



THE BULLETIN

of the Tulsa County Medical Society

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**Oklahoma Physicians Service
Begins Operation**



Charity Hospital Proposed



**A History Of The
Tulsa County Medical Society
Part Fourteen**



High Pressure Quackery

Vol. 11

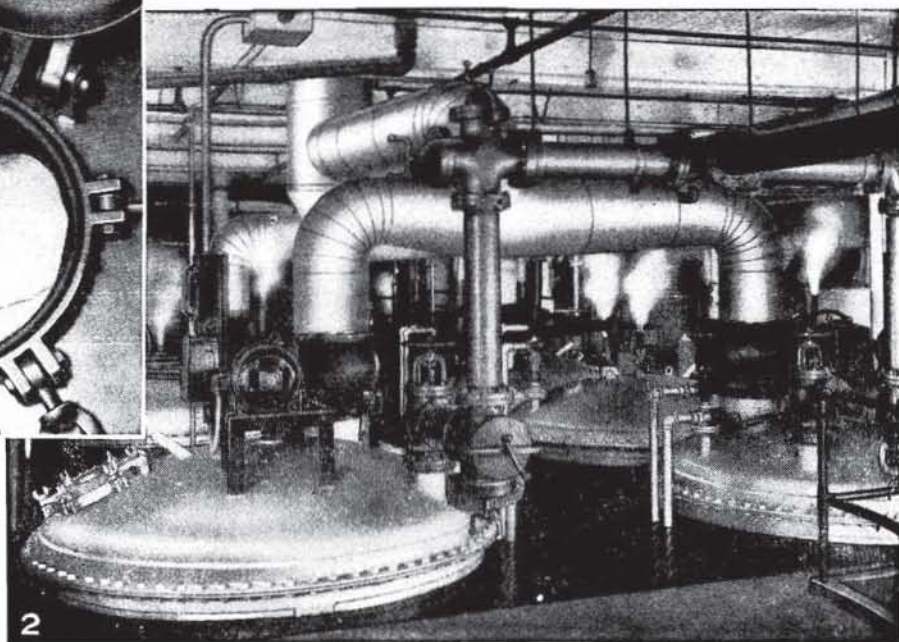
No. 5

May, 1945



(1) One of many 3000-gallon converters in which Dextri-Maltose is processed. Interior being thoroughly cleansed by hand prior to steam sterilization.

(2) Exterior views of huge converters. Steaming under pressure assures sterility of the interiors in which Dextri-Maltose is processed.



