do so the doctor should know about the patient just as much as he knows about the disease afflicting the patient.

Everyone knows that emotional strain and emotional reaction; such as fear, grief, anxiety, influence enormously the course of tuberculosis. Many patients do not tell the physician about affairs in their lives, which may be causing severe emotional strain, have a marked influence on their physical condition. Patients do not tell these affairs perhaps because they do not realize their influence or they are embarrassed to tell about them and they think they must go on living with them as they are. Some patients at least seem to hope that by some magic the physician will find out about these strains and will be able to bring relief to them by prescribing something. On the other hand, if these patients would reveal these affairs to the physician, the fact that they have relieved their minds to that extent could, in most cases, help a great deal. Again, it would enable the physician to

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† "COMMON SENSE IS A NECESSITY IN CURING" †

The A. M. A. Problem

The problem of the recalcitrant—the patient who refuses to stay put and is continually walking out against medical advice—in tuberculosis has increased with the increase of new methods of curbing the disease, until it is an admitted problem in almost every locality. In fact, the application of the new drugs in the treatment of tuberculosis is an outstanding cause of this increase in absconding.

In the past, when there was no definite promise of the arrest of tuberculosis other than bed rest and food, and failure to live up to the rules usually meant failure to live—period—this fact was soon impressed upon the patient. In those rugged days when the sanatorium was a place of heatless fresh air, and the patients seemed to get well in spite of the sun rather than because of it, the fatalism of tuberculosis seeped into the newcomer as he viewed his cottagemates who had cured, two, three, five, even ten years. His first week—as he listened to local chit-chat about this one 'going out' and that one 'tossing a terminal,' and watched the black van of the neighborhood mortuary make frequent trips to and from the infirmary—gave him a profound respect for tuberculosis and the firm conviction that 'the cure' was a must if he was to leave the place alive. Of course, some of the more dense had to make several trips to the sanatorium—returning each time a little weaker and thinner—before this basic fact would sink in, and there were a few rugged souls who made examples of themselves to the others by fighting the inevitable to the last breath, but they were a tiny minority.

Then came the 'miracle drugs'—which were not miraculous but simply medicines which would help the cure, not replace it—and 'school was out!' Why bother with bed rest? Here was a cure all rolled up in a couple of shots and a handful of pills! Unfortunately publicity heightened this impression with pictures of patients—now deceased—dancing around their beds; one school of thought—that the patient responded more quickly to medication if he was physically active—convinced the bed-weary patient that he could burn his bedding behind him and skip blithely homeward with a bottle in one hand and a needle in the other.

But the tuberculosis specialist was finding faults in the new drugs as a definite cure. Cases which remained negative under the drug treatment sometimes relapsed quickly when the drugs were discontinued; tests previously infallible became a question; resistant strains of tubercle bacilli were developing and the doctor was faced with the problem of how much of this to tell his patients. If he was too em-

phatic in preaching caution, it could destroy the patient's faith and confidence in both drugs and physician—because of the psychological quirks bred of tuberculosis. On the other hand, if he did not put a damper on the belief that rest was a thing of the past, the patients might do irreparable damage to themselves. Fortunately, the majority of our physicians have been able to advise the most without depressing or alarming them, but there are the few patients who cannot or will not see this modern treatment in its true light—and unfortunately, most of them are 'cottage quacks' or alchemists who must force their phoney ideas on others.

Perhaps the most discouraging fact for the average patient is the length of time he must remain in the sanatorium after his sputum is negative even to culture. It is difficult to explain to him that this might be a 'false negative' built by the drugs and that a period of observation is necessary to prove otherwise; or that his x-ray is not keeping pace with the apparent progress of his laboratory test and these are leading reasons for many leaving the sanatorium against medical advice.

If the majority of these 'absconders' were family people, one might appeal to their sense of responsibility toward their families; but many of them are drifters, or others who do not respond to such appeals. Because of this group, many states have already introduced laws to control them. And though it seems ridiculous that legislature is necessary to prevent people from doing what is so obviously the wrong thing, undoubtedly more states will find it necessary to curb the positive or possibly active patient's 'walking out.'

The patient must still stay in bed if he is to shorten, appreciably, his cure. That is the opinion of many leading specialists in tuberculosis. Former president of the American Trudeau Society, Dr. H. Corwin Hinshaw, explains it thus—"Rest therapy must remain the basic treatment for tuberculosis. Motion of injured tissue impedes healing whether the injury be traumatic or infectious. A broken bone or severed muscle will heal in a minimal time and with minimal deformity if a restraining splint is applied to prevent motion. Since the lung is a mobile organ and is also one of the most active visceral structures in the human body, healing of an injury of this organ is greatly facilitated when the amplitude and rate of the motion can be reduced.

The new drugs are a supplement to rest—particularly for the patient with active tuberculosis—and the dream cure of going about living as usual while

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† "FOLLOW OUT THE DOCTOR'S ORDERS—HE IS HELPING YOU" †

T. B. Comes From T. B.

Dr. Harvey C. Boughton

Practically speaking, there are no diseases that cause tuberculosis. It is a disease by itself, and does not follow from other diseases.

We used to think that colds caused tuberculosis, but now we know they are acute respiratory infections or that they are flare ups of chronic sinusitis. They have nothing to do with causing tuberculosis. When one hears of a person having had a cold and a few weeks later that the person has tuberculosis, it may be taken for granted that the cold or rather the cough, in the recent weeks was actually tuberculosis although not so recognized. The person might not have had symptoms of tuberculosis at that time, but had an acute respiratory infection or a recurrence of sinus disease. It is possible to have a gastric ulcer and also a broken leg. And it is possible to have a cold and also tuberculosis.

