

THE BULLETIN

OF THE TULSA COUNTY MEDICAL SOCIETY

VOL. 5

TULSA, OKLAHOMA, MARCH, 1939

NO. 3



OLEUM PERCOMORPHUM (Liquid)

10 and 50 cc. brown bottles in light-proof cartons. Not less than 60,000 vitamin A units, 8,500 vitamin D units (U.S.P.) per gram. 100 times cod liver oil* in vitamins A and D.

OLEUM PERCOMORPHUM (Capsules)

Especially convenient when prescribing vitamins A and D for older children and adults. As pregnancy and lactation increase the need for vitamin D but may be accompanied by aversion to large amounts of fats, Mead's Capsules of Oleum Percomorphum offer maximum vitamin content without overtaxing the digestive system. 25 and 100 10-drop soluble gelatin capsules in cardboard box. Not less than 13,300 vitamin A units, 1,850 vitamin D units



(U.S.P.) per capsule. Capsules have a vitamin content greater than minimum requirements for prophylactic use, in order to allow a margin of safety for exceptional cases.

Uses: For the prevention and treatment of rickets, tetany, and selected cases of osteomalacia; to prevent poor dentition due to vitamin D deficiency; for pregnant and lactating women; to aid in the control of calcium-phosphorus metabolism; to promote growth in infants and children; to aid in building general resistance lowered by vitamin A deficiency; for invalids, convalescents, and persons on restricted diets; for the prevention and treatment of vitamin A deficiency states including xerophthalmia; and wherever cod liver oil is indicated.

**U.S.P. Minimum Standard*

MEAD JOHNSON & COMPANY
Evansville, Indiana, U.S.A.



FOR GREATER ECONOMY, the 50 cc. size of Oleum Percomorphum is now supplied with Mead's patented Vacap-Dropper. It keeps out dust and light, is spill-proof, unbreakable, and delivers a uniform drop. The 10 cc. size of Oleum Percomorphum is still offered with the regulation type dropper.

ETHICALLY MARKETED

We purposefully selected for these products classic names which are unfamiliar to the laity, or at least not easy to popularize. No effort is made by us to "merchandise" them by means of public displays, or over the counter. They are advertised only to the medical profession and are supplied without dosage directions on labels or package inserts. Samples are furnished only upon request of physicians.

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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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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*

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Society Meets at Mayo Hotel

Outgrowing the meeting and office facilities on the twelfth floor of the Medical Arts Building which for the past two years have been the meeting-place of the Medical Society, the Society voted to hold all its future regular meetings in some locations which would be more adequate.

Following the instructions of the Medical Society, the Board of Trustees worked out arrangements with Mr. John Mayo of the Mayo Hotel Company to hold the Society meetings in the Junior Ballroom on the mezanine floor of the Mayo Hotel.

Special notices were sent out and the February meetings were held in the new meeting quarters which proved very satisfactory. There is room to accommodate as many as 250 persons comfortably in this room. The seating arrangement is exceptionally nice as it brings the audience much closer to the speaker and the presiding officers.

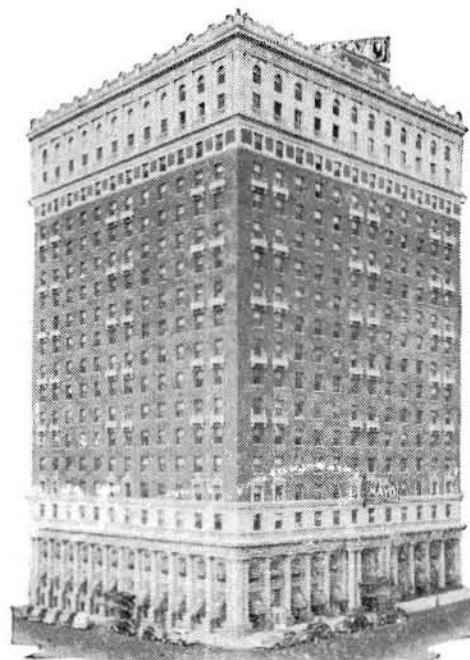
Special telephone service is provided in the Junior Ballroom and a blackboard has been provided for telephone calls. Any member can leave the Mayo

telephone number and can be reached immediately for any phone call.

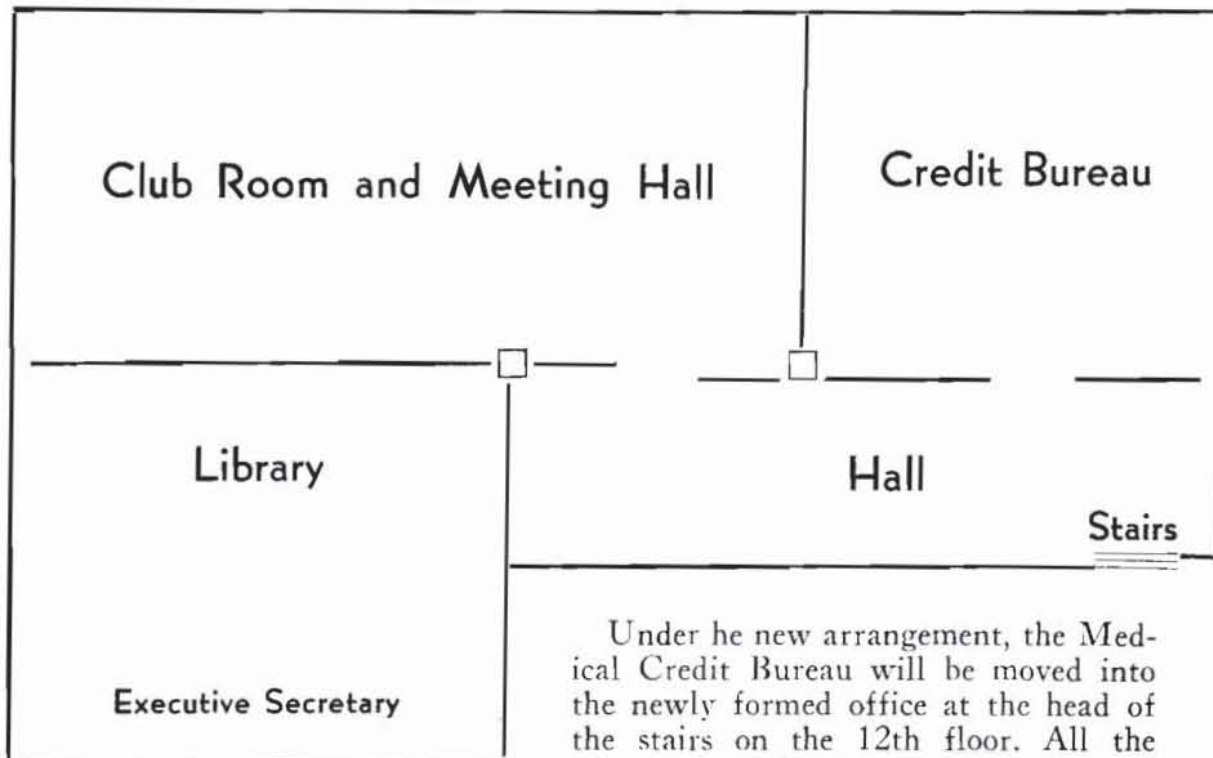
Automobile parking convenience has been provided members by the Sears company for parking their cars on the Sears' Cheyenne Avenue Parking lot just south of the University Club. This parking lot is available free to all doctors on regular meeting nights and Mr. E. W. Hiestand, manager of Sears, has invited all members to use these facilities with his best wishes. Mr. Hiestand pointed out that Sears could not assume responsibility for loss from cars or other damage to cars on the lot so he urged all members to keep their automobiles locked and use ordinary care in getting in and out of the parking lot.

By moving the Society meetings away from the 12th floor of the Medical Arts Building, sufficient space has been made available for expansion of the executive offices.

