

# THE BULLETIN

OF THE

## TULSA COUNTY MEDICAL SOCIETY



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### ***IN THIS ISSUE***



Dentistry And Senate Bill 1161



Postwar Medical Activities



Maternal Care Plan Resumes



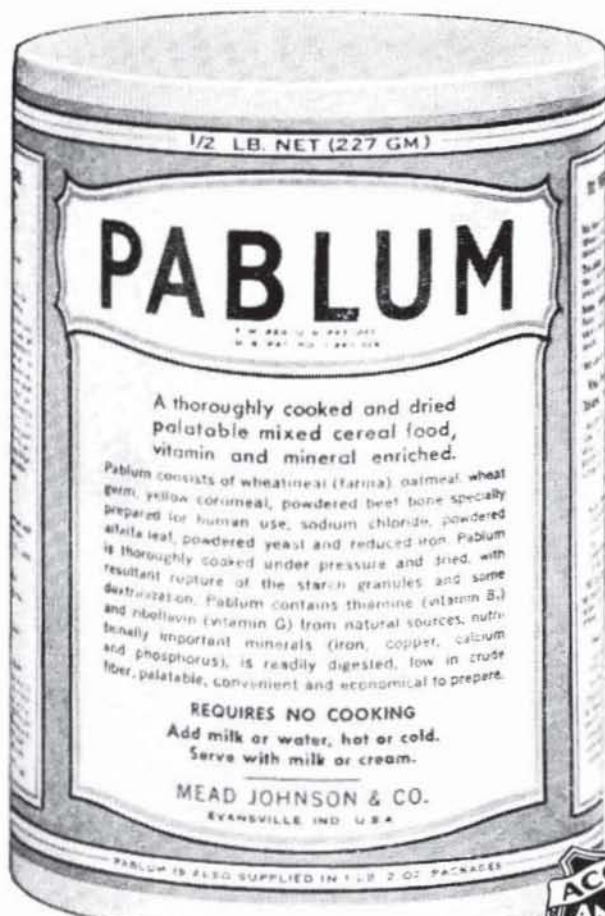
Popular Quackery — An Editorial

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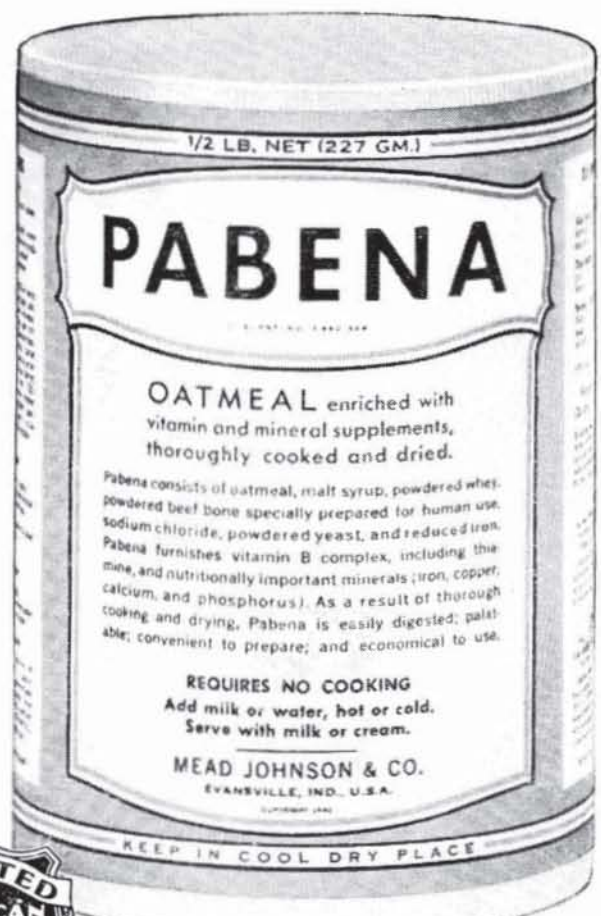
Vol. 9 ▲ Tulsa ▲ NOVEMBER ▲ Okla. ▲ No. 11

