

THE BULLETIN

OF THE TULSA COUNTY MEDICAL SOCIETY

VOL. 5

TULSA, OKLAHOMA, AUGUST, 1939

NO. 8

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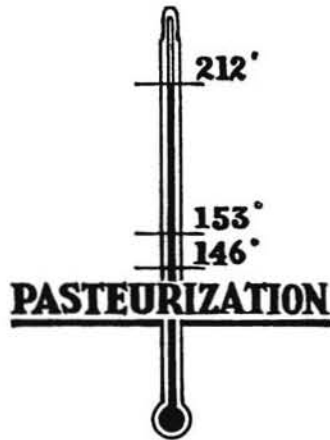
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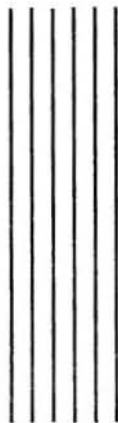
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THE BULLETIN

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*

VOL. 5

TULSA, OKLAHOMA, AUGUST, 1939

NO. 8

A. M. A. Wins Anti-Trust Suit

Federal Court throws out indictment of Association and other defendants in Group Health Row; Government asks appeal of decision to higher court.

The American Medical Association, three other medical organizations and twenty-one physicians won a victory today when Justice M. Proctor of the District of Columbia Federal Court dismissed an anti-trust indictment against them on the ground that medical practice is not a trade within the meaning of the act. The action was brought by the Department of Justice, on behalf of Group Health Association, Washington, a medical cooperative, under the restraint of trade provision of the Sherman Act.

In a decision that Justice Department attorneys have since appealed, Justice Proctor held that the thesis of government counsel that "trade" embraces all who habitually supply "money's worth for money payment," and their contention that the statute should be so broadly constructed, "represents an extreme position which does violence to the common understanding of the word 'trade,' rejects authoritative decisions of our courts and ignores cardinal rules of statutory construction."

In addition, Justice Proctor criticized as indifferent and uncertain and lacking in material facts the indictment brought against the defendants, in which, on the other hand, "inference, opinion and conjecture were freely indulged."

"This is especially so in the indictment, much of which seems unnecessary to the statement of the charge," Justice

Proctor said. "It is questionable whether some of it would be deemed relevant and competent in proof of the offense.

"Ordinarily, improper matter in the indictment unnecessary to support the charges will not vitiate the indictment. It will be treated as surplusage and disregarded. But I doubt if such treatment would suffice to relieve these defendants of the prejudice likely to arise by an indictment which smacks so much of a highly colored argumentative discourse."

The indictment, returned in December after nearly three months of deliberation by a specially impaneled grand jury, accused the American Medical Association, the Medical Society of the District of Columbia, the Washington Academy of Surgery and the Harris County Medical Society of Houston, Texas and twenty-one doctors, including officials and members of these societies, who were named as codefendants, of conspiring to restrain the activities of the cooperative association of government employes, in arranging for medical care for their members and dependants, alleged restraints extended to and included "doctors in pursuit of their calling" and "Washington hospitals in the operation of their businesses."

The case of *Pratt v. Medical Association*, 1KB244, "upon which the prosecution places much reliance," Justice Proctor added, "is interesting in the

(Continued on Page 21)

Of Special Interest!



Radio speakers for last month: Dr. H. Lee Farris, Dr. H. Lee Farris, Dr. Joseph Fulcher, Dr. Ralph A. McGill.

Speakers for August will be: Dr. J. L. Miner, Dr. H. Lee Farris, Dr. W. Albert Cook, Dr. Ned R. Smith, Dr. J. L. Miner.

CURB THE "CURBSTONE PRESCRIBER"

With the threat of socialization of medicine a very real danger to the welfare of the medical profession, it is indeed astounding that many physicians will lend themselves heedlessly to tearing down their time-honored status. Yet the pharmacist sees physicians contributing to their own economic and professional downfall daily.

By "curbstone prescribing," we refer to the practice of merely saying to the patient: "Go down to the drug store and get a package of this or that," instead of writing a prescription.

What are the likely results of "curbstone prescribing?"

First, the patient, confused or ignorant of pharmaceutical and medical terms, is likely to relay to the druggist a request for the wrong item or form of product, with danger of undesirable results. Too, the patient may not have received or may have forgotten the proper directions.

