

THE BULLETIN

OF THE TULSA COUNTY MEDICAL SOCIETY

VOL. 4

TULSA, OKLAHOMA, OCTOBER, 1938

NO. 10

*Are You Using the
Medical Credit Bureau?*

*The Bureau has a plan
that will pay you dividends!*



In the past a frequent complaint from mothers was the expense incurred when the large bottle of antiricketic was accidentally upset.



*"Busy fingers"
can't spill*

OLEUM PERCOMORPHUM

Even if the bottle of Oleum Percomorphum is accidentally tipped over, there is no loss of precious oil nor damage to clothing and furnishings. The unique Mead's Vacap-Dropper* is a tight seal which remains attached to the bottle, even while the antiricketic is being measured out. Mead's Vacap-Dropper offers these extra advantages also, at no increase in price:

Unbreakable

Mead's Vacap-Dropper will not break even when bottle is tipped over or dropped. No glass dropper to become rough or serrated.

No "messiness"

Mead's Vacap-Dropper protects against dust and rancidity. (Rancidity reduces vitamin potency.) Surface of oil need never be exposed to light and dust. This dropper cannot roll about and collect bacteria.

**Supplied only on the 50 c.c. size;
the 10 c.c. size is still supplied with the ordinary type of dropper.*

Accurate

This unique device, after the patient becomes accustomed to using it, delivers drops of uniform size.

No deterioration

Made of bakelite, Mead's Vacap-Dropper is impervious to oil. No chance of oil rising into rubber bulb, as with ordinary droppers, and deteriorating both oil and rubber. No glass or bulb to become separated while in use.

How to Use MEAD'S Vacap-Dropper

Remove both top and side caps. Wipe dropper tip. Regulate rate of flow by using finger to control entrance of air through top opening (see below). Oleum Percomorphum is best measured into the child's natural juice. This is just as convenient and much safer than dropping the oil directly into the baby's mouth, a practice which may provoke a coughing spasm.



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More Economical Now Than Ever

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Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons.



HEALTH IS WEALTH

A trite old saying, but none the less true. The only real bankrupt is the person who has heedlessly let his store of Health dwindle and disappear.

Guard Health! Your most precious treasure.

To keep in the Highway of Health consult and co-operate with your physician, and when he gives you a prescription, bring it to this pharmacy, where only skilled pharmacists do the compounding.



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CONTENTS

Insurance Programs	5
Most Practical Exhibits	6
A.M.A. Outlines Policy	7
President's Page	8
Editorials	10
5,000 Doctors	11
Of Special Interest	13
Handling Indian Agency Wards	15

ADVERTISERS

Mead Johnson and Co.	2
Roy Getman Drugs	3
Curtain's Prescription Shop	4
Medical Arts Laboratory	4
G. H. Galbreath Company	11
Morningside Hospital	12
Medical Arts Prescription Shop	12
Medical Credit Bureau	14
Tulsa X-Ray and Pathological Laboratories	16
Oakwood Sanitarium	16
Tulsa General Hospital	18
Merkel X-Ray	18
Tulsa Undertaking Co.	18
Landes, Seever & Thornton	18
Professional Directory	22
St. Johns Hospital	23
Meadow Gold Dairy	23
Hille Laboratories	24
Lambert Pharmaceutical Co.	24
Tulsa Typewriter Co.	24
Akin Foods	24
Commercial Printing Company	24

CALENDAR

MONDAY, Oct. 3:	Morningside Hospital staff meeting.
TUESDAY, Oct. 4:	Sisler Hospital staff meeting.
WEDNESDAY, Oct. 5:	Radio Broadcast at 1:45 p.m. Station KTUL.
WEDNESDAY, Oct. 5:	Tulsa General Hospital staff meeting.
MONDAY, Oct. 10:	Society meeting in Auditorium Medical Arts Building at 8:00 p.m. Program: "Early Diagnosis of Tuberculosis" by Dr. R. M. Shepard.
WEDNESDAY, Oct. 12:	Radio Broadcast at 1:45 p.m. Station KTUL.
MONDAY, Oct. 17:	St. Johns Hospital staff meeting.
TUESDAY, Oct. 18:	Flower Hospital staff meeting.
TUESDAY, Oct. 18:	Office Assistants meeting. Michaelis Cafeteria at 6:00 p.m.
WEDNESDAY, Oct. 19:	Radio Broadcast at 1:45 p.m. Station KTUL.
MONDAY, Oct. 24:	Society meeting in Auditorium Medical Arts Building at 8:00 p.m. Program: "Further Observations on the Relationship between Vitamin A and Congital Mal-Formations, by Dr. G. R. Russell. "Diagnostic Problems in Pulmonary Diseases, by Dr. Paul B. Cameron.
WEDNESDAY, Oct. 26:	
WEDNESDAY, Oct. 26:	Radio broadcast at 1:45 p.m. Station KTUL.

Life Depends Upon Preparedness

A plumber may leave tools at home; a boy can always be despatched for them. No harm is done.

Prescription druggists must anticipate, be ready to supply the doctor's urgent call *at once*.

Maintaining of efficient and distinguished service must depend upon the recognition of its value. Special stock or extra skill may be the factor which determines life or death. To those who sacrifice all else to this *should go your whole support*.

