

MAY 31 1951

TULSA COUNTY MEDICAL SOCIETY



# THE BULLETIN

*of the Tulsa County Medical Society*

*Build Tulsa*



## **IN THIS ISSUE**



Blue Cross — Blue Shield  
Plans Progress In 1950



The Medical Library



The Tie That Binds —  
An Editorial Of Importance



President's Page

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### **100TH ANNUAL MEETING**

*American Medical  
Association*

**ATLANTIC CITY**

*June 11-16*

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June, 1951

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Vol. 17

No. 6

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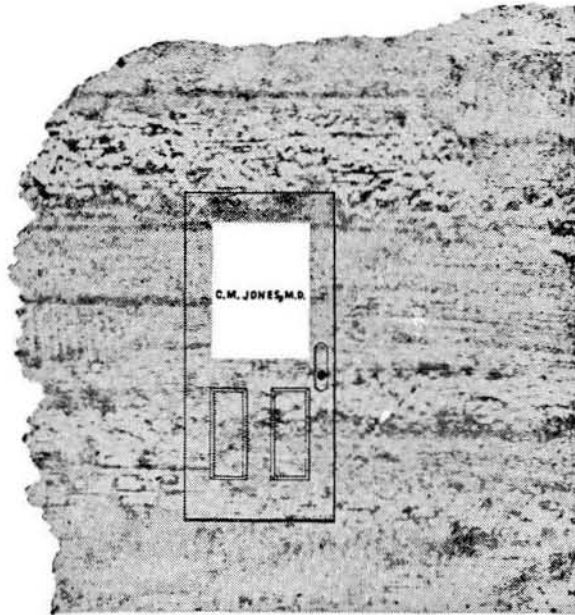
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# THE BULLETIN

OF THE

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Vol. 17

TULSA, OKLAHOMA, JUNE, 1951

No. 6

## BLUE CROSS-BLUE SHIELD SHOW PROGRESS

**Blue Shield Payments To Physicians Exceed One Million Dollars In 1950. Hospital Plan Has 38 Per Cent Of Tulsa County Enrolled. Cancellations High.**

The Blue Shield Plan of Oklahoma reported last month that it paid Tulsa County doctors a record \$366,613.42 in fees during 1950, chiefly for obstetrical and surgical services rendered to 62,067 members in the County. Payments to individual doctors were reported in excess of \$14,000.00 for the year.

For Oklahoma as a whole, Blue Shield payments to physicians reached \$1,277,558, an increase of nearly half a million dollars over the previous year. Enrollment grew from 169,216 in 1949 to an all-time high of 226,792 on December 31, 1950. The Plan now has 10.20 per cent of the population enrolled, while in Tulsa County 25 per cent are members.

The annual report of the Blue Cross Plan of Oklahoma, companion plan of voluntary hospital insurance, indicates similar advances for 1950. Blue Cross noted a membership of 356,925 at the end of the year, or 16.05 per cent of the population of Oklahoma. This represents a net increase of approximately 31,000 members over 1949. While actual sales ran much higher, cancellations accounted for a loss of 71,951 members.

In Tulsa County, Blue Cross reported 94,318 members at the end of the year or 38 per cent of the population of the County. Tulsa continues to lead all other counties in actual number of members enrolled, being 40,000 ahead of its nearest rival, Oklahoma County. Percentage-wise, however, Tulsa County is exceeded by Washington, Woods, and Greer counties. In Woods County nearly 47 per cent of the population are Blue Cross members.

Both plans were on a sound financial footing at the end of 1950 although Mr. N. D. Helland, Executive Director, expressed a need for increased reserves. The Blue Cross Plan reported 88.6 per cent of its income from subscribers had gone for hospitalization with 1.7 per cent added to contingency reserves, while Blue Shield reported 81.7 per cent of income expended for physicians fees with 8.6 per cent added to contingency reserves. Both plans are now operating at a record low of 9.7 per cent of total income.