But not only does the physician neglect the patient and place the pharmacist unjustly in a delicate position by such "curbstone prescribing"—he defeats his own best interests. First of all, he is prescribing not for one particular pa-

tient: he is prescribing for the community at large.

What could be a better argument for socialized medicine than the evidence of mass-medication furnished by careless physicians themselves in their habit of "curbstone prescribing"?

*Reprinted from National Association of Retail Druggists Journal

TRY PABLUM ON YOUR VACATION

Vacations are too often a vacation from protective foods. For optimum benefits a vacation should furnish optimum nutrition as well as relaxation, yet actually this is the time when many persons go on a spree of refined carbohydrates. Pablum is a food that "goes good" on camping trips and at the same time supplies an abundance of calcium, phosphorus, iron, and vitamins B and G. It can be prepared in a minute, *Without cooking*, as a breakfast dish or used as a flour to increase the mineral and vitamin values of staple recipes. Packed dry, Pablum is light to carry, requires no refrigeration. Easy-to-fix Pablum recipes and samples are available to physicians who request them from Mead Johnson & Company, Evansville, Ind.



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Clinic Responsibility to Commissioners

Attorney General Holds Medical Society Plan to care for Indigent Sick is legal; Waite Phillips offers \$6,000.00 to remodel Community Fund quarters and equip medical clinic.

Full responsibility for the establishment of a free clinic for the medical care of the indigent sick of Tulsa County under the direction of the Tulsa County Medical Society was checked squarely up to the County Commissioners by Dr. A. Ray Wiley, president, and Dr. A. W. Pigford, chairman of the Clinic Committee, in a letter Saturday addressed to George Shepard, Lincoln Sallee and Ralsa F. Morley in which the Medical Society renewed its clinical proposal.

All doubt as to the legal status of the plan was absolutely cleared away during the past week when a representative of the Tulsa County Medical Society conferred with an assistant in Attorney General Mac Q. Williamson's office together with Charlie Morris, deputy in the State Examiner and Inspector's office, and worked out all legal points upon which Assistant County Attorney, John Conway had expressed a doubt.

All legal points were adjusted with the exception of the proposal that the County Commissioners appropriate \$3,000 in its charity budget for remodeling Clinic quarters on the first floor of the Community Fund Building. This entire item was dropped from the revised proposal when Dr. Pigford announced that he had received written assurance from Mr. Waite Phillips, Tulsa philanthropist offering a cash gift which would be adequate to remodel and also equip the clinic quarters.

At the insistence of the Medical Society, Assistant County Attorney Conway on July 26 asked the Attorney General's office for an official opinion on the budget items of the Medical Society Clinic Plan and the favorable opinion was rendered.

Mr. George Shepard, Chairman,
Mr. Lincoln Sallee, and
Mr. Ralsa P. Morley,
BOARD OF COUNTY COMMISSIONERS
Tulsa County, Oklahoma,

Gentlemen:

Confident that there is no question as to the legality of its proposal, the Tulsa County Medical Society begs leave to again submit its offer to establish and operate a free medical clinic for the indigent sick of Tulsa County, under the supervision of your honorable body, and which we believe will provide greatly improved medical care for a great number of indigent than ever before at what eventually will be a substantial saving to the tax-payers of Tulsa County.

Since offering this proposal to you recently, and to meet your previous objections from a legal standpoint, we have eliminated the item for remodeling clinic quarters in the Community Fund Building. Sufficient funds for this purpose have been proffered the Tulsa County Medical Society by one of Tulsa's most public-spirited citizens.

Our proposal for the establishment of this free clinic comes after several years of consideration by our organization. For the past two years, special committees have considered this problem from all angles and have investigated the operation of similar clinics in other cities.

At the outset of our investigation, a city-wide survey of all doctors, dentists, hospitals, clinics, schools and charitable organizations was made together with a study of the present county program of health work in an effort to determine Tulsa's needs. We were thoroughly convinced that a more adequate program was needed to properly provide for the indigent sick of Tulsa and Tulsa County.

There are hundreds of indigent families in Tulsa County who are unable to get proper care at present. The doctors are now caring for more than 1,000 such patients each month in their private practice. Under this clinic plan, a patient will get not only general medical care, but he will have available the finest specialists in each branch of medicine for consultation when they are needed. This organized method of treating the poor will give them every advantage from a medical standpoint.

