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THE BULLETIN

of the Tulsa County Medical Society

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IN THIS ISSUE



Survey Indicates Serious
Hospital Bed Shortage In Area



Members In Service



Oklahoma City Clinical
Society Program Announced



The Medical Library

Vol. 11

No. 11

November, 1945

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But now a careful histologic study has been made which reveals a startlingly high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Park* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, *Am. J. Dis. Child.* 66:1-11, July 1943.

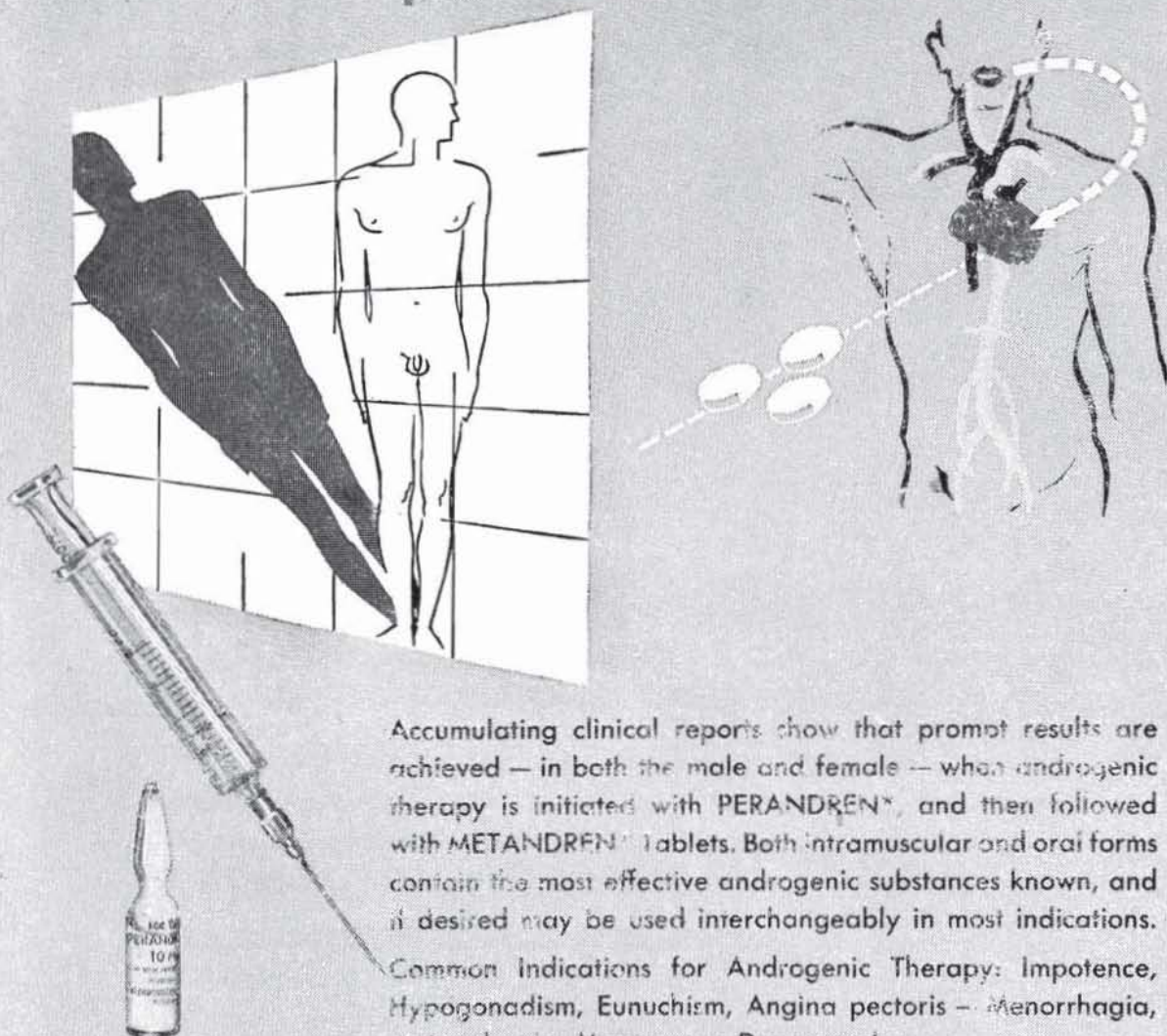
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CONTENTS

