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# THE BULLETIN

*of the Tulsa County Medical Society*

*Buy War Bonds*

## **IN THIS ISSUE**



Pepper Report Analyzed



A History Of The  
Tulsa County Medical Society  
Part Twelve



The Medical Library

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Vol. 11

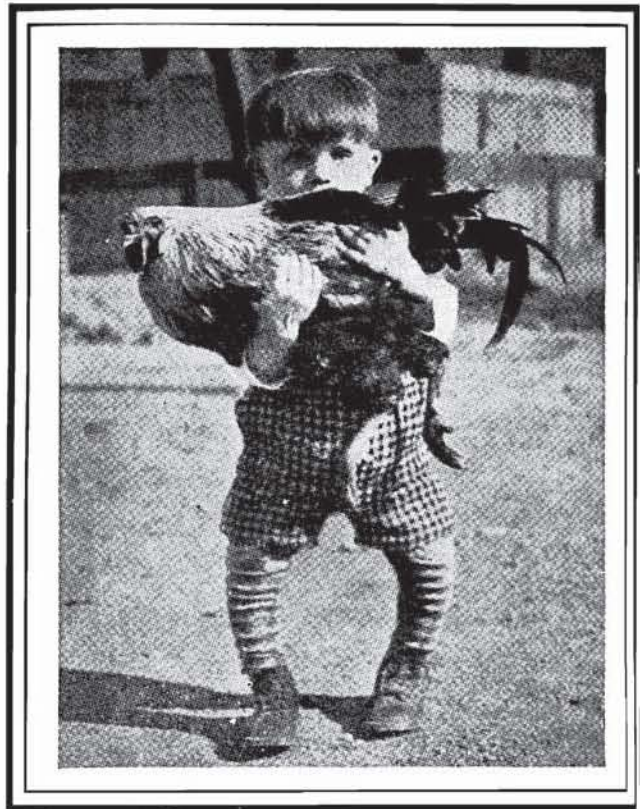
No. 3

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March, 1945

**The rooster's legs  
are straight.**

**The boy's are not.**



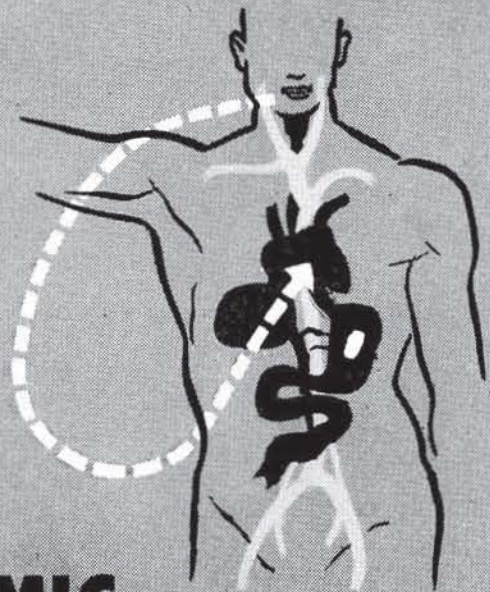
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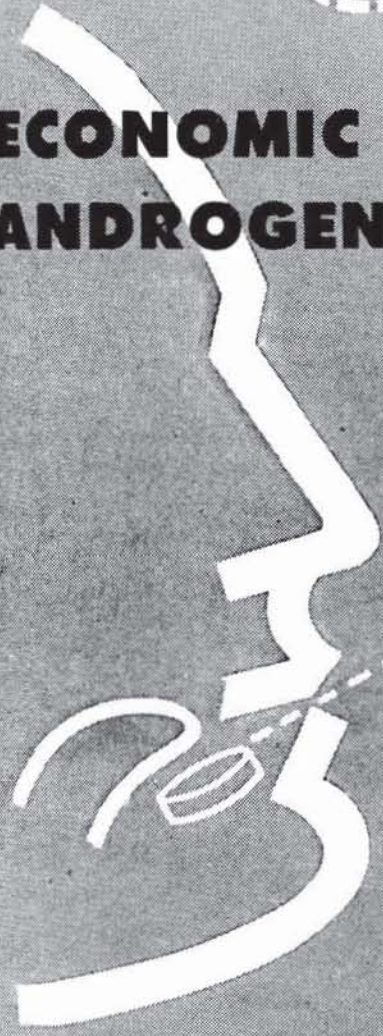
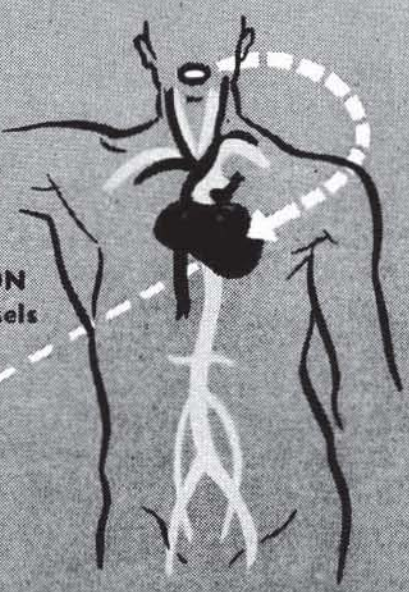