The medical profession is dedicated to the relief of sickness and suffering. There has never been a time when physicians have not given freely of their time and skill in caring for the poor and needy. This plan will require hours upon hours of voluntary service by members of this organization. We can not take the position of trying to force this program upon you gentlemen, but we repeat that we are willing and anxious, simply from a humanitarian standpoint, to volunteer our medical services for the relief of distress and suffering through a free medical clinic for Tulsa County.

Attached hereto is another copy of our proposal which is identical with our first suggestion with the exception that the funds for remodeling the clinic quarters have been omitted and the clinic budget items have been restated to better conform to existing budget requirements, established by state law.

Again assuring you that we desire to cooperate with you in every way possible to the end that the public can be better served, we are

Very truly yours,
TULSA COUNTY MEDICAL SOCIETY
A. Ray Wiley, M. D.
President

A. W. Pigford, M. D.
Chairman Clinic Committee

(Plan on Page 15)

PRESIDENT'S PAGE

The County Medical Society has already assumed the leadership and responsibility in this community for the smooth function of all health activity.

A militant type of leadership does not presuppose a crusading endeavor where the "ins" are turned out, or where wishful thinking is indulged in. On the contrary, a type of leadership is necessary where constructive plans are instigated and carried on to their conclusion; a type of leadership that assumes the direct responsibility for the health of the community. A type of leadership is required that demands certain standards and goes after them not through individual efforts of its members but in a concerted manner.

The County Medical Society is but one unit in the community. Cooperation with the multitude of civic organizations is a necessity. Through this cooperative effort the Medical Society can carry through to its logical conclusion any constructive act it wishes to promulgate. After due deliberation such cooperation should not be delayed.

At this particular moment when medicine needs support, leaving action on public health measures to individuals within the society does little for the organization as a civic enterprise. Surely the standards of certain health agencies are not what they should be because of extraneous conditions which can only be eliminated by strong action. The Medical Society is the logical organization to support certain practices and to condemn those which interfere with the proper functioning of health agencies.



President

Medical Calendar

WEDNESDAY, August 2nd:

Radio Broadcast at 4:00 p. m. Station KTUL. Dr. J. L. Miner.

WEDNESDAY, August 9th:

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

MONDAY, August 14th:

Tulsa County Medical Society meeting, discontinued until September.

TUESDAY, August 15th:

Office Assistants Meeting at Michaelis Cafeteria at 6 p. m.

WEDNESDAY, August 16th:

Radio Broadcast at 4:00 p. m. Station KTUL. Dr. W. Albert Cook.
Indian Hospital (Claremore) Staff Meeting discontinued until September.

WEDNESDAY, August 23rd:

Radio Broadcast at 4:00 p. m. Station KTUL. Dr. Ned R. Smith.

MONDAY, August 28th:

Tulsa County Medical Society meeting discontinued until September

WEDNESDAY, August 30th:

Radio Broadcast at 4:00 p. m. Station KTUL. Dr. J. L. Miner.

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« « R E G U L A R S O C I E T Y M E E T I N G S

SOCIETY NEWS SECTION

»

»

NOW LET'S HAVE A LOOK

Miss E— is an attractive young stenographer whose good health is endangered by four abscessed front teeth. Part of her modest monthly salary goes to help a sister through college. Miss E— might afford the needed extractions, but the price of replacements is prohibitive.

Mr. B— is a junior executive with bright prospects. But his present monthly salary is two hundred and forty dollars. Mr. B—'s little daughter has teeth so protruding that they constitute a deformity. She needs treatment by an expert orthodontist. But Mr. B— and his wife are paying for a suburban home, carrying a heavy annuity, and, in five months, there will be another baby.

Larry A—is an office boy who earns twelve dollars a week. He had just reached the place where he thought he could afford some night courses in book-keeping when the detour he had long been making around finicky molars, upon eating sweet or cold foods, wouldn't work any longer. He consulted a dentist and found that he needed sixty dollars worth of dentistry.

Miss E—, Mr. B—, and Larry A— all three live and work in St. Louis and on just an average morning they all came to the St. Louis Medical-Dental Service Bureau to avail themselves of the advantages of the Missouri Plan—a new come-an-get-it dental service established by ethical members of the St. Louis Dental Society, a service in which costs and payment for dentistry are based solely upon the patient's income and ability to pay. The Missouri Plan extends to the public no invitation to a dental clinic, but presents to people of low and average incomes a dental

health plan in which the city's best dentists, orthodontists, and oral surgeons offer their professional skill and knowledge for whatever patients can afford.