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THE BULLETIN

 OF THE

TULSA COUNTY MEDICAL SOCIETY

M. J. Searle, M. D., *President*A. Ray Wiley, M. D., *President Elect*P. P. Nesbitt, M. D., *Vice-President*Roy L. Smith, M. D., *Secretary-Treasurer*Lloyd Stone, *Executive Secretary*

VOL. 4

TULSA, OKLAHOMA, OCTOBER, 1938

NO. 10

Society Approves Insurance Plans

The Tulsa County Medical Society authorized two special committees to proceed with plans for Physicians and Surgeons Liability Insurance and Voluntary Hospital Insurance, launching a program which may save members of the Medical Society thousands of dollars annually through one of the policies and enable the public to secure insurance for hospital reimbursement through the other.

1. **The Liability Insurance Committee, through its chairman, Dr. J. C. Brogden, reported that plans had been completed for a group liability insurance policy which would provide improved insurance protection to the members at a cost of approximately half the present premium rate. The Society authorized the committee to proceed with its plans with complete authority to enter into the insurance contract.**

2. **The Medical Society authorized the Hospital Insurance Committee, of which Dr. A. Ray Wiley is chairman, to work out plans for a voluntary Hospital insurance policy to be offered the public and to submit definite recommendations back to the Society for action.**

Immediately upon the action of the members of the Society, the Liability Insurance Committee sent its group policy to Lloyds of London for approval and the committee is now awaiting word of its final approval from London.

This policy has been presented to the

Oklahoma Insurance Commissioner's office and the committee has been assured that it is one that cannot be secured from any company offering this type of insurance in Oklahoma at the present time and that it fully complies with the state statutes governing insurance matters.

This policy, when finally approved and offered to members of the Society, will be one of the most liberal policies offered in the United States, according to the committee's attorney and to Insurance Men who have examined the contract. Physicians and surgeons of other county Societies and members of the State Medical Society will be able to secure this type of insurance under this same group-policy at the reduced rates.

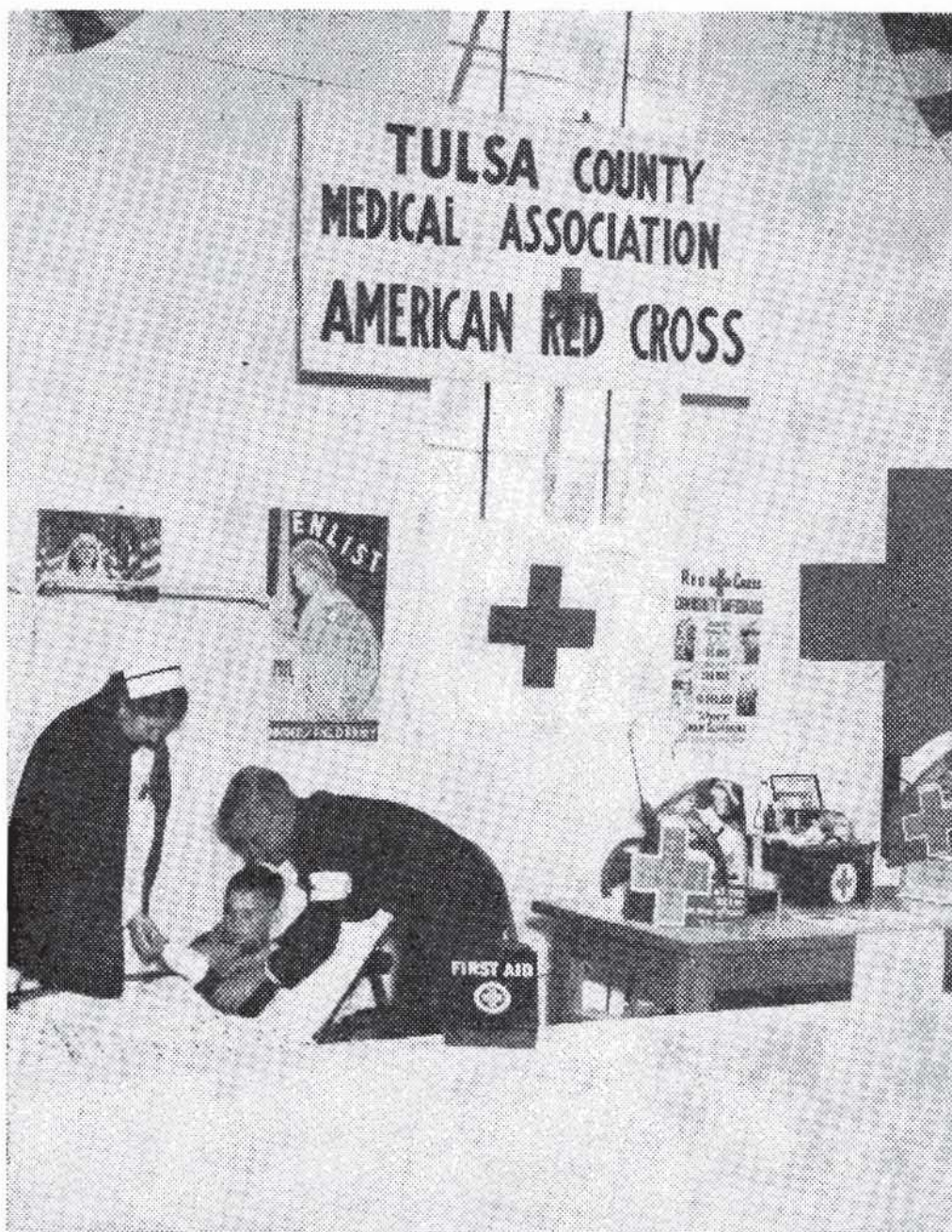
Just as soon as the committee receives the application blanks from the Insurance Company, the blanks will be sent to all Society Members with a full explanation of the policy.