Since the Medical Credit Bureau was established just a year ago, the business of this department has expanded to such a point that it has become necessary to employ five persons in this de-



New Office Arrangement



Under the new arrangement, the Medical Credit Bureau will be moved into the newly formed office at the head of the stairs on the 12th floor. All the files and equipment of the collection and credit departments have been moved into the new location. Miss Calhoun's desk is located in this office also.

partment. All the offices of the Society have been crowded into the present library space and this has become so overcrowded that it is almost impossible to transact ordinary business.

Lloyd Stone's office remains in the library, which has also been fitted for committee meetings. Additional shelving will be installed to allow for more adequate library facilities and additional shelf space for journals and books.

The card room and smaller meeting room is now partitioned off from the public so that members can now use the

card room for recreation without sitting out before the public. This room can be entered from the hallway or through the double-doors from the present library.

This new office arrangement will make it much more convenient for the public to get to the Credit Bureau for the payment of bills and for the individual debtors to confer and arrange for payment of their accounts without explaining their troubles before a whole office full of people working.

PRESIDENT'S PAGE

The Tulsa County Medical Society began over a year ago to bring about friendlier relations between the press and the profession. Not that such a relation failed to exist but it needed emphasis.

Perhaps we doctors, through professional modesty, failed to appreciate the friendly gestures of the newspapers. They must publish the material they have at hand and unless we help them correct erroneous articles, wrong and deplorable impressions are sometimes left, with the public.

To offset wrong publicity is what we attempted. Our objective has been largely attained. But with the newspapers giving a willing ear, some articles have been given out and published that have been too personal or smacked of commercialism.

We have a committee on publicity through which all material for the lay press should pass. The members and the press are asked to cooperate with this committee. Both will find that this committee is willing to do its part.

The newspapers last week published several articles taken from a paper in the Oklahoma State Journal without the consent or previous knowledge of the authors, and much to their regret. These authors who are members of this society, are not to be blamed for the publicity.

Let's keep all publicity above criticism and hold and improve what we have obtained.

A handwritten signature in cursive script, appearing to read "R. W. Wiley" followed by a flourish.

President

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 MARCH, 1939 NO. 3

CURRENT COMMENT

Following a nation-wide survey of the operation of state unemployment insurance systems the American Association for Social Security announced that unemployment insurance provides even less protection for the jobless than does home relief. The only direction in which unemployment compensation can be termed a success, the report said, is in the creation of a large body of administrative employees.

Physicians will remember that the American Association for Social Security, through its Executive Secretary, Mr. Abraham Epstein, has long been an advocate of compulsory health insurance. For this reason Mr. Epstein's observation that the ratio of clerks to insured workers is five times as great in this country as in Great Britain is an interesting one. Since Americans always do things in a bigger and better way we can surmise what the result would be should "State Medicine" come to us.

In the German Krankenkasse system there are about 33,000 administrative employers, whereas only 31,000 physicians are required to take care of the sick. In Hungary only 12% of the money paid by the assured is allocated for medical expense. The remaining

88% is absorbed by compensation and administration costs.

Yessir, brother, you ain't seen nothin' yet! We'll make the ratio two clerks to each doctor and raise that administrative cost from 88% to 98%. "Bigger and better"—that's us!

—*The Milwaukee Medical Times.*

* * *

* * * Quite a number of distinguished authors in the past have written of the hardships of the poor and have never gotten to first base, so that the whole picture is nothing new although much to be deplored and should if possible be remedied. All of us in this country are for it. Positively no one is against it, but breaking up the stove and selling it to buy coal and wood is not the way to improve the heating conditions of the poor man's home.

* * * It will be just to bad if some counteracting publicity does not bring forward a more rational understanding of this situation. The doctors are not opposed to anything that will help the poor, or the poor sick, or the sick whether they are poor or not, but they do want to help them the right way, all of them!

—*Weekly Roster and Medical Digest.*

* * *

OFFICE CHANGES ARE ANNOUNCED

Dr. J. D. Shipp moved his offices to 1001 Medical Arts Building. Other changes reported are: Dr. O. C. Armstrong, 902; Dr. E. L. Cohenour, 1104; Dr. E. R. Denny, 1102; Dr. Hugh J. Evans 205; Dr. Luvern Hays, 216; Dr. L. A. Munding, 517; Dr. Geo. R. Osborn, 901; Dr. A. H. Ungerma, 317; Dr. R. B. Witcher, 909.

* * *

Playing Safe

Cook—Did they say anything about the cooking?

New Maid—No, but I noticed them praying before they started eating.

Medical Calendar

WEDNESDAY, March 1:

Tulsa General Hospital Staff Meeting.

WEDNESDAY, March 1:

Radio Broadcast at 3:30 p. m. Station KTUL. Dr. Mont Stanley.

MONDAY, March 6:

Morningside Hospital Staff Meeting.

TUESDAY, March 7:

Mercy Hospital Staff Meeting.

WEDNESDAY, March 8:

Radio Broadcast at 3:30 p. m. Station KTUL. Dr. H. Lee Farris.

MONDAY, March 13:

Tulsa County Medical Society Meeting, Mayo Hotel, Junior Ballroom, 8 p. m. Program: Physiology of Oxygen want and Clinical Use of Oxygen, by Dr. E. R. Denny. Methods of Administering Oxygen by Mr. J. I. Banash, Past President of the National Safety Council, of Chicago, Ill.

TUESDAY, March 14:

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

WEDNESDAY, March 15:

Radio Broadcast at 3:30 p. m. Station KTUL. District No. Two of the Oklahoma State Nurses Association.

MONDAY, March 20:

St. Johns Hospital Staff Meeting.

TUESDAY, March 21:

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

TUESDAY, March 21:

Flower Hospital Staff Meeting.

WEDNESDAY, March 22:

Radio Broadcast at 3:30 p. m. Station KTUL. Dr. W. Albert Cook.

MONDAY, March 27:

Tulsa County Medical Society Meeting, Mayo Hotel, Junior Ballroom, 8:00 p. m. Scientific Program, "The Spine," by Dr. W. S. Larrabee.

WEDNESDAY, March 29:

Radio Broadcast at 3:30 p. m. Station KTUL. Dr. R. M. Shepard.

Now that you have

TURNED OVER A NEW LEAF

in your ledger . . .

It is time you separated the wheat from the chaff or something. Your ledgers are full of accounts which should be paid. They are inactive now and have been for months — maybe years. Besides your time, you have an actual cash investment in every one of them, because it has cost you money to put them on your books and carry them.

This month you are checking through the good and the bad, trying to find just what happened during the past year. Those accounts which seem to have lapsed into a coma are not entirely lost. Some of them will be paid. However, a great deal more can be collected.

The Medical Credit Bureau can collect these delinquent accounts where you cannot. Gather up all those old accounts that have been kicking around your desk for the past two or three years and turn them into money. By using the service of the Medical Credit Bureau you can eliminate a lot of useless pages which you are now turning over.

●

**A Special and Exclusive Service for the
Collection of Physicians' and
Dentists Accounts**

●

MEDICAL CREDIT BUREAU

a unit of

The Tulsa County Medical Society

Telephone 4-8161

1202 Medical Arts Bldg.

Proposed Constitution Changes

CONSTITUTION OF THE TULSA COUNTY MEDICAL SOCIETY

ARTICLE I. Name and Title

The name and title of this Society shall be the Tulsa County Medical Society.

ARTICLE II. Purpose

The purpose of this Society shall be: To unite all members of the profession of this County into a unified group; to exert its influence constantly toward the betterment of the scientific, economic and social condition of every physician within its jurisdiction; to foster the highest ethical practice among members; and to join with other County medical societies of this state to form and maintain the Oklahoma State Medical Association, and through it join with other states to form and maintain the American Medical Association.