Important is this feature of the plan: a patient is never assigned to a dentist; no third party enters into the essential doctor-patient relationship.

Here's how the plan works: You, as patient, go to any one of the 400 members of the Dental Society cooperating in the venture and take up with him merely what work is needed. You don't discuss price at all. Next you go to the Medical-Dental Service Bureau and give one of the bureau's budget experts the facts on your income, living expenses, financial commitments. You and the bureau official agree upon what sum you can spare each pay day for dentistry.

The dentists have set no arbitrary limits on the income brackets of the people who make take advantage of the Missouri Plan.

In the case of Miss E—, monthly payments of eight dollars were agreed upon. Her total bill will be eighty dollars. Ordinarily her work, which will be done by one of the city's finest dental surgeons, would have cost an additional sixty dollars. Mr. B—'s little daughter will be treated by a leading orthodontist and while the child is under treatment Mr. B— will each month pay the bureau fifteen dollars.

The Missouri Plan is the first instance in which a dental society has made the best dentistry available at whatever price the patient can afford to pay. The marked success of this new service may very well point the way to substantially the same arrangements in other cities.—
McCalls Magazine for August.

START AGAIN IN SEPTEMBER

»

»

The BULLETINEditorial
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.

Vcl. 5 July, 1939 No. 8

"There isn't a newspaper editor in the country but will agree that the education of the people in sound health principles and the protection of the health of the community are essential functions of the press. During the last three years a means of doing this and at the same time augmenting newspaper profits has arisen in the publication of medical supplements sponsored by local medical societies.

"The first such supplement was published by the Wichita Sunday Beacon for the Sedgwick County (Kan.) Medical Society. Within a year two others had appeared. In 1937 the number had increased to half a dozen." So reads the beginning of a page article in the April 8 issue of Editor and Publisher, the "bible" of the Fourth Estate.

Other cities which have published supplements are Tulsa, Detroit, Seattle, Eugene, Ore.; Rockville Center, L. I.; Hackensack, N. J., and Denver.

We were doubly pleased to read the article as it appears the Sedgwick County Medical Society pioneered a project which not only serves as a forceful public education medium but also assists in securing and maintaining a friendly press. For too long the medical profession held its activities aloof from press on the premise that the press was likely

to be inaccurate in its account. The press wants the story but it does not want to print an inaccurate story. Where is the best place to get the correct information? From the profession itself and not through secondary channels. Here is where county Medical Societies find it expedient to have a Press Committee, which can assist the newspaper in obtaining accurate information.

The second point in the story which pleased us is the author. We note that his name is Lawrence C. Salter, and that he is Associate Director, Press Relations, American Medical Association. This reminds us that the October (1938) Bulletin carried an editorial captioned A Light Under a Bushel, in which it was suggested that the A.M.A. place more stress on its public relations. It pointed out that about 1910 the name of John D. Rockefeller was synonymous with greed and business ruthlessness, but at his death he was recognized as a great pioneer of business and philanthropy. "The man did not change, public opinion did. With truth as his weapon a great public relations counsel, Ivy Lee, completely changed the attitude of the public towards this man. American Medicine needs an Ivy Lee. It needs him now."—Wichita Bulletin.

Your Dues for
the "Last Half"
are due Now!

The Secretary-Treasurer
is ready and willing.

Proposed Tulsa County Free Clinic

Following are the details of the proposed Tulsa County Indigent Clinic Plan which were approved by the Medical Society at a special meeting of the organization early in July.

This plan, the legal aspects of which have been approved by the State Attorney General's Office, is now before the Board of County Commissioners, awaiting their action.

* * *

Need Of Clinic Long Recognized

The need of free clinic facilities for the poor and needy of Tulsa has long been recognized but because on one has worked consistently for this cause, it has been neglected as have been many of those who are sick and suffering who might be relieved by a proper health program.

Such a clinic will enable thousands of poor and borderline cases to receive proper care and treatment regularly at the outset of their trouble, whereas now they are forced to wait until their illness reaches an acute or emergency stage before they are given proper care. Such a far-sighted policy and program eventually will reduce the medical load carried by the county, city and other agencies and is reflected in the charity and tax burden.