The Hospital Insurance Committee is working out the details of the proposed hospital coverage and has issued an invitation to all members to make suggestions as to points to be covered in the policy. Any member having any question or suggestion is urged to contact the committee members or the Executive Secretary.

While there is nothing definite to be reported, the policy in all likelihood will include: Hospitalization for 30 days in

(Continued on page 15)

It's Fair's Most Practical Exhibit



Courtesy Tulsa Daily World

Practical is the exhibit of the Tulsa County Medical Association and the Red Cross chapter at the Tulsa State Fair—because first aid facilities are always available through this joint project of the two organizations. Handling an average of 35 calls daily at the station, Mrs. Elsa McConn, nurse, is shown bending over Gene Mitchell McIntosh, patient, of Bixby. Assisting at the right is Merle Iverson, veteran Tulsa ambulance driver, who has been on duty at the station. Two registered nurses, two ambulance drivers, and two members of the Red Cross motor corps are on duty every day this week. Police have instructed all injured persons at the fair to contact the first aid unit before leaving the grounds.—Courtesy Tulsa Daily World.

A. M. A. Outlines Campaign Policies

By DR. W. ALBERT COOK

Member A.M.A. House of Delegates

The American Medical Association outlined a definite campaign to meet the government in its Health Conference Program; endorsed Hospitalization Insurance; approved governmental preventive medicine program; and asked the appointment of a Cabinet Member as Secretary of Health, at a special meeting of the House of Delegates—the third such special meeting in the history of the A.M.A.—in Chicago September 16 to 22.

The opening gun in the called meeting of the House of Delegates of the A.M.A. was a meeting of the North Side Branch of the Chicago Medical Society at which time the following program was presented:

THE NATIONAL HEALTH PROGRAM AND AMERICAN MEDICINE

"The Conference"—Dr. Olin West, Secretary, American Medical Association.

"Teaching and Practicing Medicine"—Dr. Roger I. Lee, Trustee, A.M.A.

"Progress of the A.M.A. Survey"—Dr. William Braasch, Chairman, Survey Committee.

"American Medicine"—Dr. Irvin Abell, President, American Medical Association.

General Discussion opened by—Dr. Morris Fishbein, Editor, Journal, A.M.A.

At ten o'clock Friday morning the 154 delegates who attended the called meeting were addressed by Dr. Shoulters, Speaker of the House and Dr. Irvin Abell, President, who admitted in his talk that the code of ethics about which the National Health Conference has had so much to say is obsolete, but like the Constitution of the United States, it is still good.

No conclusions were reached at the National Health Conference in Washington as it was a one sided affair and it is understood that the President wired his approval while on his fishing trip

when he learned that the meeting was packed against the A.M.A.

Dr. Abell replied to the propaganda about physicians denying their services to the needy and reports the fact that a recent check up has shown that the medical profession has been donating one million dollars daily and has never failed when called upon to do our duty; but what we do object to is to have our services controlled by laymen and all classes of politicians.

The A.M.A. has never opposed hospital insurance nor government medical services nor the Public Health Department but we do insist that we are opposed to politics in medicine and insist that medical services be strictly under the supervision of medical men.

A statement which is very misrepresenting has been made several times by the Department of Commerce that one-third or forty million people in the United States do not have available medical service, which, of course, is very far from the truth and the few indigents who do not have available medical services are the ones in the sparsely settled districts where the transportation problem is the big item.

It is understood at the next session of Congress legislation will be introduced by the National Health Conference crowd claiming that the A.M.A. does not represent the entire medical profession. They do not seem to take into consideration the fact the membership of the A.M.A. at the present time is just under 110,000, which is the largest membership it has ever had, but we all know that medicine like all other groups are bound to have a small percentage of dissatisfied members but their percentage is so small it is immaterial.

President-elect Dr. Slyster addressed the delegates and brought out the fact that the majority of the statistics obtained by the government were procured by laymen and not by medical men as it should have been.

The medical profession is the only profession which has a weekly publica-

(Continued on Page 17)

PRESIDENT'S PAGE

In spite of the fact that the public press is full of controversial medical matters and unprecedented ballyhoo for government interference in medicine, the medical profession still retains the confidence of the public generally and there is no single profession that enjoys the respect and confidence of the people as does organized medicine.

There may be some factions or groups yammering for state medicine, socialized medicine or compulsory insurance of some sort, still the great majority of the people remain steadfast in their loyalty to their family doctor. Some may want socialized medicine for the people generally, but without exception they insist upon the services and advice of their own family physician when their health is threatened.

Never in the history of organized medicine has the profession been faced with the perplexing problems now confronting the doctors, and never has it been so important that each physician hold high the present standard of ethical practice. It is high time to look forward and plan for the future of the profession, but the entire profession of medicine is built on the ethical foundation which has been laid by those great men of medicine of the past and present.

It is important that we continue to merit the great trust of the people and our patients.



President

Medical Auxiliary Plans Busy Year

The home of Dr. and Mrs. Maurice J. Searle at 2626 E. Twenty-first street, will be the setting Tuesday afternoon, October 4, for the opening fall meeting of the Auxiliary to the Tulsa County Medical Society, when members will be entertained at tea from 3 to 5 o'clock.

Mrs. Harry D. Murdock, chairman of the social committee for the year, with the following members of her committee, will have complete charge of arrangements for the party: Mrs. Gifford H. Henry, Mrs. Robert B. Witcher, Mrs. William J. Bryan, Mrs. Carl F. Simpson, Mrs. Mortimer A. Houser, Mrs. W. Orlando Smith, Mrs. Harry B. Stewart, Mrs. Maurice J. Searle and Mrs. Charles H. Haralson.

