

JUL 31 1951

TULSA COUNTY MEDICAL SOCIETY



# THE BULLETIN

*of the Tulsa County Medical Society*

*Build Tulsa*



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The 1951 A.M.A. Convention



The Medical Library



Too Many Meetings? —  
An Editorial Of Importance



Mass X-Raying Planned

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August, 1951

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Vol. 17

No. 8

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OF THE

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Vol. 17

TULSA, OKLAHOMA, AUGUST, 1951

No. 8

## REPORT FROM ATLANTIC CITY

**American Medical Association Has Quiet Session  
To Mark Centennial Convention. National Edu-  
cation Program To Be Dropped.**

In a comparatively quiet but well attended session, the American Medical Association met for its 100th Annual Meeting at Atlantic City last June 11-16. The centennial convention saw the emphasis of the AMA House of Delegates swing away from socialized medicine to a great variety of miscellaneous subjects including civil and military defense, medical education, public relations, and membership problems.

Keynoting the opening session of the House, retiring President Elmer L. Henderson asserted American Medicine had effectively met the threat of socialism and could now concentrate upon basic long range objectives. He listed fifteen salient long-term projects of the AAM, a positive program to promote the national health through scientific activities, to foster and maintain high standards of medical practice, and to solve health problems in a manner most conducive to the public welfare.

The principal actions of the House of Delegates included:

1. Approval of a report of a reference committee on the Joint Commission of Accreditations of Hospitals. This action creates an entirely new commission to formulate standards, determine type and scope of inspections, maintain records, and award all certificates of accreditation of hospitals. Membership of the new group will consist of three representatives of the American College of Physicians, three from the American College of Surgeons, six from the American Hospital Association, and six from the American Medical Association. It will be financed

by the four organizations in proportion to their participation. This proposal is expected to end the serious controversy arising last year when the American Hospital Association assumed the hospital accreditation program formerly conducted by the American College of Surgeons. The House asserted positively that this program should remain under dominant control of the profession, urged greater voting power by the profession, and pointed out the desirability of general practice representation on the new Commission.

2. Termination of the National Education Campaign upon recommendation of Whitaker and Baxter, public relations counsellors who have conducted the program for the last two and one-half years. Pointing out that 11,000 national, state, and local medical groups had gone on record as opposing federal compulsory health insurance, that 90 per cent of the candidates who favored socialized medicine were defeated in the elections, and medical and hospital insurance on a voluntary basis was now protecting some 72 million persons, the House action directed termination of the program at the end of 1951. Whitaker and Baxter remain on half-time as public relations advisors throughout 1952.

3. Authorization of a study to determine if the number of medical meetings with required attendance at the local level could not be reduced. The study looks towards the combining of mandatory hospital staff meetings with those of county medical societies, thus reducing the requirements on the time of the physician.

Recommendations by a survey committee will be heard at a subsequent meeting of the House of Delegates

4. Stressed the importance of support for private aid to medical education, primarily through the AMA-sponsored American Medical Education Foundation. The House clarified a frequently asked question in directing that contributions may be allocated to a designated medical school.

5. Adoption of a resolution which supports federal aid to medical schools for construction only, based on the formula of the Hill-Burton Construction Act.

6. Enlarged the public relations department of the AMA.

7. Directed that efforts by the AMA be made to reverse a 1921 ruling of the Commissioner of Internal Revenue to permit expenses for postgraduate medical study to be considered as deductible expense. Also, the Board of Trustees was directed to continue its efforts to establish regulations whereby physicians may set aside income for pension funds that

will be taxable on receipt.

8. Urged widespread physician cooperation in civil and military blood banks, allocation of federal funds to enlarge a blood plasma program to meet emergency and military needs, and pointed out the moral responsibility of physicians for replacement of blood from patients, families, and friends.

9. Authorized a public education program in the nature of hospital costs and operational procedures.

10. Instructed the Board of Trustees to continue its efforts to refute the public notions that the AMA deliberately limits the number of medical students in American medical schools.