Studies in utilization of the Blue Shield Plan are most interesting, with newest members of the Plan apparently requiring the greatest amounts of surgical and obstetrical care. Members in the Plan less than one year account for 38.8 per cent of the total utilization, while members one to two years utilize 28.7 per cent, and two to three years 21.1 per cent. After three years utilization drops off rapidly. This would indicate many members of the Plan utilize it for repair surgery.

Surprisingly enough, Blue Shield spent the most money for surgical fees for genito-urinary procedures (78.25 per cent of the total amount spent). Pregnancy with delivery accounted for 17.87 per cent, appendicitis ranking third with 15.04, tonsillitis with tonsillectomy fourth with 13.07 per cent, and injuries and poisonings fifth with 9.12 per cent. Other groupings were comparatively small. In the actual number of cases, diseases of the genito-urinary system again ranked first with 5,292 cases, tonsillectomies second with 5,004 cases, injuries and

poisonings third with 3,985 cases, and deliveries fourth with 3,666 cases.

For x-ray and anesthesia benefits, the Blue Shield Plan spent \$147,757.00, of which 56.7 per cent for major anesthetics, 21 per cent for minor anesthetics, and 22.3 per cent for x-ray therapy. Medical cases in the hospital, for which benefits are quite limited, required only \$46,066.00 in total cost. Diseases of the respiratory system accounted for the greater number of cases.

In Tulsa County utilization of the Blue Shield Plan ran approximately 80 per cent, a figure equivalent to the average for the State as a whole.

For surgical and obstetrical care of members, the Blue Shield Plan paid 52.5 per cent of the total fees charged by Tulsa County doctors. Except for one county this represents the smallest percentage of the total fees charged in all the counties served by the Plan. In some counties the fees paid by the Blue Shield Plan represented as much as 80 per cent or more of the total fees charged by the doctor. For the State as a whole, the average is 60.7 per cent of the total charges paid by the Plan. For anesthetics and x-ray Blue Shield paid 44.5 per cent of the total charges by Tulsa County doctors. Again, this represents one of the lowest percentages among all of the counties served. For Oklahoma as a whole, payments in this classification represented 55.5 per cent of the total charges made by participating doctors. For medical care, Blue Shield paid 48.4 per cent of all charges over the State, 43.4 per cent in Tulsa County.

The breakdown of Blue Shield patients by sex indicates 18.7 per cent were adult males, 41.1 per cent adult females, 15.7 per cent obstetrical cases, 13.9 per cent minor males, and 10.6 per cent minor females. Members in the age group 1-20 have the greatest utilization of benefits.

The figure drops steadily as the age group advances with the sharpest drop after age 35.

For the Blue Cross Plan of hospital insurance, utilization in Tulsa County was 88.8 per cent, a fraction of a per cent higher than the State average of 88 per cent. This figure is comparatively quite good as numerous counties are much higher, some running over 200 per cent with out-of-State patients utilizing 306.5 per cent of income.

Studying the utilization by the diagnosis on the cases admitted, the greatest number of cases were diseases of the respiratory system, followed by injuries and poisonings, pregnancy with delivery, tonsillitis with tonsillectomy, and diseases of the genito-urinary tract. On an expenditure basis, pregnancy with delivery ranks first, diseases of the genito-urinary system second, and diseases of the respiratory system third.

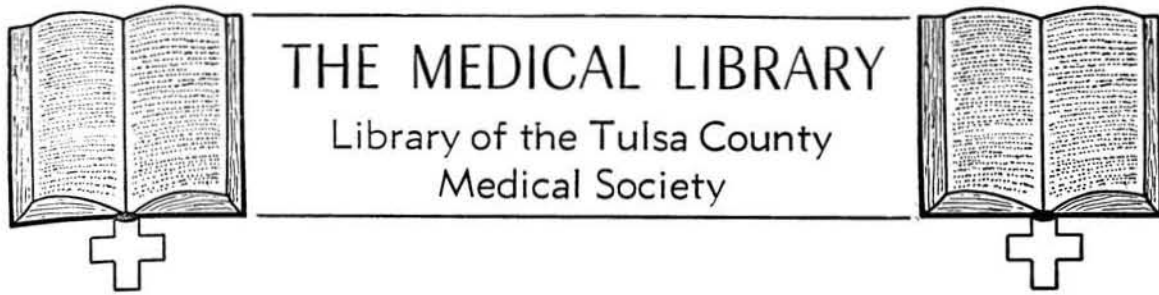
Patients with diseases peculiar to the first year of life stayed longest in hospitals, an average of 14.5 days, followed closely by infectious and parasitic diseases at 13.4 days.

