

A frame from the film, "Studies in Human Fertility," produced by Ortho Products, Inc.

SPERMICIDAL ON CONTACT

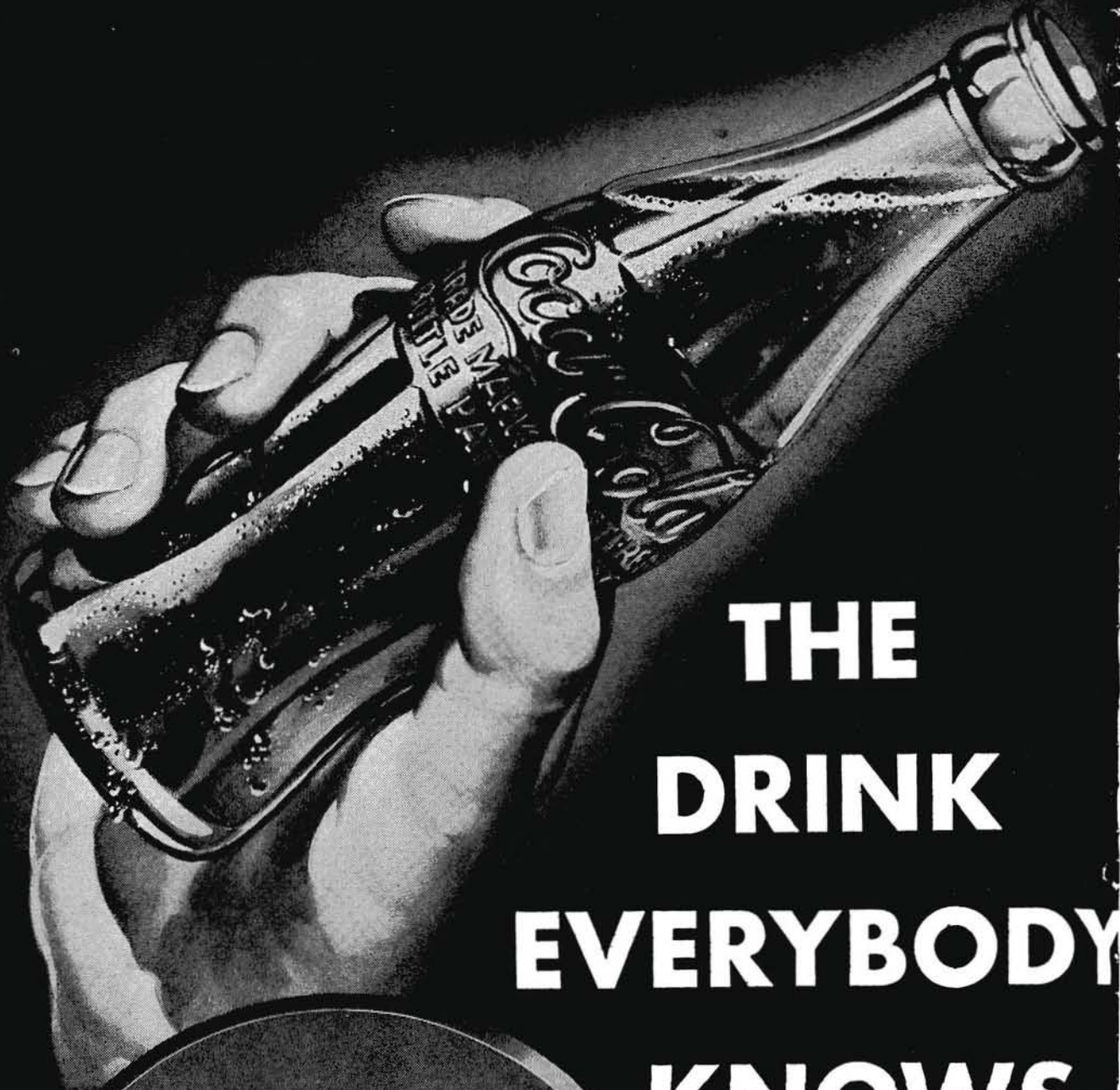
• The spermicidal effect of Ortho-Gynol is clearly shown by this motion picture micro-photography. The above frame is from a section showing a field of Ortho-Gynol meeting a field of fresh human semen. The instantaneous spermicidal action is seen at the point of contact.

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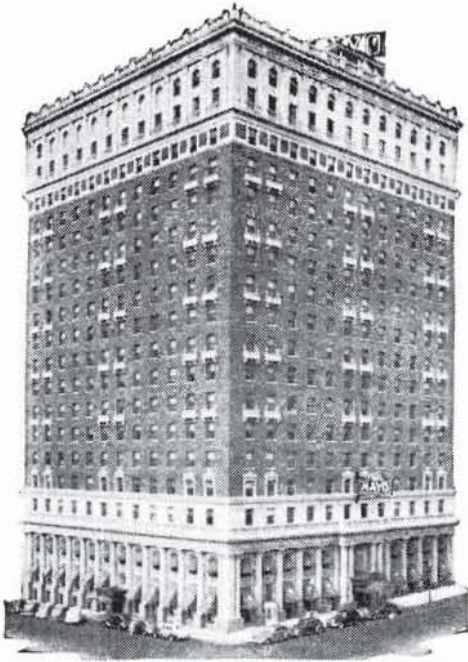
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THE BULLETIN

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, APRIL, 1941

No. 4

Remodeling of Offices Completed

New arrangement gives Credit Bureau additional space; Nurses Exchange has private office; Library is housed in compact quarters; Executive Offices changed to provide better working conditions.

The remodeling program for the Executive Offices on the 12th floor of the Medical Arts Building has been completed and the new arrangement provides for larger offices for the Medical Credit Bureau with a private office for interviewing clients; a private office arrangement for the Nurses Exchange; separate offices for the bookkeeping department of the Medical Society; a new private office for the executive secretary and more private and compact library and Reading Room.

The Library, which is presided over by Mrs. Veneta Barlow, full-time librarian, is beginning to look more like a library. The books and publications have been rearranged and many of the 1940 publications have been received back from the bindery. Current journals comprising more than 100 volumes have been bound and placed on the shelves. The current journals will remain in the room in which they have been stored and this room will be made the reading room of the library, with the librarian's desk in this room. The adjoining room, which will be used for the recreation room, also will house many of the older journals and the texts.

The executive secretary's office will be moved to the newly formed room between the Credit Bureau and the Recreation room. This room has been used for the recreation room until the other

rooms were completed.

Partitions have been placed in the Medical Credit Bureau Room and the bookkeeping offices, under the direction of Miss Francis Rowland, have been moved into the hallway where a new office has been created.

