# THE BULLETIN 

OF THE

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# TULSA COUNTY MEDICAL SOCIETY 

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

| VOL. 9 | TULSA, OKLAHOMA, SEPTEMBER, 1943 | NO. 9 |
| :--- | :--- | :--- | :--- |

# Senate Bill Proposes State Medicine 

Pending Wagner-Murray Bill Would Create System Of Federal Medical And Hospital Care Under Exclusive Authority Of Surgeon-General. Act Would Have $\$ 3,098,000,000$ To Spend Annually.

Pointing out that enactment of the pending Murray-Wagner Senate Bill No. 1161 would virtually abolish the private practice of medicine in the United States, the Legislative Committee of the Tulsa County Medical Society last month urged members to exert all possible influence to secure the defeat of the proposed bill.
Dr. R. M. Shepard, chairman of the Legislative Committee, termed the act the "most serious piece of adverse legislation in the history of organized medicine." He noted that approval of the act by the Congress would place the dispensing of medical care under the control of one man, the Surgeon-General of the United States Public Health Service.
Specifically, the bill provides for the creation of a system of medical and hospital insurance to operate through the present Social Security organization. By increasing the monthly deduction from employee's paychecks and by demanding a matching sum from the employer, funds would be available to set up a government controlled system of medical and hospital care. State medicine would be achieved at a single stroke.
Introduced into the Senate early last June, the proposal carries a great many other extensions of social security benefits, including, incidentally, cash bene-
fits for maternal care. Most important of its many provisions, however, are sections 901-914 of bill which defines the benefits and administrative details of a system of state medicine.

In general, there are three important aspects of Senate Bill No. 1161:

1. Provision for free general medical, laboratory, and hospitalization benefits for $110,000,000$ United States citizens.
2. Provision for eventual extension of these services to the fields of dentistry and nursing.
3. Creation of an unrestricted control over the system by one person-the Surgeon-General of the United States Public Health Service.

The bill, by raising social security payments to 6 per cent of the annual income of a salaried employee and a matching figure from the employer, would create an annual sum estimated in excess of $\$ 3,048,000,000.00$ for support of a system of state medicine.

This staggering figure, which is in excess of the entire total income of the federal government for each year (on an average) in the period 1924-33, is sufficient to hire every physician in the United States at an annual salary of $\$ 5,000.00$, to rent every hospital bed in every private hospital in the nation, to support every government-owned hos-
pital in the United States, to pay all costs of administration, to purchase necessary supplies and drugs, and-furthermore-to assume complete control over all medical teaching facilities in the United States.

The entire control over this fund is placed by the act in the hands of the Surgeon-General. Its net result would be to paralyze the private practice of medicine, to force legitimate practitioners into government service, and to control the teaching of medicine in the future.

The powers further given to the Sur-geon-General are amazing in scope:

1. All physicians must qualify under provisions and regulations prescribed by the Surgeon-General.
2. The determination of rates of remuneration for medical services are prescribed by the Surgeon-General.
3. The distribution of patients shall be made by the Surgeon-General.
4. The designation of specialists shall be made by the Surgeon-General.
5. The Surgeon-General shall qualify all hospitals for participation.
6. The hospitalization benefits and remuneration for individual hospitals shall be determined by the SurgeonGeneral.

It is clearly evident that the bill fails, if for no other reason, in the manner in which authority is delegated to a single man to such an unlimited extent.

The objections to the plan are numerous. From the point of view of medicine, the act would destroy every accomplishment of organized medicine. Every doctor would be enslaved to the political machinations of the federal government. The limitations on scientific research and progress could very well put an abrupt end to medical progress in the United States.