Tulsa is one of the few major cities in the country without facilities to care for its sick properly. In most large municipalities, free hospital care is provided by the Counties, the state or the city where adequate medical care is given to those in need.

Tulsa County needs such a clinic.

Committee Conducted Questionnaire Survey

In order to secure the information upon which to base its recommendations and proposals and to determine to what extent the indigent medical problem was being neglected or in what respect it could be improved, this committee a year ago, conducted a city and county-wide survey of health facilities. This survey was conducted along the lines suggested by the American Medical Association in its nation-wide survey. The various types of questionnaires were provided by the American Medical Association.

One questionnaire went to all doctors and dentists in Tulsa County. The answers to this questionnaire indicated that approximately 13,000 indigent patients were treated annually by Tulsa physicians. This is more than 1,000 per month. These are poor people who go to doctors for relief and who are treated with no thought of pay. Besides this charity load, Tulsa physicians care for approximately 6,000 part-pay patients who are able to pay but a fraction of the ordinary cost of medical and surgical service they receive.

In commenting on their replies the following notations summarize the general view of the physicians relative to the clinical needs in Tulsa. "1—Tulsa has no adequate plan of caring for its indigent sick. Its facilities are those of a town of 25,000 population. 2—A general clinic divorced from political influences is the only way that the problem can be handled. 3—The funds expended per medical patient under the present plan would pay for an adequate clinical program. 4—Early diagnosis and treatment would save the taxpayers money."

Questionnaire Number 5 was sent to all welfare organizations, including the Red Cross; Children's Service; The Salvation Army Citadel; Maternity Homes; The Children's Home; Children's Day Nursery; Public Health Association; Family Welfare and other groups in Tulsa, both within and outside the Community Fund. Without exception these organizations

declare that there is no adequate medical care available for a large percentage of their cases and recommended the establishment of some clinical program that would provide emergency care and treatment for this class of patients.

Reports from 20 out of 40 public school principals to whom questionnaires were sent were unanimous in the comment that there are not adequate facilities available to take care of indigent children in Tulsa Public Schools and that some health program should be developed whereby they could receive adequate care.

All Civic Clubs answering the questionnaires volunteered their support and assistance to the Tulsa County Medical Society in every way possible in promoting such a clinical program commenting that it is one of the outstanding projects proposed for Tulsa and Tulsa County.

Adequate Medical Care For Tulsa County

The one aim of the medical profession is represented in the Tulsa County Medical Society has been to provide adequate medical care for every man, woman and child in this county, regardless of his economic condition.

For the purpose of discussing medical needs there are just three classes of people for consideration: 1—Wealthy and others with adequate salaries; 2—The Borderline or low-income groups and 3—The indigent. This classification shows that the whole problem is one of economics rather than purely medicine.

Class 1 is no problem.

Class 2, is that group of low salaried men and women who are barely able to earn enough to provide them and their families with ordinary food and clothing. A sickness or operation immediately bankrupts their scheme of living and throws them into financial chaos. For this group it is necessary to provide medical care on a reduced or minimized scale, which in many cases must even approach charity.

Class 3 comprises the indigent—poor, needy or destitute—who are thrown on the county and the medical profession for care in sickness as well as for other relief or charity.

The plan as contemplated herein actually provides the finest type of medical care for the indigent of the county and also provides the same class of care for those in the borderline classification at a nominal fee, which they will be able to pay so that even a major illness or operation will not throw them from their present self-supporting level into the indigent classification.

The Plan For Tulsa County

The plan for Tulsa County is not patterned after any cut-and-dried plan operated in Wichita, St. Louis, Detroit or elsewhere but is an arrangement worked out to meet the present health needs of Tulsa County. It is not entirely new as free clinics have been operated in various centers for years and features of the "Tulsa County Plan" have been taken from many types of clinics.

At the outset your committee wants to make it clear that this clinic plan provides only for the operation of a free medical clinic and does not contemplate the operation of a county hospital. All cases which are seen in the clinic and are found to require hospitalization will be referred to one of the present hospitals on a "per diem" basis under a strict budget allowance per month.

