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THE BULLETIN

of the Tulsa County Medical Society

Victory Issue

IN THIS ISSUE



Peacetime Problems
Face Tulsa County Doctors



The Medical Library



Tulsa County Medical Society
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Church Or Hospital?
An Editorial

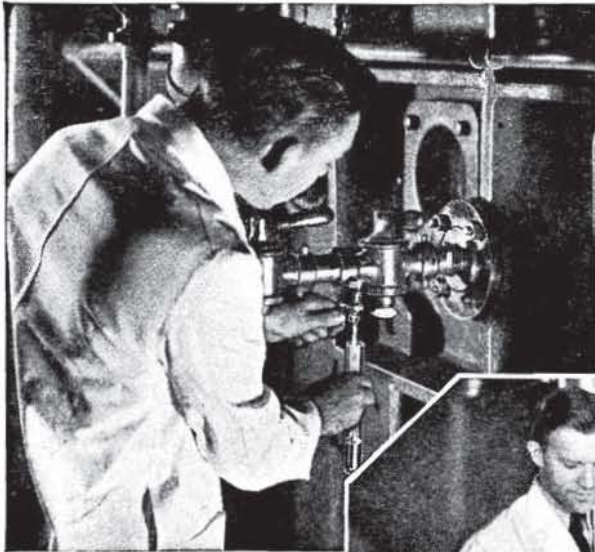
Vol. 11

No. 9

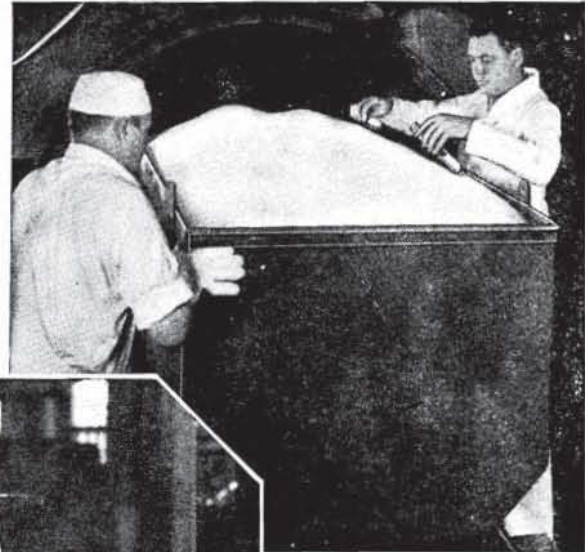
September, 1945

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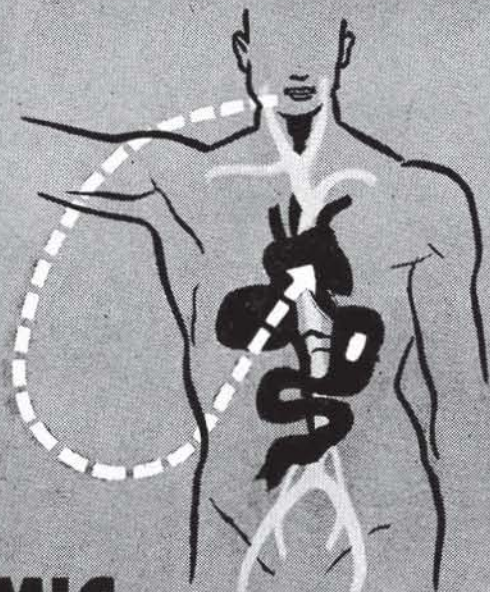
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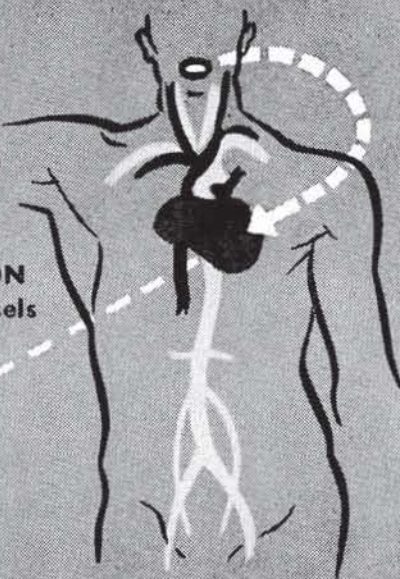
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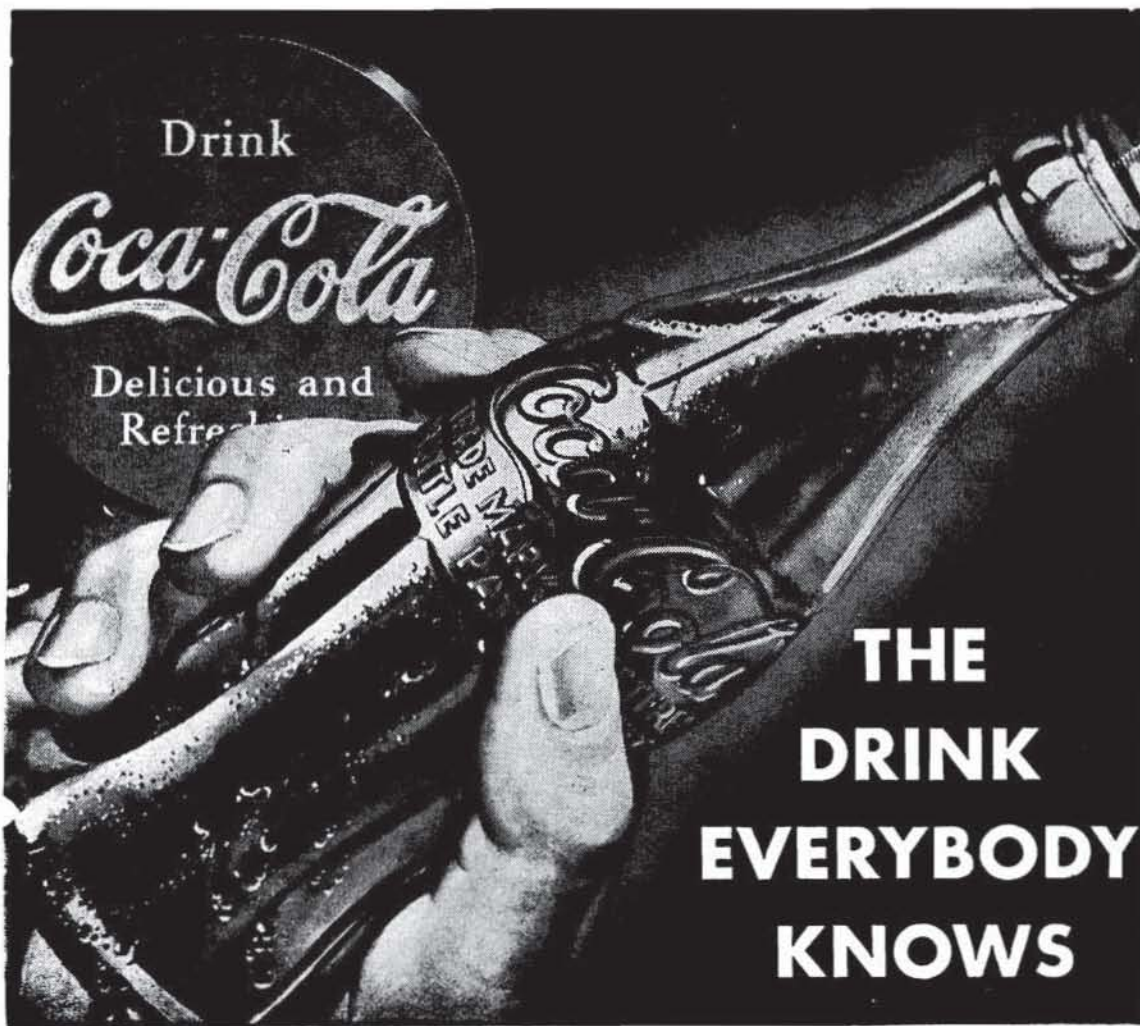
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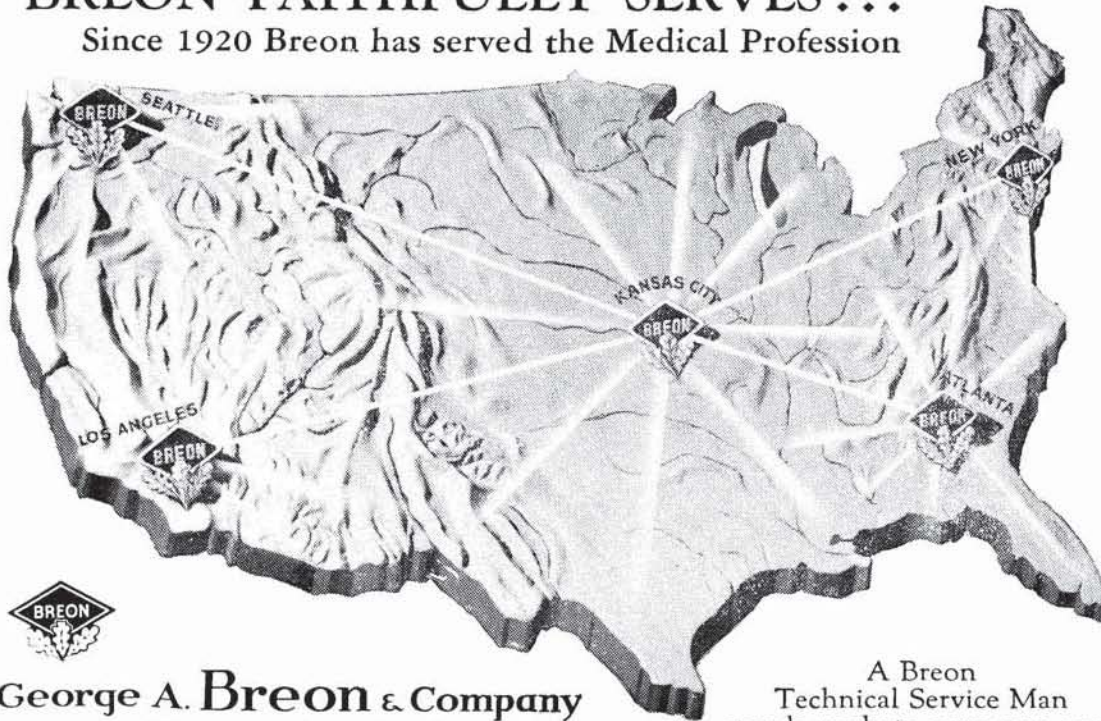
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THE BULLETIN

OF THE

TULSA COUNTY MEDICAL SOCIETY

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Vol. 11

TULSA, OKLAHOMA, SEPTEMBER, 1945

No. 9

PEACETIME PROBLEMS FACE DOCTORS

Tulsa May Expect Influx of New Physicians as Services Discharge Medical Officers. Threat of State Medicine Appears Greater Than at Any Previous Time.

Members of the Tulsa County Medical Society last month looked to a new era in American Medicine as the surrender of Japan ended the most terrible war in the history of mankind. Not only is the profession confronted with national problems but in the local area it must solve many problems which the return of peace will inaugurate or emphasize.

Coincident with V-J Day, announcement was made of the closing of the huge Douglas Aircraft plant in Tulsa and the resulting unemployment of an estimated 15,000 persons. More than half of this number has already been dismissed and the balance will be discharged as soon as a small modification contract is completed. Other local defense plants also announced cutbacks in employment. As the Bulletin went to press, the future of the Oklahoma Ordnance Works at nearby Pryor, employing many Tulsa residents, was unknown. Unemployment was mounting as government officials estimated a minimum five million out of work by Christmas.