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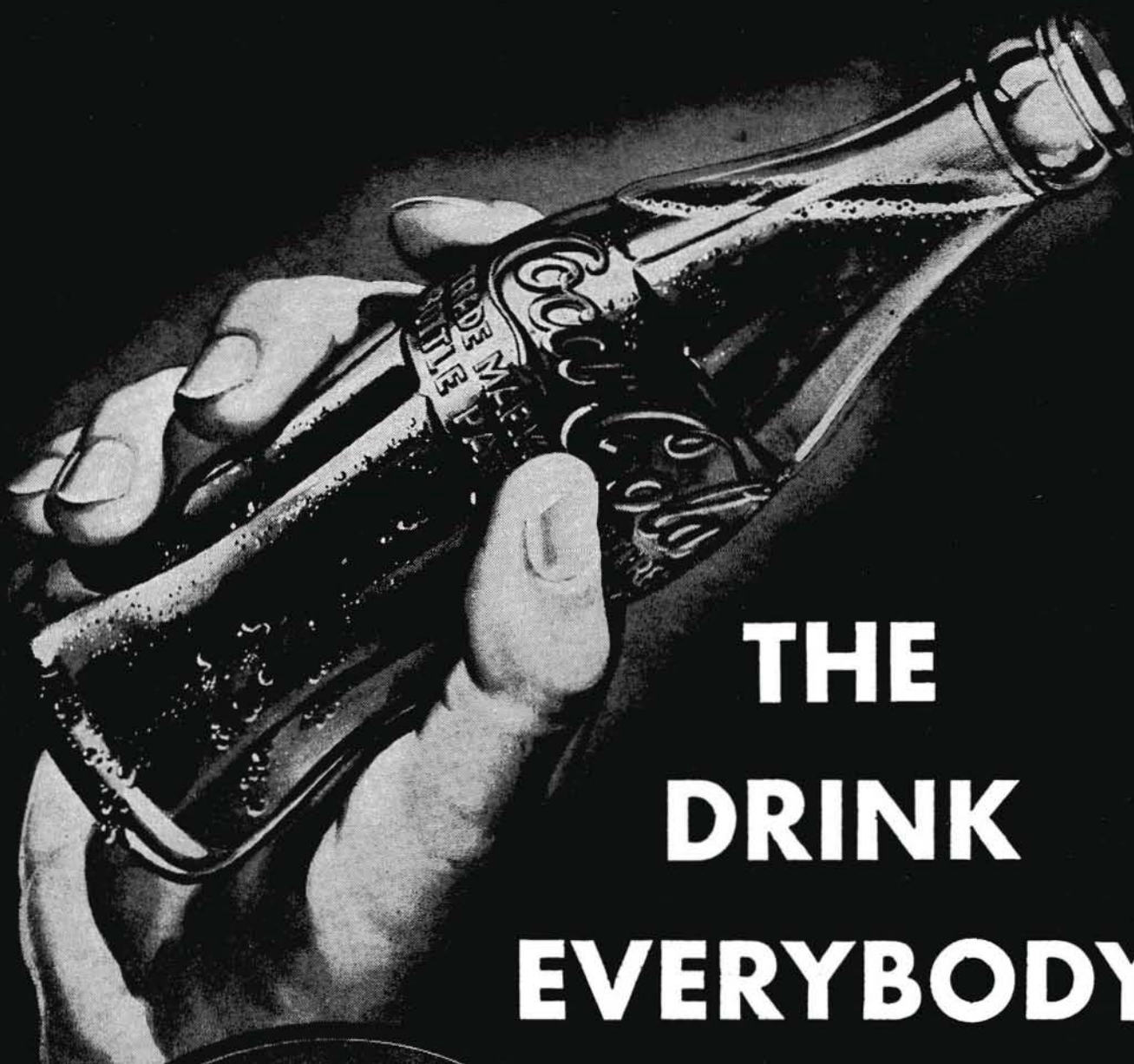
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# THE BULLETIN

OF THE

## TULSA COUNTY MEDICAL SOCIETY

J. C. Peden, M.D., *President*R. A. McGill, M.D., *President-Elect*H. A. Ruprecht, M.D., *Vice-President*E. O. Johnson, M.D., *Secretary-Treasurer*Jack Spears, *Executive Secretary*

VOL. 9

TULSA, OKLAHOMA, NOVEMBER, 1943

NO. 11

## DENTISTRY AND SENATE BILL 1161

**The Wagner-Murray Bill Provides For Extension Of Social Security Benefits To Dental And Nursing Care Within A Period Of Two Years. Additional Taxation To Support Such Measures Anticipated If Pending Bill Is Enacted.**

The comprehensive and widespread provisions of the Wagner-Murray Bill (Senate 1161), currently pending in Congress, are so predominantly devoted to the creation of a system of state medicine that the potentialities of the act to the dental profession are easily overlooked.

A careful reading of Senate Bill 1161, however, will rapidly dispell any doubts as to the intent of Senators Wagner and Murray. Apparently, nothing less than a 100 per cent federal system of physical care is going to suffice. Tucked away in the voluminous pages of the bill is a single ten-line paragraph, Section 912, which specifically provides that dental and nursing benefits shall be incorporated into the system within two years after the effective date of the act.

The all-important Section 912 may be quoted directly and in full:

"The Surgeon-General and the Social Security Board shall have the duty of studying and making recommendations as to the most effective methods of providing dental, nursing, and other needed benefits not already provided under this title, and as to expected costs for such needful benefits and the desirable division of the costs between (1) the financial resources of the social-insurance system and (2) payments to be required of beneficiaries receiving such benefits, and shall make reports

with recommendations as to legislation on such benefits not later than two years after the effective date of this title."

There is sufficient latitude in the provisions of this single, short section to enable the permanent shackling of the dental and nursing professions. It does not stop here for the phrase, "other needed benefits", extends the privilege of developing new and completely unrelated benefits under the federal social insurance program.