What tuberculosis workers fear is that coughs and colds, so called, may hang on for weeks or months under a false name, whereas they should in these instances, make one SUSPICIOUS of tuberculosis. The suspicions should be proved or removed by examinations which should include tuberculin tests, x-ray films, or sputum examinations—one or all as the physician may find necessary. However, no person with symptoms and a reaction to tuberculin should go without having a properly interpreted x-ray of the lungs.

Returning now to the diseases said to cause tuberculosis, we might mention that pleurisy and enlarged glands of the neck might, in the past, have been considered predisposing diseases and after some time HAVE been said to bring on tuberculosis. Today, although we know that all enlarged glands of the neck are not due to tuberculosis, yet these enlargements always make one suspicious, and, if after a few weeks or a month it is shown that the enlarged glands are caused by tuberculosis, then one must admit that from the beginning the swellings were caused by tuberculosis. We must not try to argue that the glands enlarged and then afterwards tuberculosis came along.

We see the same argument in regard to pleurisy. The tuberculosis worker and a great majority of physicians now recognize that pleurisy means tuberculosis in a majority of cases. Therefore, when pleurisy comes along it is better to consider tuberculosis from the beginning. It is not always possible to prove at the beginning that the pleurisy is due to tuberculosis, but in most cases time and investigation do

prove the relationship. We must not say that the pleurisy comes and then, after a while, the pleurisy caused tuberculosis. What we must recognize is that a tuberculosis infection got into the body and sooner or later caused an inflammation of the pleuro or covering of the lungs as it is called, and when the inflammation set in, there was pain which we call pleurisy. We must always remember that the pleurisy was caused by the tuberculosis, not the tuberculosis caused by the pleurisy.

This brings us to the main reason for this writing, which is to discuss the principal item in combating tuberculosis. If you have no motor car you cannot take yourself for a motor car ride. It does not make any difference how many rides you had in a perambulator, a buckboard, a wagon, or a truck; if you do not possess a motor car, you cannot hurt yourself or kill yourself driving your motor car. In exactly the same manner, you cannot have the disease tuberculosis, you cannot fall sick with tuberculosis, you cannot die with tuberculosis, unless you possess the germ of tuberculosis in your body.

The reason for these bold statements is to teach that tuberculosis is not the result of other diseases, but is a result of one type of infection. If we can control that infection throughout the community so that no more people contract the INFECTION, then, no more people will develop tuberculosis. Please note that I said DEVELOP and not contract tuberculosis. People CONTRACT the infection and out of the infection may DEVELOP the disease, but they do not contract the disease.

We must get away from the idea that there are certain known factors which cause tuberculosis—certain things apart from the infection. That idea came from the dark misty ages. In tuberculosis work we have now passed out of those ages and we are in the light. We have knowledge, equipment and experience necessary to deal effectively with the disease. The one thing that we should get into our heads is that we must control infection. When we do that thoroughly there will be no new infection, and, where there is no tuberculosis infection there can be no tuberculosis disease.

There are no diseases which cause tuberculosis yet any disease or condition which undermines the health of an infected person may be the reason why that infection develops into disease. But no matter how seriously undermining the condition may be,

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† "FOLLOW OUT THE DOCTOR'S ORDERS—HE IS HELPING YOU" †

MOUNTAIN AIR

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EDITORIAL

ARE YOU WORTH THE EFFORT? Dr. E. G. Beachman

Tuberculosis wins again! Last Sunday a patient quit. Doctors, nurses, dietitians, ministers, occupational therapists, aides, orderlies—all lost to selfishness. Everything was done for the patient. All she was asked to do was to stay in bed, to rest, to let her body, her lungs heal. Everything was done for her except the one thing she alone could do: Rest. For a few months of satisfaction, she took a chance on months or years of suffering, a chance on life itself.

The tuberculosis hospital offers a team of specialists to help the patient cure his disease. When the patient goes to bed he becomes a member of this team, the most important member. He is in the game 60 minutes of every hour, 24 hours a day, seven days a week. The other members change often, substitution is frequent. He alone faces the tubercle bacilli all the time.

These specialists diagnose his disease and suggest treatment. They give him medicine and nurse him, they feed him, they entertain him, they try to solve his problems, they offer every service in their power. If there were any way to heal tuberculosis except by rest, this would be done.

The only one really benefited, yet the weakest link in this whole chain is the patient himself. Many patients cannot seem to realize that in the final analysis, tuberculosis is in their own lungs. It is their disease. They are not watching from the sidelines, but are taking an active part in a most fierce struggle.

We constantly urge REST. We emphasize that rest in bed is best carried out flat in bed, with as little movement as possible. We feel this gives the lungs their best chance to heal. All the medicines we have,

all the operations, cannot cure tuberculosis alone. They merely help you to help yourself. Work with us! You alone know how well you play at the game.
—Hilltop News

THERE'S A REASON BEHIND THE RULES

The red light goes on at a street corner and a car, or string of cars come to a stop. Usually some of the drivers mutter in their beards with annoyance at the forced halt, because they didn't want even a slight delay. For a moment it seemed to these hurried people as if stoplights were put on corners just to slow them down when they were hungry and wanted to get home to dinner, had a train to catch, or were already late for an important appointment. There's no end to the sets of circumstances which may cause that ruby glow to be the reason for grinding of the teeth as well as brakes.