This will effect Tulsa doctors in several ways:

(1) Dislocation of workers may reduce the population locally and the amount of practice to be handled by physicians.

(2) Termination of employment for physicians employed on a contract basis or in capacities dependent upon defense plant operations.

(3) Reduction in payrolls is expected

to naturally affect collections and to increase the amount of delinquent debtors. Similarly, lack of funds may reduce the amount of elective surgery and medical care. In general, only absolutely necessary trips to the doctor will be made by unemployed or partially employed former defense workers.

In connection with the latter condition, The Medical Credit Bureau, official collection agency of the Tulsa County Medical Society, appealed to doctors to promptly refer delinquent accounts of defense workers to the Bureau. Pointing out that failure to collect in the immediate period may result in heavy losses, the Bureau urged action be taken before workers are dismissed or relocated. The bulk of medical credit losses are incurred through inability to locate debtors who have moved or who have suffered financial reverses.

Tulsa doctors were also wondering when professional friends now in service would be released from Army and Navy duty and permitted to return to civilian practice. A survey of in-service members of the Tulsa County Medical Society indicates that about 70 per cent of the total of 51 in service intend to return to practice in Tulsa County. The prospects for immediate discharge of medical officers was not bright, however. Although some 6,000 are slated to be released, the services still have extremely high requirements for doctors to serve in hospitals and

with occupation forces. Civilians in occupied areas and in desolated areas of Allied countries are also requiring medical treatment from American medical units.

A special committee to handle the problems of the returning veteran-doctors was appointed last month by Dr. H. A. Ruprecht, president of the Tulsa County Medical Society. Headed by Dr. Horace H. Porter and including Dr. Charles A. Pigford and Dr. S. C. Shepard, all discharged medical officers, the Committee's first task is expected to be along the lines of securing necessary office space for returning doctors. Although locations were very scarce in Tulsa last month, the elimination of many war-related offices was expected to provide the necessary space within the next few months.

In general, Tulsa doctors welcome the opportunity of returning to a normal peacetime practice. Huge patient loads have required long hours from the physicians. The death rate has been abnormally high among doctors and many older physicians have suffered from the physical strain of meeting the requirements of a wartime practice. The prospect of relief from the burden of overwork was hailed by most Tulsa doctors. Some older physicians have announced their intention to retire when younger men are again available in the profession.

Most leaders in the Tulsa profession believe that the influx of doctors will be eventually quite large. Many young physicians entered the services directly from medical school or from internship. These men upon release will tend to seek the metropolitan areas where facilities for medical care and diagnosis are more readily available. Tulsa should inherit a portion of these doctors as well as physicians who are relocating from other cities. Some observers believe as many as 100 new doctors may locate in Tulsa County.

Post-war plans for location of medical facilities in Tulsa County have already been made. Hillcrest Memorial Hospital contemplates an additional 150 beds in a new addition. A Nurses Home will also be constructed at Hillcrest, Administrator J. Bryce Twitty reports. Plans for a Chil-

dren's Hospital and an Isolation Wing are tentatively set for the more distant future. St. John's Hospital plans immediate construction of a wing to house 150 additional beds in obstetrics and pediatrics.

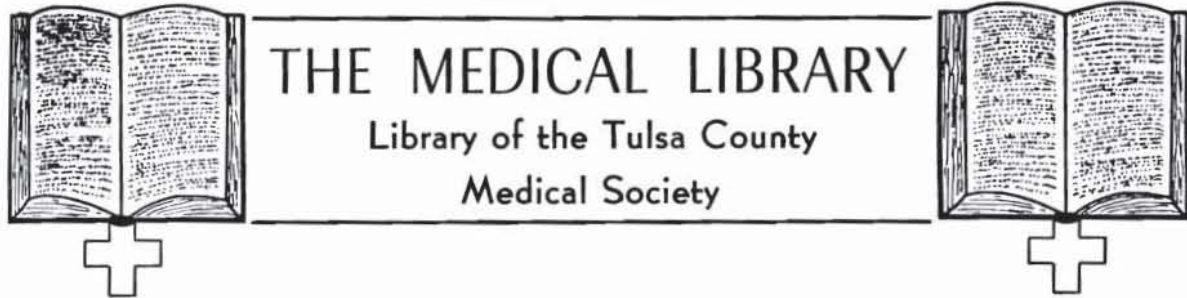
Though far from being material, plans are underway for construction of new facilities for charity care, tuberculosis and mental patients. The Tulsa County Medical Society, nearing the end of a long study of hospital conditions in cooperation with the Tulsa Chamber of Commerce, appears certain to recommend construction of a charity hospital and a tubercular sanitarium in Tulsa County. These projects will depend to a great extent upon the amount of civic support which they receive.

Indications that Group Hospital Service of Oklahoma will continue to expand in the post-war future are pronounced. Blue Cross hospitalization insurance as offered by this non-profit organization has gained a tremendous foothold, not only in Oklahoma but throughout the nation. In many instances, this will tend to increase the amount of elective surgery done by making available private personal funds for the payment of the physician. Oklahoma Physicians Service, companion unit of Group Hospital Service offering prepaid surgical and obstetrical care, is still in its infancy but growing quickly.

The Tulsa County Medical Society expects a greater emphasis on its activities in the peace now to follow. Physicians are expected to have greater amounts of time to devote to organizational activities. The return of younger men from the service is expected to spur much-needed projects to completion. From a financial standpoint, the Society should be in better shape as returning servicemen contribute proportionate dues to the Society's upkeep. (In-service members pay no dues for a period of one year after returning to civilian practice. This applies only to local dues. Dues to the Oklahoma State Medical Association must be paid, pending any similar action by that group).

