

THE BULLETIN

OF THE TULSA COUNTY MEDICAL SOCIETY

VOL. 4 TULSA, OKLAHOMA, NOVEMBER, 1938 NO. 11

DOCTOR A. V. EMERSON 1879 — 1938

Dr. A. V. Emerson, 59-year-old Tulsa physician and former president of the Tulsa County Medical society, died at 6 a. m., October 29, in a Tulsa hospital following an illness of several weeks.

One of Tulsa's best known medical men, Doctor Emerson was removed to the hospital two weeks ago where he underwent four blood transfusions. He had been in ill health prior to that time.

From 1928 to 1930 the physician was superintendent of the city health department and it was under his administration that many new services were added and a general reformation of outmoded health practices accomplished. His program for a general reorganization of the service looking toward preventive work, was stopped through a changing of city administrations.

Born in Rochester, Minn., Doctor Emerson was educated in the Minnesota public schools and graduated from the school of medicine at University of Illinois. He took postgraduate work at Lincoln, Neb., and at New York University.

He came to Tulsa 20 years ago and was continuously active in the advancement of his profession here and throughout the state.

Doctor Emerson was a member of the First Christian church, the Optimist club and the Oakhurst Country club.

Surviving besides the widow of the home address, 1527 S. Cincinnati av., is a son, Bruce V. Emerson, of Tulsa.



HOW MUCH SUN

Does the Baby Really Get?

THIS BABY has been placed in the sunlight. (1) The mother discovers the baby is blinking, so she promptly shields its eyes and much of its face from the light. (2) Since the baby's body is covered, the child will then be getting only reflected light or "sky-shine" which is only 50% as effective as direct sunlight as an antiricketic agent (Tisdall). (3) Even if the baby were exposed nude, it has never been determined how much of the ergosterol of the skin is synthesized by the sun's rays (Hess). (4) Time of day also will affect the amount of sunshine or sky-shine reaching this baby's face. At 8:30 A. M., average loss of sunlight, regardless of season is over 31% and at 3:30 P. M. is over 21%. (5) Direct sunlight, moreover, is not always 100% efficient. U. S. Weather Bureau maps show that percentage of possible sunshine varies in different localities, due to differences in meteorological conditions. (6) In cities, smoke and dust, even in summer, are other factors reducing the amount of ultraviolet light.



While Oleum Percomorphum cannot replace the sun, it is a valuable supplement. Unlike the sun, it offers measurable potency in controlled dosage and does not vary from day to day or hour to hour. It is available at any hour, regardless of smoke, season, geography, or clothing. Having 100 times the vitamins A and D content of U. S. P. cod liver oil (U. S. P. minimum standard), Oleum Percomorphum can be administered in *drops*, which makes it an ideal year-round antiricketic. Use the sun, too.

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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, NOVEMBER, 1938

NO. 11

Southern Medical Meeting

By DR. BASIL A. HAYES

The doctor who desires to keep himself abreast of modern developments in medicine and surgery can do no better than to attend the meeting of the Southern Medical Association, November 15th to 18th. There will be nineteen great sections, each with a lengthy program of its own, covering every specialty in medicine and surgery. There will be five joint meetings on public health, malaria, tropical medicine, anesthesia, and pediatrics. There will be many beautiful and instructive scientific exhibits, showing the latest developments in drugs, instruments, and other aids to the practice of medicine and surgery. There will be eight clinical sessions and presentation of actual clinical problems will be discussed. There will be a public forum during the evening of Tuesday, November 15th, to which the public is invited and which will be presided over by the President of the American Medical Association. At no meeting can the earnest seeker for knowledge find more instruction in less time than at the program of the Southern Medical Association.

Not only this but the Oklahoma County Medical Society has concentrated its efforts and energies on arranging for the visitors to have a pleasant and entertaining time. There will be dinner dances for the ladies; alumni banquets where the boys can get together in old-time singsongs and exchange friendly greetings which will bridge the lapse of years.

It might be further emphasized that there will be a great deal of golf playing and trap shooting while the ladies will be entertained by the united efforts of all the wives of Oklahoma City doctors. The Registration Tea for the visiting ladies will be held at nine o'clock on November 15th at the Biltmore Hotel, and on that same day there will be a great golf tournament at the Oklahoma City Golf and Country Club.

* * *

Among the speakers who will appear on the various programs of the Southern Medical Association meeting at Oklahoma, November 15-18, are the following Tulsa physicians: Dr. Hugh Graham, Dr. I. A. Nelson, Dr. W. S. Larrabee, Dr. W. A. Showman, Dr. James Stevenson, Dr. F. A. Stuart, Dr. Henry S. Browne, Dr. Roy L. Smith, Dr. V. K. Allen, Dr. D. L. Edwards, Dr. H. Boyd Stewart, Dr. E. Fred Woodson, and Dr. E. Rankin Denny.