If irritation and chagrin caused in a day by stoplights of Saskatchewan could be decanted, it would probably fill a tank about the size of Lake Waskesiu—and yet not one of us would want the stoplights abolished. It would be as much as our necks were worth to be in cities without them. They may occasionally be a nuisance when you are driving one way, but then if you are the fellow on the other road you want a clear way through too. Then, too, most of us spend a good bit of our lives as pedestrians and want the assurance of that forbidding eye gleaming at the impetuous motorist and keeping him in his place.

It's as easy as eating to forget that the primary purpose of a rule is to accomplish something—to give liberty, safety, or comfort—not to prohibit.

Rules are one thing that have to pay their own way a bit more. In the long run it means more to us to be sure a line of cars, trucks and busses will stay put until the lights change, than to wait a few minutes for a green light.

But perhaps there is more difficulty with the rules we almost all run into sooner or later, the rules that aren't applied to everybody, but to a minority to which, for the time being, we belong.

Maybe we are among the unfortunate few who have to avoid such popular items as doughnuts and ice cream, or those whose hearts demand a little more rest, so that tennis has to be abandoned, or those threatened with diabetes who must stick to a rigid regime to stave off coma. Perhaps we find ourselves among the tuberculosis patients who are harnessed with a lot of unfamiliar rules which at first seem needless.

The rules in a sanatorium are like the rules outside it—they are made to save a lot more trouble than they cause. This applies both to the rules you have to keep along with others (such as keeping ob-

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FOR THE BOOKWORM

The Bulletin Presents

"The Treasure of Pleasant Valley"

By Frank Yerby

Unlike the thousands of others who migrated westward, it was not lust for gold that led Bruce Harkness to California in 1849. Harkness fled his South Carolina plantation only to escape the nearness of Jo Rogers . . . Jo, whom he had loved since childhood and who, after a senseless quarrel, had married another man . . .

Now, standing at the bar of Sacramento's most notorious gambling casino, his usual reserve softened by several shots of raw whiskey, Harkness asked himself the question he never dared to answer. "It's a long time—almost a year—since you've seen her. Are you forgetting her . . . a little?"

And for the first time he told himself the truth. "You'll never stop wanting her, no matter how many years—nor how many miles apart. You'll love her until the day you die!"

There. He had been honest with himself, as though honesty might dull the ever-present ache in his heart. Determined tonight to find temporary escape from his torment, Harkness swallowed another drink and glanced about him. The BLUE DIAMOND was filled to overflowing with its nightly complement of brawling, unshaven prospectors, half-naked hostesses, and the squad of strong armed hoodlums employed by Rufus King to keep "law and order" in his establishment.

King himself had not put in an appearance all evening. Harkness loathed the man for what he was—murderer, swindler, despoiler of women—and yet he could not conquer a certain curiosity about him, for the boldness of his crimes had made King an almost legendary figure—even here in Sacramento, where virtue was practically non-existent. What had Juana said to him? "Ees bad man, Bruce—more wicked than devil heemself . . ."

Juana . . . Strange that he should think of her now, his fiery little Mexican housekeeper. Juana, who gave him her kisses so eagerly, as if to plead,

"Take me Bruce. I am here. I can give you all the happiness the golden-haired one has denied you."

He had held her in his arms, savagely, desperately, for Juana, too, was beautiful. No matter how tightly he closed his eyes, however, Jo's radiant face always came between them.

Bruce called for another whiskey, but even as he raised the glass, he knew that he would not find the forgetfulness he sought. Might as well return to his house in Pleasant Valley, where Juana waited. In helpless anger he turned from the bar, and began to push his way toward the casino's swinging doors.

He stopped short of the exit when a sudden hush filled the room. Harkness turned in the direction where all eyes were staring—the staircase leading to King's private suite—and the couple who were slowly descending. Even at a distance he recognized King's handsome, impeccably tailored figure. Clinging to his arm was the most dazzling-gowned woman he had ever seen.

"That's Rufus King's new mistress from back East," he heard the coarse whispers all around him. "Ain't she something!"

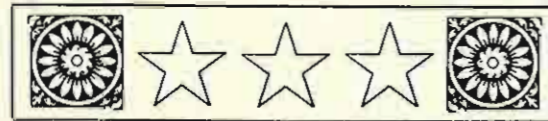
Now they were drawing nearer—so near that even through the smoky haze Harkness could discern the woman's features.

Oh God, no . . . it wasn't possible! But he knew so well each exquisite feature of that lovely face. Rufus King's new mistress—Jo Rogers—smiled like a queen at the leering mob.

Like millions of others, you've probably read many of Frank Yerby's fabulous best sellers . . . books like The Foxes of Harrow, The Vixens, The Golden Hawk, Pride's Castle, The Saracen Blade, The Devil's Laughter, Benton's Row. Here is his new hit novel, and what greater praise can we accord The Treasure of Pleasant Valley than to say that from the first page to the last, it fulfills the famous Yerby tradition of violent dramatic conflict, tempestuous romance, and earthy, red-blooded excitement.

† "A LEVEL HEAD IS A USEFUL ASSET IN CURING" †

† "IF YOU WOULD A CURE BE, TAKE IT EASY DAY BY DAY" †



The Tuberculin Test

By Floyd M. Feldman, M. D.

The time has come for a closer look at the tuberculin test as an aid to tuberculosis control and eventual eradication. What can it do and what are its limitations? Should every community have a testing program?