The profession in general appears to

(Continued on Page 20)



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RECENT ACCESSIONS

New Books Received—

- Herrell, Wallace E., M.D.** Penicillin and Other Antibiotic Agents. Pp. 348 Illustrated. W. B. Saunders Co., Philadelphia and London. 1945.
- Mackie, Colonel Thomas T., M.C., A.U.S.** Under the Auspices of the Division of Medical Sciences of the National Research Council. A Manual of Tropical Medicine. Pp. 727. 287 Illustrations, 6 in Color. W.B. Saunders Co., Philadelphia and London. 1945.
- Stokes, John H., M.D., et al.** Modern Clinical Syphilology. Third Edition. Pp. 1332. 911 Illustrations. W. B. Saunders Co., Philadelphia and London. 1944.
- Wohl, Michael G., M.D., Editor.** 58 contributors. Dietotherapy, Clinical Application of Modern Nutrition. Pp. 1029. Graphs, charts and illustrations. W. B. Saunders Co., Philadelphia and London. 1945.
- Brahdy, Leopold, M.D., and Kahn, S., M.D.,** Trauma and Disease. Second Edition. Pp. 655. Lea and Febiger, Philadelphia. 1941.

Reprints Received—

- Bacon, Harry E., M.D. Philadelphia, and Pena, Enrique, M.D., Mexico City.** Malignant Melanoma of the Anorectum. Clinics, 1944.
Multiple Primary Malignant Neoplasms of the Rectum and Sigmoid Colon. The American Journal of Surgery, 1945.
The Preoperative and Postoperative Treatment of Cancer of the Rectum and Pelvic Colon. Journal of the International College of Surgeons. 1945.
- Brindley, George V., M.D., Temple, Texas.** Sacral and Presacral Tumors. Annals of Surgery, 1945.
Acute Obstruction of the Colon. Surgery, Gynecology and Obstetrics, May, 1944.
Acute Obstructions of the Colon. Texas State Journal of Medicine, 1945.
- Sachs, Ernest, M.D. St. Louis.** Two Important Post-War Problems in Neurological Surgery. Journal of Nervous and Mental Diseases. 1945.

Gifts of the Month—

- Dr. I. A. Nelson.** The Journal of Biological Chemistry, volume 91 to 158. Dr. Nelson will also give this journal to the library currently.
- Dr. E. P. Nesbitt,** Approximately twenty-five volumes, in several fields.
- Dr. A. Ray Wiley,** Miscellaneous copies of the Bulletin of the American College of Surgeons and International College of Surgeons.
- Dr. Samuel Goodman.** American Journal of Digestive Diseases, volumes 9 to 12. Journal of the American Medical Association, volumes 124 to 128.



Members In Service



LT. COMDR. S. C. SHEPARD, discharged from the Navy Medical Corps, has resumed civilian practice at 807 Medical Arts Building, Tulsa. Dr. Shepard served in the South Pacific area for several months where part of his duties included care of wounded and sick Japanese civilians on Saipan Island. Welcome back, doctor.

CAPT. HARRY GREEN has arrived at an unannounced post in the South Pacific theater of war. The former Tulsa dermatologist has been in service since shortly after Pearl Harbor, first at Camp Sibert, Alabama, and then at Camp McClellan, Alabama.

LT. COL. COLE D. PITTMAN enjoyed a furlough leave in Tulsa and Bartlesville last month, visiting friends and relatives and scouting office sites. Dr. Pittman has just returned from several months in Europe, expects to be back in civilian practice as soon as his discharge from the Army is approved. Dr. Pittman will specialize in ophthalmology and otolaryngology.

LT. COMDR. ROY L. SMITH is on special assignment at the United States Naval Training Station at Norman, Oklahoma. Just returned from several months in South Pacific and Hawaiian combat zones, he expects another transfer of duty shortly.

LT. DONALD W. McCAULEY has left his shore post at Seattle, Washington, for sea duty with units of the United States Navy.

CAPTAIN J. D. SHIPP was a Tulsa visitor last month, enjoying an embarkation leave visiting friends and family. Until recently stationed at Bradley Field, Connecticut, Dr. Shipp has been serving as flight surgeon with Army Air Forces units.

LT. COMDR. R. C. PIGFORD has been transferred to sea duty in the South Pacific area after two years at the United States Naval Hospital at San Diego, California.

Another Tulsa visitor last month was CAPTAIN CHARLES H. EADS, on leave from his post at the Army and Navy General Hospital, Hot Springs, Arkansas.

Back in Tulsa after several months in England, LT. COL. THOMAS H. DAVIS is enjoying a reunion with his wife and children. Uncertain of his immediate future, Dr. Davis may be discharged from the service within the next few months. Among his several assignments abroad was as medical officer at a German Prisoner of War Camp in England.

LT. COMDR. BERNARD L. BRANLEY is again in the South Pacific aboard the U. S. S. California. In a letter written shortly before V-J Day, he expressed the belief that he would shortly be back in the United States.

LT. COL. W. C. EWELL is expected to trade his uniform for civies within the next few months and return to his practice in Tulsa. Dr. Ewell will again be associated with the Medical and Surgical Clinic at 1307 S. Main, Tulsa.

LT. COMDR. LUVERN HAYS has received a new assignment at the United States Naval Hospital at Brooklyn, N. Y. She was formerly stationed with the Naval Hospital at Norman, Oklahoma.

With the coming of V-J Day on August 14, prospects for the release of a number of medical officers from Tulsa County brightened considerably. A survey conducted some months ago by the Tulsa County Medical Society indicates about 70 per cent of its in-service membership will return to practice in Tulsa. The balance plan other locations, service in Veteran's Administration facilities, or continuation in the Armed Forces. Many will take post-graduate refresher courses before resuming practice. In-service members are invited to write to the Executive Secretary, Tulsa County Medical Society, 1202 Medical Arts Building, Tulsa, for any information which they may desire in regard to office space, equipment, licensure, etc.