ARTICLE III. Powers and Duties

Section 1. This Society shall have general direction of the professional affairs of the Medical Profession of the County.

Section 2. This Society shall endeavor to instill into its members the thought that the physician should be a leader in his community, in character, in learning, in dignified and manly bearing, and in courteous and open treatment of his brother physician, to the end that the profession may occupy that place in its own and the public estimation to which it is entitled.

Section 3. This Society shall have the power to drop from membership automatically any member who is convicted of a felony.

Section 4. Agreements and schedules of fees shall not be made by this Society, but at least one meeting during the year shall be set apart for a discussion of the business affairs of the profession of the County, with the view of adopting the best methods for the guidance of all.

Section 5. This Society shall have authority to employ an Executive Secretary who shall be recommended by the Board of Trustees and ratified by the Society in regular session. A two-thirds vote of all the members present and voting shall be required for ratification. The Executive Secretary shall perform that service or services that may be requested or directed by the Board of Trustees.

ARTICLE IV. Eligibility

Every white, legally registered, regular physician, according to the laws of the State of Oklahoma, who is a citizen of the United States, and practicing in Tulsa County who is of good moral and professional standing, and who does not support or practice or claim to practice any exclusive or sectarian system or medicine, shall be eligible for active membership in accordance with the By-Laws of this organization.

Persons whom the Society deems worthy of special honor because of long or special activity in the interest of medicine or this Society, may be eligible for Honorary membership in accordance with the By-Laws of this organization.

Persons engaged in the study of medicine, who are not entitled to practice medicine, may be eligible for Interne Membership in accordance with the By-Laws of this organization.

The Society itself shall within the Constitution and By-Laws be the sole and only judge of the qualifications and eligibility of its membership.

ARTICLE V. Officers

Section 1. The officers of this Society shall consist of a President, President-Elect, Vice-President, Secretary-Treasurer, Board of Trustees, Board of Censors, Delegates and Alternates to the Oklahoma State Medical Association, and shall be elected and hold office as provided in the By-Laws of this organization.

Section 2. If any vacancy shall occur in any office except the Presidency, an election shall be held at the next regular meeting of this Society.

ARTICLE VI. Funds and Expenses

The dues of the Oklahoma State Medical Association shall be collected by the Secretary-Treasurer of this Society and shall be included in the dues as provided in the By-Laws of this organization.

Funds for meeting the expenses of this Society shall be raised by the annual dues, voluntary contributions, special assessments and receipts from such incidental agency bureau or bureaus as the Society may promote for the general material and professional betterment of its membership as provided in the By-Laws.

Funds may be appropriated by the Board of Trustees as provided in the By-Laws for such purposes as will promote the general welfare of the Society and the profession generally. The By-Laws shall provide for the expenditures for all necessary and proper expenses of the Society.

The fiscal year of this Society shall be from January 1st to December 31st inclusive.

ARTICLE VII. Charter and Incorporation

The Tulsa County Medical Society, Inc., shall continue to function under the existing charter issued by the Oklahoma State Medical Association. Said Charter shall be kept by the Secretary-Treasurer of the Society as its sole custodian.

The Society shall continue to have in force the Charter issued to it by the State of Oklahoma identifying it as a distinct private corporation doing business under the laws of the State of Oklahoma. This Charter shall also be kept by the Secretary.

ARTICLE VIII. By-Laws

This Society shall have the power or powers to adopt By-Laws not in conflict with this Constitution nor the State Constitution nor the Constitution of the American Medical Association in its general government in carrying into effect the provisions of this Constitution.

ARTICLE IX. Amendments

This Society may amend any article of this Constitution by a two-thirds vote of the members present at any regular meeting, provided: (1) That such amendment shall have been read in open session at the first regular meeting prior to the time of action; and provided (2) That a copy of such amendment shall have been sent by mail or otherwise delivered to each member at least five days in advance of the meeting at which action is to be taken, together with a notice that a vote is to be taken at the time and place specified, on the adoption of such amendment.

BY-LAWS OF THE TULSA COUNTY MEDICAL SOCIETY

CHAPTER I. Membership

The membership shall be composed of the following: 1. Active; 2. Associate; 3. Honorary; 4. Interne.

Section 1. A candidate for membership must be a citizen of the United States. He or she shall make application in writing and shall state age, college and date of graduation, the place in which he or she has practiced, and the date of registration in this state and other information stipulated on the application blank provided by the Oklahoma State Medical Association. This application must be accompanied by the admission fee and must be endorsed by two members of this Society. It shall be read in open meeting and then referred to the Board of Censors, who shall inquire into the professional and moral standing of the applicant, assure themselves that he or she is duly registered according to the Laws of the State, and report at the next regular meeting of this Society. Two-thirds of the votes of members present and voting shall be necessary to elect. The application shall be returned to the Secretary-Treasurer, who will file it for future reference. In the event that after due investigation the unanimous or majority vote of the Board of Censors is against the applicant, the Chairman of the Board of Censors shall notify the endorsing members who shall have the privilege of either withdrawing their endorsement and thereby causing the withdrawal of the application or of insisting upon a vote of the Society. The Board of Censors shall with due promptness make a full and written report to be read in a regular meet-

ing of the Society. An applicant who has not been recommended by the Board of Censors may be elected to membership by three-fourths of the votes of the members present and voting. Re-application of a rejected candidate or a candidate whose application has been withdrawn shall not be received within six months after such rejection.

Section 2. Association Members. An applicant who has actively practiced medicine for less than six months shall, if elected to membership, be on probation for a period of six months, at which time he shall again be presented to the Society for final consideration. An Associate Member automatically becomes an active member on being voted into the Society at the termination of his waiting period of six months, during which six months the Associate Member shall enjoy all the privileges of the Society except that of ballot.

Section 3. A physician, accompanying his application with a transfer card from another component county medical society of this or any other state within sixty (60) days of the issuance of said card, shall be admitted without fee on a majority vote of the members present, and without the application being referred to the Board of Censors. Such application may be acted on at the meeting at which it is presented on the vote of three-fourths of the members present, otherwise it shall lie over until the next regular meeting. No annual dues for the current year shall be charged against such members, provided the same have been paid to the Society from which the applicant comes.

Section 4. Interne Membership. Interne membership shall be limited to those graduates of medicine who are serving as full-time internes or residents in any recognized hospital in Tulsa County. This membership shall expire automatically upon the completion of internship at which time application for other membership may be made. No dues shall be charged interne members. Interne members shall not have right of ballot.

Section 5. Honorary Membership. Any member of the Tulsa County Medical Society may be considered for Honorary Membership on the following conditions:

(1) Members retiring from active practice: (a) After having attained the age of sixty-five years or more; or (b) After having been a member of a medical society fifteen years or longer; or (c) After having been a member for less than fifteen years but forced to retire from active practice because of physical disability or ill health.

(2) Members or persons whom the Society deems to have rendered special or noteworthy service to medicine or to this Society. Any member may propose the name of any other member for Honorary Membership for any one of the above provisions to the Board of Trustees and such application must receive a majority vote of the Trustees before it shall be submitted to the next regular meeting of the Society at which time it must receive a majority of votes cast. Upon election the Secretary shall certify such Honorary member of the Oklahoma State Medical Association for approval and transmission to the American Medical Association. Honorary members shall not be required to pay Society dues. Any name proposed must be with the permission of the person named.

Section 6. The privilege of voting and holding office shall be limited to active members so long as they conform to the provisions of the Constitution and By-Laws of this Society, including the payment of dues. Members who are under sentence of expulsion or suspension shall not be permitted to take part in any of the proceedings or be eligible to office until relieved of such sentence.