Unfortunately, simple answers universally applicable cannot be provided from the information now available. Those who attempt the best use of this tool must study their own problems from many angles in the light of the known facts and must follow this with studies of the results obtained by practical experience.

This may sound formidable but will not be too difficult if careful consideration is given to some guiding principles.

The tuberculin test properly done is one of the most specific and reliable tests known to medicine. With very few exceptions, persons who harbor live tubercle bacilli in their bodies will have an easily demonstrable skin sensitivity to the unique proteins produced by these organisms.

This fact makes it possible to identify those individuals in a group who are actual or potential victims of the disease. Unfortunately, the test does not reveal the location of the infection in the body, its extent, its activity, nor when it might become a threat to health.

Three Major Uses

Nevertheless, the tuberculin test is widely used for three major purposes. First of all, it is used for diagnosis. When a person has findings suggestive of tuberculous disease, a negative test is very good evidence that some other condition is responsible for the illness. If the test is still negative when repeated after 30 days, tuberculosis can be ruled out. A positive test is not so conclusive because many people harbor tubercle bacilli in their bodies without symptoms and without significant harm to their health. However, a positive test is of great value in arriving at a diagnosis if it is known to have become positive recently, and even single positive tests are significant in young children and in some population groups where infection rates are low.

Secondly, the test is used for information on the

status of tuberculosis control efforts. Tuberculosis infection rates in various age or other groups of the population, and particularly the trends in such rates over a period of years, will provide reliable measures of new infections taking place and therefore indirectly, of the number of active open cases of tuberculosis not under adequate isolation and treatment. The epidemiological information obtained is useful in determining which population groups need more attention.

Thirdly, the test is used to screen out those individuals who have been infected. This use of the tuberculin test as a first step in finding hidden cases of the disease is at once simple and complicated. Its efficient utilization depends on many facts which will be discussed below.

Tuberculin Test Techniques

For screening purposes in case finding the intradermal test (Montoux) is preferred. A special syringe and a small hypodermic needle are used to introduce 0.1 ml. of dilute tuberculin (Old Tuberculin or Purified Protein Derivative) between the layers of the skin of the volar surface of the forearm. For technical details see the 1955 edition of "Diagnostic Standards and Classification of Tuberculosis," published by the National Tuberculosis Association.

Under some circumstances "patch" tests may be preferred. In this country the "Voilmer" patch test is commercially available and has been most commonly employed. It consists of a strip of adhesive tape with three squares of thin blotting paper on its under side. The two end squares have been soaked in tuberculin and dried. The middle square has been soaked in the broth for making tuberculin and serves as a control to indicate any sensitivity to materials in the tuberculin preparation other than the tuberculin proteins themselves.

After cleaning the skin of the forearm, or some other hairless and relatively accessible part of the body, with acetone, the patch is firmly and smoothly applied with care to see that all edges are firmly attached to the skin. After 48 hours the patch is re-



moved, and after another 48 hours the result is read.

The appearance of a reaction to the patch test is different from that resulting from an intradermal test so that it is extremely important that the reader be experienced in making interpretations. This difficulty in reading probably accounts in part for the wide variation in the efficiency of the patch test as reported by different investigators.

In general the patch test is regarded as being less sensitive than the intradermal test, and to be less satisfactory for testing individuals over the age of 12. Some limit its use to children under six years of age.

There are many variations of the patch test. Sometimes a tuberculin jelly is used under an adhesive plaster, and different tuberculin strengths may be employed.

Other techniques of tuberculin application involve scratching or puncturing the skin through liquid tuberculin preparations. These are widely used in other countries but are not commonly used here. More detailed information on methods practiced abroad may be obtained from the booklet "BCG and Vole Vaccination" by K. Neville Irvine, published by the National Association for the Prevention of Tuberculosis, Tavistock House North, Tavistock Square, London, W. C. 1, England.

Advantages and Disadvantages

For practical purposes, the advantages and disadvantages of the different tuberculin techniques must be weighed in the light of conditions existing in the community where a group testing program is being planned. If the intradermal test is to be used, a standardized preparation of P. P. D. is preferred since it is the purest form of active proteins obtainable. However, O. T. is still being used by many with satisfactory results. Expense of material is not a factor because the cost per dose is extremely small for either.

The advantages and disadvantages of intradermal testing may be listed as follows:

Advantages

1. With good technique few reactors will be missed.

2. The dosage and depth of administration can be accurately controlled.
3. The test can be read within 72 hours.
4. The test can be read with precision and may be measured.
5. The test cannot be removed accidentally or tampered with.
6. The materials and equipment are inexpensive.

Disadvantages

1. Some people have an aversion to the use of a needle. (However, it should be said that a good preliminary education program will ensure close to 100 per cent participation in most communities.)
2. Special equipment is necessary.
3. Equipment must be sterilized.
4. Tuberculin solutions do not maintain potency more than a few days.
5. The test can be given only by trained personnel, usually physicians.

If patch tests are being considered one may list the favorable aspects as follows:

1. No needle is used, and the test is thereby psychologically acceptable to more people.
2. No special equipment is necessary.
3. No sterilization of equipment is necessary.
4. The prepared patches remain potent for several months without refrigeration.
5. Under supervision the patches may be applied by volunteers without previous training and experience.

Unfortunately, there are also some unfavorable aspects to keep in mind:

1. The patch test is not as sensitive as the intradermal test and some reactors will be missed. No one has yet determined how serious this may be in terms of active cases undiscovered.
2. The dose of tuberculin cannot be controlled and errors may result in both directions. A few severe reactions occur as well as false negatives.
3. The time elapsing from test to reading is longer than that of the intradermal test which complicates scheduling of tests.

