

*From the motion picture, "Studies in Human Fertility," by Ortho Products, Inc.*

## The Glycogen Factor

• Glycogen, deposited in the vaginal epithelium under hormonal influence, is a factor in the production and maintenance of the vaginal acidity. The above illustration is based on iodine stained vaginal smears through the 28 day cycle in a group of normal women. The intensity, after a low level in the postmenstrual phase, gradually rises

to a peak, maintaining a high level in the last week of the cycle.

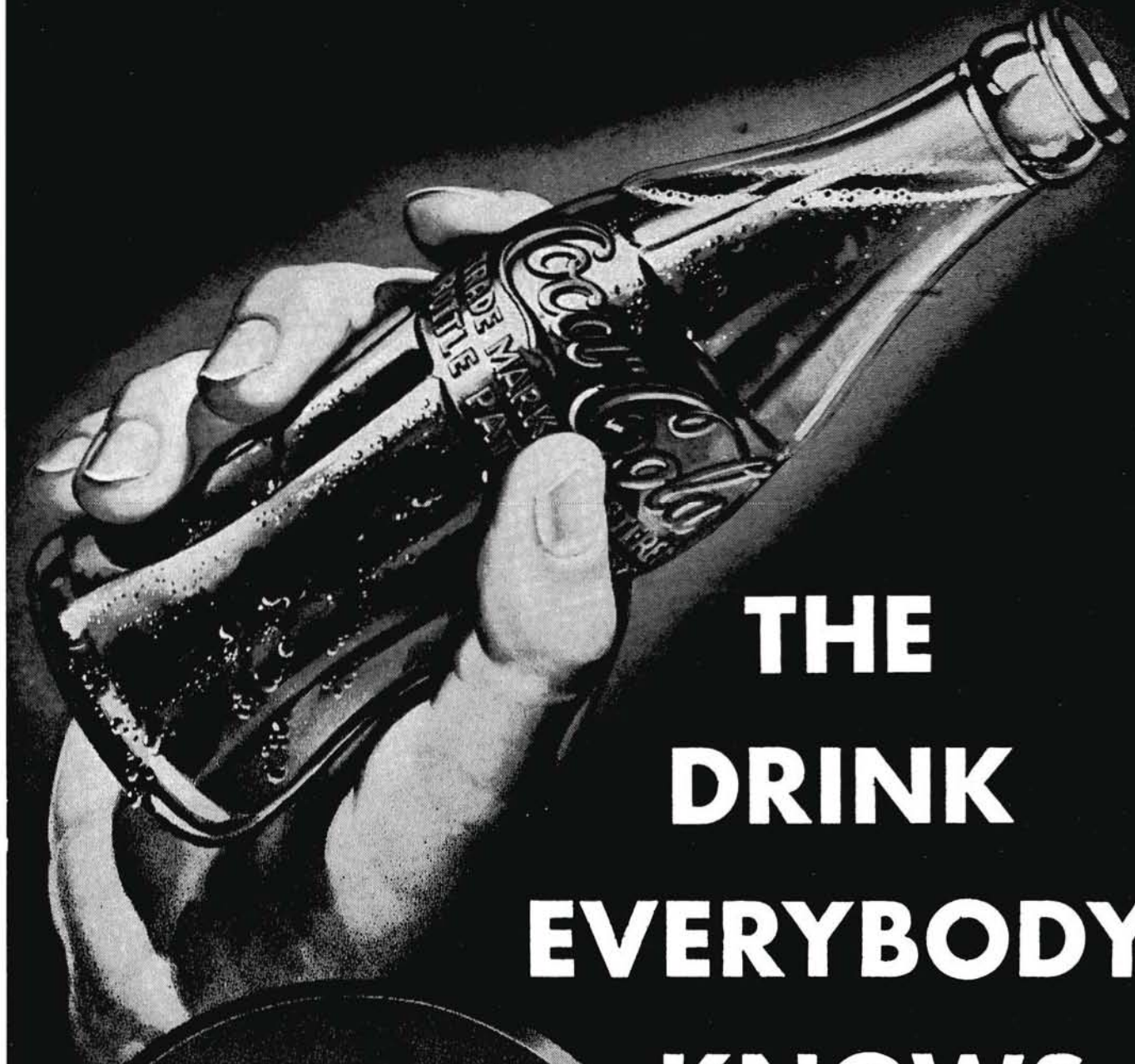
Glycogen utilization and resultant vaginal acidity represent important aspects of vaginal biology. The normal mid-vaginal acidity lies between 4 and 5. The pH of Ortho-Gynol is 4.5, approximating normal conditions.

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# ortho-gynol

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# THE BULLETIN

OF THE

## TULSA COUNTY MEDICAL SOCIETY

J. C. Brogden, M.D., *President*H. B. Stewart, M.D., *President Elect*Gifford Henry, M.D., *Vice-President*Roy L. Smith, M.D., *Secretary-Treasurer*LLOYD STONE, *Executive Secretary*

VOL. 7

TULSA, OKLAHOMA, MARCH, 1941

No. 3

## Tulsa Medical Library Expanded

**Full-time librarian to have charge of new library which is one of the largest of its kind; trained supervisor will assist members and will expand and reorganize thousands of books.**

The Tulsa County Medical Society library is undergoing a reorganization and expansion which will make it of greater value to members of the organization and will render a distinct service and fill a vital need within the organization, Dr. E. Rankin Denny, chairman of the committee, announced following action of the Medical Society in authorizing the employment of a full-time librarian and appropriating funds for more book-cases and partitions.

The first action by the committee, composed of Dr. Denny, Dr. D. V. Hudson and Dr. T. H. West, has employed Miss Veneta R. Barlow as full-time librarian. Miss Barlow has lived in Tulsa all her life and is a graduate of the University of Tulsa. Miss Barlow, for the past three years, has been with the Beatrice Creamery and resigned her position there to become Tulsa County Medical Society Librarian.

Work has already started on the huge job of organizing the library on a workable basis. A complete inventory of all books has been completed and a list made of missing volumes. A list of all old books and duplicate copies of more recent books will be compiled and advertised before they are disposed of to make way for an organized expansion of the library.

A plan for expanding the library on the 12th floor have been approved

and actual work on building new shelves and partitions will be started immediately. As soon as this is completed, the final library plan will be worked out and the final phase of classifying, indexing, and cross-indexing of publications and articles will be started. It is expected to take several months to complete the physical organization of the library itself.

In the meantime the Librarian is available to work with members of the Medical Society and assist them in finding scientific articles, research and will be available at all times to assist in all library work.

The library committee announced the following advisory board, composed of representative members from each specialty, to advise with them in disposing of old books and the purchase of new books and journals: Anesthesia, Dr. H. B. Stewart; Dermatology, Dr. M. O. Nelson; Gynecology and Obstetrics, Dr. E. O. Johnson; Medicine, Dr. J. D. Markland; Neurology and Psychiatry, Dr. A. H. Ungerman; Ophthalmology, Dr. D. L. Edwards; Orthopedics, Dr. Frank Stuart; Otolaryngology, Dr. Hugh Evans; Pathology, Dr. M. G. Hudson; Pediatrics, Dr. Luvern Hays; Proctology, Dr. V. K. Allen; Public Health, Dr. R. M. Adams; Radiology, Dr. W. S. Larrabee, Surgery, Dr. A. Ray Wiley and Urology, Dr. Joseph Fulcher.