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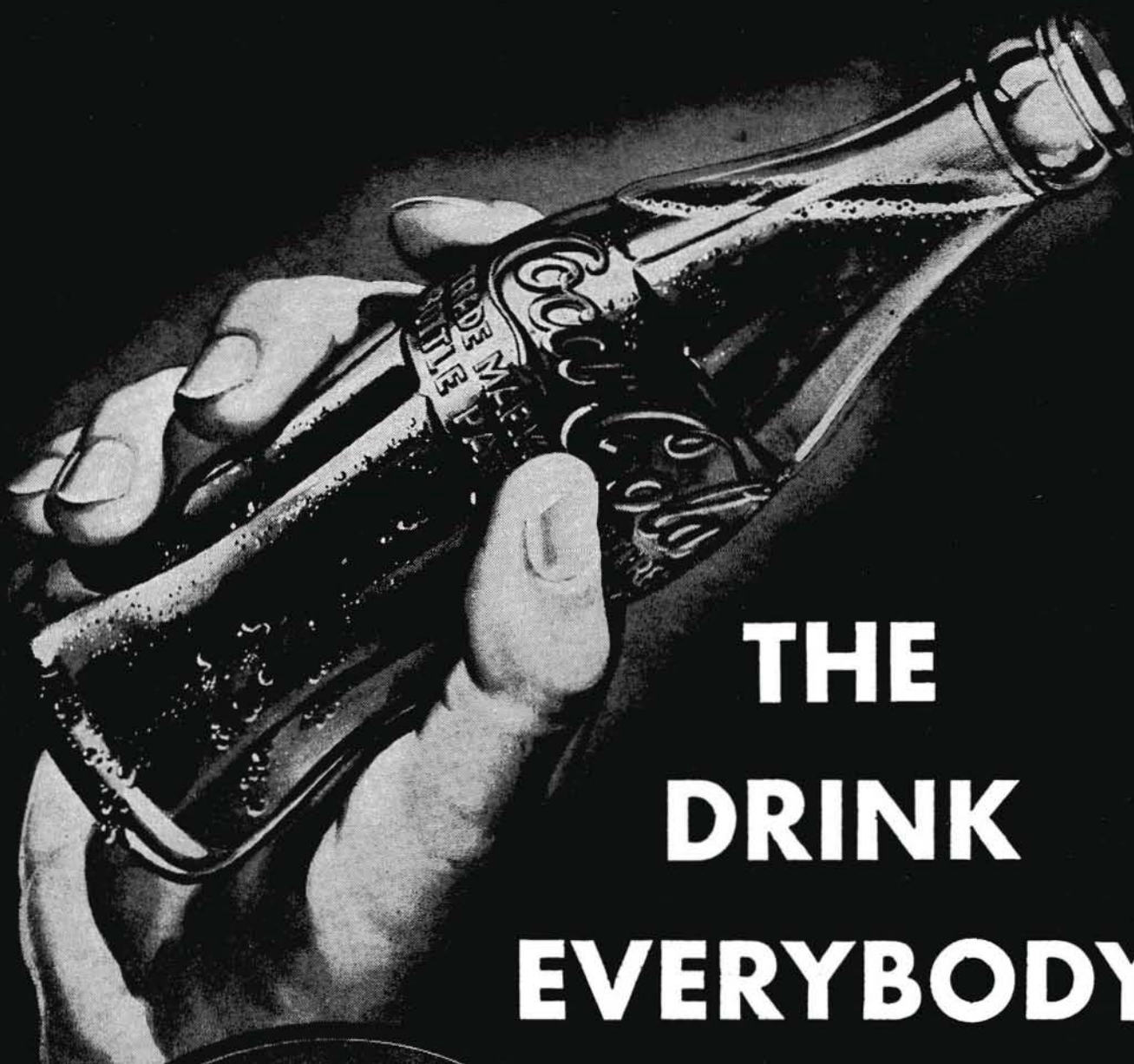
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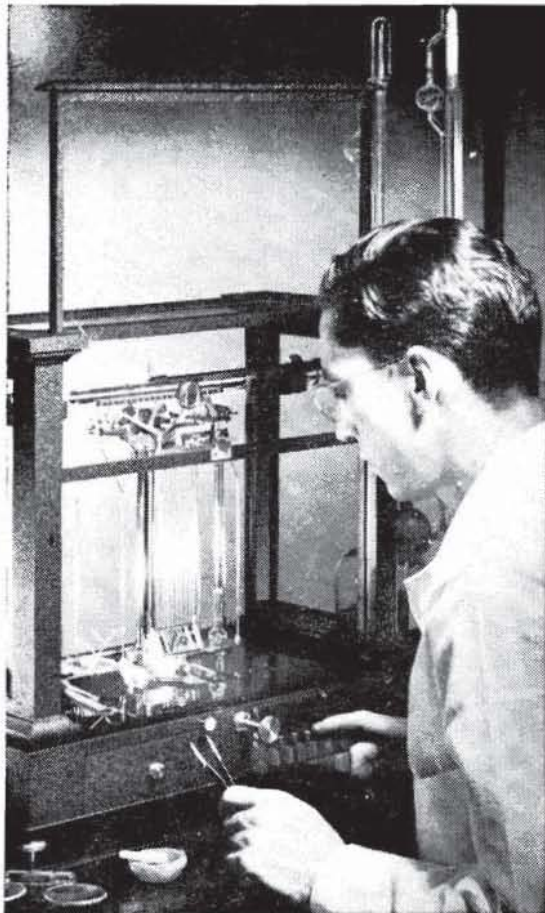
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THE BULLETIN

OF THE

TULSA COUNTY MEDICAL SOCIETY

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Vol. 11

TULSA, OKLAHOMA, MAY, 1945

No. 5

TULSA CHARITY HOSPITAL SOUGHT

Special Committee of the Tulsa County Medical Society Recommends Construction of a Million Dollar Charity Hospital. Need for 400 Additional Hospital Beds in County Seen By Group.

A special committee of the Tulsa County Medical Society, headed by Dr. Frank J. Nelson, last month recommended the construction of a million dollar charity hospital in Tulsa County to partially alleviate the growing hospital bed shortage in this area. The report, rendered to the Public Health Committee of the Tulsa Chamber of Commerce, asserted that Tulsa's hospital bed facilities were inadequate, not only for charity patients but also for private cases.

The Special Committee on Hospitals listed seven salient points for consideration by Tulsa County civic leaders. The three principal points were as follows:

1. Recommendation that hospital bed facilities in Tulsa County be increased by 300 to 400 beds, at least.

2. Recommendation that a general hospital be established to care for the indigent poor of Tulsa County, containing not less than 200 beds.

3. Recommendation that a state tuberculosis sanitarium be located in Northeastern Oklahoma, preferably in Tulsa County.

The other four recommendations relate to the establishment of the general charity hospital:

1. Recommendation that the proposed charity hospital be located adjacent to one of the two major existing hospitals in Tulsa (Hillcrest Memorial Hospital and St. John's Hospital).

2. Recommendation that special at-

ention be given to the problem of financing and maintenance.