What can the Tulsa doctor do?
The Legislative Committee has made these recommendations:

1. Write at once to both Senator E. H. Moore and Senator Elmer Thomas of Oklahoma, requesting a copy of U.S. Senate Bill 1161.
2. When the bill arrives, make a thorough study of its provisions.
3. Direct a letter, telegram, or telephone call to your Congressional representatives stating your conclusions on the future of medicine if this bill is passed.
4. Direct a letter, telegram, or telephone call to all persons and agencies who share a mutual interest in the defeat of this bill-hospitals, medical associations, dentists, nurses, medical colleges, etc., enlisting their support.
5. Contact your Congressional representatives personally if possible.
6. Make certain that your fellow practitioner understands the importance of defeating this bill.
7. Impress upon all responsible employers of your acquaintance that passage of this act will place a greatly increased tax burden upon them. Rather than pay the one per cent of payrolls as now required by Social Security legislation, they would pay six per cent in the future. In many cases, the addition of this tax load would serve to eliminate the profit margin and force one of two things-(1) highest prices and resulting inflation, or (2) going out of business.

Do not underestimate the importance of the Wagner-Murray Bill. It will introduce a state of totalitarian medicine in the United States if enacted. It will cripple private medical enterprise. It will eliminate the valuable controls which organized medicine places over medical standards and ethics. It will remove the power of the individual and replace a group control exerted by Washington and area politicians.

Write to your Senator today. Additional information can be found at the Executive Offices of the Tulsa County Medical Society, 1202 Medical Arts Building, Tulsa.

Collections by the Medical Credit Bureau, official collection agency of the Tulsa County Medical Society, were at a high figure during the recent heat wave. Send your delinquent accounts now.

# Post-War Planning For Medicine 

The Return Of Peace Will Bring New Problems<br>To The Medical Profession Of Tulsa. Much Will Depend Upon Sound Economic Adjustment To Post-War Conditions.

From the outbreak of the present war, the Tulsa County Medical Society has experienced the need of a long-range program of post-war planning for the local medical profession. A program of this type is especially indicated in Tulsa since the economic situation here is certain to be considerably upset by post-war cessation of defense projects. The medical profession will be affected in much the same manner by these changes as by any commercial industry. Other problems in addition to an economic adjustment will be created by the return of Tulsa physicians now serving with the armed forces.
Unfortunately, programs of post-war planning are too easily neglected in contending with the current problems imposed by the war. Despite this tendency, post-war planning must not be delayed too long. The value of such programs lies in sound-thinking and a long-range view of the problems to be encountered.
Dr. James C. Peden, president of the Tulsa County Medical Society, sounded the keynote in the April issue of The Bulletin when he noted that ". ... the medical profession must not make the mistake of reserving post-war planning to the actual post-war period. The dislocation of medical practices, the demoralizing inroads of state medicine during the war years, the personal problems of the medical officer who will someday return to civilian life, the effect of wartime economic conditions and the resulting post-war depression-all are problems which require deep thought and careful planning if the proper solution is to be made."
Obviously, it will not be possible to foresee all of the problems which the return of peace will bring for the medical professions. However, and equally obvious, many problems can be foreseen
and plans made for their proper solution.
In the first place, much is going to depend upon Tulsa's economic situation at the end of the war. The county is now crowded with defense workers for dozens of large and small local defense projects. The constant influx of workers has greatly increased the load of the Tulsa doctor, already penalized by the withdrawal of fifty much-needed physicians for military service. Whether or not these workers will remain after the war remains to be seen. It is a general expectation that the bulk of smaller defense projects will be discontinued. The operation of the Oklahoma Ordnance Works at nearby Chouteau is equally unlikely. The expanded operations of the Spartan School of Aeronautics will probably be drastically cut. The huge Douglas Aircraft plant presents a problem of conjecture as to its future. Reportedly still under army ownership, the plant may be of no value to the Douglas interests if army-navy contracts are discontinued.

Of course, many of these plants will convert to peacetime production. This conversion, however, will probably take a full year. In the meantime, widespread unemployment, particularly in Tulsa, is indicated. Furthermore, there is considerable doubt that many Tulsa plants will be in a position to enter a peacetime manufacturing program.

Many of these defense workers, having established a home in Tulsa, are going to remain in the hopes of being absorbed into the peacetime industrial schedule. Many will be, but it is certain that the demand for workers in the post-war period, regardless of a prosperous period of peacetime manufacture, will not match wartime industrial employment. As a result, indigency may be expected to increase.