Enrollment at the Atlantic City session reached 28,396, a near-record of which 12,229 were physicians and 16,167 guests and others. Officers elected by the AMA included Dr. Louis H. Bauer of Hempstead, N. Y., as President-Elect, Dr. Dwight H. Murray of California as Chairman of the Board of Trustees, and Dr. Oscar B. Hunter of Washington, D. C., as Vice-President. Dr. John W. Cline of San Francisco assumed office as President and called for constructive action by the profession in his inaugural address. "Our voluntary insurance program has made tremendous strides, but it not yet the complete answer. It must be expanded to fill the gaps in coverage which still exist. The whole profession must be brought enthusiastically behind the program," he said.

Tulsa's Dr. James Stevenson, one of two Oklahoma delegates to the AMA, is gaining wide prestige in national medical circles for his progressive leadership. Dr. John F. Burton of Oklahoma City, the junior delegate, is also making a strong impression in his second term.

Members of the Tulsa County Medical Society present included Dr. Stevenson, Dr. John E. McDonald, Dr. Ralph A. McGill, Dr. J. D. Shipp, Dr. E. O. Johnson, Dr. James W. Kelley, Dr. Arnold H. Ungerman, Dr. Robert M. Shepard, Sr., and Dr. Averill Stowell, the latter participating as a scientific exhibitor.

Dr. Allen O. Whipple of New York, distinguished surgeon, won the AMA's Distinguished Service Medal for 1951.

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### **FINIS E. RUSHING, M. D.**

1888 — 1951

Dr. Finis E. Rushing, 63, widely known Tulsa surgeon, died June 4, 1951, at his home following a heart attack.

Born in Piney, Arkansas, he was educated at public schools of Piney and Dover, Arkansas, and later attended the University of Arkansas from which he received his medical degree in 1912. Dr. Rushing practiced for several years as a member of the United States Navy Medical Corps prior to World War I. During the war he served overseas as a medical officer assigned to the British Expeditionary Forces. Dr. Rushing practiced for several years at Coalgate, Oklahoma, before coming to Tulsa in 1924. He was a member of the Tulsa County Medical Society.

As a hobby Dr. Rushing raised Tennessee walking horses and his entries in the Tulsa Charity Horse Show, of which he was a leader, were frequent blue ribbon winners.

The widow and a daughter survive. Funeral services were held June 6, 1951.

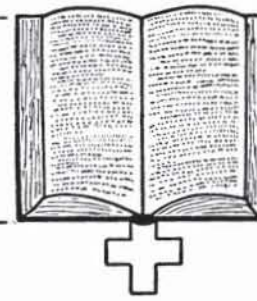
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# THE MEDICAL LIBRARY

Library of the Tulsa County  
Medical Society



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## GIFTS OF THE MONTH—:

**Arthritis and Rheumatism Foundation and Damon Runyon Memorial Fund For Cancer Research, Inc.** White, Abraham, M.D. (ed.), *Symposium on Steroids in Experimental and Clinical Practice*. A complete record of all that was reported and discussed at the First Annual Steroid Conference held in Cuernavaca, Mexico, January 15-18, 1951. Sixty-two participants, 415 pp., tables and figures. The Blakiston Company, Philadelphia, Pa., 1951.

**Dr. Henry S. Browne.** A contribution of the Library Fund in memory of Dr. F. E. Rushing.

**Dr. John G. Matt.** *Surgical Forum — American College of Surgeons. Proceedings of Forum Sessions, 36th Clinical Congress held in Boston, Mass., October, 1950.* Wagensteen, Owen H., M.D., F.A.C.S., Chairman. 665 pp. W. B. Saunders Company, Philadelphia, Pa., 1951.

**Modern Medicine Publications, Inc., Minneapolis, Minn.** *Modern Medicine Annual, 1949, 777 pp. Modern Medicine Annual, 1951, 1,125 pp.*

**Dr. Russell C. Pigford.** Eighteen books of various titles.

**Dr. S. C. Shepard.** Haagensen, Cushman D., M.D., and Lloyd, Wyndham, E. B., M.D., *Hundred Years of Medicine*. 444 pp. Sheridan House, Inc., Publishers, New York, N. Y., 1943.