Although no definite arrangements have been made for securing a large delegation to attend the Southern, it is certain that most of the Tulsa physicians and surgeons will be present at one or more of the meetings or programs scheduled for the week. Several Tulsa doctors have made hotel reservations for one or more days, but the majority of the members plan to attend some single day's proceedings.

Insurance Programs Take Shape

early in the morning and driving back in the evening following the meetings.

The Tulsa County Medical Society's Hospital Insurance program is rapidly taking shape with the committee under Dr. A. Ray Wiley as chairman while the Physicians and Surgeons Liability Insurance Group Policy has reached the stage where applications are being received in the Society's office and coverage is being placed.

The Liability Insurance Committee, headed by Dr. J. C. Brogden, is now completing final arrangements for the issuance of the actual group insurance policy to the Tulsa County Medical Society, under which all certificates of Insurance to Society Members will be issued. Ben Voth of the Frates Agency through which the policy will be handled, announced that final details for the issuance of the actual policy will be completed within the next few days and that certificates would be issued as soon as possible to all doctors who had filed their applications.

Officers of the Society and members of the Hospital Insurance committee have been hard at work perfecting details of the Insurance corporate structure, preparatory to making a final report at the next meeting of the County Society and the actual formation of the insurance company.

Since actual work was started on this program a few weeks ago, a number of the larger oil companies with employes and affiliates in a large number of the states have contacted this committee in a preliminary effort to work out plans for company insurance which if written, will cover thousands of employes.

The committee will have its plans for a proposed "stock" Insurance Company ready within the next few days and will proceed with plans for underwriting the necessary capital so that the entire plan can be submitted at the next meeting.

As soon as the corporate structure is completed, the committee will be ready to resume negotiations with a number of these companies with the view of having a large volume of business ready

to take effect immediately after the Insurance Company announces for business.

Since the Tulsa Medical Society has started work on this insurance program, a number of other medical Societies have announced that they were interested in a like program. Dallas is the latest organization to announce such a program and the following editorial from the Dallas News indicates the favor that such a movement is receiving from the general public:

"Local physicians have taken an important forward step in voting to put in operation here a plan of medical insurance. Although details have been left for a committee to work out, the plan which the Dallas County Medical Society approved unanimously is expected to make insured medical care available soon, at least for families making less than \$2,000 a year. Individuals will be able to make monthly, quarterly or annual payments for medical service to be rendered as needed and will have free choice of physicians.

"This plan is just as logical and as advantageous as that under which thousands of Dallas people make advance provision for hospital care. Medical costs, like hospital costs, can be budgeted in advance; and there will be no cause for worry over emergency expenses coming in big lumps. Those who happen to need an unusual amount of medical attention will get it more cheaply under the insurance plan.

"Freedom of the insured patient to choose any physician he pleases will give the Dallas plan of medical insurance an advantage over some of those in Europe, in which doctors are assigned arbitrarily. The former opposition of organized medicine to health insurance has been hard for the laymen to understand, but the new Dallas plan will be in line with the recent about-face of the American Medical Association. It will be better for the doctors themselves to put medical insurance in effect than to wait for governmental action that otherwise might be inevitable."

Medical Calendar

TUESDAY, Nov. 1st:

Sisler Hospital staff meeting.

WEDNESDAY, Nov. 2nd:

Radio Broadcast at 1:45 p.m. Station KTUL. Dr. F. W. Henderson.
Tulsa General Hospital open meeting, Tulsa General Hospital,
8:00 p.m. All doctors are invited. Dutch lunch will be served.

THURSDAY, Nov. 3rd:

Golf tournament at Indian Hills Country Club.

MONDAY, Nov. 7th:

Morningside Hospital staff meeting.

WEDNESDAY, Nov. 9th:

Radio broadcast at 1:45 p.m. Station KTUL. Dr. A. L. Walters.

MONDAY, Nov. 14th:

No Tulsa County Medical meeting because of the Southern Medical meeting in Oklahoma City.

TUESDAY, Nov. 15th:

Flower Hospital staff meeting.

TUESDAY, Nov. 15th:

Office Assistants meeting. Michaelis Cafeteria at 6:00 p.m.

WEDNESDAY, Nov. 16th:

Radio broadcast at 1:45 p.m. Station KTUL. Dr. B. L. Branley.

MONDAY, Nov. 21st:

St. Johns Hospital staff meeting.

WEDNESDAY, Nov. 23rd:

Radio broadcast at 1:45 p.m. Station KTUL. Dr. Mont Stanley.

FRIDAY, Nov. 25th:

Post-Graduate Course at St. Johns Hospital at 8:00 p.m.

