

THE BULLETIN

OF THE TULSA COUNTY MEDICAL SOCIETY

VOL. 4

TULSA, OKLAHOMA, SEPTEMBER, 1938

NO. 9



His First Solid Food

PABLUM is now being fed to infants as early as the third or fourth month because it gets the baby accustomed to taking food from a spoon, but, most important, Pabulum early adds essential accessory food substances to the diet. Among these are vitamins B₁ and G and calcium and, perhaps most necessary, iron. Soon after a child is born its early store of iron rapidly diminishes and, as milk is poor in iron, the loss is not replenished by the usual bottle-formula. Pabulum, therefore, fills a long-felt need, for it is so well tolerated that it can be fed even to the three-weeks'-old infant with pyloric stenosis, and yet is richer than fruits, eggs, meats, and vegetables in iron. Even more significant, Pabulum has succeeded in raising the hemoglobin of infants in certain cases where an iron-rich vegetable failed. Pabulum is an ideal "first solid food." *Mothers appreciate the convenience of Pabulum as it needs no cooking. Even a tablespoonful can be prepared simply by adding milk or water of any temperature.*

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CALENDAR

- TUESDAY, Sept. 6:**
Post Graduate course in Obstetrics, 8:00 p. m., 1202 Medical Arts Bldg.
- WEDNESDAY, Sept. 7:**
Radio Broadcast at 1:45 p. m. KTUL.
- MONDAY, Sept. 12:**
Tulsa County Medical Society meeting, at 6:30 p. m., 1202 Medical Arts Bldg.
REFRESHMENTS SERVED.
- TUESDAY, Sept. 13:**
Post Graduate course in Obstetrics, 8:00 p. m., 1202 Medical Arts Bldg.
- WEDNESDAY, Sept. 14:**
Radio Broadcast at 1:45 p. m. KTUL.
- TUESDAY, Sept. 20:**
Post Graduate course in Obstetrics, 8:00 p. m., 1202 Medical Arts Bldg.
- WEDNESDAY, Sept. 21:**
Radio Broadcast at 1:45 p. m. KTUL.
Office Assistants meeting. Auditorium
Medical Arts Building at 8:00 p. m.
- MONDAY, Sept. 26:**
Society meeting in Auditorium Medical Arts Building at 8:00 p. m. Program: "Value of Spinal Fluid Findings in Treatment of Syphilis" by Dr. M. O. Nelson. Discussion opened by Dr. W. A. Showman.
- TUESDAY, Sept. 27:**
Post Graduate Course in Obstetrics, 8:00 p. m., 1202 Medical Arts Bldg.
- WEDNESDAY, Sept. 28:**
Radio Broadcast at 1:45 p. m. KTUL.

Life Depends Upon Preparedness

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

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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, SEPTEMBER, 1938

NO. 9

First Fall Society Meeting Important

Free "dutch lunch" planned to start off regular meetings on September 12. This business meeting is of vital importance to every member of the Tulsa County Medical Society.

The Tulsa County Medical Society will launch its fall program in the auditorium of the Medical Arts Building with a free "dutch lunch" preceding a business meeting which will be crammed full of important business of vital concern to every member of the organization, Dr. Searle announced in setting the date for the first meeting on September 12.

"It is very important that every member of the Society be present at this first meeting which will be devoted entirely to business," Dr. Searle stated. "A number of very important projects—for which the executive organization of the society was formed—are taking shape rapidly and every physician in Tulsa County should be present."

Among the items of business which will be on the Agenda for this meeting are:

- 1—Liability Insurance group policy. This committee has been working on a program to secure a radical reduction in insurance rates and this whole matter will be placed before the Society.
- 2—County Free Clinic and Hospital Work on this project has been proceeding rapidly and a definite report relative to the establishment of a clinic and hospital under the direction of the Medical Society will be made.
- 3—Hospital Insurance. This is one of the most important problems facing the medical profession and a special com-

mittee will make a preliminary report on the work that has been done.

- 4—A number of other committees have been busy during the summer and will have important announcements.

In order to mix the important business with a little pleasure, the officers decided to have a substantial lunch—sandwiches, cold meats, pickles, beer, etc.—served. The supper will be served in the Medical Society Auditorium, starting at 6:30 o'clock and the business meeting will start promptly at 8 o'clock.

The program committee is laying plans for a series of important papers and clinical discussions for the remaining programs of the year, but due to the press of important business no medical program was prepared for the first meeting.