SOCIETY OFFERS MANY SERVICES

Aim of the Tulsa County Medical Society is to Become an Indispensable Part of the Physician's Professional Life. Wide Variety of Services Available.

One day last month our Executive Offices of the Tulsa County Medical Society were visited by a prominent physician from another city. It is a metropolitan community much larger than Tulsa, but despite its size the organized medical association is just a mere shell which confines its activities to an occasional scientific program in a local hospital. This doctor was very much interested in the Tulsa County Medical Society, just what it did and what it offered the 213 doctors who are its members. To help him better understand the work of our organization, we jotted down a few of the services which the Society offers the membership. It wasn't hard to sell him on the idea of promoting an Executive Office for his own medical society by the time we had finished the list.

Just as a starter, we began with some of the personal services offered by the Tulsa County Medical Society:

We'll help you open or close an office.

We'll set up a bookkeeping system for you.

We'll find you a competent office assistant.

We'll place you in contact with reliable firms for the purchase of necessary equipment.

We'll see that you are properly licensed.

We'll help you select an all-inclusive malpractice insurance policy.

We'll help you write a speech.

We'll give you a complete bibliography on a medical subject and provide you with a complete library service to properly utilize it.

We'll take care of your delinquent accounts and see that your debtors make satisfactory arrangements for paying off delinquent obligations.

We'll iron out your rationing headaches.

We'll give you the benefits of years of experience and information collected on local medical problems and situations.

That is just a starter. Here are more important things on our program of activity:

The Society keeps abreast of local, state, and national political situations affecting medicine. It actively encourages good medical legislation and opposes medical bills without merit. The facts in each situation are presented to your lawmakers by representatives of the Society.

The Society actively participates in civic projects and assumes the lead in promoting valuable medical and health projects. Currently, a busy committee is directing its energies towards the proposed construction of a charity hospital, creation of a state tubercular sanitarium in this area, and provision of facilities for communicable diseases.

The Society operates the Tulsa County Medical Clinic at 603 S. Cheyenne, Tulsa, a fully-equipped and efficiently operated clinic to provide free medical attention of all character to the county indigent. For this service, the Society's members receive no remuneration although they contribute upwards of \$50,000.00 worth of free medical care annually. This savings to the taxpayer is further increased by the operation of the Clinic's own x-ray and clinical pathology laboratories, and by the maintenance of a drug department.

The Society maintains the Medical Library at 1203 Medical Arts Building, Tulsa, a large private medical library containing the latest in all types of scientific medical information. Under the supervision of a trained librarian, it not only benefits the casual reader but provides a specialized bibliography service on numerous medical subjects; this service is designed especially for doctors in need of material to assist them in properly treating cases currently under their care.

The Medical Credit Bureau, 1202 Medical Arts Building, Tulsa, is the Society's solution to careless collection and credit methods employed on medical

accounts by private agencies. Operated by the Society on a non-profit basis, it provides a specialized medical credit and collection service to all members. Latest credit information on individual patients is available to all users without charge. A complete legal and out-of-town service enables delinquent debtors to be contacted in all parts of the United States. Now in its eighth year, it has collected tens of thousands of dollars in discarded accounts at a minimum cost. Clear indication of its success is the roster of clients, comprising 70 per cent of Tulsa's doctors.

The Bulletin, published monthly by the Tulsa County Medical Society, provides latest medical news and features to local and state physicians. Serving as the official organ of the Society, it brings pertinent medical problems to the attention of the reader.

Scientific medical study is a big item on the Tulsa County Medical Society program. An annual series of monthly scientific meetings brings to the Tulsa doctor some of the finest medical minds in America. In addition, local physicians are enabled to present the results of their own research and experience for dissemination among the membership. Every other year, the local Society assumes responsibility for the smooth operation of the annual meeting of the Oklahoma State Medical Association. Periodically, special postgraduate courses of study, jointly sponsored regional association meetings, and special clinics on individual medical subjects, round out an attractive program of scientific medical study.

The Tulsa County Medical Society's services extend to the public also. For instance:

We'll recommend a general practitioner or specialist to any person on request.

We'll verify the reliability of any physician or medical organization on the basis of membership in the American Medical Association.

We'll provide local information about hospitals and their facilities.

We'll provide information about reliable firms selling medical products.

Public relations is a big item in the

Tulsa County Medical Society program. The organization cooperates in sponsoring a regular series of medical broadcasts with doctors as speakers, using scripts prepared with the assistance of the Executive Office. (Every Wednesday, Station KOME, 3:30 p.m.). Press releases advise the Society's attitude on local problems or situations. Medical speakers are provided for groups wishing to present a medical program. The Society's cooperation in civic and community projects has already been mentioned.

The Society's war against fraudulent practitioners is unending. Though hampered by lack of funds and suitable legislation to enforce medical codes, the Society succeeds each year in calling public attention to known medical frauds and forcing their removal. This program is conducted in cooperation with the Better Business Bureau and other public service agencies of Tulsa groups and firms.

Returning servicemen get special consideration from the Society. They are assisted in opening an office, provided with desired information, and assisted in any manner possible. The Society's post-war scientific programs will constitute in part a postgraduate refresher course in medical science.

In the past, the Tulsa County Medical Society has accomplished much of value. The creation of the official London & Lancashire policy of malpractice insurance, the formation of Group Hospital Service and Oklahoma Physicians Service, the creation of the Tulsa Cooperative (V-D) Clinic, the passage of the Basic Science and Medical Practice acts, and the establishment of the Tulsa County Medical Clinic have been typical accomplishments.