MONDAY, Nov. 28th:

Society meeting in Auditorium Medical Arts Building at 8:00 p.m.

WEDNESDAY, Nov. 30th:

Radio broadcast at 1:45 p.m. Station KTUL. Dr. H. Lee Farris.

PRESIDENT'S PAGE

A certain old farmer in Vermont who had raised and supported a large family on about sixty acres of rocky soil, had for years obtained his only "cash money," from the sale of potatoes; these he carefully culled and sent only the largest and finest to market, so that he had established a very enviable reputation.

One day when he was confined to the house with the "grippe" the duty of taking a load to market fell to his two older sons; they had filled the wagon with potatoes just as they came—small, medium, large, good and bad—and were just leaving when the old man spied them from his window.

Great was his wrath as he scornfully listened to their explanation that they were delivering just what had been ordered, i.e., potatoes; and he bellowed forth this dictum "POTATOES AIN'T POTATOES JUST BECAUSE THEY ARE POTATOES—NOT BY A DAM SIGHT." The moral being, that with all of the "cults," "isms," and—"pathies" that are extant, it strikes me that the only way that we as Doctors of Medicine can retain our position is by constantly convincing the public of our sincerity, the realization of our responsibility, and our desire to give even more than is expected.



President

Of Special Interest!

DOCTORS AND DENTISTS HOLD GOLF TOURNEY



The doctors and dentists will write a new chapter on their pre-natal golf fued, when they tee off at Indian Hills Country Club next Thursday afternoon in their annual golf tournament.

This tournament, which is played under the direction of a joint committee consisting of Dr. H. G. Roebken, Dr. S. P. Bowyer, and Dr. L. G. Smith of the dentists and Dr. Silas Murray, Dr. E. L. Cohenour and Dr. Walter S. Larrabee of the doctors, will be followed with a steak dinner and entertainment at the club.

A number of prizes have been posted for the winners and consolation prizes for the runners up in the various classes.

This traditional tournament has been held regularly for years and brings out all the golfers in the professional ranks, and the winners have been equally divided between the two friendly factions.

* * *

PERSONALS

Dr. W. E. Brown has received an

appointment as graduate assistant in Roentgenology under Dr. George W. Holmes in the Massachusetts General Hospital of Harvard, effective immediately and will leave for Boston at once, he announced. Dr. Brown will remain in Boston for eight months and will return to Tulsa next summer to resume practice.

On account of illness, Dr. A. V. Emerson will be forced to close his office and retire from practice for approximately six months.

Dr. J. A. Peden, went east last month to continue his medical studies with the intention of entering a specialty when he returns to resume his practice here next June.

* * *



The "Family Doctor" radio series over station KTUL continues to draw a great deal of attention with the public as well as the medical profession. Among the doctors who took part in the broadcasts during October were Dr. Joe Fulcher, Dr. J. E. McDonald, Dr. H. Lee Farris and Dr. James Miner. Scheduled for Wednesday afternoons over KTUL are Dr. F. W. Henderson on November 2, Dr. A. L. Walters on November 9, Dr. B. L. Branley on November 16, Dr. Mont Stanley on November 23, and Dr. H. Lee Farris on November 30th.

(Continued on Page 11)

The BULLETINEditorial
Committee

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

Managing Editor LLOYD STONE



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VOL. 4 NOVEMBER, 1938 NO. 11

CLIPPINGS**DOCTOR IN WPA CASES**

June 27, 1938, five workmen were seriously injured when hurled from a scaffold while at work on the new Buffalo Civic Stadium—a WPA project—one of many of which Harry L. Hopkins is administrator. Ambulances were summoned from the Buffalo General and other nearby hospitals, but the injured employees were taken to the more distant Marine Hospital, because all were WPA workers, and the rule is, according to a statement made to the BULLETIN by Guy W. Rice, WPA area director, and Chester A. Hager, compensation officer, that persons working on such projects be sent to Marine Hospital, a federal institution.

The President of the Medical Society of the County of Erie, Dr. Harry C. Guess, took exception to this rule, because it denies free choice of physician, or hospital, as provided in the workmen's compensation law of the State of New York. He ordered that the families of the injured workmen be interviewed to ascertain if they preferred to have their family physician or a physician of their choice care for the injuries. All agreed they would prefer the services of their family physician. One fam-

ily physician visited his patient at the Marine Hospital, and was denied the privilege to treat the injured workman as a compensation case.

Our Chairman on Legislation, Dr. James L. Gallagher, asked the Industrial Commissioner for a ruling on this phase of the workman's compensation law. Assistant Industrial Commissioner A. W. Marquardt, has replied, in part, as follows:

"I must advise that where employees are in WPA service, the State of New York has no jurisdiction and the Compensation law does not cover, as they are employed by and paid 100 per cent by the Federal Government."

