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Fifty Years of Medical Progress



The
BULLETIN

OF THE

Tulsa County Medical Society

July, 1957

Vol. 23

No. 7

new

**the logical
combination for
antibacterial
therapy
and
antifungal
prophylaxis**

what is it?

the phosphate complex of tetracycline

**FOR INITIAL ANTIBIOTIC BLOOD LEVELS
FASTER AND HIGHER THAN EVER BEFORE**

+

antifungal activity of Mycostatin
**FOR ADDED PROTECTION AGAINST
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Squibb Tetracycline Phosphate Complex (Sumycin) + Nystatin (Mycostatin)



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Because it provides highly effective broad spectrum antibiotic therapy for many common infections

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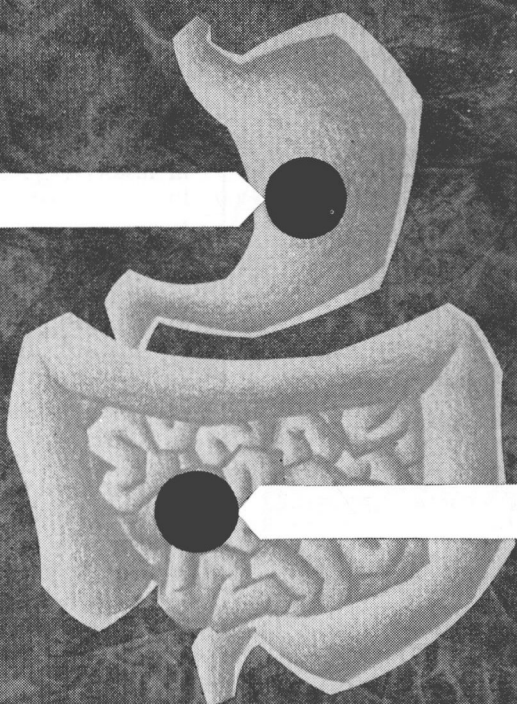
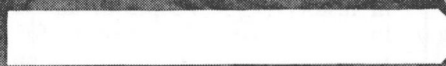
GETMAN'S

PRESCRIPTION SPECIALISTS

ROY R. GETMAN, Founder

With The Editor . . .

Postmaster General Arthur E. Summerfield says use of the mails to promote medical quackery is at the highest level in history . . . "People in all walks of life are paying big money for these frauds," he states, noting the annual loss to the public is estimated at \$50,000,000 . . . The Post Office has recently forced 106 firms to discontinue their questionable enterprises . . . Most of the frauds, says Summerfield, are "dietless" reducing schemes, "sure cures" for cancer, arthritis, skin trouble, and "lost manhood" . . . The latest in "cancer cure" devices is supposed to contain atomic material . . . The AMA has an attractive new booklet outlining its services to the public and profession . . . The Tulsa County Medical Society will be happy to send you a copy on request . . . Just ask for the "AMA In Action" booklet . . . Some criticism is being heard of the so-called "Medical-Legal" institutes being held around the country . . . Designed primarily for attorneys, the training courses (some running as much as two weeks) reach into problems of medicine and science . . . Many doctors wonder if they serve only to educate attorneys in methods of successful prosecution of malpractice cases . . . Yet, many medical societies are jointly sponsoring such seminars . . . The second in the William S. Merrell Company's fine series of motion pictures on medicine and the law, "The Doctor Defendant," has been booked for showing at the September 16th meeting of the Tulsa County Medical Society . . . The AMA-sponsored Student American Medical Association is expanding . . . It hired its first Executive Secretary last month . . . He is Bill Barr, a Wisconsin newspaperman, who will supervise business affairs for the 50,000-member organization of medical students . . . "The New Physician," official publication of the SAMA, will go to monthly publication very shortly . . . The World Health Organization has developed an international certificate for vaccination . . . It is designed to replace present multiple forms for passports and visas.



Twin benefits in peptic ulcer therapy

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(Tricyclamol Chloride, Lilly)

Reduces gastric acidity and gastro-intestinal motility

'Elorine Chloride' effectively decreases gastric secretion and reduces motility of the gastro-intestinal tract (but not of the esophagus). Thus, it is especially valuable in peptic ulcer therapy. In one phase of a comprehensive study¹ of anticholinergic agents, 'Elorine Sulfate'* was shown to reduce gastric acidity to pH 4.5 or higher in all sixteen patients. This reduction was maintained from thirty to more than 270 minutes, and in nine of the sixteen patients it lasted longer than three hours.

Dosage should be tailored to the patient's tolerance. In peptic ulcer, the average adult dose ranges from 100 to 250 mg. three or four times daily.

'Elorine Chloride' is now available in pulvules of 50 and 100 mg.

1. Sun, D. C. H., and Shay, H.: A.M.A. Arch. Int. Med., 97:442, 1956.
* 'Elorine Sulfate' (Tricyclamol Sulfate, Lilly)

THE BULLETIN

OF THE

TULSA COUNTY MEDICAL SOCIETY

G. R. Russell, M.D., *President*Hugh Perry, M.D., *President-Elect*James W. Kelley, M.D., *Vice-President*Walter E. Brown, M.D., *Sec.-Treasurer*Jack Spears, *Executive Secretary*

Vol. 23

TULSA, OKLAHOMA, JULY, 1957

No. 7

AMA REVISES CODE OF MEDICAL ETHICS

Many Important Actions Taken By House
Of Delegates at Annual Meeting. Wisconsin
Physician Named as President-Elect Of
National Group.

Final approval by the House of Delegates of a long discussed revision of the Principles of Medical Ethics climaxed the 1957 Annual Meeting of the American Medical Association, June 3-7, in New York City.

In a smooth running session despite a heavy volume of work, the House of Delegates acted upon relationships with the United Mine Workers of America Welfare and Retirement Fund, new standards for medical schools, the issue of compulsory social security benefits for physicians, and the Medicare program of the federal government.

Attendance set a new all-time record with 19,469 physicians registered for the five-day session. Total registration, including exhibitors, wives and guests reached 55,847. The physician registration was nearly 4,000 above the previous record set by the Centennial Meeting in Atlantic City, New Jersey, in 1947, and was 9,000 above the Chicago meeting last year.

Dr. Gunnar Gundersen of LaCrosse, Wisconsin, member of the AMA Board of Trustees since 1948, was unanimously named President-Elect. First Chairman of the Commission on Accreditation of Hospitals from 1951 to 1953, Dr. Gundersen will succeed Dr. David B. Allman of Atlantic City, New Jersey, who was inaugurated as the 111th AMA President in televised ceremonies on June 4th.