FIRST FALL SOCIETY MEETING SEPTEMBER 12

Dutch Lunch (Sandwiches and Beer) Served at 6:30 Before Meeting (no charge)

Post Graduate Study in Obstetrics

Oklahoma will be a much safer place for babies to be born within the next two years under the program of Post-Graduate Study which is being sponsored by the Oklahoma State Medical Association through cooperation with the Commonwealth Fund of New York and the Oklahoma State Department of Health.

Plans have been completed for this course of study to be conducted in Tulsa through the cooperation of the Tulsa County Medical Society each Tuesday night, beginning September 6, in the auditorium in the Medical Arts Building.

Applications have been sent to every member physician in this section and every effort is being made to build up the attendance for this course of intensive training in the newest practices in obstetrics and gynecology. The course extends over a period of 10 weeks.

On February 1, 1938, after a series of conferences on the part of a group of physicians set up as the Committee on Post-Graduate Medical Teaching of the Oklahoma State Medical Association, and through the cooperation of the Commonwealth Fund of New York and the Oklahoma State Department of Health, a two-year plan for post-graduate medical teaching in the field of obstetrics was launched.

The State has been tentatively divided into twelve teaching circuits. Five cities in each circuit are selected as the teaching centers. This course of modern methods in obstetrics is being offered by the instructor giving one lecture each week in each center. The sessions include approximately one hour of didactic lecture followed by demonstration on clinical patients, manikin, female pelvic skeleton, etc. The lecture, itself, is supplemented by the answer and discussion of questions submitted the previous week, and in addition, any clinical material available is utilized for study. The acces-

sory equipment consists of actual demonstrations of the instruments, chemicals, and procedures advocated, supplemented by charts, graphs, lantern slide and 16-millimeter moving picture projection.

The supply of patients for these clinical lectures is assured through the cooperation of the local committee chairman. Any physician enrolled in the course may submit a patient for examination or group discussion when time permits by notifying the local committee chairman.

Dr. Edward N. Smith has been selected as the medical instructor in the obstetrical program. Dr. Smith is highly qualified to handle this work. He is a graduate of Washington State College and of the University of Pennsylvania School of Medicine. He has had an excellent background of experience including rotating internship, Camden, New Jersey, several residencies in obstetrics and gynecology including Cornell Medical Center, New York City; Margaret Hague Maternity Hospital, Jersey City, New Jersey; Columbia Medical Center, Sloane Hospital; New York Post-Graduate Hospital, and is a diplomate of the American Board of Obstetrics and Gynecology. He is the recipient of the Degree of Med. D. Sc. in Obstetrics and Gynecology, Columbia University.

In addition to Dr. Smith's very thorough post-graduate training in obstetrics, he did general practice in Livingston County, New York, for four years following his graduation, serving also as County Health Officer and secretary of the local medical society.

Between lectures, as far as his time for travel will permit, Dr. Smith is available for free consultation with doctors registered in the course. You can readily see from this that physicians have the advantage of discussing the theories advanced in the lectures over their cases in actual practice.

Washington Society Fights "G.H.A."

This is the first of three articles dealing with Group Health Association activities in H. O. L. C. ranks in Washington. This article was written by the man who was formerly Executive Secretary at Milwaukee but now Executive Secretary of the District of Columbia Medical Society.

By THEODORE WIPRUD

Suit in equity in the District Court of the United States for the District of Columbia has been instituted against Group Health Association, Incorporated, by Doctors Sterling Ruffin, Prentiss Willson and Elijah W. Titus, on behalf of themselves and all other members of the medical profession licensed to practice medicine in the District of Columbia to restrain and enjoin Group Health from engaging in the practice of medicine in said District, in violation of the Act of Congress known as "The Healing Arts Practice Act."

One of the objects of the suit is to maintain the highest standards of scientific and ethical practice of medicine and surgery, and to safeguard the public interest.

By the suit it is sought to enjoin Group Health from engaging in activities which constitute "an infringement and encroachment upon the franchises granted to each of the plaintiffs herein, and all other licentiates similarly situated, engaged in the practice of medicine and surgery in the District of Columbia, in the exercise of the privileges, and in the enjoyment of the rights conferred upon them, and each of them, by virtue of having been licensed to practice medicine and surgery in said District pursuant to the Act of Congress aforesaid."

In the bill of complaint it is asserted that the decree entered by Justice Bailey on July 29, 1938, in the proceedings instituted by Group Health under the Declaratory Judgments Act of 1934 "is erroneous, is without warrant of law, and is contrary to settled principles of law."

