

# THE BULLETIN

OF THE TULSA COUNTY MEDICAL SOCIETY

VOL. 4

TULSA, OKLAHOMA, DECEMBER, 1938

NO. 12

## DOCTOR THOMAS M. HASKINS

1859 — 1938

The rolling tide of destiny, on its onward way to eternity, called home over the waters of eternal rest, a true son and scholar in the profession of which he dearly loved, lived and exemplified, in the person of Doctor Thomas M. Haskins.

The solace and consolation in the hour of bereavement to the family of such a worthy one is found in recalling to a sad memory the honor of being the sons and daughters or descendants of such a worthy man while the Creator of all things worthy and great extended to him a long and useful life, as well as a compassionate and worthy father. A gentleman, a man — and after all what is man? — but one of God's greatest handiworks. To have known one good man — one man who, through the chances and mischances of a long life has carried his heart in his hand, like a palm branch, waving all discords into peace — helps our faith in God, in ourselves, and in each other, more than many sermons.

The Tulsa County Medical Society and its members wish to extend to the family its heart felt sympathies in their hour of sadness in the loss of their loved one and our loss to our society and the public in general of so worthy a character.

The Committee.



# It Can Happen Here

LEST WE FORGET—we who are of the vitamin D era—severe rickets is not yet eradicated, and moderate and mild rickets are still prevalent. Here is a white child, supposedly well fed, if judged by weight alone, a farm child apparently living out of doors a good deal. This boy was reared in a state having a latitude between 37° and 42°, where the average amount of fall and winter sunshine is *equal to that in the major portion of the United States*. And yet such stigmata of rickets as *genu varum* and the quadratic head are plain evidence that rickets does occur under these conditions.



*Example of severe rickets in a sunny clime.*

How much more likely, then, that rickets will develop among city-bred children who live under a smokepall for a large part of each year. True, vitamin D is more or less routinely prescribed nowadays for infants. But is the antiricketic routinely administered in the home? Does the child refuse it? Is it given in some unstandardized form, purchased from a false sense of economy because the physician did not specify the kind?

A uniformly potent source of vitamin D such as Oleum Percomorphum, administered regularly in proper dosage, can do more than protect against the gross visible deformities of rickets. It may prevent hidden but nonetheless serious malformations of the chest and the pelvis and will aid in promoting good dentition. Because the dosage is measured in *drops*, Oleum Percomorphum is well taken and well tolerated by infants and growing children. Rigid bioassays assure a uniform potency—100 times the vitamins A and D content of cod liver oil\*. Oleum Percomorphum, moreover, is a natural product in which the vitamins are in the same ratio as in cod liver oil\*.

**Oleum Percomorphum offers not less than 60,000 vitamin A units and 8,500 vitamin D units (U.S.P.) per gram. Supplied in 10 and 50 c. c. brown bottles, also in 10-drop soluble gelatin capsules, each offering not less than 13,300 vitamin A units and 1,850 vitamin D units, in boxes of 25 and 100.**

\*U.S.P. Minimum Standard

**MEAD JOHNSON & COMPANY, EVANSVILLE, INDIANA, U. S. A.**

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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## 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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*Diagnostic X-Ray Unit*

# 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, DECEMBER, 1938

NO. 12

## Annual Election December 12th

The election of officers for the coming year is the main piece of business scheduled for the next regular meeting of the Medical Society on December 12. The President-Elect for 1940 and the regular officers to serve with Dr. A. Ray Wiley, who will assume office in January, will be chosen at this meeting.

Officers to be chosen will be President-elect, vice president, secretary-treasurer, five members of the Board of Trustees, one member of the Board of Censors and five County Delegates to the State Association (two for one year; and one for two years; and two for five years).

This election meeting will be the final meeting of the current year and an unusually large attendance is expected by the program committee. The meeting will be devoted entirely to business matters and in addition to the election, final action will be taken on the matter of the proposed hospital insurance program which was continued over from the last meeting.

The newly elected officers will be officially inducted into office this year at an Inaugural Banquet or annual party to be given in the Crystal Ball Room of the Mayo Hotel, according to action taken by the Society at the last meeting. The Ladies Auxiliary was invited to take charge of the affair and make it an annual event for the Inauguration of the new officers each January. Mrs. T. H. Davis, Auxiliary president, when notified of the action of the So-

ciety, announced that they would appoint a committee to begin work immediately and lay plans for the dinner, which will fall on the second Monday of the month, which is January 9th this year.

While this is the first time that an Inaugural party has been held by the Tulsa organization, it is an established custom in a great number of Medical Societies over the country.

