



THE BULLETIN

of the Tulsa County Medical Society

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IN THIS ISSUE



Twenty Ways To Prevent
Medical Malpractice



President's Page



1948 Scientific Programs
Questionnaire Results



October Programs



October, 1947

Vol. 13

No. 10

It Can Happen Here

LEST WE FORGET—we who are of the vitamin D era—severe rickets is not yet eradicated, and moderate and mild rickets are still prevalent. Here is a white child, supposedly well fed, if judged by weight alone, a farm child apparently living out of doors a good deal. This boy was reared in a state having a latitude between 37° and 42° , where the average amount of fall and winter sunshine is *equal to that in the major portion of the United States*. And yet such stigmata of rickets as *genu varum* and the quadratic head are plain evidence that rickets does occur under these conditions.



Example of severe rickets in a sunny clime.

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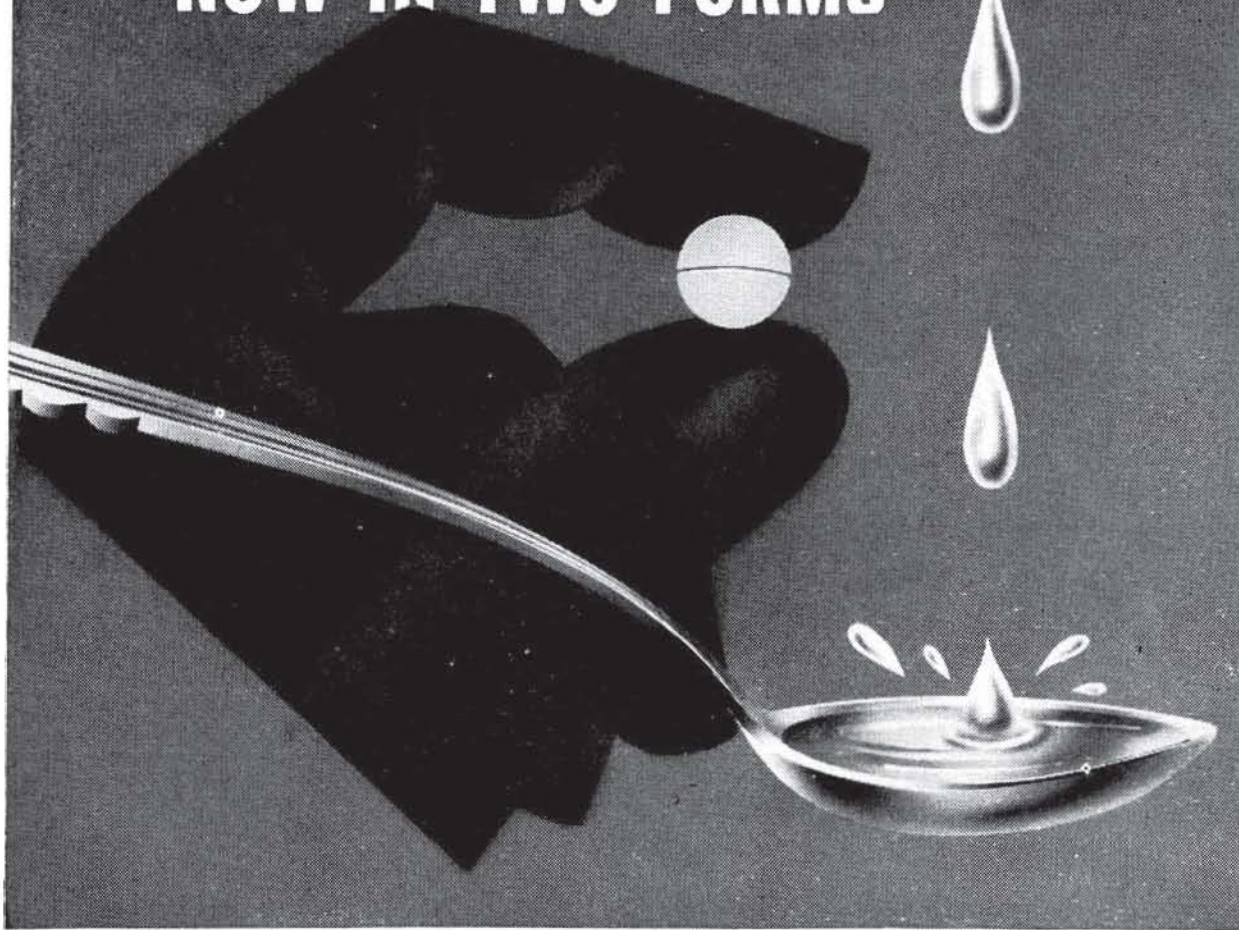
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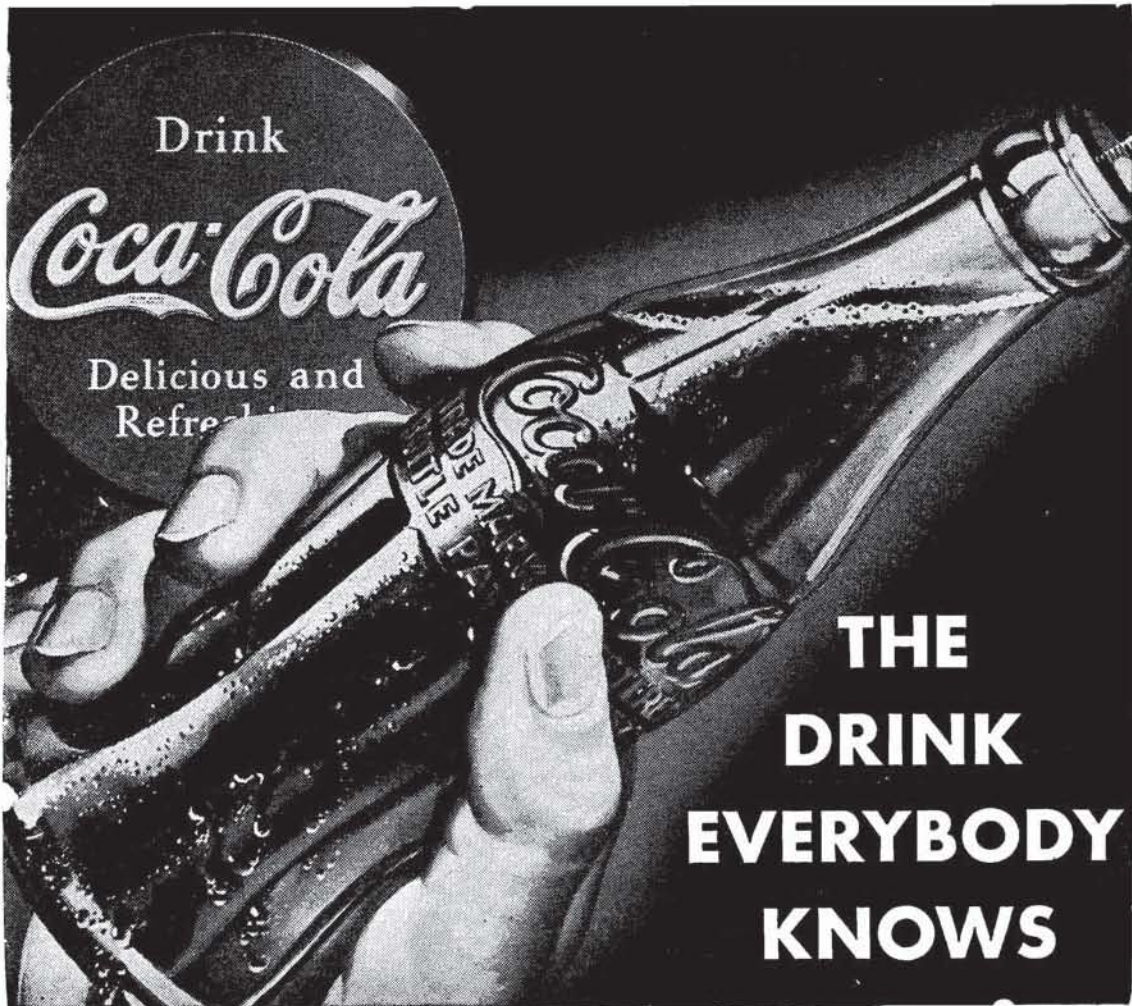
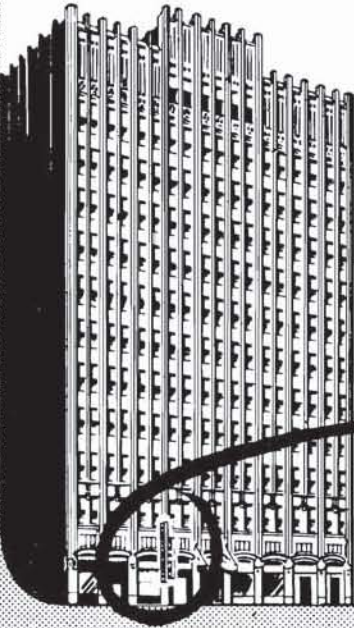
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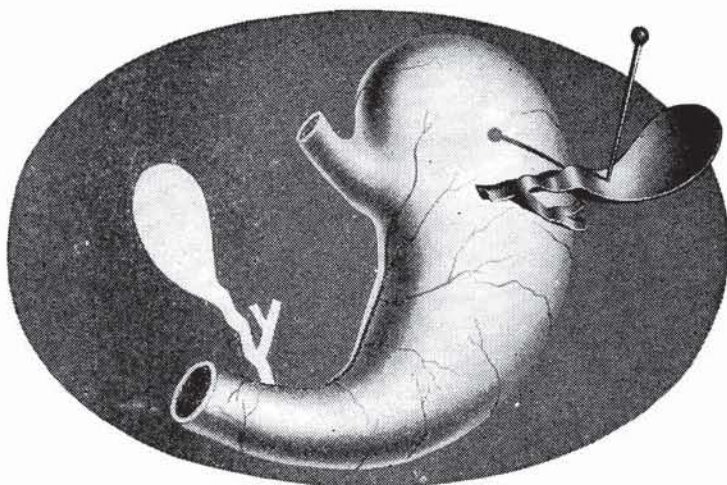
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Bile in the Stomach?



