THE BULLETIN

OF THE TULSA COUNTY MEDICAL SOCIETY

VOL. 5 TULSA, OKLAHOMA, FEBRUARY, 1939 NO. 2

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CONTENTS

ADVERTISERS

THE BULLETIN

OF THE

TULSA COUNTY MEDICAL SOCIETY

A. Ray Wiley, M.D., *President* R. C. Pigford, M.D., *President Elect*
R. Q. Atchley, M.D., *Vice-President* Roy L. Smith, M. D., *Secretary-Treasurer*
Lloyd Stone, *Executive Secretary*

VOL. 5 TULSA, OKLAHOMA, FEBRUARY, 1939 NO. 2

New Officers Installed at Banquet

The new officers who will guide the affairs of the Tulsa County Medical Society through 1939 were installed in office at the annual Inaugural Banquet held in the Crystal Ballroom of the Mayo Hotel, January 9th.

The annual banquet and dance was one of the outstanding events in the annals of the Society with more than 220 members, wives and visitors who attended the dinner and joined in the dancing and bridge.

Among the out-of-town visitors who attended the annual doctors' party were Dr. and Mrs. Shade Neeley of Muskogee, Dr. and Mrs. C. J. Fishman of Oklahoma City, Dr. and Mrs. Finis Ewing of Muskogee, Dr. and Mrs. W. K. West of Oklahoma City, Dr. and Mrs. J. E. Crawford of Bartlesville, Dr. and Mrs. R. O. Smith of Hominy and Mr. and Mrs. R. H. Graham of Oklahoma City. Mr. Graham is the new executive secretary of the state association.

The entertainment program, under the direction of the Womens Auxiliary who sponsored the annual party, consisted of numbers by sons and daughters of society members. Among the numbers on the entertainment program were: Dances by Margaret and Hugh Graham jr., children of Dr. and Mrs. Hugh Graham; Sisler Band by George, Nancy, Suzanne and Jerry, children of Dr. and Mrs. Wade Sisler; Accordion Solos by Jo Francis Fulcher, daughter of Dr. and Mrs. Joe Fulcher; Dance by Kathryn Miller, niece of Dr. and Mrs. C. A. Pavy; Violin Solo by Rosalie Smith and Flute Solo by Helen Smith, daughters of Dr. and Mrs. D. O. Smith and Violin numbers by Jimmie Stevenson, son of Dr. and Mrs. James Stevenson. George and Barbara Churchill brought the program to a fitting climax with a highly entertaining skit in which no little fun was poked at members of the Auxiliary and the Society.

Following the banquet, entertainment and business meeting an orchestra furnished music for those who danced and a bridge party furnished the excitement for those who didn't dance.

And a good time was had by all.

OFFICERS FOR 1939

A. Ray Wiley, M.D., President.
R. Q. Atchley, M.D., Vice President.
R. C. Pigford, M.D., President-Elect.
Roy L. Smith, M.D., Secy-Treas.
Lloyd Stone, Executive Secretary.

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R. C. Pigford, M.D. (term expires 1941)
R. M. Shepard, M.D. (term expires 1941)
Ned R. Smith, M.D. (term expires 1940)
W. Albert Cook, M.D. (term expires 1940)
A. Ray Wiley, M.D. (President)

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Marvin D. Henley, M.D.
R. Q. Atchley, M.D.
Hugh Graham, M.D.

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- D. O. Smith

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- Roy Smith, Jr. C. C.
- A. Ray Wiley, C. C.
- Henry Price, Kiwanis
- W. S. Larrabee, Lions
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PRESIDENT'S PAGE

What am I getting for my $36.00 annual dues? One might very well ask what am I getting for paying taxes on my home? Or what do I get for my contribution to my church? Does a merchant know just how many dollars results from a certain ad? These intangible benefits cannot be measured in exact dollars and cents.

If you want figures here are some that may interest you. The State dues were increased in this Society to $825.00 over last year. The County dues were not increased, effecting a saving of $4.00 per member this year.

The Medical Credit Bureau collected $9,600.00 last year. Of this amount it is fair to say that fifty per cent of these accounts would not have been put in any of the ordinary collection companies. Now add to this a saving of 15% on collection rates by our bureau, our rate being less. This makes an average net increase income of $62.00 to every member of the Society.