The Auxiliary year books and also study pamphlets, "On The Witness Stand", will be distributed within the tea hours Tuesday.

A study program, explaining compulsory health insurance and allied forms of socialized medicine, will be offered to Auxiliary members in the form of talks and open discussion groups this year.

The program committee, headed by Mrs. Homer A. Ruprecht, has planned a series of instructive and interesting subjects, beginning with a general "Survey of Socialized Medicine" to be given by Mr. Lloyd Stone, Secretary of the Tulsa County Medical Society, to be followed by important information secured at recent conventions and meetings and related by Dr. W. Albert Cook, official convention delegate from the Oklahoma State Medical Association. This meeting will be held November 1 in the home of Dr. and Mrs. W. R. R. Loney.

Additional members on the program and health education committee are: Mrs. D. W. LeMaster, Mrs. Marvin D. Henley and Mrs. Hugh Perry.

The December meeting will be in the home of Dr. and Mrs. Allen C. Kramer, with members of the Philanthropic committee in charge. This committee, headed by Mrs. J. W. Childs, has the

following workers: Mrs. S. J. Bradfield, Mrs. Chester A. Pavy, Mrs. P. H. Mayginnis, Mrs. Gregory A. Wall, Mrs. C. C. Hoke, Mrs. E. K. Witcher, Mrs. Killis C. Reese, Mrs. Walter A. Huber and Mrs. Benjamin W. Ward.

Dr. Robert U. Patterson of Oklahoma City has been invited to talk on "Socialized Medicine in Foreign Countries", at the January meeting, to be held in the home of Dr. and Mrs. Albert W. Roth.

The public relations committee, composed of Mrs. J. Franklin Gorrell, chairman; Mrs. Thomas B. Coulters, Mrs. E. Rankin Denny, Mrs. Thomas H. West, Mrs. W. R. R. Loney and Mrs. Hugh J. Evans, will present a dramatization on socialized medicine at the February meeting to be held in the home of Dr. and Mrs. F. L. Underwood.

The March meeting in the home of Dr. and Mrs. E. Rankin Denny, will be under the supervision of the Hygeia committee, with Mrs. J. W. Rogers, chairman. Her co-workers include: Mrs. O. C. Armstrong, Mrs. J. C. Peden, Mrs. A. D. Carney, Mrs. Frank J. Nelson, Mr. A. W. Roth, Mrs. Hugh Graham, Mrs. Arthur H. Davis, Mrs. M. O. Nelson and Mrs. Fred E. Woodson.

National Doctor's Day, March 30, will be observed by the Auxiliary at an evening box supper and party, with the social committee in charge of arrangements. Those attending last year's party are enthusiastic supporters of the plans for entertainment next March.

The board is ready to present to the organization a change in time of election, to be held in April instead of June, as in former years. The April meeting will be in the home of Dr. and Mrs. Harry J. McGuire.

The lovely country home of Dr. and Mrs. Fred A. Glass, near Owasso, will be the setting for the May meeting, which will be a Public Health program and luncheon.

The program committee has planned

The BULLETIN

Editorial
Committee

WALTER LARRABEE, M. D.,
Chairman.
NED R. SMITH, M. D.
JAMES BROGDEN, M. D.

Managing Editor

LLOYD STONE



Published monthly on the 3rd day of each month, at the executive offices of the Tulsa County Medical Society, 1202 Medical Arts Building, Tulsa, Oklahoma.

VOL. 4 OCTOBER, 1938 No. 10

CLIPPINGS

Described as an economic death warrant for quack physicians in New York State, the so-called Steingut Advertising Bill was signed by Governor Lehman last month. The bill had the hearty support of the state medical society from its genesis early this year. Assemblyman Steingut took it under his wing at the request of the deputy attorney general, whose responsibility it is to persecute violations of the medical practice act.

Actually, the bill amends the education law in relation to annulment of registration of physicians. It adds two new and vitally significant grounds for revocation of a practitioner's license:

1. Offering, undertaking, or agreeing to "cure or treat disease by a secret method, procedure, treatment, or medicine . . ."

2. Advertising for patronage by means of "handbills, posters, circulars, letters, stereoptical slides, motion pictures, radio, or magazines."

An early draft of the amendment included newspapers among the media. They were deleted at the express request of a representative from the Association of Newspaper Editors. He declared that his organization has a code of ethics to which it is attached as deeply as medical societies are to theirs. He added that he

The Bulletin

was certain he could influence newspapers not to carry quack ads.

The only opposition to Steingut's bill came from a representative of the American Labor Party. He objected that it works an unfair hardship on labor by depriving printers from work.

—Medical Economics, May, 1938.

(Continued from Page 9)

AUXILIARY SOCIETY PLANS YEAR

no business meeting for the month of June, substituting in its place a large membership bridge and informal afternoon party in the club room of the new home of Dr. and Mrs. H. C. Childs at 2124 S. Peoria avenue. Mrs. H. Lee Farris is chairman of the party, with the following assistants: Mrs. N. Stuart White, Mrs. A. Rray Wiley, Mrs. Logan Spann, Mrs. George Clulow, Mrs. Morris Lhevine, Mrs. E. P. Nesbitt, Mrs. H. H. Porter, Mrs. Darwin Childs and Mrs. George R. Osborn.

Plans are being discussed by Auxiliary members for a series of public health forums to be held this fall and winter, with nationally known medical figures, including Morris Fishbein, M.D., and Logan Clendenning, M.D., lecturing to Tulsans on pertinent health subjects of interest to every citizen. These forums will be free to the public and sponsored by the Auxiliary as a civic project.