Section 7. Any active member in good standing who is free from all indebtedness to this Society, and against whom no charges are pending, wishing to withdraw, shall be granted a transfer card. This card (or letter) shall state the date the member associated himself with this Society, the date of issuance of the card, and shall be signed by the President and Secretary-Treasurer. It shall be accompanied with a copy of the application presented at the time the member joined this Society, for information to the Society to which the member desires to attach himself.

Section 8. Kindly efforts by the Committee of Medical Ethics in the interest of peace, conciliation or reformation, so far as possible and expedient, shall precede the filing of formal charges effecting the character or standing of a member, and the accused shall have opportunity to be heard in his own defense in all proceedings of this nature. He shall have the right of

representation by any member or members of the Tulsa County Medical Society.

Section 9. The Committee on Ethics may on its own initiative and must upon a written and signed complaint of a member or members of the Society conduct an investigation into such matters called to their attention and must present a statement of their findings to the Board of Censors. A member who has been found guilty of criminal offense, or of any gross misconduct, either as a physician or citizen, or who violates any of the provisions of this Constitution or By-Laws, or the Code of Ethics of the American Medical Association, shall be liable to (1) Censure; (2) Suspension; or (3) Expulsion. The Board of Censors shall investigate the charges upon their merits, hearing all testimony relating to the case by what means they determine best. The accused shall be given ample opportunity to present his evidence to the Board of Censors in rebuttal, but must do so within two weeks after being so requested by the Board of Censors, but no action shall be taken by the Board of Censors until after two weeks have elapsed since the filing of the charges and notification of the accused. The accused and the accuser must be present at the investigation hearing in the Society. At the completion of its investigation, the Board of Censors shall make a comprehensive summary of its findings which shall be read to the Society by the Chairman of the Board of Trustees, or Secretary, to the Society. The accused shall be given the opportunity to be heard in his own defense. The Society shall then proceed to vote upon the guilt or innocence of the accused. All voting shall be by ballot, and no motion shall be necessary to initiate the voting. If a majority vote guilty, then the Society will vote on one of the types of punishment, i. e.: Censure, Suspension or Expulsion, to be determined by motion from the floor. Censure or Suspension shall require a majority vote and Expulsion a two-thirds vote of all members present and voting. If on any ballot a majority vote for Suspension, the vote shall then be taken to fix the term of such Suspension. If at any time the majority vote for Censure then the balloting shall cease and the accused be Censured in open Society by the President. If the Suspension be for a specified time, it shall date from the date such Suspension is voted. No action shall be taken by the Society until at least four weeks have elapsed since the filing of the charges. A member expelled cannot make application for membership until one year has expired following expulsion. A Suspended member automatically again becomes a member upon the expiration of his term of suspension.

Section 10. A member wishing to resign must present his resignation in writing to the Secretary-Treasurer. This shall be referred to the Board of Censors for appropriate action.

CHAPTER II. Officers

Section 1. The officers of the Society shall be elected at the last December meeting in each year. Nominations shall be made from the floor. The vote shall be by ballot and a majority of the votes of members present and voting shall elect. Members must attend fifty percent of the meetings of the current year to be eligible to hold office.

Section 2. The PRESIDENT shall preside at the meetings of the Society and the meetings of the Board of Trustees and perform such other duties as custom and parliamentary usage may require. He shall appoint all standing committees hereinafter provided for, which committees shall be approved by the Board of Trustees. He shall be an ex-officio member of all committees. The President shall fill any vacancies that may appear through departure, resignation, or death of any committee member for the unexpired term. He shall appoint any temporary or special committee as the occasion may require during his term of office.

Section 3. The VICE-PRESIDENT shall assist the President in the performance of his duties; shall preside in his absence and upon his death, resignation or removal from the County, shall succeed to the Presidency. He may represent the President, upon request, as an ex-officio member of any committee.

Section 4. The SECRETARY-TREASURER shall record the minutes of the meetings of the Society and Board of Trustees and receive and be custodian of all the records and property belonging to the Society, including its charters and seal. He shall collect all dues of members and other money due the Society. He shall keep a strict account of all funds of the Society which may come into his hands and a record of all property of the Society. He shall notify each member

of the Society as to the time, place and program, via mail or otherwise of each meeting. He shall keep a list of the members of this Society in good standing, noting of each, his correct name, date and place of birth, address, place and date of graduation, and the date of the certificate entitling him to practice medicine in this state, and in a separate list, he shall note the same facts in regard to each legally qualified physician in this County not a member of this Society. It shall be his duty to send a copy of such lists, on blank forms furnished him for that purpose, to the Secretary of the State Association, together with the annual dues of each member of the Society, as provided in the Constitution of the State Association. In making such lists he shall endeavor to account for each physician who has moved into or out of the County during the year, stating when possible, both his present and past address. The Secretary-Treasurer, upon taking office, shall post bond in the amount of two thousand (\$2,000.00) dollars, said bond to be paid for by this Society. The Secretary-Treasurer shall not be required to pay any dues other than state dues, while in office.

Section 6. THE BOARD OF DELEGATES shall attend and faithfully represent the membership of this Society and the profession of this County in the House of Delegates of the State Association and shall make a report of the proceedings of that body to the Society at the earliest opportunity. Eligibility for the House of Delegates shall be membership in the Society for five years. Failure to attend Fifty per cent of the meetings of the House of Delegates shall automatically end tenure of office. The length of membership in the House of Delegates shall be for five years, one-fifth of the number to be elected each year.

Section 5. THE BOARD OF TRUSTEES shall consist of the President, Secretary-Treasurer, President-Elect and five other members, one elected each year to serve a term of five years, and shall be charged with the enforcement of the Constitution and By-Laws of the Society; shall have charge of the business affairs of the Society; shall control all property and funds of the Society; shall authorize the purchase of supplies of the Society; shall provide a meeting place for all meetings and perform all other possible duties requested by the Society; shall have the power to recommend an Executive Secretary whose selection must meet with the approval of the Society as provided by the Constitution and By-Laws; shall employ and arrange salaries of officers and employees necessary to carry into effect the purposes of this organization; and shall conduct all other business activities the Society may deem proper. The Board of Trustees shall have the power to authorize expenditures of not more than twenty-five (\$25.00) dollars during any one current month unless authorized by majority vote in regular session of the Society except for routine current expenses. It shall be the duty of this Board of Trustees to make a report at the business meeting in December and from time to time as may be deemed expedient by itself or at the request of the President, relative to any phase of the work of which the Society should have general knowledge. It shall also perform any other duties as custom and parliamentary usage may require. The Board of Trustees shall keep minutes of its meetings, records of its achievements and work and same shall become part of the records of the Society and filed with its own records of meetings. For Trustees' meetings, a majority shall constitute a quorum. Any vacancy or vacancies occurring in the membership of this Board at any time shall be filled by election at the first regular business meeting of the Society following the vacancy. No member of the Society shall be eligible for election to this Board until he has been an active member of the Society for five years. The President-Elect of the Society shall be ex-officio member of the Board of Trustees. The minutes of all meetings of the Board of Trustees shall be prepared and filed as a permanent record and shall be subject on request to inspection and examination by any member of the Society, but no other.

Section 7. THE BOARD OF CENSORS shall be composed of three members and shall examine and report on the qualification of applicants for membership, subjecting each applicant to such examination as it may deem necessary. It shall investigate charges preferred against a member, and report its conclusions and recommendations to the Society. In case of temporary absence of a member of the Board, the President shall appoint some member to fill the vacancy. The senior member of the Board, in point of service, shall be Chairman of the Board. One member of the Board

of Censors shall be elected each year to serve for three years.