# Changes In Group Liability Insurance

**Malpractice insurance transferred to London and Lancashire Indemnity Company; plans now insure state-wide coverage with general committee from all parts of Oklahoma in complete charge.**

Plans have just been completed for the expansion and perfection of the Oklahoma Group Malpractice Insurance program, according to Dr. James Stevenson, chairman of the Tulsa County Malpractice Insurance Committee, who announced that the Houston Fire and Casualty Company was retiring from the program and that the Master Policy had been transferred to London and Lancashire Indemnity Company and the scope of the program made state-wide.

The transfer of this Group Policy was brought about because of the fact that since the Houston Fire and Casualty is now writing some large fire insurance policies for the United States Government projects, some of which are in Oklahoma, this company was obliged to withdraw their casualty facilities from this state, inasmuch as our state law prohibits an insurance company from conducting both a fire insurance and a casualty insurance business. The law permits a company to write fire insurance or casualty insurance but not both.

## LONDON AND LANCASHIRE TO ISSUE MASTER POLICY:

Inasmuch as the London and Lancashire Indemnity Company also has been handling a large number of physicians' malpractice policies, the committee in charge felt that by combining the coverage of both groups under one Master Policy the entire program could be strengthened materially and would bring about a better condition for the doctors and the insurance agents generally.

The London and Lancashire Indemnity Company of America is an AMERICAN INSURANCE COMPANY, organized in 1915 under the laws of the State of New York. This company has total admitted assets of \$6,442,651.80 of which \$1,311,171.45

is cash and \$3,191,183.96 is invested in Government, Public Utility, State, Municipal and other accepted stocks and bonds. Gross premiums earned in 1939 totaled \$4,969,754.

As in the past, the coverage under the Master Policy will be available only to physicians and surgeons who are members of their own local County Medical Societies. Each doctor will be covered by the Master Policy through a Certificate which will be issued under the blanket policy.

## DOCTORS TO CONTROL MALPRACTICE INSURANCE:

Physicians and surgeons will receive all of the advantages of the Group Insurance Policy under the new arrangements with London and Lancashire. It is the plan to place this insurance entirely under the supervision of the medical profession of the state. A committee is to be appointed giving control of rates, claims and policies to the medical profession. There will be one master or general committee for the entire state, the members of this committee to be Robert Hudson, Attorney, Tulsa; Draper Grigsby, Attorney, Oklahoma City; Ben Voth, Insurance Counselor, Tulsa; the Executive Secretary of the Tulsa County Medical Society; one member to be appointed by the President of the Oklahoma County Medical Society; and one member to be appointed by the President of the Oklahoma State Medical Association. This committee will have supervision over all details affecting this insurance.

According to the agreement, there will be insurance committees appointed by the Tulsa County Medical Society, the Oklahoma County Medical Association, the Garfield County Medical Association, the Muskogee County Medical Association, and the medical societies of other counties which may deem it advisable.

**LOWER PREMIUM RATES  
REMAIN IN EFFECT:**

As in the past, the coverage under the Master Policy will be available only to physicians and surgeons who are members of their own local county societies. The new Master Policy retains all of the liberal provisions of the Houston Policy and in addition is placed in a much larger insurance company. The great reduction in insurance rates will be continued as follows:

General Medicine .....	\$27.50
Surgery .....	33.50
Radium & X-Ray .....	41.50

(25% additional charge will be made for each professional assistant, to indemnify the doctor for any liability he may have for the acts of the assistant; it being understood that the assistant is not covered.)

The rates as above quoted are for limits of \$10,000/\$30,000. For increased limits, we list below the different percentage charges:

\$15,000/\$45,000—	40%	additional
of basic premium.		
\$20,000/\$60,000—	50%	additional
of basic premium.		
\$25,000/\$75,000—	100%	additional
of basic premium.		
\$30,000/\$90,000—	120%	additional
of basic premium.		

It is further understood and agreed that all certificates are to be issued for a period of one year. The above rates are quotations for one year's insurance.

It is understood and agreed that no increase in any of these rates will be made without the approval of the general committee designated above and submission of figures upon which any such proposed increase is based.

**VOTH AND WRIGHT  
REMAIN AS COUNSELORS:**

In addition, in accordance with the agreement, Voth and Wright are to act as insurance counselors under this plan. They are to receive copies of all first reports and claims reported

and are to be informed of the amount of reserve set up under these claims and also the amount of the final settlement. As insurance counselors, they are to have access to all phases of this insurance plan so that they may report to us from time to time the progress that has been made in the establishment of this plan over this state. As to the loss ratio that is incurred and any other information that a policy-holder is normally entitled to have, we expect to look to Voth and Wright from time to time to give us the information that we as policy holders are entitled to receive.

**ATTORNEYS NAMED  
TO HANDLE AFFAIRS:**

Robert D. Hudson, Tulsa, is to be the counsel, and Draper Grigsby, Oklahoma City, is to be associate counsel under this plan.

**LOCAL INSURANCE AGENTS  
TO WRITE POLICIES:**

Under the present plan, the doctors of each county or city may obtain the insurance from their own local London and Lancashire insurance agent. This company is represented by local agents in practically every city in the state and practically any agent will be able to broker the business for his doctors.

With the combination of the insured of the Oklahoma Group Policy together with the policy-holders of the London and Lancashire Indemnity Company, more than 350 physicians will be embraced by the plan immediately. We feel that under this one plan, we can go ahead and combine the insurance strength of approximately one thousand physicians in this state under one policy.

If there are any further questions please write to the Insurance Committee of the Tulsa County Medical Society or the Executive Secretary of the Oklahoma State Medical Association, Voth and Wright, 404 National Bank of Tulsa Building, Tulsa; or Mr. W. M. Eberle of Eberle and Company, general agents for the London and Lancashire Indemnity Company, 501 Terminal Building, Oklahoma City.

# PRESIDENT'S PAGE

A good start . . . makes a good start.


Although the year 1941 is still an infant, we have made a rather auspicious beginning for a year of real accomplishments for the Tulsa County Medical Society.

First: The Malpractice Insurance Committee, has completed its contract with the London and Lancashire Indemnity Company for the expansion of the Group Malpractice Insurance Policy, following the forced withdrawal of the Houston Fire and Casualty Company from this type of casualty business in Oklahoma. The policy and agreement worked out with Eberle and Company, Oklahoma General Agents for London and Lancashire, marks a distinct forward step for physicians and surgeons in Oklahoma.

Second: The Library Committee has made arrangements for the vitalization and expansion of the Tulsa County Medical Society Library so that it will render a valuable service to the membership. A full-time librarian has been employed. Work is well under way in renovating the books and publications on hand. A plan has been approved for indexing and classifying the books on hand and to be obtained in future expansion. The present quarters are to be remodeled to make them more convenient for the membership.