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to general circulation

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**PERLINGUAL ABSORPTION**  
Direct from sublingual vessels  
to systemic circulation



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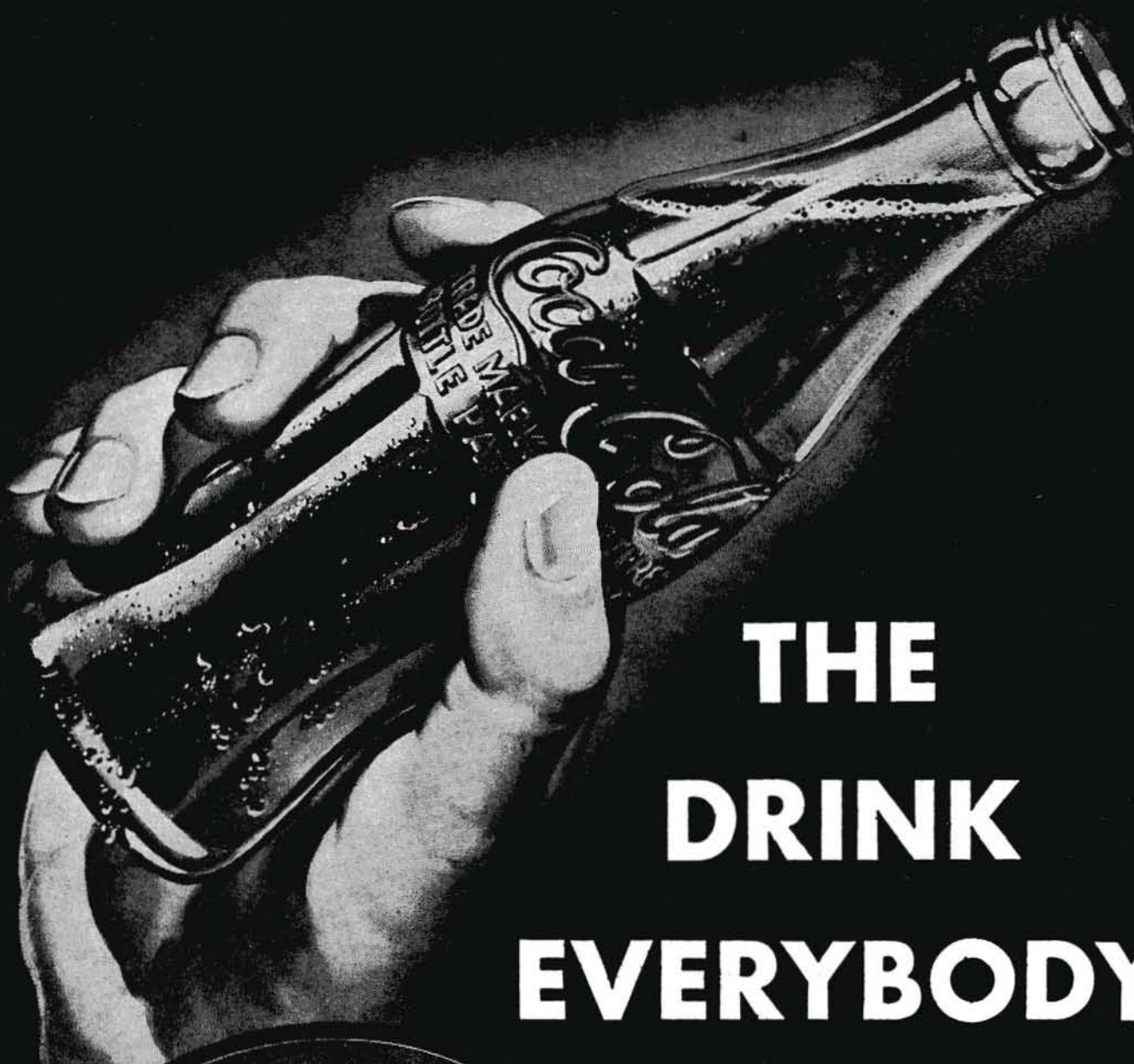
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# THE BULLETIN

OF THE

## TULSA COUNTY MEDICAL SOCIETY

H. A. Ruprecht, M.D. *President*John C. Perry, M.D., *President-Elect.*R. Q. Atchley, M.D., *Vice-President*E. O. Johnson, M. D., *Secretary-Treasurer*Jack Spears, *Executive Secretary*

VOL 11

TULSA, OKLAHOMA, MARCH, 1945

No. 3

## PEPPER REPORT STIRS PHYSICIANS

**Important Senate Committee Investigations Assert  
Serious Maldistribution of Medical Facilities Exists  
In United States. Report Urges Creation of  
System of Health Centers.**

Physicians of Tulsa County and elsewhere throughout the nation paid grave attention last month to the recommendations of the Senate Subcommittee on Wartime Health and Education. The report of Florida Senator Claude Pepper clearly indicated what the nation's lawmakers were thinking on the subject of national health — improved health facilities and extended facilities for medical education made possible through direct grants-in-aid to needy state health departments and schools. Not as drastic in scope as the proposals of a nationwide system of state medicine supported by social security taxation, as suggested by the Wagner-Murray bill and other proposals, the Pepper report definitely suggests the extension of government controls to medicine through an indirect route.