There were 120 members paying $9,000.00 for physicians liability insurance. These same members can now secure this insurance for $3,600.00. If every member of the society paid the old rate but now paid the new rate the average saving to each member would be $40.00 per year.

There are 90 members paying $225.00 per month for Physicians Exchange. By the new arrangement there will be a saving of $45.00 per month in Exchange rates whether you are a subscriber to the new Exchange or remain on the older exchange as both have agreed to reduce their rates. Now let's do a little addition. To $4.00 of state dues saving add $62.00 average benefit to our members from Credit and Collection bureau, then add $40.00 average saving from Physicians Liability and then add $6.00 average Physicians Exchange saving. This is a total of $112.00 to each member.

There are many other important attainments. We are rapidly being recognized as the medical center of Northeastern Oklahoma, more so than ever before. This fact is being driven home more and more through public contacts with civic bodies and communities throughout Northeastern Oklahoma. The local public is becoming more appreciative of the high standard of practice and hospital facilities here. You, as individual members will get out of the Society what you put into it, by your personal efforts and time, by your cooperation and fellowship. Your dues are secondary but are a necessary part to produce the maximum benefit to each member.

President

Medical Calendar

WEDNESDAY, Feb. 1:
Tulsa General Hospital Staff Meeting.

WEDNESDAY, Feb. 1:
Radio Broadcast at 3:30 p.m. Station KTUL. Dr. Mont Stanley.

MONDAY, Feb. 6:
Morningside Hospital Staff Meeting.

TUESDAY, Feb. 7:
Mercy Hospital Staff Meeting.

WEDNESDAY, Feb. 8:
Radio Broadcast at 3:30 p.m. Station KTUL. Dr. F. J. Nelson.

MONDAY, Feb. 13:
Tulsa County Medical Society Meeting, 1202 Medical Arts Bldg., 8:00 p.m. Subject unannounced.

TUESDAY, Feb. 14:
Meeting of the District No. Two of the Oklahoma State Nurses Association, 1202 Medical Arts Bldg., 7:30 p.m.

WEDNESDAY, Feb. 15:
Radio Broadcast at 3:30 p.m. Station KTUL. Dr. R. M. Shepard.

MONDAY, Feb. 20:
St. Johns Hospital Staff Meeting.

TUESDAY, Feb. 21:
Office Assistants Meeting, Michaelis Cafeteria at 6:00 p.m.

TUESDAY, Feb. 21:
Flower Hospital Staff Meeting.

WEDNESDAY, Feb. 22:
Radio Broadcast at 3:30 p.m. Station KTUL. Auxiliary.

MONDAY, Feb. 27:
Tulsa County Medical Society Meeting, 1202 Medical Arts Bldg., 8:00 p.m. Dr Felix Adams, of Vinita, Okla., will give a paper on The Insulin Treatment of Dementia Praecox.

The BULLETIN

Editorial Committee: J. F. Bolton, M. D., Chairman. Logan Spann, M. D. F. L. Underwood, 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. 5 FEBRUARY, 1939 NO. 2

AND WHAT NEXT?

With the opening of Congress just a month ago comes news of a federal grand jury indictment against the American Medical Association, three affiliated societies and 21 leading physicians on a charge of violating the Sherman Anti-Trust law.

The indictment grows out of a fight by organized medicine against the Group Health Association, Inc., a cooperative established in Washington, D. C., to provide medical care for government workers who pay periodic risk-sharing fees in advance.

This action, timed as it is, should be a feather in the cap of the adherents of socialized medicine by painting the American Medical Association as a club-weilding orge which descends voraciously upon unsuspecting and innocent medical benefactors. Although a little obvious the move to becloud the character of organized medicine is a master stroke of propaganda.

In order to be guilty of violation of the anti-trust laws the action of the A. M. A. must be in restraint of trade. This involves a point which to us seems important, namely: can medicine be classed as a trade? If so, what will be the reaction of the trade unions to an indictment which prevents an organization from protecting its rights and the rights of those served by it?

AN EXPERT SPEAKS

Advocates of compulsory health insurance like to belittle medical opposition by imputing Toryism to the profession. Because organized medicine refuses to accept their panacea, they try to create the impression that it rejects all state medical aid to the needy.