The popular Dr. Jesse D. Hamer of Phoenix, Arizona, was elected Vice-President. While all other major officers were reelected, a revolt headed by delegates

of western states swept three new members of the Board of Trustees into office to replace veteran trustees. A fourth new trustee was elected to succeed Dr. Gundersen.

The 1957 Distinguished Service Award of the American Medical Association was voted to Dr. Tom Douglas Spies, Chairman of the Department of Nutrition and Metabolism at Northwestern University School of Medicine, Chicago, Illinois. Dr. Spies was honored for his contribution to human nutrition, particularly in defining and combating pellegra, studies conducted largely at the Hillman Hospital of Birmingham, Alabama.

Dr. W. A. Showman of Tulsa made his debut as Delegate from the Section on Dermatology and Syphilology. Oklahoma was represented by Dr. Wilkie D. Hoover of Tulsa and Dr. Malcom E. Phelps of El Reno, the latter also serving his first term. Alternate delegates were Dr. E. H. Shuller of McAlester and Dr. R. Q. Goodwin of Oklahoma City.

Other Tulsans in attendance included Dr. G. R. Russell, President of the Tulsa County Medical Society, Dr. Marshall O. Hart, Dr. Jack L. Richardson, Dr. Arnold H. Ungerman, Dr. Averill Stowell, Dr. Robert W. Spencer, and Dr. Carl H. Guild, Jr.

The revision of the AMA Principles of Medical Ethics brought to a close several years of study and discussion. The new code is much shorter in content, deals more with general policy and less with spelling out specific and detailed regulations. Major points of the new

document include:

1. Permission for physicians to dispense or supply drugs and appliances "provided it is in the best interests of the patient." The Principles state, however, that in general a physician should limit the source of his professional income to medical services actually performed by him or under his supervision to his patients.

2. Physicians were saddled with the responsibility to expose and discipline fellow practitioners guilty of unethical and illegal conduct.

3. The right of the physician to choose those whom he will serve as patients (although pointing out the necessity to render emergency medical care when another physician is not available).

4. Physicians are prohibited from voluntarily associating or cooperating with anyone who does not practice a method of healing based on science.

5. The physician is prohibited from disposing of his services under terms which interfere with the free exercising of his medical judgment or skill, or which cause a deterioration in the quality of medical care.

The complete text of the new AMA Principles of Medical Ethics appears on Page 9 of this issue of The Bulletin.

In key actions on the basic issue of third-party intervention (as it affects the patient's free choice of physician, and the doctor's method of remuneration), the House adopted resolutions affecting the relationship with the United Mine Workers of America Welfare and Retirement Fund. Long a subject of bitterness in many areas, the official AMA policy appeared resolved with approval of a suggested guide to the relationship between doctors, medical societies and the powerful miners union.

ROSTER ISSUE COMING

The August issue of The Bulletin will contain the annual membership roster of the Tulsa County Medical Society. Members planning to move their offices in the next 60 days are urged to advise the Executive Offices, telephone GIBson 7-8161.

The statement emphasized free choice of physician by the patient, competence of every duly licensed physician to participate in the program, a method of remuneration for physicians which would preclude the exploitation of his services for financial profit, maintenance of high levels of medical care free of third-party intervention, a fee-for-service method of remuneration, and the right of hospitals to determine their own requirements for staff membership.

The House of Delegates approved a number of resolutions affecting basic policy on Medicare programs in the various states. It also revised its basic statement on the "Functions and Structure of a Modern Medical School," setting forth flexible guides to improve standards of medical education.

The delegates also approved a resolution defining the scope, objectives and functions of occupational health programs. The statement distinguished clearly the relation between such industrial in-plant programs and the various plans for comprehensive medical care of the sick.

Delegates reaffirmed basic AMA policy opposing compulsory social security coverage for physicians. Two resolutions seeking a nationwide referendum of AMA members on the subject were rejected. However, the House did authorize a stepped-up educational program to explain to physicians the reasons underlying the action of the House of Delegates on the issue.

Other miscellaneous actions taken in considering some 66 resolutions included:

1. An investigation to determine if stimulants, such as amphetamine, are being used in national athletic programs (an action which brought a storm of denial and protest from sporting circles).

2. Recommendations for a further study and a progressive program of action, including necessary legislation, to combat narcotic addiction.

3. Commendation of the AMA Law Department for its studies in professional liability problems.

4. Opposition to the further establishment of new Veterans Administration facilities for the care of non-service connected illnesses of veterans.

(Continued On Page 32)

PRINCIPLES OF MEDICAL ETHICS

The text of the revised Principles of Medical Ethics as adopted by the House of Delegates of the American Medical Association at the 1957 Annual Meeting in New York, N. Y., is as follows:

Preamble

These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

Section One

The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

Section Two

Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

Section Three

A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

Section Four

The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

Section Five

A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of

a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

Section Six

A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment or skill or tend to cause a deterioration in the quality of medical care.

Section Seven

In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

Section Eight

A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

Section Nine

A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

Section Ten

The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and well-being of the individual and the community.

Delinquent Accounts Can Be Collected

CREDIT BUREAU HAS MULTIPLE FUNCTIONS

A Medical Feature

Why does a patient neglect to pay his doctor's bill?

The Medical Credit Bureau, official credit and collection agency of the Tulsa County Medical Society, recently did some research among its experienced personnel and come up with some interesting answers to this perplexing question.

With most delinquent debtors it's an inability—or unwillingness—to properly budget the family income to care for the doctor's fee, says Mrs. Zelma Fink, Manager of the Medical Credit Bureau for the past eight years. "Most persons want and intend to pay their doctor," she states, "but many can't bring themselves to make the necessary adjustments in monthly spending. If it's a choice between a new fishing rod or a new summer blouse and paying the doctor's overdue bill—you can usually count on the doctor being the loser."

It is at this point the Medical Credit Bureau can play a vital role by insisting—gently at first and more firmly as necessary—on a series of regular weekly or monthly payments until the account is paid in full. But it's often hard for some debtors even then. Take the case of the man who complained to Mrs. Fink,

"Would you have me give up my beer to pay this account?" She would, and he did!

Some of the other reasons for non-payment, Mrs. Fink believes, are:

1. Patient dissatisfaction with the services or the charges, occasionally compounded by the doctor's refusal to discuss the matter.

2. Lengthy illness, complicated by loss of income.

3. True medical indigency—cases where the patient's income is too high to permit him to qualify for charity care, yet sufficient only to meet the basic needs of the family.

4. Dissension as to who is responsible

for payment, a situation frequently arising out of industrial injuries, divorce suits, and differences with health insurance carriers. The doctor is usually the innocent victim to such circumstances.

5. Failure of the attending physician to properly inform the patient that certain types of auxiliary services—laboratory, x-ray, and anesthesia, in particular—are billed separately and are not included in his statement.