This year should be a year of progress and with this splendid start we are well on the way for a successful year.

Fraternally yours,



President



# Medical Calendar

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**SATURDAY, March 1st:**

Radio Broadcast at 3:15 p.m. Station KTUL. Dr. H. Lee Farris.

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**MONDAY, March 3rd:**

Hillcrest Hospital Staff Meeting.

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**TUESDAY, March 4th:**

Clinic Meeting, 1202 Medical Arts Bldg. 12:30 p.m.  
Mercy Hospital Staff Meeting.

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**FRIDAY, March 7th:**

Trustee Meeting, 1202 Medical Arts Bldg., 12:30 p.m.

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**SATURDAY, March 8th:**

Radio Broadcast at 3:15 p.m. Station KTUL. Dr. J. L. Miner.

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**MONDAY, March 10th:**

Tulsa County Medical Society Meeting, Mayo Hotel, 8:00 p.m. Program: Diagnosis and Management of Cardiac Emergencies. 1—Arrhythmias by Dr. W. J. Trainor, 2—Cardiac Collapse by Dr. H. A. Ruprecht, 3—Peripheral Circulatory Collapse by Dr. Pigford, 4—Surgical Emergencies by Dr. H. D. Murdock.

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**SATURDAY, March 15th:**

Radio Broadcast at 3:15 p.m. Station KTUL. Dr. J. E. McDonald.

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**MONDAY, March 17th:**

St. Johns Hospital Staff Meeting.

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**TUESDAY, March 18th:**

Flower Hospital Staff Meeting.  
Office Assistant's Meeting, Michaelis Cafeteria at 6:00 p.m.

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**FRIDAY, March 21st:**

Trustee Meeting, 1202 Medical Arts Bldg., 12:30 p.m.

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**SATURDAY, March 22nd:**

Radio Broadcast at 3:15 p. m. Station KTUL. Dr. Ned R. Smith.

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**MONDAY, March 24th:**

Tulsa County Medical Society Meeting, Mayo Hotel, 8:00 p.m. There will be a guest speaker.

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**SATURDAY, March 29th:**

Radio Broadcast at 3:15 p.m. Station KTUL. Dr. Marvin D. Henley.

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# The BULLETIN

Editorial  
Committee.....

F. L. UNDERWOOD, M. D.,  
Chairman  
CARL J. HOTZ, M. D.  
G. H. HENRY, M. D.

Managing Editor..... LLOYD STONE



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VOL. 7                      MARCH, 1941                      No. 3

## OUR BABY—KEEP HIM WELL!

Group Hospitalization Insurance, while just an infant of some nine months, is getting to the place where it is about to begin to walk by itself. It is over the first big hump and is beginning to take on a heavier diet. It is just now reaching the critical age where we are going to be forced to watch it carefully and give it the proper attention.

The greatest danger facing an infant of this age and temperament is not so much neglect as it is over-attention. Physicians are just beginning to see that Group Hospital Service is working and working well. Patients get attention they never have received nor could they get it any other way. And therein lies a great danger. When an insurance program of this type gets on its feet physicians often are prone to start relaxing their vigil and patients are allowed to stay in hospitals a day or two days or many days longer than they would stay if the patient paid the bill direct to the hospital. This is not right because it costs other patients insured under the plan. It runs up the costs. It makes it impossible to reduce rates and add other services to the policies.

The Hospital Insurance plan in effect in Kansas City has been in operation eighteen months. This plan is beginning to feel the effects of this practice. Any plan would feel it. Group Hospital Service is a baby of the Oklahoma State Medical Association. It is a lusty infant. Let's keep it well.

Following is an article which appeared recently in the Kansas City Medical Journal which should sound a warning to every doctor in the state of Oklahoma and points

out a "goose and golden egg" moral which is very timely:

## OUR BABY—HE'S SICK!

Our baby (group hospitalization) conceived 'midst high hopes and born of mutual patient-doctor-hospital needs, has grown lustily through eighteen eventful months. He required considerable special formulae with the constant attendance of the greatest specialists during his early months. Then he brightened up, asked for solid food, grew strong, and captured the admiration of this entire community. Recently, he's developed a rash, won't eat, looks mad all the time and keeps mumbling, "They don't treat me right. They don't treat me right"—ad infinitum. When asked whom he means by "They," he says, "The doctors." "Why, you have the best specialists in town looking after you. Aren't you mistaken?" "Hell no," he sputters (learned that from his daddy). "The doctors looking after me personally are all right, but there's too many other doctors with good intentions and not enough familiarity with my case that have me off my budget. Why don't you call a consultation of every doctor attending me and explain my case?" Then he vomited and wouldn't talk any more.

So, a consultation of every member of the Jackson County Medical Society is called. Group Hospital Service is one of sixty-six such plans in the country. Do you realize it is the only type of plan where you as the doctor have absolute authority and are trusted implicitly as the sole claim agent? It is entirely up to you to say if the patient deserves to be hospitalized, for how long, and when he should go home; two years' experience has demonstrated that something is wrong. Either we are "fudging" or haven't been willing to dismiss our Group Hospitalization patients from the hospital as quickly as other patients. Figures indicate that during the first year patients were hospitalized under the plan 8.63 days per person. The first six months of 1940 it rose to 9.1. For October 1940 it was 10.1 days. Well, what's an extra day or day-and-a-half? When multiplied by the average number of hospital admissions, around 367 for October, it means 400 and over extra days per month or some \$25,000 per year used to pay for board and room for Johnny, or Mrs. P. who just doesn't want to go home until tomorrow but easily could go today *if the doctor insisted on it*. Well, what would happen to the money if we didn't spend it on extra days of hospitalization? First, it would go to reserves, so that when an epidemic or catastrophe hits, we shall be able to meet all needs and not have to go out of business, or seriously cut benefits. In case of no such emergencies it would eventually permit increase in services, such as furnishing oxygen, donors for transfusions, increases on room per day allowance, more days per year, etc.

# Allowable Income Tax Deductions

All Expenses connected with professional services are allowable as deductions; worksheet lists numerous expenses which government excludes from gross income.

Physicians and surgeons who are called upon to make out their income tax returns for the state of Oklahoma and the Federal Government will find the outline for legal allowable deductions from their gross incomes of special help in making out their returns for the past year, which must be filed on or before March 15.

The law clearly sets out just what items must be included in taxable income for tax purposes. Generally, this includes such items as gross income from your medical profession (actual cash received during the fiscal year); income received from county, state or federal government; income from rents, etc.; interest items; certain dividends; gains and profits from sale of any type of property; and income from non-exempt bonds.

1. You are exempt to the extent of \$400 for each person (child or adult) dependent upon you for support.

2. All expenses incurred in the actual operation of your professional practice, and includes all salaries, wages, commissions, etc.; rent, alterations to your office if you pay expense, minor equipment not permanent in nature, subscription to medical magazines and purchase of books, depreciation on office and medical equipment and your library, bonuses to employees, cost of collection of accounts, etc.

3. You may deduct the upkeep, depreciation, gasoline, oil, insurance premiums, license fee, drivers license fee of your automobile when used in making business and professional calls, where other use of the automobile is merely incidental. If you use car for purposes other than business, you may deduct only a proportionate amount from the returns.