The doctor will be affected by these changes in the following manner. First, the increase of indigency will remove paying patients and substitute non-paying or will transfer them to local agencies of treatment, such as the Tulsa County Clinic, where the doctor must (or will) provide medical care without charge. These unempleyed persons will either be without funds to pay previously incurred medical bills or hesitant to pay them with savings. Not having the money to pay for medical care, many persons will probably do without it when it may be actually needed. Certainly, there will be a decline in surgery which is not absolutely necessary if desirable.

The employment situation will be further complicated by the return of soldiers to private life. It is to be hoped that the government will assist in providing these men with employment in private industry, not in public federallycontrolled work relief projects.

Clearly the crux of the matter will be Tulsa's ability to turn its wartime industry into peacetime industry with the smallest amount of dislocation of current personnel. Unless this is done, Tulsa may expect a serious lecal situation of unemployment and indigency.

The doctor will be wise to maintain as much of his practice as possible on a cash or short-term credit basis. It will avoid the accumulation of accounts which may become worthless as defense activity recedes.

The present shortage of physicians will likely be transformed into an excess. While the Tulsa County Medical Society now has fifty members in service, some of these will probably remain at their army or navy medical posts. The observation has been made that army medical men will be required long after the war's close to rehabilitate wounded soldiers of this and allied and conquered countries, as well as reconstructing the health facilities of the world. However, we may expect the return of the bulk of cur in-service members within a reasonable period after the close of the
war.
Tulsa doctors must also take into account the fact that many interns are entering the army directly. These men, tco, must he absorbed and it is certain that a portion of them will select Tulsa to enter private practice. Physicians who have been relocated may find an insufficient amount of practice after the retuin of rormal conditions. These men may very well select Tulsa as their professional residence. The government and army program of training doctors in large numbers is going to release men who are anxious to continue in the medical profession in private life. A situation will likely arise where Tulsa will see many new faces in the local medical profession. This wholesale entry will be offset only by the retirement or death of older physicians.

Other post-war problems for the doctor:

The division of wartime practices after the close of hostilities will probably lead to a reduction in the amount of office space necessary. This will be normal and in line with the size of the practice. It will provide office space of the most desirable character to returning in-service doctors and to newcomers. Consequently, doctors who enlarge their effice space during wartime should make an effective analysis to determine if it is the most profitable move. Equipment costs are now high and additional rents may reduce the actual profit margin.

It may be noted that as a part of its pest-war planning program, the Tulsa County Medical Society has arranged with the Medical Arts Building for pricrities on available office space for in-service members returning to practice.

One less sombre note in the picture is the probability that more competent office assistants will be available. At present it is exceedingly difficult to obtain top-flight assistants due to the competition for workers services.

Problems of licensing physicians may also occur. The question of licensing re-


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THE MEDICAL LIBRARY Library of the Tulsa County Medical Society


Open Monday through Friday 9 A.M. to 5 P.M.
Saturday, 9 A.M. to 1 P.M.

## RECENT ACCESSIONS

New Books-
Neoplastic Diseases, by James Ewing, M.D., New Fourth Edition, 1942. Purchased from the Special Book Fund.
American Illustrated Medical Dictionary; W. A. Newman Dorland, M.D., Editor, New Nineteenth Edition. The gift of Dr. V. K. Allen.
Collected Reprints Of The Grantees Of The National Foundation For Infantile Paralysis, Volume III, 1942.
Reprints Received-
A New Aspect Of Muscle Reinnervation, by H. E. Billig, Jr., Lt. (MC) U. S. N., and A. Van Herreveld, M. D., U. S. Naval Medical Bulletin, March 1943.
Dysmenorrhea, The Result of Postural Defect, by H. E. Billig, Jr., Lt. (MC) U. S. N. Archives of Surgery, May 1943.
Foot Pain, by H. E. Billig, Jr., Lt. (MC) U. S. N. and R. L. Brennan, D. S. C. Military Surgeon, May 1943.
Atypical Pneumonia Of Probable Virus Origin, by C. E. Hufford, M.D., and A. A. Applebaum, M.D., Radiology, April 1943.
Ketosis In Health And Disease, by Joseph H. Barach, M.D., American Journal of Digestive Diseases, April 1943.
The Role Of The Emergency Medical Service In Gas Defense; W. P. Dearing, M.D., Senior Surgeon, U. S. Public Health Service. Bulletin, American College of Surgeons, June 1943.
Gifts Of The Month-
Dr. Joseph Fulcher, Doctors On Horseback, Pioneers Of American Medicine, by James Thomas Flexner, 1939.