3. Recommendation that special attention be given to the problem of determining an administrative agency.

4. Recommendation that a joint committee, composed of representatives from the Tulsa Chamber of Commerce and the Tulsa County Medical Society be appointed to study the project and make subsequent recommendations to the Public Health Committee of the Chamber.

As this issue of The Bulletin went to press, the joint committee was already in operation with a study of the overall health and hospital conditions indicated. The members of this committee include Dr. Frank J. Nelson, Dr. H. A. Ruprecht, Dr. James Stevenson, and Dr. Ralph A. McGill, representing the Society, and Mr. Oakah L. Jones, Mr. Lee Harrington, Mr. Friendly Ford, and Mr. W. W. Stucker, representing the Chamber of Commerce.

This project originally developed out of a combination of factors. One of these was the introduction of a bill into the House of Representatives of the Oklahoma State Legislature by Rep. A. E. Montgomery of Tulsa to provide \$500,000.00 for the construction of a charity hospital in Tulsa County. The other factor was attendant newspaper publicity resulting from the death of a child of indigent parents from want of necessary hospital facilities which were not available. At a hearing of these matters before

the Public Health Committee of the Tulsa Chamber of Commerce in early March, Dr. H. A. Ruprecht, president of the Society, accepted a challenge flung at the local medical profession to recommend a solution to the situation.

As a result of this challenge, Dr. Ruprecht appointed a special committee headed by Dr. Frank J. Nelson and including Dr. James Stevenson, Dr. Ralph A. McGill, Dr. George R. Russell, Dr. Richard M. Adams, Dr. T. W. Stallings, and Dr. Ian MacKenzie. Numerous meetings were held by this group, the various details of the proposed project discussed, and data and statistics assembled.

The Tulsa County Medical Society's survey clearly indicated that hospital bed facilities were inadequate for the population now crowding Tulsa. General bed figures indicate that Tulsa County has 3.4 beds per thousand persons. Among cities of similar size, it was noted that Richmond, Virginia had 7.9 beds; Des Moines, Iowa, 7.7; Nashville, Tennessee, 6.3; and Sacramento, California, 7.9. The American College of Surgeons recommends not less than 6.0 beds per 1,000

persons, and asserts that 4.5 should be an absolute minimum.

The Tulsa County Medical Society believes that the answer to this situation can best be expressed in considering the following factors:

(1) Both Hillcrest Memorial Hospital and St. John's Hospital have announced plans for post-war expansion of general bed facilities.

(2) The construction of a charity hospital and a tuberculosis sanitarium in this area would further alleviate the situation.

(3) A probable decrease in population in the post-war era, occasioned by possible closing or converting of defense industries, would lessen the need for hospital facilities. This factor is somewhat offset by:

(4) Increasing sales of hospital insurance (Blue Cross and other plans) make going to the hospital no longer a financial burden.

Another offsetting factor to the first three points considered above is:

(5) Reduction in payrolls in the post-war period will undoubtedly increase the number of persons on the indigent or relief rolls.

The Society believes that these factors will combine to produce a desirable hospital-bed condition in the post-war period.

In considering the possibility for construction of a charity hospital, the method of obtaining original financing is paramount. The Tulsa County Medical Society has suggested the financing of a million-dollar structure in the following manner:

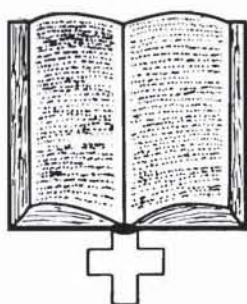
The city or county of Tulsa shall raise \$250,000.00 by some method of public subscription, preferably a bond issue. This money may then be matched to the same amount by funds from the Treasury of the State of Oklahoma. Legislation to make these funds available were pending in the Oklahoma State Legislature as the Bulletin went to press in mid-April. It appears that such legislation will pass inasmuch as it bears strong support from medical interests and also from Governor Robert S. Kerr. The half-

BULLETIN

As this issue of *The Bulletin* went to press, word was received from Oklahoma City that the State Legislature had amended enabling bills to prevent the State of Oklahoma from participating in the hospital construction plan outlined in the accompanying article.

This will probably mean that the local agency must raise at least one-half of the necessary funds to secure construction of a charity hospital. The balance would come from the federal government, providing the terms of such grants and enabling legislation were met. At present, this is predicated on the passage of the pending Hill-Burton Bill in Congress.

(See accompanying article).



THE MEDICAL LIBRARY
Library of the Tulsa County
Medical Society



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NEW BOOKS RECEIVED—

Krusen, Frank H., M.D. Physical Medicine. Pp. 946. 351 Illustrations. 1944. W. B. Saunders Co., Philadelphia.

Kanavel, Allen B., M.D. Infections of the Hand. 7th Edition, thoroughly revised. 229 Engravings. 1943. Lea and Febiger, Philadelphia.