4. All taxes paid are deductible. These include federal and state taxes such as

ad valorem taxes, sales tax, state and federal gasoline tax, personal taxes, intangible tax, Social Security Tax, etc.

5. Another main heading of deductions is contributions and dues which will include Medical Society dues, county, state and national, Community Fund and other charities, Chamber of Commerce, other clubs or organizations which you maintain membership for business purposes.

6. Among other deductions allowed are the following: Bad debts or losses, premium on malpractice insurance, traveling expense in connection with profession or business, investment losses, percentage on telegrams and long distance calls, postage, percentage on theater tickets, uniforms furnished by you for employees, bank check charges, etc.

While the government watches carefully to see that there is no evasion of the income tax, the government has established definite rulings and legal interpretations, a knowledge of which is valuable in helping you keep your income tax to a legal minimum. A convenient check list of allowable deductions is attached in order to help you include your legal exemptions in figuring your returns.

## Work Sheet

### Federal Income Tax for Individuals with Professional Income

Computed for Form 1040

Items and instruction No.

	Income
1. Salaries and other compensation for personal services	\$ _____
2. Dividends	\$ _____
3. Interest on Bank Deposits, notes, etc.	\$ _____
4. Interest on Corporation bonds	\$ _____
5. Taxable Interest on Government Bonds (schedule B)	\$ _____
6. Income from partnerships, syndicates, etc.	\$ _____
7. Income from fiduciaries	\$ _____
8. Rents and Royalties (income	\$ _____

- less expense) \_\_\_\_\_ \$ \_\_\_\_\_
- Allowable deductions:
- Taxes \_\_\_\_\_ \$ \_\_\_\_\_
- Commissions \_\_\_\_\_ \$ \_\_\_\_\_
- Maintenance \_\_\_\_\_ \$ \_\_\_\_\_
- Utilities (you pay) \_\_\_\_\_ \$ \_\_\_\_\_
- Repairs \_\_\_\_\_ \$ \_\_\_\_\_
- Upkeep (salaries, etc.) \_\_\_\_\_ \$ \_\_\_\_\_
- Depreciation \_\_\_\_\_ \$ \_\_\_\_\_
- Interest on loan \_\_\_\_\_ \$ \_\_\_\_\_
- Other actual property expense \_\_\_\_\_ \$ \_\_\_\_\_
- 9. Income (or loss) from Business or Profession (Schedule D) \_\_\_\_\_ \$ \_\_\_\_\_
- Gross income less following schedule of allowable deductions plus any other actual expense incurred in practice or profession.
- a. Employees wages \_\_\_\_\_ \$ \_\_\_\_\_  
Bonuses; auditing; attorney's fees; collection of accounts; etc.
- b. Automobile expense \_\_\_\_\_ \$ \_\_\_\_\_  
Full cost if auto is used only for professionals calls or where other use of car is incidental. Proportionate cost if substantial part of use is for other purposes. This includes: gasoline; oil; license fees; insurance premiums; depreciation; garage and parking lot rent; repairs, etc.
- c. Other Business expenses and losses \_\_\_\_\_ \$ \_\_\_\_\_  
(if you operate for profit even though it is not your principal source of income.)
- d. Rents and office upkeep \_\_\_\_\_ \$ \_\_\_\_\_  
Rents; remodeling expense; cost of moving; Utilities repairs; telephone and telegraph; Medicines and supplies; office supplies; postage; bank and check charges; Medical Magazines and Books; Professional equipment the life of which is less than one year; depreciation of inventory including office equipment and furniture, books, instruments; Social Security Tax and Unemployment Tax, etc. This includes all actual expense in connection with your office and practice.
- e. Club expenses and Dues \_\_\_\_\_ \$ \_\_\_\_\_  
(For purposes of getting business only)  
County and State Medical Society \_\_\_\_\_ \$ \_\_\_\_\_  
Other Professional Societies \_\_\_\_\_ \$ \_\_\_\_\_  
Chamber of Commerce \_\_\_\_\_ \$ \_\_\_\_\_  
Civic Clubs \_\_\_\_\_ \$ \_\_\_\_\_  
Better Business Club \_\_\_\_\_ \$ \_\_\_\_\_  
Tulsa Club dues \_\_\_\_\_ \$ \_\_\_\_\_
- f. Contributions to aid your business \_\_\_\_\_ \$ \_\_\_\_\_  
To hospitals and colleges; medical libraries; welfare organizations; research foundations or expense; National Physicians Committee; etc.

- g. Insurance premiums \_\_\_\_\_ \$ \_\_\_\_\_  
Malpractice insurance; fire and theft; instrument float-er, etc.
- h. Traveling expense (for business only) \_\_\_\_\_ \$ \_\_\_\_\_  
Train fare; hotels; entertain-ment; conventions; A.M.A. and state medical meetings; papers before other county societies; etc.
- i. Other expenses or losses arising from \_\_\_\_\_
- Bad Debts \_\_\_\_\_ \$ \_\_\_\_\_
- Burglary \_\_\_\_\_ \$ \_\_\_\_\_
- Worthless investments \_\_\_\_\_ \$ \_\_\_\_\_
- Loss in securities \_\_\_\_\_ \$ \_\_\_\_\_
- Postgraduate study \_\_\_\_\_ \$ \_\_\_\_\_
- 10. Net short term gain for sale of capital assets \_\_\_\_\_ \$ \_\_\_\_\_
- 11. Other Income (Annuities, etc.) \_\_\_\_\_ \$ \_\_\_\_\_
- 12. Total Income (items 1 to 11) \_\_\_\_\_ \$ \_\_\_\_\_
- Deductions
- 13. Contributions \_\_\_\_\_ \$ \_\_\_\_\_  
Community Fund \_\_\_\_\_ \$ \_\_\_\_\_  
Red Cross \_\_\_\_\_ \$ \_\_\_\_\_  
Boy Scouts \_\_\_\_\_ \$ \_\_\_\_\_  
Church pledges and gifts \_\_\_\_\_ \$ \_\_\_\_\_  
Salvation Army, etc. \_\_\_\_\_ \$ \_\_\_\_\_
- 14. Interest paid \_\_\_\_\_ \$ \_\_\_\_\_  
Interest on home or other property \_\_\_\_\_ \$ \_\_\_\_\_  
Interest on all loans and notes \_\_\_\_\_ \$ \_\_\_\_\_  
Interest paid on car purchase, etc. \_\_\_\_\_ \$ \_\_\_\_\_
- 15. Taxes (Generally, all taxes paid for 1940) \_\_\_\_\_ \$ \_\_\_\_\_  
Taxes on home or other property \_\_\_\_\_ \$ \_\_\_\_\_  
Taxes on theater and sport-ing tickets \_\_\_\_\_ \$ \_\_\_\_\_  
2% Oklahoma sales tax \_\_\_\_\_ \$ \_\_\_\_\_  
Gasoline tax (personal use) \_\_\_\_\_ \$ \_\_\_\_\_  
State Income tax \_\_\_\_\_ \$ \_\_\_\_\_  
State transfer tax \_\_\_\_\_ \$ \_\_\_\_\_  
State excise tax on auto \_\_\_\_\_ \$ \_\_\_\_\_  
Personal and "intangible tax" \_\_\_\_\_ \$ \_\_\_\_\_
- 16. Losses from fire, storm, etc. (not covered by insurance) \_\_\_\_\_ \$ \_\_\_\_\_
- 17. Bad Debts (not deducted previously) \_\_\_\_\_ \$ \_\_\_\_\_
- 18. Other Deductions authorized by law \_\_\_\_\_ \$ \_\_\_\_\_
- 19. Total Deductions (items 13 to 18) \_\_\_\_\_ \$ \_\_\_\_\_
- 20. Net Income (item 12 minus item 19) \_\_\_\_\_ \$ \_\_\_\_\_

NOTE: You are required to pay a sur-tax only if your net surtax net income (item No. 24 on your tax return) is more than \$4,000.