## OF INTEREST

The first of a series of articles on plasma, entitled, "The Plasma Bank" by Dr. A. Ray Wiley, was published in the July issue of the Journal of the Oklahoma State Medical Association.

## ANNOUNCEMENT

The library is the recipient of the gift of two new journal subscriptions, in the American Journal of Public Health and Public Health Nursing, the gift of the Public Health Association.

## || president's page

Several years ago the Tulsa County Medical Society undertook as a major project to secure a reliable policy of malpractice insurance at reasonable rates of premium. Through the efforts of many energetic members this was finally accomplished. Annual premiums were reduced in some cases as much as 75 per cent of the amount formerly charged. The policy also had many benefits which the regular commercial policies had failed to include-retention of control by the local Society, selection of defending attorneys, coverage of assistants, coverage for injuries sustained through misuse of machines, etc. So successful was this policy that it was subsequently transferred to the Oklahoma State Medical Association for promotion on a state-wide basis.

Unfortunately, this policy of malpractice insurance has not enjoyed the support by the profession to which it is entitled. In most cases this arises from a lack of knowledge by the doctor of its special benefits. I want to urge the members of the Tulsa County Medical Society to inspect this policy at their earliest convenience. Much time and money was expended in its construction. It represents one of the finest achievements of the Tulsa County Medical Society and has served as a model for similarly sponsored policies elsewhere. I urge you to take advantage of the opportunity in the interests of yourself and the well-being of the profession.

Sincerely,


President.

## Medical Calendar

WEDNESDAY, September 1st:
All members of the Tulsa County Medical Society who have not paid any portion of their 1943 dues will be certified to hospitals as without standing in the Society.
SATURDAY, September 4th:
Medical Broadcast, "Doctors At War", Radio Station KVOO, 4:00 p. m.

MONDAY, September 6th:
Hillcrest Hospital Staff Meeting.
The Executive Offices will be closed all day in observance of Labor Day.
FRIDAY, September 10th:
Board of Trustees Meeting, Tulsa County Medical Society, 703 Medical Arts Building, 1:00 p. m.
SATURDAY, September 11th:
Medical Broadcast, "Doctors At War", Radio Station KVOO, 4:00 p. m.

MONDAY, September 13th:
Regular scientific program, Tulsa County Medical Society, Mayo Hotel, 8:00 p. m. Program to be announced later. Special business session.
FRIDAY, September 17th:
Copy deadline for the October issue of The Bulletin.
SATURDAY, September 18th:
Medical Broadcast, "Doctors At War", Radio Station KVOO, 4:00 p. m.

MONDAY, September 20th:
St. Johns Hospital Staff Meeting.
TUESDAY, September 21st:
Medical and Dental Office Assistants Meeting, Michaelis Cafeteria, 6:00 p. m. Program to be announced later.
FRIDAY, September 24th:
Board of Trustees Meeting, Tulsa County Medical Society, 703 Medical Arts Building, 1:00 p. m.
SATURDAY, September 25th:
Medical Broadcast, "Doctors At War", Radio Station KVOO, 4:00 p. m.

MONDAY, September 27th:
Regular scientific program, Tulsa County Medical Society, subject to cancellation. In event of meeting, members will be notified in advance of nature of program.
THURSDAY, September 30th:
Members not having paid any portion of their 1943 dues are dropped from membership on this date. The constitution provides that any member shall be dropped when his dues become nine months in arrears.