Despite its recommendations which lay open the door for more extended government supervision of the medical profession, the Pepper report has much to recommend it. It clearly reflects a condition or conditions of medical care and medical education in this country which indicate neglect of the medical profession in providing a remedy. The Pepper report appears to be a more comprehensive and studied analysis of the situation than has previously come out of Washington.

Of coincidental interest to Oklahoma physicians is the fact that legislation will

be brought before this session of the Oklahoma Legislature to secure funds to permit the initial creation of a system of medical centers for medical educational purposes. This system, which would create charity hospitals and medical centers to fill the dual purpose of providing medical care and sources of the clinical study for state medical students, is recommended in detailed principle by the Pepper report. The proposed legislation of this character now before state lawmakers bears the approval of Oklahoma State Medical Association and is part of legislation permitting the extension of teaching facilities of the Oklahoma University School of Medicine.

Briefly stated, the preliminary findings of the committee may be stated as follows:

1. Approval of Federal grants-in-aid to assist in the post-war construction of hospitals, medical centers, and health centers, in accordance with systems of state-wide integrated plans approved by the United States Public Health Service.

2. Creation of local public health units in areas where they do not now exist, extension of present local health facilities, and development of such units through Federal grants-in-aid.

3. Extension of Federal scholarships in medicine and dentistry to qualified students, and encouragement of the enrolling of women in medical schools.

4. Federal assistance in creating clinics of mental hygiene and in solving prob-



lems created by the acute shortage of psychiatrists and psychologists.

5. Allotment of Federal funds to guarantee medical care for all recipients of Federal or other public assistance.

The report also advocates the Army consider the possibility of expanding its program for rehabilitation and induction of deferred draft registrants, preservation and study of medical records of the Selective Service, and Federal grants-in-aid for construction of sanitation and sewerage projects in municipalities.

As to health insurance, the report makes no specific recommendations but points out that some method of group financing is desirable. The methods which are considered, however, include a tax supported medical service.

Probably the most significant portion of the Pepper Report, however, is that section relating to the distribution of medical care. The report accurately touches on one of American Medicine's most critical problems—the increasing maldistribution of the nation's doctors. As each succeeding class graduates from medical school, the trend is for the new physician to enter practice in populated centers. The reasons for this are fairly obvious:

1. Medical students of today are taught to practice medicine using modern medical equipment and facilities not usually found in rural or other sparsely populated areas. They naturally gravitate to areas where such facilities are available.

2. The life of the country doctor is admittedly hard from both a physical and mental standpoint.

3. Higher rates of remuneration prevail in the cities.

4. Well educated physicians tend to prefer to live in areas where high standards of education and culture exist.

The Pepper Report asserts the situation is growing steadily worse in the rural areas. Statistics are cited to indicate that numerous counties in various states have only one physician for as many as 10,000 persons. In one county of Oklahoma, it is understood that only physician is available to care for in excess of 13,000

persons. The circumstances regarding hospital facilities are even worse.

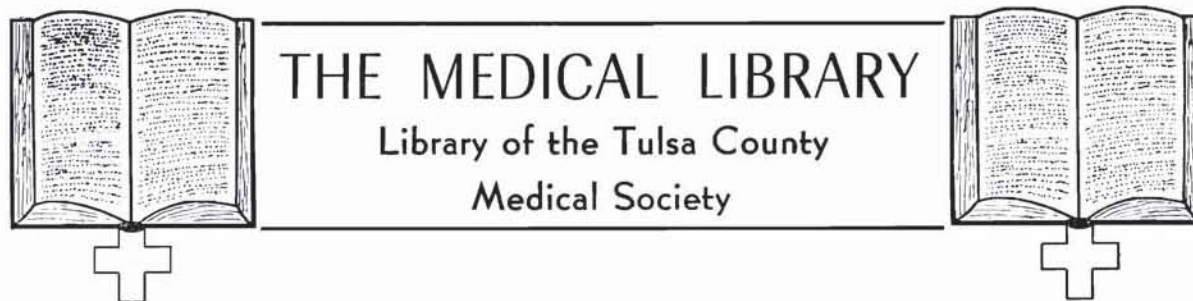
As a possible solution for this situation, the Pepper report suggests the creation of a coordinated system of hospitals and health and medical centers. The plan, originally formulated by the United States Public Health Service, urges that existing hospitals and health centers be utilized with such additional structures as may become necessary. The plan operates in this fashion.