The clinic would be open six days every week, with a schedule worked out for each special clinic, which will include not only general medicine and treatment but will include all branches of specialized medicine, including Tuberculosis; Heart; Eye-ear-nose-and-throat; cancer; Dermatology; Pediatrics; Obstetrics; Orthopedics; Venereal diseases; Surgery, etc. Specialists in each branch of medicine would contribute their time together with physicians devoting their attention to internal or general medicine.

The Tulsa County Medical Society will provide rotating staffs for the operation of the clinic. The Society will supervise the work in the clinic and will



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manage the selection of the various special clinic staffs. It will be the responsibility of the Tulsa County Medical Society to see that sufficient numbers of physicians are on hand at the clinic sessions to care for the patients. This and other executive organization work will come under the direct supervision of the general clinic committee named each year to direct the clinical activities of the Society. The medical society will be prepared at all times to provide emergency treatment for all county patients.

All surgery will be supervised by the surgical staff of the clinic. The doctors who "work up" the cases in the clinic will determine when a patient should be hospitalized and will follow each individual case from the clinic through the hospital, doing the operations and giving other hospital care required just as though the person was a private patient.

**County Physician
Will Direct Work**

The County Physician, appointed by the Board of County Commissioners from a list of three men, recommended as capable by the Tulsa County Medical Society, would be in immediate charge of the operation of the clinic. He would be present each morning at the clinic sessions and would direct and assist in handling the patient load. He would be responsible directly to the County Commissioners for the treatment of the indigent sick and would, with the assistance of the Medical Society Clinic Committee, direct the clinic program. This is a full-time job.

The Assistant County Doctor would make the home or residence calls upon patients who were too weak to attend the clinic. This would occupy his entire time. He will be selected in the manner as the County Doctor.

The outlying communities, such as Bixby, Jenks, Collinsville, Owasso, etc., will operate much as they do now. Local doctors would be appointed and paid just as they are now. This would provide local immediate medical care for the poor in each community. However, each local County doctor would be privileged to send any county case to Tulsa for diagnosis or treatment. Any indigent person in these communities could come to the clinic for treatment.

**Welfare Department
Determines Patients**

The welfare department of the Tulsa County government will control the admission of all patients to the clinic for treatment. Patients seeking clinic treatment will be referred to the welfare board by private family physicians, Community Fund Agencies, Schools, City Physicians, and others. The person will be investigated and will be referred to the clinic if he is eligible for county help.

If the patient is a borderline case he will be referred to the Medical Bureau maintained by the Medical Society to determine whether the patient can pay for any part of his treatment or medicine. A nominal charge will be made for all medicine issued to these patients. If the patient can pay part of the physicians charges he will be directed to the private physician. However, if the patient cannot pay more than a nominal amount covering the cost of prescriptions, he will be sent through the clinic and will pay for his own medicines.

**Establish Pharmacy
For Prescriptions**

At present the county is spending approximately \$24,000.00 for drugs and prescriptions for indigent patients. A survey of other clinic organizations, indicate that medicines can be secured for all indigent patients for a fraction of this amount, through the operation of a pharmacy or drug room in connection with the clinic. By buying standardized drugs at a wholesale price, it is possible to secure all drugs at a vastly reduced rate.

After careful investigation this Committee believes that it will be possible to operate a pharmacy, with a registered pharmacist in charge, for all indigent patients at a cost of approximately \$800.00 per month.

**Identical Care
For Colored People**

Regular clinics will be held for the colored people and will be conducted by the regular clinic periods. The colored patients will get the same treatment and

care as provided in the clinic for white persons. The patients who need operative or hospital care will be sent to the colored hospital and will be followed up by the doctor who takes the case in the clinic just as he would a white private patient.

Little has been done with proposed changes for the handling of the colored hospital as this will require study and investigation. However, the Clinic Committee will devote all the time necessary to work out a satisfactory solution for handling this phase of the indigent medical and hospital care.

**Will Double Number
Of Patients Treated**

Under this proposed clinic plan, Tulsa County will be able to provide medical and hospital treatment for twice the number of patients treated under the present medical set-up. Figures compiled show that the county now treats approximately 3,000 patients each month, while an additional 1,000 are treated free by doctors in their own offices and still another 1,000 receive no medical care, a though such care is needed.

Careful estimates show that this clinic plan will be able to care for 5,000 patients each month and still operate well within the cost limits set-up in the budget.

**Community Fund
Participation**

The Tulsa Community Fund, through its Board of Directors, has already joined in the proposed program.