The two private offices in the Medical Credit Bureau quarters, gives the Nurses Registry, private facilities and separates their activities from the Medical Society activities. The arrangement also provides a private office where clients of the Medical Credit Bureau can be interviewed in private.

This new arrangement provides larger offices for the affairs of the Medical Society and the Credit Bureau and also provides greater conveniences for the doctors as well as the public.

100 DOCTORS GET LICENSES THROUGH MEDICAL OFFICES

Approximately 100 members of the Tulsa County Medical Society took advantage of the Auto License Service provided by the Medical Society through Miss Frances Rowland during the past month and secured their car tags through the executive offices rather than stand in line at the Tag Bureau for hours.

Miss Rowland reports that she secured 108 car licenses and handled \$1,127.84 for the License Bureau.

Ultra-Violet Ray Given Clinic

Womens' Auxiliary of the Medical Society provides most modern equipment to provide extra care for the indigent sick; Oxygen equipment also added to provide for any emergencies.

Indigent county patients will receive additional care and finer treatment in the future with the addition of the most modern Ultra-Violet Ray equipment which has been presented to the County Medical Clinic by the Womens' Auxiliary of the Tulsa County Medical Society, it became known when Mrs. J. W. Rogers, president of the Auxiliary, announced that their organization had voted to provide this new equipment.

Just a year ago, the Auxiliary organization, purchased a Short-Wave Diathermy Unit for the clinic and during the year, this equipment has furnished relief and cure for hundreds upon hundreds of women and children who otherwise could have received little or no relief.

With this new Ultra-Violet Ray equipment a new field of treatment is opened for babies, and children as well as adults. Undernourished and underfed children can be built up with the use of this artificial sunlight and other conditions which yield only to this type of treatment can be cared for by the doctors in the clinic.

As is the policy of the Auxiliary in providing equipment for the Clinic, the Ultra-Violet Ray unit was "rented" to the Medical Clinic for an annual rental of \$1.00 a year. The title of this equipment as well as the Diathermy Unit remains in the Auxiliary.

Another addition to the facilities of the Clinic was provided through the installation of Oxygen equipment for use in the Surgery. The Linde Air Products Company, which distributes medical oxygen through the Frank Cooper Company, donated the Oxygen and will continue to keep Oxygen supplied at no cost to the Medical Society, the Clinic or the County. Mr. Couper

provided the necessary guages for the control of the oxygen administration and set up the equipment with the necessary refinement apparatus. Mr. Couper makes the delivery of the refilled oxygen tanks as new supplies become necessary.

The provision for oxygen treatment in cases of emergencies is just another safeguard provided by the Clinic for the care and treatment of the county's indigent patients and makes the Clinic services just that much more complete, Dr. Billington pointed out.

COUNTY CLINIC REPORT FOR FEBRUARY

Neurology	18
Rectal	40
Surgery	113
Medicine	642
Dermatology	48
Tumor	26
Urology	52
Gynecology	108
Pediatrics	56
Varicose	37
Diathermy	29
Tonsillectomy	13
Eye	80
Ear, Nose & Throat	39
Dental	184
Orthopedics	40
Cardiac	47
	<hr/>
	1572
Number of patients sent to Hospitals	10
Total Number of Prescriptions	1582
X-Ray Pictures	40
Fluoroscopic Examinations	55
X-Ray Treatments	52

Golf Tournament April 24th

Annual Spring Battle of Hooks and Slices scheduled out at Tulsa Country Club; **Buffet Dinner** will follow afternoon of jousting with par; plan for large turn-out.

Spring is here . . . there are robins everywhere . . . the flowers are popping up . . . Easter Hats are here again . . . fishlines are beginning to wiggle . . . **AND THE SPRING GOLF TOURNAMENT OF THE TULSA COUNTY MEDICAL SOCIETY HAS BEEN ANNOUNCED.**

According to Dr. W. A. Showman, Dr. Charles Haralson all members of the golf committee, the spring tournament will be held out at the Tulsa Country Club, Thursday afternoon—and evening—April 24th and plans are



being made to take care of a record crowd—at least of 100 golfers from Tulsa and all points in northeast Oklahoma.

And on this afternoon of April 24, exactly at 1 o'clock, things will get under way with a bang. Golf balls and prizes for everyone, blind bogies for the blind, handicaps for all and flowers for the ladies—the docs from all parts hereabouts will trade their pill bags for golf bags and let the devil take the hindmost.

Following the afternoon of golf, which will officially start at 1 o'clock, a buffet supper will be served. And all this will be followed by a session of 19th-hole festivities.

Word of the golf tournament has been sent far and wide and the committee in charge anticipates a number of golfers from neighboring cities.

The charge for the annual event has been set at \$3.00 per head, including the dinner and the golf green fees. With the golf to be played; the dinner to be eaten; the prizes to be won and the fun to be had, this price, according to the committee, is dirt cheap.

According to the information available this far in advance, the scores will be figured and prizes awarded on "blind-bogey" basis, so that as no one will know just what holes are used for figuring scores, lady luck will play a most important role in the outcome of the tournament.

However, there will be no question as to the dinner as the Tulsa Country Club caterer has promised a meal that will make the day worth while.

Reports from the Country Club indicate that the course is in fine shape and with three weeks more to go, Spring should have the grass up and the fairways and greens ready for the dubs and sharpshooters alike.

"Mr. Jones," a man asked his tailor, "why haven't you sent me my bill?"

"Oh, I never ask a gentleman for money."

"Indeed! But how can you make any money if he doesn't pay?"

"Why," replied the tailor, "after a while I just conclude he's not a gentleman, and then I ask him for what he owes."

PRESIDENT'S PAGE

THEY ALSO SERVE—

While the whole country is in the throes of the "all out" defense program for the United States . . . and the papers are full of bomber plants and other defense projects . . . and the thousands of young men being drafted into the army . . . may I just call a little bit of attention to the unsung workers who spend hours upon hours, day after day, month in and month out on defense work without the least bit of public recognition.

In Tulsa County and in every county in every state in the United States, doctors are devoting their time and energy in the thankless work of examining thousands—hundreds of thousands—of men for the draft army. This work is not stimulating. It is not spectacular. It is pure drudgery. But it is defense work and it is vital.

So while many of us may be out playing golf, or going home to dinner in the evening, or just "sitting and resting" remember there are many of our number working each night so that the men will be ready the second the President calls for more men for the army of defense.

Yes, they also serve. . . .



President

Medical Calendar

TUESDAY, April 1st

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

SATURDAY, April 5th:

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

MONDAY, April 7th:

Hillcrest Hospital Staff Meeting.