Within a determined area, in most cases along boundaries of the states, a central base hospital shall be created. In most cases it shall be adjacent to a recognized institution of medical study. (A comparative relationship would be that of University Hospital to the Oklahoma University School of Medicine at Oklahoma City). District hospitals in large centers shall then be established, in most cases from existing facilities. Contributing to the district hospital would be the smaller rural hospitals. In areas surrounding the rural hospitals, health centers or diagnostic clinics would be established. Integrated with these graded units would be institutions of specialized medical care as homes for the chronically diseased (tuberculosis, mental, geriatric nursing homes, etc.).

A set-up of this character would include the most modern diagnostic and curative facilities, in most cases in the health centers on up. In general, patients would be admitted on a charity basis although it is contemplated that in areas where a maldistribution of physicians occur some method of full or part-payment must be determined. Each unit would contribute its most outstanding cases for purposes of clinical study by the medical school students.

This planned network, the Pepper report states, would assist in relieving the present inadequate system of medical care. The report makes no criticism of the quality of medical care, but asserts that the quality of "American medicine at its best is very high."





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### IN THE LIBRARY

**FEMALE ENDOCRINOLOGY:** *Including sections on the male. Jacob Hoffman M.D., Demonstrator in Gynecology, Jefferson Medical College. 788 pp., illustrated, some in colors. W. B. Saunders Company. Philadelphia and London. 1944. \$10.00.*

This is the first edition of the book of Dr. Jacob Hoffman, from the department of gynecology, Jefferson Medical College, published in 1944, 788 pages in length, including a bibliographical index as well as a subject index, and contains a preface both by the author and Dr. Brooke M. Anspach. There are 41 chapters with the first 22 pertaining to physiology, the next 16 discussing clinical problems and the final 3 reviewing laboratory procedures. The last chapter lists the present day hormonal preparations which are of value, but will be outdated by the development of more effective and potent products.

This book is fundamental in its development of the field of female endocrinology, and contains the best description of the embryology and histology of any contemporary text. The material on physiology is gathered from the latest current scientific papers published in the current Medical Journals. To the clinician it is lacking in specific types of therapy. There is a most interesting chapter on endocrinology in obstetrics.

This is the best reference book on female endocrinology that is available at present. Specific references are given on all sources of information, so that every gynecologist has a place for it in his library. —E.O.J.



### OF INTEREST

The library of Dr. Ned R. Smith, consisting of approximately two hundred and fifty volumes has been presented to our library by his wife, Mrs. Pluma Delore Smith as a memorial to her husband. This valuable gift contains not only first editions of the classics and translations from the French and German, but also the latest texts in the field of Neurology and Psychiatry. For the collector of rare books as well as the student of the newer conceptions in Neurology, Psychiatry, Psychology and related fields, this library will afford many useful and enjoyable hours.



### USE YOUR LIBRARY

## A HISTORY OF THE TULSA COUNTY MEDICAL SOCIETY

Administrations of Drs. Haralson, Smith, and Shepard Forcsaw Need for Professional Lay Secretary to Handle Great Volume of Detailed Activity. Progressive Strides Made By Organized Medicine.

Part Twelve  
Four Progressive Years  
1932-35

Dr. Charles J. Woods, a prominent Tulsa pathologist, was elected to the presidency of the Tulsa County Medical Society for 1932. Born November 13, 1880, in Ohio, he left farm life to obtain his professional degree at the University of Cincinnati. Following his graduation in 1905, he practiced for several years in Ohio and Georgia. During World War I, Dr. Woods served as a Captain in the Medical Corps at Camp Doniphan, Oklahoma. After the war he removed his practice to the latter state and soon became recognized for his fine clinical laboratories. His activities in organized medicine led to his election to office.

Dr. Woods opened his year of service with a large meeting at Dr. Ned R. Smith's Oklahoma Hospital on January 11, 1932. The program was devoted to a study of mental conditions with case studies furnished by visiting staff members of the Eastern Oklahoma Hospital for the Insane at Vinita.

Throughout 1932, the Tulsa County Medical Society continued to emphasize the scientific aspects of medicine and some unusually fine programs were presented. Meetings were held in either the St. Johns Hospital, Oklahoma Hospital, or in quarters in the Medical Arts Building. Attendance was moderately good and there appears to have been some excellent discussions of the subjects under consideration.

The Society conducted an investigation into the growing trends towards group practice of medicine, and into insurance plans which reimbursed physicians for services rendered on a flat pay basis. At

early meetings during the year attempts were made to outlaw these practices as far as Society members were concerned, but the well-intentioned efforts failed rather miserably. The distinctions were difficult were draw, and perhaps represented only the result of a medical trend rather than any violation of established ethics.