In a letter to the Tulsa County Medical Society, the Community Fund has offered the first floor of the Community Fund building at Sixth and Cheyenne to the Medical Society and the County without cost for the proposed clinic.

In addition to this participation, the Clinic Committee proposes to urge the Community Fund to provide funds to furnish medicine and other help to the borderline cases or families dependent upon its various agencies for help or assistance. The committee will petition the Community Fund to make the Clinic one of the participating agencies in-so-far as the borderline or low income group is concerned.

**State-Federal
Participation**

The State and Federal health authorities have taken the lead in providing funds for the clinic in Tulsa. At present more than 300 patients are being treated weekly in the Venereal Disease Clinic which is being operated under the direction of the Tulsa County Medical Society.

State and Federal authorities have proposed to take a greater part in the health picture in Tulsa. Plans are being perfected to provide in excess of \$10,000 annually to care for the venereal disease patients in Tulsa County. At present there are other state and federal funds which might be made available here as they are in other counties.

**County Commissioners
To Control Funds**

This entire clinic program will rest in the hands of the Board of County Commissioners as under the law they must control all funds and are responsible for the proper administration of medical care for county patients. The Clinic Committee of the Medical Society shall recommend all clinic employees subject to approval of the County Commissioners. They will expend all funds. They will be in control of the financial operation of the clinic at all times. The work of the Clinic Committee and sub-committees will be advisory and all expenditures and salary claims will be handled exactly as any other claim paid by the county.

**Tulsa County Will
Save \$30,000 Yearly**

Estimates of the cost of operating a clinic such as is contemplated, show that Tulsa County will effect a saving of approximately \$30,000 each year in the medical care of its indigent. Figuring the cost of the clinic at \$34,800 per year, the entire clinic including the salaries of the county Doctor and his assistant, will be \$9,000 more than Tulsa County is spending today for medicine alone.

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Proposed Budget For Health Department

Your committee has given the proposed budget for the clinic and health department of the county, a great

deal of study before arriving at the actual figures which have been submitted to the County Excise Board for consideration in making up the County Health Budget.

ITEM	PER MONTH	PER ANNUM
1. County Physician	\$450.00	\$5,400.00
2. Assistant County Doctor	250.00	3,000.00
3. Clerk	125.00	1,500.00
4. Clerk	150.00	1,800.00
5. Nurses	325.00	3,900.00
6. Drugs (replacements) ..	800.00	9,600.00
7. Drug Stock (Initial only)	300.00	3,000.00
8. Sundry Contingent Expense	300.00	3,600.00
Total	\$2,400.00	\$31,800.00
Indigent Clinic (Above)	\$ 31,800.00	
Colored Hospital	15,000.00	(8 doctors at \$50 per month)
Special Doctors Services	7,000.00	(same as present)
County Rural Doctors	4,800.00	(same as present)
White Hospitals	50,000.00	(on a per diem basis)
Total	\$111,000.00	

Attorney General OK's Plan

July 28, 1939.

Hon. Dixie Gilmer
County Attorney
Tulsa, Oklahoma
Dear Sir:

This is to acknowledge receipt of your letter of July 26, 1939, wherein you request an opinion as to whether or not there may properly be included in Tulsa County's estimate of needs for the current year, under the account designated as the "T. B. and Public Health Budget Account" on the form of budget prepared by the State Examiner and Inspector, \$1500.00 for "Clerk," \$1800.00 for "Clerk," \$3900.00 for "Nurses" and \$3600.00 for "Sundry Contingent Expense."

We assume that the total amount to be included under said account will not require a tax levy in excess of one mill. See Section 5281, Oklahoma Statutes 1931, as amended by Section 2, Article 4, Chapter 27 (page 100) Session Laws 1935.

Relative to the first three items mentioned, you are advised that in the case of *Lowden vs. Seminole County Excise Board*, 91 Okla. App. Ct. Rep. 2, which is pending on petition for rehearing, the Supreme Court of the State held:

"An appropriation and county-wide tax levy not in excess of one (1) mill for health officers, 'supervisory nurse,' and 'clerk to the health officer' is

authorized by virtue of Sections 5281, 5282, O. S. 1931, as reenacted and amended by S. L. 1933, p. 100. Such appropriation and levy is by virtue of the statute for a 'special purpose.'

