

THE BULLETIN

OF THE TULSA COUNTY MEDICAL SOCIETY

VOL. 5

TULSA, OKLAHOMA, JULY, 1939

NO. 7

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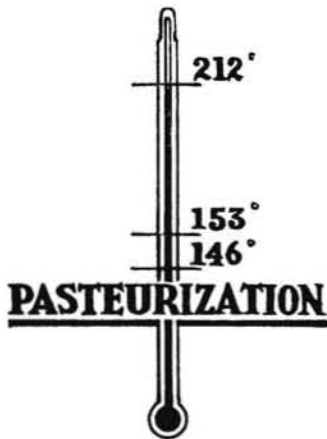
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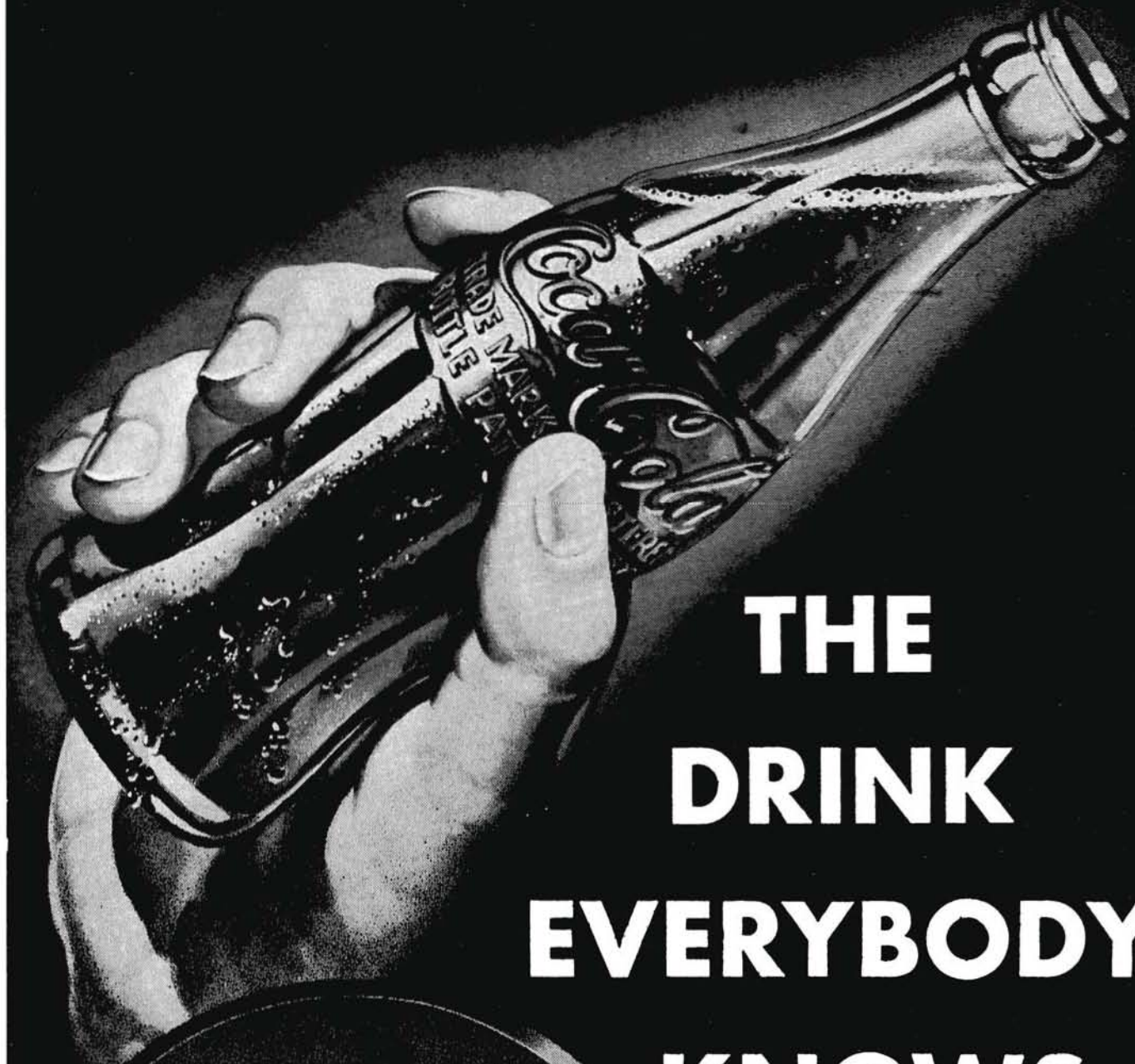
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THE BULLETIN