Before analyzing this section from the point of view of the dental profession, a quick glance at its economic aspects may be taken. Senators Wagner and Murray are not of a mind to entertain any opposition to an extension of benefits to dental and nursing care. The act clearly states that such benefits are "needed benefits" and emphasizes the fact by stating that they are "needed" not once but twice. The passage of the act as it now stands will be tantamount to a legal admission that the benefits are "needed."

Having paved the way for a quick and easy invasion of the dental and nursing professions, the bill considers the financing of the venture. Initially, the creation of a system of state medicine along with other benefits specifically provided will be supported by a tax of six per cent of the worker's paycheck with a matching sum from the employer. The sum derived, estimated in excess of twelve bil-

lion dollars annually, is of such staggering proportions as to be unbelievable. This amount, which would be created for the support of the social insurance program alone, is approximately the total cost of government expenditures for each year in the period 1924-33. It is heavily in excess of total expenditures of many leading nations.

Judging from the tone of the bill's wording, there is considerable doubt that this initial sum will be sufficient to support the extension of the system to den-

tistry and nursing. It is clearly indicated that a portion of this additional cost must be borne by the beneficiaries. The act would permit the entire cost to be borne by an additional tax.

Consider the tax-payer's position. He will be paying a heavy income tax amounting to 20 to 30 per cent of the taxable income. He will be paying a five per cent Victory Tax. He may have his salary nicked for ten per cent for the purchase of War Bonds. Present Social Security deductions for old age assistance take another one per cent. Insurance and hospital deductions may take even more in certain instances. The addition of even one per cent, with prospects for a much higher rate, to finance the dental and nursing benefits would burden the individual wage-earner to a point where his standard of living would be a bare subsistence. There is a limit to the extent of individual taxation regardless of the benefits so derived.

The Wagner-Murray Bill does not concern itself with medical and dental care for the unemployed. Their care remains a burden to the doctor and dentist. This constitutes an additional expense which must be paid for through one type of taxation or another.

It is clearly apparent that the Wagner-Murray Bill is economically unsound. This is particularly true when considered that at least twenty per cent of the income will constitute a pork-barrel for politicians and their job-seeking friends. The introduction of incompetent lay persons as medical administrators responsible only to political shysters will lead inevitably to the characteristic waste of government administration.

The dental profession shares the same personal objections to Senate Bill 1161 as the medical interests of the nation. At a single stroke, the private practice of dentistry is abolished. Dentists, like doctors, become subservient to the machinations of political tricksters and their cohorts. The incentive of personal gain is removed, the vital doctor-patient relationship abolished, the independent scien-

### THE RIGHT APPROACH

The Wagner-Murray Bill is still pending in Congress. Its passage will destroy the private practice of medicine in America and impose a political dictatorship on the medical, dental, hospital, and nursing professions. Every effort must be made by the members of these professions to insure its defeat.

Missionary work among other doctors, dentists, and nurses is not necessary. They are only too well aware of what the passage of Senate Bill 1161 will mean to their profession and to them personally. The necessity is for a program of education among the laity. The defeat of the Wagner-Murray Bill will not be at the expense of the public and the personal benefit of the profession, but must become a certainty to insure the retention of democratic principles in America.

Therefore, when arguing the necessity of defeating this bill, forget your personal stake in its defeat and demonstrate to your listener how the bill will affect him and his pocketbook. Make sure that he understands that he is not getting something for nothing, rather that he is likely to pay dearly for the inferior services to be obtained.

Make your appeal from his standpoint, not from yours!



## MATERNAL CARE PLAN RESUMES

**Oklahoma State Health Department Revives Federal Maternal and Child Care Plan For Wives and Children of Service Men Following Flood of Protests. Professional Standards For Participation In the Act Non-Existent. Plan is Forerunner of State Medicine.**

Following a suspension of two months, the Federal Maternal and Child Care Plan for wives and children of service men resumed operation after a flood of complaints deluged the Oklahoma State Health Department with demands for its continued operation.

Dr. Grady F. Matthews, state health director, Oklahoma City, said civic and social relief agencies as well as many hundreds of affected individuals had insisted on the continued sponsorship of the plan in the state by the Oklahoma State Health Department. The latter had previously dropped its participation when the attorney-general of Oklahoma ruled that children could be delivered under terms of the enabling act by any person. The state health department reportedly sought to confine participation to persons with medical degrees from recognized schools.

Dr. Matthew said the bulk of complaints accused the Oklahoma State Health Department of unpatriotic motives and an unawareness of responsibility to the men in service. The state health director asserted that the operation of the plan under the legal interpretation of the act did not conform to the department's views in the matter, but that no alternative existed but to permit the participation of osteopaths, chiropractors, midwives, blacksmiths, etc., in delivering the child.

Tulsa County doctors who desire to accept wives and children of service men as patients under the terms of the act may now proceed along previously indicated lines with reasonable guarantee of compensation for services.