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† "DO NOT TURN BACK WHEN YOU ARE JUST AT THE GOAL" †

† "CHEERFULNESS WILL RADIATE AND MAKE THE SOUREST SMILE" †

ODDS—*and*—ENDS

CLEVER: The woman who knows how to give a man her own way.

Kindness is one thing you can't give away. It always comes back.

Real gifts come from the heart rather than the pocketbook.

Character is like white paper. It is much easier to keep it white than to whiten it after it has become soiled.

It doesn't just happen; you have to make it happen.

Minds are like parachutes. They only function when they are open.

He who talketh by the yard but thinketh by the inch deserveth to be kicketh by the foot.

Overeating: The destiny that shapeth our ends and ends our shapes.

You can never do a kindness too soon, because you never know how soon it may be too late.

You never know what freedom of speech really is till you hit your thumb with a hammer.

Salesman: "I represent the Mountain Woolen Mills, Madam. Would you be interested in some coarse yarns?"

Old Gal: "Why shore thing, son—sit down ond tell a few."

It's sad for a girl to reach the age
When men consider her charmless,
But it's worse for a man to attain the age
When the girls consider him harmless.

The trouble with mixing business and pleasure is that you are liable to run out of business.

There is no cure for birth or death save to enjoy the interval.

The afternoon of a football game is the only time you can walk down the street with a blande on one arm and a blanket on the other without meeting roised eyebrows.

Sales manager: "Men, we have five million baby feeding bottles in stock and it's up to you solesmen to create a demand for them."

Then there was the gal who'd had her face lifted so many times she talked through her hat.

It isn't hard to meet expenses these days. Fact is, you run into them every time you turn around.

Figures may not lie, but girdles keep a lot of 'em from telling the truth.

All the world's a stage, and the doctors merely ushers—both ways.

Everyday we are sowing seed, and the harvest is ahead. It is not wise to spare the seed if we want a good crop.

The latter part of a wise man's life is taken up in curing the follies, prejudices and false opinions he had contracted in the former.—Jonathan Swift.

Chump: Yes, I take very naturally to dancing. My business has helped me a lot.

Dally: What is your business?

Chump: Furniture moving.

"You say you got that black eye fighting for a woman's honor?"

"Yep, she wanted to keep it."

Harry Smith and his wife were boating on the Mississippi River and Harry was drowned.

After searching three days for the body, his wife returned home, instructing the searching crew to notify her if they found any trace of him.

A week after her return, a telegram came saying: "Body found with thousand dollars worth of pearls. Waiting further instructions."

She telegraphed back: "Send pearls and reset bait."

The insurance man was trying to sell Aunt Chloe an insurance policy.

"Now, Aunt Chloe, wouldn't it be nice to know that one of our policies would assure you a decent burial?"

To which Aunt Chloe replied, "Ain't never seen no daid people lyin' in the streets!"

THE QUESTION BOX

Q.—Is chest surgery now being done for most cases of minimal tuberculosis?

A.—No. It is being done now for those minimal cases with solid lesions which one might expect to reactivate after months or years, if not removed.

Q.—Can a blood vessel give way and cause a lung hemorrhage because of the person's "run down" condition and not be of tuberculous nature?

A.—"Run down" conditions such as anemia, or the various vitamin deficiencies or other less specific conditions, do not cause lung hemorrhages. However, other lung conditions and some heart diseases may cause lung hemorrhages. Such diseases are bronchiectasis, lung cancer, etc.

Q.—If a patient has tuberculosis on the left side, why does he feel pain on the right?

A.—Because of referred pain possibly, as in the case of an individual who has appendicitis feels pain in the right lower part of the abdomen and may also feel pain around the umbilicus or the lower left abdomen.

Q.—Will stomach trouble make you short of breath?

A.—Stomach trouble especially in people suffering from far-advanced disease and its accompanying compensatory emphysema may occasionally suffer additional shortness of breath with stomach trouble especially if the stomach is distended.

Q.—Is the same type of medication used for tuberculosis equally effective for fungus?

A.—I recall only one type of fungus infection which may respond to streptomycin, namely actinomycosis. Other fungus infections do not respond to the chemotherapy that we use in tuberculosis to my knowledge.

Q.—Can a person have so little pain that he is actually unaware of having had pleurisy?

A.—Yes, pleurisy is really inflammation of the pleura. If the inflammation happens to be located in a portion of the pleura, such as at the apex, or the upper portion of the lung, where there is not much movement and in which case the two layers of the pleura do not rub against each other with breathing, there is frequently pleurisy without pain.

Q.—Is there anything distinctive about the cough of tuberculosis?

A.—There is nothing distinctive about the cough in tuberculosis. It is usually the first symptom the patient notices. At the beginning it may occur only occasionally throughout the day. As the disease progresses the cough becomes more severe. It may be dry, but most of the time it is associated with spu-

turn. Cough and sputum is seen very often in tuberculosis.

Q.—How thorough is tuberculin testing of groups in finding tuberculosis cases?

A.—The tuberculin test simply rules out tuberculosis, when the test is negative. A positive test does not mean that tuberculosis disease is present, it simply means that it **can** be present. It is a screening process.

Q.—What effect, if any, do alcoholic beverages have on one who has or has had tuberculosis?