Section 8. EMPLOYEES. Executive Secretary: The Board of Trustees, with approval of the Society as herein provided, shall have authority to employ a full-time lay secretary. It shall be the duty of the lay-secretary to acquaint himself thoroughly with all activities of the Medical Society so that he may more capably and diplomatically perform his various duties. He shall work with any and all committees, at their request. He shall attempt to create a feeling of good will toward the Medical profession as a whole and toward individual physicians where necessary. He shall attempt where feasible to prevent action at law against physicians, individually or collectively. He shall manage that business of the Society specifically designated as his duty by the Society in a business-like manner. His salary shall be set by action of the Board of Trustees but must be approved by two-thirds vote of members present and voting at a regular business meeting of the Society. Any contract for an executive secretary for more than twelve months must be approved by the Society. (b) The Board of Trustees shall have the power, with the approval of the Society, to employ other help as occasion arises. (c) The Board of Trustees shall employ an auditor who shall make a careful examination of all the finance pertaining to the Medical Society and he shall make his annual report at the regular business session during the month of January for the preceding year.

CHAPTER III. The Principles of Medical Ethics
The principles of Medical Ethics of the American Medical Association shall govern this Society.

CHAPTER IV. Dues and Expenses

Section 1. The annual dues of the Tulsa County Medical Society, including dues of the Oklahoma State Medical Society shall be set by action of the Board of Trustees and approved by the Society.

Section 2. Dues for the current year shall become due and payable January first of each year. Any member who shall fail to pay one-half of his annual dues by March first, shall be held as suspended without action on the part of the Society. A member suspended for non-payment of dues shall be restored to full membership on payment of all indebtedness. Members more than nine months in arrears shall be dropped from the roll of members and can only regain membership by making application as a new member.

Section 3. Voluntary contributions will always be accepted by this Society and be used in furtherance of whatever particular aspect or phase of medicine the donor may designate.

Section 4. Special assessments as provided by the Constitution may be made for the general welfare of the profession as may be warranted. Such assessments shall occupy the same relative status as dues and any member who becomes delinquent in the payment of special assessments shall be dealt with in the same manner provided for the non-payment or delinquency of membership dues. No assessment shall be levied, except upon written motion made in open meeting, stating the purpose for which such assessment is being made, and a copy of the same shall be sent to each member seven days before same is acted upon. A three-fourths vote of all the members present and voting shall be required to levy an assessment.

Section 5. Receipts from such incidental agency, bureau or agencies as this Society or the Board of Trustees may deem necessary, shall be formed to promote the general welfare of the Society.

CHAPTER V. Meetings

Section 1. Regular meetings of this Society shall be held twice a month in the place designated by the Board of Trustees, at 8:00 P.M. on the second and fourth Mondays of each month, except during the months of June, July and August. During the month of December but one meeting will be held.

Section 2. Twenty per cent of membership of the Society shall constitute a quorum for the dispatch of business of the Society.

Section 3. Special meetings for scientific purposes may be arranged by the Board of Trustees at any time for special programs recommended by the Program or other standing committee. No business of any kind, other than that pertaining to said scientific matter shall be in order.

Section 4. One regular meeting in January of each year shall be known as the Annual Banquet and Ladies' Night. The program shall consist of the installation of officers, and program suitable to the occasion but no business of the Society shall be transacted that can be passed to next meeting.

Section 5. Special meetings shall be called by the President at any time upon the filed, written request of ten members for transacting business by giving written notice to each member at least five days prior to the date of said meeting. A call for a special meeting shall state the object of such meeting at which no business except that stated in the call shall be transacted. The President may call special meetings at any time for any other purpose.

CHAPTER VI. Rules

The deliberations of this Society shall be governed by parliamentary usage as contained in Robert's Rules of Order.

CHAPTER VII. Order of Business

The order of Business shall be as follows:

1. Call to order by the President.
2. Reading of minutes of last meeting.
3. Introduction of new members and guests.
4. Scientific programs.
5. Unfinished business.
6. Committee reports.
7. New business.
8. Announcements.
9. Adjournment.

CHAPTER VIII. Committees

Standing committees shall be composed of three members each, appointed by the President and approved by the Board of Trustees. Each committee shall have the power to recommend one or more sub-committees to give effect to the purposes of said committee, and the President, at his election, will appoint the members on such sub-committees. The membership of all regular committees shall be appointed for a period of three years and staggered, so one membership shall be replaced each year by recommendation of the President and approval of the Board of Trustees. Regular or special meetings of each committee shall be held at the call of the Chairman of the respective committee or the President. Specific problems shall be referred to that committee which should be best informed or prepared to deal with such specific problem as set out under Chapter X. Written reports of each committee meeting shall be kept and filed with the Secretary of the Tulsa County Medical Society. A complete yearly report of each committee shall be read in open meeting during the month of December of each year, and failure of a committee to render a satisfactory report shall be grounds for dismissal of the entire committee following which the Board of Trustees shall make such recommendations for the replacement of members as they see fit. The books of all agencies of all committees of the Tulsa County Medical Society shall be available for inspection and examination by any member of the Society on request. Reports may not be removed from the Executive Offices.

CHAPTER IX. Committees

The following standing committees, composed of three members each, together with any sub-committees the Chairman of each committee may desire, are hereby authorized.

1. Bulletin.
2. Cancer.
3. Civic Relations.
4. Clinic & Hospital.
5. Credit Bureau.
6. Physician's Exchange.
7. Endowment.
8. Entertainment.
9. Ethics.
10. Finance.
11. Golf.
12. Industrial & Insurance.
13. Legislation.
14. Library.
15. Maternal Health.
16. Medical Economics.
17. Pharmaceutical Relations.
18. Membership.
19. Membership Welfare.
20. Mental Health.
21. Milk.
22. Necrology & History.

23. Program.
24. Nurses Committee.
25. Public Health & Preventive Medicine.
26. Rural Affairs.
27. Tuberculosis.
28. Fraudulent Practices.
29. Public Relations and Publicity.
30. Hospital Committee.
31. Fraudulent Practice of Medicine.
32. Malpractice Insurance.

CHAPTER X. Committee Duties

Section 1. The Bulletin Committee shall supervise the publication of the official organ of this Society.

Section 2. The Cancer Committee shall cooperate with the Cancer Society and see if we can lend any aid; cooperate with research clinical work being done in Tulsa.

Section 3. The Committee on Civic Relations shall be composed of three members and shall have a sub-committee composed of representatives of all civic clubs. It shall have general supervision over all matters relevant to those groups.

Section 4. The Clinic and Hospital committee shall work out proposals for a definite program of clinics or other measures to provide adequate medical attention for every person in Tulsa County.

Section 5. The Credit Bureau Committee shall have control over the maintenance and operation of a Medical Credit Bureau for the purpose of assisting physicians in the collection of past due accounts.

Section 6. The Physician's Telephone Exchange Committee shall consider all matters relative to operation of a Physicians Exchange to act as representative of this Society in matters involving operation of any exchange.

Section 7. The Endowment Committee shall have charge of all affairs pertaining to endowments or gifts to the Society.

Section 8. The Entertainment and Attendance Committee shall promote greater attendance, and better fraternal spirit among the members; arrange for any non-scientific entertainment at any of the meetings of the Society.

Section 9. The Ethics Committee shall investigate any breach of ethics of a member which shall be called to their attention in writing; to endeavor to correct any evil as is found, and in case amicable adjustments to the satisfaction of the committee and the member investigated is impossible, to see that proper charges or statements of facts are presented in due form to the Board of Censors.

Section 10. The Finance Committee shall advise and assist the Board of Trustees in the control of the general fund and of any other specified funds which may be established; to advise with the Board of Trustees proper and safe investments for any funds on hand, over and above current or probable requirements for expenditure, that such funds may be placed in such a manner as to be comparatively safe, and at the same time easily accessible on short notice should occasion demand their return to the general fund. It shall be their duty to consider and advise with the Board of Trustees as to any assessments or changes in the amount of the Society dues.

Section 11. The Golf Committee shall supervise all golf tournaments.

Section 12. The Industrial and Insurance Committee shall study and become intimately acquainted with every and all movements which in any way affect industrial medical insurance.