Dr. J. T. Bell, administrator of the plan, recently outlined the following features of the Federal Maternal and Child Care Plan:

(1) The maximum amount of compensation for obstetrical services rendered by the physician is \$35.00. This includes the sum of \$25.00 for the actual delivery and post-natal care. The sum of \$10.00 is provided for a minimum of five pre-natal visits at \$2.00 per visit. The sum allowed for pre-natal care is prorated when the amount of pre-natal care is less than five visits and less than the full period of nine months.

(2) It is to be particularly noted that the remuneration for services dates only from the actual date of filing of the application for such services. The doctor, therefore, is permitted to make any charge he sees fit for services rendered the patient prior to the date of the application. This means that if the application for acceptance under the plan is not filed until the seventh month of pregnancy, the doctor may charge at his usual rate (or at his discretion) for services rendered the patient during those first seven months. However, the doctor must agree in writing to make no additional charge for services rendered after the date of the application.

(3) The physician may apply for a maximum hospital care of 10 days for each obstetrical patient. If conditions so warrant, additional hospital care may be obtained. These arrangements should be made in advance of confinement.

(4) In the event of postpartum complications which require additional medical treatment, the doctor must provide these services without additional charge.

(5) Obstetrical consultants may be called into a case. Such consultants shall be members of the American Board of Gynecology. They shall receive \$10.00 compensation for each consultation. This requirement is somewhat at the opposite

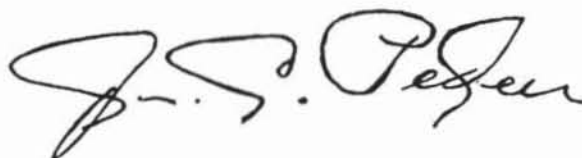
# PRESIDENT'S PAGE

The Tulsa County Medical Society, for all of its extensive facilities and widespread activities, enjoys the embarrassing distinction of having the poorest record of attendance at scientific meetings of all county medical societies in Oklahoma. It is discouraging to note that attendance during 1942 averaged only thirty per cent of the membership. On occasion, during the past two years in particular, it has dropped as low as ten per cent. Our last meeting on October 11 saw a bare 29 members present out of a total of 162. In comparison with other societies where attendance is often 100 per cent, we have little to be proud of in this respect.

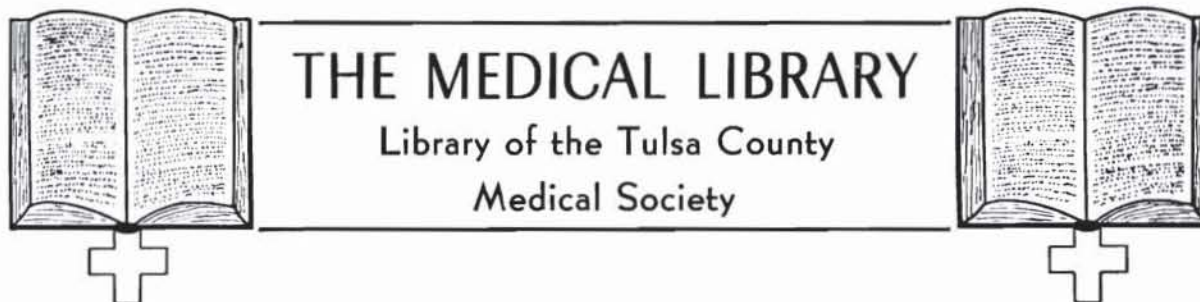
It is true that schedules of practice are extremely heavy today, what with an increased population and a decreased supply of available physicians, but it is equally true that the incentives to attend medical meetings are greater than ever. Not only does it supply much needed relaxation and fraternity with other doctors, supplying a substitute for social events of former years, but an opportunity is afforded to school yourself in the progress of medical science through attention to and discussion of the papers presented.

Meetings are now held only once each month, but that one meeting is carefully planned from a standpoint of interest and education. The officers of the Tulsa County Medical Society feel that much is to be gained by your attendance. Won't you resolve to improve this situation through your own regular attendance in the future?

Sincerely,



President.



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### RECENT ACCESSIONS

Reprints Received—

**Prevention of Deformities in Corrective Rhinoplasty** by Morton I. Berson, New York. *The Laryngoscope*, April, 1943.

**On Penicillin**, Karl Meyer, Eleanor Chaffee, Et. Al. *Science*, July 3, 1943.

**Activity of Penicillin in Vitro**, Gladys L. Hobby, Karl Meyer, Et. Al. *Proceedings of the Society for Experimental Biology and Medicine*, volume 50, 1942.

**Observations on the Mechanism of Action of Penicillin**. Gladys L. Hobby, Karl Meyer and Eleanor Chaffee. *Proceedings of the Society for Experimental Biology and Medicine*, volume 50, 1942.

**Chemotherapeutic Activity of Penicillin**, Gladys L. Hobby, Karl Meyer, Et. Al. New York. *Proceedings of the Society for Experimental Biology and Medicine*, volume 50, 1942.