6. Failure of the attending physician to secure permission of the patient to call in consultants.

7. Failure of the physician to secure proper information about the patient—correct spelling of name, address, place of employment, person responsible for payment, etc. (The classic in the Medical Credit Bureau is the account of "J. Smith" referred for collection with no other identifying information. But more important—the Bureau found the man and collected!).

8. Seasonal employment of some patients, such as farmers, whose income is largely received only at certain times of the year.

9. Unwillingness of the patient to pay more for the services than the amount provided in his health or surgical insurance policy.

10. Failure of the doctor to promptly bill the patient, irregular billing of monthly charges, and inadequate itemization of charges.

To this must regrettably be added the chronic deadbeat who has no moral compulsion to pay his debts, and who had no intention of paying the bill even at the time the services were rendered to him.

Straightening out differences between doctor and patient is often a necessary part of efficient collecting, Mrs. Fink believes. "The introduction of a third party—the Medical Credit Bureau—to these disputes usually results in a com-

promise which not only brings the doctor all or most of his money, but leaves the patient with a more kindly feeling toward the physician which he did not previously have," she said. "A part of the Medical Credit Bureau's function is the preservation of good doctor-patient relationships."

Most often the cause of the trouble between doctor and patient is minor, something that can be easily settled with a little gentle arbitration. An occasional case may exhibit the earmarks of a prospective malpractice action. Through the cooperation of the doctor, it is usually possible to discreetly pacify the patient.

"The Medical Credit Bureau has been an effective watchdog against the malpractice suit," says Dr. R. M. Wadsworth, Chairman of the Medical Credit Bureau Committee of the Tulsa County Medical Society. "Through its ability to recognize true danger points and report these to the doctor for prompt action, many physicians have been spared a needless day in court."

However, the Bureau's employees are not intimidated by a patient's threat of malpractice. "Some debtors think they have only to mention a countersuit against the doctor and the efforts at collection will be dropped," says Mrs. Fink. "This sort of bluff has no effect and can be quickly evaluated and combated."

Originally established in 1938, nearly twenty years ago, the Medical Credit Bureau is owned and operated on a non-profit basis by the Tulsa County Medical Society. It was formed as a protest against the harsh collection methods of some private agencies which were seriously damaging medical public relations, and also because of high collection fees charged elsewhere. Another objective was the creation of a mass of specialized medical credit information for use of doctor-clients.

Today, the Medical Credit Bureau serves over 160 Tulsa doctors—the bulk of the local profession in individual private practice—as well as numerous clinics, hospitals and dentists. The list of clients has grown steadily, matched by record collections year after year.

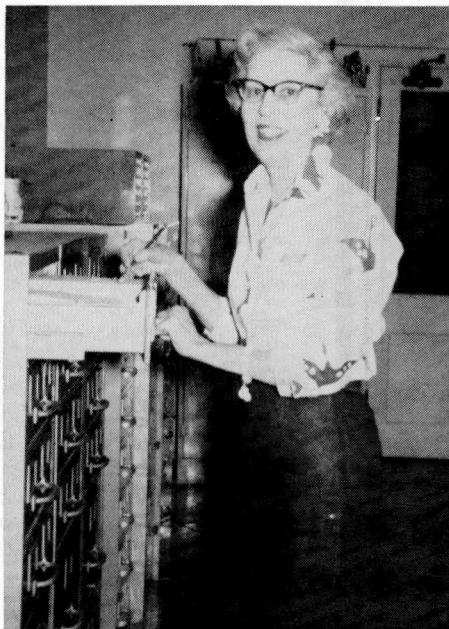
The operations of the Bureau are closely supervised by the Medical Credit Bu-

reau Committee of the Tulsa County Medical Society, which establishes basic policy, reviews collection methods and results, and decides problem matters. It also does a fine job in recruiting physicians as new users of the Bureau. In addition to Dr. Wadsworth, the Committee includes Dr. Milford S. Ungerman and Dr. Donald L. Brawner.

A staff of four under the direction of Mrs. Fink handles the basic collection procedures in offices at B-9 Medical Arts Building. Mr. C. T. Thompson supervises all pre-legal work, and three attorneys—Merrill S. Bernard, Vernon Brown, and C. L. Hamilton—handle legal details. Correspondent agencies in all parts of the nation permit prompt attention to out-of-town accounts.

Better results can be obtained by the Medical Credit Bureau, Mrs. Fink believes, if doctors would not wait so long before turning over delinquent accounts. Pointing out that some physicians were waiting from 12 to 36 months before referring accounts to the Bureau, she urged the period be reduced to 90 to 120

(Continued On Page 27)



Mrs. Zelma Fink, Manager of the Medical Credit Bureau, is seen as she checks an account file in the Bureau's offices at B9 Medical Arts Building, Tulsa.

PRESIDENT'S PAGE

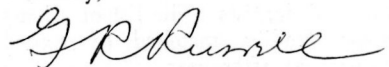
It is always a pleasure to return to Tulsa even though the time away is spent in our great metropolis, New York, attending the Annual Meeting of the American Medical Association. The 1957 convention was one of the best and in terms of attendance the largest on record. The House of Delegates and its various committees functioned efficiently in elaborate quarters of the Waldorf-Astoria. The huge commercial and scientific exhibits were held in the beautiful new Coliseum, and the specialty sections met at leading hotels.

Whenever possible I visited with representatives of other medical societies in all parts of the country to discuss common problems and their solution and to secure new ideas for useful projects in Tulsa County.

The growing interest of the public in the varying forms of prepaid health insurance was a frequent topic of conversation. Some figures by the Health Insurance Council were particularly interesting, reflecting the extent of coverage in the several types: loss of income protection, 39.4 million persons; hospital expense protection, 107.7 million; surgical expense protection, 91.9 million; regular medical expense protection, 55.5 million; and major medical expense protection, 5.2 million. These protection figures are sometimes correlated with "deductible" amounts and by "co-insurance" percentages.

Organized Labor seems to be on the threshold of new demands which threaten to revolutionize medical care as we know it today. It would seem advisable for the forward looking medical society to be prepared to offer a package program which would meet these demands, yet retain the essentials of good medicine under control of organized medicine itself. With some of these considerations in mind the Board of Trustees of the Tulsa County Medical Society has created an Insurance Study Committee composed of leading physicians to explore such a project. Possibly some of the inequities in the various specialties could be reviewed and corrected. The eventual result might well be a type of prepaid medical care to permit the public to buy whatever amount and type of care it desires at a cost computed on a sound actuarial basis.

Sincerely,



President

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menopause, and palliation of inoperable breast cancer.

Halotestin is unique in that it causes no sodium retention or edema, and that jaundice or hypertension has not been observed.