A.—Their temperate use probably does no harm if one is in good condition and convalescent. They have no place in the "cure."

Q.—Is much laughing harmful to a tuberculous person?

A.—It may be.

Q.—Why do affected lungs pain much on some days and not at all at other times?

A.—This in all probability is due to accompanying pleurisy which may vary in intensity from day to day and which, like some rheumatic infections, is worse during inclement weather.

Q.—Would a stethoscopic examination reveal the location of a cavity?

A.—Not all cavities can be discovered by means of the stethoscope. The x-ray is the more exact method.

Q.—How often should a patient, taking treatment for pulmonary tuberculosis at home, be examined by a doctor?

A.—A consultation should be had with the physician at least once a month and x-rays should be taken every three months at the very least during the stages of active treatment. If the condition is acute, consultations should be much more frequent.

Q.—What is thickened pleura?

A.—Thickening of the lining of the chest wall or of the coating of the lung.

Q.—How long does pleural fluid usually last?

A.—There is no determined time for the persistence of fluid in the chest. It may be absorbed very readily or it may persist for a long time.

Q.—In the case of large cavities, is surgery generally necessary because of the inability of drugs and bed rest to heal the cavity completely?

A.—Large cavities do not close on rest and drugs as often as small cavities do, and when they do apparently close, we feel less confident about their remaining closed. Surgery is therefore more often indicated in the case of large cavities but not by any means in every case.

† "THE GOOD OF MONTHS CAN BE UNDONE IN AN HOUR" †

† "ONE NIGHT'S DISSIPATION CAN SPOIL THE EFFECTS OF SIX MONTHS' CHASING" †

THE PATIENT'S ATTITUDE TOWARD THE TREATMENT OF TUBERCULOSIS

(Continued from Page 3)

understand the whole situation of their illness and therefore he would be much better able to guide the patient back to health. In many instances we physicians have noted that when we try to find the cause of a patient's behavior we get nowhere either because the patient has definitely made up his mind to keep himself silent or he feels that the doctor is trying to poke his nose in the patient's personal business. In other instances we physicians have noted that when trying to get as much information as we can about the personal clinical history, the patient after a long silence will say, "Doctor, you should try to find out what is wrong with me." These patients should know that a doctor is not a fortune teller and only by getting a complete description about the patient's complaints the doctor can probably reach a right conclusion. These patients should know that the character, duration and severity of any illness are depending not only upon the disease, but also upon the characteristics of the patient as an individual, and upon the total situation of which the patient is the center.

—The Interlude via Spunk

THE A. M. A. PROBLEM

(Continued from Page 4)

the cavities close swiftly and surely, is still just that: a dream. But a program of patient education, emphatic enough to scare the ponies off the recalcitrant, must be initiated before these people living a wishful dream can be jarred back to reality and a cure which does not allow 'leaving against medical advice'."

—Fluoroscope

TB COMES FROM TB

(Continued from Page 5)

there will be no tuberculosis unless the tuberculosis infection was already present. Where there is no tuberculosis infection there can be, there will be, no tuberculosis disease.

Let us use all the efforts to discover the spreader. Nearly everytime an instance of tuberculosis is discovered in the first or early stage, the discovery is made before the patient had become a spreader. Therefore, until all infection is controlled and no new disease is beginning, we must expend all our energy in finding the early patient—find him before he becomes advanced and therefore a spreader.

—Valley Echo

A lady hired a new maid, and asked her, "Do you have any religious views?" The maid replied, "No, I haven't ma'am, but I've got some dandy snapshots of Niogora Falls and Great Lakes."

† "HELP YOURSELF—YOU CAN—CONTROL YOUR COUGH" †

BED REST THE BASIC PRESCRIPTION

The new antibiotic drugs have profoundly influenced the treatment of TB but they have not displaced nor rendered unnecessary the time-tested treatment of bed rest.

Rest won its place as the most important part of the treatment. Some enthusiasts advised that the patient should lie on the diseased side to promote better drainage from cavities. It was emphasized that rest must be mechanical, physiological and psychological, and the entire sanatorium was so organized as to promote this end. With rare exceptions all agreed that rest there must be, whatever the mechanism of the beneficial effect. The possible dangers of bed rest, as seen in other diseases, have never materialized in TB.

As newer methods of treatment, such as pneumothorax, phrenic paralysis, thoracoplasty, etc., were introduced some physicians tried to dispense with bed rest, but failed. Now we have entered the era of antimicrobial therapy and the necessity of prolonged rest is again being questioned. Newspaper and magazine articles have, unfortunately, given publicity to studies of bed rest versus ambulatory treatment that have only begun and have not yet arrived at conclusions.

There is no evidence yet available to support a reduction in the amount of rest therapy from that of past practices except that with the use of antimicrobials an earlier attainment of the inactive status may be made, thereby allowing diminished rest at that time. The indications for rest therapy during the active phases of tuberculosis are not altered by the proposals that patients may be treated with surgical collapse or resection, although if, after surgery, the inactive status is reached earlier it is evident that the total rest period may be somewhat shortened. Of all the agents ever employed in the treatment of tuberculosis, rest has stood the test of time and is today one of our most important weapons.

Why is physical and mental rest such an important thing in treatment? During quiet sleep the metabolic changes taking place within the body are at their minimum, the heart beats more slowly, the muscles of the body under voluntary control are relaxed, the mind is at peace. We know that the mere act of thinking may stimulate the flow of blood and cause the heart to beat faster, and the number of respirations to increase. Muscular exertion of any kind may cause the same thing to happen. The more active the muscular exertion, the greater will be the corresponding increase. More waste products are formed. Our knowledge is still too vague to state with scientific precision the many facts that favor healing. But the great advantage of rest has been amply proved by clinical trials.