This illustration has purposely been made to show the common duct opening into the stomach. Had nature intended the bile to be excreted in the stomach, she would have placed the opening there herself. Instead, nature releases bile in the small intestine, in which it carries out its function most efficiently.

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THE BULLETIN

OF THE

TULSA COUNTY MEDICAL SOCIETY

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Vol. 13

TULSA, OKLAHOMA, OCTOBER, 1947

No. 10

PREVENTING MEDICAL MALPRACTICE

**Insurance Committee Cites Twenty Ways for
Physicians to Protect Against Malpractice Claims,
Total Number of Suits in Oklahoma Climbing.**

Taking cognizance of an increasing number of malpractice claims against Oklahoma physicians, the Insurance Committee of the Tulsa County Medical Society last month issued a grim warning that failure of doctors to observe common sense rules of protection against such claims may result in substantial premium increases. While virtually no cases have been filed against Tulsa doctors, the rate has been climbing alarmingly in other sections of the State.

Members of the Tulsa County Medical Society were urged to study and place into practical application a list of twenty causes and preventative measures against malpractice claims. Pointing out that the great majority of such claims are nuisance suits designed to force physicians to make monetary settlements in preference to the accompanying publicity, the Committee noted that present economic conditions also encouraged the filing of such suits. During the war years, when money was free and readily obtainable, very few claims were filed. In contrast, the number of claims jumps alarmingly in recession or depression periods. The incentive for "easy money" is sharply accentuated at such times and unscrupulous persons use many false pretexts as the basis of a claim.

At the same time the Insurance Committee again urged Tulsa County Medical Society members to avail themselves of the specialized malpractice protection offered by the London and Lancashire policy, official malpractice policy of the Oklahoma State Medical Association. Originally created by the Tulsa County Medical Society, the tailor-made protec-

tive features of this policy were extended to cover all doctors of Oklahoma. It may be purchased from any one of 21 Tulsa agents, a list of whom may be obtained from the Executive Offices of the Tulsa County Medical Society. At the present time, about 60 per cent of the Tulsa profession is protected under this policy.

Members of the Society were warned against making an unwarranted assumption that membership in the Oklahoma State Medical Association includes an automatic malpractice insurance protection. This is not correct. Members have no protection except through the purchase of the official policy, which is offered at rates slightly lower than those of other commercial insurance companies.

The twenty items of malpractice prevention as listed by the Insurance Committee are:

1. *Do not criticize other doctors to patients.* It has been reliably estimated that 85 per cent of all malpractice cases arise through the careless, or deliberate, remarks of a doctor about a colleague previously on the case. The human temptation to criticize others must be resisted. A few chance remarks about the quality of the previous medical care may be sufficient to touch off a malpractice claim. Settlement of claims, either by voluntary action of the insurers or through court action, is costly and may directly affect the amount paid in annual premiums.

2. *Keep proper medical records.* Most modern doctors are only too well aware of the necessity and desirability of correct and complete records on each case seen. Records should be kept in suitable

form, properly filed, and each detailing the nature of the case, diagnosis, treatment, prognosis, and response. In each case, financial transactions—fees and receipts—should be carefully noted. Enter all pertinent facts.

3. *Consult colleagues regarding previous treatment of patient.* This courtesy will be appreciated by the doctor formerly on the case, and his cooperation should be fully given. The information derived from his source may not only be of material assistance to the subsequent doctors on the case, but in the event of a different diagnosis or procedure of treatment inadvertent remarks about previous care may be avoided more readily. The practice of refusing information to subsequent doctors on the case is narrow-minded and not conducive to the prevention of malpractice claims.

4. *Call in qualified consultants when necessary.* A consultation with a specialist in the disease or field of medicine under care may prevent the making of disastrous errors in diagnosis and treatment. All physicians should recognize their limitations and not hesitate to ask expert advice when needed. This is an obligation due the patient. At all times obtain the permission of the patient for the consultation.

5. *Do not abandon the patient.* When the doctor feels that circumstances are such as to justify his withdrawal from the case, he should advise the patient of that fact, preferably in writing, and recommend the services of other competent physicians. The doctor must exert due discretion in withdrawing, however, and it is not prudent to withdraw in the midst of a treatment if possible. While it is generally recognized that most physicians do withdraw for personal reasons, patients may often misinterpret this action in several ways (i.e. as evidence of incompetence, acknowledgment of guilt of malpractice, etc.).

6. *Do not be too optimistic in making prognosis.* The experienced doctor knows that he must be prudent in promising results. He should not, necessarily, be pessimistic and should also recognize the psychological value of encouraging words. Blunt statements of potential results, however, should be avoided. If the treatment does not prove successful, the patient

may assume malpractice to be responsible.

7. *Use the x-ray and pathological laboratories.* Guesswork in diagnosis can be lessened by the judicious use of the x-ray and laboratory. The results of such tests can provide an accurate and unshakable record. Where doubt exists, do not hesitate to employ these vital aids to modern medicine.