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The third in a series of articles, entitled, "The Transmission of Diseases by Blood Transfusions" by Dr. A. Ray Wiley, was published in the September issue of the *Journal of the Oklahoma State Medical Association*.

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The Upjohn Penicillin fellowship has been established at the University of Illinois, by the Upjohn Company of Kalamazoo, Michigan, in a grant of \$25,000 a year for three years to the Board of Trustees of the University. It is to be used for academic study and possible synthesis of Penicillin, the production of which by the natural growth of the mold *Penicillium notatum* (only method now known) is one of the most laborious and unsatisfactory methods in use. The research production would be under the direction of Professor Herbert E. Carter of the Department of Bio-chemistry at Urbana, Illinois.

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## POSTWAR MEDICAL ACTIVITIES

**Organized Medicine Faces A Choice Of Entering Politics To Protect Its Interests Or Accepting A System Of State Medicine. Regulation Of Cultist Medicine Primary Project Of Post-War Period.**

There are probably few members of the Tulsa County Medical Society who are complacently entertaining the view that the private practice of medicine will not undergo many changes with the coming of a peacetime economy. The general belief of medical men in Tulsa that the profession is headed for some startling changes is shared by physicians and surgeons all over the United States.

The question may be asked: Why should the practice of medicine after the war be any different from the present principles of practice?

That question can be answered from a careful consideration of many factors which are certain to govern the future course of medicine in America. In the first place, the alarming trend towards state medicine leaves little doubt but that the medical profession is in dire danger. The current Wagner-Murray Bill, which would shackle medicine to political bureaucrats, is ample evidence of the handwriting on the wall. While this bill may not be passed, it is indication in itself that a modified edition of its medical and hospital care provisions may be passed through the Congress and enacted into law at some future date.

State medicine may not necessarily come. It is not entirely safe to assume that a change of administration will remove that danger, however. The notion of federal medicine is not confined to the New Dealers. Labor, powerful through its strong unions, is favorable towards such a system of medical and hospital care. Any administration is going to be quick to curry its favor, if necessary through the enactment of a bill creating a system of state medicine.

Furthermore, the end of the war may see the elimination of many taxes made necessary by the war strain. There is almost certain to be an appeasing reduc-

tion in the high income tax rates. This is going to pave the way for the addition of a withholding tax to provide for medical care. The public, in this fashion, will be easily defrauded into thinking that medical care by the government constitutes something for nothing.

Organized medicine is placed in a position of girding its loins for the attacks to come. While the high dignity of the medical profession need not be sacrificed, there is no doubt but that medicine must come from its reclusive shell and enter politics. This is a "must" for post-war medicine; it is important that the organization of political medicine begin now.

The entrance of medicine into politics may be distasteful to most doctors. However, every physician and surgeon in Tulsa and in the United States must remember that a system of state medicine is going to be even more distasteful. The protection of the private practice of medicine need not be made in the interests of medicine itself. It can be made in the name of the public interests. Organized medicine has made the safeguarding of professional standards as public safeguards since the very beginning. There need not be a shift in motive to the selfish one of protecting personal interests.

How can these political activities by medical organizations be entered into. First, by careful attention to the organizational structure of medical societies from the smallest county group to the national American Medical Association. The need for reforms in these organizations, the substitution of the complacent and selfish with the competent and aggressive standards, all are paramount objectives.

The trend towards state medicine it-

(Continued on Page 21)

# Medical Calendar

**MONDAY, November 1st:**

Hillcrest Hospital Staff Meeting.

Any member of the Tulsa County Medical Society who has not filed his application for supplemental gasoline rations to provide for the reduction in value of B and C coupons should contact the Executive Offices at once.

**FRIDAY, November 5th:**

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

**MONDAY, November 8th:**

Scientific program, Tulsa County Medical Society, Mayo Hotel, 8:00 p.m. Lt. Clarence S. Hoekstra, M. C., attached to the Armed Forces Induction Station of Tulsa, will speak on "Electroencephalography." Dr. W. A. Showman, Tulsa, will deliver an additional paper on "Industrial Dermatitis."

**FRIDAY, November 12th:**

Applications for renewal of quarterly gasoline ration books B and C will be received in the Executive Offices beginning this date. All doctors should make application promptly to avoid delay.

**MONDAY, November 15th:**

St. John's Hospital Staff Meeting.

**TUESDAY, November 16th:**

Medical and Dental Office Assistants Meeting, Michaelis Cafeteria, 6:00 p.m. Program to be announced later.

**THURSDAY, November 18th:**

Copy deadline for the December issue of The Bulletin.

**FRIDAY, November 19th:**

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

**MONDAY, November 22nd:**

Scientific program of the Tulsa County Medical Society for this date cancelled unless members are otherwise notified by mail.

**THURSDAY, November 25th:**

Thanksgiving Day, pending an unannounced change by Mr. Roosevelt. The Executive Offices will be closed all day in celebration of the event.

**MONDAY, November 29th:**

All committee chairmen are asked to confer with the Executive Secretary during the week beginning November 29 in regard to the content of annual committee reports to be presented at the first meeting of the Society in December.