Under the provisions of the Constitution and By-Laws of this organization, members to be eligible to hold office must attend fifty per cent of the regular meetings during the year and under this rule the following members are eligible to hold office:

V. K. Allen	W. S. Larrabee
O. C. Armstrong	Ralph A. McGill
R. Q. Atchley	L. A. Munding
J. Fred Bolton	B. W. McLean
J. E. Brookshire	P. P. Nesbitt
J. C. Brogden	J. D. Markland
Henry S. Browne	Geo. R. Osborne
A. B. Carney	A. W. Pigford
W. H. Calhoun	R. C. Pigford
J. S. Chalmers	R. G. Ray
H. C. Childs	J. W. Rogers
W. Albert Cook	M. J. Searle
T. H. Davis	R. M. Shepard
W. A. Dean	W. A. Showman
Roy W. Dunlap	Carl F. Simpson
H. Lee Farris	Wade Sisler
H. W. Ford	Ned R. Smith
H. C. Graham	Roy L. Smith
C. H. Haralson	Ruric N. Smith
M. O. Hart	Mont Stanley
F. W. Henderson	James Stevenson
Marvin D. Henley	F. L. Underwood
G. H. Henry	W. A. Walker
David V. Hudson	A. Ray Wiley

PHYSICIANS AND SURGEONS  
LIABILITY INSURANCE

Under the

# GROUP POLICY

OF THE TULSA COUNTY MEDICAL SOCIETY

1. PROVIDES: Every protection is given in this policy that is provided in any other policy issued in this state. It contains every standard provision in addition to other advantages.
2. PROVIDES: A \$25,000.00 protection against any one claim and no limit as to the number of claims during any one year.
3. PROVIDES: A Group Policy tailor-made for physicians and surgeons who are members of the State Association and their respective County Societies. The coverage is strictly limited, however, to ethical members of the Society.
4. PROVIDES: Unusual protection by allowing the Medical Society to choose its own trial attorney and also the firm of attorneys to handle all claim adjustment.
5. PROVIDES: Authority for local claims adjuster to make actual cash settlements direct.
6. PROVIDES: All the protection of the Houston Fire and Casualty Insurance Company plus all the resources of an adequate reinsurance program.
7. PROVIDES: The extra facilities of one of the large general agencies in the southwest, THE FRATES COMPANY, operated by Ben Voth and Paul Sisk.
8. PROVIDES: This complete insurance protection at the lowest rate ever offered to physicians and surgeons in Oklahoma, due to the large number to be covered under the single group and the restriction to Society Members only.
9. PROVIDES: A reducing scale of premium rates based upon the number of doctors insured and the total amount of claim losses, making the insurance practically on a "cost-plus" basis with a set maximum.
10. PROVIDES: The additional convenience of handling all insurance questions and problems directly by the doctors through the Executive Secretary of the Tulsa County Medical Society who will act as liaison between the Insuring Company, the General Agency, the attorneys and the County and State Medical Societies.

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THE FRATES CO.



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TULSA  
OKLAHOMA



# Group Liability Insurance Perfected

Group Physicians and Surgeons Liability Insurance for members of the Tulsa County Medical Society and all other county society members who are members of the State Association has been perfected and is now in effect, Dr. J. C. Brogden, chairman of this special committee, announced at the regular meeting November 28.

Because of possibility of difficulties which might arise in the future, the committee decided to eliminate any chance for opposition and arranged to purchase the group policy through an insurance company admitted to do business in Oklahoma under the insurance laws of the state.

Arrangements were made with the Houston Fire and Casualty Company to issue this group policy exactly as it had been approved by Lloyds of London with all the advantageous provisions of the policy as originally written. Lloyds of London agreed to reinsure this policy with the Houston Fire and Casualty Company and to extend this reinsurance not only to the Houston company but also directly to the doctors covered by the certificates under the master policy.

This plan has been perfected. The Houston Fire and Casualty has been admitted to do business in Oklahoma by Jess G. Read, Insurance Commissioner. The company is sound and its assets are many times its outstanding insurance liabilities. Lloyds of London have accepted the reinsurance contract. The Master Policy has been issued and has been presented to the Tulsa County Medical Society. The certificates have been prepared and are now being issued. Application blanks are in the hands of the Executive Secretary of the Society and are being distributed to our members and others interested.

Of course, two of the biggest features of the policy are the increase in insurance protection offered the doctors and the huge saving in the amount of the annual premium rate. At the present rate this policy will save each individual doctor insured between \$15 and \$80

annually. The rates which have been established for the policy are:

\$24.75 for General Practice.

\$31.00 for Surgery.

\$34.25 for X-ray.