The physicians take the position that inasmuch as they were not parties to that proceeding, the decree entered by Justice Bailey is not binding on them

and did not and could not "adjudicate or determine any of the rights and privileges of plaintiffs, in the exercise of their respective franchises as licentiates duly licensed to practice medicine and surgery in the District of Columbia."

The Solicitor General of the United States having decided that the District Attorney would not appeal from the decree entered by Justice Bailey, the members of the medical profession felt that it was necessary that this suit be filed so that all questions as to the legality or illegality of the activities of Group Health Association may be decided by the highest court of the District of Columbia.

On behalf of the physicians who brought the suit, it is stated that the proceeding instituted by Group Health under the Declaratory Judgments Act was in the nature of a "friendly suit." In the suit instituted, it is hoped that there will be a real contest of the grave and important questions involved, and that the final determination thereof by the court of last resort will set at rest all legal questions involved in the operations of Group Health. It was considered to be in the interest of all concerned, especially the general public, that these important issues be authoritatively adjudicated as expeditiously as possible.

The physicians bringing this suit wish to make it clear that their action is not to be construed to mean that they are opposed to the introduction of properly safeguarded methods for the distribution of medical care within the means of individuals in the low-income groups. They recognize that the delivery of such medical care presents a problem which

(Continued on Page 9)

PRESIDENT'S PAGE

The first meeting of the Fall will be on September 12, and it will be a business meeting entirely.

Your Officers and Committees have not been idle during the summer; there will be given reports of all activities and many topics of vital importance to each and every member will be introduced.

In these troublesome times it is necessary that we have the ideas and cooperation of the entire Society if we are to progress, so I urge everyone to be present and enter into the discussions freely.

I assure you that you will be surprised at some of the reports and I guarantee an interesting meeting.

A Dutch Lunch will be served including the proper liquid refreshments.

Let's make this the biggest meeting ever, and start the year off with a Bang!



President

should receive serious thought of the medical profession and all other interested groups.

In connection with the suit, the Medical Society of the District of Columbia issued the following statement:

The Medical Society considers it a duty to the thousands of citizens whom its members serve to make clear its position in the controversy which has occupied public attention for the past few months. In its opinion grave injustices have been done the medical profession of this community. Strong prejudices have been aroused on matters which are not generally understood by the public. If accusations made against the Medical Society affected only its members there would be no need for concern on the part of the people. However, they are of such a nature as to have very large implications in the lives of every person in this country.

Charges have been made that the Medical Society has for selfish reasons opposed changes in the method providing medical care, particularly to those of low income who find it difficult to pay for needed service. Nothing could be further from the truth for the primary concern of the Medical Society has been and will always be the health of the people. If it should fail in this regard, it would deservedly forfeit the public confidence, but it has not failed. No group in this community has demonstrated adherence to higher ideals or shown a greater willingness to be of public service regardless of the financial considerations involved. Some individuals in the medical profession, just as in any other group, have not measured up to obligations placed upon them, but by persistent effort the Medical Society has made possible the high standards of medical practice which exist today.

There are many misconceptions in the public mind about medical ethics, the impression often being that they have been adopted to protect practitioners. This is not true. Ethics are rules of conduct governing physicians in their relations with patients and for the protection of the latter. If adherence

to these rules were not required of members by the Medical Society of the District of Columbia and other official medical organizations, medical practice would not be on the high level it now is. It is, of course, true that even in this regard there is opportunity for improvement, but the goal is the highest set by any profession in this country.

Obviously rules governing professional conduct must be enforced only by the medical profession itself. This right to judge its own members is a privilege which is common to all organized groups. It has been vested by physicians in their official organizations of which the Medical Society of the District of Columbia is the local unit.

If a situation arises, such as it has with the Group Health Association, where the Medical Society feels that the best interests of the public are not being served, it should enjoy the same privilege granted any other group of citizens to oppose it. The Medical Society recognizes that this must be done in a manner which will not reflect on the honesty and sincerity of the medical profession, or adversely affect public interest, and it believes that it has so acted.