In short, the Tulsa County Medical Society has as its aim the making of the Society functions the most important thing in the professional life of its members.

DR. PAUL CRAIG, recently discharged from the Army Medical Corps, is an applicant for membership in the Tulsa County Medical Society.

Medical Calendar

SATURDAY, September 1st:

All members of the Tulsa County Medical Society who have not paid 1945 dues in full are suspended from membership privileges as of this date.

MONDAY, September 3rd:

Hillcrest Hospital Staff Meeting.

WEDNESDAY, September 5th:

Medical Broadcast, "Public Health In The Public Schools," Radio Station KOME, 3:30 p.m. Speaker, unannounced.

FRIDAY, September 7th:

Board of Trustees Meeting, Tulsa County Medical Society, 1203 Medical Arts Building, 1:00 p.m., unless otherwise announced.

MONDAY, September 10th:

No Tulsa County Medical Society meeting on this date.

WEDNESDAY, September 12th:

Medical Broadcast, "The School Lunch and Dental Health," Radio Station KOME, 3:30 p.m. Speaker, unannounced.

FRIDAY, September 14th:

Service Relations Committee Meeting, Tulsa County Medical Society, 1202 Medical Arts Building, 1:00 p.m.

MONDAY, September 17th:

St. John's Hospital Staff Meeting.

WEDNESDAY, September 19th:

Medical Broadcast, "Health Needs of Working Women," Radio Station KOME, 3:30 p.m. Speaker, Dr. Marcia Fite.

FRIDAY, September 21st:

Board of Trustees Meeting, Tulsa County Medical Society, 1203 Medical Arts Building, 1:00 p.m., unless otherwise announced.

MONDAY, September 24th:

Tulsa County Medical Society Meeting, Mayo Hotel. Dinner 6:30 p.m., Program 8:00 p.m. Program by Oklahoma State Medical Association officials.

WEDNESDAY, September 26th:

Medical Broadcast, "Industrial Health Services," Radio Station KOME, 3:30 p.m. Speaker, Mrs. Alberta Hamm.

PRESIDENT'S PAGE

A long and terrible war has at last ended and a battered world is again at peace. With the return of normal peacetime conditions, the American doctor must again turn his attention to the problems which face his own profession. The strain of a wartime practice will be lifted with the return of many physicians from the armed services. With the average doctor again able to participate in many activities which heavy schedules of practice have made impossible during the war years, the acute problems which burden American Medicine will receive the benefit of sound thinking by the profession. The proponents of state medicine and other schemes detrimental to the freedom of medicine have made substantial gains during the war, principally because doctors were too busy taking care of the sick to protect their own interests.

The war itself has brought many other problems to the profession and these too must be solved. We cannot again return to that pre-war state of mind where we shrugged off our problems as unimportant, thereby permitting the lay public to evolve solutions to them. The coming of peace must be the beginning of a new era whereby the American Doctor takes his place as the leader in medical and health problems of this nation. I believe that the young men returning from the war will definitely adopt that policy, and I sincerely hope that the older physicians will follow the lead of the young men in this kind of thinking.

As for our local problems in Tulsa, they must receive immediate attention. Your Tulsa County Medical Society is already at work on them and with your cooperation they can be readily solved.

Sincerely,



President.

AMA OUTLINES 14-POINT PROGRAM

American Medical Association Announces New Principles as Guide in the Fight Against State Medicine. Plan Represents First Coordinated Leadership by National Group.

Tulsa physicians who have long felt the need for coordinated leadership in the fight against the threat of state medicine were recently encouraged with the announcement of a broad 14-point program for improving medical care as devised by the American Medical Association. Medical leaders in Oklahoma expressed the view that the new program, as developed by the AMA's Council on Medical Service and Public Relations, was the first evidence of constructive leadership in what appeared to be the most serious crisis in the history of American Medicine.

The 14 points of the program approach the problem with a view to determining the locality and extent of the need for improvement in medical service and then acting to fill those needs in a manner consistent with the American system of free private enterprise. Every Tulsa doctor is urged to acquaint himself with the program and understand its provisions as outlined below. The fourteen points are as follows:

1. Support of progressive action designed to sustain all production leading to better living conditions with improved housing, nutrition, and sanitation, which are fundamental to good health.

2. An extended program of disease prevention with the development or extension of organizations for public health service so that every part of the nation will have such service as rapidly as adequate personnel can be trained.

3. Increased hospitalization insurance on a voluntary basis.

4. Development of voluntary sickness insurance plans in all areas and the extension of these plans to the needy under principles already established by the American Medical Association.

5. Provision of hospitalization and medical care to the indigent by local authorities under voluntary insurance plans.

6. A survey of each state by qualified individuals and agencies to establish the need for additional medical care.

7. Federal aid to states where definite need of medical facilities is demonstrated, to be administered by local agencies with the help and advice of the medical profession.

8. Extension of information on these plans to all people with recognition that such voluntary programs need not involve additional or increased taxation.

9. A continuous survey of all voluntary plans for hospitalization and illness to determine their adequacy in meeting the need for and maintaining good standards of the quality of medical service.

10. Discharge of physicians from the armed forces as rapidly as possible and as is consistent with the war effort in order to facilitate redistribution and relocation of physicians in areas needing physicians.

11. Increased availability of medical education to young men and women as a means of increasing the number of physicians for rural areas.

12. Postponement of consideration of revolutionary changes in the practice of medicine while 60,000 physicians are yet in service and while 12,000,000 men and women are in uniform, as a means of preserving the American democratic system of government.

13. Adoption of federal legislation to provide for adjustments in draft legislation which will permit students to prepare for and continue the study of medicine.

14. Studies of postwar medical personnel requirements with special reference to the needs of the veterans' hospitals, the regular army, navy, and the United States Public Health Service.

This program, if properly executed, should be a beneficial step towards solving the many problems facing the American physician in the post-war era.