These prices apply only to doctors within Tulsa County. Due to additional costs involved the rate which must be borne, the premium rate to doctors outside of Tulsa County are less than five per cent higher and are as follows:

\$26.25 for General Practice.

\$32.50 for Surgery.

\$35.75 for X-ray.

This policy is not available for any doctor who is not a member of his local County Medical Society and the Oklahoma Medical Society. This is a condition precedent and will not be waived in any case.

This policy has been approved by the Insurance Commissioner of Oklahoma, by the Special Insurance Committee, by attorneys for the committee and by the Tulsa County Medical Society.

The terms of the policy are printed in full as a part of each individual certificate and made a part of the Master Policy. It is one of the most liberal policies issued in Oklahoma and offers extreme protection to every doctor insured under it. This policy:

1. PROVIDES: Every protection offered in any other policy issued in the state.

2. PROVIDES: A \$25,000.00 protection against any one claim or suit and no limit as to the number of claims which will be defended in any one policy year.

3. PROVIDES: A Group Policy tailor-made for the physicians and surgeons who are members of the State Association and their respective County Societies. The average is strictly limited, however, to ethical members of the Society.

4. PROVIDES: Unusual protection by allowing the Medical Society to choose its own trial attorney and also the firm of attorneys to handle claim

(Continued on Page 9)

APPLICATION
PHYSICIANS AND SURGEONS LIABILITY INSURANCE

- 1. Name of Assured
2. Residence of Assured
3. Business Address of Assured
4. The Assured is a qualified (Physician, Surgeon, Dentist, etc.)
Graduate from
Date of Graduation
5. Since graduation the Assured has practiced his profession in the following cities and towns:
6. Are you a member of your County Medical Society? State?
7. The Assured has never had a claim made against him for damages on account of any malpractice, error or mistake, or any alleged malpractice, error or mistake in the practice of his profession, except as follows:
8. The Assured does not specialize in any particular kind of treatment except as follows:
9. No X-ray machine will be used by the Assured, except as follows: for diagnosis for treatment. The Assured does not use radium, except as follows:
10. The Assured has no regularly employed professional assistant, except as follows:
Name
Duties
11. The Assured has no partner or partners, except as follows:
12. The Assured does not own nor operate a hospital or sanitorium, except as follows:
13. The Assured does not advertise his business or profession, except as follows:
14. The Assured has not in force and will not enter into any exprese contract or agreement, oral or written, guaranteeing the result of any operation or treatment.
15. The Assured is not employed by any person, firm, association or corporation, on a salary or commission, except as follows:
16. No similar insurance has been carried by any company during the past two years, except as follows:
17. I warrant that the information given in this Schedule or Statements is true and correct, and agree to notify the Company of any material change.
Date Signature of Applicant
18. The term of policy to be for one year from , 19
19. The liability of the Company for loss resulting from one claim or suit shall be limited to Twenty-Five Thousand Dollars (\$25,000.00).
20. The premium is \$

SIGNATURE OF APPLICANT

Approved by
TULSA COUNTY MEDICAL SOCIETY

by EXECUTIVE SECRETARY



(Continued from Page 7)

adjustment.

5. PROVIDES: Authority for local adjuster to make actual cash settlements direct.

6. PROVIDES: All the protection of the Houston Fire and Casualty Insurance Company plus all the resources of an adequate reinsurance program.

7. PROVIDES: The extra facilities of one of the large general agencies in the southwest, The Frates Company, operated by Ben Voth and Paul Sisk, widely known insurance men.

8. PROVIDES: This complete insurance protection at the lowest rate ever offered to physicians and surgeons in Oklahoma, due to the large number to be covered under the single group policy and the restriction to Society Members only.

9. PROVIDES: A reducing scale of premium rates based upon the number of doctors insured and the total amount of claim losses, making the insurance practically a "cost-plus" basis with a set maximum.

10. PROVIDES: The additional convenience of handling all insurance questions and problems directly by the doctors through the Executive Secretary of the Tulsa County Medical Society who will act as a liason between the Insuring Company, the general agency, the attorneys and the doctors.

This policy has been issued on a sliding premium scale which will show

a reduction in rate upon the securing of a total of 250 policies during the current year. When this mark is reached the rates will be reduced approximately 10 per cent. If and when the 1,000 mark is reached in Oklahoma, this rate will be reduced almost 25 per cent, providing the loss ratio is not increased.

The present rate which is quoted above, is based on a total of 100 policies to be issued within 60 days. The committee in charge of this insurance announced that approximately 64 applications had been received or promised and that a campaign would be launched to bring this number above the 100 mark before the first of the year.