OF THE

TULSA COUNTY MEDICAL SOCIETY

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VOL. 5

TULSA, OKLAHOMA, JULY, 1939

NO. 7

State Meeting, May 6-7-8, 1940

Advance preparations being made to care for largest and most important convention in the history of the state organization; Mayo Hotel will be headquarters.

With the announcement by President W. A. Howard that the dates for the 1940 annual meeting of the Oklahoma State Medical Association had been officially set for May 6-7-8, of next year, officers of the Tulsa Society immediately began advance preparations to make the next meeting here the largest and most important in the history of the state organization.

Immediately after the state organization voted to come to Tulsa next year, even before the dates were set, work was started on building a great

<p>Check these dates on your calendar: May 6, 1940 May 7, 1940 May 8, 1940</p>

convention for 1940. Both Lloyd Stone, Tulsa Executive Secretary, and R. H. Graham, State Executive Secretary, started work contacting commercial exhibitors at the A.M.A. in St. Louis and definitely signed up a number of outstanding firms who had never exhibited in the southwest before. A number of scientific exhibitors expressed an interest in the coming Oklahoma meeting—and one exhibitor from St. Louis has made hotel reservations already for next year.

Arrangements have been completed for convention headquarters in the Mayo

Hotel. Commercial and Scientific exhibits will be placed on the 16th floor of the hotel where the registration and other activities will center.

Tentative plans are being considered for a "Hall of Health" to be open to the public either in the Coliseum or some other suitable location. The American Medical Association has already promised to send their outstanding exhibits to Tulsa for this show and arrangements have been made to secure the "Transparent Woman" as one of the feature attractions of the show. It will be possible to bring some 50,000 to 75,000 persons through such an educational exhibit.

A general chairman for the convention committee will be named in the near future and the convention organization will be perfected in plenty of time for this group to provide an outstanding convention. One feature has been suggested and tentative arrangements have been made to take the doctors and their wives to the Frank Phillips Woolorak Lodge one evening during the meeting.

If an early start means anything the next annual meeting of the Oklahoma State Medical Association should be something to write home about.

Wagner Act Sidetracked This Year

Senator Murray, chairman of subcommittee, says no chance for passage now—but measure will come up again next year; analysis of "National Health Act" shows many dangerous defects.

The Wagner national health bill will not be called up for vote in this session of Congress. Senator Murray of Montana, chairman of the subcommittee which has been holding hearings on the bill for several weeks, announces there is no chance for passage now, although by asking witnesses to file supplementary data with the committee on August 1, he indicates that it will be an order of business next year. The respite is welcomed by the foes of this bill to consolidate their wholly justified protests.

The Wagner bill has merely been held over. It has not been abandoned. We face socialized medicine unless Congress is informed by public opinion that such is not wanted.

Following is a brief synopsis of the Wagner Act as presented by a committee of the American Medical Association:

"Your reference Committee has carefully considered the Bill designated as S.—1620, "A Bill to provide for the general welfare by enabling the several states to make more adequate provision for public health, prevention and control of disease, maternal and child health services, construction and maintenance of needed hospitals and health centers, care of the sick, disability insurance, and training of personnel; to amend the Social Security Act; and for other purposes."

"This bill was introduced by Senator Robert A. Wagner of New York, February 28, 1939, and is commonly referred to as the Wagner Health Bill. The bill itself provides that, if it be enacted, it may be cited as the "NATIONAL HEALTH ACT OF 1939." The purposes of the bill are sufficiently stated in the title, but the bill itself must be recognized as a proposed amendment to the Social Security Act of 1935. The

bill is intended to make effective a national health program recommended by the International Committee to coordinate health and welfare activities.

"S. 1620 proposes to amend Title V. of the Social Security Act—Grants to States for Maternal and Child Welfare—and Title VI—Public Health Work and Investigations—and proposes to add to the Social Security Act certain new titles: namely, Title XII—Grants to States for Hospital and Health Centers; Title XIII—Grants to States for Medical Care, and Title XIV—Grants to States for Temporary Disability Compensation."