NOTE. New this year, the defense tax requires the addition of 10 per cent of your net tax as an "added" or "defense tax." The defense tax is not figured on your net income, but is only an added 10 per cent figured upon your final tax figure.

# State Health Shows Improvement

Annual report of Oklahoma State Health Department for Epidemiology for fiscal year ending June 30, 1940, shows big improvement over previous year.

During the first quarter of the fiscal year, several field investigations were made. Two cases of Rocky Mountain spotted fever were investigated in July, and clinical confirmation of the diagnosis made. Laboratory data was not obtained.

In August a typhoid fever outbreak of six cases occurred in one of the threshing crews at Hominy, Osage County. A total of five temporary carriers were found in three of the households harboring the disease. A permanent carrier status was not found in any of these temporary carriers.

The division was fortunate in having the services of Dr. S. E. Johnson, Trachoma Consultant for the U. S. Indian Service, during the first two quarters of the fiscal year. He conducted a diagnostic survey of trachoma among the Indians of Oklahoma, and this division assisted him by excluding all cases of trachoma from the public schools until after certification by the attending physician as being non-infectious.

In December an investigation was made of a possible outbreak of encephalitis at Ardmore. The director of the division was assisted by Dr. W. R. Bailey, Clinical Pathologist at Wesley Hospital, Oklahoma City. All of the cases investigated were found to be other diseases.

Lectures on communicable disease were given during the second quarter to the junior nurses of the University of Oklahoma Nursing School.

Shortly after the beginning of the third quarter, a pneumonia control program was instituted in two demonstration areas—Tulsa and Oklahoma City. On the recommendation of attending physicians, patients unable to pay for the pneumonia anti-sera and sulfapyridine were furnished treatment by this di-

vision. Proof of the type of infection was a prerequisite for the distribution of free drugs. It is felt that the program, although on a small scale, has been quite successful.

On May 15, 1940 Doctor Gillis assumed the duties of full time director of the Venereal Disease Division, thus leaving the Division of Epidemiology without a full time director until the arrival of Doctor Hackler on June 1, 1940. Since Doctor Hackler retained these duties only during the month of June, following which Dr. John Y. Battensfield became director of the division, a continuous narrative of the fiscal year is difficult to obtain.

During Doctor Hackler's administration seven cases of relapsing fever were reported from Foss, Oklahoma. It is very interesting to note that previously only one case of this disease is shown on the State Health Department records. However, it has been known for some months that the particular tick concerned in the transmission of this disease has been found in Oklahoma. In these cases reported from Foss, the family entered a cave during a thunder storm and seven of the members were bitten by ticks. Shortly thereafter, six members became ill, with high fever of a relapsing nature. The diagnosis was confirmed by identification of the tick and parasites were found in the peripheral blood. The division was fortunate in having two members of the Bureau of Parasitology of Baylor University investigate the appearance of these ticks in western Oklahoma. At the present time a complete report of their findings is being awaited.

The highest prevalence of tularemia in the state's history has been reported during the past six months of 1940. Numerous cases were also reported following the bite of ticks.

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During the fiscal year a case of leprosy was admitted to University Hospital, Oklahoma City, diagnosed, treated for some time, and then transferred by the State Health Department to the Leprosarium at Carville, Louisiana.

Following is a fiscal morbidity report, comparing the years 1938-1939 and 1939-1940.

It will be noted that there is a marked decrease in the number of cases of undulant fever. It is felt that there are several factors responsible for this. One, and the principal one, is a better understanding on the part of the practicing physician in regard to the meaning of a faint positive agglutination test. Also, milk standardization, according to the U. S. Public Health Service recommendations, has doubtless diminished the quantity of infected milk.

It will be noted from the report that the incidence of gonorrhoea is approximately one-half that of the previous year. No satisfactory explanation of this has been devised at this writing.

The most striking decrease in communicable disease has been found in measles; only about 10% as much being reported during this year. Practically every county health officer will remember his measles epidemic during the previous fiscal year.

**Fiscal Morbidity Report**

Year Ending June 30, 1939

Diphtheria .....	601
Gonorrhoea .....	5066
Influenza .....	6312
Malaria .....	1774
Measles .....	5016
Meningococcus Meningitis .....	28
Pellagra .....	209
Pneumonia .....	2006
Poliomyelitis .....	27
Scarlet Fever .....	1553
Septic Sore Throat .....	691
Smallpox .....	927
Syphilis .....	6206
Tuberculosis .....	1378
Typhoid Fever .....	505
Undulant Fever .....	1047
Whooping Cough .....	475
Tularemia .....	54

Year Ending June 30, 1940

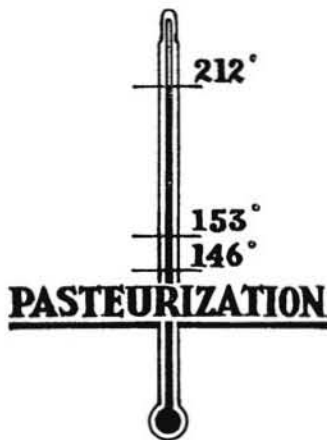
Diphtheria .....	445
Gonorrhoea .....	2792
Influenza .....	6152
Malaria .....	1961
Measles .....	502
Meningococcus Meningitis N N .....	36
Pellagra .....	160
Pneumonia .....	2703
Poliomyelitis .....	69
Scarlet Fever .....	830
Septic Sore Throat .....	572
Smallpox .....	202
Syphilis .....	8229
Tuberculosis .....	1454
Typhoid Fever .....	464
Undulant Fever .....	276
Whooping Cough .....	429
Tularemia .....	50

**CLINIC REPORT  
FOR FEBRUARY**

Medicine .....	590
Gynecology and Obstetrics .....	112
Surgery .....	169
Pediatrics .....	86
Orthopedics .....	64
Dental .....	143
Urology .....	64
Eye .....	91
Ear, Nose & Throat .....	76
Tonsils .....	34
Dermatology .....	48
Rectal .....	48
Diathermy .....	25
Cardiac .....	34
Neurology .....	21
Tumor .....	49
Varicose .....	44
<hr/>	
Total .....	1698
Total number of patients seen in the clinic .....	1819
Total number of prescriptions .....	1637
X-Ray Pictures .....	53
X-Ray Treatments .....	80
Fluoroscopic Exams .....	91
Number patients sent to the hospitals .....	15

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- 131°F. Diphtheria Killed

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M. J. Rosenau, M.D.,  
"Preventive Medicine and Hygiene,"  
1931 Edition

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"Resolved, That this Association notifies the public of the inadequacy of substitutes, or alternatives, for pasteurization."