The special Liability Insurance Committee has been working on this project for almost six months and this new policy is the result of this work. Dr. Brogden, chairman, together with Dr. H. D. Murdock and Dr. W. H. Calhoun estimated, in announcing the rates, that the physicians out over the state would more than save enough money on their annual insurance rates to pay their local society dues and also their state dues. Members of the Tulsa society securing this insurance will save anywhere from \$15.00 to \$80.00 each year. If approximately 1,000 doctors purchase insurance under this group policy, and it is estimated that this figure will be reached within the next year, the doctors over the state will save approximately \$25,000 in their insurance bill every year.

## **IMPORTANT:**

If your Liability Insurance expires before February 1st, you can make application at once and you will receive your policy and statement on date the policies become effective.

# PRESIDENT'S PAGE

I want to pause here and give a little credit where a whole lot of credit is due. By bringing the Southern Medical Association meeting to Oklahoma this past month, the Oklahoma County Medical Association did a great service to the medical profession of this entire state.

Four days packed with the finest medical thought, Group meetings with outstanding speakers from all parts of the United States, Leaders in every specialty with the latest trends in treatment; indeed a treat worth traveling far to find. And all brought right to our very doors.

Physicians and surgeons from over the entire nation—more particularly the south—were brought to Oklahoma to see our great state and mix with the profession here.

As for the work required it was no small task to entertain the Southern Medical Association, and the way in which the Oklahoma County Association handled the job—was herculean. Within my knowledge, the Southern never has been handled better.

So in behalf of the Tulsa County Medical Society, I wish to congratulate the Oklahoma County Medical Association for a big job—well done.



President

# Medical Calendar

**FRIDAY, Dec. 2:**

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

**MONDAY, Dec. 5:**

Morningside Hospital Staff Meeting.

**TUESDAY, Dec. 6:**

Sisler Hospital Staff Meeting.

**WEDNESDAY, Dec. 7:**

Radio Broadcast at 3:30 p. m. Station KTUL. Dr. J. L. Miner.  
Tulsa General Staff Meeting.

**FRIDAY, Dec. 9:**

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

**MONDAY, Dec. 12:**

Society meeting in Auditorium Medical Arts Building at 8:00 p. m.  
Business meeting and election of officers.

**WEDNESDAY, Dec 14:**

Radio Broadcast at 3:30 p. m. Station KTUL. Dr. F. J. Nelson.

**FRIDAY, Dec. 16:**

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

**MONDAY, Dec. 19:**

St. Johns Staff Meeting.

**TUESDAY, Dec. 20:**

Flower Hospital Staff Meeting.

**TUESDAY, Dec. 20:**

Office Assistants meeting, and Christmas Party, Michaelis Cafeteria  
at 6:00 p. m.

**WEDNESDAY, Dec. 21:**

Radio Broadcast at 3:30 p. m. Station KTUL. Mrs. Dorothy Stewart.

**FRIDAY, Dec. 23:**

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

**MONDAY, Dec. 26:**

No Society meeting on account of holidays.

**WEDNESDAY, Dec. 28:**

Radio Broadcast at 3:30 p.m. Station KTUL. Dr. W. H. Wilson.

**FRIDAY, Dec. 30:**

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



# 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    DECEMBER, 1938    NO. 12

## WHO PAYS THE PIPER

All over the country pump-priming is becoming primary-pumping. The use of WPA money to influence political elections confirms still another medical argument against compulsory sickness insurance.

Who pays the piper is free to call the tune. This is as true of medical insurance panels as it is of WPA rolls.

In the WPA there have apparently been direct threats to influence political action. Workers are said to have been threatened with the loss of their jobs if they did not return the favored candidate.

In medicine the physician could not be threatened with outright dismissal—but the returns on his panel could be made very insecure.

The state can exert enormous pressure by means of its payroll. As long as enough people remain outside this sphere of influence they can prevent improper use of it to a considerable extent. With each extension of bureaucratic functions, the danger of dictatorship grows. The adoption of compulsory sickness insurance would weaken the political as well as professional independence of a great majority of the nation's physicians.

—New York Medical Week.