Section 13. The Legislation Committee shall watch over all pending or threatened legislation, reporting on same especially as to how this affects this Society and the profession generally. It shall be their duty to contact legislative officials and advise them in matters medical. This committee shall keep informed on the legislation pertaining to health, directly or indirectly from federal legislation, the states and municipalities. The construction of such legislation by the courts and inform the medical Society from time to time. They shall in particular investigate commissions or boards where medical problems are determined and use whatever power or influence they may have to see that problems of medicine, industrial or otherwise, have ample and adequate medical representation.

Section 14. The Library Committee shall purchase subscriptions to medical publications as needed by our

library; study plans for securing additional technical volumes; study plans for securing non-technical or "lay reader" books on medical subjects; continue program for binding current issues of medical publications as in the past.

Section 15. The Maternal Health Committee shall act as liaison between this Society and the State Committee on Maternal Welfare, promoting public information as well as professional education on matters of prenatal, puerperal, and post-natal maternal welfare.

Section 16. The Medical Economic Committee shall study the service bureau plan for furnishing medical attention to persons falling in the low-income or borderline classification.

Section 17. The Pharmaceutical Relations Committee shall promote a condition of cooperation of all druggists and pharmacists with the medical Society; possibly furnish speaker at one of their meetings; stress importance of handling only well known council approved drugs, etc.

Section 18. The Membership Committee shall make a survey of doctors in Tulsa County and determine those who should become members. Make an effort to have every eligible doctor petition for membership. Members of this committee shall act as "fellowship" committee at regular meetings to be sure members are acquainted; investigate advisability of securing or accepting internes as members of the Society; make efforts to have each doctor in the City at all regular Society meetings.

Section 19. The Membership Welfare Committee shall investigate possible help needed by physician's widows and find out where it is possible to assist destitute physicians; to study possibility of providing benefits for aged physicians by State, Federal, or other agencies; visit members who are ill and send flowers or condolences to bereaved families.

Section 20. The Mental Health Committee shall arrange suitable program for regular meetings during the year; prepare suitable papers for reading before students, clubs and other organizations; keep membership advised of State or Federal programs in this field; inaugurate lay educational program in mental hygiene with special emphasis on Child Welfare activities.

Section 21. The Milk Committee shall act in connection with the local health officer and Board of Health in all matters relative to handling, transportation and distribution of milk and milk products.

Section 22. The Necrology and History Committee shall notify with proper resolutions the Society of the demise of any of our members; to offer proper condolences to the families of the same, and to see that proper floral recognition is made at their services, and second, to preserve and compile past and present facts of history of this Society, with proper reference to outstanding achievements attained each year.

Section 23. The Program Committee shall plan by-monthly scientific programs as in the past; contact chairmen of various committees and arrange programs which they will help present in all cases where this is advisable.

Section 24. The Nurses Committee shall consider all matter connecting or affecting this Society relative to the nursing profession.

Section 25. The Public and Preventative Medicine Committee shall act as a liaison between this Society and the Board of Health in advocating and promoting measures for the wholesale prevention of those diseases known to be communicable, and for the promotion of those measures known to be successful preventatives for certain of these communicable diseases; study plans for public health activities and educational campaign; plan "Public Health Week" or "Child Health Week" to be held each fall; plan educational programs.

Section 26. The Rural Affairs Committee shall have charge over all Society activities relating to rural communities. All general matters coming up in any of the committees affecting, benefiting, or tending to benefit these rural members or communities shall be considered in connection with this committee before definite action is taken.

Section 27. The Tuberculosis Committee shall act as a liaison between this Society and the State Committee on tuberculosis in promoting public information as well as professional education on this subject, also advising with this committee on proper state distribution of adequate diagnostic or curative efforts against this disease. They shall also act as the representative of this

Society in connection with matters affecting the local tuberculosis association.

Section 28. The Fraudulent Practices Committee shall investigate and report to the Society at the first regular meeting thereafter any findings relevant to the fraudulent practice of medicine which shall be brought to their attention from any source whatsoever.

Section 29. The Public Relations and Publicity Committee shall consult with the Press, arrange Radio talks, supervise publicity of the Medical Society and any other function which might better the relationship between the public and the medical profession. It shall be the policy of the Society to have all publications for the lay press to be passed upon by this Committee.

Section 30. The Hospital Committee keep advised as to the condition of all local hospitals, both approved and unapproved, and to make whatever recommendations they feel necessary in bettering or protecting the interest of all Tulsa County Medical Society members practicing in these hospitals. Not more than one member shall be appointed from the regular staff of any one hospital.

CHAPTER XI. Amendments

These By-Laws may be amended at any regular meeting by a two-thirds vote of members present and voting, provided that such amendment shall have been read in open session at the preceding regular meeting and a copy of the same has been sent to each member of the Society by the Secretary or published in the Bulletin at least five (5) days in advance of the meeting at which final action is to be taken.

CHAPTER XII. Effect

This Constitution and By-Laws, as codified and amended shall be in effect from and after its regular adoption by this Society.

CHAPTER XIII. Preservation

The original copy of this Constitution and By-Laws shall be preserved in form by the Secretary of the Society for safe keeping and future reference.



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Of Special Interest!



"Your Family Doctor," weekly radio broadcast over radio station KTUL was delivered by the following members and groups: Nurses of District Number Two of Oklahoma State Nurses Association; Dr. J. F. Nelson; Dr. James Miner and the Auxiliary of the Tulsa County Medical Society.

Following are the scheduled speakers for March: Dr. Mont Stanley, Dr. H. Lee Farris, District Number Two Nurses Association, Dr. W. Albert Cook and Dr. R. M. Shepard.

These broadcasts are heard regularly at 3:30 o'clock every Wednesday afternoon over station KTUL.

* * *

LIABILITY INSURANCE WINNING OUT

The Liability Insurance Committee, of which Dr. J. C. Brogden is chairman, has been one busy group during the past two weeks. The campaign to prevent cancellation of our group insurance policy took a large delegation of Tulsa Doctors to Oklahoma City two weeks ago to call on Governor Leon Phillips to lay their case before him.

This followed action of the State Insurance Board ordering the cancellation of this insurance policy without notice or hearing.

Following the meeting with Governor Phillips, Robert Seigfried, secretary of the Insurance Board and W. C. Theimer, state fire marshal and also a member of this board, were dismissed from their positions by Governor Phillips.

As soon as they have been replaced on the Insurance Board, all questions affecting this insurance policy will be passed upon and the matter ended.

* * *

OKLAHOMA INTERNISTS ASSOCIATION CLINIC

The Oklahoma Internists Association consisting of Internists, some of whom are members of the American College of Physicians met in Oklahoma City, Wednesday, February 22, at the University Hospital. Approximately forty-five Internists and guests attended the clinic.

Each year the Internists meet in the early spring in Oklahoma City and in the late fall in Tulsa, the Internists of the respective cities being responsible for the clinics.

The program was opened by a talk by the president, Dr. Tom Lowry. Those who conducted the clinic were as follows: Doctors Lea A. Riley, Wayne Langston, Ray M. Balyeat, Henry Turner, Minard F. Jacobs, Lewis Moorman. At noon a round table luncheon was held with Dr. E. Rankin Denny of Tulsa, presiding and questions on cardiovascular, allergy, diabetes, and hyperthyroidism were discussed by Dr. Wayne Langston, Dr. Ray M. Balyeat, Dr. Lea A. Riley and Dr. Henry Turner respectively.

The four Internists from Tulsa attending the meeting were Dr. W. J. Trainor, Dr. R. M. Shepard, Dr. E. Rankin Denny and Dr. Juda K. Lee.

Sickness In Europe

Continued from February.

When the patient is seen the physician takes a 5x7 inch card from the file and fills in the spaces devoted to date of visit, whether seen in home or office, whether certification for cash benefit is given. Two and a half inches are devoted to a column entitled "clinical notes," and an inch column is allotted to "diagnosis."