Propaganda on behalf of the Group Health Association, which has been widely disseminated, has given the impression that the Medical Society is unconcerned with the needs of the people and that it opposes experimentation because experiments may adversely affect the income of its members. This is grossly unfair. True it opposes many schemes which in its judgment are unsound. It has also been impressed with the fact that Government officials have taken more than ordinary interest in the Group Health Association. This is deeply significant and would indicate that the Association can in no sense be considered an isolated experiment. On the other hand the Medical Society recognizes that inadequacies in the delivery of medical care do exist, largely because of the country's economic situation. It recognizes, too, that although

(Continued on Page 19)

The BULLETIN

Editorial 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 SEPTEMBER, 1938 No. 9

EDITORIALS

In the mail the other day came a letter from the executive secretary of another society—a society in a city much larger than Tulsa with a society membership many times that of Tulsa—which, while praising our work and many of our projects, gave us a lot to think about. Here is the part of the letter to which we refer:

“ . . . What magic touch do you use on those doctors down there to get the beautiful cooperation that you undoubtedly are getting in connection with the operation of your Executive Office. Give us the recipe, won't you.”

If we are doing anything that merits the attention the Tulsa County Medical Society is receiving over the country, it is due entirely to the manner in which the members of the Tulsa Society have thrown themselves into the work. The activities have not been limited to a handful of doctors but include more than 150 members in the varied list of projects now under way. It is not the work of the Executive Office or a few of the officers that is accomplishing things, but the everlasting work of the whole membership that is showing results.

It is not that anyone has a “magic touch” that begets this cooperation, but the fact that every member is vitally interested in the society and the work that is to be done that makes all things possible.

The work does not fall on the Executive Office but upon the committees and these committees—whether they are standing or special groups—proceed to function. The Clinic and Hospital Committee; the Credit Bureau Committee; the Liability Insurance Committee; the Bulletin Committee; the Publicity Committee; the Program Committee—these and all the rest actually went to work when appointed.

On page seven of this issue there is an article on the Group Hospital Association in Washington, D. C., and the controversy which led to the threat to oust some members of the District of Columbia Medical Society and brought the “monopoly” charges from the Department of Justice and the grand jury investigation which is supposed to get under way soon.

Theodore Wiprud, who is one of the veteran Executive Secretaries of the United States having served at Milwaukee for ten years and recognized as dean of all County Society Secretaries, is now Secretary of the District of Columbia Society. He prepared the article which appeared in this magazine as he knows more, probably, about the difficulty in Washington than any other person. In order to get right at the bottom of the affair and get first-hand information we asked Mr. Wiprud to prepare us an article.

Next month we will print an article prepared by Thurman Arnold, Assistant Attorney General, outlining the whole matter from the government's point of view. This article will be followed by another from attorneys representing the District of Columbia Medical Society.

We have gone to the trouble to get the best information possible because this is a matter which is uppermost in the public's mind and one which vitally affects every physician in the United States.

What about Hospitalization?

The problem of hospital and medical insurance is one of the most vital and far-reaching issues before the medical profession today, and taking a lead in finding a solution to this question, President M. J. Searle appointed a special Economics Committee to investigate this field and report definite recommendations to the Society.

A number of large industrial concerns have evidenced interest in such an insurance program and the indications are that such a policy would receive widespread acceptance by the large oil and business firms of the city and employes generally.

A similar insurance program has been worked out by a number of insurance companies and medical groups, including the St. Louis Medical Society, the Kansas City Medical group and a number of others.

Stressing the importance of forming some kind of voluntary hospital insurance program, Dr. Searle, in his letter to members of the special committee said, "It is better that we take the bull by the horns and work out something constructive rather than have some plan rammed down our throats. . . . There is a real job to be done by this Committee and it will require plenty of time and study. . . . I hope your committee will be able to map out a definite hospital insurance program which you can present to the Board of Trustees."

Dr. A. Ray Wiley was named chairman of the special committee together with Dr. J. C. Peden, Dr. E. L. Cohenour, Dr. W. S. Larrabee and Dr. H. B. Stewart.

To give you some idea of the provisions covered in some of these policies now being written and to show the important consideration the insurance companies are giving to this type of insurance, we are reproducing the following survey which has been completed by the National Underwriter, insurance magazine:

Hospitalization insurance, which has been one of the major developments of

the past year and is showing possibly a greater growth than any other line of insurance at the present time, should add at least \$2,000,000 to the premium income of accident and health companies this year, it is indicated in a survey presented this week in the August issue of "*The Accident & Health Review*," an affiliate of THE NATIONAL UNDERWRITER. Questionnaires were sent to about 40 companies and associations writing this business on a commercial basis, excluding the non-profit hospital association. Replies were received from 25 companies. While most of them did not answer all the questions at least 17 or 18 replies were received on practically every point covered.

Inasmuch as most of the companies have not been writing this business for an entire year, they were asked to estimate their annual premium volume on hospitalization insurance. The 12 companies replying to this question showed estimated annual premiums of \$626,750. The list may be regarded as quite representative of the business as a whole, as the estimates given range from \$1,750 to \$200,000. If the others are averaged on the same basis, an estimate of \$2,000,000 for the total would seem to be quite conservative.