GIFTS OF THE MONTH—

Dr. James D. Markland. Menstrual Disorders, Frederic C. Fluhmann, 1939.
Arthritis, Bernard I. Comroe. 1941.
Nutrition and Diet in Health and Disease, James S. McLester.
3rd Ed. 1939.
Electrocardiography in Practice, Graybiel and White. 1941.
Clinical Aspects of the Electrocardiogram, H. E. Pardee. 3rd
Ed. 1933.
Gynecological and Obstetrical Pathology, E. Novak. 1940.
Hypertension and Nephritis. A. M. Fishberg. 1940.
Diseases of the Foot. Emil Hauser. 1939.
The Human Foot. D. J. Morton. 1937.
The Modern Treatment of Syphilis. Moore. 1941.
Diagnostic Methods in Internal Medicine. Loewenberg. 1935.

Dr. Ralph McGill. American Journal of Surgery, volumes, 53 to 57. Annals of Surgery, volumes 113 to 119. Surgery, Gynecology and Obstetrics, volumes 70 to 79.

Dr. Leon H. Stuart. American Journal of Roentgenology and Radium Therapy, volumes 29 to 42. Radiology, volumes 26 to 41.

Dr. P. P. Nesbitt. Current issues of the Journal of the American Medical Association, Southern Medical Journal and the Military Surgeon.

Dr. V. K. Allen. Matas Birthday Volume, A Collection of Surgical Essays. 1931. Arthritis, Bernard I. Comroe, 1941.

Dr. Berthe Margolin and Captain Judah K. Lee, M.C. Approximately fifty volumes pertaining to Anesthesia, Anatomy and general medicine.

DR. A. W. ROTH ENDOWMENT FOR OPHTHALMOLOGY

Dr. and Mrs. S. J. Bradfield have established an endowment fund for the Library, as a memorial to Dr. A. W. Roth. This fund, to be known as "The Dr. A. W. Roth Endowment for Ophthalmology" brings the total number of endowments in the various specialties, to twenty.

USE YOUR LIBRARY

A HISTORY OF THE TULSA COUNTY MEDICAL SOCIETY

Dr. James Stevenson Sold the Tulsa County Medical Society on the Value of a Professional Lay Secretary. Expanded Program Indicated Wisdom of the Move in Extensive Results.

**The Executive Secretary
Part Fourteen
1937-1939**

Dr. James Stevenson, an energetic and respected Tulsa dermatologist, assumed the presidency of the Tulsa County Medical Society in 1937. A firm believer in the value of organized medicine, Dr. Stevenson had long foreseen the need and desirability of an executive secretary for the Society. He had been instrumental in the creation of an executive office for the Oklahoma State Medical Association and was watching the result of that experiment with keen interest. While there were many members of the Tulsa County Medical Society who recognized the advantages of a professional secretary to handle the details of an extensive program, others were unfamiliar with such projects and considered it a needless expense. Dr. Stevenson entered the year faced with the necessity of selling a large portion of the membership on the idea.



Dr. M. J. Searle

Dr. Stevenson had an extensive program to occupy him besides the Executive Secretary project. In addition to a long series of fine scientific programs, the Society undertook many valuable projects and studies of a medical and civic character. Plans were begun for the creation of a venereal disease clinic in Tulsa under joint auspices of the Society and the Oklahoma State Health Department. This was later accomplished and grew into the

present Tulsa Cooperative Clinic, a large institution for treatment of syphilis and gonorrhoea. A beginning was also made into the studies for a Society-operated county clinic. The Society assisted that year in the organization of the Women's Field Army for Control of Cancer. The annual reregistration bill was first introduced for consideration by the medical profession although it was not embodied into law for four years. A study of the decentralization of Oklahoma University Medical School was made.

Early in April, 1937, the Tulsa County Medical Society secured the entire twelfth floor of the Medical Arts Building in Tulsa. Other facilities on the floor at the time were moved elsewhere in the building, and the Society remodeled the floor into a meeting room and library. (The Medical Library, which had been making considerable progress, will be given a more detailed history in a later portion of this series.) This paved the way for the maintenance of the Executive Office and at the same time provided an excellent place of meeting for the scientific programs of the Society.

After considerable discussion of the question of an Executive Secretary in the intervening months, the Tulsa County Medical Society brought representatives of the Sedgwick County Medical Society of Wichita, Kansas, to speak at the meeting of October 11, 1937. That organization had an executive office system at the time and was most pleased with the results of the program. Dr. J. F. Gsell and Dr. J. F. Hibbard, with Dr. J. W. Shaw and Mr. Jack Austin, all officers of the Wichita unit, completely sold the Society

on the idea of creating an executive office. The plan was formally approved in November, 1937, and a committee set to work to secure a competent executive secretary.