Hospital Beds Short In Area	7
The Medical Library	9
Members In Service	10
McKellar Obituary	11
Clinical Society Program	12
President's Page	14
Medical Calendar	15
Editorial	16
Paul H. Fesler	16
Clinic Report	19
Mazzini To Speak	19

ADVERTISERS

Arlington Chemical Co.....	22
Audiphone Company.....	17
Babyland	20
Ball Drug Company	19
Catron Pharmacy	20
Ciba Pharmaceutical Products.....	3
Coca-Cola	4
Commercial Printing Company.....	24
Couper, Inc.	24
Courtright Optical Co.....	21
Coyne Campbell Sanitarium.....	21
Curtain's Prescription Laboratory.....	17
Flowerland	18
George A. Breon Company.....	6
Getman Drug Company	5
Harvard Drug Company.....	21
Hillcrest Hospital	21
Mayo Hotel	23
Mead Johnson & Company	2
Meadow Gold Dairy.....	23
Medical Arts Prescription Shop.....	5
Merkel X-Ray.....	24
Pat O'Brien	18
St. John's Hospital.....	20
Tulsa Convalescent Home	20
T. Roy Barnes Drugry.....	6
Willie Clinic & Hospital	19
Winterringer Funeral Home.....	24

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THE BULLETIN

OF THE

TULSA COUNTY MEDICAL SOCIETY

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Vol 11

TULSA, OKLAHOMA, NOVEMBER, 1945

No. 11

HOSPITAL BEDS SHORT IN AREA

Six County Area of Northeastern Oklahoma Reports Only 3.0 Beds Per 1,000 Persons of Population. Figure is One-Half of Basic Minimum Requirement.

A serious shortage of hospital beds in Tulsa County and five surrounding counties was indicated last month by a preliminary and partial report of the Hospital Committee of the Tulsa County Medical Society. Indications were that on an overall basis, the six counties had only 3.0 beds per 1,000 persons of population or approximately half the number required to attain a minimum standard as prescribed by the American College of Surgeons.

As The Bulletin went to press, the hospital situation in Tulsa County was due to receive a thorough airing by civic and governmental groups. A ten-man committee, composed of members of the Tulsa County Medical Society and the Tulsa Chamber of Commerce, had completed a 30-page report to be made public late in October. It was believed by the Society leaders that the recommendations of the report would create a storm of discussion. Full details of the report will be carried in the December issue of The Bulletin.

A portion of the local committee's findings were made public in mid-October when the Hospitals Committee reported the results of a comprehensive survey of area hospital facilities. The report was designed as an opening gun in the Tulsa County Medical Society's projected campaign for improvement of the existing hospital situation.

Most significant of the survey findings

was an analysis of the adequacy of hospital beds for the population served, numerically speaking. The survey, which covered the counties of Tulsa, Osage, Creek, Washington, Okmulgee, and Mayes, listed a total of 1,126 general beds available in the area. Comparing this figure to a population of 367,511 persons for the six counties, a total of 3.0 beds per 1,000 persons is obtained. Of various standardizing agencies, it is interesting to note that the minimum requirement suggested for hospital beds ranges from 4.0 to 7.0 beds per 1,000 persons of population. Taking an average of such figures, it would appear that the six county area has only half as many beds as would constitute a minimum requirement.

The United States Public Health Service suggests a minimum hospital bed requirement of 4.0 beds per 1,000 persons, a figure generally considered outmoded and unnecessarily low by all observers. Drs. Southmayd and Smith in studies sponsored by the Commonwealth Fund of New York allege that 4.5 beds per 1,000 would be a low requirement for strictly rural communities. The better authorities on the matter are much higher. The American College of Surgeons suggests 6.0 beds per 1,000 persons. The American Hospital Association states that 7.0 beds per 1,000 constitutes a desirable requirement but recognizes 5.0 beds as a basic minimum. These figures are all for general beds and do not include requirements

for the care of mental cases, tuberculosis, contagious diseases, or chronic convalescents.