A breakdown of Blue Cross utilization by sex shows adult males utilized 22.3 per cent of the total hospital days, adult females 43.2 per cent, obstetrical cases 15.8 per cent, minor females 10.2 per cent, and minor males 8.5 per cent. Members under twenty years of age were the greatest users of the Blue Cross Plan benefits with a resulting decline as the age advances. The greatest utilization was by members in the Plan less than one year, a factor alligned to the utilization of Blue Shield by new members for repair surgery.

A study of Blue Cross statistics over the last eleven years since the organization of the Plan in 1940 are interesting. For instance, admissions per 1,000 members have increased from 80 in 1940 to 158 in 1950.

#### **REREGISTRATION FEE DUE**

All members of the Tulsa County Medical Society are reminded that the Annual Reregistration Fee of \$3.00 as provided by Oklahoma statutes must be paid to the Oklahoma State Board of Medical Examiners by June 10, 1951. All doctors licensed in Oklahoma will receive an official notification form which should be returned with the check for the reregistration fee. Failure to reregister is a misdemeanor punishable by fine and/or revocation of licensure to practice.

**Medical Library Committee:**

Thomas J. Hardman, M.D., Chairman

Felix R. Park, M.D.

Robert E. Funk, M.D.

William R. Turnbow, M.D.

David V. Hudson, M.D.

Miss Irma A. Beehler, *Librarian*

Telephone 4-1461

**GIFTS OF THE MONTH—:**

**Arthritis and Rheumatism Foundation, Tulsa Chapter.** Fisher, A. G. Timbrell, F.R.C.S. (Eng.), Treatment by Manipulation in General and Consulting Practice. Pp. 275, ill. 126, fifth edition of Manipulative Surgery. One chapter heading Cult of Osteopathy. Paul B. Hoeber, Inc., New York, N. Y., 1948.

**Institute for the Study of Analgesic-Sedative Drugs.** Greenberg, Leon A., Ph.D., Antipyrine, a Critical Bibliographic Review. Pp. 135 with an introduction by Howard W. Haggard, M.D. Hillhouse Press, New Haven, Conn., 1950.

**Eli Lilly & Company.** De Re Medica. Third edition, pp. 643, Indianapolis, Indiana, 1951.

**Dr. James D. Markland.** International Medical Digest, volumes 56 and 57, 1950. Beckman, Harry, M.D., (ed), 1949 Year Book of Medicine. Pp. 718. Year Book Publishers, Chicago, Illinois, 1950.

**Charles Pfizer & Company, Inc.** Bibliography on Crystalline Terramycin Hydrochloride. 143 references listed in loose-leaf binder. Supplements to be added. Brooklyn, N. Y., 1951.

**PUBLICATIONS BY MEMBERS OF THE TULSA COUNTY MEDICAL SOCIETY—:**

**Dr. Otis S. Lee.** An Operation for the Correction of Everted Lacrimal Puncta. American Journal of Ophthalmology, 34:575-578 (April) 1951.

**Peptic Ulcer** by Doctors A. C. Ivy, M. I. Grossman, and W. H. Bachrach, which is now in the Library is a compilation of existing knowledge of ulcer disease with emphasis on the physiologic aspects of the problem. One commendable feature of the book is the summary at the end of each chapter and each of the four parts into which it is divided.

These four parts are: (1) An Introduction to the Problem of Peptic Ulcer, (2) the Pathogenesis of Peptic Ulcer, (3) the Diagnostic Problem, and (4) the Treatment of Peptic Ulcer. The section dealing with the pathogenesis comprises about one-half of the book and condenses and evaluates an enormous amount of experimental investigative work.