This is far from the truth. Physicians oppose compulsory insurance because it is costly and inefficient and makes no provision for the greatest part of medical need. However, they have long urged the state to assume its proper responsibility for the care of the poor and medically indigent. They believe this is best done without the interposition of a lay bureaucracy between doctor and patient, and with the profession in full charge of medical questions.

Surgeon-General Thomas Parran is no reactionary. He classes "opportunity for health with "the other basic equalities of American life." Yet he, too, "disagrees with those who look upon health insurance as a cure-all for our admitted deficiencies in protecting the health of the people."

Like the medical profession, the Surgeon-General believes that "every health organization should have local control and . . . be built on the specific needs of the community it is designed to serve," with the physicians of the community responsible for standards of service. "For those . . . unable to support themselves, we should provide . . . a minimum standard of general medical, nursing and hospital service paid from public funds and given as a matter of right and not of charity. For those in the marginal economic groups we should supplement what they can do for them selves with public aid in providing the expensive diagnostic and therapeutic services necessary in obscure conditions and catastrophic illness.

"All of these aims are realizable. All can be accomplished without any basic change in our present system of medical practice." Best of all, they entail no impairment of professional standards, no interference with medical independence and no hindrance to private research.—*New York Medical Week.*

Burtis W. McLean, M. D.
1875 - 1939

Gentlemen, again in the field of activity a sturdy oak has been plucked from our midst, in the life of Dr. Burtis W. McLean of Jenks, Oklahoma. It was an inspiration and an honored privilege to the members of the Tulsa County Medical Society that attended the simple and plain service which was the desire of our departed member, in the little church house across the street from his home, in the little city of his choice where he gave thirty-nine years of active toil in the profession that we most dearly cherish.

There was many a tear-stained eye that passed the floral be-decked bier of this humble apostle of the healing art, no doubt the devoted, honored, respected, true and loyal friends and former patients, with saddened faces and aching hearts, representatives of families whose hand he had grasped when they entered this world, and likewise calmly held as they departed from it.

It has well been said and worthy of repetition, that there are good qualities, merits, morals, examples and sterling characters in all mankind if you will only seek it out.

And to the membership of this society I wish to extend to you and call to your attention a beautiful example and loyalty and devotion to our honored profession, as this man gave his life by the roadside, no doubt the cause of a road hog: trying to reach our meeting place some eighteen miles away. He was quiet, unassuming, loved solitude, entered our meetings taking his seat, never entering into discussions, and when the meeting was over silently steal away, always leaving the expression of Solomon, "A silent tongue is the key to wisdom."

If this sacrifice of life to the devotion and good of our cause and society in a man of his attained age, picked up by the side of the highway, sitting on the bumper of his car grasping for breath and mortally dieing, trying to reach the meeting place of his society means anything to us: it must surely be a beautiful example of loyalty and devotion. And the security of medicine and our profession in Oklahoma would be well founded, and our good member's life would have not been in vain.

To the devoted wife and life companion the Tulsa County Medical Society humbly says, "May God's blessings be your solace and comfort in your hour of sorrow, in this reality of realities that all the living must sooner or later meet."

Of Special Interest!

DR. A. RAY WILEY NAMED C. OF C. DIRECTOR

The Tulsa Chamber of Commerce gave the Tulsa County Medical Society additional recognition as one of the outstanding forces behind the city of Tulsa through the appointment of a representative of this organization to their own Board of Directors.

President E. W. Thornton, president of the Chamber of Commerce announced the appointment of Dr. A. Ray Wiley as one of the presidential directors to serve on the Chamber of Commerce Board of Directors for the year 1939.

This is the first time in several years that the Medical Society has been so recognized by Chamber of Commerce leaders.

* * *

DR. C. E. BRADLEY NAMED ON STATE BOARD

Dr. C. E. Bradley of Tulsa was named to the state board of Medical Examiners by Governor Leon C. Phillips, last week according to word which reached Tulsa early last week.

The state law creating the board which prescribes examination procedure for members of the medical profession, provides that the four schools of medicine be recognized in the appointments. Members of the board are:

Dr. G. H. Stagner, Erick and Dr. W. T. Roy, Gould, alternate, Electic; Dr. S. B. Leslie, Okmulgee, and Dr. W. W. Osgood, alternate, Muskogee, Homeophath; Dr. L. E. Emanual, Chickasha and Dr. D. S. Harris, Alternate, Drumright, Physiomedic; and Dr. Bradley, Dr. O. C. Newman, Shattuck, Dr. J. D. Osborn, Frederick and Dr. Sam McKeel, Ada.

