The hospitals

THE smooth running efficiency of the large medical unit consisting of the University hospital and the Crippled Children's hospital, operated in connection with the school of medicine, is due largely to the efforts of Dr. J. B. Smith, superintendent. Doctor Smith, assisted by Mr. H. C. Smith, business manager, look after the vast amount of detail involved in the successful management of an important plant. The hospitals are a part of the school of medicine and are subordinate to the dean of the school.

During the calendar year 1931, there were 5,906 admissions to the University hospital and 1856 admissions to the Crippled Children's hospital, making a total of 7,762 admissions for the two. In addition to this there were given 42,886 treatments in the out-patient department of the two hospitals during the year.

There are ordinarily about 125 student nurses in training in the two hospitals, and of these, about thirty-five are graduated each year.

The faculty of the medical school is divided into two groups, the pre-clinical and the clinical. The pre-clinical faculty is composed mainly of full time members who teach the pre-clinical subjects such as anatomy, histology, pharmacology, etc. The clinical faculty is composed of local practitioners who instruct the students in their respective lines by actual bedside work in the hospitals.

In admitting patients, there are six types of admittance.

First, the private patient who either has private or semi-private accommodations and is cared for by his own private physician.

Second, the soldiers' relief cases committed by the Soldiers' Relief Commission of the state of Oklahoma. These patients are all assigned to one ward and their accounts are paid by the Soldiers' Relief Commission.

Third, there are Veterans' Bureau patients who are committed by the United States Veterans' Bureau. These patients are assigned to the various wards of the hospital and their expenses are paid by the Veterans' Bureau.

Fourth, children patients of the Crippled Children's hospital are admitted by the county judges of the various counties and their expenses are paid by the county from which they are admitted in accordance with the provisions set aside in the Crippled Children's law of 1927.

Fifth, pay clinical cases. These are cases which are found upon investigation to be financially unable to pay for the services of a private doctor and for the private accommodations in the hospital. These patients pay their own bills and pay the same rate that is given to the various counties.

Sixth, patients who are county charges of the various counties, providing the county agrees to pay the established charge for the care of these patients.

All of the above types of cases, with the exception of the first, that is, private cases, are viewed and observed by the medical students in their junior and senior years under the supervision of a member of the clinical faculty.

Working in close harmony with the medical school and University hospitals is the Oklahoma Society for Crippled Children. Fred E. Tucker, Ardmore is president; Mrs. L. J. Lantz, Stigler, vice-president; and L. H. Wentz, Ponca City, treasurer. Joe N. Hamilton is executive secretary with offices in Oklahoma City. Directors are Earle F. Bridges, Harrington Wimberley, 24 journ., Altus, J. D. Jones, McAlester, R. O. Renfrow, Woodward, C. H. Jameson, Tulsa, E. E. Brown, Weatherford, and Mrs. George E. Calvert, Oklahoma City. Mrs. Rue B. Witt is field secretary at Tulsa.
Plenty of fresh air, sunshine and an indoor swimming pool for exercise are considered basic ingredients for happy childhood, at the same time their use as curative measures has been utilized at the Crippled Children’s hospital. The large carefully equipped swimming pool is shown here.

Under the Oklahoma crippled children’s law of 1927, the school of medicine is given the responsibility in conjunction with the state health department of conducting free general clinics each year for the purpose of examining crippled children.

The rehabilitation work among crippled children in the state has grown with such rapidity that it was necessary to build the hospital several years ago. It stands on the school of medicine campus, an imposing tribute toward the earnest work the state and the Crippled Children’s Society are doing. For the calendar year 1931 to 1932 there was a total turnover of 2,674 patients in the hospital. Patients committed under the crippled children’s law numbered 1926.