The Hospitals Committee of the Tulsa County Medical Society, following a study of local economic and social conditions, suggests 6.0 beds per 1,000 as a basic minimum.

In 1940, the average bed capacity throughout the nation was 3.9 beds per 1,000 persons of population.

Considering Tulsa County alone, the survey lists 900 general beds, including those provided by osteopathic institutions and by specialized maternity hospitals. Accepting the United States Government Census estimate of 213,200 for the population of Tulsa County (November 1, 1943), Tulsa County could record 4.2 beds per 1,000 persons of population. This figure is still only about two-thirds of the number required for a minimum standard.

The flaw in the statistic of 4.2 beds per 1,000 persons for Tulsa County is obvious. There is a natural flow of patients from the surrounding counties of Tulsa County into the local hospital institutions. This is, in general, dependent upon two factors: (1) the concentration of medical specialists in Tulsa, and (2) the inadequacy, and often inavailability, of hospital beds in the surrounding counties.

The Hospitals Committee approached leading hospital administrators in the area and from a study of their records, and from figures furnished by Group Hospital Service of Oklahoma, determined the general area served by Tulsa hospitals. It appears that patients are normally derived from the area indicated within the limits of Okmulgee, Bristow, Pryor, Sapulpa, Broken Arrow, Claremore, Jenks, etc. A good number of patients are served from Bartlesville. Miami, Muskogee, Wagoner, Ponca City, Pawhuska, and towns west of Bristow do not contribute many patients. The figure is almost negligible.

The Committee concluded that the Tulsa hospitals served all of Tulsa County and portions of Mayes, Osage, Okmulgee,

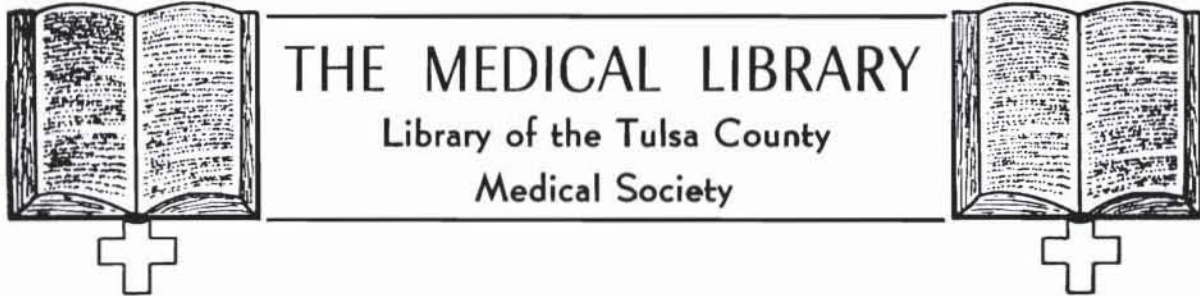
Creek, and Washington. It is difficult to determine the ratio of patients from the latter counties who receive hospitalization in Tulsa County. The Committee placed a most conservative estimate of 10%. If it is assumed that Tulsa hospitals serve all of Tulsa County and 10% of five surrounding counties, the hospital bed ratio in Tulsa County alone then drops to 3.9 beds per 1,000 persons.

Mr. Fred M. Boone, city manager of Sapulpa, estimates that three out of five persons requiring hospitalization in Creek County receive it at Tulsa institutions. Mr. George Berryman, administrator of Washington Memorial Hospital at Bartlesville, stated that the figure probably ran as high as 10% in Washington County. This is unusual as Bartlesville has an excellent hospital, and as the County is more distant from the Tulsa facilities.