The public relations committee, headed by Dr. W. Albert Cook, announced the following radio speakers for the Wednesday afternoon "Your Doctor" programs over Station KTUL during the month of February:

Wednesday, February 1, Dr. Mont Stanley; February 8, Dr. F. J. Nelson; February 15, Dr. R. M. Shepard and the final program of the month will be broadcast by members of the Women's Auxiliary under the direction of Mrs. T. B. Coulter, chairman.

HAVE
YOU
PAID
YOUR
1939
DUES ? ? ? ?

NURSES REGISTRY MOVE OFFICES

District Number Two of the Oklahoma State Nurses Association wish to announce that after March 1 their Official Registry will be located in the Tulsa County Medical Society offices in the Medical Arts Building. They will have an office of their own on the twelfth floor of the building and are

taking the necessary steps to make the Registry meet in every way all requirements set up by the American Nurses Association.

In addition they will also operate the Tulsa Medical Exchange, an answering service for the Tulsa County Medical Society members, and a Placement Bureau through which they hope to serve the entire territory in filling positions in the nursing field.

When this is done it will no doubt be the most progressive nursing enterprise in Oklahoma.

TULSAN ON COMMITTEES

Dr. E. O. Johnson, secretary of the Harvard Club of Tulsa, has been named on the Harvard University scholarship committee by Henry Chauncey, Cambridge, Mass. chairman, it was announced recently.

Doctor Johnson said that he has also received an appointment as a member of the scholarship committee of the Associated Harvard Clubs, a world-wide organization.

Tulsa County Medical Society
1202 Medical Arts Building
Tulsa, Oklahoma.

Dear Sir:

May I congratulate you upon a very excellent Bulletin for the month of December 1938. It is well printed and organized and the material is presented clearly with no excessive verbosity.

Tell Dr. Searle that we appreciate his very kind words regarding the recent meeting of the Southern Medical Association.

If you will send a bill for the subscription I should like to be put on the mailing list for your Bulletin as it comes out each month. I feel that it will be to my advantage to keep informed as to medical affairs in Tulsa.

Sincerely yours,
L. C. McHenry, M.D.
Oklahoma City, Okla.

January 11, 1939

Dr. and Mrs. Allen C. Kramer
1802 East 32nd Place
Tulsa, Oklahoma

Dear Folks:

We arrived home yesterday morning at 11:30. I found that there was work to be done and I did not recuperate at all from the late hour we kept Monday night.

Miriam and I were greatly pleased with your invitation. It was one of the most enjoyable evenings we have had in many years. I especially appreciated meeting so many graduates of the Medical School who are now practicing in Tulsa.

Please tell all of the members of the Tulsa Medical Society that we had a wonderful time.

Cordially yours,
W. K. West, M.D.
Oklahoma City, Okla.

* * *

DOCTORS IN MUSIC

Do you or any of your medical friends play any musical instrument? Mead Johnson & Company is now preparing a new publication devoted to the hobbies and achievements of physicians, past and present, in the field of music. Doctors' orchestras, doctors' glee clubs, historical or biographical items, with or without illustrations, will be welcomed. Please send your item to Mead Johnson & Company, Evansville, Ind. (If you have not received your free copy of their recent publication "Parergon," devoted to fine art by doctors, send for it now.)

* * *

Walter Larrabee, M.D.
Medical Arts Building
Tulsa, Oklahoma

Subject: Bulletin.

Dear Doctor Larrabee:

I want to take this means of expressing appreciation of the fact that your Bulletin comes to me regularly. I am very much interested in reading it each time. I hope that you will continue to keep my name on your mailing list.

Very truly yours,
Clinton Gallaher, M.D.
Shawnee, Okla.

Sickness In Europe *

Introduction to Sickness Insurance

"Illness is one of the major causes of economic insecurity which threaten people of small means in good times and bad.

"Families with small incomes are compelled to sacrifice other essentials of decent living when serious illness strikes some member, go without medical care, or depend upon the gratuitous, or nearly gratuitous services of doctors and hospitals."