This WPA ruling becomes highly significant because Assistant Attorney General Thurman W. Arnold in his action against the American Medical Association and the Medical Society of the District of Columbia, repeatedly, and at great length, dwells on the right of patients to select *"the services of physicians of their own choice."* Denial of that privilege, in his published opinion, is a violation of the anti-trust laws.

—Bulletin of Buffalo Academy of Medicine.

* * *

REFORM

One reason why the world is not reformed is because each would have others make a beginning, and never thinks of doing it himself. Or, as Carlyle has expressed it, "Reform, like charity, must begin at home."

The medical profession yields to no one in keeping pace with social trends. Organized medicine in the United States is fully conscious of its obligation to the people. If some changes in medical practice are promulgated by government, medicine asks that the changes be evolutionary, not revolutionary, and that the patient as an individual and not the politician be given first consideration.—Exchange.

(Continued from Page 9)

**SEVEN NEW MEMBERS
DURING THE YEAR**

The election of Dr. W. W. Forey of Bixby to membership in the Tulsa County Medical Society in October, brings to seven, the new courtesy members in the organization since the first of 1938. Among the new members who have been honored are Dr. Philip M. Schrect, Dr. Clyde Ramey, Dr. A. H. Ungerman, Dr. Eric White, Dr. O. E. Layton, Dr. Arnold Piatt and Dr. Forey. Among the members who have been approved for regular membership are: Dr. James D. Markland, Dr. W. E. Brown, Dr. Paul B. Cameron, Dr. H. B. Justice and Dr. Cole D. Pittman.

* * *

"Is this product Council-Accepted?" This is the first question many physicians ask the detail man, when a new product is presented.

If the detail man answers, "No," the doctor saves time by saying, "Come around again when the Council accepts your product."

If the detail man answers, "Yes," the doctor knows that the composition of the product has been carefully verified, and that members of the Council have scrutinized the label, weighed the evidence, checked the claims, and agreed that the product merits the confidence of the physicians. The doctor can ask his own questions, and make his own decision about using the product, but not only has he saved himself a vast amount of time but he has derived the benefit of a fearless, expert, fact-finding body whose sole function is to protect him

and his patient.

No one physician, even if he were qualified, could afford to devote so much time and study to every new product. His Council renders this service for him, freely. Nowhere else in the world is there a group that performs the function so ably served by the Council on Pharmacy and Chemistry and the Council on Foods.

Mead Johnson & Company cooperates with both Councils, not because we have to but because we want to. Our detail men can always answer you, "Yes, this Mead Product is Council-Accepted."

* * *

POST GRADUATE COURSE**STARTS NOVEMBER 25**

Tulsa County Medical Society is launching a post graduate course for its membership and those of surrounding towns or adjacent counties who wish to attend. This first course will be in the subject of Obstetrics, and will cover a period of ten weeks. Tulsa County Society in a regular session of the Society Monday evening, October 10th, requested the Oklahoma State Medical Association to make Tulsa a teaching center. The program is being financed jointly by the State Medical Association; the Commonwealth Fund of New York and the Oklahoma State Health Department. The course will open in Tulsa 7:30 p.m. Friday, November 25, at St. John's Hospital. The first five lectures will be given at St. John's and the last five or half of the ten weeks course will be at Morningside Hospital.

Dr. Edward Smith, a graduate of

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Pennsylvania School of Medicine, Columbia University and with special training in half a dozen other Medical colleges will give the entire course. Dr. Smith practiced medicine in New York state and has held office in medical organizations of New York before being employed by the Oklahoma State Medical Society to come for two years and give his courses in this state. The course in Tulsa will consist of didactic lectures, demonstrations and clinics. Motion pictures and lantern slides will be used to demonstrate all lectures. The Tulsa County Society expects to have 100 doctors in the course in this city. Doctor Smith is also a gynecologist and surgeon of well known reputation as applied to obstetrics. Some twenty-five doctors are already enrolled in advance of the organization efforts of a special committee for Post Graduate Study appointed by the Society last Monday night week ago. The Committee consists of: Doctors Geo. R. Osborne, chairman; C. S. Summers, R. E. Daily, H. H. Porter, R. K. Goddard, J. Fred Bolton, P. N. Charbonnet, W. A. Dean, C. H. Eads, W. R. Loney, D. M. MacDonald, L. C. Northrup, Carl F. Simpson, F. D. Sinclair, and J. L. Miner. Doctors wishing to register for the course in Tulsa should secure blanks from one of the foregoing committeemen.