The annual convention of the Oklahoma State Medical Association met in Tulsa on May 24-26, 1932, and a fine program was presented under the supervision of Dr. W. J. Trainor. The organization sought adjustments in charity hospital facilities and in facilities of the Oklahoma University School of Medicine. Studies in cancer control became more pronounced.

Tulsa physicians journeyed to Oklahoma City in the Spring of 1932 for a week's course in postgraduate study instructed by Dr. Erick Ruttin of Vienna. He proved a most popular lecturer.

The Tulsa County Medical Society first began its series of radio programs in 1932 with Dr. R. M. Shepard as speaker for the first series. The programs were devoted to medical subjects and for many years were popular with Southwestern radio audiences. Although some 350 programs were presented over a ten-year period, not one of the speaker-doctors had his name announced over the airways.

A Tulsa newspaper made an editorial attack on local profession in May, 1932, accusing the profession of hypocrisy in its refusal to permit physicians to advertise but at the same time accepting advertising for its own medical journals.



The newspaper drew a stinging rebuttal from both local and state organizations of physicians, all censoring the publication for its attitude towards medical ethics.

Although the incident clearly developed from the press' antagonism at not being able to increase advertising revenues via physicians, it did not do credit to the doctors in the public mind. The matter was not quickly forgotten and the subject long remained a sore spot with both parties.

The latter half of the year proved to be more quiet and less active with the Society concentrating on its scientific programs. Officers for 1933 as elected at the annual business meeting were: President, Dr. Charles H. Haralson; vice-president, Dr. V. K. Allen; secretary-treasurer, Dr. Carl F. Simpson, reelected.

Dr. Charles H. Haralson, a graduate of Emory University in Georgia, was a respected young ophthalmologist whose interest and enthusiasm for the Tulsa County Medical Society gave the organization a well-directioned year. Although believing the function of a medical society should be dominantly scientific in character, he did believe that local societies could do much to improve professional and civic welfare in other respects. During the year his committees conducted projects and investigations on the following subjects: group practice of medicine and the ethics concerned therein, hospitalization insurance, free school health clinics, credit and collection reports and agencies, postgraduate medical study, fraudulent practices, public health, and a variety of other subjects. Dr. Haralson's administration, through its busy program, first indicated the definite need for an executive office staffed by professional secretaries.

Dr. Haralson's accomplishments are of special commendation for they were executed in a black year of depression. With business conditions at a low ebb, doctors found many non-paying patients in their offices. The total number of patients was also at a low figure as many persons hesitated to call doctors when they were unable to pay. One Tulsa



**NED R. SMITH, M.D.**

physician remarked that the depression years were partially successful because doctors had plenty of spare time to work on medical society projects.

Dr. Ned R. Smith succeeded Dr. Haralson as president of the Tulsa County Medical Society for 1934. An aggressive and influential leader, Dr. Smith had in a period of six years since coming to Tulsa risen to the presidency of the Society. He had a tremendous store of energy that was directed into many beneficial channels. Until his death in 1944, he remained a leader in medical activities and in civic progress. Born in Bethany, Missouri, in 1884, Dr. Smith spent many years at the University of Michigan where he acquired five individual degrees, a record unsurpassed in the history of the school. His interest in public health was superseded by the fascination of neurology and psychiatry, and he eventually specialized in the latter field. Coming to Tulsa in 1928 after several years at the Hertzler Clinic in Halstead, Kansas, Dr. Smith soon opened a modern neurological institution in the quarters of the old Oklahoma Hospital. Later, he founded Oakwood Sanitarium near Sand Springs and through his fine systems of treatment built it into a nationally-known hospital for mental cases.



Public Health matters came to the forefront early in 1934, undoubtedly due to Dr. Smith's interest in that field. A committee went to work in January in an effort to raise interest in a compulsory immunization law for Oklahoma. Despite the support of numerous civic and professional groups, this law was never enacted. Dr. Smith prosecuted his project for ten years, only to see it defeated several times. As late as 1943, the proposed law was tabled in the Oklahoma Legislature. Studies into the costs of charity clinics and hospital facilities were also inaugurated and served to advise city and county health officers in the maintenance of such facilities. Mrs. Mabel Bassett, commissioner of charities and institutions of correction, came to the Tulsa County Medical Society for assistance in similar investigations. It is likely that these studies predicated the eventual opening of the Tulsa County Clinic under auspices of the Tulsa County Medical Society. (Incidentally, Mrs. Bassett had a year earlier in 1933 accused physicians of "trafficking" in the sale of babies, a charge which she was to also make some twelve years later. In both cases, there was almost no evidence to support such conclusions).

The Oklahoma State Medical Association met in Tulsa in 1934, drawing a comparatively small crowd of state doctors. Dr. A. W. Pigford of Tulsa served as convention chairman. The Tulsa County Medical Society had an attractive booth which displayed to advantage the various scientific projects of the membership.