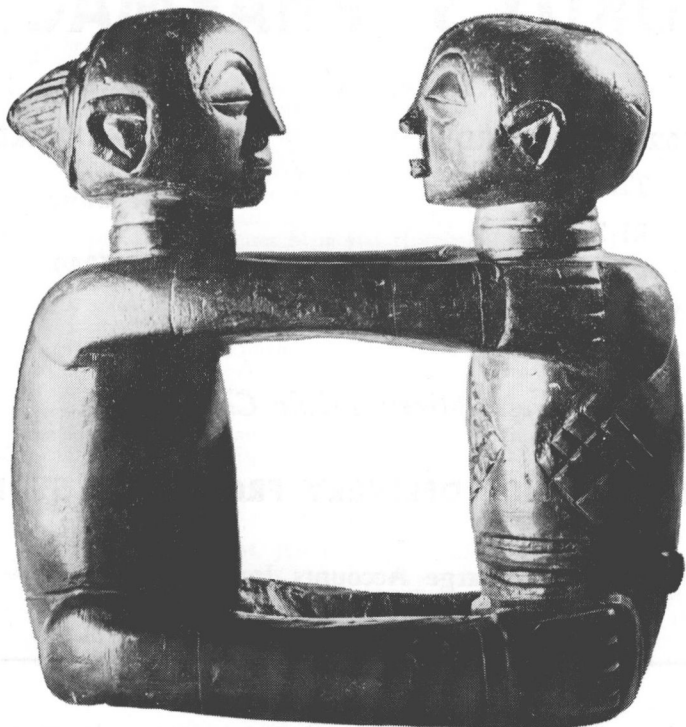
Administration and dosage: The total daily dosage may be administered singly or divided into three or four doses. Average doses vary from 2 to 10 mg. per day (20 mg. in inoperable breast carcinoma) according to the individual and the condition being treated.

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GIFTS OF THE MONTH—:

Academy of Medicine of Cincinnati. The Cincinnati Doctors' Forum. A Century of Medical Progress, 1857-1957. By Reginald C. McGrane. 389 pp., Cincinnati, Ohio, 1957.

Chicago Medical Society. Conference Papers Presented Before the Twelfth Clinical Conference of the Chicago Medical Society, February 28 - March 2, 1956. Chicago, Illinois, 1957.

Corn Products Refining Company, New York, N. Y. Vegetable Oils in Nutrition, With Special Reference to Unsaturated Fatty Acids. By Dorothy M. Rathmann. 70 pp., charts, New York, N. Y., 1957.

Dr. Safety R. First. Miscellaneous issues of various journals.

Dr. Martin Leibovitz. Miscellaneous issues of various journals.

Oklahoma State Medical Association. Miscellaneous issues of journals of state medical associations.

Mrs. Walter B. Sanger. The following volumes from the library of the late Dr. Sanger: Normal Labor. By Leroy A. Calkins, M. D., Professor and Chairman of the Department of Obstetrics & Gynecology, University of Kansas Medical Center, Kansas City, Kansas. (A monograph in American Lectures in Gynecology and Obstetrics). 128 pp., illustrated, Charles C. Thomas, Publisher, Springfield, Illinois, 1955.

Forceps Deliveries. By Edward H. Dennen, M.D., Professor of Obstetrics & Gynecology, and Director of Department and Attending Obstetrician, New York Polyclinic Medical School and Hospital. 228 pp., illustrated (Obstetrics & Gynecology, a Series of Monographs), F. A. Davis Company, Philadelphia, Pennsylvania, 1955.

Undulant Cirrhosis of the Liver. By Walter Kerr, M.D. 99 pp., charts. Privately Printed, Fort Worth, Texas, 1956.

Year Books of Obstetrics & Gynecology, 1953-54, 1955-56.

The Preparation of Photographic Prints for Medical Publication. By Stanley J. McComb. (Publication 90 in American Lectures in Medical Photography). 69 pp., illustrated, Charles C. Thomas, Publisher, Springfield, Illinois, 1950.

The Management of Obstetric Difficulties. By Paul Titus, M.D., Obstetrician and Gynecologist to St. Margaret Memorial Hospital, Pittsburgh, Pennsylvania. Fourth Edition, 1,046 pp., illustrated (part colored), C. V. Mosby Company, St. Louis, Missouri, 1950.

Textbook of Gynecology. By Emil Novak, M.D., Assistant Professor of Gynecology, Johns Hopkins School of Medicine, Baltimore, Maryland. 742 pp., illustrated (part colored), Williams & Wilkins Company, Baltimore, Maryland, 1948.

Uterotubal Insufflation. A Clinical Diagnostic Method of Determining the Tubal Factor in Sterility, Including Therapeutic Aspects and Comparative Notes on Hysterosalpinography. By I. C. Rubin, M.D., Clinical Professor of Gynecology, College of Physicians and Surgeons, Columbia University. 453 pp., illustrated (part colored), C. V. Mosby Company, St. Louis, Missouri, 1947.

NEW SURGICAL JOURNAL TO BE PUBLISHED

The Canadian Journal of Surgery, which will appear quarterly beginning October 1, 1957, will contain material of interest in all fields of surgery including ophthalmology, otolaryngology and anesthesiology. Dr. R. M. Janes, Professor of Surgery at the University of Toronto School of Medicine will be Chairman of the Editorial Board with the Canadian Medical Association serving as publisher. The subscription rate will be \$10.00 per year.

STATE HEART ASSOCIATION HONORS TULSA PHYSICIAN

Dr. Russell C. Pigford, veteran Tulsa cardiologist, was honored last month by the Oklahoma State Heart Association for outstanding volunteer service in the field of heart disease education, prevention and control.

A citation, presented at the annual meeting of the Association in Oklahoma City on June 15th, took note of Dr. Pigford's contribution to the work of local, state and national heart organizations. A founder and charter member of the Tulsa County Heart Association, he has been a leading figure in activities of that group for many years. More recently Dr. Pigford has served as Chairman of the Education and Public Relations Committee. Among the projects of this group have been two fine series of medical television programs. A former President of the Tulsa County Medical Society, the retired cardiologist was honored by the Auxiliary earlier this year as the "Tulsa Doctor of the Year."

The annual meeting of the Oklahoma

State Heart Association also saw the installation of a Tulsan, Mr. Charles L. Follansbee, prominent attorney, as President. Active in public health work since 1945, he assisted doctors in organizing the statewide Heart Association and was selected to serve on the first Board of Directors.

Dr. C. S. Lewis, Jr., of Tulsa was elected to the Board of Directors of the Oklahoma State Heart Association. Dr. James C. Peters of Tulsa, a member of the first Board, was again reelected as a Director. Other Tulsa doctors serving holdover terms on the State Board of Directors include Dr. Terrell Covington, Jr., Dr. Dean C. Walker, and Dr. William S. Jacobs.