1. The Wagner Bill does not recognize either the spirit or the text of the resolutions adopted by the House of Delegates of the American Medical Association in September, 1938.

2. The House of Delegates cannot approve the methods by which the objectives of the National Health Program are to be obtained.

3. The Wagner Health Bill does not safeguard in any way the continued existence of the private practitioners who have always brought to the people the benefits of scientific research and treatment.

4. The Wagner Health Bill does not provide for the use of the thousands of vacant beds now available in hundreds of church and community general hospitals.

5. This Bill proposes to make federal aid for medical care the rule rather than the exception.

6. The Wagner Health Bill does not recognize the need for suitable food, sanitary housing and the improvement of other environmental conditions necessary to the continuous prevention of disease.

7. The Wagner Health Bill insidi-

cusly promotes the development of a complete system of tax supported governmental medical care.

8. While the Wagner Health Bill provides compensation for loss of wages during illness, it also proposes to provide complete medical service in addition to such compensation.

9. The Wagner Health Bill provides for supreme federal control: federal agents are given authority to disapprove plans proposed by the individual states.

10. The Wagner Health Bill prescribes no method for determining the nature and extent of the needs for preventive and other medical services for which it proposes allotments of funds.

11. The Wagner Health Bill is inconsistent with the fundamental principles of medical care established by scientific medical experience and is therefore contrary to the best interests of the American people.

12. The fortunate health conditions which prevail in the United States cannot be disassociated from the prevailing standards and methods of medical practice.

13. No other profession and no other group have done more for the improvement of public health, the prevention of disease and the care of the sick than the medical profession and the American Medical Association.

14. The American Medical Association would fail in its public trust if it neglected to express itself unmistakably and emphatically regarding any threat to the national health and well being. It must, therefore, speaking with professional competence, oppose the Wagner Health Bill.

15. The House of Delegates would urge the development of a mechanism for meeting the needs for expansion of preventive medical services, extension of medical care for the indigent and the medically indigent, with local determination of needs and local control of administration, within the philosophy of the American form of government and without damage to the quality of medical service.

16. The fundamental question is how

and when a state should be given financial aid by the Federal Government out of the resources of the states as a whole, pooled in the Federal Treasury.

17. The bizarre thinking which evolved the system of Federal subsidies—sometimes called “grants-in-aid”—is used to induce states to carry on activities suggested frequently in the first instance by officers and employees of the Federal Government.

18. The use of Federal subsidies to accomplish such Federally determined activities has invariably involved Federal control.

19. Any state in actual need for the prevention of disease, the promotion of health and the care of the sick should be able to obtain such aid in a medical emergency without stimulating every other state to seek and to accept similar aid, and thus to have imposed on it the burden of Federal control.

20. The mechanism by which this end is to be accomplished, whether through a Federal agency to which any state in need of Federal financial assistance can apply, or through a new agency created for this purpose or through responsible officers of existing Federal agencies, must be developed by the Executive and the Congress, who are charged with these duties.

21. Such a method would afford to every state an agency to which it might apply for Federal assistance without involving every other state in the Union or the entire government in the transaction.

22. Such a method would not disturb permanently the American concept of democratic government.

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PRESIDENT'S PAGE

On the Question of Advising the Youth About The Practice of Medicine as a Vocation

There has been a tendency, and for very good reasons, to discourage young men from studying medicine. Many doctors who have sons have advised them against medicine as a career. This has largely been brought about by the specter of socialization of medicine. The marked trend toward state medicine has painted the picture of the future doctor as one with a lower income, a lack of individual privileges in his practice and a lowering of the standards of living for the future. There is plenty evidence to support such a picture. Also discouraging is the fact that approximately one-third to one-fourth of the men completing their pre-medic course can not be admitted to medical schools on account of the limited admitted number in the class and lack of facilities of carrying for more. And then there is an over crowding of the profession.

However, to offset this, is one bright star on the horizon which shows that all of the future is not gloomy. 243 leading foundations now give annually a total of \$28,500,000 toward medicine and public health education, outranking all other educational benefits. During 1937, last year for which figures are available, purposes relating to medicine and public health benefitted to the extent of \$13,495,898, while education, in second place, received \$9,170,318. These figures reveal more than appears on the surface. In the first place it would indicate that vast funds are available for properly conducted research work and for more advanced training in the study of medicine. What is more important is that the American public is sufficiently "health conscious" to make these funds available and are sufficiently interested that it is doubtful the public will ever permit any lowering of standards of medical practice by accepting compulsory socialization of medicine.