## Library Notes

### JOURNALS FOR 1939

American Journal of Cancer  
 American Journal of Digestive Diseases and Nutrition  
 American Journal of Diseases of Children  
 American Journal of Medical Sciences  
 American Journal of Obstetrics and Gynecology  
 American Journal of Ophthalmology  
 American Journal of Public Health\*  
 American Journal of Surgery  
 American Journal of Syphilis  
 Annals of Internal Medicine\*  
 Annals of Surgery  
 Archives of Dermatology and Syphilology  
 Archives of Internal Medicine  
 Archives of Neurology and Psychiatry  
 Archives of Otolaryngology  
 Archives of Pathology  
 Archives of Pediatrics  
 Archives of Ophthalmology  
 Archives of Surgery  
 Bulletin of Johns Hopkins Hospital  
 Chinese Medical Journal  
 Endocrinology  
 Hygeia  
 Journal of Allergy  
 Journal of the American Medical Association  
 Journal of Bone and Joint Surgery  
 Journal of Clinical Investigation  
 Journal of Contraception\*  
 Journal of Experimental Medicine  
 Journal of Immunology  
 Journal of Pediatrics  
 Journal of Social Hygiene\*  
 Journal of Thoracic Surgery  
 Journal of Urology  
 Lancet  
 The New England Journal of Medicine  
 Physiological Reviews  
 Psychiatric Quarterly  
 Quarterly Cumulative Index Medicus  
 Quarterly Bulletin Sear View Hospital  
 Surgery  
 Surgery, Gynecology and Obstetrics  
 Urologic and Cutaneous Review  
 Venereal Disease Information  
 \*Journals Donated

# Of Special Interest!



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 November were Doctors F. W. Henderson, A. L. Walters, J. L. Miner and H. Lee Farris. Scheduled for Wednesday afternoons over KTUL are Dr. J. L. Miner, December 7; Dr. F. J. Nelson, December 14; Mrs. Dorothy Stewart, December 21, and Dr. W. H. Wilson, December 28.

\* \* \*

## SOUTHERN MEDICAL NAMES NEW OFFICERS

The Southern Medical Association meeting in Oklahoma City this last month was one of the highlights in medical history in this state. Approximately 100 Tulsans attended the various sessions and approximately 15 took part on the various group programs. Officers named for the following year are: Dr. Vest of West Virginia, president; and Dr. McCormack, Kentucky, President-elect. Dr. Henry S. Browne, of Tulsa was elected vice-chairman of the Section on Urology at the Southern Medical Meeting. The next meeting will be held in Memphis.

\* \* \*

Dr. W. Albert Cook and Dr. Fred E. Woodson attended the 37th Annual meeting of the Frisco System Medical Association that was held in Springfield on November 14 and 15. Dr. Woodson gave a paper on "Recent Advantages in Anesthesia in Industrial Surgery." The 1939 Annual meeting will be held in Tulsa in October.

Dr. Frank Stuart has gone to Alabama, Tennessee and Mississippi on a hunting trip.

\* \* \*

Judah Ann Branley, the small daughter of Dr. B. L. Branley has been ill in the hospital with pneumonia. Dr. B. L. Branley was taken to the hospital with influenza the same day his daughter went home. Both Dr. Branley and his daughter are improving.

\* \* \*

During the month of October Dr. A. H. Davis spent a week visiting the eye, ear, nose and throat Clinic at Mayo's.

\* \* \*

## DENTAL GROUP INSTALLS

Dr. W. H. Wilson, Tulsa, was installed recently as president of the northern district dental society of the Oklahoma State Dental association. Doctor Wilson, president-elect last year, succeeds Dr. L. G. Smith, Tulsa, Dr. J. W. Chiles, Stillwater, was chosen president-elect for next year. Dr. G. A. McCracken, Tulsa, retiring secretary-treasurer, was succeeded by Dr. J. C. Leftwich, Tulsa.

Tulsa will be the scene of the next annual convention of the Oklahoma State Dietetic Association next April 21, it was announced following the meeting of the Executive committee in Oklahoma City last week.

A new city ordinance regulating the speed of ambulances within the city limits, was passed by the City Commissioners. The new speed limit is 40 miles an hour on all streets, with the exception of the school zones in which the limit will be cut to 15 miles. All ambulance drivers must complete the first aid training course offered by the Tulsa County Red Cross.





# MORNINGSIDE HOSPITAL

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Our buying power gives the best price.

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Pharmacists.

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## ASSISTANTS START ACTIVE PROGRAM

"There has been born an organization christened the Tulsa County Medical and Dental Assistants Society, which is experiencing an exceedingly healthy infancy, and holds forth promise of rapidly growing into fruitful maturity.

This group of assistants has banded together for the primary purpose of establishing higher standards of efficiency and service among its members in the performance of their professional duties; and for the secondary purpose of creating a feeling of fellowship and cooperation among its members, and promoting among them a desire for mutual improvement."

The foregoing is quoted from the constitution of the T. C. M. D. A. and you who are doubtful will note that nothing whatever is stated about forming a union for labor purposes, or anything even remotely related to labor. We are NOT a labor organization.

There is a paid-up membership of about thirty girls, and a regular attendance of about forty girls.