**TUESDAY, November 30th:**

The Executive Office will accept payments on 1944 membership dues on and after this date.

**The BULLETIN***Editorial  
Committee*.....

B. W. WARD, M.D.,  
Chairman  
PHILIP SCHRECK, M.D.  
ROBERT E. FUNK, M.D.

*Managing Editor*.....JACK SPEARS

*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.*

Vcl. 9      NOVEMBER, 1943      No. 11

**POPULAR QUACKERY**

It is most unfortunate that the editors of our national lay magazines permit the publication of articles of medical science or medical economics without a thorough investigation of the merits of all statements and the qualifications of the writer. The growing trend towards popular medical literature is being accompanied by an increasing deviation from accuracy, by careless expression of medical ethics, and by greater emphasis on the more sensational aspects of the topics discussed.

The results are distinctly unfavorable to medicine and at the least, confusing to the public. Tulsa doctors are often informed by their patients of new and miraculous cures of which they have read in a popular magazine. Further investigation by the physician often reveals that a medical reporter has enhanced a basic and incomplete laboratory experiment by publishing it as an accomplishment of medical science. The doctor, through such articles, is hindered from the resulting suggestions of patients, and the latter often entertain an idea that the doctor is not exactly on his toes as a result of his apparent lack of knowledge in the new discovery.

Similarly, there are many articles dealing with medical economics which are

published in lay magazines suffering from a lack of understanding of the principles of medical ethics and the operative methods of the medical profession. Too much attention is often devoted to apparent results with no mention of the dark features of the matter. The impression is often gained that a deliberate coloring of the subject matter is made in an effort to create a better story.

Finally, there is considerable doubt as to the competency of many such medical reporters. A few, namely Gretta Palmer and J. D. Ratcliff, are fair-minded and reliable both in their attitude toward the profession and medical science. Others, such as Paul de Kruif, are known enemies to the profession, rabble rousers, and spellbinding demagogues who are making their living at the expense of medicine. They are careless in reporting medical progress, inaccurate, known for half-truths, and masters of insinuation. It is to be hoped that the editors of lay magazines will take it upon themselves to investigate the motives behind their medical articles, the integrity of their medical reporters.

The editors of *The Bulletin* believe that the bad impressions and incorrect information purveyed by these stories can best be combated by the doctors themselves. To this end, careful reading of lay medical articles should be done. A list of such articles is published monthly in *The Bulletin*. By analyses of such articles, the doctor is enabled to be on his guard, to have a ready rebuttal to the medical quackery of our popular magazines.

**MEMBERSHIP 100% PAID UP**

The Executive Offices reported to the Secretary-Treasurer that a 100 per cent paid-up membership was attained by the Tulsa County Medical Society on October 1, 1943. This is in comparison to 1942 when the goal was obtained by November 15, 1942. There were no 100 per cent years prior to 1942.

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<b>PERSONALS</b>
------------------

DR. DONALD V. CRANE was elected to membership in the Tulsa County Medical Society at the meeting of October 11. He was also featured on the scientific program of that date, delivering a paper on "Contact Lens."

DR. LOUIS M. PIATT has announced his association with DR. EDWARD REINERT, 247 East State Street, Columbus, Ohio. Dr. Piatt, until recently, practiced at 2-7 Medical Arts Building, Tulsa.

DR. P. N. CHARBONNET has resumed active practice in Tulsa at the Oklahoma Building following an illness of several months.

DR. JAMES C. PEDEN has returned from a combination business and pleasure trip in Pennsylvania.

DR. IAN MacKENZIE has returned from a two-weeks stay at Chicago, Illinois.

DR. R. G. SHERWOOD has taken attractive new offices in the Court Arcade Building, Tulsa.

LT. ROY L. SMITH has been transferred to Port Huenen, California, after spending more than a year with a Naval Training Unit at College Station, Texas.

New applicants for membership in the Tulsa County Medical Society are DR. VINCENT MAZZARELLA, a member of the medical department of the Oklahoma Ordnance Works, and DR. OTTO J. HARTIG, resident surgeon at Hillcrest Hospital.

DR. H. B. STEWART headed the Medical Division of the Community Fund Drive.

DR. JAMES STEVENSON was a recent speaker before the Rotary Club of Claremore.

DR. MARGARET INGRAM and DR. WARREN ZAGER are removing their practice to Seattle, Washington. Dr. Ingram has been associated with Tulsa Clinic and Dr. Zager with the Medical Department of Douglas Aircraft.

DR. JOSEPH S. BOWERS has

moved from 2812 W. 40th Street to new quarters at 2422 W. 41st Street.

DR. R. E. L. RHODES has recovered from a recent illness.

DR. C. H. HARALSON, DR. R. N. SMITH and DR. W. ALBERT COOK attended the recent convention of the American Academy of Ophthalmology at Chicago.

DR. JOHN PERRY and DR. A. L. WALTERS of Tulsa were speakers before the Washington-Nowata County Medical Society at their meeting of October 13. Also in attendance was DR. R. W. DUNLAP and the Executive Secretary.