An analysis of the hospital beds in the five surrounding counties demonstrates the extent to which the Tulsa institutions are relied upon to provide hospital care. There are only 226 hospital beds in five counties with a total population of 154,311. This is only 1.4 beds per 1,000 persons for the five counties—an appalling figure!

Interestingly enough, Sapulpa reports that its recent plans to expand a local hospital were denied by the Federal Works Administration on the grounds that Tulsa hospitals were sufficiently near to Sapulpa to provide adequate hospitalization.

There are some other interesting sidelights on the situation. While there are 900 beds available in Tulsa County, 140 are for osteopathic patients. Another 85 is represented by the Hillcrest Lying-In Home. Both Mercy and Flower hospitals are privately owned and not open to general practitioners. Another 50 beds is represented by the Moton Hospital for colored patients. Only three hospitals in Tulsa County (St. John's, Hillcrest, and Byrne) are open to the general profession as designated by the organized staff. These factors serve to reduce the actual number of beds available. This serves to create a situation where some hospitals have extensive waiting lists while others have a good percentage of empty beds.



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RECENT ACCESSIONS

NEW BOOKS RECEIVED—

Ash, J. E., Col., M.C., A.U.S., and Spitz, Sophie M.D., C.S., A.U.S. Pathology of Tropical Diseases. An Atlas. Pp. 350. 941 Illustrations, 15 in color, on 257 plates. W. B. Saunders Co., Philadelphia and London, 1945.

GIFTS OF THE MONTH—

Dr. Frank J. Nelson, Quarterly Review of Medicine, volume one to date, and which he will continue to give to the library currently. Also miscellaneous copies of current medical journals.

Dr. A. Ray Wiley, Miscellaneous copies of the Bulletin of the American College of Surgeons, International College of Surgeons, Journal of the Oklahoma State Medical Association and several others.

Dr. R. M. Shepard, Rand McNally maps of the United States, Mexico and Canada.

Dr. E. O. Johnson. Numerous reprints in the field of obstetrics and gynecology. Miscellaneous issues of current medical journals

OF INTEREST

A portrait of the late Dr. J. Fred Bolton has been loaned to the library by Dr. Bolton's family. Executed by a New York artist, it is an unusually fine likeness of this outstanding physician. It has been placed on the north wall of the library, where it is being viewed with a great deal of interest and appreciation.

It is astonishing how much there is in the daily round if men would but keep the open mind and look upon life as a progressive education. The times have changed, and we have traveled far from the days when the father of medicine jotted down his notes upon fever cases in Abdera and elsewhere. We know more and enjoy larger opportunities, and with them have greater responsibilities, but could Hippocrates return he would find no change in those essential duties in which he is our great exemplar. They are four: facility in the art of diagnosis; critical judgment, that we may learn to appreciate the relative value of symptoms and physical signs; to so conduct the treatment that the patient may be restored to health at the earliest possible period, or, failing that, be given the greatest possible measure of relief, and, lastly, so to arrange sanitary and hygienic measures that, wherever possible disease may be prevented—then, to repeat his noble words: to serve the art of medicine as it should be served, one must love his fellow man.—Sir William Osler.

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Members In Service



CAPTAIN WIMOT B. BOONE, discharged shortly after the first of October, has reopened his offices and clinic in the Red Fork area. The former Hillcrest Hospital resident saw service for several months in China, an assignment of unusual personal interest to him. Dr. Boone was born in that country and resided there as a child. After a brief stay with friends and relatives in Indianapolis, Dr. Boone and family returned to Tulsa. His services are badly needed in the Red Fork district, which is virtually without medical service at this time. Welcome back, doctor.

MAJOR C. G. STUARD has traded his uniform for civies after four years service with Army Air Force units, most recently at Greensboro, North Carolina. He has taken offices at 310 Medical Arts Building, Tulsa, and will practice his specialty of Ophthalmology.

LT. COMDR. LOGAN A. SPANN writes from the Eagle Mountain Lake Naval Base near Fort Worth, Texas, that his discharge will probably become effective in December. He is anxiously awaiting that "happy event" and plans an immediate return to civilian practice in Tulsa.