Members of the public relations committee will have the privilege of presenting two or three radio skits in connection with their program of study for the year, at the regular Wednesday afternoon Medical Association radio period. This, too, is an additional project to be undertaken by Auxiliary members for the first time this year.

Officers of the Auxiliary include: President, Mrs. Thomas H. Davis; President-elect, Mrs. James Stevenson; Vice-president, Mrs. Walter S. Larrabee; Recording Secretary, Mrs. Allen C. Kramer; Corresponding Secretary, Mrs. W. A. Dean; Treasurer, Mrs. D. M. MacDonald; Historian, Mrs. H. C. Childs; Parliamentarian, Mrs. Frank L. Flack.

5000 Doctors Headed This Way

By DR. BASIL A. HAYES

Oklahoma County Medical Association

On November 15th of this year five thousand or more physicians from all over the southern part of the United States will come to Oklahoma City for a three-day session of the Southern Medical Association. The meeting will be held in the new and magnificent civic auditorium, which is one of the finest architectural creations constructed during the past few years. The location is near enough to the downtown shopping district of Oklahoma City for the convenience of every guest—being within walking distance of hotels, picture shows, department stores, restaurants, and other places which may be desired.

The physicians of the Oklahoma County Medical Society are well organized and ready to show you a good time. Through eight years of experience in handling their Clinical Society they know the duties of hosts and know how to organize meetings so that they will take place without lost motion or undue friction. The entire first day's program will be given by members of our Society, and every man on the program has put his best foot forward so as to present a program of which we can justly be proud. Hotels, rooming houses, and even private homes are ready and willing to accommodate every one who comes and are united in assuring those

of you who do come that you will be made to feel at home and will be given comfortable quarters in which to spend your time while not at the meeting. It is our sincere and earnest desire that each and every one of you will consider this a golden opportunity to associate yourselves with the largest number of physicians who have ever been assembled together in Oklahoma at one meeting. We do not only desire your presence but we need your help and take this means of extending a cordial invitation and an earnest hope that we may have the pleasure of seeing you beginning November 15th and extending through the 18th.

Among other unusual features of the meeting this year will be a program for the public to be held in the Municipal Auditorium on Tuesday, October 15th, at 8:00 P.M. The presiding officer will be Dr. Irvin Abel, Professor of Surgery, University of Louisville, and President of the American Medical Association. Dr. Abel is also a Past-President of the Southern Medical Association. With him will be Dr. Thomas P. Sprunt, Associate Professor of Medicine of the University of Maryland, and Rev. Alphonse M. Schwitalla, Dean of St. Louis University School of Medicine. They will discuss topics of interest to the general public and will thereby attempt to increase the good will of patients toward the profession.

We shall expect you to attend!

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Of Special Interest!

RADIO SPEAKERS INTERESTING PUBLIC

The "Your Family Doctor" radio series broadcast over station KTUL at 1:30 each Wednesday afternoon continues to interest the public and every week brings some inquiries in to the Society offices or the Broadcasting Station for the name of the speaker or a copy of the address. Speakers during the past month were: September 7, Dr. W. A. Showman; September 14, Dr. E. O. Johnson; September 21, Dr. Fred E. Woodson; September 28, Dr. Joseph Fulcher. Speakers scheduled for the coming month of October broadcasts are: October 5, Dr. H. Lee Farris; October 12, Dr. W. S. Larrabee, October 19, Dr. Jaames D. Markland, and October 26, Dr. A. L. Walters.

EDITH ANN GORRELL REMAINS IN HOSPITAL

Miss Edith Ann Gorrell, 22-year-old daughter of Dr. and Mrs. J. F. Gorrell, 2116 East 15th St., who was severely injured in an auto crash early in September at Grant, N. M., is still undergoing treatment at Morningside Hospital although she has improved to such an extent that her injuries are no longer critical.

Dr. Gorrell flew to New Mexico following the accident and brought Miss Gorrell and her brother to Tulsa in a plane. For several weeks Miss Gorrell's condition was extremely critical but she rallied and is now reported much improved although it will be some time before she leaves the hospital.

TULSA PHYSICIAN IN VENEREAL SURVEY

Dr. David V. Hudson will direct post graduate work for physicians in Oklahoma's forthcoming program against venereal disease. Dr. Vance C. Morgan, Oklahoma City, director of venereal

disease control in the state, also is attending the clinic.

Dr. C. M. Pearce, state health commissioner, announced an educational program will be launched October 1 with a staff to include two epidemiologists, five follow-up men and two publicity workers. Oklahoma has \$55,000 in federal and state grants for venereal disease control work.

In all probability 140,000 persons have been infected with syphilis in Oklahoma, according to the American Public Health association.

Some authorities recommend that cod liver oil be given in the morning and at bedtime when the stomach is empty, while others prefer to give it after meals in order not to retard gastric secretion according to a release from Mead-Johnson Company. If the mother will place the very young baby on her lap and hold the child's mouth open by gently pressing the cheeks together between her thumb and fingers while she administers the oil, all of it will be taken. The infant soon becomes accustomed to taking the oil without having its mouth held open. It is most important that the mother administer the oil in a matter-of-fact manner, without apology or expression of sympathy.

If given cold, cod liver oil has little taste, for the cold tends to paralyze momentarily the gustatory nerves. As any "taste" is largely a metallic one from the silver or silverplated spoon (particularly if the plating is worn), a glass spoon has an advantage.