The Tulsa County Heart Association was commended for its excellent educational program in a resolution approved by the state group and presented at the annual meeting.

DR. THOMAS J. LYNCH has returned to his home after an illness of six weeks at St. John's Hospital.



"I'm sorry, the doctor was just called away on an emergency."

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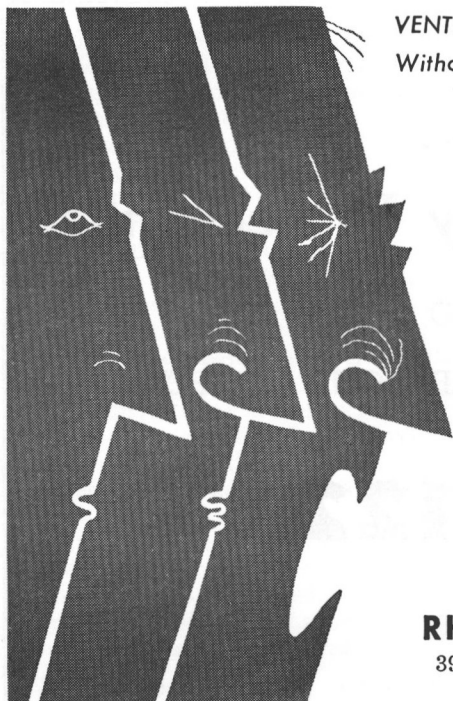
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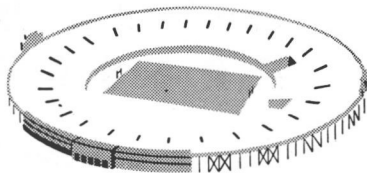
- lowers blood pressure gradually • induces a sense of well-being
- negligible, if any, side effects

Veratrite is particularly suited to the long term management of mild and moderate hypertension. It improves circulation to vital organs, relieves headaches and dizziness and induces a sense of well-being without excessive euphoria. Furthermore, Veratrite now contains cryptenamine — a newly isolated alkaloid fraction — which lowers blood pressure with unusual safety and without annoying side effects.

Each Veratrite tabule contains:

Cryptenamine (tannates)	40 C.S.R.† Units
Sodium nitrite	1 gr.
Phenobarbital	¼ gr.

†Carotid Sinus Reflex



*The number of patients treated successfully with these prescriptions would fill the Rose Bowl 88 times.

For prescription economy, prescribe in 100's. To serve your patients today . . . call your pharmacist for any additional information you may need to help you prescribe Veratrite.

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JULY MEDICAL CALENDAR

MONDAY, July 1st:

Staff Meeting, Hillcrest Medical Center, 8:00 P.M.

TUESDAY, July 2nd:

St. John's Tumor Clinic, 8:00 A.M.

WEDNESDAY, July 3rd:

St. John's Isotope Clinic, St. John's Hospital, 8:30 A.M.

THURSDAY, July 4th:

The Executive Offices and Library of the Tulsa County Medical Society will be closed all day in observance of Independence Day.

FRIDAY, July 5th:

St. John's Isotope Committee Meeting, St. John's Hospital, 8:30 A.M.

St. John's Tumor Clinic, Clinical Conference, 9:30 A.M.

X-Ray Conference, Hillcrest Medical Center, 3:30 P.M.

SATURDAY, July 6th:

Pathological Tissue Conference, Hillcrest Medical Center, 8:30 A.M.

SUNDAY, July 7th:

Final day of the Oklahoma Semi-Centennial Exposition, Oklahoma City.

Medical Telecast, "Medical Horizons" series, Television Station KTVX, 3:30 P.M.

MONDAY, July 8th:

First American Congress on Legal Medicine and Law-Science Problems, Chicago, Illinois, opens for two weeks at Morrison Hotel. Continues through July 20.

No meeting of the Tulsa County Medical Society on this date.

TUESDAY, July 9th:

St. John's Tumor Clinic, 8:00 A.M.

Pediatric Section Meeting, St. John's Hospital, 9:00 A.M.

Pharmaceutical Demonstration, Hillcrest Medical Center, 12:30 P.M.

Anesthesiology Conference, St. John's Hospital, 3:00 P.M.

Postgraduate Lecture in Cardiology, Hillcrest Medical Center, 7:30 P.M. Subject: "Rheumatic Heart Disease." Speaker, Dr. Robert G. Tompkins.

WEDNESDAY, July 10th:

Eleventh Annual Rocky Mountain Cancer Conference opens at Denver, Colorado, continuing through July 11, 1957.

St. John's Isotope Clinic, St. John's Hospital, 8:30 A.M.

Clinical Pathological Conference, Hillcrest Medical Center, 7:30 P.M.

THURSDAY, July 11th:

Clinical Pathological Conference, St. John's Hospital, 8:30 A.M.

Medical Section Meeting, St. John's Hospital, 8:30 A.M.

Urology Section Meeting, St. John's Hospital, 9:00 A.M.

Surgical Section Meeting, St. John's Hospital, 9:00 A.M.

Surgical Motion Picture, Hillcrest Medical Center, 12:30 P.M. Subject to be announced.

FRIDAY, July 12th:

St. John's Isotope Committee Meeting, St. John's Hospital, 8:30 A.M.

St. John's Tumor Clinic, Clinical Conference, 9:30 A.M.

X-Ray Conference, Hillcrest Medical Center, 3:30 P.M.

SATURDAY, July 13th:

Copy deadline for the August issue of The Bulletin.

Pathological Tissue Conference, Hillcrest Medical Center, 8:30 A.M.

SUNDAY, July 14th:

Medical Telecast, "Medical Horizons" series, Television Station KTVX, 3:30 P.M.

JULY MEDICAL CALENDAR

MONDAY, July 15th:

No meeting of the Staff of St. John's Hospital on this date.
Postgraduate Medical Assembly of South Texas opens at the Shamrock-Hilton Hotel, Houston, Texas. Continues through July 17, 1957.

TUESDAY, July 16th:

St. John's Tumor Clinic, 8:00 A.M.
Surgical Section Meeting, Hillcrest Medical Center, 7:30 P.M.
X-Ray Conference, St. John's Hospital, 8:00 P.M.

WEDNESDAY, July 17th:

St. John's Isotope Clinic, St. John's Hospital, 8:30 A.M.
Medical Assistants Society of Tulsa Meeting, Danner's Cafeteria, 7:00 P.M.

THURSDAY, July 18th:

Medical Section Meeting, St. John's Hospital, 8:30 A.M.
Obstetrics & Gynecology Section Meeting, St. John's Hospital, 8:30 A.M.