MAJOR SIMON POLLOCK, on terminal leave from the Army, paid a surprise visit to Tulsa last month to visit friends and family. Dr. Pollock reports that the Japanese devastation of Manilla is beyond comprehension of the American civilian. The bestiality of the retreating Japanese soldier in the wanton rape and murder of Philippine civilians was incredible, he states. Major Pollock saw CAPTAIN ERIC M. WHITE and CAPTAIN EARL M. LUSK in the South Pacific. "It was certainly a delight to see those two Tulsans," he said. Dr. Pollock expects to attend a school of postgraduate medical study. After that his plans are indefinite at present, although he indicated he might return to practice in Tulsa.

A visiting medical officer at the Executive Offices reported that one of the better medical officers of his acquaintance was CAPTAIN HERBERT N. SCHWARTZ, then with the 99th Evacuation Hospital unit. No news has been received of Dr. Schwartz in a very long time.

COMDR. BERNARD L. BRANLEY writes from Okinawa that he is eligible for discharge and expects to be out of the Navy soon. Subsequently, Tulsa newspapers reported that Dr. Branley's ship, the U.S.S. California, was one of several Naval units ordered to Tokyo Bay. No further word of his whereabouts had been received as this issue of The Bulletin went to press.

CAPTAIN JOHN EDWARDS is now stationed with Army medical units at Camp Joseph T. Robinson near Little Rock, Arkansas.

LT. COMDR. BENJAMIN W. WARD has been under treatment for an allergy condition at the United States Naval Hospital at Norman, Oklahoma. He recently returned from a tour of duty aboard the U.S.S. Baxter in the Pacific theater.

As The Bulletin went to press, COMDR. K. F. SWANSON reported from the Philippines that his unit was being broken up. Dr. Swanson is hoping for a trip home but may receive another assignment in the Pacific area.

LT. COL. JOHN E. McDONALD is on terminal leave from the Army and expects to be back in civilian practice in early November. He will office at the National Mutual Building, according to present plans.

CAPTAIN J. K. LEE reports from his base in Alaska that his unit is being redistributed. He expects to be back in Tulsa in November or December with prospects of discharge shortly thereafter.



MALCOLM McKELLAR, M.D.

1885-1945

Dr. Malcolm McKellar, 59, prominent Tulsa urologist and member of the Tulsa County Medical Society, died Monday, October 8, 1945, after an illness of several months. He had been in virtual retirement for the past year because of ill health occasioned by the strain of a heavy medical practice.

Born in 1885 at Green Springs, Ohio, he attended Loyola University at Chicago, from which he received his medical degree in 1913. Shortly after completing his internship at a Chicago hospital, he entered the Medical Corps of the United States Army and served throughout World War I as a medical officer.

Dr. McKellar practiced at the Bremmerman Clinic in Chicago until 1922, at which time he came to Tulsa as staff urologist for Springer Clinic. He won quick recognition as a competent medical practitioner and many honors were bestowed upon him. Dr. McKellar was former Chief of Staff at St. John's Hospital, Tulsa. He was active in Tulsa Masonic circles and known professionally for his studies in Urology. He was a member of the American Board of Urology.

Services were held October 11 at Stanley Funeral Home. Survivors include Mrs. Mathilda McKellar, two daughters, two brothers and a sister.

ANNOUNCEMENT

The Fifteenth Annual Meeting of the OKLAHOMA CITY November

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LEWIS G. ALLEN, M.D., Radiology

Professor of Clinical Radiology, University of Kansas
School of Medicine, Kansas City, Kansas

WALTER P. BLOUNT, M.D., Orthopedic Surgery

Governing Staff, Columbia Hospital; Milwaukee Children's Hospital;
Milwaukee County Hospital and Johnston Emergency Hospital
Milwaukee, Wisconsin

LOUIS A. BRUNSTING, M.D., Dermatology

Associate Professor of Dermatology and Syphilology, University of Minnesota
Graduate School, Mayo Clinic, Rochester, Minn.