The BULLETIN

JAMES D. MARKLAND, M.D.
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Associate Editors
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Vol. 11 SEPTEMBER, 1945 No. 9

CHURCH OR HOSPITAL?

A Tulsa newspaper recently touched off a small keg of civic dynamite by printing the suggestion of a subscriber that Tulsans delay further construction of churches and divert the funds into the construction of a much-needed hospital. The reaction to this suggestion was immediate, both pro and con, and conducive to some sound thinking on the subject. The Tulsa County Medical Society, which is probably the group most aware of the need for additional hospital facilities, cannot help but approve this suggestion. The doctors have no desire to argue against the necessity and value of the Church. They have no intention of offending the leaders of the Church. But they are increasingly aware of their responsibility in bringing to public attention the need for additional hospital facilities in this area.

The Society has already publicly made a preliminary recommendation for a charity hospital. It will shortly make public the results of an extensive survey of hospital facilities in this area. It is expected that this survey will definitely indicate a need for additional facilities to care for charity patients and for cases of communicable diseases. Whether it will recommend additional general private beds is not known. The fact remains, however, that the hos-

pital situation in Tulsa County is going to have to be improved.

The Tulsa County Medical Society does not suggest that it be improved at the expense of the churches. The cost of such a hospital would probably be proportionately small in relation to estimated costs of many contemplated religious structures. The churches will be built. The hospital may not be built unless this community fulfills its moral responsibility to the public. So may we therefore suggest that every Tulsan who is a good churchman, and every Tulsan who is not for that matter, give grave attention to the hospital needs of this community. The church is for the saving of the soul; the hospital is for the saving of the body and the spirit. The importance of both cannot be underestimated. Let us not underestimate the need for a charity hospital and in our negligence permit the indigent to lack the hospital care which they need and will need in greater degree in the peace which follows the close of the war.

It's a responsibility that is yours, Tulsan!

Copies of the current Wagner-Murray Bill, Senate No. 1161, are available without charge in the Executive Offices to members of the Tulsa County Medical Society.

CLINIC REPORT**July 20-August 18**

Medicine	419
Surgery	61
Dental	15
Gynecology	17
Pediatrics	11
Laboratory	127
Dermatology	13
Tumor	32
Ophthalmology	29
Obstetrics	5
Cardiac	16
Urology	8
X-Ray	48
Tonsils	1
Total.....	802

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MEDICAL SOCIETY HISTORY READY IN SEPTEMBER

Members of the Tulsa County Medical Society and other physicians in Eastern Oklahoma will shortly receive copies of "A History Of The Tulsa County Medical Society," a 48-page booklet devoted to the progress of medicine in Tulsa County during the last 38 years.

The book constitutes a reprint of a series of 17 articles which originally appeared in The Bulletin. It is being made available at the request of many physicians as a special service by the Medical Credit Bureau, official collection agency of the Tulsa County Medical Society.

Society officials expect the booklet to be in the hands of the membership not later than mid-September. A few additional copies will be available upon request of members.

Defense workers are being dislocated as a result of cutbacks in defense contracts since V-J Day. Give your delinquent accounts promptly to the Medical Credit Bureau to avoid further loss. Telephone 4-8161.

Physicians are welcome to use the mimeograph machine of the Tulsa County Medical Society. However, users must furnish their own stencils and paper. The employees of the Society are not available for this work.

The Tulsa County Medical Society is not accepting applications for employment in physicians' offices until further notice. There are already 150 applications on file with calls for assistants averaging only five each year.

DR. I. A. NELSON has returned to his office after a lengthy illness.

DR. E. P. NESBITT has removed his offices to the Tulsa County Medical Clinic, 603 S. Cheyenne, Tulsa.

DR. A. W. PIGFORD is ill at Hillcrest Memorial Hospital.

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PEACETIME PROBLEMS

(Continued from Page 8)

face a coming crisis on the issue of state medicine. With the Wagner-Murray-Dingell bill now pending in Congress with the tremendous support of most labor groups, the profession must wage the most active campaign to combat the menace. Many medical leaders believe that the medical profession must devise methods of providing care to all classes, and at the same time eliminating catastrophic medical costs, before the threat of state medicine can be eliminated. Many medical groups are now considering plans whereby medical care can be furnished to marginal classes within income limitations of the class.

In Oklahoma, the profession faces the serious problem of providing medical care to many counties where doctors and medical facilities are almost totally lacking. The trend of legislation in the last session of the Oklahoma State Legislature clearly indicated that the government had every intention of remedying this situa-

tion if the profession failed to do so. The problem of placing medical doctors and diagnostic facilities in this area may be solved as more and more physicians return to civilian practice. It will not be solved if the present trend towards city or metropolitan locations in preference to the rural locations continues in full force. The solution, however, is one which the Oklahoma doctor must devise if he is to prevent state medicine.

From a scientific standpoint, medicine appears destined for the greatest progress of its history. With the benefit of the wartime discoveries, notably penicillin, and the advantages of medical training in the services, the American Physician stands ready to render the greatest service to the American public. Many wartime inventions will be diverted to peacetime use, including inventions which will benefit medicine. Opportunities for scientific study are expected to be greater.

What the returning war veteran will require in the way of medical care is as yet another question mark. Some observers believe the veterans will constitute a sufficiently powerful bloc to encourage reforms in the Veteran's Administration and to possibly bring about a government sponsored system of medical care for the veteran and his family. In the first analysis, however, the private physician may find that the care of the injured will constitute a large item. Already, some Tulsa doctors are providing an examination service to augment the services offered by the Veteran's Administration. This has become necessary through lack of employed medical personnel by the latter agency. It may become an even greater condition as more and more men are released from service.