We have a dinner once a month in the club room of Michaelis Cafeteria, with at least one speaker who talks on a well chosen and vital topic, followed by a period of discussion; after which we have our own "Question Box" relating to every day problems arising in our offices; then a social hour of games completes the evening.

Doctor, if you are interested in your work, your assistant is also interested in her work. If you have a desire to continue to improve yourself, your assistant likewise wishes to progress with you. As a means to these ends, suggest and encourage her to join and attend regularly the meetings of the Tulsa County Medical and Dental Assistants Society. This society can be made to mean almost as much to your assistant as your society means to you. You will not regret it and neither will she.

Maurean Sanford,  
Chairman of Publicity,  
T. C. M. D. A.

## THE SCHOOL CHILD'S BREAKFAST

Many a child is scolded for dullness when he should be treated for under-nourishment. In hundreds of homes a "continental" breakfast of a roll and coffee is the rule. If, day after day, a child breaks the night's fast of twelve hours on this scant fare, small wonder that he is listless, nervous, or stupid at school. A happy solution to the problem is Pablum, Mead's Cereal Cooked and dried, according to Mead-Johnson's advices. Six times richer than fluid milk in calcium, ten times higher than spinach in iron, and abundant in vitamins B<sub>1</sub> and G, Pablum furnishes protective factors especially needed by the school child. The ease with which Pablum can be prepared enlists the mother's co-operation in serving a nutritious breakfast. This palatable cereal requires no further cooking and can be prepared simply by adding milk or water of any desired temperature. Its nutritional value is attested in studies by Crimm et al who found that tuberculous children receiving supplements of Pablum showed greater weight-gain, greater increase in hemoglobin, and higher serum-calcium values than a control group fed farina.

Mead Johnson & Company, Evansville, Indiana, will supply reprints on request of physicians.

## FREIGHT ELEVATOR REGULATIONS

Because of continuous complaints on elevator service in this building it has been necessary for the management to introduce a new freight elevator service.

In the future no freight will be delivered up into the building between the hours of 9:00 a.m. and 5:00 p.m. The management asks the cooperation of the doctors in the building on this program so that the regular passenger elevator service may be improved.

If it is necessary that furniture or like articles be delivered to the building between these hours the management will take care of same and deliver them to the doctors offices after 5 o'clock.

# 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.

<b>30 days old</b> .....	<b>2% loss</b>
<b>60 days old</b> .....	<b>17% loss</b>
<b>90 days old</b> .....	<b>35% loss</b>
<b>120 days old</b> .....	<b>50% loss</b>
<b>6 months old</b> .....	<b>70% loss</b>
<b>9 months old</b> .....	<b>80% loss</b>
<b>1 year old</b> .....	<b>90% loss</b>

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## MEDICAL CREDIT BUREAU

A Unit of

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# Collections Reach New High

The collections of the Medical Credit Bureau continued to show a margin of increase again in November and for the third month went above the \$1,000 mark and for the first time reached \$1,200. This record peak, follows \$1,019 in September and \$1,110 in October.

New accounts continue to reach the office but the new accounts just about balance the paid-up accounts at the present rate of collection. During the coming month, when collections can be expected to fall off due to the Christmas buying season with increased expenditures by the debtors, a special effort is going to be made by the Credit Bureau to increase the number of doctors who are now using the Bureau and to build a foundation for increased collections after January 1.

\* \* \*

"What system is used by the Bureau in collections?" is a question often asked by physicians contemplating the placing of accounts with the Bureau for attention. The answer to the question is this:

The Bureau handles each account as a separate item after the debtor has been notified that the account has been placed here for collection. Action on the accounts is determined by the debtors own responses to our contacts. When a party comes to the Bureau to make arrangements to pay an account, we get sufficient information as to financial situation of the debtor and place the account on a deferred payment basis, keeping in mind the fact that while it is necessary to collect the money, it is also necessary to keep the good will of the patient.

\* \* \*

When a physician is overloaded with a large number of delinquent and past due accounts and a solicitor for some outside collection agency calls on him trying to obtain the accounts for his agency the usual thought in the back of the doctor's mind and often asked is

"How good is your firm?" The answer all too often is simply, "we get the money and we get it fast." This answer might be satisfactory if it did not have so many angles to it that oftentimes there is more loss of goodwill and consequently dollar loss.

While he might obtain what on the surface appears to be fast, efficient collection service he is at the same time building up a reputation that creates fear in the minds of possible patients that should they become slow, then though it is not any fault of their own they will be threatened with suit, garnishment and every kind of embarrassing maneuver known to collectors. His practice suffers, for after all a doctor's best recommendation from patients, who have not only been given good medical attention, but whose account, when delinquent, is handled in a friendly, sympathetic manner, which while it does collect the money does not antagonize.