# The BULLETIN 

B. W. Ward, M.D.,

Committee.

B. W. Ward, M.D., Chairman Philip Schreck, M.D. Robert E. Funk, M.D.
Managing Editor.


Published monthly on the 3rd day of each month at the executive offices of the Tulsa County Medical Society, 1202 Medical Arts Building, Tulsa, Oklahoma.

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## A BEDTIME STORY

Dr. Vincent Williams, editor of the Jackson County (Kansas City) Medical Society's Weekly Bulletin, is not only a competent doctor but a gentleman of literary talent as well. His widely read editorials are among the best written on medical subjects and are made more readable and effective by his subtle touches of sarcastic humor. The Bulletin departs from its policy of not publishing reprints by including one of Dr. Williams' more poignant dramas.
"Once upon a time there was a patient who went to see a doctor. He didn't consult the physician because he felt sick. He just went because everyone in the family had begged and pleaded with him. Of course, he had been a little sluggish on the pick-up, couldn't quite keep up with the fast moving world. But withal, he thought he was doing a pretty darned good iob. Nevertheless, he went to see about his condition, merely to stop the wrangles and rows at home, to pacify the folks.

The name of this patient was AMERICAN MEDICINE. His Father Frank sent him to visit Uncle Delano and his clinic. There the patient was scrutinized and assayed thoroughly.

On parting from the front door Uncle

Delano admonished our patient thus, 'If you'll just routine yourself and cooperate, everything'll be fine.' So saying, he laid a friendly hand on the right shoulder of our bouyed-up patient.

As is common, however, another member of the household was not at all satisfied, and insisted that the patient must visit the Wagner-Murray-Dingell Clinic. Someone had heard of someone who knew someone who had been plucked from the very jaws of death by this fastmoving, high-flight clinic. They were tops in this very condition.

And so lugubriously, but with a spirit of laisse-faire, our traveler-patient entered this second celebrated sanctuary for the sick. Again he was checked, rechecked, and double-checked (or crossed).

At the conclusion of the seance he was escorted to the exit by the genial, beaming, unctuous and 'never fails to fix-em' boss, who said, 'All you need is a little supervision by one trained in these matters. Just a little time working under cne of our hand-picked boys and you'll be in the pink again.'

Much relieved by now, our patient was gloating as he told us all about it the other evening at the corner drug store. Suddenly he got a far-away, sort of haunted look in his eye. As if he suddenly remembered something, as if he had seen a ghost, then exclaimed-'Why, that second fellow! He had both hands on my shoulders'!"

## MRS. W. A. COOK PASSES

The Tulsa County Medical Society extends its sympathy to Dr. W. Albert Cook and family in the passing of Mrs. W. Albert Cook on July 22. Mrs. Cook had been prominent in Tulsa civic affairs and active in the Auxiliary to the Tulsa County Medical Society. Her death, at the age of 67, followed an illness of two months.

Medical meetings of The Tulsa County Medical Society resume this month. Make your plans to attend now.


## Members In Service

LT. LOGAN A. SPANN of Uncle Sam's Navy Medical Corps complains via $V$-Mail that the April issue of The Bulletin was a full two-months reaching its South Seas destination. Lt. Spann has been transferred from ship duty to a Naval unit on a "beautiful South Seas island." He writes, "My assignment is perfect in every respect except that it is a long way from Tulsa, Oklahoma. Have an abundance of surgery to do. The members of our hospital staff are well trained high-class medical officers from various parts of the United States all doing the job."

MAJOR THOMAS H. DAVIS, now with the 44th Evacuation Hospital at Camp Atterbury, Indiana, has just completed a special course of study at the Mayo Clinic in Rochester, Minnesota. During his stay there Major Davis called on Dr. J. E. Wallace of Tulsa, who is recuperating from an operation performed at Colonial Hospital, Rochester.

