

THE BULLETIN

OF THE

TULSA COUNTY MEDICAL SOCIETY

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TULSA, OKLAHOMA



Christmas Issue

IN THIS ISSUE



Venereal Disease In Industry



Annual Election December 14



Blue Cross Asks Cooperation



Society Sets Membership Record

Vol. 8 ▲ Tulsa ▲ DECEMBER ▲ Okla. ▲ No. 12

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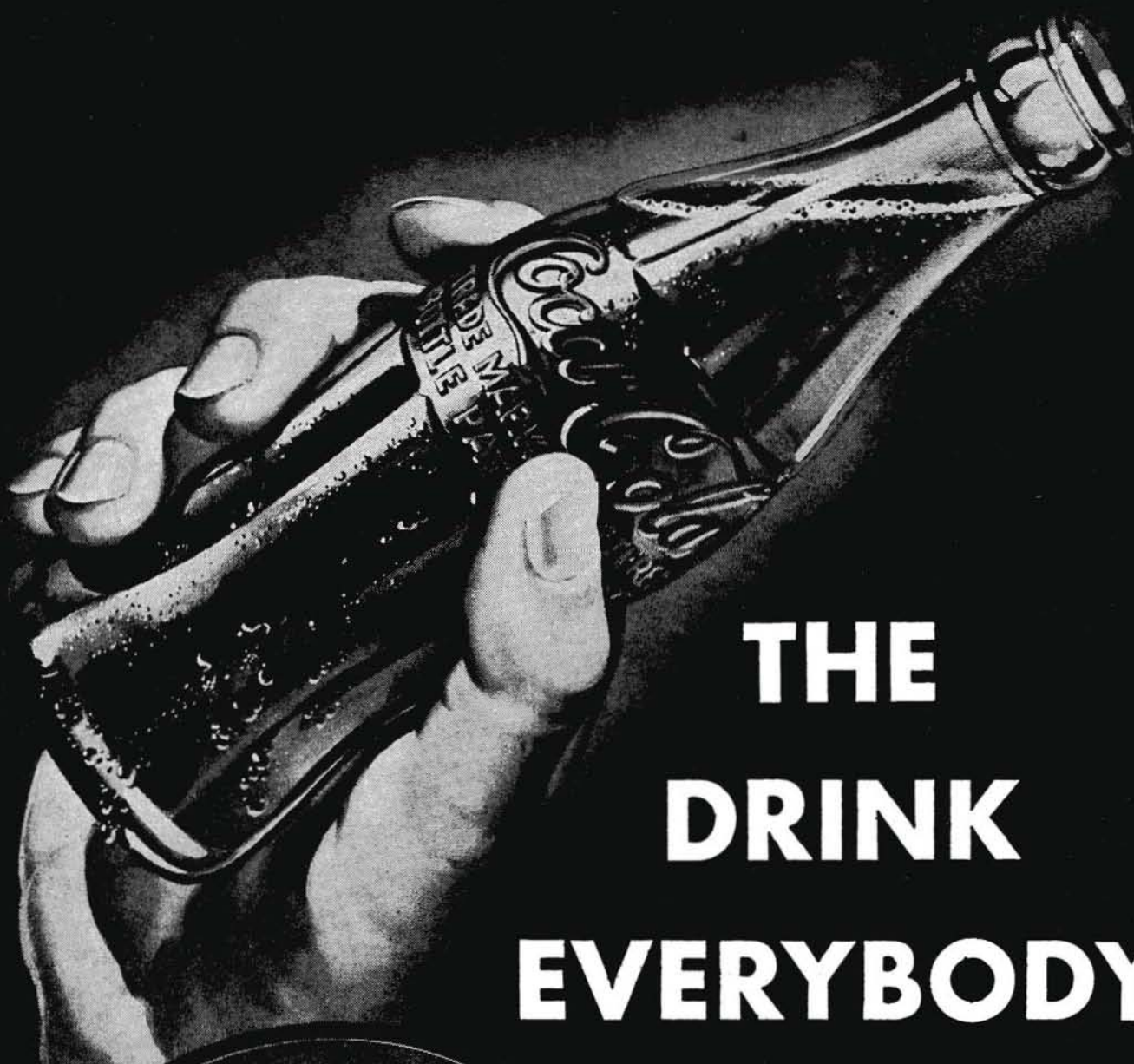