The difference then between good collection service and bad collection service can be summed up in one word, Methods! Both harsh, cruel methods and the constructive type will collect over a given period an equal amount of money, one takes longer because thought is given to the actual ability of the debtor to pay. The account can be put on an installment plan that can be met, instead of threatening suit and taking every penny that the law allows by garnishment without knowing or caring what hardships might be caused by such legal tactics.

The Medical credit bureau has used, since its inception such collection methods that goodwill is seldom damaged, proven by the large percentage of money that is paid directly to the doctor, and who will be a patient again.

The methods used by the bureau are such that the ability of the party to pay is looked into and terms arranged that can be paid without causing the undue hardship.



# Do You Want to Experiment

By DR. JOHN C. PERRY

I ask your kind indulgence in the presentation of a question, whose vicious intent by the investigators is the wrecking, hood-winking, shackling, or putting under government control, one of the greatest benefactors to the human race since the dawn of history: The kindly physician and the practice of medicine, constantly agitated by a carnivorous desire of two or three thousand social workers, *socialologists, dole seekers, philosophers, socialists and other 'isms'*, trying to put down the throat of the American people that mysterious Utopia or panacea — *socialized medicine, state medicine or compulsory health insurance or whatever you want to call it. The essence of which would be the destruction of the personal relation between the physician and his patient, or in substance, his personal liberty.* And as Patrick Henry said, "Is life so dear, or peace so sweet, as to be purchased at the price of chains and slavery? Forbid it, Almighty God — I know not what course others may take, but, as for me, give me liberty or give me death." And, may I add, in death with the physician of my choice and confidence and not a government paid man or stranger. Is it not food for thought?

So in reply to these reformists or agitators, one hundred and twenty-six million of us must weigh the facts on an unbiased and impartial scale and determine the kind of medical system which gives us the most efficient service.

## What Is Health Insurance?

Health Insurance is a form of socialized medicine under which the individual pays in advance a stipulated sum of money to guarantee payment of the costs of medical and hospital care in event of illness. Sometimes the employer is forced to contribute to these advance payments, and sometimes the state also pays a portion of the expense.

## What Is Socialized Medicine?

Socialized medicine is a broad term. Anything is socialized which is supported by people as groups, rather than as individuals.

We have socialized medicine when the government supports tuberculosis hospitals and free medical care for the indigent, through taxation. We also have socialized medicine when people join insurance funds, under which the well of the group help to pay the expenses of the sick of the same group.

## What Is State Medicine?

State medicine is that form of socialized medicine under which medical services are furnished by government employees who are paid out of tax funds, much as public education is furnished by teachers employed by the government and paid out of public funds.

## What Are the Main Types of Health Insurance?

Voluntary and compulsory. Voluntary health insurance permits the individual the right to join or not as he pleases. Under compulsory health insurance, the state forces the individual to join whether he wants to or not.

## What Countries Now Have Compulsory Health Insurance in any Form?

Austria, Belgium, Bulgaria, Chile, Czechoslovakia, Danzig, Denmark, Estonia, France, Germany, Great Britain, Greece, Hungary, Irish Free State, Italy, Japan, Latvia, Lithuania, Luxembourg, Norway, Palestine, Poland, Portugal, Roumania, Russia, Sweden, Switzerland, and Yugoslavia.

## What Have We Previously Achieved By Imitating Europe?

The World War and the English sparrow. Shall we try it again?

## Why Should Compulsory Insurance Ever Be Advocated When the Plan Can Be Adopted on a Voluntary Basis?

Because the socialists and sociologists know the people in the lower income brackets, who have the hardest time in meeting medical bills, show the greatest inertia in coming into a voluntary plan, and that if these people will not spend their incomes properly of their own accord, we should compel them to. The medical society of the State of New York and the organized profession in general, approves of personal indemnity insurance to cover the cost of sickness. The insured person is free to employ his own physician, who will not be subjected to the political control which is inevitable with the compulsory type, government controlled, covering every workman falling within certain wage limits.

Compulsory Health Insurance is not really insurance. In the first place, its main purpose is to supply medical care during illness, not to assure good health. In the second place it is not insurance. For the contributions required for its support are compulsory, and a compulsory contribution is nothing more or less than a tax. The name health insurance is used because the socialists know it sounds better than it would under its true names *sickness, tax*.

In compulsory health insurance the state controls it and not the doctors. The state has to collect the funds. And in this way the politicians get control of the system. Control of the purse means control of the policies. So there is really no difference between compulsory insurance and state insurance.