These two statements from the report of the President's Committee on Economic Security in 1935 succinctly set forth the stated situation for which sickness insurance is advanced as the remedial agency of choice.

We must recognize first of all that the **theory** of sickness insurance and the **practice** of sickness insurance are two totally different objects to view. It is the fact that some have viewed primarily the first and physicians generally the latter, which has led to so much misunderstanding of the problem by the public.

The very driving forces of all social legislation—an emotional enthusiasm arising out of an effort to better the condition of mankind—tends to restrict our view and center our attention solely upon the objective. Sickness insurance is not simple. It is extremely complicated in its legislation and administration and involves factors that are inherent and do not always amalgamate.

Compulsory sickness insurance changes so many relationships in such a permanent manner that its enactment is not an experiment. It is the sick among the public, not among the experts, who are going to receive the care and they are entitled to have an understanding and they are entitled to know how this system operates in actual practice. If it is then the public desire to have this legislation, its administration at least will be better understood; and the public cooperation, so vital to any successful administrative legislation, will be more readily offered.

Security and Insurance Aspects

Collective action to protect the unfortunate dates back to the days of the Medieval Guilds when factory workers placed a box near the pay desk, into which voluntary contributions were dropped for the aid prevention of illness for the insured population. The more important problem is loss of wage caused by disabling illness. Six months is the time limit for wage loss under sickness insurance. Nowhere does sickness insurance exist without companion legislation of "invalidity insurance" to cover of distressed members. Modern sickness insurance legislation was visualized as early as 1794, but it remained for Germany to adopt the first act in 1883, limited to workers in industry.

Sickness insurance administrators have been unable to find any feasible method for making collections under compulsory legislation other than payroll taxation. The coverage of sickness insurance abroad has been for the great mass of the population in the very low income ("the economically weak") classifications. Its success in meeting problems of economic insecurity basically rests upon the possibility of including all persons of low income. Every exemption defeats the purpose of legislation.

Compulsory insurance involves state management, for the government must collect the tax, disburse the money and employ the people for its administration. If we were to visualize legislation by states, in this country, the contributions would be paid into a state pool. The proportionate size of this pool, compared with other state revenue may be extremely large. In Wisconsin, for instance, under a legislative proposal in 1937 that by exemption **excluded** probably as many as **half** of the people in low income groups, the annual receipts would have approached 27 million dollars, whereas the state's revenues for all other purposes at the same time were not more than 60 million dollars.

Sickness insurance departs from normal insurance experience, for the risk is not easily defined as in life insurance or even fire insurance. Emphasis cannot be placed on means to encourage the policyholder not to make claims. There can be no certainty that the premium will be adequate or remain so for the demand for service is influenced by many factors and is not susceptible to actuarial computation. The effort of the government is always directed toward confining the service so that its costs may fall within the limits of the money that is raised. So we see that insurance of itself does not provide any more service than that which the insured, through their individual tax premiums, raise money to purchase.

Benefits and Administration

Compulsory sickness insurance has had three stated objectives: (1) compensation for wage loss for periods of illness extending beyond three days, (2) restoration to

*Sickness insurance is quickly mounting to the No. 1 problem in Medicine. Because it is timely, authoritative, interesting and thought-provoking we present this article which is a condensation of a book by the same title written by J. G. Crownhart. Mr. Crownhart, who kindly gave Wichita permission to reprint portions of the book, is executive secretary of the State Medical Society of Wisconsin. He was sent abroad this past summer by his Society to make a first hand study of sickness insurance. We were granted permission by Wichita to reprint this article.—Editor.

health of insured person who is ill, (3) prevention of illness for the insured population. The more important problem is loss of wage caused by disabling illness. Six months is the time limit for wage loss under sickness insurance. Nowhere does sickness insurance exist without companion legislation of "invalidating insurance" to cover those who are permanently incapacitated or whose illness extends over the customary twenty-six weeks.

The physician who treats the patient must sign some sort of a certificate entitling the patient to draw at least his initial cash benefits, and thus the physician is called upon to serve two masters—the patient and the state. The system from which the physician gets his pay demands he issue no certifications he cannot defend and the need of which is clearly evident. On the other hand the patients wants his benefit and if he feels the physician of his choice is not fair to his interests he may decide to change physicians at the semi-annual or annual period. In practice the physician signs the certificate without much question for the first week, but thereafter he must be a "bit hard about it." The physician is judged by his medical clientelle not only on the basis of medical service he performs but also upon his willingness to sign cash benefit certificates.