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Your Bureau Lowers The Rate of Account Mortality

If account mortality, like life mortality, was recorded statistically, the total of the physicians accounts that die because of insufficient credit information and delayed collection procedure would be astounding.

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THE BULLETIN

OF THE

TULSA COUNTY MEDICAL SOCIETY

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 Ian MacKenzie, M.D., *Vice-President* E. O. Johnson, M.D., *Secretary-Treasurer*
 Jack Spears, *Executive Secretary*

VOL. 8

TULSA, OKLAHOMA, DECEMBER, 1942

NO. 12

Venereal Disease In Industry

Tremendous Savings In Manpower Can Be Affected Through The Rehabilitation Of Syphilitic Workers Under A New Program Sponsored By The Tulsa Junior Chamber of Commerce.

By DAVID V. HUDSON, M.D.

Director, Tulsa Cooperative Clinic

The campaign sponsored by the Junior Chamber of Commerce to enlist the cooperation of business and industrial firms of Tulsa in Venereal Disease Control is the beginning of a long term program. Many companies are not able to put a complete program into operation now but are requesting serologic tests on all new employees. Men who are physically fit but not infectious will be put to work without delay. Infectious cases can be sent to work after a few treatments, thus conserving manpower for important and necessary work.

Some companies have not accepted individuals with positive serologic tests because of the objection of fellow employees and also because of the liability connected with insurance and the industrial commission. The first objection can be met by education of the public and the second by more careful screening of persons with syphilitic complications and the accurate presentation of evidence in court or before the commission. Spinal fluid and fluoroscopic examinations are not unreasonable requirements for employment.

The Tulsa Junior Chamber of Com-

merce in cooperation with the Tulsa County Hygiene Association, City and State Health departments, and other organizations is advocating adoption by local industrial concerns of the recommendations of the United States Public Health Service for control of venereal disease in industry.

Venereal disease very definitely lowers industrial efficiency. Prompt diagnosis and adequate treatment are of great importance to employer and employee. With modern treatment, the infectiousness of syphilis can be rapidly controlled. If the individual receives regular and prompt treatment, he will not be infectious to fellow-workers and in a few months permanently non-infectious.

Early syphilis is infectious but after four or five years a person with syphilis becomes non-infectious without treatment. The damage to the individual comes late in the course of the infection, usually from five to 25 years after the disease is contracted. The parts of the body most frequently involved are the heart and blood vessels and the nervous system. For this reason, x-ray of the heart and spinal fluid examina-

tions are very important and necessary to determine the extent of the damage to the individual.

The question of infectiousness should be determined by a physician and requires a physical examination and consideration of case history. Such information should be kept in a confidential file. Where cooperation exists between employer and employee, the latter will find it much easier to complete his or her treatment. The employee may expect unprejudiced consideration of his case on a medical cases, while the employer may expect cooperation from the employee in receiving necessary tests, examinations, and treatment.

In the proposed program, proper medical management would: prevent the spread of venereal disease through early and adequate treatment, prevent the development of late disabling manifestations by arresting the progress of the disease, assure adequate treatment by requiring evidence that the afflicted employee is under proper medical management, and bring contacts of infectious workers under medical observation.

The following considerations should govern the employment of persons known to be infected: employee should agree to take treatment as indicated, employment should be deferred or interrupted until a temporary noninfectious state is established through treatment, employment should not be delayed when shynphlis is latent in character, employment should be denied or deferred when disabling manifestations constitute a hazard to self and other workers, an occupational readjustment should be provided for disabled workers, workers should not be employed in areas of toxic exposure, and workers being treated for gonorrhoea with a sulfonamide drug should not be employed unless they are under special medical observation.