* * *

TULSA GENERAL INVITES DOCTORS

All members of the Tulsa County Medical Society have been invited to attend an open house meeting at the Tulsa General Hospital during the evening of Wednesday, November 2, according to an invitation read at the last membership meeting. In inviting the members to inspect the institution, Dick Green, who recently became associated with Miss Florence Wilson in the management of the Tulsa General announced that a number of improvements had been completed. Mr. Green announced that a dutch lunch would be served to all the visitors during the evening.

Library Notes

Classification of Library

The classification of the books in the Tulsa County Medical Library was initiated during Dr. M. O. Nelson's chairmanship of the Library committee and because available classifications were too complicated a temporary alphabetical classification was used.

The Library committee after studying the various classifications selected the Cunningham classification for Medical Literature as being the most suited for the Tulsa County Medical Library.

This classification compiled by Mrs. Eileen R. Cunningham, librarian, Vanderbilt University, School of Medicine, and revised in 1937 has an index which greatly simplifies its use.

With the classification in use, books on related subjects will be grouped together and after being used will be returned to the same place on the shelves thus avoiding unnecessary search. Mrs. Cunningham's book will be in the library and Miss Calhoun will be glad to show any one interested how it is used.

* * *

Library Bibliofilm Service

Mrs. Eileen R. Cunningham calls attention to Microfilm service operated by the American Documentation Institute, a non-profit corporation, which eliminates the expensive transportation charges on heavy volumes for those desiring references from the Army Medical Library.

Microfilms are strips of 35mm. motion picture film with images of pages photographed upon them in sequence. They can be read with any magnifier or microscope enlarging 5 to 10 diameters or with microfilm viewer and microfilm reading machine.

Photoprints are approximately 6"x8" and are easily readable without optical aid.

For order blanks and further information see Miss Calhoun, librarian, 1202 Medical Arts Building.

WHAT ARE YOUR UNPAID ACCOUNTS WORTH?

The United States Department of Commerce supplies the following statistics showing the decrease in the value of accounts with respect to the length of time they remain unpaid.

30 days old	2% loss
60 days old	17% loss
90 days old	35% loss
120 days old	50% loss
6 months old	70% loss
9 months old	80% loss
1 year old	90% loss

More accounts will be collected and your losses reduced by referring your unpaid accounts to your Bureau for collection each month.

Do it today. Delay means **losses**.

MEDICAL CREDIT BUREAU

A Unit of

Tulsa County Medical Society

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Phone 4-8161

New Plan to Aid Collection

In an effort to render still greater service to the members of the Society, the Medical Credit Bureau has been experimenting with a "sticker-stimulator" which will enable the doctors to bring some of their delinquent accounts to life and to do this at no extra cost.

Here is the plan:

Go through your books for all ac-



counts more than six months old and send them a statement. Bring this list of accounts to the Medical Credit Bureau. You will be given a supply of red and yellow collection stickers to be put on each of these delinquent accounts. These stickers announce that "unless we hear from you within 10 days we will be forced to refer your account for collection to the Medical Credit Bureau." Then we will hold these accounts for a period of 15 days, at which time we will start collection work on them."

The reason that the Bureau wants the list before the letters are sent out is that as soon as a reasonable time expires after you notify the delinquents, we must start our collection procedure.

This collection sticker will bring a number of good payments into your office for which you will pay the Bureau nothing. Just call the Bureau and notify them just which accounts have started paying and they will be taken

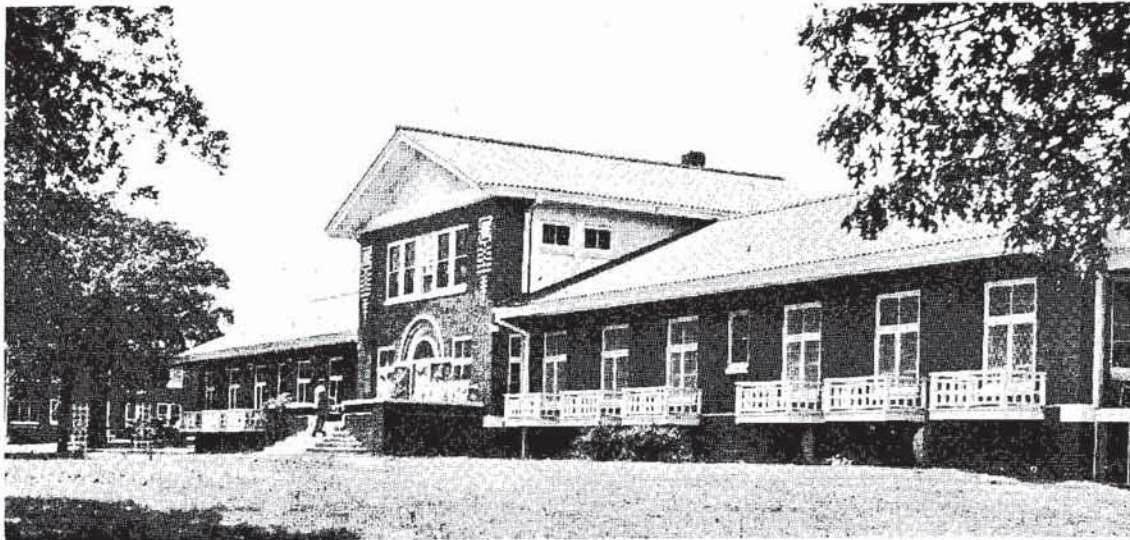
from our lists.