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"The Blue Cross Plan" is a description employed almost universally to identify plans authorized to use this symbol of distinction and recognition. Throughout the East, the term is used almost without exception. Group Hospital Service of Oklahoma is a Blue Cross Plan, and in answer to many inquiries, an explanation of the Blue Cross emblem follows:

"The Lorraine Cross is quartered in blue. This cross has been the emblem of relief to the unfortunate since medieval time. The Caduceus, or Wand of Mercury, and the Serpent of Aesculapius, has symbolized the healing art for thousands of years. The Maltese Cross has been the emblem of the Knights of Saint John of Jerusalem since 1092 A. D. and has been used for hundreds of years by the Saint John Ambulance Service. The international emblem for the relief of the sick and wounded is the Geneva (or Greek) Cross. The Urn Lamp is universally accepted as symbolic of knowledge. It is the official emblem of the Florence Nightingale Nurses.

\$35,000,00—this figure refers neither to the national debt nor the armament budget, but is the amount our hospitals will receive from the Blue Cross Plans during the year 1941. Writing in the February issue of "Hospital Management," C. Rufus Rorem, Ph.D., C.P.A., Director, Commission on Hospital Service, American Hospital Association, says in part:

"On January 1, 1941, there were 66 hospital service plans approved by the Commission on Hospital Service of the

American Hospital Association. These plans report a total enrollment exceeding 6,000,000 persons, as compared with 600,000 on January 1, 1937, and with only 60,000 on January 1, 1935.

During the coming year non-profit plans will pay more than \$35,000,000 to the hospitals of the United States, an amount greater than the combined hospital receipts from endowment income and from community chests and councils.

No two hospital service plans are alike in detail, but they are all alike in principle. They provide for payments of equal and regular amounts by a group of individuals into a common fund, which is used, when necessary, to buy hospital service for the contributors requiring hospital care. The corporation enters into contracts with employed persons who make these regular subscriptions, also with hospitals which agree to provide service to the subscribers.

Hospital service plans must be differentiated sharply from other forms of insurance for the payment of hospital bills. Hospital plans provide service, not cash, and the essential feature of the plan is a contractual arrangement by which a group of member-hospitals agree to provide the necessary care to the subscribers and to look to the hospital service corporations for the necessary payment for the services rendered.

There are approximately 2,000 member-hospitals in the 66 approved plans with a bed capacity of nearly 225,000, which represents more than two-thirds of the bed capacity of the voluntary hospitals in the United States. It is in the voluntary hospitals that most of the service to non-profit plan subscribers is rendered, although 130 local government hospitals and 160 proprietary hospitals are participating in various parts of the United States.

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# Personally Speaking

All we know is what we hear and what we hear will appear in these columns. If you have done anything or gone anywhere or know of anyone who has—let us know. . . .

—The Editors

Doctors HENRY S. BROWNE and FRANK STUART lectured at the Osage County Medical Society Meeting at Pawhuska Monday night, January 13th. DR. RALPH A. MCGILL, is really a wrestling match fan. DR. M. P. SPRINGER'S daughter was married January 7, 1941.

Two Tulsa doctors, DR. HARRY GREEN, skin specialist and DR. V. K. ALLEN, Proctologist both with offices in the Medical Arts Bldg., were chosen special examiners in their fields for the Medical Advisory board of the second Oklahoma district in connection with physical examinations for draft registrants, it was announced following a meeting of the Board at McAlester.

DR. W. ALBERT COOK returned from a months vacation in Santa Barbara, Calif. DR. R. B. FORD has gone to the U. S. Naval Hospital at Pensacola, Fla. DR. AND MRS. J. E. McDONALD left Dec. 11th for a vacation at Mardi Gras in New Orleans. DR. BERTHA MARGOLIN spent a month in Brocton, Mass., and came back in February. MRS. B. L. BRANLEY recently suffered a sprained ankle. MRS. V. K. ALLEN was operated at Hillcrest Hospital. DR. S. C. VENABLE'S wife is still slowly improving. DR. J. W. BEYER'S daughter passed away January 21st.

DR. AND MRS. J. D. SHIPP were blessed with a baby boy at St. Johns Hospital Saturday night, January 25th. DR. SIMON POLLOCK has gone to the army at Ft. Sam Houston.

DR. E. M. LUSK took a post-graduate course in Obstetrics in Chicago. DR. NED R. SMITH went to Shreveport, La., due to illness of a relative. DR. P. O. LOWE has returned from New Orleans where he took a post-graduate course in bone work.

Doctors V. K. ALLEN and A. W. PIGFORD gave a paper on February 10th at the Osage County Medical Society Meeting at Pawhuska. Dr. and MRS. PHILIP M. SHRECK, 2240 E. 12th Pl. announce the birth of a son, Phillip Frank, at St. Johns Hospital. DR. A. B. CARNEY and wife attended the Tri Delta Dance, Saturday, Jan. 31, 1941 at the University Club. DR. E. G. HYATT'S mother-in-law fell on the ice and broke her hip. She is in the hospital but is doing very nicely. DR. J. B. GILBERT took a trip to Albuquerque, N. M. DR. E. G. HYATT has been gone on a short trip attending a convention.

DR. DAN A. REYNOLDS and DR. J. L. REYNOLDS announce they have moved from the Palace Building to the New Alexander Building, 310 S. Main Street.

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# The Case of Private Medicine

**This Is the Much Commented upon Article which Appeared in the May, 1940, issue of Nation's Business. Because of its great Interest It Is Reprinted Through Courtesy of the Editors of Nation's Business.—(Part Four)**

Promises have been made in relation to the prevention and treatment of innumerable diseases for which medicine itself frankly admits it does not know the cause, the specific method of transmission, any definite method of prevention, and for which it has nothing resembling a "cure." This is far removed from the principle or the procedure of scientific medicine!

Emotionalism was unrestrained in the propaganda broadcasts. There was a drama of an underprivileged sufferer who had consulted the doctors in his community without finding any relief. At last he persuades a friend who owns a hearse to take him and his wife to a city hospital 300 miles away. There a diagnosis immediately discloses a cancer and only a few hours or days of life remaining. The play ends with a poignant scene in which the wife exclaims that it only there had been a cancer hospital at home her husband could have been saved!

The assumption that only a cancer hospital could diagnose a cancer is completely in conflict with reality. It is only one example of many that show the absurdity of treating scientific matters by the methods of politics.

## Codes of Ethics Are Attacked

In this atmosphere so highly charged with stimulated emotion, the Department of Justice received a setback at the hands of the District Court in the A.M.A. case. But the legality of the indictment was sustained in the United States Court of Appeals. The Supreme Court has yet to say the last word.