The system is constantly checking on the need of the sick man for benefits and this is done through a system of lay home visitors who drop in at unexpected intervals to see, as one visitor phrased it, "if he is in bed and really looks sick."

Sickness as defined by insurance laws is not identical with sickness as regulated by medical science. The insured, in the event of sickness does not receive cash with which to pay the physician (except in France), hospital, nurse and pharmacist, but the services of these people to the extent provided by law and administrative regulation. They are in turn paid by the sickness insurance fund.

In sickness insurance the administration may lay down such rules of acceptable practice if it is to maintain solvency of its relationship between premiums received and bills paid. The budget of necessity dictates both the extent and kind of medicine rendered. A physician's handbook lists common acceptable prescriptions and provides for rigid "economical prescribing." The saving created by mass buying under the system is offset by the administrative expense.

The effect of sickness insurance is to spread the cost over a large number, but unless the premiums are larger than the expense no magic can give greater service than money can buy. When an insured is hospitalized it generally costs more than he pays in premiums.

No country abroad lists an administrative expense of over 17 per cent and most of them claim 10 to 12 per cent, but the complicated nature of the institutions makes it almost impossible to determine the accuracy of these allotments.

There has been a tendency to copy existing legislature on the subject so that flaws of one nation have found their way into the laws of another. In setting the premium level there has been for the most part, a failure to consider the advance and progress of medicine and the consequent greater costs. The problem then resolves into a plan of greater cost or of poorer service. Under the Workmen's Compensation Act there is a positive penalty if the best medical and surgical services are not rendered. There is no such penalty under sickness insurance.

So it is apparent that the physician must submerge his natural patient relationships so as to meet administrative requirements of the law in operation of which his administrative responsibilities rank ahead of his medical service.

There are complex forces always working to limit the amount of medical service for the insured sick man. Physicians must stay within the regulations setting forth standardized practices; prescriptions are limited in amounts and costs; elaborate systems of controls are set up to insure the government against abuse; unless the premium allows for advance of medical science, funds are insufficient to provide newer procedures for the sick and premiums once established are rarely changed.

The sick man relying upon the state for high quality of service has no ready means of knowing if administration cheapens medical service in order to keep expense within income.

The Role of Sickness Insurance Abroad

Sickness insurance in Europe is usually restricted to the poor, but despite such regulations the systems embrace large populations. England, with a total population of roughly 45,000,000 has an insured population of 19,000,000. These 19,000,000 have an estimated 15,000,000 dependents who are not insured. The uppermost limit under which a worker may be insured is $1,250 per year. In Norway the figure is $1,500. That country has a population of 2,814,000 of which 1,167,000 are gainfully employed. Three-fourths of that group was insured in 1935. In Germany the limit is $1,440. Approximately 50,000,000 out of the 65,000,000 total population are covered in Germany. Eighty-three per cent of the income earners in Sweden are insured.

In Europe sickness insurance is part of a broad system in which the poor are taxed to support government services, upon which the people in turn are dependent for aid in meeting every emergency in life. Without a background of health consciousness and knowledge about health service, the insured persons abroad in general are not critical, in an American sense, of the quality

of service rendered. The role of sickness insurance is one of salvage. The tendency of the system is to make the physician the reinsurer of the unknown demands, thus loading him beyond his capacity to render a sound quality of sickness care. The great groups of insured accept the physician's word as law and because of lack of time there is a great tendency for physicians to unload complicated cases to hospitals or outpatient clinics. Under most systems physicians are paid so much per patient. Choice of physician is made when the patient is insured and the choice cannot be changed except at semi-annual or annual periods.

The director of one of the large public health institutes in Denmark said, "Sickness insurance is a leveling device. It assures the mediocre physician just about the same rewards as he who would give an outstanding service if he were to have time. The incomes tend to be leveled—but that is not all—the tendency over the years is to level the services to something that is neither good nor bad. But the incentive is gone and we develop fewer brilliant minds in our teaching centers and America captures the lead in health and methods to regain it."