8. *Always secure permission to operate.* Failure to secure a witnessed or written permission to operate on a patient, either from the patient or his guardian-in-fact, is gross carelessness. In cases of emergency, however, the doctor is legally safe in exerting his surgical judgment.

9. *Do not telephone prescriptions.* In cases of error in the preparation of a prescription telephoned to the druggist, the latter is equally liable with the doctor. While this practice is generally safe, the possibility of error is too great to be placed in wide use. For compounded prescriptions, always insist that the patient take the written prescription to the druggist. In the case of narcotic prescriptions, the telephone may not be employed or the prescription filled unless the written and signed prescription is on file at the time of delivery of the preparation. Violation of this federal law may result in a heavy fine, possible imprisonment and revocation of medical license, if convicted.

10. *Maintain all equipment in safe condition.* Malpractice may arise not only through errors of judgment, but also through accidents which occur in the physician's offices. Keep all examining tables and chairs, and all other equipment in the best order. In the event of adverse results due to faulty equipment, the doctor is completely responsible.

11. *Do not delegate duties to unqualified assistants.* All doctors should perform all office functions personally in respect to diagnosis and treatment unless qualified persons are employed. Registered, graduate, or trained nurses should be employed, or persons who have been thoroughly tutored by doctors in routine duties. All employees of a doctor work under his supervision in the eyes of the law, and an error on the part of such an employee makes the doctor liable for any unfortunate result. A good portion of all such cases filed deal with alleged irre-

sponsible conduct of employees. The practice of hiring incompetent persons at low rates of wages may prove far more expensive in the long run. At the same time qualified assistants contribute materially to the success of a doctor's office.

12. *Do not conceal from the patient any injury resulting from treatment.* The doctor should be very frank about such injuries when they occur, explaining to the patient the reasons for such action. Where possible, the doctor should anticipate possible injury and warn the patient that adverse results may occur. This should be reflected in the doctor's records. Such injuries, of course, do not minimize the doctor's liability but prompt reporting to the patient will evidence the physician's good faith in the matter. Concealed injuries tend to serve as prima facie evidence of guilt of malpractice.

13. *Do not undertake any case for which you are not completely qualified.* A doctor must again recognize his own limitations and not accept cases where the ailment is beyond his knowledge or field of medicine. Refer the patient to a competent specialist or qualified general practitioner.

14. *Do not examine female patients unless a qualified assistant is present.* Charges of undue familiarity may be brought by unscrupulous persons anxious to obtain money under threat of suit. Doctors are greatly penalized in such suits as they have no legal evidence to refute such charges. If the claims are brought to trial, the resulting publicity may completely damage the reputation of an innocent physician. It should also be recognized that neurotic persons are apt to misinterpret certain features of the examination for familiarity, and suit may result on a sincere basis. The presence of a female office assistant at all stages of the examination removes this possibility.

15. *Do not charge excessive fees.* A doctor should employ honest and completely fair methods of fixing the fee for medical services rendered. An excessive high fee may produce bitterness in the patient and encourage him to file malpractice claims in retaliation. Doctors in practice have authoritative ideas of average fees for services rendered. In each individual case, they may adjust this aver-

(Continued on Page 19)

To All Doctors of Dentists of Oklahoma

YOU ARE CORDIALLY INVITED TO ATTEND

The Tulsa County Medical Society

ANNUAL GOLF TOURNAMENT

Thursday, October 23, 1947

Indian Hills Country Club

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Golfing, 12:00 Noon on

Dinner, 7:00 p.m.

PRESIDENT'S PAGE

The medical profession has been engaged for almost two decades in a bitter fight against compulsory health insurance, federal systems of panel medicine, and other similar proposals which are fundamentally state or socialized medicine. This threat has become very real at times, and America's doctors have been obliged to make a strong effort to keep the basic freedom guaranteed by the Constitution of the United States. Similarly, we have been heavy contributors as taxpayers to a government built on democracy and assumed to operate for the equal benefit of all of its citizens. It is disheartening, almost maddening, to find a sub-committee of the House of Representatives at Washington issuing an official report stating that six agencies in the executive branch of the government are using federal funds in an improper manner for propaganda activities supporting a compulsory national health insurance system. Any doctor may well consider himself the dupe of the administration, a purchaser for powder to fire the fatal shot of state medicine.

I should like to urge every member of the Tulsa County Medical Society to read House Report 786 of the First Session of the Eightieth Congress, issued July 2, 1947. It is required reading for every doctor who seeks to maintain his professional freedom and not become a tool of the bureaucrat. It is the type of document which should bring forth a whole-hearted protest, not only from the medical profession but from every clear-minded American citizen. We are facing an extremely skillful organization which has infiltrated into not only government officialdom but into the ranks of the yeomen workers. That this group be crushed is an apparent necessity for the continued maintenance of our freedom of enterprise.

Sincerely,



President.

MEMBERS FAVOR SURGICAL PROGRAMS

Tulsa County Medical Society's 1948 Scientific Programs to be Based on Survey of Member Preferences. Seventy-Seven Topics Suggested for Guest Speakers.