The following statement appeared in the Journal of the American Medical Association under the caption, "Collecting Medical Fees":

"The steady increase in the number of credit and Collection bureaus organized under professional control seems to indicate a growing recognition of their value." The article concludes with: "If the percentage of accounts collected and the amount of commission cost are any reliable indications, it does appear that professional bureaus are more successful than commercial agencies."

The success of the Medical Credit Bureau is indicated, not only by the total amount of collections but from the fact that forty per cent of the money collected is paid directly to the doctor. This indicates that the methods used by the Bureau are such that good will is not endangered and that the patient is willing to walk in and pay the doctor.

The Bureau has letters on files which indicate that the people feel that the Bureau has rendered them a service in handling the account for them. Here are some excerpts from some of the letters we have received: "Thank you for your past favors".—T. M. F., Sand Springs, Okla. "I want to take this opportunity to thank you for your nice letter of March 7th in which you called my attention to my account. I want you to know that I appreciate the value of credit."—O. C., Bartlesville, Okla. "I am very grateful to doctor for his patience and also to you for your assistance."—M. P., Cushing, Okla. "I appreciate the courtesies you have shown me."—J. L. C., Durant, Okla. "I sincerely thank you for your consideration in this matter."—W. H., Tulsa, Okla. "Enclosed find money order. Regret being one day late this week."—L. B. R., Crescent, Okla.



OAKWOOD SANITARIUM

Oakwood Sanitarium is prepared to receive and care for any type of problem in the entire range of Neuro-psychiatric cases. Alcoholics and drug addicts are accepted. A completely equipped hydro-therapeutic department is maintained. Patients properly segregated for their best interests.

Inquiries cheerfully answered—Interested visitors are welcome.

Oakwood Sanitarium is maintained and operated solely under the resident managership of Dr. Ned R. Smith for his private Neuro-psychiatric practice.

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MORRIS B. LHEVINE, M.D., F.A.C.R.

Medical Director

Dr. Hudson Heads State Program

The Oklahoma State Health Department announces through Charles M. Pearce, M.D., Commissioner of Health, that post graduate instruction in genito-infectious diseases is being given in cooperation with the Oklahoma State Medical Association. This consists of a series of five seminars held weekly at different points with approximately sixty minutes for lecture, followed by demonstrations, presentations of cases and discussion of problems in diagnosis and treatment.

Under the LaFollette-Bulwinkle Bill each state receives its pro rata share of funds for venereal disease control according to population. A certain amount of these funds is to be spent for educational purposes and these courses will be given until the entire state is covered. These seminars will be given without cost to the physicians and will be conducted by Dr. David V. Hudson, Consultant in Genito-infectious Diseases, Oklahoma State Health Department.

The President and Secretary of each County Medical Society will be notified in advance and arrangements made for the time and place for the meetings.

The seminars will not only cover the management of syphilis but will take up the diagnosis and treatment of gonorrhea and the other genito-infectious disease as well.

The Health Department is glad to render free private consultations with class members regarding indigent cases but the Commissioner feels very strongly that consultations regarding non-indigent patients should be conducted through the practicing specialists whenever possible.

The outline of the course is as follows:

Introduction:
Syphilis.

The Biology of Syphilitic Infection.
Classification of Syphilitic Infection.
Diagnostic Methods.

Essential points in history and physical examination.

Laboratory procedures.

Darkfield examination.

Blood tests.

Spinal fluid tests.

Evaluation of and interpretation of laboratory reports.

Management of Early Syphilis.

Sero-negative primary.

Sero-positive primary.

Secondary.

Secondary Recurrent.

Latent (Early latency).

Asymptomatic neuro-syphilis (early).

Management of Late Syphilis.

Latent (Late latency).

Tertiary.

Cardio-vascular.

Central nervous system.

Benign late syphilis.

Ocular.

Asymptomatic neuro-syphilis (late)

Syphilis in Pregnancy—Prenatal Syphilis.

Congenital Syphilis.

Early.

Late.

The Management of Treatment Complications.

Gonorrhea.

Gonorrhea in the male.

Gonorrhea in the female.

Pre-adolescent gonorrhea.