It's LIEUTENANT - COLONEL JAMES H. HAMMOND now. The former Tulsa physician was elevated to his new rank last month and assigned to Boling Field, Washington, D. C. Lt. Col. Hammond is the third Tulsa doctor to achieve the rank of Lieutenant-Colonel, the others being DR. CHARLES A. PIGFORD and DR. E. RANKIN DENNY.

Also promoted: LIEUTENANT COMMANDER H. H. PORTER to the rank of a full Commander in the Navy Medical Corps. Commander Porter hạs a new assignment at Beeville, Texas. Congratulations, Dr. Porter.

CAPTAIN CHARLES H. EADS writes from March Field at Richmond, California, that he's been on extensive maneuvers for the past few weeks, is anxious for an overseas assignment.

MAJOR COLE D. PITTMAN, after several months at Boling Field in Washington, is now stationed with the

Army Air Forces unit at Rosecrans Field, St. Joseph, Missouri.

LIEUTENANT WILLIAM R. TURNBOW is reported stationed with invasion troops in North Africa. Mrs. Turnbow has returned to Tulsa and is residing at the Turnbow home in Red Fork.

CAPTAIN EUGENE WOLFF, a recent visitor in Tulsa, is stationed at Oliver General Hospital at Augusta, Georgia-not Savannah, as erroneously reported in the July issue of The Bulletin.

CAPTAIN J. O. AKINS, after several months at Camp Bowie in Brownwood, Texas, has also received an overseas assignment in North Africa.

LIEUTENANT W. B. BOONE is completing a special medical officers training course in Philadelphia, Pennsylvania, preparatory to overseas duty.

LIEUTENANT - COMMANDER RICHARD B. FORD writes that Naval Medical Units in the South Pacific area are "doing a wonderful job," complains that The Bulletin is slow in reaching him. Lt. Com. Ford echoes Lt. Logan A. Spann in complaining of the distance between Tulsa and the South Pacific.

LIEUTENANT R. G. RAY has been assigned to a Naval Operations unit at Terminal Island, San Pedro, California.

Recent visitors to Tulsa by the InService membership included CAPTAIN JOHN EDWARDS, LT. COM. S. C. SHEPARD, CAPTAIN EUGENE G. WOLFF, LT. COM. R. C. PIGFORD, CAPTAIN HARRY GREEN, and LT. JOHN G. MATT.

CAPTAIN FRED PERRY has recovered from a brief illness at his station in Oklahoma City.
(Continued on Page 20)

## GARABEDIAN ESTATE GIVES LIBRARY VALUABLE GIFTS

The Tulsa County Medical Library is again indebted to the Estate of Dr. G. I. Garabedian, and to Mrs. Garabedian, for a cash gift of $\$ 25.00$ and for a valuable oil painting of Dr. Garabedian to be hung in the Library quarters.
An endowment fund bearing the name of the late Tulsa pediatrician was established shortly after his death by Mrs. Garabedian and a number of additional cash gifts have been made from time to time.
The portrait of Dr. Garabedian was painted by Diane Travis and exhibited in New York and other art centers. More recently, it has hung at Hillcrest Hospital. The picture has been assigned a permanent position on the South wall of the Library. All members of the Tulsa County Medical Society and friends are asked to view it at their earliest convenience.
The Tulsa Medical Society and the Medical Library extends its sincere thanks to Mrs. Garabedian for this and similar kindnesses in the past.

## PERSONALS

DR. NED R. SMITH has been seriously ill at St. Johns Hospital. His condition was reported somewhat improved as The Bulletin went to press.
DR. GLENN JONES, son of DR. ELLIS JONES, medical officer on foreign service, has been promoted from the rank of Captain to Major.
DR. DONALD V. CRANE has opened new offices at 1115 Medical Arts Building, Tulsa, and is an applicant for membership in the Tulsa Countr Medical Society.
DR. HUGH GRAHAM has been ill during the past month.
DR. A. W. PIGFORD has been vacationing at his farm near Spavinaw Lake.
DR. P. N. CHARBONNET, former member of the Tulsa County Medical Society, has returned to Tulsa to
resume medical practice after several months residence in New Orleans, La.