**U. S. Veteran's Administration-Army-Navy.** *Transactions of the 10th Conference on the Chemotherapy of Tuberculosis (Streptomycin Conference) held on January 25-28, 1951, at Atlanta, Ga. Paper covered, 361 pp. U. S. Superintendent of Documents, Washington, D. C., 1951.*

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

**Dr. W. J. Bryan.** *Symposium of Anemias. Proceedings of the Staff Meeting of Hillcrest Memorial Hospital, 8:289-294 (April) 1951.*

**Dr. Henry A. Brocksmith.** *Treatment of Anemias. Proceedings of the Staff Meeting of Hillcrest Memorial Hospital, 8:303-307 (April) 1951.*

**Dr. David V. Hudson.** *Review of 2nd Edition of Science of Health by Florence L. Meredith, B.Sc., M.D. Journal of the Oklahoma Medical Association, 44:244 (June) 1951.*

**Dr. Maxwell A. Johnson and other.** *Abstract in Quarterly Review of Urology, 5:260 (September) 1950 of Transurethral Prostatic Resection—A Comparison of Two Series of Cases, originally appearing in Journal of Urology, 63:147-54 (January) 1950.*

**Dr. John G. Matt.** *Treatment of Idiopathic Pruritis Ani with Adenosine-5-Monophosphate. Southern Medical Journal, 44:537-542 (June) 1951.*

**Dr. Royal E. Stuart.** *Abstract in International Surgical Digest, 51:265 (May) 1951 of Deep Infections of Neck, originally appearing in the Journal of the Oklahoma State Medical Association, 44:93 (March) 1951.*

**Dr. Carl H. Guild.** *Insulin Shock During Anesthesia—Report Of A Case. Current Researches in Anesthesia and Analgesia, Volume 30, No. 4, July-August, 1951.*

# PRESIDENT'S PAGE

I see by the papers, as our late great Will Rogers used to say, that serious consideration is again being given to a proposed multi-million dollar bond issue to finance construction of a modern civic center in Tulsa. The project would include much needed facilities to properly house many larger conventions which cannot be brought to Tulsa at this time. The physical difficulties of staging the 1951 annual meeting of the Oklahoma State Medical Association here last May emphasized the need for facilities of this type. The cramped, often make-shift quarters which we have been forced to use for our annual meetings for nearly twenty years handicap the progressive planning which should mark our conventions, and the success of our 1951 meeting was in spite of these physical limitations. I am told by our Tulsa Chamber of Commerce that hundreds of thousands of dollars in expenditures of convention guests now go to other cities which are equipped to handle these meetings properly.

It seems to me that Tulsa has been unduly negligent on this score. Dozens of America's principal cities long ago built modern utilitarian structures for convention purposes, and the merchants of those cities have reaped millions of dollars of convention trade in return. Political disharmony and public penuriousness have perpetuated a narrow-minded attitude in Tulsa towards our needs in this respect. For a city of Tulsa's legendary progressiveness, this is most difficult to understand. I would like to suggest a one-hundred per cent support of this new proposed bond issue for a civic center. We have delayed too long now. When the Oklahoma State Medical Association returns to Tulsa in 1953 I hope it will be to a gleaming new civic center offering the best in convention facilities.

Sincerely,



President



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## PUBLIC HEALTH UNIT ASKS DOCTOR AID

**Improved Reporting of Communicable Diseases Sought. Laxity In Reporting Tuberculosis Scored by Tulsa County Public Health Association.**

An appeal for a more complete reporting of contagious disease by Tulsa doctors was voiced last month by officials of the Tulsa City-County Health Department. Pointing out that reporting of certain communicable disease was required by law, Dr. T. Paul Haney, Superintendent, said carelessness or neglect of this duty by physicians can hamper adequate control programs and make difficult the collection of useful public health statistics.

At the same time the Tulsa County Public Health Association reported it had recently uncovered several cases of active tuberculosis in Tulsa County which had not been previously reported by the attending physicians. The first knowledge of some cases was received belatedly by a check of death certificates recently filed.

"The majority of Tulsa doctors are very reliable and cooperative in promptly reporting communicable disease," Dr. Haney said. "However, a few doctors do neglect this requirement or are careless in reporting. The cooperation of these physicians is essential if our control programs are to operate at a maximum effectiveness."