RICHARD B. CATTELL, M.D., Surgery

Surgeon, The Lahey Clinic, Boston, Massachusetts.

WARREN HENRY COLE, M.D., Surgery

Associate Dean, University of Illinois College of Medicine,
Professor and Head of the Department of Surgery, Chicago, Illinois.

VIRGIL S. COUNSELLER, M.D., Surgery

Professor of Surgery, Mayo Foundation, University of Minnesota
School of Medicine, Rochester, Minn.

CHARLES B. HUGGINS, M.D., Urology

Professor of Surgery, University of Chicago School of Medicine,
Chicago, Illinois.

ERNEST E. IRONS, M.D., Internal Medicine

Professor of Medicine, University of Illinois School of Medicine;
President, American College of Physicians, Chicago, Illinois.

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 Associate Professor of Surgery, Northwestern University Medical School,
 Chicago, Illinois.

AVERY D. PRANGEN, M.D., Ophthalmology
 Associate Professor of Ophthalmology, Mayo Foundation,
 University of Minnesota School of Medicine, Rochester, Minn.

JEAN PAUL PRATT, M.D., Gynecology
 Surgeon-In-Charge, Division of Gynecology and Obstetrics,
 Henry Ford Hospital, Detroit, Michigan.

CHESTER A. STEWART, M.D., Pediatrics
 Director of Pediatrics, Louisiana State University
 School of Medicine, New Orleans, Louisiana.

THEODORE E. WALSH, M.D., Otolaryngology
 Professor of Otorhinolaryngology, Washington University
 School of Medicine, St. Louis, Missouri.

CHARLES T. STONE, M.D., Medicine
 Professor of Medicine, Chairman, Department of Internal Medicine,
 University of Texas School of Medicine; Physician-in-Chief,
 School of Medicine, St. Louis, Missouri.

FRANK E. WHITACRE, M.D., Obstetrics
 University of Tennessee School of Medicine, Memphis, Tennessee.

S. MARX WHITE, M.D., Internal Medicine
 Professor and Head of Department of Obstetrics and Gynecology,
 Emeritus Professor of Medicine, University of Minnesota
 School of Medicine, Minneapolis, Minnesota.

ST SPEAKERS
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COMMERCIAL EXHIBITS

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CLINICAL SOCIETY

PRESIDENT'S PAGE

Early this year the Tulsa County Medical Society created a special committee to handle problems relative to in-service members returning to the private practice of medicine in Tulsa County. With the close of the war the need for this committee was accentuated as all branches of the service began to release doctors in substantial numbers. The Service Relations Committee is making a concerted attempt to facilitate the return of the service doctor to civilian practice with a minimum of difficulty, expense, and delay. The Committee is facing some important problems, principally in securing necessary office space. Some of these problems were discussed at a recent meeting of the Society, and all of us are aware of their magnitude.

I feel certain that this Service Relations Committee can do some valuable work if it receives proper cooperation—both from the physicians in service and from those here at home. The in-service members should not minimize the assistance which the Society can be to him. The doctor at home must understand that an obligation exists to assist these returning doctors in becoming once more successful private practitioners of medicine. Certainly, the members of the Tulsa County Medical Society owe much to those doctors who made the sacrifices required by war. The least we can do is to assume some of the responsibility of returning them to a profitable private practice.

As for those members still in service, they can benefit by cooperating with this committee of three ex-medical officers. By understanding the nature of your needs, your Society can best serve you. I believe that each of you will return to find the Tulsa profession sincerely interested in your professional future.

Sincerely,



President.

Medical Calendar

THURSDAY, November 1st:

Group Hospital Service, Blue Cross Hospital Insurance, Office Assistants Group, quarterly premium due November 1. Pay at 1202 Medical Arts Building, Tulsa. Final date for payment, November 10.

SATURDAY, November 3rd:

Oklahoma Society of Medical Technologists convention, Tyrell Hall, University of Tulsa. Speaker, Luis Y. Mazzini. Physicians invited to attend.

MONDAY, November 5th:

Hillcrest Hospital Staff Meeting.