FRIDAY, April 11th:

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

SATURDAY, April 12th:

Radio Broadcast at 3:15 p.m. Station KTUL. Dr. Mont V. Stanley.

MONDAY, April 14th:

Tulsa County Medical Society Meeting, Mayo Hotel, 8:00 p.m.
Program:

1. Dr. A. Ray Wiley:—"The Clinical Uses of Blood Plasma in Shock and Allied Conditions."
 2. Dr. I. A. Nelson:—"Preparation and Maintenance of a Blood Plasma Bank."
 3. Dr. Wm. Longmire, of Sapulpa:—"Personal Experiences in Research and Studies in Shock."
-

TUESDAY, April 15th:

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

SATURDAY, April 19th:

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

MONDAY, April 21st:

St. Johns Hospital.
Staff Meeting. Ten minute discussion of three interesting cases by Dr. Reese, Dr. Spottswood and Dr. Ward. Case report with autopsy by Dr. S. C. Shepard. 8:00 p. m.

FRIDAY, April 25th:

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

SATURDAY, April 26th:

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

MONDAY, April 28th:

Tulsa County Medical Society Meeting, Mayo Hotel, 8:00 p.m.
Program:
Dr. Arthur G. Schack, of Dallas, Texas:—"Intercine Arsno Therapy of Early Syphilis."

The BULLETIN

Editorial
Committee.....

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

Managing Editor.....LLOYD STONE



Published monthly on the 3rd day of each month, at the executive offices of the Tulsa County Medical Society, 1202 Medical Arts Building, Tulsa, Oklahoma.

VOL. 7 APRIL, 1941 No. 4

ARE WE SHORT OF DOCTORS?

It has recently been announced that the five year compulsory training program now under way in the United States will require 8,000 physicians a year to serve with the armed forces. It is hoped that approximately 3,500 of these will be recruited from the ranks of new medical graduates but the other 4,500 will have to be secured from men who are now practicing medicine.

Because of the increasing complexity of medical education, newly graduated doctors have been spending more and more time in hospitals for additional training before they start the private practice of medicine. It is estimated that of the 1937 medical graduates, 60 per cent are still in hospitals. Hence, with this big demand for medical personnel in our defense program it is going to be increasingly difficult for hospitals to secure residents and interns.

Apparently the governmental authorities are anticipating a shortage of medical men as a result of this heavy demand for special services, since it is reported that Mr. C. A. Dykstra, director of the draft, has suggested that the medical schools increase their freshman classes by 10 per cent. Medical au-

thorities point out however that this is not practical since the medical student must spend four years in medical school and then one or two years in a hospital before he is ready for private practice. So even if the medical schools increased their enrollments the benefits would not be apparent for another five or six years. Also it is pointed out that most of our medical schools today limit their enrollment in accordance with the physical facilities for giving their students proper and adequate classroom and laboratory training. To increase the enrollment by 10 per cent would have the effect of making less effective the instruction given to all of the students.

The American Medical Association has made a suggestion which certainly seems to be an intelligent approach to the problem. It is pointed out that there is as yet nothing in the law to defer beyond July first next the induction into military service of men who are already students in medical schools. It is proposed that seniors in pre-medical courses who have been accepted for admission to medical schools, and students in medical schools, have their military training deferred until they have completed their medical education and hospital internship.

So far nothing has been accomplished in accordance with this recommendation but it certainly seems inconsistent to advocate on the one hand an increase in medical school enrollment, and on the other hand to deny to medical students a right to continue their medical studies.

Remember

Your 1941

Dues Are Due

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 Five)

What Private Medicine Has Done

One fact is that health has never before been so good in the history of the nation as it is right now. The average expectancy of life is the highest ever enjoyed by any great people since the fabled Methuselah. Between 1900 and 1937 it has been lengthened by 12 years. The death rate has fallen in 100 years from 27 to a low point of 11.2, and compares favorably with any of the large nations of the world. The ravages of tuberculosis, typhoid, diphtheria, pneumonia and a number of other dread afflictions are decreasing. Infant and maternal mortality rates are lower than ever before.

Another undeniable fact is that this steady improvement continued right through the economic depression without faltering. During the five years that followed 1929 there was no interruption in the evolution of life saving. Rather there was, in many respects, an acceleration. If there is any disease that has a direct correlation with economic status it is tuberculosis. But for every one of those five leanest years tuberculosis showed an annual reduction of approximately six per cent in mortality under the preceding year. In spite of all the inspired croaking to the contrary, the best medical authorities are agreed that malnutrition has not increased.

Dr. Haven Emerson, well known public health authority, said in 1935:

The American child, boy or girl, before and during the school period is as tall, as heavy, as active and fit at each age as was the case prior to 1929. In many studies the children of the unemployed or otherwise temporarily dependent were better off as to growth and nutrition than previously.

As to facilities for fighting death and disability, we have in the United States 19,000 more physicians than the combined number in Great Britain, Germany (including Austria), France, Denmark, Poland, Sweden, Norway, Switzerland, Belgium and Holland, although the combined population of those 11 countries exceeds the population of the United States by 90,000,000.

Hospitals Ready and Waiting

We have, on the average, nearly 200,000 unoccupied hospital beds in this country—about 32 per cent of the total. It is estimated that all but two per cent of the population is within an hour's drive of a general hospital. In the face of this condition, the National Health Program contemplates the construction of new hospitals with a capacity of 180,000 beds. This takes no ac-

count of 27 special bills now before Congress proposing the building of additional veterans' hospitals or for expansion of existing facilities.

The Interdepartmental Committee has based its case for more and bigger federal appropriations and federal control in large part on questionable statistics from the U. S. Public Health-W.P.A. survey purporting to show greater incidence and longer duration of sickness among relief workers and indigents than for the rest of the population. But, to the extent that these statistics are reliable, there is an obvious explanation of most of the difference.

W.P.A. workers and other indigents obtain most of their medical care free. Isn't it reasonable to conclude that those who are receiving free medical service through public relief agencies will report more illness and stay abed longer by reason of it than those who pay for this service and whose income stops when they do not work?

The truth seems to be that it is easier to get medical service than food or shelter or any other commodity or service.

No realist contends that all is well in the world, or that there is not reason to strive on for improvement in medicine. That attitude is particularly foreign to doctors, who are men of science and only rarely politicians.

No One Is Turned Away

A study of medical economics literature covering the past ten years will show that all spokesmen for the profession have stood unqualifiedly for the treatment of every one who suffers whether or not he can pay for it. They go even beyond that and insist that there shall be only one quality of service for all who are treated: The best of which they are capable, always.