One point much discussed in connection with this form has been whether the writing of hospitalization insurance would tend to cut down the agents' production of regular accident and health policies. There was considerable difference of opinion on this point. Several companies feel there possibly may be a trend in that direction, but most of them report that the effect of the sale of hospitalization insurance on general production has been favorable.

Some companies are writing hospitalization coverage only on holders of regular accident and health policies in the company, while others offer it as a wholly independent contract. Five companies report that they write the business on both cases, four write only on policy



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holders and eight write the business wholly on an independent basis. Ten of the companies write individual policies, while two do not; five write family groups but 10 do not; 10 write employe groups and six do not.

Seven of the companies reporting make some sort of provision for inclusion of dependents of the person insured, while 10 do not. Only one company among those reporting provides a flat rate for entire family, regardless of size; the others charge an additional premium for each member.

The consensus seems to be that the inclusion of any considerable number of women, in either employed or family groups, has a tendency to increase the loss ratio. Two companies answer the question on this point "no," but two companies say "greatly," two "slightly," one "definitely yes," and three "yes."

A remarkably wide variance is shown in the basis premium for the head of the family. The most popular rate seems to be \$1.00 per month, although the premiums reported vary from 60 cents to \$2.00 due in some cases to the difference in coverage provided. One company charges \$2.00 the first month and \$1.00 thereafter. Another makes the premium \$1.00 for men and \$1.10 for women.

Where a choice is allowed as to different priced hospital rooms, the premium ranges from \$1.00 to \$1.75 in one case and from 75 cents to \$1.25 in another. For members of groups, charges range from 75 cents to \$1.25.

The additional premium for dependent, two charge 50 cents, one 70 cents for wife and 60 cents for each child, one \$1.00 for those 18-65 and 50 cents under 18, one makes it 80 cents for husband or wife and (\$2.00 for entire family.)

The usual waiting period before the coverage becomes effective for sickness is 30 days, which is used by 12 companies. Two report 60 days, one 15

days, one 10 days and one no limit. One company has a three months' waiting period for operations. On the question, "Do you find any large number of claims coming in just after conclusion of this waiting period?" five companies say "no," and one says "yes."

As to the number of days of hospitalization provided in any one year, five companies give 21 days; four, 30 days; two, 28 days; two, 31 days; one 22-30 days; and two, 90 days. One company provides 21 days on individual contracts and 30 days on supplements. Another provides 30 days at \$5.00 and an additional 30 at \$3.00. The basic rate per day for hospital room is \$5.00 with five companies, \$4.00 with two, \$3.00 and \$4.50 with one each.

In the way of additional services beside the hospital room, 15 companies provide for operating room; nine for anaesthetics, 12 for x-rays and eight provide for ambulance. Operation schedules are included in four contracts and in another for extra premium, the operation fees ranging from \$3.00 to \$120.

Childbirth is covered in the case of women by 13 companies, 10 of them after 12 months, two after 10 months and one after 18 months. The most common allowance is 10 days hospital room and \$10 for delivery room. Others cut the limit to seven days, while a number set flat amounts of from \$30 to \$65. One company allows half the regular indemnity.

Very few companies apparently felt that they were in a position to give any accurate figures as to the loss ratio on this business. The five companies that did report gave their loss ratios as 35, 45, 46, 50 and 60 percent, respectively. One reported the loss ratio "good," and another "fair."

SEND YOUR
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A service bureau for the collection of delinquent accounts for physicians and for providing credit information to member doctors. It is maintained for the advancement of medical practice and for assisting patients in paying bills incurred in sickness.

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Business Firms Help Credit Bureau

Tulsa Oil Companies and other business firms are rapidly joining forces with the Medical Credit Bureau in helping with the collection of delinquent physicians' accounts.

In the collection plan, it often becomes necessary to seek the help of a person's employer if no other avenue remains open in effecting collections. During the past three months this bureau has contacted a number of business firms, not only for information relative to a person's employment but for direct help in collecting accounts.

The Mid-Continent Petroleum Corporation, Stanolind, Texas Company, department stores and other oil and industrial firms have offered the finest cooperation and a letter to a company, brings immediate response from the company and the debtor. This cooperation has been brought about by the very careful way in which the Medical Credit Bureau handles the collection of these accounts.

* * *

Why the percentage of recovery on delinquent accounts is low.