With compulsory health insurance you would think everyone would be covered by it. But it does not work out that way. Most health insurance plans cover only industrial workers. Independent workers such as shop keepers, professional men, and farmers, are not included. The reason is that while it is easy to have the periodic contributions deducted from the worker's pay envelope, it is difficult to make collections from the self-employed.

With compulsory health insurance there is no provision whatever for the indigent or unemployed. They will continue to be a burden on the doctor and

the community.

So by such a scheme you wonder what portion of the population would be covered. In Germany where it has been in effect since 1883, only 40-45% of the population is covered by compulsory insurance and in Britain 39%.

You might then ask: Couldn't we provide for the health of all the people through this pay roll tax?

Yes, and have the ironic spectacle of the average factory worker earning \$876.00 a year contributing to the sickness expense of people with 5 or 50 times his income.

### How Much Would Health Insurance Costs Be?

The Michigan State Medical Society spent \$15,000 in an investigation to obtain this information. They found that the average health costs per year of people obtaining adequate care runs about as follows: general practitioner, \$5.10; report of annual physical examination, 50c; report of immunization, 25c; medical specialists, services \$3.00; dental services, \$5.00; drugs, etc., \$2.00; laboratory services, \$1.00; totaling \$24.25. They added to this the sum of \$2.42 for administration and \$1.21 for the purpose of establishing a surplus and arrived at the figure of \$27.88 per person as the total individual cost of health insurance. For purposes of administering the plan, the Michigan committee estimated that the average family consisted of four and a fraction members and set \$118.00 as the tentative fee for a family regardless of whether it has two members or a dozen.

The committee on the costs of medical care in all their reading as to whether there was any demand for compulsory health insurance found not a single indication that the general public is dissatisfied with the medical care it is now receiving.

Individual health or personal health is or should be an individual matter and not a state matter.

When a man is working in industry he has little time to think of his personal health. In fact if anything hap-

(Continued on Page 21)

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(Continued from Page 19)

pens to him he is covered by Workman's Compensation law.

But let him develop an acute attack of appendicitis — or an upset stomach from an over-kept hot dog, he discovers that these parts of his anatomy have no realization that the state is trying to take care of him. And in such a condition he prefers to get a doctor who will look after his stomach not as belonging to the state, but the stomach of Henry Jones. And that is the way it should be.

Exposure, and under-nutrition has caused more illness and death than the lack of proper medical care. If that is the case why shouldn't you try to force people to more properly clothe and feed themselves, then you would say why that is their personal affair and so should health insurance, or the care of their sickness be one of personal affair.

The American Medical Association has shown from reports from mayors of a hundred cities of various sizes, that there was no neglect of poor because of their inability to pay.

In the second place doctors always base their charges on the ability to pay, and carry it further to the point of rendering free services to those who need it.

*The committee on the costs of medical care showed that 90.2% of the people who are ill at any one time receive medical care. The other 9.8% half of which had minor colds, etc., thought it not necessary on account of mildness of sickness. Also there are a proportion of persons who, for religious or other reasons, will not consult a doctor in any circumstance.*

It is true that medical care and sickness falls upon those most often unable to pay for it, but it is because it is another bill and not because it is a medical bill. Such costs should be provided in the family budget along with rent, food and clothing, the costs of which also fall unevenly on people of varying

incomes. Nobody ever heard of a grocer reducing prices to those little able to pay, but the doctor does. Too many people regard sickness as an accident for which they are not to blame and therefore they do not feel the obligation of medical bills as the obligations of installments on the radio or car. They should be educated to this fact and be prepared to pay this medical bill as promptly as other bills.

### **Is There Any Group of People in Need of Socialized Medicine? We Might Divide These Into Four Classes:**

(1) The indigent who, you might say, are taken care of with other forms of relief. And there would be no more need to give them socialized medicine for medical need than set up a socialist government in order to give them relief.

(2) The lower middle classes to whom medical bills are troublesome because they are bills and not because they are medical. This class spends large sums annually on radio, tobacco, and automobiles, which, of course, is their right, but it is hard to reconcile this expenditure with the idea that they cannot budget their medical expenses. To provide this group with compulsory health insurance which they will mistakenly regard as "free" is the surest way to encourage an insistent demand for other "free" services and ultimately put them in the first class discussed, that of indigents, with the government itself eventually following.

(3) The middle and upper middle classes who meet all their bills including the doctor's and live within their incomes, need no help from anyone.

(4) The wealthy, who would either be excluded from socialized medicine, or would ignore it, or would provide us with the edifying spectacle of a rich man driving up to a free clinic in a Rolls-Royce, and wouldn't that be something? This has been known to happen at certain free clinics.

(To be continued)

## Professional Directory

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