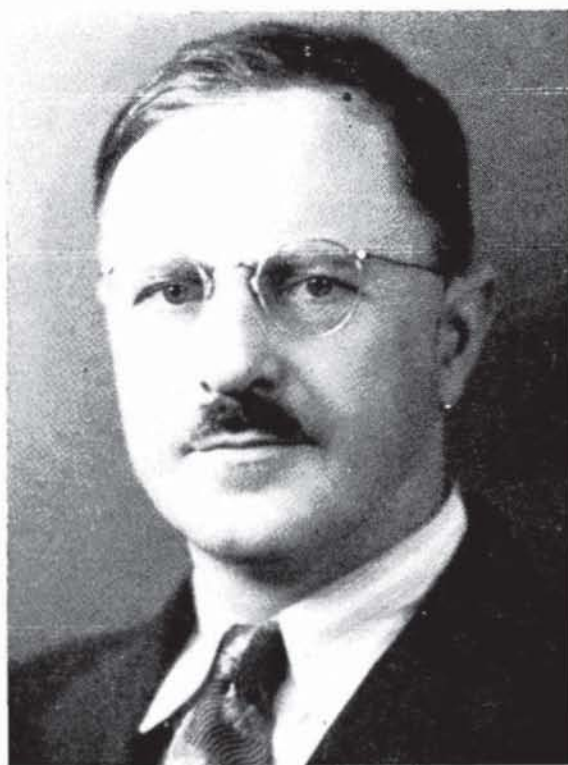
In November, 1937, the unfortunate sale of a harmful preparation of sulfanilamide resulted in several deaths locally. The Tulsa County Medical Society was called into executive session, a plan was developed to secure prompt removal of the product from druggist shelves, and by quick action further deaths were prevented. The Society was commended for its prompt action in the matter by local newspapers.

Dr. M. J. Searle, a prominent Tulsa pediatrician, fell heir to the presidency of the Tulsa County Medical Society in 1938, and at the same time heir to a rather frightening job of making a successful first-year for the Executive Offices program. With Dr. Roy L. Smith, who began the first of several terms as secretary-treasurer, Dr. Searle began to work the project into shape.

Mr. Lloyd L. Stone, a former newspaperman and public relations director, was employed as Executive Secretary in January, 1938. The new professional secretary assumed all details of operation for the Society, edited *The Bulletin*, worked out a program of activity for each of some 24 standing and special committees, and served as a public relations director to promote better understanding between the public and the profession. Each of his duties was supervised by an officer or committee chairman, and in this manner much was done to improve the efficiency of the program.

The program was financed by increased membership dues and by funds obtained through sale of advertising in *The Bulletin*. The financial position of the Society was poor throughout the first few years as much expense was encountered in the equipping of the executive offices and in the development of a workable program of activity.

One of the first tasks was the establishment of The Medical Credit Bureau. This was a self-sustaining credit and collection agency operating on a non-



DR. JAMES STEVENSON

profit basis for the exclusive use of Tulsa County Medical Society members. The Society had long considered such a project and had instigated several such arrangements with private collection agencies. The latter had not been successful and the opening of the Medical Credit Bureau represented a definite advance. There was a considerable amount of work attendant to the opening of the Bureau. Much of its early success was due to the active committee leadership under the direction of Dr. Paul Grosshart. Until it assumed a position of confidence among the physicians, the Bureau encountered tough sledding. It proved to be a monumental task to operate the Bureau without benefit of previous experience, but the difficulties were quickly overcome. Within two years the Bureau was representing half of the physicians of Tulsa County.

Among the other projects of Dr. Searle's administration, all made possible through the increased facilities of the Executive Offices, were:

Establishment of an organization among nurses and office assistants to provide a mutual distribution of methods and procedures of model operation of

a physician's office. This Medical and Dental Office Assistant's Club proved quite popular and has remained an active group since its establishment in 1938.

Resumption of the medical broadcasts under Society auspices.

Creation of a program of fraudulent practices prevention.

Enlargement of the Bulletin and definite improvements in format and content.

Development of a cancer and tuberculosis control program.

Beginnings of a program of malpractice liability insurance tailored to meet the needs of Tulsa doctors.

These and a variety of other smaller projects marked the first year of operation of the Executive Offices of the Tulsa County Medical Society. The membership appeared pleased with the results.

Dr. A. Ray Wiley succeeded to the presidency in 1939 with Dr. Roy L. Smith continuing as secretary-treasurer. Dr. Wiley, a son of the pioneer Dr. C. Z. Wiley, had long been a leading figure in the Society. His interest in community and civic problems further equipped him for his duties as president, and he gave the Tulsa County Medical Society a progressive and definitely advantageous year.

The Society had been working for

AUSTIN HUTCHISON, M.D.