A tabulation of a 60 per cent response of the Tulsa County Medical Society to a questionnaire circulated last month indicates Surgery and General Medicine as the most popular fields of medicine for scientific program subject matter. At the same time, however, members disclaimed interest in specific surgical techniques by a heavy margin.

The questionnaire, part of a campaign conducted by President-Elect V. K. Allen to determine Society preferences for 1948 scientific programs, also revealed an apparent difference of opinion in regard to the use of local physicians for speakers as against out-of-town lecturers. Of the members replying to the question, 50 favored the alternate use of the two groups while 48 votes were recorded in favor of the exclusive use of out-of-town speakers. Only eleven vote were cast for the exclusive use of the Tulsa profession in scheduling speakers.

A total of 77 topics were suggested for discussion by speakers, while 56 members of the Society volunteered to prepare a paper for presentation upon request. The need for organized discussion of the feature paper was mentioned by numerous physicians, of whom 58 volunteered to function as discussion leaders. Virtually a 100 per cent affirmative answer was received in regard to the more extensive use of medical motion pictures.

Gratifying to program committees and Society officers of the past were numerous compliments on the high quality of the programs presented in recent years. In contrast, physicians voiced dissatisfaction with minor features of the conduct of the programs. Delays in starting promptly at the announced time of 8:00 p.m. drew heavy condemnation, and numerous others complained of the disconcerting effects of the noise by late arrivals and early departures. A fairly substantial number objected to the business portions of the meetings, most of which

termed them "too long" or "dull and uninteresting."

Members of the Society were requested to name first, second, and third choices for the field of medicine to be covered in the subject matter of the 1948 scientific programs. Weighting the answers one point for third choice, two for second, and three for first, the various specialties were computed on a total point basis. Surgery ranked highest with 102 points, closely followed by General Medicine with 95 points. Obstetrics and Gynecology ranked third with 61, Internal Medicine fourth with 38, and Pediatrics finishing fifth with 31. A complete listing of the standings is to be found in the accompanying table.

The possibility that some members may have confused General Medicine and Internal Medicine has been recognized by Society officers. The interpretation, however, has been that General Medicine referred to an overall form of medicine and surgery practiced by the average General Practitioner, while internal Medicine ranked as a specialty interest. While practically all specialties were represented in the voting, virtually a 100 per cent affirmative answer was received to the question, "Are you interested in attending programs outside the range of your specialty?"

Given an opportunity to suggest program topics, members submitted 77 scientific subjects in virtually all fields of medicine. The suggestions for topics in the fields of gynecology and pediatrics were particularly repetitive, and for a single subject interest in coronary or cardiac conditions took a wide lead. Not all topics suggested were strictly scientific, and there were many proposals for a program devoted to medical ethics and to public health problems of Tulsa.

All but five of the returned questionnaires indicated interest in a program de-

(Continued on Page 20)

Announcing The Seventeen Oklahoma Cit

OCTOBER 2

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WILEY DAVIS FORBUS, M.D., PATHOLOGY, Duke University School of Medicine, Durham, North Carolina.

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HERBERT C. MILLER, M.D., PEDIATRICS, University of Kansas School of Medicine, Kansas City, Kansas.

EDITH L. POTTER, M.D., PATHOLOGY, University of Chicago School of Medicine, Chicago Lying-In Hospital, Chicago, Illinois.

C. WIBUR RUCKER, M.D., OPHTHALMOLOGY, Mayo Foundation, Graduate School of the University of Minnesota.

CYRUS C. STURGIS, M.D., MEDICINE, University of Michigan School of Medicine, Ann Arbor, Michigan.

ELMER G. WAKEFIELD, M.D., MEDICINE, Mayo Foundation, Graduate School of University of Minnesota, Rochester, Minnesota.

INCHEONS

**DINNER MEETINGS
COMMERCIAL EXHIBITS**

as all of the above features

512 Medical Arts Building, Oklahoma City

LEGION OF MERIT AWARDED TO TULSA UROLOGIST

Dr. Berget H. Blocksom, Jr., Tulsa urologist, has been awarded the Air Forces Legion of Merit for exceptionally meritorious conduct as a medical officer in the European Theater of War from November, 1942, to May, 1945. The presentation was made last month by Major General D. M. Schlatter, deputy commander of Maxwell Field, Alabama.



A citation accompanying the award called attention to Dr. Blocksom's duties as Chief Surgeon of a unit operating in direct support of a combat action during the African, Italian, French, and German campaigns. "His coolness and courage at all times, his tact and ingenuity in securing supplies where seemingly none existed, his untiring efforts and his surgical judgment and ability saved many lives," it read. Dr. Blocksom's surgery was often performed under difficult conditions, including enemy bombings and shellings.

Dr. Blocksom was commissioned a First Lieutenant in September, 1940, upon entering the Army. After several assignments in this country he went overseas in 1942, participating in the invasions of Africa, Italy, and Southern France, and the occupation of the German Rhineland. He was wounded on the beach in the landing in France on August 14, 1944, for which he was subsequently awarded the Purple Heart. Dr. Blocksom was discharged with the rank of Major in August, 1945. Since that time has practiced with the Springer Clinic of Tulsa, and more recently in his own offices at 901 Medical Arts Building, Tulsa.