—N. T. A. Reporter.

THE TUBERCULIN TEST

(Continued from Page 9)

4. The reading of the patch test is more difficult than the reading of the intradermal test.
 5. Precise measurements of the reactions are impossible.
 6. The patches are external and frequently become detached either from tampering or from perspiration, skin motion, clothing friction, or other accidents.
 7. In terms of materials used the patch test is more expensive per individual tested. This may be an important item if large numbers are to be tested.
- Those who are planning the program must decide which groups in the population should be tested. Theoretically if one is to discover all infected individuals, everyone in the community should be tested, and in some less populous areas this has been attempted. Two county-wide programs have been completed in Minnesota and much useful information on infection rates in different age groups was obtained. In large cities, however, this presents formidable problems and so far no one has had the temerity to try it.

If the whole population cannot be tested, a sampling of various groups in the population may be practical and valuable. Such a sampling must be done with expert statistical guidance, since groups making up communities vary tremendously and no one formula will fit more than one community. It is extremely important that a program to determine infection levels and trends in a community include adults as well as children. It is regrettable that current testing programs so frequently neglect the adult population. The result is a complete lack of information about the very groups from which come the bulk of tuberculosis cases.

Most Accessible Groups

If the testing program must be limited, the most accessible groups for testing are school children and those confined to institutions. Undoubtedly some indication of the amount of active tuberculosis in a community can be obtained by limiting the testing to children.

Again the ideal would be to test all children every year, including those who had positive tests previously. Only in this way could one determine the trends accurately, fix the time of infection for each individual and find out how many and which children eventually lose their sensitiveness to tuberculin and presumably no longer harbor live tubercle bacilli.

If all children cannot be tested every year, it would be advantageous to test all of them the first year and selected age groups or grades in subsequent years. This involves a selection of grades to be tested. At present, expert opinion seems to favor annual testing of children entering school, a grade midway,

such as the sixth, seventh or eighth, and those about to leave school (usually twelfth graders). This will give some information on infection rates and trends and will provide some basis for case finding among the contacts of new reactors, about which more will be said later.

An important facet of every school testing program is the opportunity to tuberculin test all adults employed by the school system. All teachers, bus drivers, food handlers, custodial and maintenance employees can be easily reached and are important because of their close contacts with the children. Although the percentage of active cases in these adults will be small, there are numerous reports on record of sharp epidemics of tuberculosis in schools traceable to a teacher or other employee with unsuspected active disease.

Examination of all older children and adults by x-ray without a preliminary skin test is simpler and will reveal conditions other than tuberculosis but provides no basis for epidemiological follow-up. If finances, personnel, and facilities permit, it would be preferable to give tuberculin tests and chest x-rays to everyone in this older group.

—N. T. A. Bulletin

THERE'S A REASON BEHIND THE RULES

(Continued from Page 6)

solite quiet at certain times) and those which are custom-built for you (such as keeping within your personal reaction of activity). There is not a rule made which is not meant for the benefit of the patient. If you don't see why it is made, ask the doctor.

And don't be surprised if you get to like some of those rules. You may have observed that many a one who, up to about the eighth birthday, avoided soap and water has come to the conclusion, by his thirtieth or even sooner, that possession of a shower or his own bathroom is one of the most desirable luxuries in life.

The rules of a sanatorium are new to you and they may make it harder for you to conform. For the most part they are meant to teach you the art of repose to develop the gift of relaxation expressed by a Negro lady who, on her hundredth birthday, was asked by a reporter to what she attributed her long life. "Well," she said, "when I sits, I sits loose; when I walks, I walks slow; and when I see anything coming that looks like trouble, I close my eyes and have a little sleep."

Once that attitude is achieved we can attune ourselves to any rules and will find that rules are a stay and prop, and that, once one stops kicking against them, we find we can lean on them, as we depend on the red and green lights to furnish us safety at the street corners.

† "CHECK YOUR TROUBLES WHEN YOU START CURING" †

ADMISSIONS

John Lakey, Bethany; Roy Bradford, Tulsa; Ann Kuykendall, Tulsa; Joe McMahon, Picher; Jess McDugle, Skedee; Margie Ethel David, Tulsa; Willie Thompson, Warner; Othenia Coffey, Garvin; Ann Cooley, Muskogee; Hazel Broadway, Oakhurst; Minnie Nables, Heavener; John Sullivan, Vinito; Grace Young, Overbrook; Susie Wickware, Colero; H. L. Thompson, Ardmore; Ostine Hall, Volliant; Lois Curtis, Hulbert; Wanda Blocker, Eagletown; Virgil Chapman, Eagletown; E. M. Woods, Quinton; W. A. Cunningham, Tahlequah; Edwin Gering, Miami; Millard W. Rice, Tahlequah; Geraldine Epps, Tulsa; Verbin Stephens, Romona; Charles Howard, Depew; Myrl Dixon, Stillwater; John Eaton, Tulsa; Lilo Lou Bork, Colcord; Elzodo Sopough, Idabel; Dora Cline, Allen; Charles Gondall, Tulsa; Clarence T. Davis, Tulsa; and Nell Evelyn Stout, Cardin.