For further information contact Mr. Wendell Allen, Chairman, Health Committee, Tulsa Junior Chamber of Commerce, and read "Venereal Disease Control In Industry" by O. E. Anderson.

FOUR TULSA DOCTORS ENTER ARMED SERVICES

Despite continued reports that no more doctors were to be called into service immediately from this area, four members of the Tulsa County Medical Society were commissioned and assigned to active duty posts in November.

Those entering service were Dr. R. C. Pigford, Dr. R. G. Ray, Dr. J. K. Lee, and Dr. W. B. Boone. All are in the army except Dr. Pigford.

Unofficial indications are that about 70 to 80 per cent of the total number called in 1942 will go to service in 1943. This reduction is due partially to a decreased demand for doctors and partially to credits achieved by Oklahoma in meeting its current quota by approximately 130 per cent.

Procurement and Assignment is no longer releasing doctors for service except through the Washington offices only.

STATE DUES UP \$2.00; NO INCREASE FOR COUNTY

Due to the financial losses incurred by members going into service, the Oklahoma State Medical Association is making an increase of \$2.00 in the annual dues for 1943. This brings the total yearly dues to \$12.00.

Representatives of the Association said the move was necessary to permit the continued maintenance of organizational activities. Members called to service have been paying only \$4.00 annually, a sum which covers the basic cost of the yearly subscription to *The Bulletin*.

Members will continue to include their state dues with the check for the county dues. All payments must be made through the county society.

The Tulsa County Medical Society does not plan to increase the present annual dues of \$22.00. Total amounts, including state dues, which doctors will pay in 1943 are \$34.00 for old members and \$22.00 for new members. Membership are payable on a semi-annual basis if so desired. State dues are deducted from the first payment.

Annual Election December 14th

Forty Members Eligible To Hold Office As Society Prepares To Elect Officers And Representatives. Committees Will Report On 1942 Activities Preceding Election.

A record crowd is expected to attend the annual election and business meeting of the Tulsa County Medical Society at the Mayo Hotel on Monday, December 14, when officers for 1943 will be elected and committee reports for the current year will be filed.

Members will name the following officers for the coming year: President-Elect, Vice President, Secretary-Treasurer, one member of the Board of Trustees, one member of the Board of Censors, one member of the House of Delegates, one member of the House of Delegates to fill an unexpired term, and eight alternate delegates.

Committees are now preparing reports on their 1942 activities as required by the By-Laws for presentation at this meeting. Each committee chairman will receive a summary of his committee's activities for the year from the Executive Office. These may be used as a basis of the required report. These summaries will be available shortly after December 1.

To be eligible to hold office, a member must have attended at least 50 per cent of the Society's regular meetings for the preceding eleven months. Twelve meetings were held in 1942, and the following members attended the requisite number to hold office:

Allen, V. K.	MacKenzie, Ian
Browne, Henry S.	Markland, James D.
Chalmers, J. S.	Miner, J. L.
Childs, J. W.	Neal, James H.
Cook, W. Albert	Nelson, I. H.
Cronk, Fred Y.	Nesbitt, P. P.
Davis, Arthur H.	Peden, J. C.
Dean, W. A.	Pigford, A. W.
Dunlap, R. W.	Reynolds, J. L.
Etherton, M. C.	Rogers, J. W.
Farris, H. Lee	Searle, M. J.
Ford, H. W.	Showman, W. A.

Graham, Hugh C.	Simpson, Carl F.
Haralson, C. H.	Smith, Ned R.
Hart, M. O.	Stanley, Mont
Henley, Marvin D.	Stevenson, James
Hudson, David V.	Stewart, H. B.
Johnson, E. O.	Underwood, D. J.
Larrabee, W. S.	Walker, W. A.
McGill, R. A.	Wiley, A. Ray

Dr. A. W. Pigford is the retiring member of the Board of Trustees. Hold-over members are Dr. W. S. Larrabee (1943), Dr. P. P. Nesbitt (1944), Dr. Ned R. Smith (1945), and Dr. John Perry (1946).