After careful study of the many definitions of ulcer the authors have worked out their own based on the anatomic characteristics of the lesion. An ulcer may be defined, therefore, as a circumscribed complete loss of epithelial elements with proliferation of connective tissue.

The book is attractively bound and printed in an easy to read style. The bibliographies are extensive and represent long and tedious labor.

The attractive new dark green curtains in the main reading rooms of the Library were made by the members of the Woman's Auxiliary to the Tulsa County Medical Society. The Society deeply appreciates this kindness.





JAMES SHADDOCK



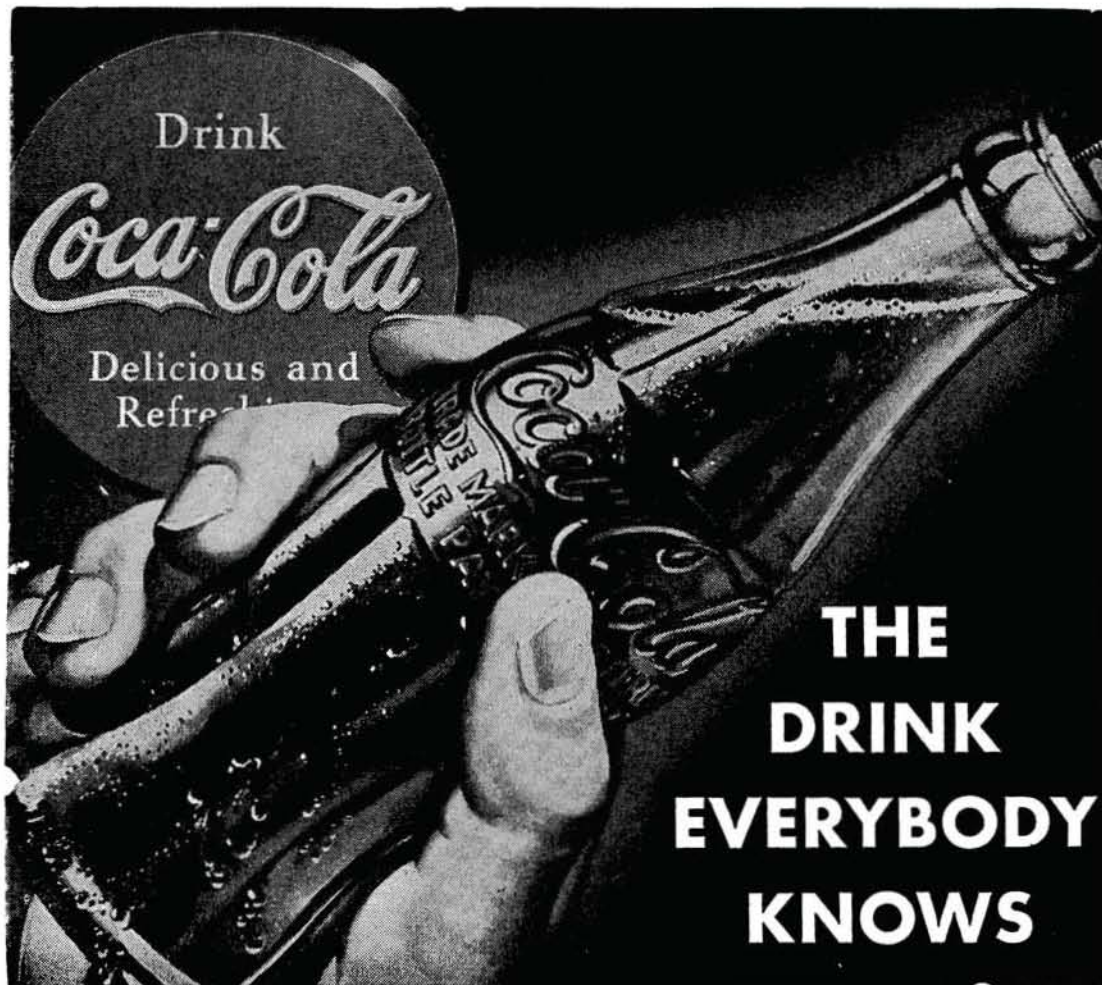
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## REQUIREMENTS FOR LIFE MEMBERSHIP REPRINTED

Numerous requests have been received in the Executive Offices for an explanation of the newly created Life Membership provisions in the By-Laws of the Tulsa County Medical Society. Under the terms of Amendment I to the By-Laws, approved by the Society last January, any member who is not less than 65 years of age, who has been a member of the Society for five years, and who is unable to conduct a sufficiently active practice to pay dues and assessments, may be elected to Life Membership. No member may apply for these privileges unless he meets all three requirements.

