"If winter comes, can spring be far behind?"
Spring is always welcome on the campus, but this year winter is bringing another, strange guest. The Infirmary is hurrying to meet . . .

The Uninvited

The Infirmary's business office was busy indeed.
One by one, purchase orders were rolled into a typewriter, addressed, filled in, yanked out and stuffed into envelopes for mailing. It took some time, but when the job was finished and the personnel checked the lot they found, yes, an order had been placed with every pharmaceutical firm in the nation known to be manufacturing a particular, needed vaccine.
The University's Ellison Infirmary was expecting a guest, come cold weather. The guest had not been invited to the campus, but arrival was inevitable.
Asian Flu, moving off the continent which bears its name, already had invaded South America, seeped into North America, and was waiting for winter winds to carry it north en masse. Communities, of course, will be its chosen grounds, and the University is a community in practically every way except name.
So the University was bracing itself.
Dr. James O. Hood, director of the Student Health Service, discussed this newest angle to his job the other day.
"We've no idea at all how much vaccine we'll be able to get, or how soon," he said. "All the recent publicity in newspapers on availability of vaccine, we've taken with a grain of salt. We do realize that we'll have trouble getting as much as we need until production is stepped up.
"For that matter," he said, "I've no idea just how many persons at the University will want vaccine. A lot may not consider the Flu serious enough to bother with taking a shot."

Can the University expect an outbreak of the Flu?
"Definitely," said Hood. "Why, we're even much more likely to have an outbreak than the normal community. Students come here from many states and countries. Some bring infections with them, acting as carriers. Respiratory diseases—like flu—are most likely to occur here, and they spread fast. Most universities of this size would be exceedingly lucky not to have an outbreak."

Hood and his associates have no definite setup as yet concerning the method of vaccine distribution when it arrives. They talked about the possibility of priorities of sorts, but the Student Health Service at Oklahoma is different from those at most other universities—it was created to serve students only. Since no one group of students is more essential or susceptible than others, it seems likely that a first-come, first-served basis will determine vaccinations against Asian Flu.

"However," said Hood, "we just might vaccinate infirmary personnel and food handlers first, in order to protect the students."

If a large outbreak happens on the campus, then the Health Service may have to ask for help in handling it. There are only 35 beds in the Infirmary.
"We have had up to 100 patients in the building in the past," said Hood, "but that was nine or ten years ago, before we converted part of our second floor into office space. We couldn't handle that many now. If an outbreak comes and is large, we'll have to depend on keeping some patients in dormitories.
"The Service has been authorized additional personnel, but hasn't been able to get them as yet. We hope to have another doctor here soon. If many get sick we'll be short on nurses."

Talk of this sort—a new strain of flu entering the country—might, at first, tend to panic some, and already a number of newspapers and magazines have shouted the Flu's approach in overlarge headlines. However, Hood and other doctors know that the Asian disease will be no match for the Spanish Flu, which hit the country in 1918.
The new Asian variety popped up first in Hong Kong, off the coast of China. Americans first heard of it in April, and for the moment it seemed merely another far-away epidemic, nothing to worry about.

Then it began to move. One tentacle reached roughly east to touch Japan, and kept going. Another headed roughly west, to India. Millions became sick in the Far East and Middle East before it reached South America, and hundreds of thousands fell ill in the latter area.
About 25,000 cases appeared in the United States. People began to remember the Spanish Flu which accompanied the end of World War I, put 20 million persons flat on their backs and killed more than 800,000 of them.
The Spanish Flu did not kill alone, however. It weakened the individual, then transferred other diseases which it had carried as companions.
Thus far, some doctors have stated that they can see no pneumonia, streptococcus or other sickness accompanying the Asian Flu. The Flu is mild compared to its Spanish predecessor. People will be sick, but the danger will be less; we've antibiotics now which didn't exist 40 years ago.