President

Medical Calendar

WEDNESDAY, July 5th:

Radio Broadcast at 4:00 p.m. Station KTUL. Dr. W. Albert Cook.

WEDNESDAY, July 12th:

Radio Broadcast at 4:00 p.m. Station KTUL. Dr. H. Lee Farris.

TUESDAY, July 18th:

Office Assistant's PICNIC at Crystal City at 5:30 p.m. Everyone be sure and come. THERE WILL BE FUN FOR ALL.

WEDNESDAY, July 19th:

Radio Broadcast at 4:00 p.m. Station KTUL. Dr. Joseph Fulcher.

WEDNESDAY, July 26th:

Radio Broadcast at 4:00 p.m. Station KTUL. Dr. Ralph A. McGill.

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SOCIETY NEWS SECTION

»

»

TULSA DENTAL SOCIETY

OFFICE OF SECRETARY
TULSA, OKLAHOMA

June 28, 1939

Tulsa County Physicians
Tulsa, Oklahoma
Gentlemen:

Through the courtesy of the Tulsa County Physicians this space is made available for the Tulsa County Dentists.

From time to time we hope to have something of interest to dentists. We appreciate and wish to thank you for this space.

Yours very truly,

H. G. Roebken

President

H. A. McKeown

Secretary

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VOL. 5 JULY, 1939 NO. 7

WHOSE BULLETIN IS THIS?

"What an asinine question," you grumble to yourself; "it's mine, of course. Didn't it just come in the mail addressed to me?" Yes, doctor, it did; and certainly to that extent this is your Bulletin; that is: you possess it.

But your power of possession of this Bulletin implies far more than its mere passive reception each Saturday from the postman; and, perhaps, a casual perusal of a few pages. It implies your interest in the news and the welfare of your fellow colleagues. It implies your support of the Tulsa County Medical Society, and your support of your Medical Credit Bureau. The implication extends to your support of the firms who advertise herein and thus financially support your Society.

This is YOUR BULLETIN. It is yours just as much as it is the editors'. It should express your aims, your ideas and your thoughts relative to medicine in Tulsa County. The editors, however, are not mind-readers; and have no way of knowing your reaction to the ever-changing kaleidoscope that is medicine today unless you become vocal and make your views known. Your opinions on contemporary medicine are far more important to the members of the Tulsa County Medical Society than those of

the editors. The editors write this bulletin because they're supposed to—it's their task. But if you would write for the bulletin it would be because you have something important to say; something really worth-while imparting to your fellows. Won't you do it then, doctor? When you think that a certain topic might well be discussed in this space, sit down and write it for your Bulletin. Make this your Bulletin in actual fact as well as theory by constituting yourself one of the editors. That, doctor, is by far the most important implication made each month when you receive this volume.

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Non-Political Health Board Named

City Commissioners name three members of five-member board; two members of Medical Society appointed; board to start work immediately.

Tulsa's city health department was definitely removed from the realm of politics when the city commission last week confirmed appointments to a new non-partisan health board which will virtually have control of the division in the future. The Board will be organized immediately and plans perfected to turn all matters affecting the health of the people of Tulsa over to this group.

Under the present plans, efforts will be made to induce the incoming county commissioners to join in the program for a city-county health set-up as suggested in the Dunn Survey. However, if this plan is not carried out, Mayor Penney will nominate two additional members to the health board and the program will be instituted as a city health project.

Mayor Penney, appearing at commission meeting for the first time since leaving the city hall six weeks ago due to illness, nominated the following persons:

Dr. R. M. Shepard and Dr. Ned R. Smith, recommended by the Tulsa County Medical society; and Dr. A. L. Walters, recommended by the Tulsa County Dental society.

They were confirmed immediately.

The mayor announced that unless the incoming county commissioners and the school board submit recommendations for the remaining two vacancies he will proceed to nominate them himself. He will defer fixing the terms of office for each board member until the full personnel is completed.

