



# THE BULLETIN

*of the Tulsa County Medical Society*

*Build Tulsa*



## **IN THIS ISSUE**



Medical Population Keeps  
Pace With City, Census Shows



The Medical Library



Itemize The Bill—  
An Editorial Of Interest



President's Page

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September, 1951

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Vol. 17

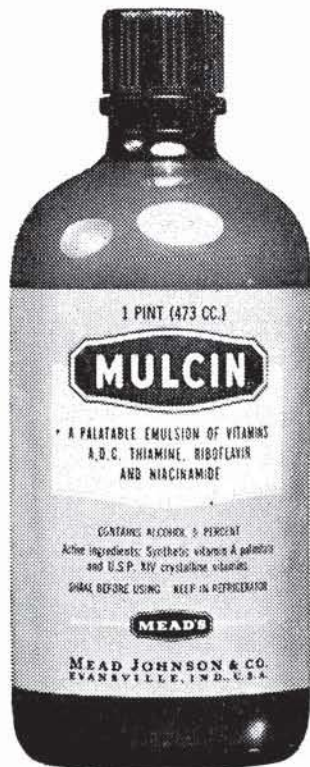
No. 9

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# THE BULLETIN

OF THE

## TULSA COUNTY MEDICAL SOCIETY

W. A. Showman, M.D., *President*Marshall O. Hart, M.D., *President-Elect*John G. Matt, M.D., *Vice-President*Harold J. Black, M.D., *Secretary-Treasurer*Jack Spears, *Executive Secretary*

Vol. 17

TULSA, OKLAHOMA, SEPTEMBER, 1951

No. 9

## COUNTY MEDICAL POPULATION HITS 288

**Sixty-Eight More Physicians In Practice In Tulsa County Today Than In 1940. Number Of Doctors Seen Adequate To Care For Population.**

Tulsa's supply of medical doctors is keeping pace with its growing population, a survey conducted last month by the Tulsa County Medical Society indicates. Based on figures for the entire county, a ratio of one doctor to each 831 persons in 1940 had risen to one doctor to each 874 persons in 1950. For the City of Tulsa alone, the ratio of one doctor per 683 persons in 1940 had increased to one doctor per 708 persons last year.

In 1940, Tulsa County showed a total of 220 doctors in active practice while by 1950 the figure had risen to 288, a gain of 68 physicians to compensate for an increase in population of approximately 69,000 persons. Of the 220 doctors in 1940, 198 were members of the Tulsa County Medical Society, 10 were negro physicians, and 12 were non-members. Twelve were in practice outside of Tulsa proper (in such towns as Sand Springs, Bixby, Collinsville, etc.). In 1950, membership in the Tulsa County Medical Society stood at 268. There were eleven negro physicians in practice and seven medical doctors not members of the Medical Society. Fifteen doctors were practicing in the smaller towns outside of Tulsa proper. These figures include physicians employed in full-time public health and industrial positions but do not include interns, residents, or physicians retired or not in practice.

Official census figures released last month indicated Tulsa County's 1940 population of 193,365 had grown to 251,686 in the 1950 census. For the City of Tulsa alone, population increased from 142,157 in 1940 to 182,740 last year.

Tulsa doctor-patient ratios are well within the 1-to-1,000 ratio prescribed by the American Medical Association as a minimum standard for adequate medical care. However, these ratios are misleading in a calculation of the profession's numerical adequacy to care for the population concerned. This is because Tulsa's high ratio of specialists (191 of Tulsa County's 288 doctors are specialists) draw a huge amount of referred patients from Eastern Oklahoma. This actually reduces the ratio of doctor to patients by increasing the number of the latter. One Tulsa hospital has reported patients from 45 Oklahoma counties in 1950 or better than one-half of the total number of counties in the state.

While no reliable estimate of the amount of referred work is available, most observers believe it is not sufficient to endanger the present satisfactory ratio of doctors to patients. Tulsa doctors, of course, draw a large amount of work from the smaller towns in the County which are all admittedly understaffed (when considered solely on a doctor to population ratio). Overworked doctors in smaller towns of Tulsa County admit it would be impossible for them to serve, in addition to their present practice, patients now seen by Tulsa doctors.

In analyzing the picture of medical care in Tulsa County, consideration must also be given to some 85 osteopathic physicians not included in the above tabulations. While no accurate figures are available, the number of osteopathic physicians in Tulsa County is believed to have doubled in the last ten years. Other

cultists (chiropractors, naturopaths, etc.) have negligible value in the medical care picture.

"There is no shortage of doctors in Tulsa County today," said Dr. W. A. Showman, President of the Tulsa County Medical Society. "The number is adequate to care for the population and proportionately larger than many comparable American cities. We are adequately represented in all major specialties."

The volume of medical care is considerably greater than in 1940. Individual doctors are seeing greater numbers of patients. This fact is attested by utilization of hospital, medical, and surgical care insurance, by hospital admission records, and by doctors' office censuses. The phenomenal growth of the Blue Cross and Blue Shield plans has been a particular factor in encouraging medical and hospital care when needed. Prosperity, high levels of employment, and improved health education represent other factors.

"It is possible today for doctors to see a greater number of patients than ten years ago," said Dr. Showman. "The tremendous improvements in diagnostic and

therapeutic aids, the utilization of wonder drugs, and application of new concepts of medical care have permitted a greater and more efficient utilization of the doctors time. If Tulsa doctors were required to handle the volume of medical practice which exists in 1950 with the methods and under the conditions of practice in 1940, the result would be disastrous. A much greater medical population would be needed. This situation clearly demonstrates the great progress of medicine, unfettered by government controls, in the past ten years."