But the doctors want to conserve certain values that they say experience has demonstrated. These values are:

1. The doctor-patient personal relationship.
2. Free choice of physician by patient.
3. Medical relief under control of doctors and not politicians.
4. Quality before quantity.

An overwhelming majority of the profession holds to these points as criteria by which to judge health programs written by sociologists.

They know that the doctor deals with mind as well as matter, which means that the family doctor who knows his patient's temperament from repeated association with him can sometimes accomplish results that

in the impersonal environment of socialized medicine would be impossible.

They prefer to work for the patient directly. That's why they oppose most forms of insurance in which indemnification is made in service rather than cash. They want to feel that the patient is the boss. They distrust the introduction of middlemen into medical service. They believe in free competition among the doctors for patients. They question any system under which the sick have nothing to say about who shall treat them.

Many of the current proposals would provide more examinations, more prescriptions, more hospital admissions. But that sort of quantity, say the doctors, is of doubtful efficacy. They are highly skeptical of the social worker's fanatic faith in mass medicine and what it would mean to their science when applied by political minds thinking in terms of votes rather than of restoring human bodies.

The most profligate waste in the whole spending program comes from its discouragement and destruction of the fine impulse of Americans to help their neighbors in adversity. Governmental services paid for by the taxpayers are being substituted almost entirely for philanthropy.

90 Per Cent Don't Pay

Doctors have seen it at work more than most of us have. Dr. S. S. Goldwater, superintendent of hospitals in New York City, says that in ten years the nation's hospital capacity was increased by some 300,000 beds, largely through voluntary effort. In the past, according to the same authority, approximately 50 per cent of the people in New York City have been receiving their hospital care and most of their medical care at the taxpayers' expense. The present tendency is for this proportion to become 60 to 70 per cent.

"With federal aid, it is likely to be 80 per cent."

Doctors know the importance of conserving voluntary aid to the poor, because they do so much of it themselves. The A.M.A. estimates that 90 per cent of medical services in hospitals is given gratis by the physicians and surgeons. Fully ten to 15 per cent of the people receive free care in their homes or in doctors' offices. The contribution of the profession is conservatively estimated at \$1,000,000 a day.

Another tragic waste is malingering. The social parasite doesn't thrive on voluntary aid, but governmental care is pie for him. And every dollar spent to coddle these "dead-head" citizens must be subtracted from the aid that otherwise could be given to those who are worthy of it.

A conscientious check by the American Medical Association reveals large discrepancies between the heated claims of widespread neglect of the medically needy and the actual situation. The state medical so-

ciety of New Jersey advertised in newspapers asking for information concerning people who had been unable to obtain needed medical attention and offered free treatment to all such. The ads brought only 127 responses from the whole state. Investigators found in every instance that these persons were merely uninformed as to where to go for aid. It was readily available to them.

And yet the National Health Conference spread the story that 40,000,000 people languish in chronic disability because they can't pay for attention!

To those who have had experience with the muddling of government, the demand for more of it in medicine in the name of efficiency has an ironically humorous note. What city has not had scandals in its health department? State and county health departments are little better. It is said that Texas has had 22 state health officers in 23 years. Health department officials may be appointed for their merits but are often selected for political "availability."

In New York recently a dying man was turned away from a city hospital by a receiving nurse because he was not accompanied by a policeman! And the sick man happened to be an employee of the very hospital where he applied for emergency treatment.

How dubious then the prospect of turning over all care of the sick to government.

Government's Real Health Job

Public health is the prevention of disease; practicing medicine on the firing line is the treatment of disease. The twain are vastly different, although some of the subcommittee that considered the Wagner Bill, and Senator Wagner himself, seem not to be clear on that point.

Everyone admits that public health is a function of government. There is even an area in which local government must assume part of the responsibility for medical care to the indigent sick.

This is a long way from the social worker's dream as embodied in Senator Lewis' bill and its more practical far more dangerous expression in the National Health Program. That dream runs head-on into the professional judgment of 85 to 90 per cent of the nation's doctors, according to a reliable poll. The conflict is not less irreconcilable with the quiet but firm policy of the American Dental Association:

To oppose to the full extent of its resources every project to provide dental care for the public that is not in the interest of all the people.

(Continued Next Month)

Train yourself to conceal your contempt and your anger will never get you in trouble.

Group Hospital Service 1 Year Old

800 hospital bills paid and 17,000 members feature first year's activities; state-wide hospital insurance, received start in Tulsa County Committee activity, has birthday.

By W. R. McBee

Group Hospital Service of Oklahoma has just completed its first year of operation. Thus, it is a propitious time to review its past accomplishments and to make a prophetic analysis and observation of the position it is to occupy in the future sociological way of life of the Professions and our people.

Group Hospital Service has extended its protection to 17,000 members for whom it has paid 800 hospital bills. Twice it has been awarded the official approval of the American Hospital Association issued by the Commission on Hospital Service. The first award came at the end of the first six months' period of service and the second on March 10th of this year.

The standards for the American Hospital Association approval of Group Hospital Service plans covers such features as nonprofit organization; public welfare; representation of the public, professional and hospital groups upon the directorates of the plan; responsibility of the hospital for subscribers' care; free choice of hospital and physician; economic and actuarial soundness and efficient administration. Annual approval by the Association is based upon consideration of the plan's progress, soundness of its administrative policies and its financial position.

Practically every large city in the United States has a non-profit hospital service plan in operation. The member hospitals of these plans contain more than two-thirds of the total bed capacity of non-governmental hospitals in this country. There are sixty-six other approved plans located in twenty-eight states and one province, carrying 6,500,000 subscribers. During the past year, 1,750,000 subscribers were enrolled for the first time. The American Hospital

Association estimates that these plans will pay hospital bills to the extent of \$35,000,000 during the year 1941. This amount is greater than the combined revenue of all endowment capital, and from community and individual philanthropy for these hospitals.

While the hospital service movement has grown by leaps and bounds and now has become one of the truly great enterprises in America, still it probably is in its infancy, for the solution to the problem will not have been approached until the 6,500,000 members approximate the 60,000,000 who probably would be carried under a compulsory program. Obviously, this program is a pioneer in a new era. And there never was a great man or woman who rose to greatness without enduring criticism that would have defeated a lesser character. And, doubtless, some of that criticism was justified because they dared to venture into the unknown, and by attempting the new and untried, they dared to make mistakes and profit by them. Such is the penalty, as well as the reward, of greatness.

There never was a great machine invented and built that ran to perfection from the beginning. The engineers would say that it still had "bugs" in it. But bugs have failed to whip the electric light, the locomotive, the telephone, the aeroplane, the radio, and countless other wonders that are commonplace necessities today, but great nevertheless.