An official of an English hospital said, "Now that you have studied the operation of sickness insurance, tell me one thing—how is it that something so good in theory can be so bad in practice?"

Operation of the System in England

"Throughout the health service there is a constant need for considering what is done from the standpoint of the consumer, who with all his gains from the efforts of health workers is still liable not only to be exploited and misled by commercial influences, but to be inconvenienced in order to fit in with arbitrary and unnecessary administrative arrangements, or to be treated contrary to the best traditions of medicine, as a case rather than as a human being."—Report on the British Health Services.

Let us take the case of Mr. Jones, a moulder, whose income is $1,000 a year. His employer will have a sickness insurance card in his name. Each week the employer is responsible for purchasing from the post office and affixing to this card, thereafter cancelling it by pen, a stamp in the amount of 40 cents. He then sets up an entry on his payroll sheets and automatically deducts half of this amount, or 20 cents from the weekly payroll. Of the total of 40 cents, 22 cents is devoted to pension plans and 18 cents to compulsory sickness insurance. The government inspector will check these cards from time to time to see that they are stamped.

Jones is married and has one child but his wife is not employed. Under the English plan neither his dependent wife nor child is covered.

When Jones became employed he selected one of the numerous state-approved insurance carriers. Herein lay his first difficulty. An insuring Society that has a substantial surplus account may provide with government approval, "additional benefits." These vary from emergency dental service to home nursing. However, since Jones has no way of knowing the benefits offered by the various societies he is likely to join the first which solicits him. Frequently this is one of the line of commercial life insurance companies which makes no direct profit in this line of business, but finds the contact gives their agent an entre to Jones.

The presumed advantage of separate insurance funds was to bring about a democracy of management and secure for the insured the maximum of benefits consistent with sound local administration. Now that he has selected his insurance group, Jones must select his physician. He inspects the list of physicians who have signified their willingness to care for insured persons under the act. If he has had recent services from a physician he is likely to look for his name and ask that he be assigned to his panel. If not he will probably select a physician who lives nearby. He then receives a form which he takes to the physician of his own choice. The physician detaches one part and places it in his own file card. He writes his name on another card returning it to the insurance office indicating that he agrees to accept Jones on the panel. Jones retains a card indicating he is insured and eligible for service. He will need to show this if he should be taken ill while traveling and require service in another town.

Jones is now insured. His employer will continue to deduct nine cents a week, $4.68 a year, from his wage for compulsory sickness insurance. The employer will contribute a like amount which is added to his cost of production and reflected in the price of his product. Thus the cost per person in England of a limited service from a general practitioner, with drugs, but without coverage for hospital, nurse, dentist or specialist, is $9.36 a year.

The physician that Jones has selected will have evening office hours from 6 to 7 or 7:30 o'clock after which he has his evening meal. These are hours that Jones, as an employed person, probably will use in order not to lose time from his work. If Jones lives in an area where there are many insured persons and his physician has more than 1,000 on his panel (and he may have a limit of 2,500) Jones is likely to find a reasonably full waiting room. The waiting room observed in typical instances average between 20 and 30. These will be seen by the physician in his hour or hour and a half. He must see them all. In addition the physician may have a private practice which often is found among the dependents of the insured.

(Continued next month)

Collecting Medical Accounts

Persons who do not pay a physician's statement will pay only when the account is placed with an attorney or if a person does not pay when we have requested payment from our office, he will not pay.

How often have you heard these statements or made them yourself? No matter how well convinced you are of their truth your Bureau has proven by facts and figures in less than one year's operation that there are enough exceptions to have been able to collect $10,000 representing full payment of about 500 accounts with regular weekly, semi-monthly and monthly payments arranged on several hundred other accounts totaling thousands of dollars.

How has this been accomplished? Not because the Bureau is a better collector than other agencies but because your Bureau explains to the patient that you are a member of Tulsa County Medical Society, therefore an ethical physician, qualified to render medical care to the laity and that in consideration of the time and money spent and which you continue to spend to keep abreast with the rapid strides of the science of medicine you are justly entitled to compensation for your services when the patient is financially able to pay.