MEDICAL SOCIETY HOST TO CLEVELAND SURGEON OCT. 27

Dr. George W. Crile, Jr., nationally known Cleveland surgeon, will be guest speaker at the regular scientific meeting of the Tulsa County Medical Society for October 27, 1947. His subject will be

"Present Status of the Treatment of Disease of the Thyroid." The meeting will be in the Junior Ballroom of The Mayo at 8:00 p.m.

A graduate of Harvard Medical School, Class of 1933, Dr. Crile is a member of the staff of Cleveland Clinic, Cleveland, Ohio, where he practices the specialty of Surgery. He interned for one year at Barnes Hospital, St. Louis, Missouri, in 1933-34, and later served as resident at the Cleveland Clinic Foundation Hospital at Cleveland for one year. In 1937, he completed a one year residency in Gynecology at Roosevelt Hospital, New York, N. Y. During World War II, Dr. Crile served in the United States Naval Medical Corps with the rank of Lieutenant-Commander. He is a fellow of the American Board of Surgery.

TECHNOLOGISTS SCHEDULE FALL SEMINAR OCT. 25-26

Members of the Tulsa County Medical Society have been invited to attend a two-day Fall Seminar of the Oklahoma Society of Medical Technologists, scheduled for October 25-26 at Tulsa. Meetings will be held in the Zoology Laboratories of the University of Tulsa.

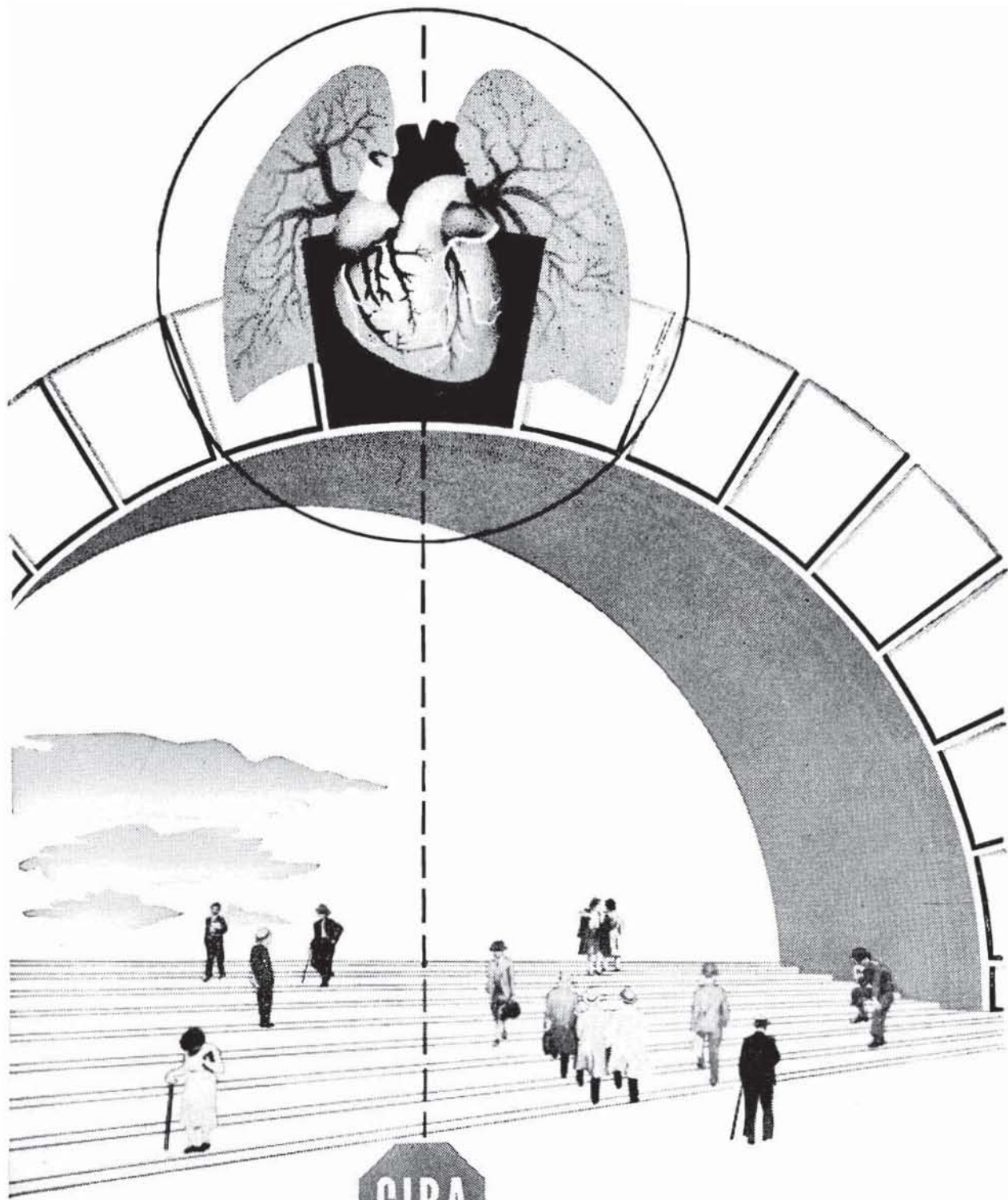
The scientific program will open at 2:00 p.m. on Saturday, October 25, with the following papers:

"Culture of Intestinal Protozoa," Mary Jane McClintock, bacteriologist, Oklahoma State Health Department, Oklahoma City.