Jones, if anywhere near an average patient will leave with a prescription. In 1936-1937 the number of prescriptions in England and Wales for the insured population rose from 43,800,000 to 66,000,000. In Sheffield, in 1937, there were five prescriptions per year for every insured or nine per year for every person ill.

All prescriptions are reviewed by a special committee to check the amount, the druggist's charge and to see if it is standard and according to regulations.

Because of the low remuneration the physician takes on too much work. When the patient is hospitalized the panel physician's services are ended, in England, although this is not true in all countries. Hospital treatment is more or less on a mass basis rather than individual. Hospitals are old.

One person explained, "When a nation spends so much for arms there is little left in charity or municipal grants for a new hospital." The wards are large, heating is often faulty and cleanliness is not model. The upper classes go to "nursing homes" which also are below our hospital standards. It is observed that the non-panel physicians hold no great regard for their brothers on the panel.

Cash benefits are certified on the third day of illness. A second certification is required at ten days and thereafter week by week. The maximum period is 26 weeks. The benefits total \$3.75 a week for a man, \$3 for a single woman and \$2.50 for a married woman. Invalidity insurance benefit is \$1.87 a week.

However, there are few complaints against the system because the insured realizes he is getting a limited service and he respects the authority of the doctor.

In Europe the great mass of people are insured. In the United States, government technical agents report that those with incomes under \$800 to \$1,000 a year are medical indigents so it is proposed that all with incomes from this level to \$3,000 a year be insured. In most states this would mean a coverage, including dependents as proposed, of 95 to 98 per cent of the population. This means with substantially no field for private practice and a maximum of insured population in the neighborhood of 1,000 or less, the physicians would practically be dependent upon his insurance income for a living. The production of physicians abroad, with the exception of England, is regulated. Sweden with a population per physician of 2,660 limits graduates to 100 per year.

If then the same rates were used here as abroad (\$2.25 per person per year in England) the maximum income of the physician from his insured practice would be \$2,225 a year. In England on the other hand with a maximum panel of 2,500 the maximum income would be \$5,625. Few however receive that. It must be borne in mind that if freedom of choice of physician is maintained some physicians will have more and some less. This actually takes place abroad. The patients are not distributed among physicians, but distribute themselves.

The tendency of practice abroad where the physician has no opportunity to follow his insurance patient into the hospital is to make him a cogwheel in a mechanism. He has been taught the use of modern diagnostic equipment, but in most countries he has little of it in his office. He has been taught the value of case records, but time permits him to operate only an accounting system. He has been taught the value of graduate education but his insurance contract and patient demand require that he be in continuous attendance upon his practice unless he furnishes a substitute physician. Frequently this is something he cannot afford to do. He has been taught that the needs of the patient should dictate the extent of his services, but he finds the needs of his patient in practice must be met under laws and administrative procedures that fairly bristle with regulations. As the report of the British Health Service so well summarizes this situation—"Excessive numbers of panel patients and excessive demands for certificates and returns of all kinds quickly reduce the general practitioner to an agent for making out prescriptions (too often for mere palliatives), and for operating something more like a sickness licensing and registration system than a health service."

*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.

Disease Prevention Aspects Lost

The health needs in a country that has had a quarter of a century of sickness insurance are greater than in a country that has not had this legislation. While the theory of sickness insurance indicates its use as a powerful weapon in disease prevention, there is no indication that it has ever occupied that role.

The efforts of the family physician in the field of alleviation are so increased that he commonly lacks time to make thorough examinations that result in an earlier discovery of a serious disease. Newer methods for distributing medical service do nothing to eliminate disease that arises out of lack of proper housing, education and nourishment.

The constant effort in sickness insurance is to devise ways and means of delivering the benefits that the theory envisions but the practice inhibits.

The insurance physician becomes purely the doctor and rarely the teacher. Even the attention of his medical society is likely to be directed toward protecting his rights under the complex rules and regulations than toward carrying forward to the public constant education of that which is theirs to be had and assisting them through individual practice and public health legislation to secure it.

In Other Countries

Scotland—In Scotland the geography offers a problem. There are many sparse areas that could not support a physician so it was necessary to create a Highlands and Island Service at a greater cost.

Norway—In the Scandinavian countries, hospitals, with few exceptions, are under state or municipal managements. Physicians who wish to advance in their profession find opportunity primarily in the hospital. The young doctor usually starts in the outpatient department. He may serve here for a year or more. Following this he will become a third or fourth assistant on a medical or surgical service for five to eight years. His remuneration is barely a living. It is extremely difficult for boys without financial support to make a place for themselves in the profession, and this five to eight year period of graduate work tends to become a period of waiting if not actual stagnation. Promotion is according to time of service, much like the army system. Under legislation effective in 1939 there will be an eight-hour day for the physician.

Practically all workers under \$1,500 a year in Norway are insured. They are divided into income groups: 0-\$75, no cash benefits; \$75-\$100, first group, etc. This plan includes for medical care of dependents and children up to 16. It is a question whether the plan—the lower the wage the lower the benefit—is fair.

The physician's fee is usually higher

than the amount allowed by insurance and the patient pays the difference. This is done among other reasons, to check "nuisance demands."

An insured will lose his benefits if he does not follow his doctor's orders.

Cheapness and quality in sickness are frequently incompatible and in constantly seeking the former, administrators have interests that are or may be, diverse from those of the sick man.

Sweden—In Sweden sickness insurance is voluntary but because of employer agreements, its effect is compulsory. All sickness insurance is under government supervision and those societies that meet with government approval are subsidized. The geographical distribution of these societies is carefully restricted. Sick benefits societies are forbidden to grant aid to those who are entitled to medical service from any other source such as government bureaus for the treatment of venereal diseases, medical service provided by the employer, etc. The societies need make reimbursement only for two-thirds of a schedule established for that treatment which can be given by every licensed physician. If a patient consults a specialist he must pay the additional fee above the two-thirds fee established for the general practitioner.

Physicians in hospitals may ask no fees from their patients, but on the tables in all private and semi-private rooms is to be found a published fee schedule in general terms and according to income groups. Patients occupying such rooms are expected to make voluntary payments to the hospital physician in accordance with the schedule.

In municipal hospitals the subsidy is sufficient so that the actual cost of a patient for ward accommodations may be as low as \$1 a day, or even less. But the charge is increased for patients whose residence is outside the territory which supports the hospital through taxes. The government subsidy to sickness insurance societies is either on the basis of membership or on the basis of per diem of benefits paid, or on medical treatment subsidy basis. The membership subsidy generally amounts to 75 cents per member per year; the per diem subsidy amounts to 12 cents a day if the society pays at least 24 cents; and the medical treatment subsidy amounts to one-half of that spent by the society in reimbursing two-thirds of the cost of medical treatment. It is interesting to note that during the period of depression there has been a marked decline in the annual admission of new members.

There is roughly one physician for each 2,000 persons in Sweden. Again one finds patients must wait a long time for treatment and there is insufficient time for a physical examination.

Denmark—Until recently Denmark has

had voluntary insurance, but it is the history in Europe that voluntary insurance precedes compulsory insurance. Here again is a government contribution for the support of the system, and the largest per diem wage loss is \$1.20, but it is generally much lower. Physicians are paid on the basis of agreements between the insurance groups and the medical organizations and physicians generally indicated that the low income was insufficient to support office aid, and that the wife frequently had to be pressed into service in order to assist the physician to maintain the forms and reports the system requires.

The physician does not follow the patient to the hospital, the patient hospitalized receives the care of the physician assigned to him.

The family physician goes off duty at night and a young "night doctor" handles night calls. A panel physician may disconnect his telephone at night. The night physician of course does not know the patient's history.