There never was a great social movement that was born full blown to be embraced as Utopian by all for whose benefit it was designed. Governments, philosophies, religions, laws, cooperatives and unions of all kinds have had to struggle in the face of almost unsurmountable obstacles, and only the great survived to fight on for the ideas they



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believed and the ideals they cherished. And of all the obstacles, the most difficult to overcome was criticism and abuse without a constructive quality.

Prepaid hospital care without profit is a part of a great voluntary social movement—one of the most significant of our time. Its performance, even thus far, not only justifies its existence, but proclaims it a social necessity. True, the whole program is still new. It has no beaten paths to follow. It is a great ideal of service to our people that still is in the throes of growing pains and as such, in this crystallizing period, there are many times when the only resort is to the method of trial and error. Yes, this program has had "bugs" in it, too. Mistakes have been made and we are grateful that they have not been serious. We are thankful, too, that the program has that quality of greatness that has enabled it to profit by mistakes and rise above them. As we venture farther beyond the frontiers, probably more mistakes will be made but we know that the program will rise above these, too, to greater heights.

The first year of our own plan has not been a bed of roses. We had our trials and then our growing pains. But, even now, the position of Group Hospital Service in Oklahoma should be a source of satisfaction to every member of the Tulsa County Medical Society. Let us remember, too, that Group Hospital Service never was conceived nor thought of as a competitive plan; never intended as a medium of gain for any individual, profession or hospital. Its objectives are sociologically designed to preserve the American way of voluntary protection without profit, without charity and without compulsion. In these objectives, we all should join in bringing the public to a constructive understanding and cooperation.

HIS FIRST CEREAL FEEDING

The baby's first solid food always excites the parent's interest. Will he cry? Will he spit it up? Will he try to swallow the spoon? Far more important

than the child's "cute" reactions is the fact that figuratively and physiologically, the little fellow is just beginning to eat like a man.

It is a fortunate provision of Nature that at the time the infant is ready to receive the nutritional benefits of cereal, his taste is unspoiled by sweets, pastry, condiments, tobacco, alcohol and other things to which adult palates and constitutions have become conditioned.

Many a parent, with limited knowledge of nutrition, attempts to do the baby's tasting for him. Partial to sweets, the mother sweetens her child's cereal. Disliking cod liver oil, she wrinkles her nose and sighs: "Poor child, to have to take such awful stuff!" The child is quick to learn by example, and soon may become poor indeed—in nutrition, as well as in mental habits and psychological adjustment.

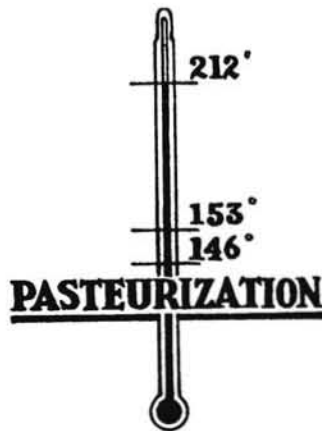
Appreciating the importance and difficulties of the physician's problem in establishing and maintaining good eating habits, Mead Johnson & Company continue to supply Pablum in its natural form. No sugar is added. There is no corresponding dilution of the present protein, mineral and vitamin content of Pablum. Is this not worth while?

C. O. BUTLER MANAGER OF LINCOLN DRUG STORE NOW

C. O. Butler well known to the medical profession through years of association with them in the prescription service, has become manager of the Lincoln Drug Store, 1325 East Fifteenth, where he invites all his friends to call on him at any time. Mr. Butler succeeds the late J. R. Brown as head of this institution.

Mr. Butler was with the Medical Arts Prescription Shop in the Medical Arts Building for the past six years and has a wide following in the profession.

The Lincoln Drug Store is one of the best known drug stores in Tulsa and has always served a large prescription and drug trade.



212°F. Milk Boils
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139°F. Tuberculosis Killed
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DO YOU KNOW THAT—

1. In the past 5 years in 5 private hospitals of Kansas City, Missouri, there were 104 diagnosed cases of undulant fever?
2. There were—
 - 5 cases in 1936
 - 13 cases in 1937
 - 20 cases in 1938
 - 31 cases in 1939
 - 35 cases in 1940
3. Roadside milk stands are capable of spreading the majority of undulant fever?
4. Pasteurization of milk and milk products destroys the bacteria of undulant fever?
5. Kansas City, Missouri does not have a compulsory pasteurization ordinance and is the largest city in the U. S. which does not?—Jackson Co. Med. Bulletin.

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 is Safe Milk!**

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Outstanding Program for State Meet

Six nationally known speakers have accepted invitations to appear at sessions May 19, 20, and 21; officers expect attendance to exceed record market set at Tulsa last year.

Plans for the Annual Meeting of the Oklahoma State Medical Association May 19, 20 and 21 at the Skirvin Tower in Oklahoma City are rapidly nearing completion, Dr. C. R. Rowntree, Oklahoma City, chairman of the Scientific Work committee, has announced.

Six outstanding physicians, known throughout the United States for their work in their respective fields, have already accepted invitations as guest speakers.

Dr. Earl Garside, Chicago, Ill., has accepted the invitation to represent the section on General Surgery. Dr. A. N. Arneson, St. Louis, Mo., will represent the Section on Dermatology and Radiology; Dr. Ralph Pemberton, Philadelphia, Pa., the Section on General Medicine; Dr. Meyer Weiner, St. Louis, the Section on Eye, Ear, Nose, and Throat; Dr. J. R. Reinberger, Memphis, Tenn., the Section on Obstetrics and Pediatrics; and Dr. Lauren H. Smith, Philadelphia, Pa., the Section on Neurology, Psychiatry and Endocrinology. This is the first time in the history of the association that a Scientific Section on Neurology, Psychiatry and Endocrinology will be held.

At this time only Dr. Arneson and Dr. Pemberton have reached an agreement with the officers of the sections which they represent as to the subject of their lectures. Doctor Arneson will deliver papers entitled "Cervix Cancer" and "Corpus Cancer."

Since 1939 the attendance of members at the Annual Meeting has increased from a little over 500 to exceed the 800 attendance mark. Officers of the association are expecting an even greater increase in attendance of members for the 1941 meeting. In spite of the fact that the Military Preparedness program has called many young members

of the association into service, the association has maintained its high membership through the addition of new names to its membership rolls.

Committees which will have charge of various phases of the state meeting are:

Credentials: Dr. W. A. Howard, Chelsea; Dr. V. C. Tisdal, Elk City; Dr. P. M. McNeill, Medical Arts Building, Oklahoma City.

Annual Session: Dr. Henry H. Turner, 1200 North Walker, Oklahoma City; Dr. Finis W. Ewing, Muskogee; Dr. L. S. Wilbour, McAlester.