The health ordinance provides for the appointment of a board of health to serve from one to five years, and giving the group full authority to recommend the appointment of a health superintendent was passed by the city commission recently.

Under the ordinance, the board shall

be composed of five members, not less than one nor more than two physicians, one dentist and the remainder laymen.

Street Commissioner Smith, who with Finance Commissioner Pratt has steered the new health set-up to this point, said the new board members can immediately take over their duties. It is expected the group will meet to organize this week.

Action taken by the city commissioners to remove the health department from politics is in line with the recommendation of the Tulsa County Medical Society recently when the organization went on record approving the plan submitted in the Dunn Report.

TULSANS VISIT

MUSKOGEE CLINICS

A delegation of Tulsans went to Muskogee Thursday, June 24, for a day-long inspection of the Muskogee county health control system.

Among those making the trip were a group of physicians representing the Tulsa County Medical society, including Dr. A. Ray Wiley, society president, and Drs. A. W. Pigford, Charles Pigford, P. P. Nesbitt, W. A. Walker and John Perry and Lloyd Stone.

City Commissioner S. R. Smith made the trip, as well as John Cowan, chairman of the Chamber of Commerce committee on health, and C. A. Border, chamber secretary.

The group was received by Dr. J. Y. Battenburg, Muskogee county health officer, who conducted the Tulsans on an inspection trip through clinics and other units in the physical equipment and gave them a thorough explanation of the conduct of Muskogee's health business.



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Wagner Health Bill - Editorial

Tulsa Tribune devotes a column on its editorial page June 19 "exposing" falacies of vicious "National Health Act"; medical profession is given some praise.

"More than all the arguments against 'socialized' medicine,—'the state in business,' 'politics in the sick room,'—the ultimate invasion by government into the profession of medicine will be halted or speeded by the success or failure of just such programs of public health as Tulsa and Tulsa county now contemplate.

"The Wagner bill, now in Congress, greatly expands the powers of government into medicine, because cities, counties and states have been derelict in setting up the machinery to do a good job locally. Disgust and criticism of local failure have given the advocates of state medicine the ammunition they needed.

"The objectives of the Wagner health bill appear so humanitarian and praiseworthy that to point out its dangers is to run the risk of being called reactionary, 'protecting vested interests.' The vested interests in this case, of course, are the medical profession. But as between the 'vested interests' of the medical profession which, whatever its shortcomings, has brought 130,000,000 people better health than any nation on earth (League of Nations figures), and the vested interests of a political bureaucracy, we are willing to plead guilty to the charge of propagandizing for the former.

The Wagner bill anticipates an expenditure that would reach a peak of \$850,000,000 annually in ten years. This would be done either by compulsory health insurance or state medicine—doctors on the state pay roll. Neither is desirable. Neither can we afford it. Here's what it would cost, if a bill in the New York legislature is a criterion: 1½ per cent pay roll tax on all employers hiring more than three persons; 3 per cent tax on employee's pay envelope; 1¼ per cent by the state, which has to come out of taxes too. We certainly can't afford it so long as nationally we pursue a policy which makes creation of new wealth impossible, at least not attractive.

There is still so big a job to be done in public health, that government would do well to put that house in order before taking on additional duties, duties with which it is totally unprepared to cope. There are already more funds for public health in the several states, according to Dr. Hugh Cabot, than there is trained personnel to administer them. And yet the Wagner bill would put the federal government and the forty-eight states not only into

a vast extension of preventive medicine and care of the indigent, but add thereto an undefined excursion into medical treatment for that other still larger group, the lower income families.

The magnitude of the job is enough. The assumption of it in the face of what Dr. Harold W. Dodd, president of Princeton university calls "the growing hostile distrust of intelligence" is alarming.

About ten years ago the Committee on Medical Costs made a five-year study and report which the American Medical Association very foolishly boycotted. That report declared that in any normal year 90 per cent of the people are able to defray their medical expenses out of current income; only ten per cent were not able to. The medical profession has contributed to sentiment for state medicine by its resistance to public health. Instead of getting out in front and guiding public health into professional and out of political channels, it has resisted.

The medical profession is eager to help meet the health needs. It can point to the free services which its members give annually. But they fail to take into account the many who are familiar with doctors' practice of charging according to ability to pay. On the other hand, how often is a doctor victimized by the plea of a patient that he cannot pay. It would take a full-time case worker to run down the truth. And if it isn't true, some one else must help pay for that chisler, while a worthy patient lacks the poise to explain a home situation which makes it necessary to choose between medical service and food.