The one factor which contributes mostly to this high mortality rate is the fact that the account is held too long before being turned over for collection. In the time intervening between the date the account is incurred and the date it is received for collection, many things can happen and usually many do.

The debtor moves either to a new address in the city or out of town. He seldom has a forwarding address at the postoffice, consequently it is necessary to devote considerable time to tracing him. In retail credit another reason is poor judgment in granting credit. This can seldom be helped in the doctor's office.

Insufficient information concerning the debtor is another contributing factor.

Failure to charge the account to the proper person sometimes causes a loss

and one of the biggest reasons is the failure to have a thorough understanding between debtor and creditor.

Another reason for turning your accounts over for collections in the early state of delinquency is one that is easily overlooked:

Considerable expense is incurred by your office attempting to collect your own accounts after they have gone stale. The valuable time your secretary spends on these bad accounts is a double loss when you consider the fact that her time could be used to much better advantage in keeping current accounts active and not allowing them to go stale. Probably this hidden loss in the average doctor's office is greater than the amount recovered through your collector.

No account, which you eventually expect to collect should be allowed to out-law (in Oklahoma the Statute of Limitation run three years from date of last entry on an open book account. No account should be charged to a minor or to a wife when you expect to recover from the head of a house or from a husband. If a relative or friend orders your services for another, your account should be carried in the name of the person ordering the service, if you expect to recover from him. If an uninterested party wishes to accept the liability of one of your debtors, this can only be done in writing if you wish to recover from this party. An oral promise is of no value against the Statute of Limitations; however, a written promise, which can be construed as an acknowledgment, will overcome the statute.

We can salvage something from your dead accounts, and we can also increase the efficiency of your office by relieving you of the work involved in handling this problem. We can point out a lot of short cuts and help you to curtail the number of your accounts which eventually pass into this ever-growing pile of deadwood.



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.

Tulsa City office, 703 Medical Arts Bldg.

Hours, 1 to 4 by appointment.

TULSA X-RAY AND PATHOLOGICAL LABORATORIES

TULSA, OKLAHOMA

Basement, Medical Arts Building

Announces the installation of a new KELLEY-KOETT 500 KV Constant Potential Machine for treatment of deep seated malignancies.

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

Medical Director

Of Special Interest!

MEMBERS HELP WITH RADIO TALKS

The "Family Doctor" radio series appearing over Station KTUL each Wednesday afternoon are attracting a lot of attention from within the Society, and the Publicity Committee, under whose direction these talks are presented, is getting fine response from the members.

The Tulsa County Medical Society programs have been on the air almost four months now and no speaker has ever fallen down on his assignment. Members volunteer to present either original papers or talks prepared by the American Medical Association.

Among the members who appeared over KTUL during the past two months were: Dr. Allen C. Kramer, Dr. Ned R. Smith, Dr. J. L. Miner, Dr. H. Lee Farris and Dr. Paul Grosshart. During September the speakers will be: Dr. W. A. Showman, Dr. E. O. Johnson, Dr. Fred E. Woodson and Dr. Joseph Fulcher.

* * *

CLINIC COMMITTEE GOES TO WICHITA

The Tulsa Medical Society is approaching its goal for better control of indigent medical cases in Tulsa through free clinics and free hospital treatment, and on September 6 and 7, the Clinic and Hospital Committee of this organization is planning a trip to Wichita to show Ralsa F. Morley, democratic nominee for the County Commission, just how the program works under the direction of the Medical Society in Sedgewick County.

Dr. C. C. Hoke, chairman of this committee, is making arrangements for a number of Tulsa members to accompany Mr. Morley to Wichita where he can get a first-hand report on the program up there. Arrangements have been made for Mr. Morley to meet with the

officers and clinic committee of the Wichita Society and other meetings with their county commissioners and representative groups and individuals.

* * *

DUPLICATE COPIES OF MEDICAL PUBLICATIONS

The Library Committee of the Society announced this week that there were a great number of duplicate copies of the American Medical Journal and other publications on hand. In order to make way for other books and newer publications it is necessary that some of these duplicates be disposed of. Any member of the organization can secure these copies for their personal libraries by contacting Miss Calhoun, librarian.


* * *

BETTER BUSINESS BUREAU HELPS OUR SOCIETY

The Better Business Bureau of Tulsa, through its manager Edward Wigg, has gone out of its way to help the Tulsa County Medical Society and physicians and the public in general through its investigation work and manner in which it fights various solicitations.