"Cardiolipin Lecithin Antigen Mixture," Hazel Suessenguth, Mount Sinai Hospital, Cleveland, Ohio.

A panel discussion on Serology will follow.

An evening dinner meeting will feature Dr. F. R. Hassler, Director of Laboratories, Oklahoma State Department of Health, speaking on the subject, "Interpretation of Serologic Tests for Syphilis." Physicians are especially invited to attend this lecture as Dr. Hassler will take his material from questions frequently asked by both doctors and technicians. A discussion of premarital Wassermann tests will also be conducted. The time and place of the dinner will be announced later.



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PERSONALS

DR. WALTER S. LARRABEE and DR. S. C. SHEPARD have returned from a fishing expedition on the Rio Grande River.

DR. H. D. MURDOCK was a recent visitor to Alaska and the Bering Sea. Another Tulsa physician, DR. R. Q. ATCHLEY, reports that he exposed 6,000 feet of motion picture film on a recent aerial tour to Alaska.

DR. E. RANKIN DENNY has returned from Boston where he attended classes in internal medicine at Harvard Medical School.

In attendance at the American Congress of Obstetrics at St. Louis last month were DR. CARL F. SIMPSON, DR. FRANKLIN D. SINCLAIR, and DR. GEORGE R. OSBORN.

DR. DANIEL PERRY has returned to his office after undergoing surgery at the Mayo Clinic, Rochester.

DR. D. W. LeMASTER suffered severe cuts and bruises on both legs last month when he fell into a binding machine at his farm near Purcell.

DR. WALTER E. BROWN has been attending a meeting of radiologists at Atlantic City, N. J.

Elected to membership in the Tulsa County Medical Society at the meeting of September 22 was DR. MANUEL BROWN, allergist, 1619 East 15th Street, Tulsa.

DR. BERGET H. BLOCKSOM has taken quarters at 902 Medical Arts Building, Tulsa, where he will continue to limit his practice to Urology.

DR. E. O. JOHNSON was guest speaker at the September 8 meeting of the Medical Service Society of Tulsa.

DR. HUGH BOYD, resident in Surgery at Hillcrest Hospital, is an applicant for membership in the Tulsa County Medical Society.

Speakers for the "How's Your Health?" radio program of the Tulsa County Medical Society last month included DR. DONALD V. CRANE, DR. THOMAS J. HARDMAN, DR. H. LEE FARRIS, and DR. MARVIN D. HENLEY.



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PREVENTING MALPRACTICE

(Continued from Page 9)

age in line with the individual attention rendered. The policy of charging according to income is not uniformly endorsed by all doctors. Where it is employed, it should be used judiciously, however. A high income is not justification for excessive overcharging. The fixing of fees is a difficult problem which the doctor must master.

16. *Do not testify at inquests, autopsies, or give depositions without legal counsel.* Careless, or unnecessary testifying can be prevented in this manner. Be cognizant of your responsibility to other physicians. Do not testify in cases which require medical testimony beyond the scope of your qualifications. Make sure that you testify accurately as to the medical facts in question. When you do testify, be thoroughly prepared and qualified. Consult with your attorney on all phases of your participation. Do not violate professional standards by offering medical testimony for a remunerative fee. This practice is vicious and not in keeping with medical ethics.

17. *Do not discuss your malpractice insurance with patients.* It is unwise to indicate at any time that you have such protection. It encourages suits and claims for damages, especially if it appears that the insurance company is more likely to settle such claims than the individual physician concerned. Keep absolutely silent on this feature of your practice.

18. *Do not use threatening collection methods.* Every physician should acquaint himself with his legal rights in effecting collection of delinquent accounts. Care should be taken in the employment of collection agencies, and doctors should employ the services of experienced, reputable collectors endorsed by the local medical society. A physician need not be unduly lenient, but the use of excessive threats may result in the filing of malpractice suits in retaliation. In actual practice, this results in an infinitely small percentage of such cases.

19. *Immediately notify your insurance company at the first prospect of a malpractice suit.* Do not wait until suit has been filed. Read your policy carefully to

determine your liability in the matter (London & Lancashire policies require that the doctor notify the company at the first hint of suit). Carelessness in rendering proper notification may void your policy and its protection.

20. *In cases involving extortion or blackmail consult your attorney at once.* Such threats can often be disposed of without publicity and without the necessity of paying extortion money.

DR. WILLIAM BUCHAN has received a permanent citation for the Silver Star awarded to him earlier in recognition of his Navy war record.

DR. HENRY A. BROCKSMITH has been named to the book reviewing staff of the Journal of the Oklahoma State Medical Association.

Its a girl, born September 2 for DR. and MRS. BERGET H. BLOCKSOM. Congratulations.