FRIDAY, July 19th:

St. John's Isotope Committee Meeting, St. John's Hospital, 8:30 A.M.
St. John's Tumor Clinic, Clinical Conference, 9:30 A.M.
X-Ray Conference, Hillcrest Medical Center, 3:30 P.M.
Journal Club Meeting, Hillcrest Medical Center, 6:00 P.M. Subject: "Heart and Great Vessel Surgery." Speakers, Drs. Martin Leibovitz, William S. Jacobs and Donald F. Mauritson.

SATURDAY, July 20th:

Pathological Tissue Conference, Hillcrest Medical Center, 8:30 A.M.

SUNDAY, July 21st:

Medical Telecast, "Medical Horizons" series, Television Station KTVX, 3:30 P.M.

MONDAY, July 22nd:

No meeting of the Tulsa Academy of General Practice on this date.

TUESDAY, July 23rd:

St. John's Tumor Clinic, 8:00 A.M.
Pediatric Section Meeting, Hillcrest Medical Center, 9:00 A.M.
Obstetrics & Gynecology Section Meeting, Hillcrest Medical Center, 7:30 P.M.

WEDNESDAY, July 24th:

St. John's Isotope Clinic, St. John's Hospital, 8:30 A.M.
Medical Section Meeting, Hillcrest Medical Center. Dinner, 6:00 P.M.; Meeting, 7:00 P.M.

THURSDAY, July 25th:

Medical Section Meeting, St. John's Hospital, 8:30 A.M.
Surgical Motion Picture, Hillcrest Medical Center, 12:30 P.M. Subject to be announced.

FRIDAY, July 26th:

St. John's Isotope Committee Meeting, St. John's Hospital, 8:30 A.M.
St. John's Tumor Clinic, Clinical Conference, 9:30 A.M.
X-Ray Conference, Hillcrest Medical Center, 3:30 P.M.

SATURDAY, July 27th:

Pathological Tissue Conference, Hillcrest Medical Center, 8:30 A.M.

SUNDAY, July 28th:

Medical Telecast, "Medical Horizons" series, Television Station KTVX, 3:30 P.M.

TUESDAY, July 30th:

St. John's Tumor Clinic, 8:00 A.M.

WEDNESDAY, July 31st:

St. John's Isotope Clinic, St. John's Hospital, 8:30 A.M.

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PLASTIC SURGEON APPOINTED OFFICER OF MEDICAL SOCIETY

Dr. James W. Kelley, prominent Tulsa plastic surgeon, has been named Vice-President of the Tulsa County Medical Society. He will serve throughout the balance of 1957.



Dr. Kelley

Dr. Kelley succeeds the late Dr. Walter B. Sanger, who died suddenly last April. He was appointed by Dr. G. R. Russell, President, with the approval of the Board of Trustees, as required by the By-Laws of the Society.

The new Vice-President is a graduate of Duke Medical School, Class of 1940, and received most of his postgraduate specialty training in plastic surgery at Duke Hospital. During World War II he served as a Lieutenant-Colonel in the Army Medical Corps. Dr. Kelley has been in practice in Tulsa since 1949. He is a member of the Board of Trustees of the Blue Cross Plan of Oklahoma, formerly Chief of Staff of Children's Medical Center, and served as General Chairman of the 1955 Annual Meeting of the Oklahoma State Medical Association. He is a member of numerous medical organizations and is a diplomate of the American Board of Plastic and Reconstructive Surgery. Dr. Kelley also served as Vice-President of the Tulsa County Medical Society in 1956.

MOBILE X-RAY UNIT

The Mobile X-Ray Unit of the Tulsa County Public Health Association will observe the following schedule in July:

July 1-6, Sand Springs Line; July 8-20, Sand Springs; July 22-27, Dawson; July 29-31, various industrial locations.

DR. WILLIAM J. OSHER was guest speaker at the June 19th meeting of the Medical Assistants Society of Tulsa.

DR. HOMER A. RUPRECHT attended the Annual District Nine meeting of the Blue Cross - Blue Shield Plans at Hot Springs, Arkansas, May 15-17.

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BLOOD CENTER NEWS

DISTRIBUTION & REPLACEMENT REPORT

May, 1957

Hospital:	Bloods Used:	Replac- ments:	% Repl.
St. John's	620	219	35.3%
Hillcrest	366	162	44.2%
Byrne	6	6	100.0%
Osteopathic	73	62	84.9%
Mercy	0	0
Tulsa Osteo.	9	0
Moton	7	3	42.8%
Broken Arrow	2	1	50.0%
Other Hospitals ...	131	123	93.9%
Other Uses	126
Totals.....	1,340	576	42.9%

Blood usage by Tulsa hospitals during the current year continues to run well ahead of 1956. For the first five months of 1957 the Tulsa County Red Cross Blood Center distributed 6,354 pints. The corresponding period for last year was 5,533. The increase of 821 units for the five-month period averages more than 164 pints per month.

The replacement record for May—51.5%—is expected to drop sharply with the advent of the summer months. Vacations and summer activities, plus the lassitude produced by the warm weather, invariably eats into recruiting ratios. Doctors are urged to make a special effort to encourage replacement during July, August and September.

The Red Cross Blood Center has now expanded its volunteer telephone service under the direction of Mrs. William J. Nash, 2514 East 24th Street, Tulsa. She and other Red Cross volunteer workers are responsible for contacting prospective donors when emergencies arise. The telephone campaign not only brings in the rare blood types in time of acute need but keeps recruitment levels high.

DR. KONSTANTIN H. GEOCARIS was guest speaker for the Tulsa Chamber of Commerce Public Affairs Forum on Thursday, June 13th. His subject was "Mental Health In Business And Industry."

DR. HALL KETCHUM has removed his practice to Muskegon, Michigan.

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The addition of a new Polysal now provides balanced electrolyte solutions for both replacement and maintenance.

For REPLACEMENT

Polysal (REGULAR)

Balanced in terms of plasma electrolyte content, this high sodium solution is ideal in the treatment of dehydrated and depleted patients by replacing lost sodium and affecting *immediate* improvement in blood volume and circulatory status.

For MAINTENANCE*

Polysal **M**

Balanced in terms of daily body needs for electrolytes, carbohydrates and water, this *Maintenance* solution is ideal for patients whose oral intake of food and water is restricted.

Polysal-M prevents the development of serious deficits which may occur in patients needing prolonged I. V. therapy by supplying the daily requirements in *safe amounts*.



SAW-TOOTH"
Effect Eliminated

This single solution delivers a smooth, uniform infusion, free from sharp peaks caused by daily infusion of several different-type solutions — thus preventing over-loading, water intoxication, edema formation.

Abot, N. B., Crawford, J. D., and Butler, A. M.,
"Homeostatic Limits to Safe Parenteral Therapy."
New Engl. J. Med., 248, 1100 (1953).