DR. H. N. SCHWARTZ, now stationed at Camp Gruber, Muskogee, Oklahoma, has been promoted from the rank of First Lieutenant to Captain.

DR. NED R. SMITH is still confined by an illness to St. John's Hospital in Tulsa. His condition is improving.

DR. HUGH C. GRAHAM is recovering from an illness.

(Continued on Page 21)

<b>Credit Bureau Collection Records Hits New High</b>
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The Medical Credit Bureau, official collection agency of the Tulsa County Medical Society, equalled an all-time collection record last September with collection figures for October indicating a new high for any single month as *The Bulletin* went to press.

Representatives of the Medical Credit Bureau Committee, speaking at the October 11 meeting, urged doctors to lend their support to the Bureau. Now commanding a clientele of 80 per cent of the Tulsa medical profession, the Medical Credit Bureau is now collecting the bulk of accounts at rate of 20 and 33½ per cent.

Information is available from the Executive Secretary.



## PREPAID SURGICAL CARE PLAN WELL UNDER WAY

With the basic organization complete and legal technicalities now being ironed out, the prepaid surgical care plan as proposed by the Oklahoma State Medical Association is rapidly approaching the practical operation stage.

Speaking at the Annual Secretaries Conference in Oklahoma City last October 17, Dr. John F. Burton, chairman of the state directing committee, said progress is rapid due to the cooperation of all concerned groups.

The prepaid surgical care plan, to be administered by Group Hospital Service of Oklahoma (Blue Cross) under sponsorship of the Oklahoma State Medical Association, will be tried initially on a selected group or groups before being opened for statewide operation.

Preliminary surgical fees are likely to be small, Dr. Burton said, but will increase as the volume of persons served increases. Tentative rates under consideration are \$6.00 per person per year, \$15.00 for couples, \$24.00 for all members of the family. This will provide surgical care protection to the extent of \$300.00, \$600.00, and \$1,000 respectively for the groups indicated above.

Details of the proposed plan are not complete or officially approved.

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## HOEKSTRA, SHOWMAN FEATURE NOV. 8 PROGRAM

An address by Lt. Clarence S. Hoekstra, army medical corps, on "Electroencephalography" will feature the November 8th program of the Tulsa County Medical Society with an additional paper on "Industrial Dermatoses" to be delivered by Dr. W. A. Showman, Tulsa dermatologist. Lt. Hoekstra is attached to the Armed Forces Induction Station at the Akdar Theater Building, Tulsa.

Dr. H. A. Ruprecht, program chairman, has arranged for an attractive program for January. The December meeting will be devoted to election of officers for 1944 and report of committee activities for the year.

## Lay Medical Articles

Lay medical articles of interest during October included:

"**Good News About Mental Illness**". By Edith M. Stern. *Coronet*, October, p. 56. Removing the stigma of disgrace from insanity.

"**Wounded Face**". *Time*, October 18, p. 91. How the service medical corps are preventing scars on the face as a result of battlefield wounds.

"**Hypnotism Comes of Age**". By Lois Mattox Miller. *Readers Digest*, October, p. 11. The use of an old science in medical treatment.

"**It Can Happen to our Eyes**". By Maxine Davis. *Good Housekeeping*, November, p. 24. The tragedy of glaucoma explained.

"**This Cross Is Blue**". By J. C. Furnas. *Saturday Evening Post*, October 2, p. 18. The story of Blue Cross and group hospitalization services.

"**The Sick And The Heartsick**". *Time*, October 11, p. 93. How indigestion can lead to nervousness and mental ills.

"**Minute Men Against Infantile Paralysis**". By J. D. Ratcliff. *Colliers*, October 9, p. 18. The Kenny Method explained by photographs.

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"**G. I. Babies**". *Time*, October 4, p. 46. A brief for the maternal care plan of the federal government.

"**New Medical Miracles Save Thousands In Battle**". By Ross T. McIntire. *American*, November, p. 26. How the service doctors are reducing casualty rates in this war.

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To be considered by the committee of judges, nominations for this award for work published in 1943 must be received by the secretary, Arthur H. Smith, Ph. D., Wayne University College of Medicine, Detroit, by Jan. 10, 1944. The nominations should be accompanied by such data relative to the nominee and his research as will facilitate the task of the committee of judges in its consideration of the nomination.

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**SENATE BILL 1161**

(Continued from Page 8)

tific progress of the profession is impaired, and the high standards of ethical dental education and practices destroyed.

By what method will dentists be selected for participation in the system? How shall specialists be recognized? Who shall maintain the standards for dental education? What will these standards be? What control will be exerted over licensing procedures? The answers to these questions are inadequate and unsatisfying. The politician who conceived this act is asking that the public and the professions place their confidence in the political administrators of the system. Nothing could be more unwise than misplaced confidence of this character.