DR. RALPH A. MCGILL has been visiting at his home in Batesville, Arkansas.

DR. E. MALCOLM STOKES has returned from a golfing expedition in California.

DR. W. R. R. LONEY is teaching obstetrics and gynecology at the St. John's Hospital School of Nursing.

DR. PAUL E. CRAIG has been vacationing in the Rocky Mountains.

DR. MORRIS B. LHEVINE is vacationing in New York City.

DR. M. J. SEARLE has returned from a brief vacation at Rockaway Beach, Missouri.

DR. JOHN C. PERRY was a recent vacationist in Minnesota, and is now attending the International College of Surgeons convention at Chicago.

DR. JAMES STEVENSON has returned from a vacation trip to Los Angeles.

The Tulsa County Medical Society extends its sympathy to DR. A. RAY WILEY in the passing of his wife last month.

DR. WILLIAM S. BIVENS has returned to his office after a brief illness.

DR. ROBERT E. FUNK was a recent vacationist in Southern California.

DR. S. J. BRADFIELD has returned from a vacation at Grand Lake.

SOCIETY PROGRAMS

(Continued from Page 11)

voted to problems of medical economics with a nationally-known speaker. Many members also suggested that the Society open certain of its meetings to the public with programs especially tailored for consumption by lay audiences. Very few members, however, favored opening the regular scientific programs to the public.

The question, "What suggestions have you for improving our programs?" was productive of many interesting and valuable ideas. Several of the members admitted more recently to the Society suggested that a membership dinner or buffet supper precede the meeting. (This idea was tried in 1945 with disappointing results. Less than 35 per cent of the members attended the dinners, and those who did not were often reluctant to come later for the program only. The principal objection was to the quality of the food and service, then suffering from wartime factors. An objection to the price was also voiced, and it may be noted that food prices have

advanced substantially since that time.—Editor's Note). Some of the other suggestions included the following: definite limit to time of the papers presented; definite limit to time for discussion; definite planning of the discussion under a preappointed discussion leader; snappy business sessions; more symposiums; More medical motion pictures; an annual public affairs forum at the Tulsa Chamber of Commerce featuring a medical speaker; and secure speakers who can actually speak.

Numerous replies commented on the desirability of increased attendance, but few made suggestions for the manner in which it might be increased. One physician asserted attendance should be compulsory at least 50 per cent of the total number of programs as a requisite for Society membership. At present, the Society is recording an average attendance of about 45 per cent of the total membership of 215 members.

Members of the Society were invited to suggest the names of prospective speakers, and a list of 31 prominent nationally-known physicians was compiled from the replies. Dr. W. Alton Ochsner, professor of surgery at Tulane University School of Medicine, New Orleans, Louisiana, was mentioned by many, most of whom commented that Dr. Ochsner's appearance in March, 1946, was one of the finest programs ever presented before the Tulsa County Medical Society. Unfortunately, Dr. Ochsner spoke to a comparatively small audience due to a midnight arrival in Tulsa when his airliner was delayed by bad weather. However, almost 75 doctors had waited four hours to hear him. Another frequently mentioned name was Dr. Barry M. Wood, professor of medicine, Washington University School of Medicine, St. Louis, Missouri.

President-Elect V. K. Allen said the results of the questionnaires would be used in the formulation of the 1948 series of scientific programs, and in the conduct of the meetings. An analysis of the results will be turned to the Program Committee for 1948, and it is anticipated that the wishes of the membership will be strictly followed.

HOW THEY VOTED

Question: Please state, in order, your preference for the field of medicine to be covered in the subject matter of the 1948 scientific programs?

The Vote:

1. Surgery	102
2. General Medicine	95
3. Obstetrics-Gynecology	61
4. Internal Medicine	38
5. Pediatrics	31
6. Ophthalmology	19
7. Cardiology	12
8. Pathology	11
9. Orthopedics	10
9. Radiology	10
10. Endocrinology	9
11. Otolaryngology	8
11. Psychiatry	8
12. Dermatology	7
13. Urology	5
14. Anesthesia	4
15. Allergy	3
15. Pharmacology	3
15. Proctology	3
16. Geriatrics	1

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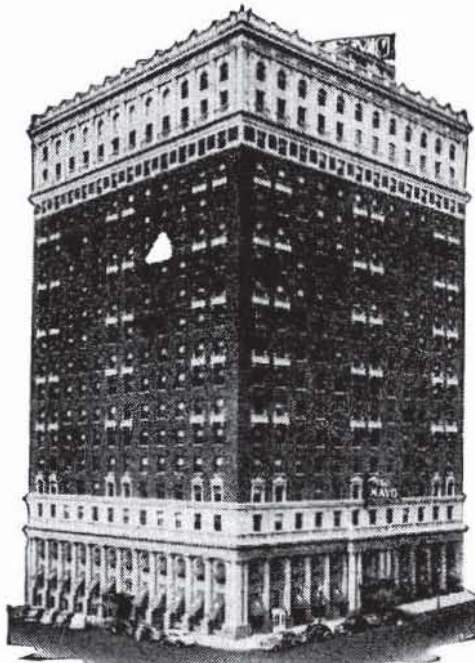
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