1875-1945

Dr. Austin Hutchison, pioneer Bixby physician and veteran member of the Tulsa County Medical Society, died March 28, 1945, of a heart attack at his home. He was 70 years of age. Funeral services were held March 31, 1945, at Memorial Park cemetery, Bixby.

Born in 1875 at Gainesville, Missouri, he attended Barnes Medical College at St. Louis, Missouri. After practicing in that state he removed to Bixby in 1914 and has been a medical and civic leader since that date. He was general practitioner.

Dr. Hutchison is survived by his widow, Mrs. Eva Ragan Hutchison, whom he married in 1897, and two sisters and three brothers.

months in an effort to perfect a master policy of surgeon's and physician's liability insurance. The malpractice policies sold by private insurance companies did not meet the needs of the Tulsa doctors and were quite expensive. Under the leadership of Dr. J. C. Brogden and others, an ideal policy was drawn up, providing benefits previously not offered by private companies and at an effective savings of 50 to 60 per cent. The policy was opposed by insurance circles and the state insurance board. These difficulties were eventually overcome and the policy went into effect in April, 1939. Later, it was again beneficially altered, and proved so popular with Tulsa physicians that it was taken over by the Oklahoma State Medical Association as a state-wide project. This policy, the present London and Lancashire policy, has provided splendid protection to Oklahoma doctors since its instigation several years ago.

Dr. Wiley found many things to occupy his administration. In addition to the creation of the malpractice insurance policy, the Society assisted in the organization of the venereal disease clinic (which went into operation in the Spring of 1939), had a busy legislative program that included the creation of a non-political health board, the establishment of a physicians service and telephone exchange, continued improvements in the operation of the Medical Credit Bureau, national legislative matters (including the introduction of the original Wagner Act, the first anti-trust suit against the American Medical Association), and the most important of all projects—the creation of the Tulsa County Medical Clinic.

(To Be Continued)

Members of the Tulsa County Medical Society wishing to participate in the remaining four dinners of the Society preceding the regular scientific programs may do so by sending their check for \$10.00 to the Executive Offices. Speaker for the May 28 meeting will be Dr. Thomas G. Orr, dean of the School of Medicine of the University of Kansas, Kansas City, Kansas.

SURGICAL CARE PLAN NOW READY

Oklahoma Physicians Service to Inaugurate Sale of Prepaid Obstetrical and Surgical Care Insurance in Tulsa County. Plan Represents Three Years of Intensive Preparation By State Doctors.

Following months of preparation and organization, Oklahoma Physicians Service, a non-profit plan of prepaid surgical and obstetrical care insurance sponsored by the Oklahoma State Medical Association, last month announced that sales were ready to begin to employed groups in the state. First sales are expected to be made later this month.

The Tulsa County Medical Society, by action at the regular meeting of April 23, formally endorsed the plan and invited Oklahoma Physicians Service to inaugurate the first sales in Tulsa County.

The opening of the organization for business brought to a climax a three-year study of surgical and medical care insurance plans by the Oklahoma State Medical Association to component county medical societies. Designed as a method of enabling employed classes to be assisted in meeting catastrophic illnesses, the plan is similar to those already in operation in a score of other states.

The initial sales of the new plan will be handled by the personnel of Group Hospital Service of Oklahoma, administrators of the Blue Cross plan of hospital insurance in this state. However, the organization of Oklahoma Physicians Service is entirely separate and bears no relation to Group Hospital Service except that the office and sales personnel of the latter will handle sales for both groups.

Oklahoma Physicians Service is supervised by a 15-man board of trustees which include nine prominent Oklahoma physicians and six civic and business lay leaders. Mr. Glen Leslie, chairman of the Federal National Bank of Shawnee, is chairman of the newly-appointed board. The physicians who are members are Dr. James Stevenson and Dr. A. W. Pigford of Tulsa, Dr. John F. Burton and Dr. J. B. Eskridge of Oklahoma City, Dr. W. W. Cotton of Atoka, Dr. H. C. Weber of Bartlesville, Dr. A. S. Risser of Blackwell,

Dr. O. C. Newman of Shattuck, and Dr. T. H. McCarley of McAlester. Other lay members are Mr. Joe N. Hamilton of Oklahoma City, realtor; Mr. Thomas Keltch of Alva, city official; Mr. J. W. Westbrooks of Muskogee, insuror; Mr. R. L. Kelsey of Hobart, banker; and Mr. R. L. Bosworth of Ponca City, oil executive. Mr. N. D. Helland of Tulsa has been appointed executive director.

Monthly dues for the plan are 75 cents for the employee only, \$1.50 for employee and one other member of the family (wife or child only), and \$2.00 per month for a full family coverage (employee, wife, and all unmarried children under 21 years of age). Dues are collected by a group leader at prescribed intervals.