Relative to the last item mentioned, for "Sundry Contingent Expense," you are advised that in the case of "Protest of St. Louis-S. F. Ry. Co., 153 Okla. 283, 5 Pac. (2d) 763, it was held:

"Appropriations for contingent expense in several different departments of a city, which are small when considered in connection with the total appropriations and which appear reasonable in amount, will not be held invalid because not more particularly itemized, and a tax levy made therefor is valid."

See, also, *Protest of Downing*, 164 Okla. 181, at page 190, 23 Pac. (2d) 173.

In view of the court's decision in the case of *Lowden vs. Seminole County Board*, supra, we are of the opinion that the two items for clerks and the item for nurses may properly be included in the County's estimate of needs under the "T. B. and Public Health Account," and that appropriations may legally be made for such purposes; and in view of the rule announced in the case of *Protest of St. Louis-S. F. Ry Co.*, supra,

(Continued on Page 21)

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(Continued from Page 19)

ATTORNEY GENERAL OK's PLAN

we are of the opinion that the items for sundry contingent expense may properly be included under said Account, and that an appropriation may legally be made for such purpose, provided the amount thereof is not disproportionate to appropriations for other lawful purposes. See protest of Bledsoe, 161 Okla. 227, 17 Pac. (2d) 979.

Yours respectfully,
 For the Attorney General
 J. Harry Johnson
 Assistant Attorney General

(Continued from Page 6)

A. M. A. WINS TRUST SUIT

similarity of facts there proven and here alleged, yet the legal aspects differ greatly. That suit was a civil action in tort by the plaintiff doctors to receive damages for malicious injury to their means of livelihood. The claim was ground upon common law principles which hold every man liable in damages for wrongful injury to another's means of livelihood.

"Combination was not the gist of the action; that circumstance only increased the damage. So here, if the livelihood of group practitioners has been injured by the wrongful acts of the defendants, they too have redress in a civil court. But the charge in the present case is criminal, and to stand must find its sanction solely in the statute."

Manifestly, according to Justice Proctor, neither the Group Health Association, its members nor the Washington hospitals are engaged in "trade" within the meaning of the statute, and he held that "to stretch an old statute to fit new uses for which it was never intended would be nothing short of judicial legislation."

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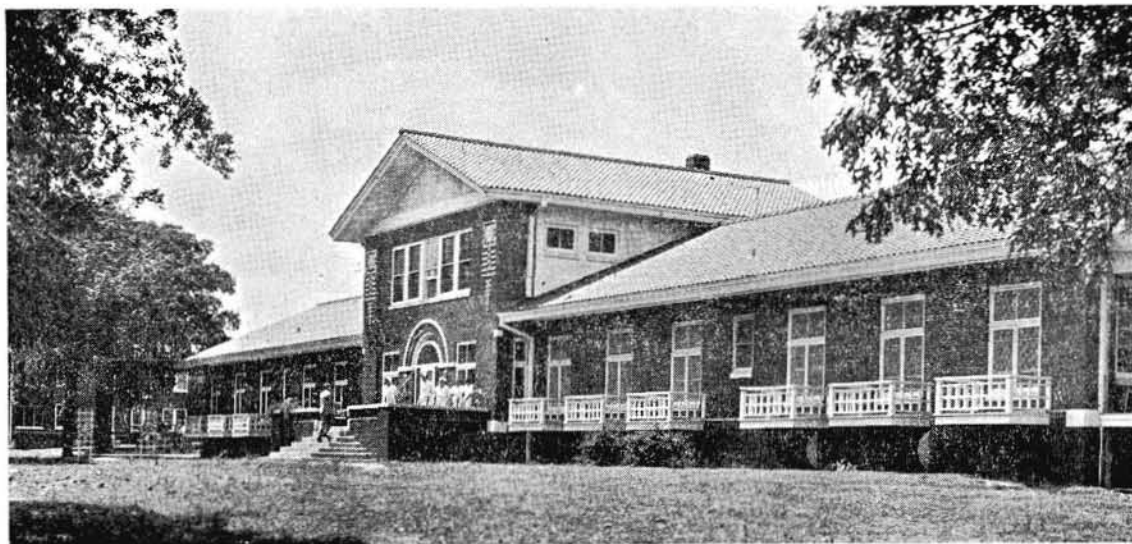
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