Verruca Acuminata (venereal warts).

Chancroid.


Granuloma inguinale.

Lymphopathia venereum.

Mimeographed outlines of treatment schedules for syphilis will be given out during the course based on cooperative clinical group recommendations.

Supplements to Venereal Disease Information No. 5, The Diagnosis of Syphilis by The General Practitioner, by Joseph E. Moore, M.D., and supplement No. 6, The Management of Syphilis in General Practice, by Joseph E. Moore, M.D., are used in connection with the course.

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Our New Drug and Food Act

On June 25, 1938, a new Federal Food, Drug and Cosmetic Act went on the statute books with the President's signature. This is the second major legislative effort in the history of the country to protect consumers and ethical business from adulterated and misbranded foods and drugs. Thirty-two years ago, almost to a day, the first Food and Drug law was enacted.

The 1906 law was a compromise. It did not meet all the needs of consumer protection even a third of a century ago. Largely negative in its provisions, it named certain practices as taboo, but did not list the *affirmative requirements of honesty and safety in the merchandising of food and drug products*. Many of its provisions were circumscribed by the process of judicial interpretation.

New industries—the vast cosmetic industry, a large trade in all sorts of healing devices from sun lamps to electric belts and orthopedic shoes, and in beautifying products such as slenderizers and depilatories—grew up after 1906. Fierce competition frequently ran to dishonesty in claims, and to the use of dangerous ingredients. These industries fell outside the scope of the 1906 law.

Continued shifting in food preparation away from the home to the factory, and in drug preparation from the pharmacy to the factory, aggravated problems in regulation of those products which were covered by the old law. Great gaps disclosed by experience in administration, new industrial processes, new needs of public protection called for modernizing the pioneering 1906 Act.

Passage Took Five Years

Five years of bill drafting and re-drafting, of hearings, of debates inside and out of Congress, of demands and counter-demands from consumer organizations and industry, lie behind the final form of the new Act signed by the President. As with most laws, the adequacy or inadequacy of this one in dealing with the problems it undertakes

to remedy can best be measured after it has been in operation for some time.

The Act does not bar the manufacture, as such, of misbranded or adulterated goods. Enacted under the Federal Government's jurisdiction over interstate commerce, it prohibits the delivery or receipt of such goods across state lines.

Cosmetics Come Under Act

Cosmetics, for the first time, come within the range of Federal regulation.

Most cosmetics are no doubt safe. But a whole series of tragedies has brought home the necessity for control of the traffic in questionable beauty preparations. Eyelash beautifiers containing poisonous aniline dyes have blinded a number of women, and killed several. Superfluous hair removers which utilized thallium acetate have paralyzed women's legs, blinded them and loosened all their hair. Ointments, hair tonics, freckle removers and other cosmetics with mercury or other poisonous ingredients have been responsible, in scores of instances, for impairment of health and sometimes for permanent disfigurement. Under the new law, the Food and Drug Administration will for the first time be able to bar poisonous cosmetics from interstate traffic.

Exempt from the prohibition on dangerous cosmetics are hair dyes containing poisonous coal tar colors, if they are marked plainly: "Caution—This product contains ingredients which may cause skin irritation on certain individuals and a preliminary test according to accompanying directions should first be made. This product must not be used for dyeing the eyelashes or eyebrows; to do so may cause blindness."

New Measures on Food

Food sections of the Act contain new measures of protection for consumers and honest producers.

Any food which is injurious to health is henceforth barred from the channels of interstate shipment. Poisonous and

deleterious substances may not be added to food, except where they are indispensable or unavoidable in production. In the latter event, the Agriculture Department will define the maximum amounts of poisonous substances which may be left in the food with safety.

Candy Is Safer

Candy is made safer for children. The law forbids metallic trinkets and other inedible substances in confectionery. Youngsters have swallowed these, and little metal toys and "prizes" have been found lodged in children's wind-pipes.

Standards of identity for foods (other than dried fruits, fresh or dried vegetables) are to be promulgated by the Secretary of Agriculture, after public hearings for industry and consumers. How much fruit and how much sugar should jam contain to merit the name "jam"? How much water can dealers soak into oysters and still legitimately sell them as oysters? How little egg content can noodles have before they cease to be "egg noodles"?

Where no standard has been issued for a food, and the product contains more than a single ingredient, the label must declare the name—although not the quantity—of each ingredient.

Special dietary foods sold chiefly for children and invalids must carry informative labels to tell purchasers just what mineral and vitamin and other dietary properties they contain.

Drug sections of the law now bring under regulation drugs used for diagnosis of ailments, such as the "barium meal" which makes possible diagnosis of stomach ailments; and drugs used not in disease, but "to effect the structure or any function of the body of man or other animals," such as slenderizing preparations.