Dr. M. J. Searle is the retiring member of the Board of Censors. Holdover members are Dr. V. K. Allen (1943) and Dr. Marvin D. Henly (1944). Unlike the Board of Trustees, which is a five-year term, the Board of Censors carries a three-year service.

Dr. George R. Osborn is the retiring member of the House of Delegates, Oklahoma State Medical Association. A vacancy occasioned by the call of Dr. R. C. Pigford to service must also be filled. Dr. Pigford's term expires in 1945. Holdover delegates are: Dr. W. S. Larrabee (1943), Dr. M. J. Searle (1943), Dr. W. Albert Cook (1944), Dr. Marvin D. Henley (1946), Dr. W. A. Showman (1945), and Dr. Ralph A. McGill (1946).

Eight alternate delegates must be selected. Those serving in 1942 were: Dr. Eugene Wolff, Dr. E. Rankin Denny, Dr. W. A. Walker, Dr. M. D. Spottswood, Dr. James Markland, Dr. W. R. Turnbow, Dr. Carl F. Simpson, and Dr. Thomas J. Hardman.

Due to the length of the program, doctors are urged to be present promptly so that the meeting may get under way at 8:00 p. m. sharp. Dr. H. B. Stewart, president, will preside.

Blue Cross Asks Cooperation

Statistics Indicate Blue Cross Patients Remain In Hospital For Longer Periods Than Necessary. Officials Ask Prompt Dismissal Of Patients Able To Leave Hospital.

By N. D. HELLAND

Executive Director, Blue Cross Plan

The Blue Cross Plan of Group Hospital Insurance has now been in operation in Oklahoma for two years and eight months. Sixty-five Oklahoma hospitals guarantee the service of the plan. Thirty thousand of our citizens no longer worry about the prospects of an unexpected hospital bill. Each month member hospitals are paid \$10,000 to provide care for members. In this manner the plan fulfills a long-felt need for the average family.

Today, however, the management of the plan now finds itself faced with a problem that only the doctors can solve if we are to maintain our standards.

The fundamental principle of all the 76 Blue Cross Plans in the United States is that the attending physician shall determine when the patient shall enter the hospital and when he shall be dismissed. The rates our members pay and the benefits they receive are based on the promise:

1. That only cases be admitted to the hospital which would normally be hospitalized if the plan did not exist.

2. That conditions be excluded which are known to require hospital care before the date of application for Blue Cross.

3. That the patient be dismissed by the attending physician when in the physician's opinion the patient is able to go home, and that the patient not be permitted to stay as long as he wishes, unless he pays for the extra days himself.

One of the main reasons for starting the Oklahoma plan was to discourage undesirable procedures from getting started, particularly a federal program of health care. Under a federal program there would be a great deal of regimentation of doctor, hospital, and patient.

We believe it is a fair statement to say that 76 non-profit Blue Cross Hospital Plans in the United States with 11,000,000 people enrolled have so far played a very important role in keeping a federal program from getting underway. However, in order to enjoy this freedom, with no alteration in the doctor, hospital, and patient relationship, it is necessary that the proper responsibility be assumed by the physicians who attend the Blue Cross patients. The following comparison as to the length of stay by Blue Cross patients and those who do not belong to the plan will demonstrate the point:

Maternity: Blue Cross, 10.6 days; self-paying, 5 to 7 days.

Appendectomy: Blue Cross, 11.0 days; self-paying, 6 to 7 days.

Tonsilectomy: Blue Cross, 2.0 days; self-paying, 1 day.