Germany—The more recent developments of sickness insurance in Germany today illustrate a tendency and a trend in all systems. Originally, in this nation which first adopted sickness insurance, there were separate funds by occupation, territorial districts or other groups, but there arose the problems of equalizing the risk, democracy of local management and the fact that the state had to supervise all funds. The trend in Germany today is to unify the system. The income limit is about \$1,440. The great bulk of the insured are under the \$1,000 class. The trustees of the fund are more concerned with keeping financial integrity of the fund for the 98 per cent who are well than the needs of the sick.

The writer said to an administrator of high rank and long experience, "With all your regulations, it seems to me that the problems arising out of illness are so highly individualistic that you would constantly be faced with the necessity of making new determinations."

"Of course, Mr. Crownhart," was the immediate reply with a broad smile, "none of us administrators say much about that except as we gather among ourselves. But actually during the years when I was an active administrator instead of advisor, I would set aside two or three letters out of every morning's mail. After I read them again, I would say, 'Those confounded doctors!' and then I revised one or two regulations."

The employer and employee each pay half the cost. In 1885 this represented 1.92 per cent of the basic wage. In 1935 it accounted for 5.16 per cent which included wage loss, medical benefit, limited maternity benefit, limited death benefit and a limited aid to dependents who are not wage earners.

To control the nuisance demand the insured must obtain from his employer his sickness card and affix a 10-cent stamp with the first call for medical service. In Germany the cash benefit amounts to one-half the basic daily wage as long as sickness renders the insured unfit for work. The maternity benefit includes midwife, medicines and incidental remedies. This is true also of the Scandinavian Peninsula that all normal deliveries are handled by a midwife. The death benefit amounts to 20 times the daily wage and is intended to cover burial costs. In 1934 the average death benefit was \$24.

The insurance authorities calculate the average annual expenditure permissible to cover all services of the physician. A single lump sum payment is made to the local branch of the Association of Sickness Insurance Physicians. The local branch distributes the funds pro rata in accordance with the services they individually render.

There are physicians employed by the system to inspect and review all questionable cases. They are known as control physicians. The patient ordered to a hospital, except in an emergency, must appear before a control physician for approval or disapproval of the recommendation of the family physician that the patient be hospitalized. There is little complaint by the physicians because they realize that most insured patients could pay nothing without the system.

If the insured group of any given country was transferred to the United States from 50 to 90 per cent would be entitled to service out of relief funds.

Again in Germany the physician has too little time for his patient. Office expense comes out of the income and is held to a minimum. Abroad a physician's office expense varies from 10 to 25 per cent while in Wisconsin office overhead is slightly more than 40 per cent for the general practitioner. European physicians cannot understand how American physicians can afford to have equipment in their offices.

The total number of cases of sickness per 100 insured persons in 1930 was 42.6. The total number of days illness per person reached its high point in 1929 with 14.01 and receded to 8.77 in 1934.

France—In France the costs of insurance against sickness, invalidity, old age and for widows and orphans are met by payroll tax paid half by employer and half by employee. The total tax is eight per cent, 3.47 per cent for sickness. For 1939 there must be either a reduction in service or an increase of the tax to nine per cent. This shows that if services under sickness insurance are to be continued from year to year under modern methods of practice there must be allowance for such increased costs in the initial premium.

Insurance is compulsory for employees in industry if their annual income is not

below \$30 or over \$700 or \$825. Here is a system of mutual benefit funds and the government distributes funds to insure those not affiliated with other funds. Then there is a regional union that affiliates all funds in the area to equalize charges. Over all is the general government fund which grants subsidies. Under the French system cash is paid directly to the insured. Medical benefits begin from the day sickness is certified and dependents are covered. Sickness care includes general practitioner's services, specialist's treatments, obstetrical service, dentistry and hospitalization. Every five years the insured and his dependents may get a physical examination. This is a new feature and has not been used yet, so there is a question whether funds will be sufficient.

Any qualified general practitioner or specialist may treat the insured and his dependents. The physicians are given a fee schedule and the fund pays 80 per cent of the fee, the patient paying the remaining 20 per cent. There is provision for free choice of physician and the diagnosis is known only by the individual and his physician. Initially physicians charged in excess of fee schedule on the basis that the patients pay 20 per cent and the excess. Then arose a "cutting" practice as a bid for business. To create greater control sick visitors and medical referees were created to examine questionable cases.

For prescriptions the funds pays 80 per cent as long as the cost does not exceed 75 cents—if it does the patient's share is 40 per cent.

Advisors in other countries frown upon the French system because they say it is difficult to keep insurance records and sickness statistics, the cost of medical service is higher, sickness benefits exceed wage loss benefits, and there is a lack of control of the doctor in certifying for disability.

The French system has been in operation only a few years so only future experience will provide a background upon which sound conclusions may be drawn. Whatever may be the evils of the system, the fact still remains that under the French system it did not appear possible to cheapen the medical service without the patient knowing it. This did not appear to be the case elsewhere.

Measuring Values

In the opinion of the author it was most necessary to make various approaches to the same subject and to study all services and all groups, for often the data desired was not volunteered.

There are certain characteristics that are common to all the systems and therefore may be assumed to be inherent to this sector

of legislation that pertains to sickness insurance. The author lists these aspects:

1. Sickness insurance is sold to the public on the basis it will perform a social service. Its required operation as an insurance institution defeats the purpose.

2. The fixation of premiums produces a situation in which the financial balance can only be maintained by ignoring the steady progress of medical science.

3. The beneficent intent of the legislation is accepted by the patient as a guarantee of quality of service which the operation of the system makes it increasingly impossible to render.

4. The institution as a trustee, feels that its obligation to preserve the funds for the possible future needs of the many now well is paramount to the duty to giving the best possible care to the sick. This of necessity involves exercising of a wide measure of control of medical practice.

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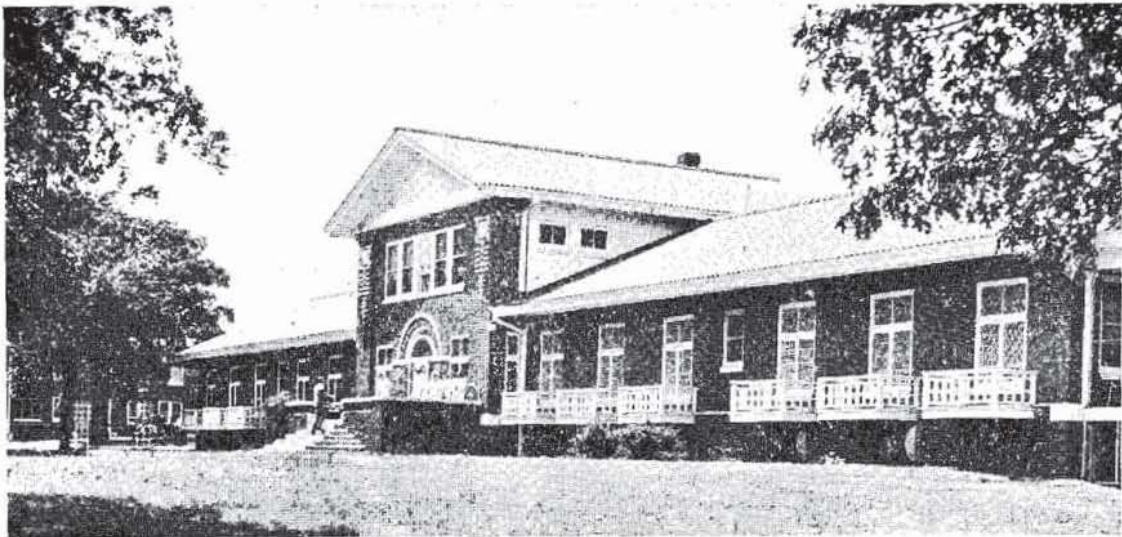
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