Designed to alleviate undue hardship, the provision differs from Honorary Membership which requires a member to be retired from the active practice of medicine.

The Board of Censors may, at its initiative, propose for Life Membership other physicians who are less than 65 years of age. Requests for Life Membership for physicians over 65 can originate only with the person concerned. Life Members pay no dues but have all privileges of membership except the right to hold office.

All members elected as Life Members are also certified as Life Members of the Oklahoma State Medical Association. However, such certification must be approved annually by the House of Delegates and members nominated for Life Membership must be in good standing with the State Association at the time such action is taken.

## INTERNS AND RESIDENTS TO VISIT COUNTY CLINIC DAILY

Interns and residents of St. John's and Hillcrest hospitals of Tulsa will make daily clinical visits to the Tulsa County Medical Clinic beginning July 1, 1951, according to present plans developed by the intern committees of the two hospitals in cooperation with the Clinic Committee of the Tulsa County Medical Society.

The new teaching program will permit clinical studies in pediatrics, medicine, cardiology, urology, surgery, dermatology, proctology, ophthalmology-otolaryngology, allergy, arthritis, and obstetrics and gynecology.

The plan has already been approved by the Board of County Commissioners and final details are expected to be completed in the next month.

The clinic is also completing a reregistration of all patients, a project undertaken to eliminate persons no longer eligible for Clinic service by reason of improved economic circumstances.

## PHOTOGRAPHS OF EARLY SOCIETY PRESIDENTS NEEDED

Photographs of four early presidents of the Tulsa County Medical Society are needed to complete the gallery of Past-Presidents in the Executive Offices of the Society. Those pictures needed are Dr. W. Q. Conway, who served as President in 1909; Dr. G. H. Butler, 1910; Dr. Walter E. Wright, 1912; and Dr. Horace T. Price, 1925.

The older members of the Society who may have such photographs in their possession are urged to communicate with the Executive Secretary. Information as to where such photographs might be obtained will also be appreciated.

## AMA SEES NO NEED FOR RESUMPTION OF E. M. I. C.

The American Medical Association's Council on Medical Service reported last month that it saw little need for a resumption of the Emergency Maternal and Infant Care program of the last war. While noting increased enlistments and recall to active duty of many reserve units had produced a demand for such benefits in some areas, the Committee found it to be generally localized in overcrowded army installations with inadequate medical care facilities.

Several inquiries have been received by the Tulsa County Medical Society as to the present status of the program. The E.M.I.C. has been inoperative for several years and the government provides no reimbursement to physicians for services rendered to wives and children of servicemen.

DR. W. ALBERT COOK is recuperating from surgery performed at Hillcrest Hospital last month.

# PRESIDENT'S PAGE

A good many doctors seem to be afflicted with an ailment that is easily diagnosed but difficult to treat. Scientifically, we might call it a case of mail de mer, but in more general terms it is simple carelessness about reading the daily mail. The condition is not confined to Tulsa alone, where it occasionally gives evidence of being at epidemic proportions, but is rather common over the nation as a whole. How frequently have I inquired of a member as to why he missed the last medical meeting, and have him stare blankly at me and say, "Guess I didn't get a notice." Or to sound out opinion on a widely publicized project of interest to the medical society, and find that he has no recollection of having read anything about it. Such responses are elicited in the face of the fact that notices go out by machine mailing, thus rendering it more than an off-side chance that as many as one of our 258 members will fail to receive it.