Scientific Work: Dr. C. R. Rowntree, 1200 North Walker, Oklahoma City; Dr. T. H. McCarley, McAlester, Dr. Ben H. Cooley, Norman.

General Surgery: Dr. John Powers Wolff, Chairman, 1200 North Walker, Oklahoma City; Dr. John F. Burton, Vice-Chairman, 1200 North Walker, Oklahoma City; Dr. Raymond L. Murdoch, Medical Arts Bldg., Oklahoma City.

Eye, Ear, Nose and Throat: Dr. D. L. Edwards, Chairman, Philcade Bldg., Tulsa; Dr. W. W. Sanger, Vice-Chairman, Ponca City; Dr. F. M. Cooper, Secretary, Medical Arts Bldg., Oklahoma City.

Dermatology and Radiology: Dr. Joseph B. Hix, Chairman, Altus; Dr. John Lamb, Vice-Chairman, Medical Arts Bldg., Oklahoma City; Dr. William E. Eastland, Secretary, Medical Arts Bldg., Oklahoma City.

Obstetrics and Pediatrics: Dr. Ben H. Nicholson, Chairman, 301 N. W. 12th, Oklahoma City; Dr. Nick Lowry, Vice-Chairman, 1200 North Walker, Oklahoma City; Dr. Forest S. Etter, Secretary, Bartlesville.

Urology and Syphilology: Dr. Robert H. Akin, Chairman, 400 West Tenth, Oklahoma City; Dr. Halsell Fite, Vice-Chairman, Muskogee; Dr. D. W. Branham, Secretary, Medical Arts Bldg., Oklahoma City.

General Medicine: Dr. E. G. Hyatt, Chairman, Springer Clinic, Tulsa; Dr. C. A. Traverse, Vice-Chairman, Alva; Dr. E. Goldfain, Secretary, Medical Arts Bldg., Oklahoma City.

Neurology, Psychiatry and Endocrinology: Dr. D. W. Griffin, Chairman, Norman; Dr. Harry Wilkins, Vice-Chairman, Medical Arts Bldg., Oklahoma City; Dr. Coyne Campbell, 717 North Robinson, Oklahoma City.

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At What You Can't See!



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Medical Conference of Interest

National meeting in Chicago outlines many important problems facing profession; medical defense; voluntary medical insurance and other questions are given an airing.

With his concluding statement, "I hope the federal government will be as democratic as the medical profession always has been," Morris Fishbein struck what might be called the keynote of the 15th annual meeting of the National Conference on Medical Care, held in Chicago, February 16, for certainly the Conference was an example of democracy at work.

The program reflected medicine and the times. Sections of the conference were devoted to medicine's newest outcrops—medical preparedness and voluntary health insurance—and to post-graduate programs of state medical societies, legislative problems, and medical care for social security clients.

With the prefatory remark, "Fellow alleged co-conspirators," Doctor Fishbein pointed out that there are two aspects to the profession's responsibility in the medical preparedness program, (1) personnel (2) scientific.

The rapid-fire editor of the A.M.A. Journal made these interesting observations:

The ranks of private medicine will be depleted to the extent of some 8,000 physicians per year (between ages 21-55) over the five-year training period.

From a graduating class of 5,200 interns, 3,500 will have to take one year's military service.

Sixty per cent of the graduates of 1937 are still in hospitals.

Clarence Dkystra, head of the Selective Service Board, suggested a 10 per cent increment in medical students, "but," says Doctor Fishbein, "that idea can be abandoned, for such students would not graduate until 1946 and besides such demands cannot be met by our medical schools today."

The remedy as Doctor Fishbein sees it is to exempt from military duty stu-

dents in or ready for medical school. At present there is no provision for a blanket exemption of any group.

Ninety-five per cent of military aviation accidents have been due to personnel—five per cent to machines.

The inventory of the medical profession was made by the funds and personnel of the A.M.A., while other agencies have been aided by the government.

Following Doctor Fishbein was Col. Leonard Rowntree, M.D., Washington, Chief, Medical Division, Selective Service System. He stated there are 18,000 physicians and 200,000 laymen assisting with the Selective Service program and the great majority are serving without pay. "This service, on a purely voluntary basis, was termed as 'magnificent' by the surgeon general's office."

Colonel Rowntree stressed the importance of careful physical examination and pointed out the tremendous cost of mistakes. (Mental cases have cost the government \$20,000 to \$30,000 each.) The following he designated as the government's responsibility to the draftee under the program: (1) insurance, (2) economic security, (3) Veteran's Administration, (4) a lifetime patriotic citizenship.

A hundred and eight thousand men had been inducted into service January 31. Of the registrants examined by draft board physicians, 32 per cent were rejected because of physical or mental deficiencies and 12 per cent of those who passed were rejected by induction board physicians. Principal causes of rejection were: (1) teeth—17 per cent at draft boards, 22 per cent at induction centers, (2) heart—13 per cent and 7 per cent, (3) muscular-skeletal defects—10 and 4 per cent, (4) eyes—9 and 13 per cent, (5) nervous and mental—6 and 10 per

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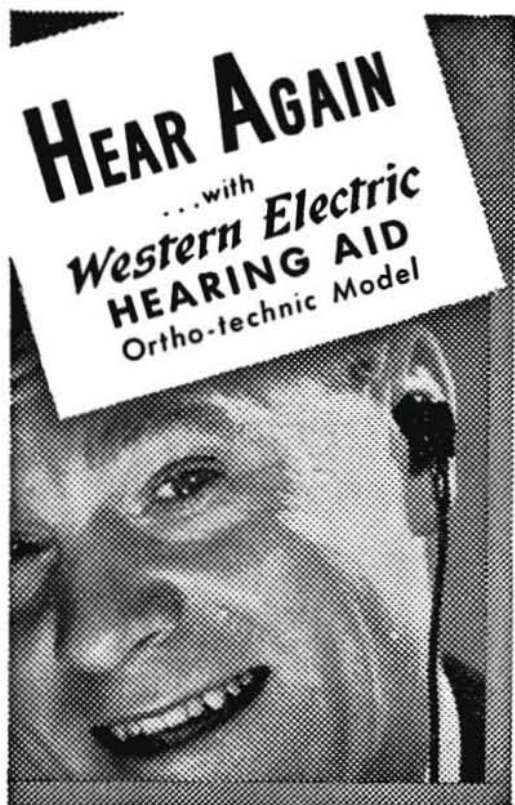
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cent, (6) defective feet—4 and 6 per cent, (7) lungs—3 and 4 per cent.