Each person is informed that the Bureau is owned and operated by the members of Tulsa County Medical Society for their protection in order that a permanent record may be made of the medical credit record of their patients. Many persons have boasted that they never pay a medical account and that they can get a physician whenever they need one but when they are informed that the record of their account is available to all members of Tulsa County Medical Society then they recognize that their credit for medical care from physicians in private practice may not be available when needed for a major illness. These facts are producing many of the payments made on accounts as evidenced by letters received with remittances and the statements made to physicians when payments have been made to them.

"What benefits may I expect from such a plan?" you may ask. Although patients are presumed to continue their medical care with one physician as a family physician it cannot be denied that they do request medical care from other physicians when they desire a specialist or when they neglect to pay their medical accounts. Whenever they are a new patient to a physician and have learned of the purposes of the Bureau either through experience in the collection of an account or have been told about the Bureau by their acquaintances, then they become interested in arranging for payment of future medical care and also arrange for payment of past due accounts with physicians before they are placed for collection. If the work of your Bureau influences patients to pay their medical accounts more promptly, arrange for payment of current medical care costs and is instrumental in obtaining a respect for medical credit, then these are direct benefits to you by reducing the collection cost in your office.

Would you like to have a list of persons who have not paid their medical accounts?

Such a list is as near to you as your telephone. Each person is listed alphabetically in the Bureau files and you may make a call any time during the day to learn about your patient's past medical credit but the value of these records is contingent upon the number of accounts referred for collection. Over 3,000 names are now in file, and while this is a start the list will grow rapidly as more accounts are referred. This information is as valuable to you as similar records are to retail merchants associations.

State Legislative Bulletin

The following extracts from legislative bulletins sent out under the direction of Chairman Finis W. Ewing of Muskogee will give you some idea of the activity in legislative circles.

As you know, the state legislature opened its session January 2, and although it is too early to make any forecasts, there are a few important things that should be pointed out.

May we suggest to you some of the things you will hear about in the coming months:

Josephine Roche, Chairman of the Inter-Departmental Committee to Coordinate the Health and Welfare Activities of the Federal Government, has announced that President Roosevelt will send a special message to Congress during its present session regarding the National Health Program being sponsored by her committee. Compulsory Health Insurance may be advocated.

The 17th Session of the Oklahoma Legislature has already convened and legislative proposals which will be of direct interest to the medical profession may be expected. Some of them will be new ones, and others will be the same old lemons.

In closing this first legislative bulletin, we wish to summarize in this manner. We do not this session have a lobbyist. The profession will be kept informed of legislative matters and their progress by Mr. R. H. Graham, the new Executive Secretary. He is not operating in any fashion other than in the capacity just mentioned and under the direction of the Legislative Committee.

The following appointments have been made by the Committee on Committees as to the membership on the health committees in the House and Senate:

SENATE

Committee on Public Health and Sanitation:

James Babb, Poteau, LeFlore County, Chairman.
Leslie Chambers, Watonga, Vice Chairman, Blaine County.
James Nance, Purcell, McClain County.
Freeman Phillips, Atoka, Atoka County.
L. G. Ritzhaupt, M.D., Guthrie, Logan County.
Gerald Spencer, Chickasha, Grady County.
Nat Taylor, Strong City, Roger Mills County.

HOUSE

Committee on Public Health and Sanitation:

Creekmore Wallace, Oklahoma County, Chairman.
Raymond H. Lucas, LeFlore County, Vice Chairman.
Andy Banks, Pittsburg County.
A. N. Leecraft, Bryan County.
K. M. Nix, McIntosh County.
Homer O'Dell, Creek County.
Patterson (Unidentified).
Wm. M. Selvidge (Unidentified).
Dr. O. R. Whiteneck (Dentist), Garfield County.
Purman Wilson, McClain County.
H. W. Worthington, Greer County.

Committee on Practice of Medicine:

Dr. O. R. Whiteneck, Chairman, Garfield County.
K. M. Nix, Vice Chairman, McIntosh County.
Paul V. Carlile, Sequoyah County.
Dale Brown, Coal County.
Murray F. Gibbons, Oklahoma County.
F. C. Gillespie, Jr., Kiowa County.
H. Tom Kight, Rogers County.
Edgar L. McVicker, Roger Mills County.
A. E. Montgomery, Tulsa County.
Creekmore Wallace, Oklahoma County.
E. R. Weaver, Payne County.
Moss Wimbish, Pontotoc County.
G. E. Davison, Ellis County.

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