I have little sympathy, too, for the excuses about being too busy to read the mail or the assumption that mail from our Executive Offices is unimportant. These mailings cost money, and you may be assured that any piece of mail directed to you from our Tulsa County Medical Society has something to say which you should know. For those of you who delegate the mail to a secretary, strict instructions should be given for all Medical Society mail to be placed upon your desk promptly. This indifference on the part of some doctors is serious, perhaps not from an individual standpoint, but particularly so when the effects as a whole are studied. I think it is a serious situation which deserves your attention and your remedy. This shortcoming, however minor it may appear at first glance, is a serious handicap to the good work which your Society is trying to do.

Sincerely,



President



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## NEW MEMBERS

The following physician is an applicant for membership in the Tulsa County Medical Society.

**Wendell J. White, M. D.** 108 Broadway, Sand Springs, Oklahoma. Medical Degree, University of Oklahoma School of Medicine, 1948. Interned Brooke General Hospital, Fort Sam Houston, Texas. In military service, United States Army Medical Corps, 1948-1950. Formerly in private practice, Hampton, Arkansas, 1950-51. General Practice. By transfer from Union County Medical Society, Arkansas. Recommended by Dr. Paul N. Atkins, Sr. and Dr. H. D. Murdock.

### ANNUAL ROSTER COMING

The annual membership roster of the Tulsa County Medical Society will be printed in the July issue of The Bulletin. Members contemplating changes of professional address in the next thirty days should notify the Executive Offices of the new address and telephone number. Such information must reach the Executive Offices by June 5, 1951. The roster will be reprinted separately and made available to all interested persons shortly after July 1, 1951.

Owing to the necessity for an early deadline, results of the action of the House of Delegates at the 58th Annual Meeting of the Oklahoma State Medical Association in Tulsa on May 20, 1951, could not be printed in this issue of The Bulletin. A complete report of the proceedings will appear in the July issue of The Bulletin.

DR. JOHN G. MATT has been cited by Proctology, national medical journal, for his work as a review editor of the publication and has been presented with an award, "Citation For Literary Excel-

DR. JOHN F. GRAY, JR. has taken professional offices at 1109 Medical Arts Building for the practice of Neuropsychiatry. Dr. Gray was recently discharged from military service.

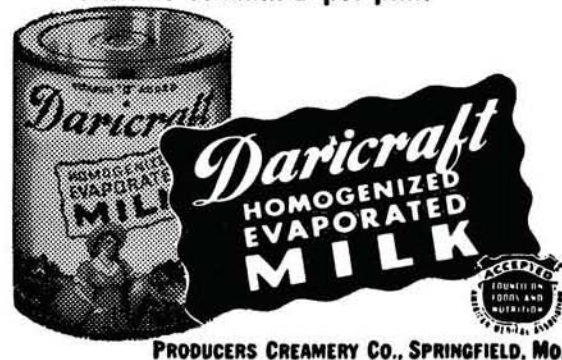
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**The BULLETIN**

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*Editorial Supervisor*

DOUGLAS T. FERRARO, M.D.

GIFFORD H. HENRY, M.D.

*Associate Editors*JACK SPEARS, *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.*

Vol. 17

JUNE, 1951

No. 6

**THE TIE THAT BINDS**

Occasionally the editorial comments of *The Bulletin* elicit a word of praise from the members of the Tulsa County Medical Society, and with the same frequency we are damned for some of our printed observations. The editorial entitled "In Moderate Rebellion," appearing in the April issue, produced a mixed reaction—some doctors came by to thank us for our suggestion that the American Medical Association make an aggressive effort to strengthen its relationships with the individual doctor at the "grass roots" level. Others suggested we stick to the traditional source of authority in a maintenance of the status quo. There is considerable gratification in being able to produce a reaction of this character. It clearly illustrates the manner in which useful processes of thought can be set in motion.

There was some misconception of our original suggestion in the minds of some critics of the editorial. First, we did not advocate that the American Medical Association become a policy making body for the county medical society or that it participate unduly in the affairs of the local or state organizations. Neither did we suggest any basic change in the procedure by which the AMA arrives at its national policies; the continuation of the system whereby the chain of authority extends upward from the county medical society is completely desirable. In fact, it is the

democratic manner of operating any organization.