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MEDICAL CREDIT BUREAU*(Continued From Page 11)*

days after the last effective date of service or payment.

"If the debtor has ignored requests for payment for three months, you can usually count on the account as being worthless unless handled by a collection agency," Mrs. Fink stated. "As the time grows longer, the patient becomes less appreciative of the services rendered, more inclined to try and 'beat' the bill, and, as frequently happens, may move away."

Bureau officials recalled the case of an area doctor who treated a now prominent screen star about twenty years ago. When the actor reached fame and fortune, the doctor asked the Bureau to make collection. On an item twenty years old, collection was impossible. It was an old story to the Bureau—the doctor delaying until the statute of limitations (three years) had run its course, making collection by legal measures impossible.

Statistics of the United States Department of Commerce show that 45 per cent of all medical accounts are uncollectible after one year, 85 per cent after two years, and 97 per cent after three years.

The Bureau's biggest problems are the indigent patient and the "deadbeat" type. Many accounts referred to the Bureau should never have gone on the doctor's books. Frequently, the doctor is not aware of the patient's circumstances, and many accounts have been cancelled by the doctor at the Bureau's recommendations.

"There is very little hope of collecting the account against the old-age pensioner, the unemployed, or the medical indigent with a small take-home paycheck," Mrs. Fink said. "Often, we find the patient does not make his circumstances clear to the doctor—usually through pride. As a result he is saddled with a bill he cannot pay. When we find such hopeless cases, we recommend cancellation of the account, and the doctor is usually most willing to comply."

The "deadbeat" is another problem, however. He is usually well able to pay; many of the problem cases in the Bureau's files are persons with steady jobs and good incomes. Some are prominent executives. They are persons who make

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a habit of not paying bills until actually compelled. Fortunately, the number is quite small. The major offenders are invariably repeat offenders. With these persons, only a "tough" policy can be effective, Mrs. Fink stated.

To assist the Medical Credit Bureau to make maximum collections on accounts referred to it, Dr. Wadsworth last month urged doctor-clients to follow a few simple rules:

1. Refer accounts early—approximately 90 days after the last effective date of service or payment.

2. Keep good office records and provide reliable information to the Bureau.

3. Give consideration to the Bureau's recommendations for cash settlements, adjustment of charges, and other disposition of the account.

4. Advise the Bureau promptly of all payments sent directly to the doctor. The collection fee must be charged to the doctor's account.

5. Make no direct settlements or agreements without first consulting the Bureau. This independent action may be to your disadvantage.

6. Permit judgment suits to be filed when necessary, and agree to appear in court in connection with such suits as necessary.

7. Do not add anticipated collection fees to the amount of the original account. This is illegal and may lead to trouble.

8. Do not refer accounts to more than one collector at a time. This may result in all agencies charging a fee on the payments collected.

9. Be sure and post the Bureau's monthly detailed statement to the patient's individual record card or ledger sheets.

10. Don't expect a 100 per cent collection of the accounts referred. No agency can do this, and the national average is only 42 per cent.

11. Stay away from collection "gimmicks" in your office (i.e., the official-looking "summons" demanding payment or else). These and other tricks have no practical value.

12. Feel free to ask the Medical Credit Bureau for credit information from its cross-indexed files.

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AMA MEMBERSHIP REACHES NEW ALL-TIME RECORD HIGH

The American Medical Association last month reported a record membership of 164,128 physicians, highest in the 111-year history of the organization.

The figure is an increase of more than 2,000 over the previous year. Mr. Robert A. Enlow, head of the AMA Membership Department, said the increase stemmed from changes in the Constitution & By-Laws to admit members of the military reserve components rather than from other causes.

A breakdown of AMA membership is as follows: dues paying, 136,381; dues-exempt, 9,817; associate, 5,856; service, 11,713; affiliate, 273; honorary, 88. Associate members are retired physicians certified by their county and state medical societies.

DILLMAN HEADS OB GROUP

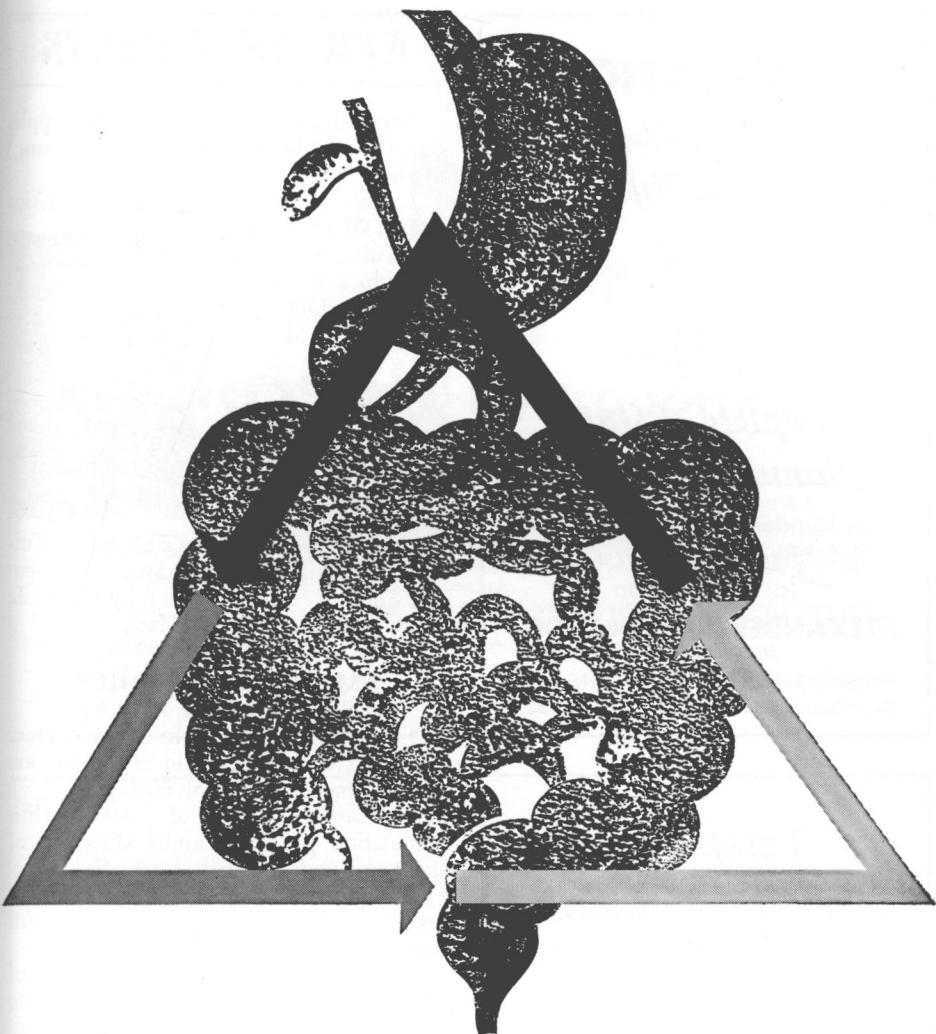
Dr. Robert E. Dillman was installed as President of the Tulsa Obstetrics & Gynecology Society at the annual business meeting of the organization on June 5, 1957.