Dr. Smith's administration carried forward the work began by Dr. Haralson and others a year earlier. There were a number of studies made of the need for and potential value of a specialized medical collection and credit agency. Dr. M. J. Searle, Dr. R. Q. Atchley, and the late Dr. H. C. Childs were among the leaders in this project. It was four years later, however, before the project materialized as the present Medical Credit Bureau of the Tulsa County Medical Society. Dr. Smith encouraged the progress of the Medical Library, which was in operation

on a small scale at that time. (A later section of this series will discuss the history of the Medical Library in greater detail).

Scientific meetings continued to be moderately well attended. In contrast to the present policy, as many as four papers were often presented whereas a single paper now comprises the programs of the Tulsa County Medical Society in most instances. The irrepressible Dr. J. Fred Bolton was evidently perturbed that some members broke the meetings up by playing a marble machine in the assembly room. He made a pointed address on the subject and the machine was shortly afterwards removed.

Dr. R. M. Shepard succeeded Dr. Smith as president in 1935 with Dr. James Stevenson as vice-president. Dr. David V. Hudson began a long term of service as Secretary-Treasurer. The new president was a graduate of the University of Tennessee. His interest in the chest and lungs, and particularly in the treatment of tuberculosis, had won him recognition as a leading specialist in that field. Like Dr. Ned R. Smith, Dr. Shepard had quickly established himself as a leader in civic and professional affairs in Tulsa. He championed public health as a civic duty of the physician. His enthusiasm for the progress of public health has made him a valuable leader in Tulsa through the years.

The team of Dr. Shepard and Dr. Hudson gave the Tulsa County Medical Society an excellent year. From the very outset it was busy with a multiplicity of projects that more than ever demonstrated the need of paid employees to handle the detailed work.

(To Be Continued)

#### **ATKINS HEADS BYRNE STAFF**

Dr. Paul N. Atkins has been named chief-of-staff of the newly organized Byrne Memorial Hospital at 1321 S. Peoria, Tulsa. Other officers named at a recent election are Dr. George H. Miller, vice-president, and Dr. Theodore S. Williams, secretary. The hospital is for medical doctors only.



## CREDIT BUREAU COLLECTIONS SOAR

**Medical Credit Bureau Report Indicates Collections At Two-Year Record High. Committee Urges Increased Use of Specialized Credit Services Afforded by Bureau.**

A report of the governing committee of the Medical Credit Bureau, official collection agency of the Tulsa County Medical Society, indicates that collections by the Bureau for the month of January, 1945, reached the highest record in over two years. During the same month, the report stated, a total of six new clients was added to the 67 doctors and dentists already using the Bureau's credit and collection services.

This special report followed the Committee's annual report to the membership last December, which indicated collections for the previous twelve-months were almost double collection figures for three and four years ago. Success of the Bureau's activities was attributed to the increased efficiency of experienced employees, higher payrolls and improved financial status of patient-debtors, and employment of business methods best appreciated by the doctor clients.

The report observed that many doctors are not yet making use of the facilities of the Medical Credit Bureau, despite the following advantages as afforded exclusively by the Bureau:

1. The Medical Credit Bureau is owned and operated on a cost basis by the Tulsa County Medical Society. Charges are fixed at a rate which is sufficient to cover expenses only. Collection fees begin as low as 20 per cent, and doctors pay no profit margin to any individual agent.

2. Any surplus funds derived from operation of the Bureau, prior to adjustment of fees, are turned to the Tulsa County Medical Society to assist in meeting the expenses of the Society's Executive Offices.

3. The Medical Credit Bureau employs collection methods prescribed by members of the Tulsa County Medical Society. It is solely controlled by doctors, and for that reason does not violate principles of

good medical ethics in securing collections on delinquent accounts.

4. All collections are guaranteed by the Tulsa County Medical Society.

5. Files of credit information, covering hundreds of Tulsa patients, are available without charge to clients. By consulting these files, containing records over an eight-year period, many doctors may be saved needless time and expense by knowing the patient's credit reputation in advance.

6. The Bureau employs an efficient experienced staff which includes the services of a reputable collection attorney. Complete legal and out-of-town agency services are available. Legal action is taken only at the express direction of the doctor.

7. The Medical Credit Bureau is the only collection agency quartered in the Medical and Dental Arts Building, and consequently enjoys the prestige of its location.

8. Through its connection with the Tulsa County Medical Society, a mutual exchange of credit information among members is made possible.

9. The Medical Credit Bureau maintains a consulting service which determines without additional charges, the proper collection activity to be taken on a doctor's active accounts.

10. The Medical Credit Bureau handles medical and dental accounts only and does not represent any retail or wholesale agencies. As a result of this, and as a result of its supervision by the Tulsa County Medical Society, its services are specialized and experienced in the making of medical and dental collections.