The latest time the Bureau went out of its way to investigate organizations soliciting for medical purposes was early in August. At that time a group of people, incorporated under the name of "The Children's Humanitarian Association" was attempting to solicit money from Tulsans and others who might be approached to collect money to spread information and advice on the treatment of Infantile Paralysis. According to the information available this group was interested in a treatment known as the Retan Saline Treatment and to provide clinics and clinical tests at a "nominal cost."

Through the efforts of the Better Business Bureau and the Medical Society, the Tulsa newspapers refused to carry propaganda furnished by this

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group and the solicitations committee refused to give this group a permit to canvass Tulsans for donations.

* * *

EXHIBIT PLANNED FOR STATE FAIR

Following is a letter received from the Tulsa Fair Board, with whom the Society has made arrangements for a first-aid booth and a medical exhibit at the Tulsa State Fair:

Dr. Maurice J. Searle, President
Tulsa County Medical Society,
Medical Arts Building,
Tulsa, Oklahoma.

Dear Dr. Searle:

At a meeting of our Fair Board held last week, the Vice-President of the Board, Mr. R. H. Hughes, advised the members that your Society had made the fine offer of an exhibit and an ambulance for the duration of our Fair, to be held the week of September 17 to 24, inclusive.

We are very appreciative of the service you are offering and assure you that it is our desire to work with you in every way in choosing a good location for headquarters, for first aid, and at any time you can send someone out from your organization to go over this with me, I will be glad to be here and go into the matter very thoroughly.

Thanking you for your splendid cooperation, I am,

Yours very truly,
H. E. BRIDGES,
Secretary.

* * *

SOUTHERN MEDICAL CONVENTION DATES SET

Dates for the Southern Medical Convention, to be held in Oklahoma City this fall, have been announced for November 15-18. The Oklahoma City Society is working hard on making this convention the most important and interesting in the history of the Southern Medical Association.

* * *

Sasec (calcium caseinate), which is almost wholly a combination of protein and calcium, offers a quickly effective

method of treating all types of diarrhea, both in bottle-fed and breast-fed infants, according to Mead Johnson & Company. For the former, the carbohydrate is temporarily omitted from the 24-hour formula and replaced with 8 level tablespoonfuls of Casec. Within a day or two the diarrhea will usually be arrested, and carbohydrate in the form of Dextri-Maltose may safely be added to the formula and the Casec gradually eliminated. Three to six teaspoonfuls of a thin paste of Casec and water, given before each nursing, is well indicated for loose stools in breast-fed babies. Please send for samples to Mead Johnson & Company, Evansville, Indiana.

WASHINGTON SOCIETY FIGHTS "G. H. A."

(Continued from Page 9)

great advances have been made in medical science, social progress has lagged.

Social problems relating to medicine have given the medical profession much concern and their solution has received the earnest consideration of many of the leading physicians of this community, many of whom have given much study to this matter. These physicians, as members of the Medical Society's committees, have sought and still seek the cooperation of all groups in an endeavor to meet public needs and demands. They appreciate the fact that this is a problem which is of concern to every citizen.

At the present time the Medical Society is carrying on a thorough study of the need and supply of medical care in the District of Columbia, in cooperation with public and private organizations. With the aid of these groups it is hoped to determine facts upon which to base a constructive program.

More adequate medical care for the indigent in many communities is needed. There is evidence that this is true in the District of Columbia and the Medical Society stands ready to consider with public officials ways and means by which this can best be accomplished.

Your Family Doctor Is Your Health Insurance

THE family doctor of today, when he goes to the bedside of a patient, carries with him the accumulated knowledge and experience of 50 years of modern medicine and is your greatest health protection or insurance against disease and sickness.



It was Hippocrates who 2,000 years ago gave medicine its scientific spirit, its ethical ideals, and established the basis of all medical practice. These traditions and ideals have stood throughout this long span of time, during which medicine has been an intensely personal relationship involving an exchange of confidence and advice found in no other social institution save the church. Regardless of peace or war, pestilence or famine, poverty or riches, the medical profession has never required compulsion but has always volunteered its services.

The time is still within the memory of most of us when the family physician was likewise the family adviser on

many matters of importance having little or nothing to do with medicine. The changing structure of our society has made it possible for people to secure advice on non-medical matters from other sources than the family physician, but on all matters pertaining to medicine, whether in sickness or health, consultation with your family physician is still the method of choice. The ideals, traditions and ethics of medicine throughout the centuries, and the more recent advances in the standards of medical education, medical licensure, and hospital training, are all important factors in the maintenance and advancement of the quality of medical care to the people of the United States today. For centuries, the medical profession has had as its prime object the service it could render to humanity.