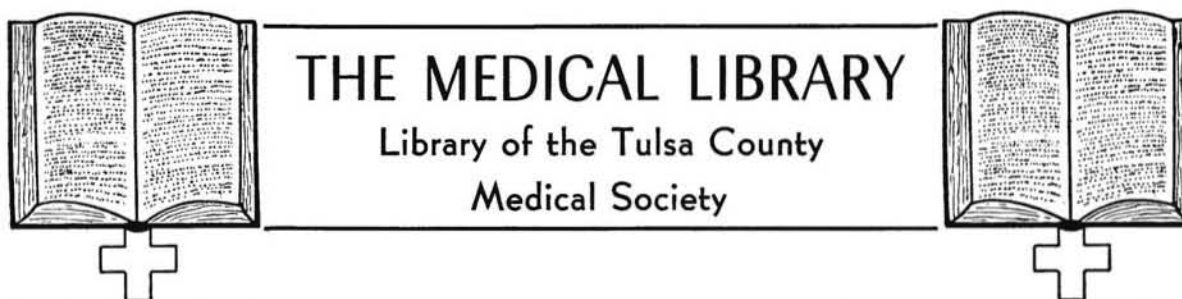
Hernia: Blue Cross, 15.0 days; self-paying, 8 to 10 days.

The purpose of Blue Cross is to make it possible for the members of a family to go to the hospital when they need hospital care without delay, without red tape, and without financial embarrassment. It is capable of doing so in a fine way, but only if they are dismissed when care is no longer necessary.

The contract issued to Blue Cross members clearly states, that the obligation of the plan ceases when in the opinion of the attending physician, hospital care is no longer needed for a patient. If the attending physician gives this information to the hospital, it is a simple matter for the hospital to notify the patient that financial arrangements for a longer stay will have to be made.

We realize that there may be cases

(Continued on Page 21)



For Information Call
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Saturday 9 A.M. to 1 P.M.

RECENT ACCESSIONS

Gifts of the Month—

Dr. Fred Y. Cronk, *Industrial Medicine*, volume 11, 1942, complete to date.

Dr. A. W. Roth, Twenty five textbooks, principally in the field of Ophthalmology. We are sorry that space does not permit us to publish the complete list.

The Oklahoma State Medical Association, current issues of practically all State Journals.

OF INTEREST

Papers entitled, "Clinical Diagnosis of Ulcer of Meckel's Diverticulum," by Dr. John G. Matt, and "A Fluoroscopic Survey of Postnatal Syphilis In A Health Department Clinic" by Drs. David V. Hudson and Sidney C. Venable were published in the October issue of the *Oklahoma State Journal*.

ONE MINUTE ABSTRACTS

A NEW SKIN VARNISH, which is a cellulose product dissolved in a mixture of alcohol and ether, has been devised for preserving sterility of the skin in the operative field. Arthur D. Ecker, *Surgery* 12:631:1942.

IN THE THERAPY OF MAGRAINE HEADACHE, the greatest relief was obtained from the drugs in the vasoconstrictor group, consisting mainly of favorable reports on the use of ergotamine tartrate. Lowell S. Trowbridge, Theodore J. C. von Storch and Major Merrill Moore. *The New England Journal of Medicine*, 227:699:1942.

"That which we know is but little compared to what we must learn."—Corvisart.

USE YOUR LIBRARY

PRESIDENT'S PAGE

In your newspapers and in the preceding Society Bulletin you have read the provisions and regulations attending the rationing of gasoline. As physicians we are particularly interested and concerned with our applications for supplemental gasoline allowance beyond the basic A Card supply which goes to all car operators.

Your Society headquarters are authoritatively informed that we will constitute a subsidiary panel for the rationing board as concerns the needs of the profession. I trust you realize that in accepting the invitation to assist in this regulation we are putting ourselves in an unenviable position and "on the spot", so to speak. It is hoped that each physician will give careful thought to the preparation of his application and that he will ask for an amount of gasoline which is based in fact on his actual needs for professional driving only. Casual and so-called household driving is not legitimate usage of gasoline requisitioned for business purposes.