Despite the fact that the Crippled Children’s hospital has a monthly turnover of more than two hundred children, there are usually on the waiting list approximately 250 children. There are about twenty colored youngsters awaiting admission to the colored ward of University hospital. Rotary and Lions clubs throughout the state give their whole-hearted support toward the work of the society. The Hospitality club of Oklahoma City, as well as many other organizations, has done much toward making hospitalization of youngsters pleasant at the hospital.

A large swimming tank has been completed at the hospital, and according to Miss Ella Smith, curative play teacher, the medical staff is availing itself of the water tank as an adjunct to other kinds of curative measures. “The greatest factor in bringing about improvement in the case of a small child is the pleasure he derives from the various play stunts. Many infantile paralytic cases, with weakened muscles in arms, legs, and backs, have, while with us, learned to swim without assistance, and are continually trying to perform feats of unswimming swimmers,” explains Miss Smith.

School is conducted at the hospital, in order that the little patients will not be lacking in mental poise, on their release from the hospital.

A complete program for crippled children has been outlined as follows:

- Locate crippled children continuously.
- Get expert diagnoses to them in all parts of the state promptly.
- Secure a proper distribution of beds for acute, convalescent, and custodial cases. Furnish adequate social welfare and follow-up service, and parent co-operation. Provide specialized medical and surgical care. Make proper use of special therapies and appliances. Safeguard the quality of all types of service rendered. Educate all at home, in school, in special classes, in convalescent institutions, or wherever they may be. Make available vocational guidance and training as well as placement service which will secure and safeguard remunerative employment. Provide the funds to pay the costs of all services. Keep the general public interested through the human touch which enlightens and enlivens everybody to the importance of the rights of crippled children and the economy represented in fitting them into normal life.

GRIDIRONERS

(continued from page 178)

Walter Harrison in Oklahoma City Times. It was a swell party, from canape to curtain call, and it was hard to find all who had the best time, the cast or audience. The oft-thronged chamber of commerce dining hall bulged to encompass something like 800 people, and there were about 200 others who didn’t get there quite on time, seated in an “overflow” room. Those amazing young men, Dave Shackelford and Mike Monroney, the authors, had a cinch in writing the 1932 show. The year which they passed in review has been of such almost-comic opera quality that it was only necessary to put the entire business in phone and there was your perfect program.

They enacted the show which was a sensational success in Oklahoma City last month. A Tulsa act or two was added, putting a top to the clever main show that delighted the biggest banquet hall of guests in the city’s history.

Alumni who were members of the cast were: Merwin Eberle, Merle Blakeley, Dick Pearce, Paul Kennedy, Frank Wilkins, Ed Mills, Dan Delaney and Larry Sisk.

MÉDICALE ADVANCES AND MODERN TRENDS

(continued from page 182)

intimate and most responsible of relationships which by nature exists between the faithful physician, and his trusting patient.

In summarization, then, it may be said that amplification of medical education, with emphasis on clinical training, standardization of schools, hospitals, nursing, and medical organization, together with development of medical centers and research, and the establishment of bureaus for detection and prosecution of frauds, the analysis and approval of drugs, the suppression of unethical advertising in first class journals, together with the decline of quackery, and waning of the cults, and self-medication, marks the status of the parent body of medicine today in its turn from empirics to scientific research and preventive methods of the Twentieth century, well begun.

In the compilation of this brief medical survey, the essayist is wholly obligated to his colleagues for the better part of the facts and phraseology, among whom is to mention: Dr Leroy Long, Dr L. J. Moorman, Dr A. L. Blesh, Dr Lea A. Riley, Dr W. W. Rucks, Dr Everett S. Lain, Dr Gayfree Ellison, Dr Warm Langston, Dr Ray M. Balyeat, Dr Rex Bolend, Dr John A. Hatchett, Dr John E. Heatley, and Dr N. Price Eley.

“The Paradox of Russell” an article written by Dr Charles M. Perry, head of the department of philosophy, appears in the March issue of Standard, publication of the American Ethical union. It is based on the lectures and discussions of Bertrand Russell, British philosopher, who visited the university in November.