Others officers named by the group are Dr. Adolph N. Vammen, President-Elect; Dr. E. Malcolm Stokes, Vice-President; and Dr. James T. Maddox, Secretary-Treasurer.

Tulsa County Medical Society members contributing their services to panels to examine indigent children for the Red Cross - Tulsa World "Learn-To-Swim" program were DR. ROBERT E. NATHAN, DR. CRAIG S. JONES, DR. R. M. WADSWORTH, DR. LEON HOROWITZ, DR. CURTIS N. CLIFTON, DR. R. G. SHERWOOD, DR. BERYL D. HENWOOD, DR. PAUL E. CRAIG, and DR. JOHN F. BLANKENSHIP. The examinations were held June 7-8 at Central High School.

DR. PAUL O. SHACKELFORD was guest speaker for the Washington County Medical Society on June 4th at Bartlesville, Oklahoma.

DR. ROBERT M. SHEPARD, SR. attended the annual meeting of the American Tuberculosis Association at Kansas City, Missouri, May 5-10, 1957.



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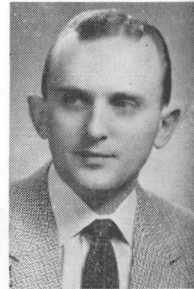
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NEW APPLICANTS

The following physician is an applicant for membership in the Tulsa County Medical Society:

Joseph T. Dilger, M.D., 302 Utica Square Medical Center, Tulsa. Pre-Medical Education, Loras College, Dubuque, Iowa, A.B. Medical Degree, St. Louis University School of Medicine, St. Louis, Missouri, 1952. Interned St. Vincent's Hospital, Toledo, Ohio, 1952-53. Resident in Surgery, St. John's Hospital, Tulsa, Oklahoma, 1953-57. Specialty, General Surgery. Recommended by Dr. F. L. Flack and Dr. John G. Matt.



AMA REVISES ETHICS

(Continued From Page 8)

5. Continued efforts to secure a more careful screening of radio and television advertisements of patent medicines.
 6. Commendation of poliomyelitis vaccination programs under direction of state and county medical societies.
 7. Opposition to the compulsory assessment of hospital staff members for hospital fund-raising campaigns.
 8. Reaffirmation of the desirability of the Jenkins-Keogh type of legislation to permit use of tax-free income for retirement programs for professional persons.
 9. Citation of appreciation to Mr. Henry Viscardi, Jr., of West Hempstead, N. Y., for his services in promoting the useful employment of severely disabled persons.
 10. Commendation of the television series, "Dr. Hudson's Secret Journal," for its value as a medical public relations aid.
- A complete record of AMA House of Delegates transactions will appear in The Journal of the American Medical Association beginning with the issue of June 22nd and continuing for several weeks.

DR. WORTH M. GROSS has returned from a California vacation.

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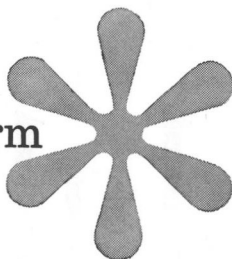
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1. J.A.M.A. 163:356 (Feb. 2) 1957.

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Editorial

THE FREELoadERS

An interesting news item from the American Medical Association discloses the national organization now has a record membership of 164,128 physicians. Of this number only 136,381 are paying the annual AMA dues of \$25.00, the remainder exempt because of retirement, military service, or as hardship cases.

A check with the latest (1956) AMA Directory reveals there are 219,852 licensed medical doctors in the United States. Of this number, 11,671 are retired or not in practice and 23,799 are intern and resident physicians. After eliminating these two groups from consideration, it would appear there are 21,254 practicing physicians in the United States who are not members of the American Medical Association. The net income which would be produced if these non-members were to join the AMA would be a whopping \$531,350!—more than a half-million dollars!

The AMA membership figure has significance in view of persistent rumors heard about the AMA House of Delegates recently that dues must be increased to provide necessary operating income. Only nine states, of which Oklahoma is one, compel their members to pay AMA dues (the others: Arizona, California, Colorado, Illinois, Mississippi, Nevada, Nebraska, and Wisconsin). In the other 39 and all of the dependencies, AMA membership is entirely optional. It is obvious a sizeable number of doctors are getting a free ride at the expense of more responsible elements of the profession.

We are willing to concede that some of the doctors in the non-member group of 21,254 are not eligible for membership. Perhaps the AMA has a more detailed breakdown. The fact is inescapable, however, that too many doctors in the United States are not supporting the fine work of the American Medical Association, yet living under the benefits afforded by its activities.

It would seem only proper to us that any additional income should come

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from the non-AMA members in the 39 state medical societies not requiring mandatory membership in the national group, rather than from an increase in dues to the present loyal members.

The mechanics of bringing these men into the AMA may be difficult to effect. Some Tulsa doctors have suggested Oklahoma and the eight other states remove its compulsory AMA membership requirement until there is a uniform regulation on all the states. This would have the effect of penalizing the American Medical Association at a time when it stands in need of more, rather than less, income. But it might have a powerful effect in rousing the AMA leadership to action.

We hope the AMA House of Delegates will give this aspect of the situation serious consideration before increasing the present annual dues. It seems only fair that the cost of AMA's splendid program be equally distributed among all doctors, not just those willing to make a contribution.

It's a boy for DR. and MRS. LAWRENCE E. THOMPSON, JR., born June 12th.

DR. MATTHEW B. MOORE has returned from a visit with his parents at Pittsburgh, Pennsylvania.

DR. JAMES H. NEAL, JR. has taken new professional quarters at Twin Oaks Medical Center, 4926 East 21st Street, Tulsa.

DR. C. S. LEWIS, JR. is vacationing in Southwestern Colorado.

DR. WILLIAM R. McSHANE has returned from a ten-day vacation in the Gulf Coast states.

DR. W. CARL LINDSTROM and DR. JED E. GOLDBERG are now associated in the practice of Obstetrics & Gynecology with offices at Utica Square Medical Center.

DR. EDWARD L. MOORE has returned to his office after a vacation in Mexico.

DR. NOLAN C. RILEY attended the National Industrial Health Conference in St. Louis, Missouri, April 24 - May 1, 1957.

DR. H. W. FORD is celebrating the completion of 50 years in active practice.

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