Oklahoma Physicians Service has adopted a schedule of benefits after extensive discussions of the matter with leading physicians. The plan provides that a certain prescribed amount shall be paid by the plan for the itemized surgery or obstetrical care. However, it is clearly stated in the contract that the plan does not set physicians fees and that any additional charge may be made by the individual physician. In all cases, a physician makes his own arrangements for the fee with the patient and the amount provided by the fee schedule simply applies on this determined fee.

A copy of the fee schedule has been sent to all Tulsa County physicians. It cannot be reprinted here, but the Executive Secretary will be glad to provide copies of the fee schedule to any physician who may be in need of one.

The plan does not provide benefits for service rendered by osteopaths or chiropractors. This is very clearly stated in the contractual arrangement.

Obstetrical care is provided by the plan for employees who have been en-

(Continued On Page 20)

PRESIDENT'S PAGE

The doctors of Tulsa County have learned somewhat bitterly within the past few months just how little regard the elected representatives of the County to the Oklahoma State Legislature have for the interests of public health and general medical practice. It is not often that organized medicine in this State asks for legislation, but when it is asked for it is invariably in the best public interests and as a means of adjusting an undesirable situation.

During the recent session of the Legislature, local and state medical circles have attempted to secure passage of some beneficial acts relating to the improvement of public health. There was nothing asked for that in any way represented a personal gain to the medical profession. In view of that fact, it is discouraging that our legislators should so quickly kill these desirable bits of legislation.

The representatives of Tulsa County took an active lead in opposing this legislation. The highly desirable and much-needed act to permit consolidation of public health agencies in Tulsa and Oklahoma City took a shameful beating through the personal prejudice of our legislators. The beneficial hospital construction act was quickly killed, thereby denying much needed hospitals to this already underhospitalized state, also through local influence. The bill permitting an executive state board to govern the Oklahoma State Health Department passed only narrowly and with the opposition of Tulsa interests.

There seems little doubt but that the doctors of Tulsa County should very thoroughly determine the attitude and loyalty of the candidates for such public office to the medical profession casting a vote at the next election. Apparently, they were negligent at the last elections. We must not permit it to happen again.

Sincerely,



President.

Medical Calendar

TUESDAY, May 1st:

Group Hospital Service, Blue Cross Hospital Insurance, Office Assistants Group, quarterly premiums due on this date. Final date for payment is May 10, 1945. Pay at 1202 Medical Arts Building, Tulsa.

MONDAY, May 7th:

Hillcrest Hospital Staff Meeting.

TUESDAY, May 8th:

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

THURSDAY, May 10th:

Service Relations Committee Meeting, 1202 Medical Arts Building, 1:00 p.m. Final date to pay Blue Cross insurance premiums.

FRIDAY, May 11th:

Board of Trustees Meeting, Tulsa County Medical Society, 1202 Medical Arts Building, 8:00 p.m.

MONDAY, May 14th:

No Tulsa County Medical Society meeting on this date.

TUESDAY, May 15th:

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

THURSDAY, May 17th:

Medical Economics Committee, 1202 Medical Arts Building, 1:00 p.m.

MONDAY, May 21st:

St. John's Hospital Staff Meeting.

TUESDAY, May 22nd:

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

FRIDAY, May 25th:

Tulsa County Medical Society members are reminded to renew their license prior to June 10.

MONDAY, May 28th:

Tulsa County Medical Society, scientific program, Mayo Hotel. Dinner, 6:30 p.m. Speaker, Dr. Thomas G. Orr, dean, University of Kansas Medical School, Kansas City, Kansas.

TUESDAY, May 29th:

Medical Broadcast, "The Doctors Talk It Over," Radio Station KOME, 8:30 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.

Vol. 11

MAY, 1945

No. 5

HIGH PRESSURE QUACKERY

Following in the general social, industrial, and professional patterns of this modern age, medical quackery has also undergone a metamorphosis in an effort to clothe it with respectability and at the same time hide its obvious shortcomings and inadequacies from public view. The medical quack of today, and we refer to those individuals and institutions who undertake to practice medicine without benefit of a medical education and for mercenary purposes only, now finds it advisable to use only the accepted high-pressure methods which tend to influence the more gullible and less thorough-thinking members of the public citizenry. Today's quack is not the antiquated Indian-herb doctor who sells his colored water to the ignorant in the delapidated and poorer sections of the town. Such an individual is easily dealt with by the police or other representatives of justice. Not such an easily solved problem, however, is the incorporated form of quackery which employs intelligent and persuasive individuals to promote the private interests of the owners.

There are many such organizations now existing in the United States. They are making every effort to expand as rapidly as possible and to operate on as wide

a scale as possible. These institutions seem to have several things in common: they are invariably engaged in some form of healing or curing which is miraculous in character but which, strangely enough, has not come to the attention of the 125,000 reputable physicians of the United States (the same physicians who have made virtually all of the great progressive discoveries of medicine in the last 100 years). This cure, or treatment, is seldom promoted through the organized agencies which have a working knowledge of medicine. It is never presented to the American Medical Association nor does it bear the approval of any reputable medical groups. But, it is the miracle treatment of the age!