One final point may be noted here. The establishment of a system of federal medicine as proposed by the Wagner-Murray Bill is not going to be an overnight proposition, or even one of a few months. It is reliably estimated that a minimum of two years will be necessary to place such a system into operation. Yet, the bill provides in Section 912 that the extension of the system to dental and nursing benefits shall be at least placed in operation within two years after the effective title, or passage, of the act. This means that the

American public is not going to be given an opportunity to determine for itself the merits and workability of the system of state medicine. Rather, the public is going to be rushed into acceptance of an extension to include dental and nursing benefits. Senators Murray and Wagner take no chances that their unworkable system shall be stymied in its development through a lack of public confidence. Hence, the inclusion of a provision limiting the delay of extended benefits to a period of two years after the passage of the bill.

It is clearly that the dental profession has as much interest in the Wagner-Murray Bill as the doctors of America. Perhaps they will not be so immediately affected, but they will enjoy the disturbing knowledge that they are provided for in the government's scheme of state medicine.

Every dentist in Tulsa County, and in the nation for that matter, must make it a point of personal obligation to oppose this bill in the most effective manner possible. Only through concerted efforts of the medical, dental, hospital, and nursing professions can this crisis be averted.

**MATERNAL CARE**

(Continued from Page 9)

extreme of the regulation which permits actual delivery of the child by anyone, even a lay person.

(6) The State Health Department cannot approve remuneration directly to the patient as reimbursement for payments to the doctor or hospital. Such payments must be made directly to doctor or hospital.

(7) Payment is authorized for home deliveries.

(8) Pediatric care is provided for children of service men under one year of age. Fee schedules for such services are variable.

(9) Eligibility for admission under the plan is limited to wives and children of service men in pay-grades 4-7

**CLINIC REPORT****September 17 - October 19**

Medicine .....	547
Gynecology .....	7
Rectal .....	13
Dermatology .....	29
Tumor .....	42
Surgery .....	59
Pediatrics .....	16
Dental .....	75
Eye .....	44
Varicose .....	11
Cardiac .....	6
Tonsils & Adenoids .....	9
Urology .....	17
Obstetrics .....	3
Total .....	847

inclusive. This includes all men below the commissioned ranks, but in general limits eligibility to men whose basic monthly salary does not exceed \$78.00.

(10) There is no obligation on the part of the doctor to accept such patients.

Application blanks may be obtained by the patient or doctor directly from the Oklahoma State Health Department, Oklahoma City, Oklahoma.

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The Tulsa County Medical Society hailed the news of the discontinuation of the Federal Maternal and Child Care Plan in Oklahoma as a beneficial move. Accordingly, the news of its resurrection is justly condemned.

While there are a few features of the Plan which recommend it, the Plan's bad features offset whatever benefits it may have. The doctors of Tulsa County are not unmindful of their obligation to the men in service; to avoid any public misinterpretation of their motives, Tulsa County physicians agreed to provide such services without any cost whatever rather than accept this plan.

This plan serves only to penalize the obstetrician and pediatrician by its failure to pay an adequate fee. It opens the way for a general reduction of such fees to the lay public. It provides few or no standards for professional participation. It paves the way for state medicine. It serves to create a body of citizens who are indebted to the administration. It substitutes the basic American principle of free initiative with a subservient reliance on the federal government for a "hand-out". It taxes one group for support of another. It is not charity in the strict sense for it makes funds available to many who can actually afford to pay for such services.

It is to be hoped that organized medicine in this state will not lend its support to this bill until it makes a thorough study of its potentialities. Any act which encourages state medicine is objectionable regardless of the guise or excuse under which it makes its appearance and justifies its existence.

## POSTWAR MEDICINE

(Continued from Page 12)

self is going to change the practice of medicine in the post-war era. There is almost certainly to be extensions of contract practices. The alleged encroachment of hospitals on the private practice of medicine is to be opposed if such encroachment exists. The extension of any government activities into the field of medicine must be fought by united efforts of the profession. The Federal Maternal and Child Care Plan, discussed in detail on another page in this issue of *The Bulletin*, is typical of the insidious manner in which governmental control of medicine is being effected. Socialized medicine must take care to exert every possible control over itself in order that no opportunities be afforded for government regulation.

The medical profession itself may expect a greater degree of competition from the osteopath, the chiropractor, the cultist, and the downright quack unless it insures through its own efforts that the activities of these groups be kept within limitations. Certainly, a greater degree of legal control will be essential. The profession, through inattention to the growing encroachment of cultist groups, has permitted a serious situation to arise already; osteopaths and chiropractors in particular are finding few legislative obstacles to their progress. These men as competitors and purveyors of incompetent medical care cannot be ignored. They must have their activities legislatively curtailed.

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## PERSONALS

(Continued from Page 16)

R. M. SHEPARD, JR., medical officer now stationed at Victory Field, Vernon, Texas, and son of DR. R. M. SHEPARD of Tulsa, has been promoted to the rank of Captain.

DR. JAMES STEVENSON participated in the program of the Annual Secretaries Conference of the Oklahoma State Medical Association at Oklahoma City, October 17.

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