YOUR ROAD AHEAD

By Harold Blake Walker

Herman Hickman tells the story of a city man who got lost in the hill country of Arkansas and asked a native for directions. "Well, let's see," said the native. "You go down the road a piece—no, you better go the other way till you reach the fork in the road—no, you know what, stranger? You just can't get there from here."

Now and then, when we face the obstacles between us and where we want to go, we are inclined to tell ourselves, "You just can't get there from here." A young man felt that way the other evening when he insisted there was nothing ahead for him in business. The road ahead, he assured me, was a dead-end street. He could not get where he wanted to go from where he was.

To be sure, there are times when the road from here to there is rugged. That usually is the case. But there is a way from where you are to where you want to go if you have the wit to find it and the persistence to travel it. One man's dead-end street is another man's highway to triumph. It all depends on the man.

It was Henry Thoreau who voiced the truth of the matter when he remarked that "If a man is standing in his own way, everything gets in his way." The man who is standing in his own way cannot possibly get from here to there. He just cannot get around himself. The trouble is not on the road, however rugged it may be, but in the man who travels it.

Some people block the road from here to there because they are satisfied with mediocre. No matter how poorly they perform their tasks, they end by saying, "O well, it's good enough. It will do." There are workmen whose shoddy work is good enough to satisfy them, and students whose grades are adequate to please them, and people whose mediocre

DISMISSALS

O'Neal Gossett, Eufaula; Pauline Buginski, Harts-horne; Francis Simpson, Eagletown; James Hill, Rose-dale; Robert McKinney, Claremore; Edith Boxley, Muskogee; Jewell Brisco Lay, Tulsa; Forrest Keathley, Savanna; Mable Salmans, Krebs; E. S. Clark, Wil-burton; Benjamin Looney, Tulsa; George Snyder, Ok-mulgee; Melva Woodruff, Colvin; Elmer Good, String-town; Monford and Henry Dunn, Tulsa; Virgil Chap-man, Eagletown; W. L. Darrow, Broken Arrow; W. M. Wright, Tulsa; Frank Pease, Hominy; George Cope, Coalgate; and Cecil Neal, Lehigh.

lives are good enough to pass a dull conscience.

It is a curious fact that good enough seems to be good enough for most people, but sooner or later somebody comes along who makes a better mousetrap or a better television or builds a better bridge, and then good enough is not good enough. Good enough goes out of business, like as not complaining of unfair competition.

Good enough is good enough until hard times, and then good enough is unemployed and down on its luck. Good enough to get by is good enough in good weather, but it involves sleepless nights and troubled days when the weather turns bad.

Long years ago people used to call Charles Lind-bergh "Lucky Lindy." Now it is altogether plain there was something besides luck in Lindbergh's amazing flight from New York to Paris in the Spirit of St. Louis. When he took off into "the wild blue yonder," he was confident he could get to where he wanted to go from where he was.

Even if you grant that luck has a part in helping a man get from where he is to where he wants to go in business or in life or in any great adventure of the mind, it still remains true that something inside the man is the final arbiter of his achievement or his failure. As Samuel Harrison said of Columbus, "fortune always favors the brave," and, one might add that fortune always favors those who are never satisfied with good enough.

It should be added, too, that fortune favors those who keep on going when everybody else is ready to quit. So David Grayson understood when he told the story of a man he met on a ship crossing the At-lantic. The man had written a few verses for his college son. He said they embraced the heart of what he had learned from life. The essence of every-thing he knew about life was summed up in the lines that concluded each of the three verses he had writ-ten: "Plow on, my son, plow on."

If you will get out of your own way and keep on plowing there always is a road from here to there.

—The Chicago Tribune via Itam

Spring's as welcome as a tax refund!

IT'S NEVER A MISTAKE—

- To tell a man how clever or smart or interesting he is.
- To say "I don't know," if you really don't.
- To ask the advice of an expert.
- To inquire about grandchildren.
- To take the time and trouble to put another person at ease.
- To listen politely to a child.
- To pay an older woman a compliment.
- To praise your husband or wife for the qualities you most want him or her to have.
- To let the host as well as the hostess know you had a fine time.
- To say "I'm sorry," even when the other person is in the wrong.
- To tell a man you value his opinion.
- To tell a parent something complimentary about his child.
- To guess a woman's age as five years under what it could possibly be.

—Itom.



They . . . first gave their own selves to the Lord.
(II Corinthians 8:5)

In the school of life, the self passes through several stages of growth. Earliest childhood is the kindergarten of life when the senses begin to awaken. Later childhood is the grade school of life when the mind develops by the observation and applications of principles. Youth is the high school of life when the emotions begin fully to awaken. Young manhood or womanhood is the college of life when the venture is made to build a home and business for oneself. Old age is the university of life when the final preparations are made for graduation from this life to the heavenly university.

It has been found that the men and women in Bible history and in other history who did best in

these courses in life were those who "first gave their own selves to the Lord." It has also been found that the only way really to make up for failure in the course of life is to give oneself to the Lord. Christ is the true instructor, companion, and redeemer during the entire course of life.

Prayer

Father, awaken us to give devout attention to the life and teaching of Jesus. We would offer Thee the gift of self. Accept us as disciples who would learn of Him and pray as He has taught us, "Our Father who art in Heaven . . . Amen."

Religious Services at San



CHURCH SERVICES

Church Services for patients held each week under direction of Ministers of Talihina or visiting Ministers, when desired.

Mass for Catholic patients held once each week by Father Pace of McAlester.



"HELP YOURSELF—YOU CAN—CONTROL YOUR COUGH"