Regular scientific meetings of the Tulsa County Medical Society resume September 24, 1945, at the Mayo Hotel. At that time, the Oklahoma State Medical Association will present a series of twelve 10-minute lectures on medical and economic subjects by Oklahoma physicians headed by Dr. V. C. Tisdal of Elk City.

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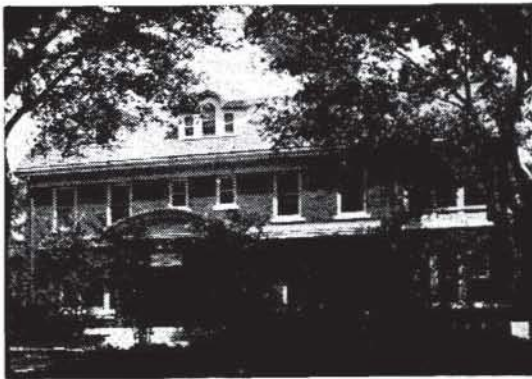
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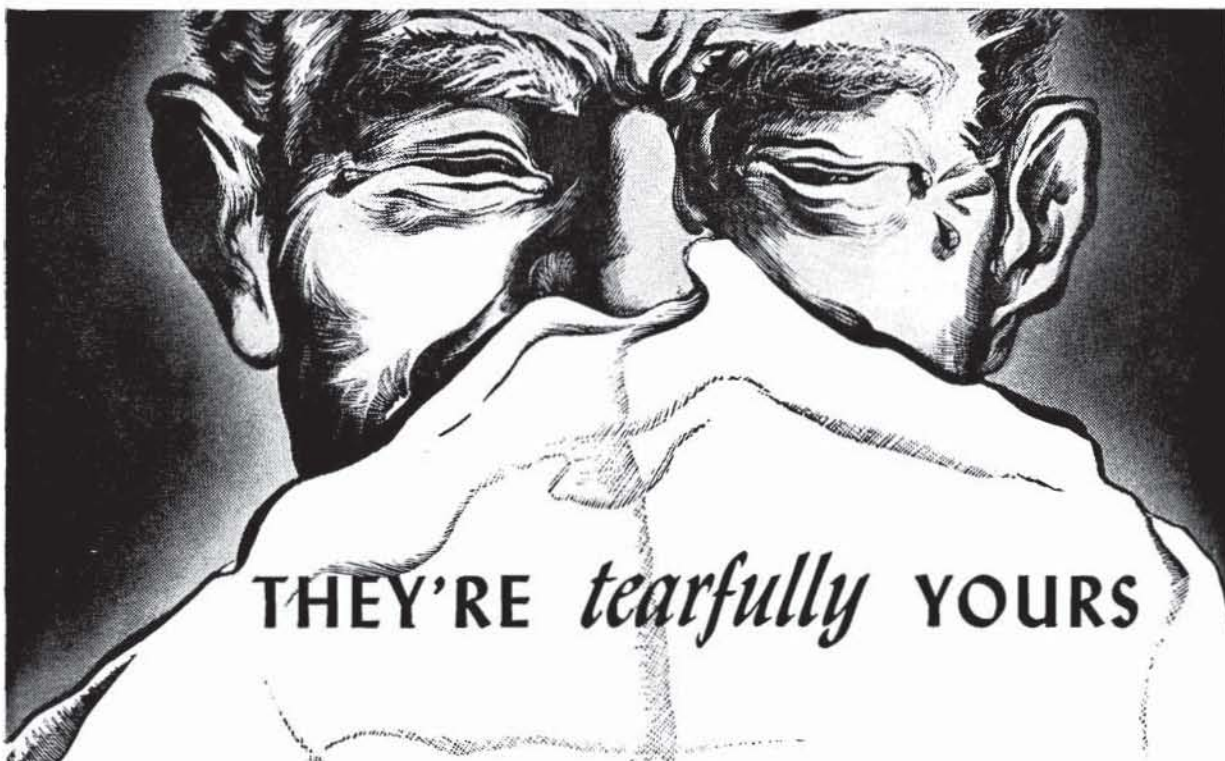
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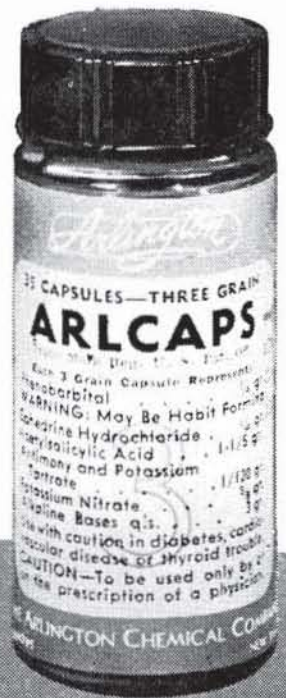
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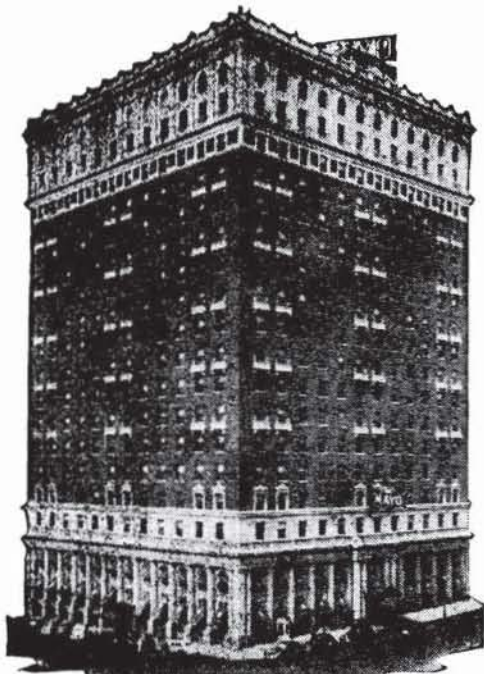
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