On account of its higher potency in Vitamins A and D, Mead's Cod Liver Oil Fortified with Porcomorph Liver Oil may be given in one-third the ordinary cod liver oil dosage, and is particularly desirable in cases of fat intolerance.

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Collecting from Indian Agency Wards

The problem of collecting accounts from unrestricted as well as restricted Indians, has been one of the difficult problems which have given physicians in Tulsa more than a little bit of trouble. Too many times, an Indian has come to some doctor for treatment without having the proper authorization for medical services. The doctor treats the patient, gets a letter from the government ward approving or "authorizing" the account, only to find that the Agency is unable or unwilling to authorize the account for payment.

The Credit Bureau has worked out an arrangement with The Indian agency covering the Five Civilized Tribes which should go a long way toward the reduction of credit loss on unauthorized services.

If, when an Indian comes into your offices for services you will find out the tribal name and the Indian's full name we will then obtain the necessary authorization from the Indian office for you, if the Indian comes under the direct charge of the Agency covering the Five Civilized Tribes. While it may not always be possible to obtain authority for work, you will at least know that the granting of credit has been disallowed by the Agency and you can then put your patient on a cash basis. If the treatment is to be a long drawn out process be sure that you give us all the details. We can not obtain authorization or give you advice on protecting yourself unless the details can be transmitted to the agency. When the Agency will not authorize an account they can and will get a statement from the Indian allowing the agency to pay the account out of their funds.

Floyd Campbell Buttry, 2009 E. 3rd St.; Jowes Franklin Mitchell, 1209 N. Boston; William Edward Coleman, 1615 E. 12th; Fred Eldon Martin, 1535 N. Rockford; James Herbert Hicks, Drumright, Okla.; Ray Gerald Carrell, 410 S. Norfolk; Frank Hughes, 201½ N. Main; Rhea J. Graham, 415 E. 15th; Orville Allen Brashear, 123

S. 36th W. Place; John Calvin Bradley, 809 S. Detroit; Littleton Jackson Brooks, 212 E. Independence; Calvin Andrew York, 3914 Sand Springs Road; David Newton Moore & Mary Adeane Moore, 214 E. 11th; Fred Arthur Burton, 105 S. Quincy; Troy Allen Shaddox, 1520 E. 3rd; George Lester McConnell, 1124 S. Yorktown; William H. Steger, 1548 E. Marshall.

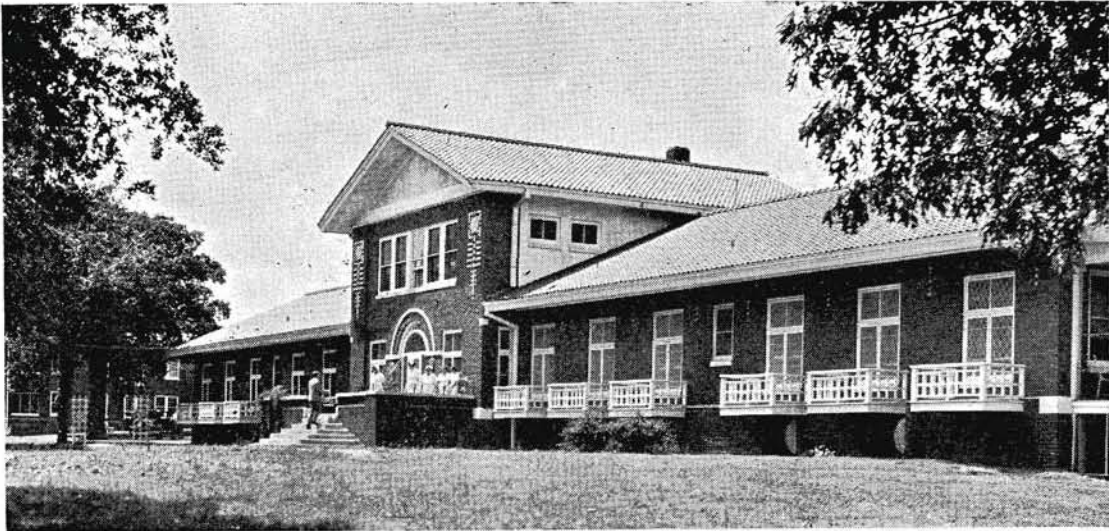
Lee Otto Overly, 1128 Easton; Jim F. Beeman, 1023 N. Quincy; Scott Elbert Coleman, 1615 E. 12th; Albert Bert Sherwood, 1330½ Terrace Drive; Lou Archie McKay, 356 S. Zuni; Oliver William White, 109 Lincoln St., Sand Springs, Okla.; Evelyne Isabelle Rawlins, 412 N. Boston; Mrs. Ollie Emerine Hardin, 1118 S. Boston, Apt. 7; Joseph C. Clark, 629 E. 1st St.; Charles T. Abbott, Wells Hotel; Herbert Hugo Birse, 620 N. Boston; Lois Althea Minick, 711 S. Cincinnati; Ruby Ione Amerine, 1111 S. Quincy; John S. Rutledge, 1214 W. Admiral; Forest Roy Combs, 1002 E. Haskell; Carlton Valentine Guthrie, 624½ S. Elgin; James Russell Grisham, 2420 S. Olympia; Charles Troy Edwards, 1940 E. Marshall; Alvin Eugene Kobel (Alvin Coble) 2431 E. 1st; Joseph Enoch Stevens, 312 N. 49th W. Ave.