What we did suggest was that: (1) the AMA give greater assistance to county medical societies in formulating and prosecuting public relations programs, primarily through the medium of an enlarged field staff, (2) that a greater educational program be initiated to acquaint the average doctor with the extent of the work of the AMA, and (3) that regional meetings replace the sprawling annual sessions of the AMA as a means of increasing attendance. It is not conceivable to us, as some critics suggested, that the AMA could become a dictatorial body influencing the action of the county medical society. That is contrary to the entire system by which the AMA operates; it is reasonable to suppose that the local societies will continue to exhibit an independent thinking which combines eventually into the formulation of the national policy.

We feel that the American Medical Association is still too far removed from the average doctor for the most desirable relationship between the two to exist. The individual doctor, practicing medicine unobtrusively but interested in the welfare and future of his profession, has to be made to feel that he is a part of the AMA. There is still something about the AMA to the average practicing physician; it is not that he lacks confidence or pride in the organization, but that he is not too well informed about the tremendous scope of its activities in behalf of the public and the profession. By bringing him to the annual meeting, making him a weekly reader of *The Journal*, by acquainting him with the national organization, by sending the AMA personnel into the field, it becomes possible to remedy this indirect relationship—to make it a direct one in which the doctor feels part and parcel of the AMA and all it stands for.

The American Medical Association has made a strong start in this direction already, chiefly through the National Education Campaign and the development of its own public relations. Its continuation is essential to the future of American Medicine.



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### RESEARCH FOUNDATION TO STUDY GERIATRICS PROBLEMS

An expanding program of medical research is now underway at the Oklahoma Medical Research Foundation in Oklahoma City with initial studies in the general field of geriatrics, primarily projects dealing with cancer, heart disease, arthritis, and metabolic bone ailments.

Completion of a 22-bed modern hospital to make available clinical material to the research staff is expected by July, 1951. Located immediately adjacent to the Foundation's principal structure, the new Research Hospital is being built at a cost of \$225,000.

Dr. Leonard P. Eliel, prominent research scientist now with the Sloan-Kettering Institute of New York, will join the Foundation staff in July to conduct studies dealing with fluid balance, especially as it relates to the use of Cortisone and ACTH. Dr. Eliel will be the sixth permanent member of the Foundation research staff to be employed.

### GOING TO THE AMA?

The American Medical Association will hold its 100th Annual Meeting in Atlantic City, New Jersey, June 11-15, 1951. Members of the Tulsa County Medical Society planning to attend should write at once to the AMA Hotels Committee, Atlantic City, N. J., for hotel accommodations. Members must present their 1951 membership cards in order to register.

The program for nurses training course in poliomyelitis, held May 3-4 at Hillcrest Memorial Hospital, was arranged by a special committee of the Tulsa County Medical Society in cooperation with the Oklahoma Chapter of the National Foundation For Infantile Paralysis. Members of the Committee included DR. IAN MacKENZIE, DR. HUGH C. GRAHAM, DR. JOHN C. DAGUE, DR. ROBERT HALL JOHNSON, and DR. JACK L. RICHARDSON.

DR. EMANUEL N. LUBIN has returned to his office after major surgery.

DR. J. L. REYNOLDS has relinquished his offices in the Orpheum Building and is now retired from active practice.

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Harding, F. E.: West. J. Surg. Obst. & Gynec. 52:31 (Jan.) 1944.

"All patients (53) described a sense of well-being" following "Premarin" therapy for menopausal symptoms.

Neustaedter, T.: Am. J. Obst. & Gynec. 46:530 (Oct.) 1943.

"It ('Premarin') gives to the patient a feeling of well-being."

Glass, S. J., and Rosenblum, G.: J. Clin. Endocrinol. 3:95 (Feb.) 1943.

"General tonic effects were noteworthy and the greatest percentage of patients who expressed clear-cut preferences for any drug designated 'Premarin.'"

Perloff, W. H.: Am. J. Obst. & Gynec. 58:684 (Oct.) 1949.