When will the public come to understand that lay persons, individuals utterly devoid of any medical training, cannot practice medicine with any competence? Perhaps a very occasional case may appear where a layman has made contributions to medicine, but why is it that the great majority of the medical quacks studiously avoid any contacts with the agencies of medical science? Obviously, because they are equally aware that their quackery is easily discovered by medical doctors.

It matters not what form quackery may take, whether it is an organized well-financed system promoted with the oil of efficiency, or whether it is of the medicine-man herb-doctor variety, quackery is still quackery. It remains for the doctor of medicine to educate the public to this fact. It is an urgent task that cannot be longer delayed else quackery will have a permanent foothold in America. The public will listen to its doctors—let them speak.

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DR. RALPH A. MCGILL NAMED OSMA VICE-PRESIDENT

Dr. Ralph A. McGill, prominent Tulsa surgeon and former president of the Tulsa County Medical Society, has been elected vice-president of the Oklahoma State Medical Association for 1945-46. Dr. McGill will serve on the Council and in the absence or departure of the president.

A leader in state cancer circles, Dr. McGill was president of the Tulsa County Medical Society last year and is now serving as a member of the Board of Trustees. His election to the state office was unanimous at the April 22 meeting of the House of Delegates.



Dr. R. A. McGill

A streamlined program of the House of delegates featured the recent meeting with less than 50 delegates in attendance in order to comply with federal transportation restrictions.

Dr. L. C. Kurykendall of McAllister will serve as president for 1946-47, succeeding Dr. V. C. Tisdal, who assumed office in April. Dr. L. C. Moorman continues as secretary-treasurer and editor of the Journal.

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(Continued from Page 8)

million dollars obtained in this manner would then be matched by the securing of \$500,000.00 from funds provided by the pending Hill-Burton Bill in Congress. This latter bill, which also has excellent opportunities for passage, provides over one hundred million dollars to cooperate in construction of necessary hospital facilities over the United States.

There are alternate methods of financing which can be employed. A combination of any two of the above methods might be used, but it does appear certain that Tulsa must locally raise not less than a quarter of a million dollars to instigate the project. The cost of maintenance would likewise be a strong item, probably in excess of \$200,000.00 annually. The method of securing necessary maintenance funds has not been determined.

An especially difficult problem will be determining the administrative governmental agent—whether county, city, state, or other. For a time, the Tulsa County Medical Society gave strong consideration to having the hospital under a consolidated health system as proposed recently for Tulsa County. However, legislation to enable the consolidation of existing public health units in the county failed to pass the state legislature recently.

The Tulsa County Medical Society has recommended that the proposed charity hospital contain an out-patient department. This would presumably necessitate the removal of the present Tulsa County Clinic to the hospital, where it would be jointly operated with some hospital and clinic personnel used interchangeably.

It is tentatively suggested that the proposed hospital be general in character but that it contain a few beds for contagious cases which are awaiting removal to a state institution or which are emergency in character. Also, a small number of beds would be set aside for mental cases awaiting removal to an institution, or for the care of cases where the mental condition is temporary. At present, the latter type of cases must be sent to the jails,

where an admittedly bad psychological situation is maintained.

The Tulsa County Medical Society sees the need for a tuberculosis sanitarium in this area, preferably Tulsa. Many cases of active tuberculosis must now remain in homes and other places where the disease can be spread because of lack of tubercular facilities.

As the Bulletin goes to press, it appears that recommendations of the Society will be given serious consideration by civic leaders of the community.

SURGICAL PLAN READY

(Continued From Page 13)

rolled a minimum of 10 months. Normal care and delivery with pre- and post-natal care carries a benefit of \$50.00 with a fee of \$100.00 provided for Caesarian section or extra-uterine pregnancy.

Oklahoma Physicians Service was originally organized as a project of the Oklahoma State Medical Association. Foreseeing the need for such a plan as a possible method of combating socialized or state medicine, the Association set to work upon a survey study about three years ago. Later, a recommendation in favor of such a plan was accepted by the House of Delegates and presently a tentative plan approved. The project aroused opposition in many quarters of the state, but was eventually approved by the House of Delegates at a special call meeting last Fall with only three dissenting votes. Though opposed by Oklahoma City physicians, it drew much favorable comment from Tulsa Doctors. At one time last year, when it appeared the state plan might not be approved, the Tulsa County Medical Society undertook a study to determine the advisability of promoting it under local auspices. The principal objection encountered was the original basis of remuneration, the unit method of dividing the available proceeds. This was later changed to an indemnity basis, primarily at the suggestion of the Tulsa County Medical Society, which had drawn up an alternate plan on that basis.

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