The Medical Credit Bureau is now handling the estates of several physicians recently deceased. In addition, it represents the interests of some twenty physicians now serving in the Armed Forces. Some of the latter doctors have received

(Continued on Page 20)

# PRESIDENT'S PAGE

The members of the Tulsa County Medical Society are becoming increasingly aware of the growing need for a moderately sized charity hospital to serve Tulsa and the surrounding area. This need will undoubtedly become acute in the post-war period when the probable and eventual depression will throw large numbers of people into the indigent class. The need is already felt at this time, although it arises not so much from great numbers of indigents but rather from definitely limited hospital facilities for cases of this type. Cases requiring isolation wards are particularly difficult to service at this time.

In view of these facts, it does not seem to be too early to be considering the possibilities of constructing a charity hospital. Since we are already at work on the proposed consolidation of city and county public health units, it is desirable to include plans for the operation of a charity hospital within such a system. The details of financing and operation must be worked out later. It will be sufficient now if the project is actually inaugurated and placed in the public mind.

Tulsa is one of the few cities of comparative size which is not equipped with a charity hospital. Not only would the existence of such a hospital be a definite improvement to public health and individual patient welfare, but it would provide the basis for teaching and clinical instruction. I should like to place this idea before you, and in turn I should like to know your reactions to it.

Sincerely,



President.



# Medical Calendar

**THURSDAY, March 1st:**

All members of the Tulsa County Medical Society who have not paid 1945 annual dues are suspended as of this date.

**FRIDAY, March 2nd:**

Board of Trustees Meeting, Tulsa County Medical Society, 1202 Medical Arts Building, Tulsa, 1:00 p.m.

**MONDAY, March 5th:**

Hillcrest Hospital Staff Meeting.

**TUESDAY, March 6th:**

Medical Broadcast, "The Doctors Talk It Over," Radio Station KOME, 10:30 p.m.

**THURSDAY, March 8th:**

Medical Credit Bureau Committee Meeting, 1202 Medical Arts Building, Tulsa, 1:00 p.m.

**MONDAY, March 12th:**

No Tulsa County Medical Society meeting on this date. Postponed to March 26.

**TUESDAY, March 13th:**

Medical Broadcast, "The Doctors Talk It Over," Radio Station KOME, 10:30 p.m.

**THURSDAY, March 15th:**

Final date to pay 1944 income taxes, and to file estimates and quarterly payments on 1945 income.  
Bulletin Committee Meeting, 1202 Medical Arts Building, Tulsa, 1:00 p.m.

**MONDAY, March 19th:**

St. John's Hospital Staff Meeting.

**TUESDAY, March 20th:**

Medical Broadcast, "The Doctors Talk It Over," Radio Station KOME, 10:30 p.m.

**FRIDAY, March 23rd:**

Board of Trustees Meeting, Tulsa County Medical Society, 1202 Medical Arts Building, Tulsa, 1:00 p.m.

**MONDAY, March 26th:**

Tulsa County Medical Society, Scientific Meeting, Mayo Hotel, 8:00 p.m. Program to be announced later.

**TUESDAY, March 27th:**

Medical Broadcast, "The Doctors Talk It Over," Radio Station KOME, 10:30 p.m.

**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.*

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**A SERVICE MAN SPEAKS**

The time will soon come when an Army of Occupation will be stationed in Germany and other occupied countries. Such an Army, if we are not to make the same mistakes of the last war, will remain in being for many years after hostilities have ceased. While the personnel of such an army may well be made up of volunteers from our present armed forces, it is doubtful that a sufficient number of physicians to staff the necessary medical installations can be obtained solely on this basis.

1. The average age of doctors in the service is considerably higher than that of the rest of the personnel. Return to civilian practice becomes increasingly difficult as age increases and essential skills are lost due to the limited character of medical work among healthy young adults.

2. While a case can be made out for the discharge of all married men with families, it will apply particularly to the medical and dental personnel, since the vast majority of them are married and have families. They look with deep concern on the fact that their children must be raised in what is essentially a broken home. They will know that it is from such homes that future neurotics are re-

cruited. For them prolonged absence from home was endurable while our enemies remained unbeaten. However, with the defeat of Germany, the medical officer feels that a new group can take his place in active service.

The need for qualified physicians and dentists in the United States can best be served by returning to their practices those mature medical and dental officers whose places at present are unfilled and where the need of their services obviously exists.

It would then become necessary to provide medical and dental care for our army in Germany and the occupied countries. The staff for this duty can well be drawn from the following classes:

1. Volunteers from medical and dental officers already in service.

2. Thousands of young physicians and dentists who have been educated at government expense. To free these men from military service would be an injustice that would be keenly resented by all members of the medical and dental professions.

3. Refugee physicians and dentists who have become citizens and are already subject to our draft laws, and who may have already entered the service if physically qualified. Certainly no discrimination must be made on the basis of country of origin. However, the same exertion on the part of the authorities to induce enlistment that we still so vividly remember may be exerted on this group as a method of pointing out to them their eminent suitability for service in their former homeland.