The following diseases are reportable; Anthrax, Botulism, Cholera, Coccidiosis, Diphtheria, Infectious Encephalitis, Hookworm, Influenza, Malaria, Measles, Meningococcus Meningitis, Ophthalmia Neonatorum, Paratyphoid Fever, Pneumonia, Poliomyelitis, Psittacosis, Rabies in man, Rheumatic Fever, Ringworm of the scalp, Rocky Mountain Spotted Fever, Streptococcus Sore Throat (including Scarlet Fever), Smallpox, Tetanus, Trachoma, Trichinosis, Tuberculosis, Tularemia, Typhoid Fever, Typhus Fever, Brucellosis, Whooping Cough, Yellow Fever, Venereal Diseases, Cancer and Hepatitis.

The reporting of Chicken Pox, Mumps, German Measles, and a number of minor diseases is now optional instead of required. There has also been a change in the regulations for exclusion of children with communicable diseases from school which went into effect in the Fall of

1950. An outline of these rules has been mailed to all doctors. A few additional copies are still available at the Tulsa City-County Health Department, 521 North Boulder, Tulsa.

Dr. David V. Hudson, communicable disease control officer, said there has apparently been an impression among doctors that hemolytic streptococcus throat infections are not reportable unless the patient has a rash indicating scarlet fever. All hemolytic streptococcus throat infections must be reported. No cases were reported in 1950 although one person died of complications appearing weeks after the original infection, Dr. Hudson said. In the first six months of 1951 ten cases have been reported.

The reporting of communicable disease should be done weekly on the official forms mailed to each doctor each week. This form contains a reply postcard, postage paid, with blanks to indicate the name, address, race, sex, age, and disease of the patient. Reporting may also be done by telephone. Physicians not now receiving the weekly report forms should contact Dr. Hudson at 4-2138. Special forms are used for reporting cancer and venereal diseases.

The reporting of infectious and serum hepatitis will also be appreciated as these are now reportable diseases. Studies are being conducted to determine the mode of transmission in infectious hepatitis and any contributing information will be appreciated.

Mr. Charles Follansbee, President of the Tulsa County Public Health Association, made a strong appeal for physician cooperation in reporting tuberculosis. "The good work done by our organization and other groups in tuberculosis control can be impaired if active cases are permitted to remain in contact with other persons. A report of these cases enables proper follow-up, isolation, and control of the disease."

Physicians with any questions about reporting should contact Dr. Hudson.



**The BULLETIN**RALPH F. MARTIN, M.D.  
*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.*

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**TOO MANY MEETINGS?**

The multiplicity of medical meetings which doctors are required or expected to attend has been a source of growing concern in medical centers over the nation. The subject came up for discussion by the House of Delegates of the American Medical Association at the June meeting in Atlantic City, and from the tenor of the discussion there a moderate rebellion against these time-consuming demands is in the making. A reference committee was instructed to study the situation thoroughly, especially a suggestion that county medical society meetings be combined with those of hospital staffs, and report at the interim session in Los Angeles early this winter. The problem is not one to be easily resolved because of the practical considerations involved. An opposing channel of thought questions the desirability of such action, pointing out that such meetings contribute to the high standards of medicine, public health, and civic progress now maintained.

Some grumbling about the number of medical meetings has been heard in Tulsa medical circles recently. Except for the temporary relief afforded during the hot-weather months, the situation has been growing steadily worse. Staff meetings of the two accredited hospitals are virtually compulsory with many doctors required or requested to attend hospital governing board meetings, section meet-

ings, and sessions of various administrative and special hospital committees. The Tulsa County Medical Society meets twice each month with an average of three to four committee or Board meetings each week or from 150 to 200 meetings annually. Specialty groups, specialty clinics, and postgraduate study courses add to the total. Such organizations as the Tulsa County Public Health Association, the City-County Health Department, and others have numerous doctors as officers and workers, and meetings of these groups are periodically necessary. The active role of some doctors in civic, professional, and church groups increases the total further, and for some who are active in organizations at the State level (such as the Oklahoma State Medical Association) there is frequently the necessity to add considerable travel time into consideration. Particularly active and conscientious doctors may thus find an entire week programmed with meetings of one sort or another.