TUESDAY, November 6th:

Medical Broadcast, "Life's Most Important Job," Radio Station KOME, 3:30 p.m. Speaker, Dr. W. A. Dean.

FRIDAY, November 9th:

Tulsa County Medical Society, Board of Trustees Meeting, 1203 Medical Arts Building, Tulsa, 8:00 p.m., unless otherwise announced.

SATURDAY, November 10th:

Final date to pay Group Hospital Service premiums.

MONDAY, November 12th:

Tulsa County Medical Society, Scientific Meeting, Mayo Hotel. Dinner, 6:30 p.m. Program to be announced.

TUESDAY, November 13th:

Automobile Drivers Licenses on sale at 1202 Medical Arts Building, Tulsa, 11:00 p.m. One day only. All licenses must be purchased in person.

Medical Broadcast, "Diet And Lactation In Pregnancy," Radio Station KOME, 3:30 p.m. Speaker to be announced.

SATURDAY, November 17th:

Copy deadline for the December issue of The Bulletin.

MONDAY, November 19th:

St. John's Hospital Staff Meeting.

TUESDAY, November 20th:

Medical Broadcast, "How Shall I Teach My Child to Eat," Radio Station KOME, 3:30 p.m.

THURSDAY, November 22nd:

The Executive Offices, Tulsa County Medical Society, will be closed all day in observance of Thanksgiving Day.

MONDAY, November 26th:

Oklahoma City Clinical Society opens four day fall conference at Biltmore Hotel, Oklahoma City. For details see page 12.

TUESDAY, November 27th:

Medical Broadcast, "Foods In Restaurants," Radio Station KOME, 3:30 p.m. Speaker to be announced.

The BULLETIN

JAMES D. MARKLAND, M.D.
Editorial Supervisor
 DONALD V. CRANE, M.D.
 I. H. NELSON, M.D.
Associate Editors
 JACK SPEARS, *Managing Editor*



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 11 NOVEMBER, 1945 No. 11

A WORD OF APPRECIATION

Much good work is being done here in Tulsa County by a number of civic and social organizations whose purposes and functions are often very closely allied to the medical profession. The physicians of Tulsa County have watched these programs grow and mature through the years, often lending valuable assistance, and in many cases actively participating in their prosecution. There have some instances when the profession disagreed as to the merit of individual projects, and sometimes the motives of these groups have been misunderstood. On the whole, however, the profession has appreciated the work of many of these agencies.

The Tulsa Council of Social Agencies has been a valuable friend to the local profession on many occasions. The Tulsa County Medical Society was recently indebted to this group and its very efficient secretary for much valuable assistance in the charity hospital project. Its current study of convalescent home conditions in Tulsa County is of immeasurable value. Similarly, some fine contributions are being made by the Tulsa Public Health Association and its unending fight against Tuberculosis, the unsung Vocational Rehabilitation Service, the Variety Clubs of Oklahoma for their negro health

projects, and the work of the American Red Cross and the Tulsa County Chapter. Thanks are also due to a group of civic leaders who were responsible for the reorganization of Moton Memorial Hospital. And of a different nature, a bow to the Better Business Bureau of Tulsa for its interest in eradicating medical quacks.

Medicine has long since abandoned the belief that it could operate independently and without the cooperation of allied groups. More than ever, we are realizing what advantages accrue to any medical organization which seeks the counsel of the social agency and the support of the civic group. The Tulsa County Medical Society is no exception. To these organizations, a vote of thanks and appreciation.

PAUL H. FESLER

Mr. Paul H. Fesler last month relinquished his post as Executive Secretary of the Oklahoma State Medical Association to devote his full time to duties as the administrator of University Hospitals, Oklahoma City. His name known in State medical circles for a quarter of a century, Mr. Fesler has contributed much to the progress of medicine in Oklahoma. The Tulsa County Medical Society takes this opportunity to commend him for his devotion to duty, and, in particular, to thank him for the splendid manner in which he effected the passage of much valuable medical legislation in the last session of the State Legislature. It is a job well done for which the doctors are duly grateful. Best of luck, Paul.