4. Refugee physicians and dentists not citizens of the United States could be employed in the occupied countries on a contract basis since their lack of citizenship precludes enlistment as officers in our army. Their knowledge of the people and language will be an invaluable asset to the armed forces, and their enlistment on such a basis will fulfil their obligation to the country that provided them a safe refuge at a time when a refuge was dearly needed.

(Continued On Page 20)





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**OSMA ANNUAL CONVENTION  
CANCELLED FOR 1945**

In compliance with requests of federal transportation agencies, the annual convention of the Oklahoma State Medical Association, originally scheduled for April 23-25 at Oklahoma City, has been cancelled. The action came as a result of government regulations prohibiting assemblies of more than 49 persons.

**MEDICAL LEGISLATION  
FARES BADLY IN HOUSE**

As The Bulletin went to press late in February, medical legislation in the Oklahoma State Legislature had the following status.

House Bill No. 77, providing for the creation of an eight-man State Board of Health had undergone considerable amending in the House. The principal amendment redistributed the membership of the Board to provide for five physicians, one osteopath, one chiropractor, and one layman. The Bill stands a good chance of being defeated in the Senate.

A bill to permit consolidation of city-county health units in Tulsa and Oklahoma City passed the Senate and was sent to the House.

House Bill No. 263, providing for the construction of a half-million dollar charity hospital in Tulsa was under consideration by House committees.

**CLINIC REPORT**

**January 23 — February 24**

Medicine .....	483
Surgery .....	79
Dental .....	67
Pediatrics .....	23
Gynecology .....	4
E.E.N.T. ....	56
Urology .....	17
Obstetrics .....	6
Dermatology .....	18
Tumor .....	36
Cardiac .....	11
Diathermy .....	5
Rectal .....	66
Varicose .....	18

Total .....889

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**EDITORIAL****(Continued From Page 16)**

The opinions expressed above were the result of a combined poll of opinion taken among physicians and dentists from seventeen states with two to four years of service each. It no doubt expresses the feelings of thousands of others.—*Weekly Bulletin of the St. Louis County Medical Society, November 3, 1944.*

The editorial above, written by a St. Louis army medical officer now serving in England has been widely read and discussed. It is reprinted here, not for formal comment, but as food for thought for thousands of physicians on the home front. It definitely indicates what our overseas doctors are thinking about. One member of the Tulsa County Medical Society now serving in the United States Army noted that "it pretty well sets forth the ideas of the men in the service at the present time."

The editors of the *Bulletin* are interesting in receiving the reactions of Oklahoma doctors to these ideas, especially those of the in-service members. What do

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you think? Should army medical officers from civilian life be kept in service throughout occupancy of defeated countries, or should they be replaced with recruits from the sources listed above?

**PEPPER REPORT****(Continued From Page 8)**

Every Tulsa County doctor should read for himself the Pepper report. It is available in reprint form in the Medical Library of the Tulsa County Medical Society, and subscribers to the *Journal of the American Medical Association* will find it in the January 6, 1945, issue, pp. 36-43. It is an important document that cannot be overlooked by the American physician.

This report is very preliminary and represents only the beginnings of the committee's researches into the field. Senator Claude H. Pepper of Florida, chairman of the group, is an aggressive leader with a vital interest in the project. His report shows considerable care and forethought. It may eventually develop into the beginnings of a new era for American Medicine.

**CREDIT BUREAU****(Continued From Page 13)**

monthly checks since their entrance into service as long as two and a half years ago.

Many doctor-clients are now receiving the proceeds of collections in excess of \$200.00 monthly, and many others have Medical Credit Bureau collection records

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The annual report of the Medical Credit Bureau Committee made a number of valuable recommendations to Bureau users:

1. Don't hold delinquent accounts too long. Collections may be made more readily on recent accounts. Collection fees are smaller on newer accounts. Clients are urged to send all accounts over six months which are delinquent to the Bureau.

2. Don't disregard accounts of small amounts. They can be collected at a profit to you.

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Bureau then notifies the patient-debtor that the account has been placed with the Bureau and requests settlement. Contacts with the patient-debtor are made at frequent intervals, preferably by personal or telephone contact, or if necessary by a personal letter. Attempts are made to work out satisfactory arrangements for periodic payments until the account is liquidated. Contacts with employers are maintained in several hundred Tulsa establishments. Through this method, much cooperation is obtained in securing prompt settlement of outstanding accounts are referred to the attorney only on instructions of the physician. Accounts may be withdrawn by the physician or adjusted at his pleasure. No charge is made for any service unless collection is effected.

**NSN MFMBERS**

All members of Nu Sigma Nu are requested to contact Dr. H. D. Murdock at once. A dinner reunion is to be held shortly for Tulsa members.



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Rabbit Hair  
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