Leading members of the association contend that this decision, which places medicine in the category of a trade, is revolutionary in its implications. If sustained, it will make a dead letter of all professional codes of ethics.

When no professional body can discipline a member for ignoring its ethical standards, those standards can no longer be considered binding. Assistant Attorney General Arnold bases his case largely on the claim that one group of physicians attempted to prevent another qualified group from following their calling for a livelihood. The other half of his plea is that laymen—members of group health organizations—were unlawfully prevented from exercising a free choice of physician.

By this piece of legal reasoning, the Attorney General committed that form of indiscretion colloquially known as "putting one's foot into it." In doing so he stepped

squarely onto a political sore toe—the coercive tactics of union labor.

It is clear to any innocent lay mind that at no time has any medical society attempted to boycott or bar a group health doctor from continuing to practice his profession. The most they had done was to suspend one physician from membership and possibly to threaten similar disciplinary action in a few other instances.

On the other hand, some labor unions make no apologies for using every form of persuasion, including pick handles and sling shots, to keep any member or non-member from working for an "unfair" employer. By their code "scabs" have no right to work at any job a union man would accept. And free choice of the employer to hire anyone he chooses is seldom conceded where unions have the upper hand.

None of the expert sophists in Washington was able to explain away this very palpable paradox. What with an election on the way and some of the labor boys getting restless, the high strategists were alarmed. But the damage was done. Mr. Arnold played consistent. He started prosecuting some of the unions under the Sherman Anti-trust law.

Whether or not he realized the political dynamite in his legal logic, the die is cast.

In the words of Henry Mencken:

If the Hon. Mr. Arnold goes up to the Supreme Court with his theory (on the A.M.A. case), and convinces four judges and Hugo Black, there will be merry hell to pay along the line, and he'll be lucky if he is not sent back to Yale C.O.D.

All this ado over Group Health was, of course, only an accompaniment to the drive to enact the National Health Program into law. When it was submitted to Congress, Administration leaders called on that reliable wheel horse of social uplift, Sen. Robert Wagner of New York, to carry the ball. After many conferences a bill was submitted under his name.

## Using Deficiency As a Pattern

This grants-in-aid bait has been the most vicious feature of Social Security and other major legislation that within a few years has effected a transformation in our form of government. It is a bribe to the states to surrender their rights to the central Government. It encourages unnecessary state spending in the effort to obtain a share of federal funds. It makes the deficiencies of one state a pattern for all.

Massachusetts, for example, may have excellent health promotion facilities and another state be very deficient in this respect. A bill is drawn with the needs of the deficient state in mind, but Massachusetts, knowing that it must help pay the cost for all, obtains its own share whether there is a need or not. It is senseless for a rich state like Massachusetts or New York to go begging to Washington and get a million for health or relief or municipal power plants, when it must pay into the same fund for the nation \$2,000,000. If Mississippi or North Dakota must have help from the national Government let it be granted without making their needs a common denominator for the 48 states. The only plausible explanation for the present procedure is that it enables political leaders to gain more federal control over the rich and potentially independent states as well as over the poorer and dependent states.

Senator Wagner offered repeated assurances that there would be no compulsion in his bill. Each state, he declared, would be free to set up a plan of its own choosing. "States are free to establish compulsory health insurance if they choose to do so." The federal Government would not dictate to them. But he failed to add that the federal Government would compel the states to pay their share of the taxes for it. The benefits are not compulsory but the taxes are.

Those who had followed the Senator's career remembered that he had made the same assurances about Social Security. And he had asserted that his National Labor Relations Act had no trace of coercion.

"It does not even favor unionization," he solemnly told his fellow senators.

#### "Experts" Are Called In

Extensive hearings were held by a subcommittee of the Senate Committee on Education and Labor. Such authorities on the science of medicine as the representatives of the American Youth Congress, the United Federal Workers, the National Women's Trade Union League, National Farmers Union, United Mine Workers and the National Negro Congress testified. Physicians who appeared in opposition were cross-examined as if in court of law. In at least one instance Senator Wagner sought unsuccessfully to impeach and discredit an honored member of the profession and a former president of the A.M.A.

Gradually the 85 or 90 per cent of the profession who have stood against socialization began to make their influence felt. When the Wagner Bill went over to the second session of the 76th Congress, the President himself began to doubt that even it were passed it could be made to work. The word went out that he had abandoned it for the present in favor of a new bill, also by the indefatigable Wagner, proposing the appropriation of \$10,000,000 for federal hospitals, without matching appropriations by the states. That measure is now pending in the Senate.

All the tear-starting pathos and whoopla that go with this bit of spending seem disproportionate to the amount involved. But the threat is not to be minimized. It is nothing but direct federal competition with a host of struggling religious, fraternal and other voluntary bodies now operating hospitals nor-

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mally with perhaps one-third of their beds empty. The proposal is for federal construction and equipment of the hospitals, after which the local communities must take over and run them.

This construction of elaborate hospitals in small towns would have the effect of saddling communities with burdens that many of them could not carry. It is analogous to some good angel providing a \$25 a week clerk with a 12-room mansion and estate—on the condition that he keep it up. The outcome in many instances probably would be that the Government would find it necessary to take over the hospitals and run them, when local authorities fell down. In a few years we would see federal general hospitals and medical centers scattered over the country. Before the people realized the sinister direction of this sort of benevolence they would have the reality of centralized political medicine under orders from Washington.

This means that the temporary sidetracking of the health insurance bid for a hospital building program is not to be construed as a culmination of the battle. It is merely a sign that some shift of strategy impends. The vast plans of the Interdepartmental Committee have not been relinquished.

Best sign that political medicine in America is not dead is the evidence that it is a cherished hope of President Roosevelt.

#### "New Order" On the Way

Back in 1937 the late Senator J. Hamilton Lewis of Illinois appeared on short notice at the annual convention of the A.M.A. in Atlantic City and delivered before it House of Delegates a most remarkable speech. He announced that he had just come from a conference with the President and that he had to deliver "a message coming direct with his authority."

The Senator went on to tell the doctors that a new order was in the making and he was trying to prepare them for it.

The question for you is not whether you like it or whether you don't. . . . All your past has been that of the doctor and his patient and that won't do. We know nothing about a patient, don't recognize his existence; it is your creation.

Suiting the action to the word, Senator Lewis went back to Washington and introduced a joint resolution to make every physician and surgeon a civil officer of the United States, empowered and required to render medical or surgical aid or to order hospitalization for any impoverished individual. For such services, bill were to be submitted to the Social Security Board for payment.

There are those who insist that Senator Lewis proposed in a forthright if impolitic way to carry out what is in the back of the Administration's mind and what the Interde-

partmental Committee would have asked for had they felt there was a chance of getting it.

This brief review doesn't begin to catalog the growth of government paternalism in the realm of health. It says nothing of the future use of a great chain of veterans' hospitals when the veterans need them no longer. It takes no account of the medical functions of the Children's Bureau in the Department of Labor, W.P.A. and others. In fact, there is scarcely a branch of the federal Government without some function that touches the prevention or treatment of disease. Total annual cost of these activities runs from \$125,000,000 to \$150,000,000. Half of the doctors in the City of Washington are federal employees.