The Army Reserve Corps, he said, has 15,000 medical officers listed, of which 3,500 are now on duty and many more will be called. When the Officers Reserve Corps pool is depleted, the army will then turn to the AMA's pool, which was acquired through medical preparedness questionnaires sent to all physicians in the country.

Over medicine's colicky child No. 2—voluntary health insurance—ample discussion was held. Opening was Jack Laux, of Michigan Medical Service, formerly with the A.M.A. Bureau of Medical Economics. Now in its second year, certain deductions can be made—at least temporarily. Some 3,380 of Michigan's 6,362 practitioners are serving in the plan. MMS has found, in a field where there is lack of actuarial experience, that: (1) a plan must fit the locality and the public, (2) it must be sold, (3) the surgical benefits are much more popular than medical—cost is one-fifth, (4) six surgical cases may be expected per 1,000 members, with average cost \$47. Of the 40 cents charged monthly for surgical insurance, 23 cents goes for service, 10 cents for administration, and 7 cents for surplus and reserve. (5) It takes five months to reach a favorable trend, (6) obstetrics accounts for 15 per cent of service.

Under the medical plan with only 5,000 subscribers the expectancy is 110 cases per 1,000. Of the medical dollar, 69 cents goes for service, 20.3 for administration, and 10.7 for reserve and surplus. Experience shows from 50-75 per cent of a group (minimum of 25 to a group) seems a safe figure. There is need to get into rural areas.

From the laboratory state of Wisconsin, George Crownhart, state executive secretary who traveled abroad to study compulsory health insurance in 1937, put the question, "Can you maintain a high type medical care under insurance?" He answered himself by saying insurance limited care to a purchase

price. Health insurance he labeled as "an attractively wrapped package, falsely labelled, and disappointing upon opening."

The \$34.80 annual family premium proved almost \$40 short of cost of service and the \$12 premium, under which the family paid the first \$24 for service was found to be \$20 short. Once a premium level is established it is impossible to change, contends Crownhart, who adds that when it comes to raising cost or decreasing service, the public will choose the latter.

Walter Finke, director of Social Welfare for Minnesota, stressed the importance of cooperation between medicine and welfare groups in the problem of the medical indigent. He emphasized that a medical welfare program should (1) be integrated within the structure of government, (2) have free choice of physician for adequate medical care, (3) have decentralization of administration, (4) work out its problems with the medical profession.

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Liability Insurance Program Spreads

Oklahoma County Society appoints Committees to cooperate in state-wide coverage; other societies expected to join hands in movement which is expected to control malpractice rates.

Added impetus was added to the movement to provide greater malpractice insurance protection for physicians and surgeons over Oklahoma at greatly reduced premium rates under the Oklahoma Group Malpractice Policy, during the past month when the Oklahoma County Medical Association appointed a committee to handle insurance matters for that organization and also appointed a representative on the general state committee.

Dr. L. J. Starry, Dr. Robert Noell and Dr. J. L. Glomset, were named as members of the Liability Insurance Committee of the Oklahoma County Society and Dr. Earl D. McBride was named as representative on the state committee. Other members of the state-wide committee are Dr. James Stevenson, representative of the Tulsa County Society; R. H. Graham, executive secretary of the Oklahoma State Society; W. M. Eberle, of the Eberle Insurance Agency; Lloyd Stone, executive secretary of the Tulsa County Medical Society; R. D. Hudson, attorney of Tulsa and Draper Grigsby, attorney of Oklahoma City and Ben Voth of Voth and Wright of Tulsa.

Local committees are expected to be named in Enid, Muskogee, Bartlesville, shire Indemnity Company which will take over the master policy of the Malpractice Insurance previously handled by the Houston Fire and Casualty Com-

Ponca City, Shawnee, Ardmore and other counties to coordinate their work with the state committee.

A meeting of the state committee has been called for Oklahoma City on Monday night, May 19—the opening day of the State Medical Meeting. Many of the details of the insurance program will be outlined at that time and Mr. R. D. Hudson, Tulsa attorney, will give a talk on malpractice insurance evils.

The Tulsa County Malpractice Insurance Committee has completed its contract with the London and Lancashire Company. The Houston Fire and Casualty Company is withdrawing from the indemnity field in order to devote its entire efforts toward fire insurance policies on United States Government projects. The Oklahoma law permits a company to write either fire or casualty insurance but not both.

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 \$4,969,753.00.

Coverage with the London and Lancashire Company will be available only

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to physicians and surgeons who are members of their local county medical society. The following rates are quoted for one year's insurance.

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

(25 per cent 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 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

Under this plan, the doctors of each county may obtain the insurance from their own local insurance agents. The company is represented in almost every city in the state. Any further questions concerning the insurance may be addressed to the Insurance Committee of the Tulsa County Medical society, the Executive Secretary of the Oklahoma State Medical Association, Voth and Wright, 404 National Bank of Tulsa Building; and Mr. W. M. Eberle of Eberle and Company, general agents for London and Lancashire Indemnity Company, 501 Terminal Building, Oklahoma City.

It is well for us to remember that it only takes the careless betrayal of one confidence to lose a friend.

Little Willie: "Mom, you said the baby has your eyes and daddy's nose, didn't you?"

Mother: "Yes, darling."

Willie: "Well, you'd better watch him, he has grandpa's teeth now."

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Liability Insurance!

✓ This is the most liberal malpractice insurance policy ever offered the medical profession in this state. It covers all the usual malpractice risks, with other features to be found in no other policy.

✓ More than 300 physicians and surgeons in Oklahoma are now embraced in this plan, which gives doctors complete protection at drastically reduced rates on what is practically a cost-plus basis.

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✓ For Professional Liability insurance which really gives you protection — call your own insurance agent; ask the Secretary of your local County Medical Society; or write the Executive Secretary of the Oklahoma State Medical Association for complete information.

*Written by Oklahoma
doctors for doctors
of Oklahoma*

Of Special Interest!



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

RADIO SPEAKERS FOR APRIL ARE: Doctors H. Lee Farris, Mont V. Stanley, J. L. Miner and Marvin D. Henley.

Medical Auxiliary

Election of officers will be held when the Auxiliary to the Tulsa County Society meets Tuesday, April 1, at

12:30 o'clock at the home of Mrs. J. Rankin Denny, 1218 S. Newport. Mrs. W. R. Turnbow, parliamentarian, will have charge of the election.

Annual reports will be given by Mrs. J. W. Rogers, president; Mrs. J. W. Childs, Treasurer; Mrs. A. W. Pigford, Historian and Mrs. E. O. Johnson, Corresponding Secretary.