(Continued from Page 5)

SOCIETY APPROVES INSURANCE PLANS

an approved hospital; Operating room as often as necessary; routine laboratory works; general nursing care; routine medicine dressings and hypodermics; emergency room service; X-Ray for diagnosis only; ambulance service within the metropolitan area; maternity cases after the lapse of ten months from the date of the policy; and the Use of oxygen tent and the iron lung.

A number of oil companies and industrial firms in Tulsa have made inquiry about the policy which the Committee will propose and have indicated that they were definitely interested in securing the coverage and protection for all their employes.



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A. M. A. OUTLINES CAMPAIGN POLICY

(Continued from Page 7)

tion which carries new ideas to the medical profession all over the United States every week.

The charities of the medical profession are unequalled by any other class of people and through preaching preventative medicine, the expectancy of life has been extended in spite of the strenuous existence it is now. The public has been educated free of charge along sanitary lines and the protection of their health. Hospitals have been standardized so as to give the public complete hospital services and better enable the physician in taking care of his patients.

Dr. Booth, Chairman of the Board of Trustees, addressed us stating that this was the third time the House of Delegates had ever been called to meet in special session but this was necessary as no one could legalize someone to represent the A.M.A. except the House of Delegates. At the meeting of the National Health Conference, the physicians who were there on behalf of the A.M.A. were invited as individuals and had no authority to act for the A.M.A. and all their discussions were very much curtailed.

It was suggested by Dr. Shirley that a Conference of the Trustees of the A.M.A., the American Hospital Association and the American College of Surgeons co-operate to work out an agreement toward hospital insurance which would be satisfactory to the medical profession.

In the majority of localities the local community have the responsibility for the indigents, but when it has reached the limit beyond their means they should be allowed to call on the government for assistance and as we have stated previously all benefits should be administered by medical men instead of laymen. The effort should be made to help

the people to help themselves. Hospital insurance and medical care should be separated but the requirements which would fit one community would not be applicable in all parts of the United States as some will have to be worked out by careful study of the different localities.

The meeting went on record as favoring disability insurance and a classification of same to be temporary or permanent, the former lasting to six months and the later for a longer period and a representative of the insurance carrier to determine the termination of the disability. Disability is not a part of medical care but they are inseparable and disability insurance should take care of the subject until he is able to return to work.

A great deal of stress was put on the definition of indigency as a great many people claim to be indigents medically but are not indigent when it comes to buying groceries, gasoline, etc.

We went on record as opposed to the government building 500 new hospitals with the taxpayers money, when a recent survey showed that there were 187,000 vacant beds in private hospitals. The fact was also brought out that the standard of treatment administered in government hospitals was inferior to that in private institutions. We recommended that the government arrange with the present partially occupied private hospitals for hospitalization of the indigents as it will be much cheaper for the government to pay for said hospitalization than to build 500 new ones.

It was unanimously approved to request the government to appoint a Secretary of Health who must be an M.D. and a member of the President's cabinet. A committee to consist of not more than seven to arrange to meet with the representatives of the National Health Conference in Washington and inform them as to what action was taken and what the medical profession desires and demands.

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By THURMAN ARNOLD

Assistant Attorney General

This is the second of a series of three articles concerning the controversy which has grown up in Washington, resulting in Government charges of "Medical Monopoly".

A preliminary investigation made by the Department of Justice in response to numerous complaints has disclosed the following situation with reference to activities within the medical profession in the District of Columbia.

Group Health Association, Inc., was organized in the District of Columbia a year ago by 2,500 government employees, principally from the lower salary classes, to provide prepaid medical care at a cost which the members could afford to pay. This group retained its own physicians, who have undertaken to provide the members with virtually complete medical care. The Medical Society of the District of Columbia, the American Medical Association, and some of the officials of both these organizations, are attempting to prevent this Association from functioning. The methods they have used are:

1. Threatened expulsion from the District Medical Society of doctors who accept employment with Group Health Association. Because of the power and standing of the Medical Society, and the stigma sometimes attached to expulsion from it, this causes Group Health Association great difficulty in employing competent physicians.

2. Threatened expulsion from the Medical Society of doctors who take part in medical consultations with doctors on the Group Health Association staff. This in effect amounts to forcing members of the Medical Society to participate in an illegal boycott of Group Health Association doctors.

3. The exclusion from Washington hospitals of the Group Health Association staff doctors; this has been accomplished either in combination with the various hospitals or by means of influence, which may or may not have

amounted to coercion, upon them. This exclusion has made it impossible for doctors affiliated with Group Health Association to practice their profession in the hospitals and it has prevented members of the Association who enter the hospitals as patients from having the services of the physicians of their own choice.

In the opinion of the Department of Justice, this is a violation of the anti-trust laws because it is an attempt on the part of one group of physicians to prevent qualified doctors from carrying on their calling and to prevent members of Group Health Association from selecting physicians of their own choice. The Department interprets the law as prohibiting combinations which prevent others from competing for services as well as goods. The particular persons responsible for this violation can only be ascertained by a grand jury investigation. Such an investigation will be undertaken by the Department in the near future.

In obtaining the cooperation necessary to accomplish the Department's constructive aim in antitrust proceedings, it is necessary to put the prosecution in its proper setting. It is therefore important to repeat that an indictment for violation of the antitrust laws does not necessarily charge a crime involving moral turpitude.

The absence of moral turpitude, however, does not lessen the duty of the Department to prosecute where it believes violations of the antitrust laws have occurred. This duty has been laid upon it by Congress.

With the above restatement of our general antitrust policy in mind, we may proceed to consider the particular problems relating to the practice of medicine

which form the background of this proceeding.