Most doctors have no serious objection to health insurance, if it is kept on a voluntary basis. They recognize the emergency that when sickness comes, wages stop and bills begin.

Clinics are another means by which it is possible to pool resources, making lower costs possible.

The health problem must be met and solved on two fronts: medical care for the worthy indigent,—a public health job; lower costs, stabilized, for the lower income brackets, by the medical profession. These are the answer to the Wagner bill.

The Wagner health bill is up in the Senate. If you have misgivings about further excursions of politics into medicine, write Senators Lee and Thomas to oppose it.

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Of Special Interest!

CLARKE URGES FIGHT ON SYPHILIS

Continued education and the tightening up of laws regarding marriage will make it possible to ultimately eradicate syphilis in America.

That is the opinion of Dr. Walter Clarke, executive director of the American Social Hygiene association, who is in Tulsa to present to various Junior Chamber of Commerce chapters represented at the national convention trophies for meritorious hygiene programs sponsored by their local organizations.

Doctor Clarke spoke Tuesday night, June 22, at a dinner given by the Tulsa County Medical and Dental Assistants' society and Wednesday will attend the Osage clinic at Pawhuska. He urges, as one of the front line soldiers in the war against syphilis, the organization of a social hygiene group in Tulsa and Oklahoma.

Doctor Clarke is enthusiastic about the progress made in the United States during the past years in fighting social disease, especially syphilis.

"We are especially grateful to the Tulsa World," said Doctor Clarke, "for its marvelous education campaign of a few months back and only wish that newspapers generally would inaugurate similar campaigns."

The social disease expert is of the opinion that while syphilis is the major danger to the public health that other venereal diseases must be fought at the same time efforts are being made to control the other.

He sees in sulphanilimide both a blessing and a curse. The blessing is the new drug in proper hands and its curse is the indiscriminate sale to laymen for self-treatment of gonorrhoea.

Doctor Clarke's talk followed the regular monthly meeting of the Assistant's organization, at which Doctor

Clarke and a number of Tulsa physicians were guests.



Radio speakers in the "Your Doctor" series over Station KTUL for last month were: Dr. H. Lee Farris, Dr. Ned R. Smith, District Number Two of the Oklahoma State Nurses Association and Dr. J. L. Miner.

Radio speakers for July will be: Dr. W. Albert Cook, Dr. H. Lee Farris, Dr. Joseph Fulcher, Dr. Ralph A. McGill.

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90 DAYS OLD	35%	LOSS
120 DAYS OLD	50%	LOSS
6 MONTHS OLD	70%	LOSS
9 MONTHS OLD	80%	LOSS
1 YEAR OLD	90%	LOSS

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Naturally the question that arises in the mind of the Doctor when he sees an account marked as uncollectable is "WHY, UNCOLLECTABLE?"

An analysis of 200 uncollectable accounts indicates that the one largest contributing factor to the reduction of collectability is AGE. That is, the time element from the posting of the account or date of last entry until it is put into the hands of the Bureau. It is estimated by the Bureau of Medical Economics that an account six months old has only a 50% chance of collection; and an account one year old has only 10% chance of collection. The factors involved in these figures are two fold; first, the attitude of the public toward any account that they are not pushed to pay; and second, the fact that many people move and are not found due to the small sum of money that can be expended upon tracing them.

The attitude of the public toward any obligation, large or small, according to credit men, is that an account allowed to slip diminishes in importance in their minds each month. Despite the fact that statements may be sent regularly each month, the fact remains that when a patient does not call or write you he is deliberately stalling. A few may feel that they can not pay and there is no use in seeing the doctor, but by and large if you do not hear from a patient

within 90 days from date of service, the case is rare where collection is going to be easy. If accounts are turned over to the bureau early you have a decided advantage, first, the cost of collecting accounts depend on the age of the account if over ten dollars, secondly an account turned over to the bureau within three months increases our chances of collecting it by 50%, which added up means that the bureau can collect more for you at less cost.

These accounts are eventually going to be placed with some one for collection. Why not place them today and know that for every \$100.00 placed now you will get a larger percentage of collection at a lower rate than by keeping them in the ledger with a prayer.

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