The most ambitious of all is the Farm Security Administration's health interest. F.C.A. lends money to farmers for meeting the cost of sickness. Agents are sent into rural counties to promote the demand for this sort of aid. Various plans have been tried but most of them leave the situation just about where it was before—that is, the doctors themselves continue to carry a large share of the financial load in treatment of the really indigent farm folk.

Inspired by Washington, the states have enacted a wave of paternalistic legislation. The bill by a Vassar-professor assemblyman in New York requiring the state to pay \$75 a head for every child to be born did not pass but it may come up again.

The most dangerous threat in the states is a model compulsory health insurance bill drawn by the American Association for Social Security and already introduced in the New York legislature.

All these activities demonstrate that an effort is being made to change radically the free system of caring for the sick, as we have always known it. The broad purpose is nothing less than the shifting of responsibility from its three-fold traditional base—the individual, the medical profession and the local community—to the federal Government and the states.

Before that change is effected, Americans want to know what they would gain by it and what they would lose. The burden of proof is on the proponents of political medicine. With all its high-powered direction, their propagandist strategy has been rather transparent.

This strategy consists first in picturing how deplorable conditions are. Every survey is made to look as dark as possible by emphasizing all the bad factors and ignoring or minimizing the good. Second stage is the establishment of some collectivist remedy. Third is to build up a statistical impression of improvement in the condition, making it look as good as possible. Fourth is the conclusion that the third necessarily followed from the second.

(Continued Next Month)

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# Of Special Interest!

## ST. JOHNS ANNOUNCES CONFERENCE SERIES

Starting March 3, and every two weeks thereafter Dr. I. A. Nelson will hold clinical pathological conferences in the hospital staff room beginning at 7 o'clock p. m. These meetings will always fall on nights that St. Johns and Hillcrest hospitals hold their regular staff meetings, but will adjourn in time for all men to attend these regular staff meetings.

These conferences are not planned alone for the instruction of internes but for the guidance and help of the members of the entire staff of the hospitals. All members are invited to support this series of conferences, which will cover general topics of interest and importance in order to round out the education of internes.

Beginning on March 5, the various staff members of St. Johns Hospital will conduct seminars every two weeks for the instruction of internes. These conferences will be held at 4:30 p. m.

## MEDICAL AUXILIARY TEA AND BOOK REVIEW

Mrs. James Stevenson reviewed the book, "Embezzled Heaven" by Franz Wersel, when members of the Auxiliary to the Tulsa County Medical Society entertained their guests in the home of Mrs. Marvin D. Henley, 2204 East 27th street, at 2 o'clock Tuesday afternoon, February 4th.

Following Mrs. Stevenson's review a St. Valentine tea was served. Mrs. J. W. Rogers, president of the auxiliary, and Mrs. Stevenson, past-president, assisted at the table.

Mrs. Hugh Evans, chairman of the social committee, was in charge of arrangements. Assisting her were Mrs. Robert B. Witcher, Mrs. Harry P. Price, Mrs. W. J. Trainor, Mrs. Ralph

A. McGill, Mrs. A. Ray Wiley, Mrs. Charles H. Eads, Mrs. K. C. Reese, Mrs. E. Kankin Denny, Mrs. Fred E. Woodson and Mrs. Henley.



RADIO SPEAKERS FOR FEBRUARY WERE: Doctors Marvin D. Henley, H. Lee Farris, A. L. Walters and Marvin D. Henley.

RADIO SPEAKERS FOR MARCH ARE: Doctors H. Lee Farris, J. L. Miner, J. E. McDonald, Ned R. Smith and Marvin D. Henley.

## BRIEF HISTORICAL NOTES ON MEAD'S CEREAL AND PABLUM

Hand in hand with pediatric progress, the introduction of Mead's Cereal in 1930 marked a new concept in the function of cereals in the child's dietary. For 150 years before that, since the days of "pap" and "panada," there had been no noteworthy improvement in the nutritive quality of cereals for infant feeding. Cereals were fed principally for their carbohydrate content.

The formula of Mead's Cereal was designed to supplement the baby's diet in minerals and vitamins, especially iron and B1. How well it has succeeded in these functions may be seen from two examples:

(1) As little as one-sixth ounce of Mead's Cereal supplies over half of the iron and more than one-fifth of the vitamin B1 minimum requirements of the 3-months-old bottle-fed baby. (2) One-half ounce of Mead's Cereal furnishes all of the iron and two-thirds of the vitamin B1 minimum requirements

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of the 6-months-old breast-fed baby.

That the medical profession has recognized the importance of this contribution is indicated by the fact that cereal is now included in the baby's diet as early as the third or fourth month instead of at the sixth to twelfth month as was the custom only a decade or two ago.

In 1933 Mead Johnson & Company went a step further, improving the Mead's Cereal mixture by a special process of cooking, which rendered it easily tolerated by the infant and at the same time did away with the need for prolonged cereal cooking in the home. The result is Uablum, an original product which offers all of the nutritional qualities of Mead's Cereal, plus the convenience of thorough scientific cooking.

During the last ten years, these products have been used in a great deal of clinical investigation on various aspects of nutrition, which have been reported in the scientific literature.

Many physicians recognize the pioneer efforts on the part of Mead Johnson & Company by specifying Mead's Cereal and Pablum.

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### A.M.A. PREPARES TOPICS FOR TALKS

The Bureau of Health Education of the American Medical Association offers to local physicians the loan of prepared material for speakers addressing lay audiences. Even though a physician may be an able speaker, he frequently hesitates to accept invitations to speak before lay audiences because time is required to prepare material in suitable language for such audiences.

It is here that the HYGEIA Clipping Collection loan service is of value. These collections consist of HYGEIA material. They are patterned after the American Medical Association's Package Library. The advantage of this material is that it is written in non-technical language that the layman can understand. Thus, the physician is saved the effort of translating technical material into language easily understood by non-

medical groups.

There are collections available on 82 topics; accompanying most collections is a speaker's outline. This outline is not intended as a fixed pattern which the speaker must follow but is merely offered as one way in which the material may be presented. As the physician reads the clipping, he may make his own notes on the outline and use only that portion of the material appropriate to his community.

The collections may be borrowed for a 10-day period and the only charge to the physician is the return postage for the bound material. Collections should be ordered at least two weeks in advance, and first, second, and third choice should be indicated since collections are not always available.

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### FOR SALE OFFICE EQUIPMENT

The complete office equipment of the late Dr. R. R. Smith, who had offices in the Daniels Building, are for sale. Any one interested in securing this equipment, which includes a microscope, may inquire of the Building Manager of the Daniels Building.

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## Automobile Licenses

In order to render another service to the membership, arrangements have been made to obtain automobile licenses for members during the rush period which will last until the end of March. On April 1st, a penalty will be assessed against all who have not obtained their licenses for 1941.

Bring Your Title Certificate.

Tramp: "Lady, I'm hungry. Could you give me a piece of cake?"

Lady: "Isn't bread good enough for you?"

Tramp: "Yes, ma'am, but you see today is my birthday."

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