The hardship is primarily upon the more active doctors, the leaders of the profession, but for the average member there is a substantial schedule of these meetings. The tendency of this multiplicity of meetings is to eventually produce a neglect which in turn impairs the value of the organizational work program. For scientific meetings, failure to attend lessens the opportunity to acquire new information in techniques of diagnosis and treatment. On the other hand, a voluntary limitation of these meetings will eventually produce the same end result.

It is generally agreed by most doctors that a more careful planning and scheduling of meetings would be advantageous. The primary objections are to needless duplication and repetition in subject matter and program content, to ponderous business sessions which could be streamlined and speeded up, and to carelessly prepared agendas or the absence of an agenda altogether.

It should not be overlooked that some doctors make the alleged multiplicity of meetings an excuse for non-attendance; for a certain percentage of the physician population the problem of meetings

*(Continued On Page 20)*





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### **BEDSIDE NURSING CARE AVAILABLE TO VETERANS**

A contractual agreement regarding home nursing care for veterans living in Tulsa County is now in effect between the Tulsa County Public Health Association, Inc. and the Veterans Administration, according to Mrs. Odessa Winters, Executive Director of the Association.

Through its staff of 30 nurses in Community Nursing Service, the organization is now ready to render bedside nursing care to veterans with service-connected illness or disability who are in need of nursing care in the home. The Veterans Administration has made similar contacts with visiting nursing associations throughout the United States.

### **SPECTROPHOTOMETER HERE**

Dr. W. J. Bryan has announced the acquisition of a Flame Spectrophotometer in his laboratory, 801 Medical Arts Building, Tulsa, for use by the profession. The instrument is for the rapid determination of sodiums and potassium, and can also be used for detection of calcium and magnesium.

DR. LOWELL L. STOKES has returned to his offices after several weeks of postgraduate medical study at Cook County Hospital, Chicago, Illinois.

DR. R. CHADWICK JOHNSON has accepted a surgical residency at the University of Virginia Hospital, Charlottesville, Virginia. He will return to his practice at Sand Springs next summer.

DR. LOUISE WILCOX has removed her practice to Newton, Texas.

DR. H. LEE FARRIS has been appointed as Medical Director of the Douglas Aircraft Corporation plant in Tulsa.

DR. BERGET H. BLOCKSOM has returned from a vacation in Indiana.

DR. ROBERT M. SHEPARD, JR. is now associated with Dr. D. L. Garrett and Dr. Harold A. White in the practice of surgery.

DR. W. A. SHOWMAN and DR. S. C. SHEPARD have returned from a week's fishing trip at Rainy Lake, Canada.

DR. DANIEL L. PERRY has been on the sick list.



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Hamblen, E. C.: North Carolina M. J. 7:533 (Oct.) 1946.

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



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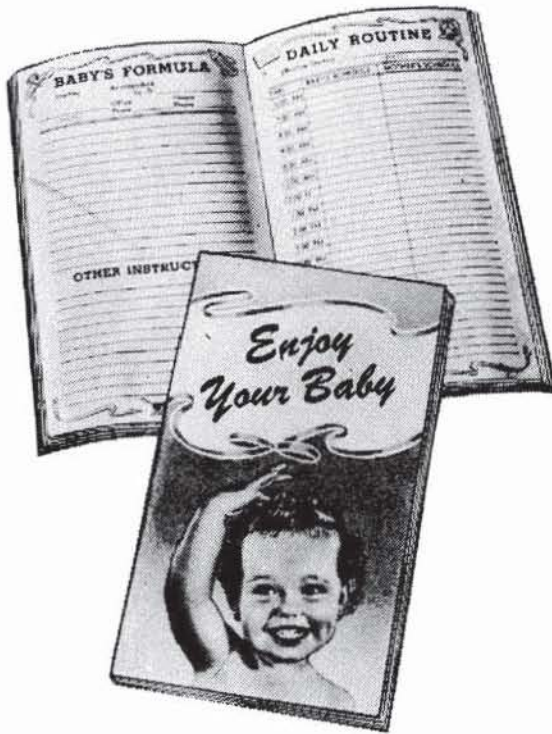
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## PLANS FOR MASS X-RAYING OF 166,000 TULSANS MAPPED

Tentative plans for a mass x-raying of 166,000 Tulsans by the United States Public Health Service have been inaugurated here by the Tulsa City-County Health Department in cooperation with other public health agencies.