MRS. T. H. DAVIS underwent an operation at Rochester, Minnesota, where Major Davis is now stationed.

DR. J. E. WALLACE is recuperating from an operation also performed at Colonial Hospital, Rochester, Minnesota.

DR. JOHN PERRY and DR. J. J. BILLINGTON have returned from brief vacations.

## SCIENTIFIC MEETINGS RESUME SEPTEMBER 13

Regular meetings of the Tulsa County Medical Society will resume Monday, September 13, 8:00 p.m., at the Mayo Hotel, Tulsa. All programs scheduled for the Fall season will be of a scientific character except the annual business meeting and election of officers to be held December 13.

Dr. H. A. Ruprecht, program chairman, is now arranging programs and asks that any members with suggestions for programs contact him at once.

Members are reminded that to be eligible to hold office they must attend at least 50 per cent of the total number of meetings each year.

| CLINIC REPORT <br> July 20-August 19 |  |
| :---: | :---: |
| Medicine | 495 |
| Surgery | 93 |
| Cardiac | 8 |
| Diathermy | 12 |
| U rology | 26 |
| Varicose | 2 |
| Eye | 33 |
| Dental | 49 |
| Dermatology | 20 |
| Tumor | 41 |
| Rectal | 11 |
| Gynecology | 11 |
| Pediatrics | 5 |
| Obstetrics | 1 |
| Total | 803 |

## ST. JOHN'S

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2. Collection Records Broken for Three Consecutive Months, $\$ 2,100$ in April.
3. A Non-Profit Organization.
4. Fees Begin at 20 Per Cent. Collection Fees Low As You Pay No Profit Margin.
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9. Complete Credit Information.
10. Used By $75 \%$ of Tulsa Doctors.

## Lay Medical Articles

Medical articles appearing in lay magazines during August were somewhat limited in number but of a general high quality. They include:
"Doctors At Sca." By Lt. Com. Charles M. Oman. Colliers, August 28, p. 21. Efficiency of Navy medical personnel has cut down losses at sea.
"Let Boggs Do It." Time, July 26, p. 90. Detroit's Ernest L. Boggs has shown doctors how to improve their practice by application of sound business and ethical principles.
"Robinson Crusoe - Army Style." By Sigmund Sameth. Esquire, September, p. 56. How the medical co:ps prepares our soldiers for jungle hardships.
"Tom's Stomach." Time, August 2, p. 90. Dr. Wolff and Wolff of New York researches on a strange man without an esophagus.
"Shock Absorber." By J. D. Ratcliff. Colliers. August 21, p. 26. Curare, deadly jungle drug, is now being used to reduce the muscular shock experienced by patients receiving insullin therapy for mental disarrangement.
"The Charlotte Evac." Time, August 9, p. 90. The work of Uncle Sam's evacuation hospital units in the United States.
"Dysentery." By Maxine Davis. Good Housekeeping, September, p. 24. Another valuable medical analysis by this leading lay medical reporter.
'Out Of The Fire." Time, August 16, p. 76. Boston's Cocoanut Grove tragedy of last November has paved the way for valuable new treatment for burns.
"A Doctor For All Of Us." By James Rorty, Colliers, August 21, p. 29. An unsound suggestion for relieving the doctor shortage-partial training of lay persons.
'Keep Up With Medicine." By Gretta Palmer. Good Housekeeping, Sep-
tember, p. 66. Featured in this wellwritten column is a prediction of an upswing in varicose veins.

Not in a lay publication, but to be read by every doctor is:
"Mr. Wagner's Baby." By William Alan Richardson. Medical Economics, August, p. 73. An analysis of the Wag. ner-Murray-Dingell program.

## PHYSICIANS REMINDED TAX ESTIMATE DUE SEPT. 15

To clarify certain points appearing in the income tax article published in the August issue of The Bulletin, attention is called to the following:

The computation of the amount due with the Federal Estimate of Income Tax due September 15, 19+3, should be made in the following manner. First, compute your income estimate for the current year and from that compute the estimated tax. This computation should be made accurately and in accordance with instructions mailed to each tax-payer by the Collector of Internal Revenue. The estimate of income tax should also include the estimated five per cent Victory Tax due on $19+3$ income.