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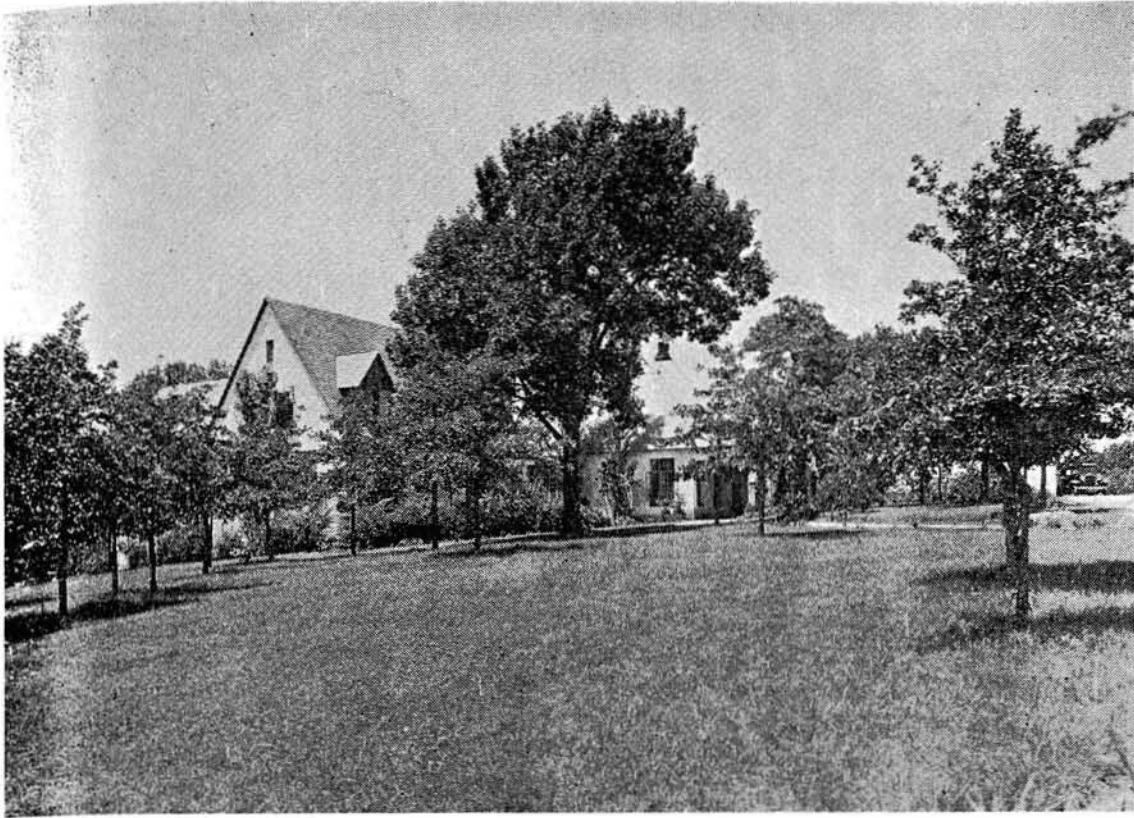
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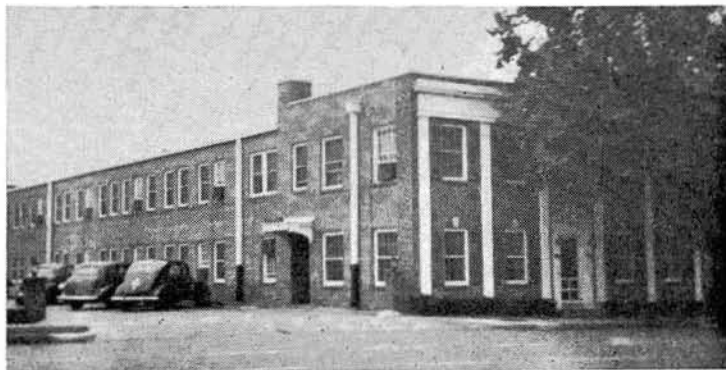
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