Here again the physician is put on the spot and consequently will be observed rather closely by the lay public for abuse of this special privilege. It seems to me we should act accordingly and not cause the profession as a whole to be censured not only locally but nationally. It behooves the profession to be conspicuous and patriotic in being honest.

Sincerely,



President.

Medical Calendar

FRIDAY, December 4th:

Postgraduate School in Internal Medicine, Hillcrest Hospital, 8:00 p. m. Subject: "Diebetes Mellitus".

SATURDAY, December 5th:

Medical Broadcast, Radio Station KTUL, 12:30 p. m. Speaker, Dr. Marvin D. Henley.

MONDAY, December 7th:

Hillcrest Hospital Staff Meeting.

FRIDAY, December 11th:

Postgraduate School in Internal Medicine, Hillcrest Hospital, 8:00 p. m. Subject: "The Uses and Abuses of Sulfonamide Drugs".
Board of Trustees Meeting, Tulsa County Medical Society, 1202 Medical Arts Building, 1:00 p. m.

SATURDAY, December 12th:

Medical Broadcast, Radio Station KTUL, 12:30 p. m. Tentative Speaker, Dr. John Perry.

MONDAY, December 14th:

Annual Election of Officers and Business Meeting, Tulsa County Medical Society, Mayo Hotel, 8:00 p. m. No scientific program. Annual election of officers and business meeting. (See page 7).

TUESDAY, December 15th:

Medical and Dental Office Assistants Meeting, Michaelis Cafeteria, 6:00 p. m. Annual Christmas party.

FRIDAY, December 18th:

Postgraduate School in Internal Medicine, Hillcrest Hospital, 8:00 p. m. Subject: "Nutritional Diseases and Deficiency States".

SATURDAY, December 19th:

Medical Broadcast, Radio Station KTUL, 12:30 p. m. Dr. Marvin D. Henley, speaker.

MONDAY, December 21st:

St. Johns Hospital Staff Meeting.

THURSDAY, December 24th:

The Executive Offices will close at noon in observance of the Christmas holidays, reopening Monday, December 28th.

FRIDAY, December 25th:

Merry Christmas!

SATURDAY, December 26th:

Medical broadcast for this date postponed.

MONDAY, December 28th:

No medical meeting on this date:

THURSDAY, December 31st:

Members are reminded that 1943 dues of \$34.00 are due and payable on January 1, 1943.

Of Special Interest!

DR. GEORGE R. OSBORN has returned from Richmond, Virginia, where he served as a councillor at the annual meeting of the Southern Medical Association, November 12-14.

Seen at the performance of "Watch On The Rhine" at Convention Hall last month were DR. M. D. SPOTTS-WOOD, DR. H. A. RUPRECHT, DR. JAMES STEVENSON, DR. MARVIN HENLEY, DR. A. RAY R. OSBORN, and DR. MARCELLA STEEL.

DR. P. N. CHARBONNET is recovering from injuries sustained in an automobile accident.

Called to service in November were DR. R. C. PIGFORD, DR. R. G. RAY, DR. W. B. BOONE, and DR. J. K. LEE.

Seen at the performance of Puccini's "La Boheme" at Convention Hall were: DR. JAMES STEVENSON, DR. H. A. RUPRECHT, DR. GEORGE R. OSBORN, and DR. MACELLA R. STEEL.

Radio speakers for November were DR. MARVIN D. HENLEY and DR. JOHN PERRY.

Elected to membership at the meeting of November 9 was DR. ROBERT E. FUNK, 304 Medical Arts Building, Tulsa.

DR. IAN MacKENZIE gave a demonstration of the Kenny treatment for polio at a regional meeting of the National Foundation for Infantile Paralysis, November 3, at the Mayo Hotel.

The name of DR. ALLEN KORN-BLEE was unintentionally omitted from the list of members called to service in October.

CAPT. J. O. AKINS, former Tulsa doctor now in service, was a visitor to the city in November.