If your 1943 tax estimate is larger than for $19+2$, proceed to tabulate your credits against the tax. This will include your first two payments made March 15 and June 15, your Victory Tax receipts for taxes paid only, credits for wages withhold at the source, credits of tax-free covenant bonds, and credits for taxes paid to a foreign country. Your actual estimate of taxes due should then be divided by two and that amount paid September 15 and a similar amount on December 15. This method of payment applies only if you are not on a salary basis but derive the bulk of your income from professional fees.

In short, your payment on September 15 should be half of the estimated tax still due on current income. It should not be made on the basis of a fourth of the year's estimated tax as that will not serve to bring you up-to-date.

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MEMBERS IN SERVICE
(Continued from Page 16)
CAPTAIN T. H. MITCHELL is now stationed at Brookley Field, Mobile, Alabama.

LT. COM. BERNARD L. BRANLEY was erroneously reported in September issue of The Bulletin as being overseas. He is still at Corpus Christi, Texas.

Since government censorship now requests that service addresses in detail not be printed, The Bulletin will gladly provide this information to any doctor calling the Executive Office.


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# POST-WAR PLANNING 

(Continued from Page 10)
fugee physicians has already been encountered and has not been solved satisfactorily. Many physicians who are graduates of certain schools are not now acceptable for licensing in this state although they may obtain medical corps commissions. If it becomes a practice to license medical officers automatically, then a conflict in regulations will exist.
The Tulsa County Medical Society will have similar problems in determining requirements for membership.
The post-war period will likely see a kreater number of malpractice suits filed. It is a record of experience that few suits are filed in prosperous times when money becomes free. In depression or tight-money eras, suits against doctors are filed in greater number. The need for money encourages such suits. Many malpractice suits will logically be filed on alleged malpractice during the war period. A program of planning would very well include participation in a stiff campaign of prevention of malpractice suits now.
The maintenance of the Executive Offices of the Tulsa County Medical Society will not be particularly affected by the return of peace. If anything, the finances of the Society will be improved through additional revenues from dues of doctors now in service and from increased advertising programs which typiff depression periods.
Finally, the Tulsa County Medical Society will have to encourage the most complete program possible to prevent any further encroachments on the private practice of medicine. It is reported that the Social Security interests in Washington have a complete and workable (?) program of state medicine for introduction in the post-war period. Evidences of this are already seen in the pending Senate Bill Number 1161 (Wagner-Murray), although it is likely that the federal government will not attempt to introduce such a program until the close of the war. The threat of
state medicine may easily become a reality when disastrous post-war conditions place the public in a receptive frame of mind.

To complete this analysis, one or two other observations may be made:

An adjustment in income is going to be necessary. It is reasonable that present professional incomes cannot be continued in the face of increased competition, decreased purchasing power, and a lowering of health standards which non-prosperous conditions inevitably bring.

The loss ratio on bad accounts will be correspondingly higher. Collection agencies will be in greater demand by the doctors, and the income from these agencies may also be expected to be a lower ratio of collections to accounts.

In summary the primary post-war problems will be:

1. Assimilation of additional doctors now serving in armed forces.
2. Fair division of medical practice with these doctors.
?. Prevention of state medicine.
3. Adjustment of professional expenses to meet decreased professional incomes.

Toward the solving of these problems, the Tulsa County Medical Society is working.
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## DUES NOW PAYABLE

If you have not paid the final installment on 1943 dues, please mail your check today to the Executive Offices, Tulsa County Medical Society, 1202 Medical Arts Building, Tulsa, Oklahoma. Members now in arrears are suspended without action from the Society.

## Professional Directory

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Cardiology
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Tel. 5-3762

JOHN G. LEFTWICH, D.D.S.
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RALPH A. McGILL, M.D.
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Ph. 4-4215

JAMES C. BROGDEN, M.D. Surgery and Diagnosis
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Ph. 2-2516

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