Luncheon will be served preceding the business meeting. Hostesses for the afternoon will be Mrs. Allen C. Kramer, Mrs. J. D. Markland, Mrs. H. D. Murdock, Mrs. M. O. Nelson, Mrs. D. M. MacDonald and Mrs. J. C. Peden.

Purely Personal

DR. LOWE just returned from New Orleans where he was working at Tulane Hospital on Industry study.

DR. CASEY CHILDS has a baby girl, born March 24th. Her name is Lyda Jean.

DR. DARWIN B. CHILDS has just returned from Dallas where he attended a Southern Medical meeting.

DR. E. N. LUSK returned from Chicago where he took a course in Obstetrics.

DR. AND MRS. SHERWOOD are going to Ft. Worth and from there to New Orleans on a vacation.

DR. NED R. SMITH has a new grandson born on January 2nd.

DR. BERTHA MARGOLIN has been gone to Miami, Florida, on a vacation.

DR. RALPH BEST, of Skiatook is now a new member of the Tulsa County Medical Society.

DR. J. O. AKIN has gone to the army.

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--	---

DR. MABLE M. HART gave a talk on the Guidance program of the Tulsa Public Schools.

DR. A. RAY WILEY went to Dallas to make a study of their blood-plasma bank at the Baylor University Hospital. Dr. Wiley is chairman of Hillcrest staff committee on blood transfusions study and Dr. Brocksmith is house physician.

DR. G. W. SISLER, 77-year-old father of Dr. Wade Sisler, owner of Mercy hospital here died early Sunday morning March 23rd at his home, 1617 South Cheyenne of a heart ailment.

DR. M. D. SPOTTSWOOD, who is now a new member of the Tulsa County Medical Society, is moving into Dr. J. N. Dieffenbach's old office at 708 Medical Arts Bldg.

DR. J. N. DIEFFENBACH'S old office at 708 Medical Arts Bldg.

DR. H. A. BROCKSMITH now has offices with DR. E. R. DENNY.

DR. D. W. LeMASTER spoke on the "Fall of France" at the Tuesday noon meeting of the Hi-Twelve club in the Hotel Tulsa.

DR. H. B. JUSTICE died February 27, 1941, at Legion, Texas, in a Veteran's Hospital.

DR. AND MRS. H. A. BROCKSMITH have a new baby boy.

ASSISTANTS GROUP ELECTS OFFICERS

More than fifty persons gathered around the festive board at the Annual Meeting of the Tulsa County Medical and Dental Assistants' Society in March. Dr. Margaret Hudson was among the guests who helped cut the beautiful birthday cake with its candles signifying that this was the third anniversary of the Society's banding together. The business meeting and procedure of reading the annual reports was augmented by each members being



presented with a mimeographed copy of all reports in compact form. A lovely handkerchief shower was the group's way of showing the out-going president their appreciation of her efforts.

When the returns of the balloting came in the following candidates were declared elected:

When the returns of the balloting came in the following candidates were declared elected:

President: Ellen Welch, (Dr. Morris Lhevine).

First Vice-President: Madelyn Dermont, (Dr. F. E. Turnbaugh).

Second Vice-President: Mildred Sweitzer, (Dr. Frank Nelson).

Recording Secretary: Olive Cohlmeier, (Dr. R. M. Shepard).

Corresponding Secretary: Sarah Monthey, (Dr. E. L. Cohenour).

Treasurer: Anna Wenrich, (Dr. A. H. Ungerman).

Director for three years: Ruth Norman, (Dr. Russell Pigford).

The directors whose terms have not expired are: Ruth Pray, (Dr. S. C. Shepard) and Mary Hobson, (Dr. A. C. Kramer). A motion that Mr. Lloyd Stone, executive secretary to the Medical Society, be offered the first Honorary Membership in the organization was unanimously agreed upon.

The program for the evening was the moving picture made by Dr. Joseph DeLee and presented by the Petrolagar Laboratories, entitled "The Science and Art of Obstetrics."

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1. Is your present address new?
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4. With what other physicians do you have credit established? (This question will obtain information to secure Medical Credit experience.)
5. Have you followed your present occupation for some time, and how long have you been with your present employer?

If the Patient Is a New Resident of the City:

1. What occupation did you follow at your former address?
2. With what physician had you established credit?
3. What was your former address and how long did you reside there?

People asking for credit expect to give information. Obtaining answers to these questions will impress the patient with their responsibility and will help to check Medical Credit and your secretary in securing prompt payment of accounts.

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Had Busy Year

Our curriculum included a trek to the "Hall of Health", Dr. Herbie Williams; group hospitalization; Hugh Davis and Mohawk lectures with slides; Dr. R. M. Shepard and tuberculosis; travel talks by members; credit film by Retail Merchants Association and Mr. J. E. Mullendore; instructions in flower arrangements and Mrs. C. H. Haralson; demonstration and lecture on the audiphone and Mr. John Stanley; Dr. Frances Newlin of Shawnee; Dr. C. H. Haralson and "eyes"; Chief Joe Shunatona and Indiana; and a film sponsored by Petrolagar Laboratories on "Science and Art of Obstetrics". Our recreational opportunities were camping at Parthenia, picnics, parties, a fish fry, bowling—a team having been formed, knitting for the Red Cross, and two Red Cross First Aid classes.

Flight Surgeon's Office
Chanute Field
Rantoul, Ill.

Mr. Lloyd Stone
Tulsa, Okla.

Dear Sir:

I am a captain, medical reserve corps of the army and am on extended active duty with the air corps.

I noticed in the January Bulletin of the Tulsa County Medical Society that they were going to pass on a resolution to not charge those reserve officers on temporary extended active duty the Tulsa County dues this year.

Will you please let me know about this. Also am I supposed to pay the state dues?

I am a member of the Tulsa County

Medical Society and wish to keep my membership there. I want to go into private practice as soon as the war situation permits.

Incidentally I am a qualified flight surgeon and am in charge of the Flight Surgeons office here. In addition I am chief of the eye, ear, nose and throat service.

I gave a paper before the middle section meeting of the American Laryngological, Rhinological and Otorhinological Society in Chicago on January 27th covering the effects of flight on the ear and sinuses.

Yours truly,
Cole D. Pittman

**MEDICAL
LIBRARY
NOTES**

Bound volumes missing from library. Journal of Bone & Joint Surgery, Vol. 16. American Journal of The Medical Sciences, Vol. 183, 193, 196. Archives of Int'l Med., Vol. 58.

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<p style="text-align: center;">W. S. LARRABEE, M. D. Roentgenology 411 Med. Arts Bldg. Tel. 4-3111</p>	<p style="text-align: center;">I. A. NELSON, M. D. Tissue and Clinical Pathology 1107 Med. Arts Bldg. Tel. 4-1835</p>
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