Medical care is the doctor's problem. Nobody but a doctor knows how to take care of the sick. Your health and physical welfare is your doctor's responsibility. Your Family Doctor is your Health Insurance.

At the First Symptom See Your Doctor

This Is No. 1 in a Series of Health Talks Sponsored by the Following:

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Akins Natural Foods	Frank G. Couper, Inc.	Brookside Drug Store
Bliss Hotel Phar., open all night	Roy Getman, Drugs	Quaker Drug Store
Medical Arts Prescription Shop	Bob Evans Drug Store	Johnson Drug Store
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Approved by Tulsa County Medical Society

Above is a small reproduction of the first of a series of newspaper ads which will run in The Tulsa Daily World each Sunday for the ensuing year. This is another fine piece of cooperation between the newspapers of Tulsa and the physicians. This series of ads was submitted to the Publicity Committee before it was released.

FAIR ENOUGH

By
WESTBROOK PEGLER
Copyright, 1933, by The Tulsa Tribune



NEW YORK, Aug. 11.—The problem of medical and surgical treatment for the masses is cluttered with undeserved pity for people who have convinced themselves that they can't pay the doctor for easing their pains or saving their lives, but could do so if they tried.

The doctors of this country give away more free goods off their shelves than the members of any other profession, including the actors and musicians, who come next. They have their gyps and rotters, their publicity-crazy hams and ignorances, but they do more good for suffering humanity and in critical moments than the members of any other calling.

Of course, it will be argued that they should do this because they are in a position to. That is their job. But the fact is, nevertheless, that they do give this service, and it is a further fact that society doesn't appreciate the good they do. People overemphasize their mistakes of judgment or negligence, forgetting that a doctor's mistake is more likely to have fatal or, anyway, dreadful consequences than a mistake by a plumber, a grocer or a journalist.

If the work of the plumber springs a leak, if the grocer sends snookies instead of snackies, or if the reporter names W. C. Smith as correspondent in the divorce story when it should have been W. G. Smith, that means very little paint off anyone's fenders. But let a doctor make a comparable mistake and there is all hell to pay, on top of the fact that maybe he stood to be swindled out of his pay—or most of it, anyway—even if he had done a bang-up job.

There are many phases of the question, but I mean to stick to this one for today's lesson. I am thinking of those who think that \$200 is an outrageous price to pay for the removal of an appendix which has developed the menacing nature of a bomb in the patient's inwards. The surgeon gets the victim into a hospital as quickly as possible, gives him a job of something to relax him and in a very short time is delving around in his giblets without 50 cents on the line to pay for laundering his smock.

So the patient gets well, and when the bad news comes he forgets that feeling as of a litter of porcupines frisking about in his abdomen, forgets how scared he was and his alarm for the security of his dependent family, and calls the doctor a burglar. Why,

he makes only \$25 a week, and so, instead of paying the doctor a dollar a week, as he would pay the installment man for the radio or sewing machine, his policy is to skip it entirely. He forgets, also, that if the surgeon hadn't done his stuff promptly and well, specialized stuff that nobody but a surgeon could have done, his family would be on the town right now.

If a patient can pay small amounts to a co-operative over a spell of years for treatment which he may need in the future, he can just as well pay a doctor a stated amount each week over a long term for treatment which he has already received. But in too many cases he just won't, and the doctor is accused of bearing down on a man who can't afford to pay for the saving of his life but can manage somehow to come up with the price of many non-essentials.

Many doctors nowadays serve patients in the public clinics who are able to pay reasonable professional rates for their treatment. In this way the doctor is compelled to rob his own family of the just rewards of his work so that other men's families may dead-head it. Patients lie about their income and pretend to be in tatters who ought to be told to decide which they value more, their money or their lives. And the ethics of the profession and sentimental sympathy for the invalid are such that if the patient were asked to stand for a frisk to prove his inability to pay, that would be a callous outrage and the doctor would be an extortioner.

But there is no great wrong in that, considering how minutely the people's affairs are searched by the income tax men. We hear that it is degrading to the applicant to send investigators nosing into their family earnings, if any, when the problem is one of relief or medical treatment, but that is something that all those who have taxable incomes must submit to at any time the government feels inquisitive.

There is more or less larceny in all the human race, and this problem of medicine for the masses would be less difficult if those who can pay were prevented from appealing to public sympathy at the doctor's expense by mingling with the truly destitute.

This article reproduced through the courtesy of The Tulsa Tribune, in whose columns Pegler appears daily.

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