Healing devices also come within the law's control, subject to the same general requirements as drugs. This makes it possible to proceed against worthless contraptions such as the many height increasers, nose straighteners, bust developers and the like on the market, and

also against the more dangerous fake devices sold to sufferers from diabetes, goitre, prostate gland trouble, cancer, and a host of other serious diseases.

Traffic in drugs and devices which are dangerous to health when used as directed on their labels is forbidden.

Drugs whose claims are "false or misleading in any particular" are outlawed. Under the earlier statute, the Government had to prove that curative claims were both "false and fraudulent"—that is, that a medicine manufacturer was deliberately lying in his claims—before it could remove the quack remedy from the market. Now the law makes the paramount consideration, not the producer's intent, but the consumer's health.

Drug labels will henceforth have to carry "adequate directions for use" and "adequate warnings" against use by children or use under other conditions where the drug may be dangerous to health. No provision is made, however, for definition of exactly what constitutes "adequate directions" or "adequate warnings."

Physicians and pharmacists recognize a large number of drug formulas as official. Formulas are given in 3 official compendiums. Such drugs need not carry a declaration of their ingredients. A nonofficial drug must declare on the label its common name, if it has one; the name of each active ingredient; and the quantity or proportion of each of a specified list of ingredients, mostly potent drugs.

Drugs defined in an official compendium must meet the standards prescribed by the compendium. But a drug may vary in strength, quality, or purity from the standards, if its label states plainly the variation from the official requirements.

Drugs that are liable to deteriorate are now required to carry special labels cautioning users against such deterioration.

Antiseptics, it is specified, must have germkilling power.

Safeguards Established

Safeguards are established in the use

of new preparations. Last fall nearly 100 people were killed by a so-called "elixir of sulfanilamide" simply because a manufacturer, eager to catch a promising market, had not stopped to make certain necessary and not-too-difficult tests. The old Food and Drug law could not restrain a manufacturer from using consumers as his guinea pigs provided his drugs were not adulterated nor misbranded.

New drugs intended for interstate sale must under the new law pass through the gauntlet of official examination before they are offered for sale to consumers. In making application to distribute, the manufacturer must tell the Secretary of Agriculture what is in the drug, how it is made, how it will be labeled, and the results of tests made to show that it is safe to use under the conditions prescribed in the label. It cannot be put on the market for 60 days after such notice to the Secretary. During that period or a period of 180 days if necessary, the Secretary may prohibit the distribution of a drug if he finds that it is unsafe to use, or has been inadequately tested for safety. But at no time does the Secretary take affirmative action approving a new drug, nor is the manufacturer permitted to say that it has been "approved."

Full effects of a drug sometimes become known only after years of practical use. If sale of a new drug has begun, and experts subsequently find it unsafe for use, traffic in the drug may be held up. The Secretary may suspend an application after it becomes effective, but an applicant can appeal to his nearest U. S. District Court against such action by the Secretary.

A law is only as effective as its enforcement mechanism. The Food, Drug, and Cosmetic Act sets up a number of new enforcement procedures.

Heart of Federal food and drug regulations has been the seizure method. An illegal product in interstate commerce may be seized wherever it is found. A Federal court decides whether the product violates the law. If the judge or a jury rules that it does, the

offending product is either destroyed or returned for relabeling or reprocessing under bond to bring it in compliance with the law.

Seizure Provisions

Seizure provisions of the recently enacted legislation permit multiple seizures of adulterated and seriously misbranded food, drugs, devices, and cosmetics. But seizures of misbranded goods are limited to a single interstate shipment, unless the misbranding has already been the subject of a court decision in favor of the Government, or the misbranded article is dangerous to health, or its labeling is fraudulent or "would be in a material respect misleading, to the injury or damage of the purchaser or consumer." The exact scope of this clause will probably have to be determined by enforcement and judicial rulings.

Trial of seizure cases may, by a new provision, be carried to a U. S. District Court close to the shipper's principal place of business. This is a limitation upon the enforcement activities of the administration. Hitherto trial has been in the district in which the goods are seized, which is usually where they are to be sold.

Criminal penalties for violation of the law are increased. A first offense lays the guilty manufacturer or shipper open to a maximum fine of \$1,000 and imprisonment up to one year, or both. Exemption is provided for jobbers or retailers who have received products in good faith from shippers. A second violation—or even a first offense with intent to defraud or mislead—may be punished by a fine of as much as \$10,000 or 3 years' imprisonment, or both.

Experience under the old law showed that even in cases of the most unethical fring, juries were sometimes loath to find dealers guilty and judges reluctant to impose penalties.

Injunction proceedings may now be used by the Government to restrain violations of the law. If an injunction is granted by a court, and then violated, the accused may ask for trial by jury.

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