100% PAID-UP MEMBERSHIP RECORD SET FOR YEAR

The Executive Office reported to Secretary-Treasurer E. O. Johnson on November 16 that the Tulsa County Medical Society had a 100 per cent paid-up membership for 1943. There were no unpaid balances against members.

A record of a completely paid-up membership has not occurred for several years. Not only were all dues paid in full in 1942, but balances of fourteen members who were in arrears on December 31, 1941, were also collected.

Dr. K. F. Swanson, former Tulsa County physician, reports from his service base at San Diego, California, that his transfer from the Navy to the Marines came immediately after an outlay of several hundred dollars for Navy uniforms. He was compelled to invest another substantial sum in his new Marine duds.

CLINIC REPORT

October 22 - November 20

Gynecology & Obstetrics.....	33
Urology	27
Medicine	639
Diathermy	13
Dental	67
Heart	16
Surgery	110
Orthopedics	8
E. N. T.	18
Dermatology	16
Rectal	4
Pediatrics	36
Neurology	3
Tumor	36
Varicose Veins	23
Tonsils	12
Total	1061

More About Gasoline Rationing

Gasoline rationing officials of Tulsa County has assured local doctors that they need have no fear of being without gasoline to make necessary professional calls.

Many physicians in preparing their supplemental gasoline rationing blanks may have underestimated the amount of gasoline necessary to make professional calls during the three months period. Rationing officials said that additional gasoline could be obtained under such circumstances in one of two ways:

(1) By direct application to the Rationing Board, Ninth and Cincinnati, Tulsa, where additional coupons will be issued to needy doctors. Officials hope to reduce the time required to obtain this additional gasoline to a matter of a few moments.

(2) In cases of extreme emergency, doctors without gasoline may go directly to filling stations and sign emergency requisition forms. If these forms are not

available, the doctor need only write a requisition on a blank sheet of paper and sign it.

It should be noted, however, that neither of these two methods may be employed to obtain additional gasoline until such time as the regularly issued coupons are exhausted.

Naturally, doctors cannot expect to do unnecessary driving and then obtain additional gasoline beyond the amount requested in his supplemental application. A definite check-up will be made. Violation of these emergency privileges may lead to recall of coupons, withdrawal of rations in the future, and fines.

Doctors are also notified that the proper sticker must be on the windshield to indicate the class of ration book issued to the car's owner. Physicians must also remember that serious consequences may result when non-professional driving is done on gasoline issued for that purpose.

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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. 8 DECEMBER, 1942 No. 12

In a few days the war with Japan and her continental allies will be a full year of age. In the twelve months following Pearl Harbor, the Tulsa County Medical Society has felt the war brought closer and closer to home. The loss of 48 members to the armed services, many of them valuable leaders in Society activities, has been keenly felt. The problems of tire and gasoline rationing, shortages of medical and drug products and equipment, increasing costs of office operation, and difficulties of transportation are new war-encouraged features of American life today. The demands for physicians at the draft boards are greater than ever before, and the influx of Tulsa defense workers and their families has kept most doctors on a full schedule of activity.

Despite the encouraging reports from our forces in Africa and the South Pacific, it is a safe assumption that the war will last another year. The Tulsa County Medical Society may expect the problems experienced in 1942 to be even more serious in 1943. Reliable sources indicate that we can expect to lose 80 per cent of our 1942 figure of doctors to service. This seems to indicate that almost 40 more Tulsa County doctors are certain to be inducted. Since this

80 per cent figure applies to the state as a whole, there is no reason to assume that the same distribution over the state will take place. Consequently, our loss may be much higher, or it may be lower, although the latter is not particularly probable.

From a financial standpoint, the Tulsa County Medical Society has also suffered. However, an economical administration this year has resulted in a sound financial condition and a substantial surplus being carried forward into 1943. The increased success of the Medical Credit Bureau has assisted in solving the problems of finance for the Executive Office.