The plan would utilize mobile x-ray units of the federal government and would require \$35,000 of local money, approximately one-third of the total cost. The balance of the financing would be by the U. S. Public Health Service. The project has the tentative endorsement of the Board of Trustees of the Tulsa County Medical Society. The survey would locate tuberculosis, heart abnormalities, lung disorders, and cancer. It is expected the survey would not be made here until 1952, providing the various phases of the project can be worked out promptly.

DR. WILLIAM R. TURNBOW has moved his professional offices to his attractive new clinic building located at 3015 East 15th Street, Tulsa.

DR. E. O. JOHNSON has returned from an East Coast vacation in New Jersey and Virginia.

DR. JAMES STEVENSON was a speaker for the District Councilor Meeting of the Oklahoma State Medical Association held July 16th at Muskogee.

DR. JOHN C. PERRY is expected to return to Tulsa early in August after two months in Europe vacationing and visiting his son-in-law and daughter, Dr. and Mrs. Jack Newport, now in Vienna, Austria.

DR. MATTHEW B. MOORE has returned to Tulsa after a two year absence for postgraduate medical study. He will specialize in obstetrics and gynecology with offices in the Braniff Building.

DR. D. W. LEMASTER has retired from the practice of medicine and is now living on his farm at Wayne, Oklahoma.

DR. RICHARD APFFEL has resigned as Director of the Tulsa Child Guidance Clinic effective October 1, 1951.

Its a daughter for DR. and MRS. ROBERT D. GRUBB, born June 20th at Hillcrest Hospital. Congratulations!





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## EDITORIAL

*(Continued From Page 14)*

actually does not exist. The need here is frequently for some method of bringing these non-participants to the few meetings which they are morally obligated to attend with reasonable regularity. This is very well expressed in the attendance records of the Tulsa County Medical Society. Although a carefully prepared schedule of scientific lectures offers some of the nation's top medical talent as guest speakers, attendance averages a poor 35 to 40 per cent of the membership present and frequently drops to as low as 25 per cent.

It is questionable if county medical society meetings can be effectively combined with those of the hospital staffs, as has been proposed. The handling of business matters of the various groups would be a complicating factor in itself while additional problems would be posed in the development of program content. Some arrangement might be made whereby attendance at the county society meetings could make up for absences at the staff meeting. The whole problem, however, will be difficult to solve without damage to present high professional and civic standards. It is not as serious a problem as may be represented and we feel extreme care should be taken in effecting a deliberate reduction of the present organizational activity represented by these meetings.