I. ECONOMIC CONDITIONS OF MEDICAL PRACTICE

Although this proceeding concerns especially the District of Columbia, it is selected because its importance is nationwide and its value as a precedent is of far-reaching consequence on one of our most pressing problems. The illegal activities of organized medicine in this instance are typical of what has occurred in other cities throughout the country whenever cooperative health groups have been formed. In discussing the economic conditions of medicine which make this suit of great importance, it is therefore appropriate to consider briefly some of the broader aspects of the national health problem.

In spite of great technical proficiency, the medical profession has not been successful in furnishing adequate medical care to all the American people at a cost that they can afford to pay. Careful studies have demonstrated that the individual practitioner, even though he devotes a portion of his time to charitable work, cannot supply all the medical needs of persons of low or moderate incomes. Primarily this is not, of course, the fault of the doctor. It is a result of the low incomes of a large part of the community on the one hand, and of the increasing cost of adequate medical treatment on the other.

Recent studies by government technicians have brought out the fact that the forty million persons in the United States in families with annual incomes of less than \$800 cannot pay for medical care and in many cases do not receive it when they are in need of it. For instance, at least half the present toll of mothers' deaths in child-bearing, and of infants in the first month of life, are preventable with proper pre-natal care and medical services in delivery. Half the babies born annually in this country are in families with less than \$1,000 income a year. It is therefore significant that infant mortality is five times higher in families with less than \$500 a year than it is in families with \$3,000 or

more a year.

Acute illness of all kinds increases as one goes down the income scale. It is 47% more prevalent in families on relief than in those with \$3,000 or more annual income. Chronic illnesses are 87% more prevalent in relief families; non-relief families of less than \$1,000 income have twice the illness disability of families with more than \$1,000.

In any one year, 10% of the families bear 41% of the costs of illness. Another 32% of the families bear 41% of the costs, while the remaining 58% of the families bear only 18% of the costs.

The same family may not stay in the same sickness group year after year. The incidence of serious illness is extremely uneven, among persons of the same income. That is the reason advanced for cooperative methods of payment for medical care; by spreading the cost over the whole membership, these methods provide adequate service to all at the cost of a moderate and uniform charge to each.

This type of organization is already familiar in the United States in dealing with hospital charges, and has proved highly successful. Group hospital plans on a cooperative basis are in force in over sixty cities and cover more than 1,500,000 subscribers.

Cooperative health associations are primarily aimed to help families not on relief. Theirs is the most pressing medical problem today because they have no public funds and will not go to charity.

Group Health Association is a consumers cooperative organization whose members pay monthly dues; with the funds collected, the Association retains a staff of physicians and operates a clinic. The Association has encountered opposition from the Medical Society of the District of Columbia and from the American Medical Association since its formation. The Medical Society's methods have already been outlined in the introductory portion of this statement. Typical examples of what has occurred may be given here.

Even before Group Health Association had begun operation of its clinic,

the local Medical Society and the American Medical Association made public attacks upon the ethics of the Association and upon its legality and its financial soundness. At the same time the Medical Society began expulsion proceedings against the Association's doctors: these proceedings were based upon charges of "unethical" conduct, although the doctors' only offense had been their willingness to serve the Association. Expulsion of the Association's doctors was sought not only from the Medical Society of the District of Columbia, but also from other medical societies affiliated with the American Medical Association in other parts of the nation. The proceedings against one of the Association's doctors were carried to a conclusion and the doctor was expelled. Proceedings against another doctor are still pending. An effort was also made to secure the expulsion of a Washington specialist who had disregarded the Society's edict by engaging in professional relations with a Group of Health Association doctor.

The close relationship existing between the Medical Society and the principal hospitals in Washington has resulted in denial to Group Health Association's physicians of access to hospital facilities in the District of Columbia. Not even in emergency cases are these doctors allowed to attend their patients. For example, an Association member earning \$1,440 a year recently telephoned the Association's surgeon at midnight and reported that her husband had been taken to a Washington hospital with acute appendicitis, and requested that the surgeon come to the hospital immediately to take charge of the case. The hospital declined to permit the Association surgeon to operate notwithstanding the fact that the member had desired this surgeon's services and had paid for them through her membership in the Association. The member, therefore, was compelled to incur heavy surgical and hospital expenses that she would not have needed to contract if the Association had been

permitted to carry out, without interference, its agreement with her.

II. THE CHOICE OF REMEDIES

The evidence revealed by the present investigation appears to warrant submission to a grand jury for such action as that body may determine to be necessary. Such a course is in line with the ordinary practice of the Department when it has information indicating that there have been violations of the criminal provisions of the law. As previously announced, the Department feels that it cannot take the responsibility of declining to present to a grand jury evidence that the antitrust laws have been violated whenever it has such evidence in its possession.

III. ECONOMIC RESULTS

In instituting this proceeding the Department of Justice again emphasizes that it is not deciding what are the proper methods of solving the problems of medical economics or indeed whether cooperative health associations have a place among those methods. It simply takes the position that monopoly practices should not be employed to prevent what may be illuminating experiments in this field.

The Group Health Association seems to provide the opportunity for such an experiment, since it is composed of government employees of general similarity of health, income and working conditions, and occupies a field in the nation's capital where close observation may be made of the results and adequate publicity given to any conclusions.

The Department believes that the antitrust laws make it illegal for medical societies or individual practitioners in the District of Columbia to obtain or retain for themselves a monopoly of the community's medical services, so long as adequate standards are maintained in the treatment of patients among those doctors who are willing to serve cooperative or other groups.

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