The point of these observations is that every member of the Tulsa County Medical Society who remains in practice is going to be called upon for greater cooperation in maintaining Society functions. Men who are not normally active in Society affairs must now replace those leaders who go to war. The problems of the war as affects Tulsa medicine must be solved by responsible leaders. It is your duty to the profession, to yourself, and to the public. Your assistance is vitally important. The problems of the year ahead are now your problems more than ever.

AUXILIARY GIVES \$30.00 TO MEDICAL LIBRARY

A gift of \$30.00 for the purchase of new textbooks for the Medical Library was made last month by the Ladies Auxiliary to the Tulsa County Medical Society.

This is the second gift of the year from the Auxiliary, the first having been \$75.00 for the purchase of a new floor covering for the Medical Library.

The new gift will permit the purchase of several textbooks of a general nature. A complete list of the new additions will be published in the next issue of *The Bulletin*.

The Tulsa County Medical Society expressed its thanks to the Ladies Auxiliary by the adoption of a resolution of thanks at the meeting of November 9.



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2. Collection Records Broken for Three Consecutive Months, \$1,900 in August.
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Lay Medical Articles

November proved a slim month for medical articles in lay publications. However, a number are of definite interest to both the doctor and patient. They are listed here for reference value to the physician and surgeon.

"Burns At Mare Island". *Time*, November 16, p. 65. A new wax treatment for war burns.

"Calling All Doctors For Total War". *Coronet*, November, p. 3. By Michael Evans. An important analysis of the draft of medical personnel for service with the armed forces.

"Better Men In Better Tanks". *Colliers*, November 28, p. 50. By J. D. Ratcliffe. How medicine is equipping the tank fighter for better combat values.

"Teeth, North And South". *Time*, November 16, p. 68. Dental decay as reflected in a geographical analysis.

"Armchair Athlete Is Vindicated". *Saturday Evening Post*, November 7, p. 18. By Robert M. Yoder. New exercises for the wartime worker.

"Rationed Health". *Time*, November 9, p. 57. Quotas and civilian medical needs analyzed.

"Nine Out Of Ten Can Fly". *Esquire*, December, p. 94. By Stanley Washburn. The medical requirement for good pilots.

"Irradiated Blood". *Time*, October 26, p. 102. Information about the Knott Method for treatment of asthma.

"Good News About Yellow Fever". *Coronet*, November, p. 63. By William McKee German. A soldiers vaccine for the tropics worst disease.

"Are You Infatigating?" *Glamour*, November, p. 64. Sensible questions and answers about pregnancy.

"Body Mechanics". *Colliers*, November 14, p. 82. By Phoebe Radcliffe. More exercises for wartime workers.

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BLUE CROSS

(Continued from Page 10)

where the patient will tease the doctor to stay longer when the plan is paying the bill, but during these trying times it is easy to explain that it is a patriotic duty of every patient to make room for other people needing care. During the past year it has become common practice in many sections of the country to arbitrarily establish a limit on the length of stay for the normal case, in order to provide beds for other patients and keep the hospital occupancy at a point where efficient service may be rendered by the hospital.

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JOTTINGS

Members now in service who desire to continue their membership in the Oklahoma State Medical Association are reminded that an annual charge of \$4.00 is made for cost of printing and mailing *The Journal*. This yearly fee should be paid through your County Secretary.

Members interested in securing medical insignia for their automobiles should leave their orders at the Executive Offices, 1202 Medical Arts Building. The cost is \$2.50 each.

Drivers licenses are now available in the Executive Offices by payment of the 50 cent fee. Applicants should bring their old license envelope and title.

Members in service are reminded that changes in address must be reported to the Executive Offices so that copies of *The Bulletin* may be properly addressed.

Otherwise, some delay may be experienced in receiving your issue.

Group Hospital policy holders in the Physicians and Surgeons group now have until December 21 to pay the six-months installment due December 1. Members are protected if payments are made by that date. Checks should be sent to the Executive Office.

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