Nevertheless, many people will begin to feel bad when December or January
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zone"—where it was so warm that the
atives needed but little of clothing or shel-
ter, and when they were hungry all they
had to do was to reach up and pull off a few
bananas—still produces a feeling of long-
ing in me.

Yes, 1907 was a year of trouble for the
University. With the coming of statehood,
the University was placed under a new
governing board. Some of its most serious
troubles did not materialize until June,
1908, when the new governing board sum-
marily removed President Boyd who, as
president of the University for 16 years,
had accomplished a most excellent record.

Twenty-two others were also removed
including some of the strongest men on
the faculty, such as Dr. Vernon L. Par-
rington, professor of English, who was
grabbed up by the University of Washing-
ton where he won many honors; Dr. Law-
rence W. Cole, professor of philosophy
and psychology (my major professor), and
Dean Washburn of the Pharmacy School,
who were called to the University of Colo-
rado where they served with honor till re-
tirement; and Professor Humphries of the
English Department who went to the Uni-
versity of Michigan.

Dean Washburn was a tall man for those
days, slender, with long arms and powerful
hands. He told me he met Ty Cobb in Chi-
icago, and when he shook hands with him,
Cobb raised Washburn's hand and said:
"What do you do for a living?" Washburn
told him he taught pharmacy. Ty Cobb
raised Washburn's hand and said: "A $100,000
hand gone to waste!"

Washburn used to pitch baseball to me.
I would stand in front of a barn and he
would burn them in. With my catcher's
glove I would do the best I could. Some I
could not reach; some I could not hold.

Dr. Boyd did many fine things for the
University. He insisted on high standards
of scholarship and of conduct from faculty
and students. One of the finest things he
did was to have large numbers of elm trees
planted on the campus and on the Univer-
sity Boulevard. This boulevard at that time
was a two-lane, unpaved street, with a row
of elm trees down the middle and a row
on each side. There was a wood sidewalk
only on the west side. Later on, when the
boulevard was paved, the cost of paving
two lanes was deemed prohibitive by the
property owners, so the middle row of trees
was taken out and one lane of paving laid.

Dr. Boyd's elm trees today are large, well
cared for, and are a source of beauty and
satisfaction. In your picture they look quite
small, but you can be sure that even though
small, they were a welcome sight on what
was otherwise a somewhat barren prairie.

 Enough of dreaming! From a small and
modest beginning a great University has
 arisen. It can well be proud of its fine name.
Its great presidents, its devoted faculty of
capable and forward-looking men and
women, have made it an institution of
which the state of Oklahoma can well be
proud.

I am glad to join with its students, past
and present, in saying: "Hail! Alma Mater!"

Sincerely yours,
ERRETT R. NEWBY

THE UNINVITED
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comes—probably around 30 million of
them.

Dr. Hood's staff is used to treating 20,-
000 patients per semester, most of whom
are ailing with respiratory diseases.

One event which the staff isn't going to
forget came last winter. Scores of students
at Cross Center suddenly developed the
stomach ache, nausea, headaches. At first
food poisoning was suspect. Then, as stu-
dents poured into the Infirmary, it be-
came apparent that they had been struck by
a "lightning" virus, which passed in a
matter of hours. Though not really seri-
ous, it constituted an emergency at the
time, and the Infirmary took care of them.

Virus epidemics are relatively small and
are likely to occur often. Flu epidemics
are worldwide and can be expected about
every quarter-century.

The Asian Flu has struck hardest at
small children to this point, but who it
will strike in the future is impossible to
determine. You may have it when you
begin to ache and cough, feel listless, run
a temperature, have a sore throat and
headaches. Taking care of one's self—i.e.,
not missing meals or exerting one's self too
strenuously—is the best defense. A warm
bed and liquids are the best retreat meth-
ods, and relapses must be avoided; other-
wise, dangerous complications could be
brought on.

When O. U. students begin to feel the
symptoms this winter, the Student Health
Service will be ready to go into action
and give them all the help it can.