CARD OF THANKS

To all who came to see me, and sent cards, flowers and best wishes, my profound thanks. I have come to believe that it does one good to be disabled and hospitalized once in awhile as he finds out how he really stands with his colleagues. According to General Patton, all one needs is blood, brains and guts. With Dr. Hugh Evans and Fred Merkel furnishing the blood and brains, I am two-thirds of a man anyway. Dr. Walter S. Larrabee.



JOHN L. STANLEY, Mgr.

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MAZZINI TO LECTURE

Luis Y. Mazzini, chief serologist of the Indiana State Health Department and originator of the Mazzini test for syphilis, will be the principal speaker at the annual convention of the Oklahoma Society of Medical Technologists to be held at Tyrell Hall, University of Tulsa, November 3, 1945, at 2:00 p.m.

Mr. Mazzini is Assistant Professor of Clinical Pathology at the Indiana University School of Medicine. All members of the Tulsa County Medical Society interested in his lecture are invited to attend.

DR. THOMAS R. TURNER, Springer Clinic psychiatrist, was elected to membership in the Tulsa County Medical Society at the meeting of October 22.

CLINIC REPORT

September 25—October 17

Medicine	648
Surgery	39
Dental	22
Pediatrics	9
X-Ray	102
Laboratory	88
Varicose	10
Ophthalmology	24
Tumor	12
Obstetrics	5
Dermatology	12
Cardiac	4
Gynecology	5
Urology	1
Total	648

NOTICE

Automobile Drivers Licenses will be sold for one day only, Tuesday, November 13, 1945, at the Executive Offices of the Tulsa County Medical Society, 1202 Medical Arts Building. Doctors, dentists, members of their families, office assistants, and employees of the Medical Arts Building may secure their license at that time.

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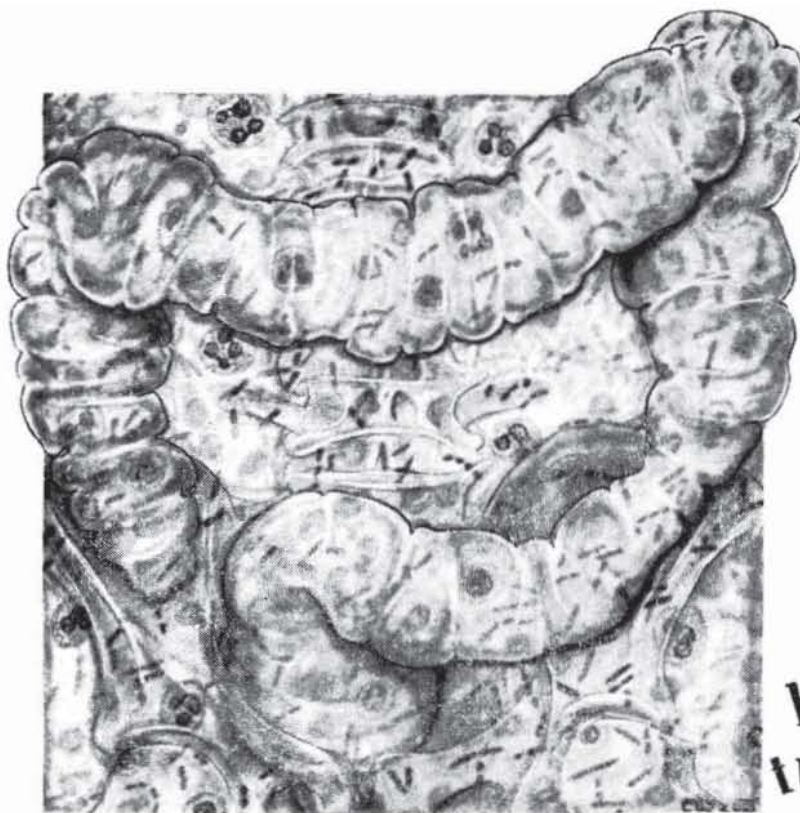
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