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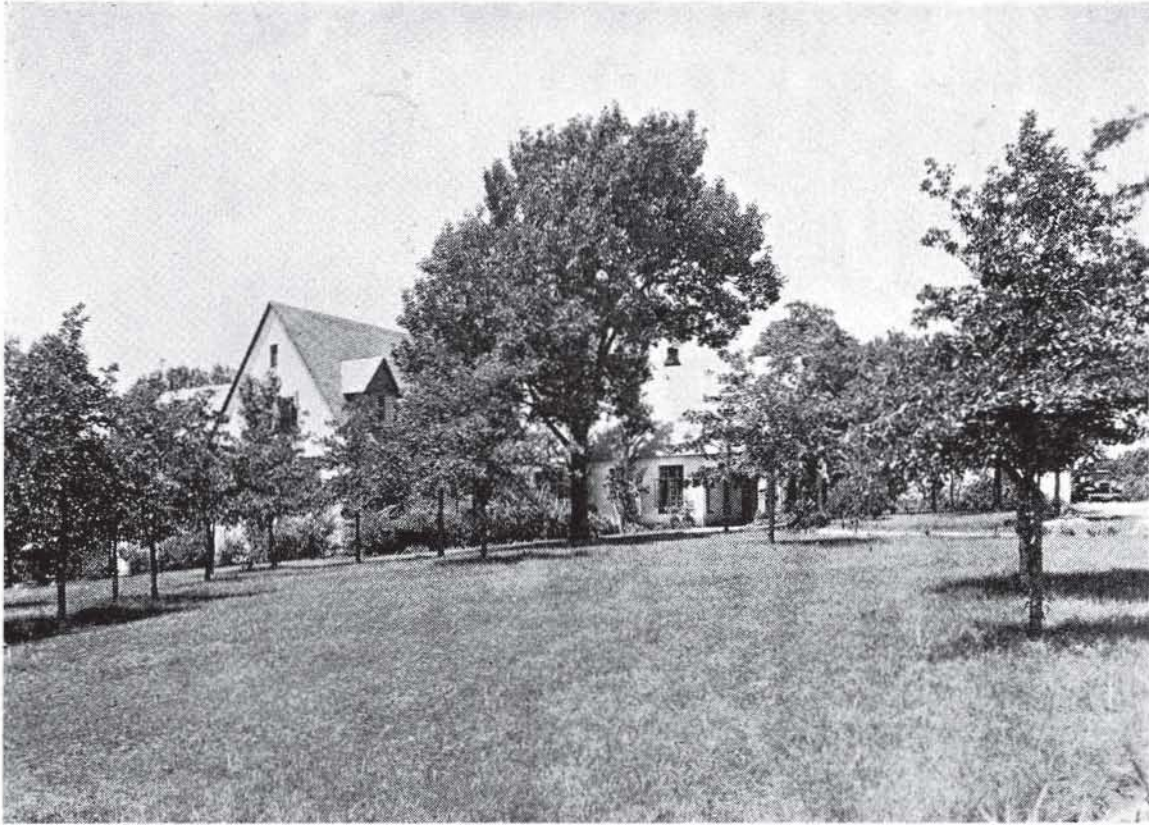
Separately printed copies of the roster of the Tulsa County Medical Society are now available upon request of the Executive Offices.

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DR. PAUL GROSSHART is recuperating at St. John's Hospital from injuries received in an automobile accident last June 8th near Siloam Springs, Arkansas.

Named as members of the Tulsa County Medical Society's new advisory committee to the National Foundation For Infantile Paralysis were DR. IAN MacKENZIE and DR. JOHN E. McDONALD, co-chairman, and DR. MARSHALL O. HART, DR. B. H. BLOCKSON, DR. D. L. EDWARDS, DR. M. J. SEARLE, DR. THOMAS J. HARDMAN, DR. HAYS R. YANDELL, and DR. MARQUE O. NELSON.





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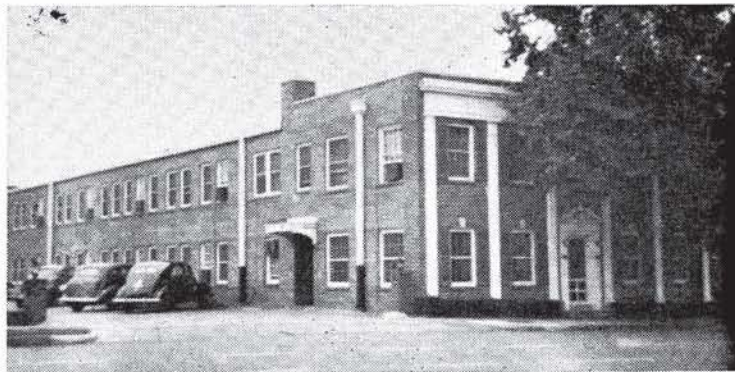
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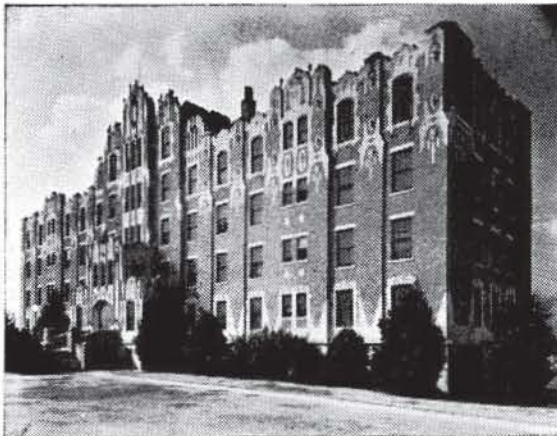
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