A tabulation of hospital beds in Tulsa, based on figures contained in the Directory of the American Medical Association, shows a growth of from 830 in 1940 to 1,188 in 1950. This includes figures for osteopathic hospitals but does not include bassinets. Most of the growth is accounted for by the additions to St. John's Hospital and the opening of the Hillcrest Lying-In Hospital. Additional growth will be computed with the completion of a new 136-bed addition at Hillcrest Hospital. The above figures include such units as the Salvation Army Home and Hospital, the Junior League Convalescent Hospital, etc.

The number of specialists in Tulsa has risen, both in terms of actual numbers and percentage-wise. In 1940 there were 135 specialists in Tulsa County out of a total of 220 doctors, while in 1950 the number had risen to 191 out of a total 288 physicians in active practice. In percentages the number rose from 61 per cent in 1940 to 66 per cent last year. An accurate count of specialists is difficult as many specialists do considerable amounts of limited general practice; for purposes of the survey the count of specialists was determined for 1940 by the listings in the Directory of the American Medical Association, for 1950 by reference to the annual roster of the Tulsa County Medical Society which lists physicians as specialists according to their wishes.

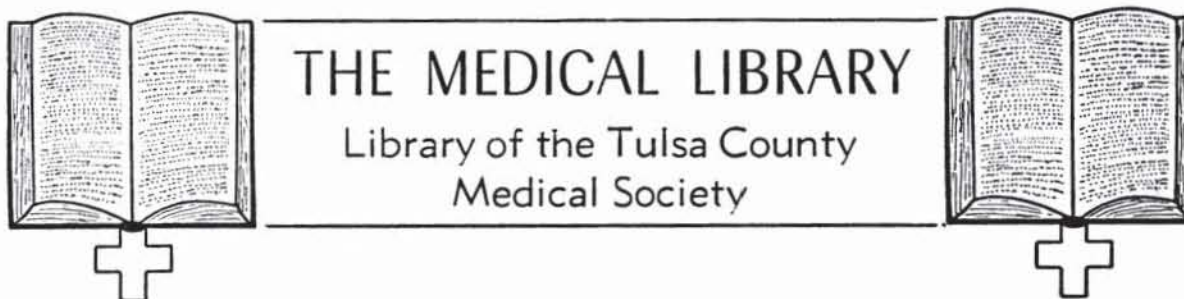
The chart printed herewith discloses the comparative numerical status of the various specialties between 1940 and

### SPECIALIST GROUPS GAIN

Here are comparative figures on the number of specialists in Tulsa County over a ten-year period.

Specialty	1940	1950
Allergy .....	0	2
Anesthesiology .....	7	9
Dermatology .....	4	5
Eye-EENT-Ear .....	22	17
Internal Medicine .....	13	30
Industrial Medicine .....	2	7
Neurosurgery .....	0	5
Obstetrics-Gynecology .....	20	19
Orthopedics .....	4	7
Psychiatry-Neuropsychiatry .....	2	6
Public Health .....	2	6
Pathology .....	4	4
Pediatrics .....	7	12
Proctology .....	1	3
Radiology .....	4	9
Surgery .....	36	36
Thoracic Surgery .....	1	3
Urology .....	6	11
Totals .....	135	191

(Continued On Page 18)

**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*

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**GIFTS OF THE MONTH—:**

**American Medical Association, Council on Medical Service.** Voluntary Prepayment Medical Care Plans. Revised 1951, paper cover, 142 pp.

**Arthritis and Rheumatism Foundation, Tulsa Chapter.** Mote, John R., M.D. (ed.), Proceedings of the Second Clinical ACTH Conference, Volume 2, Therapeutics. 316 illustrations, 81 tables, 706 pp., Blakiston Company, Philadelphia, Pa., 1951.

Gold, Harry, M.D. (ed.), Cornell Conferences on Therapy at the Cornell University School of Medicine. Volume 4, 342 pp., Macmillan Company, New York, N. Y., 1951.

1950 Year Book of Physical Medicine and Rehabilitation (December, 1949-January, 1951). Edited by Frank H. Krusen, M. D. and associate editors Earl C. Elkins, M.D. and George G. Deaver, M.D. 328 pp., illustrated. Year Book Publishers, Inc., Chicago, Ill., 1951.

**Dr. Henry S. Browne.** A contribution to the Library Endowment Fund.

**Dr. W. Albert Cook.** Cancer, A Manual for Practitioners. 2nd Edition, 308 pp., Massachusetts Division, American Cancer Society, Inc., Boston, Mass., 1950.

Gould, George M., A.M., M.D. Illustrated Dictionary of Medicine, Biology and Allied Sciences. 4th Edition, charts, plates, and tables, 1,633 pp., P. Blakiston's Son & Company, Philadelphia, Pa., 1899.

**Dr. Robert E. Funk.** Mote, John R., M.D. (ed.), Proceedings of the Second Clinical ACTH Conference, Volume 1, Research. 278 illustrations, 49 tables, 566 pp., Blakiston Company, Philadelphia, Pa., 1951.

**Dr. H. O. Loyd.** Levine, Samuel A., M.D., F.A.C.P., Clinical Heart Disease, 4th Edition, 556 pp., illustrated. W. B. Saunders Company, Philadelphia, Pa., 1951.

**Dr. Elnora G. Miller.** Larkowski, T. M., M.D., F.A.C.S. and Rosanova, A.R., R.Ph., M.D., Hospital Staff and Office Manual. 428 pp., illustrated. Romaine Pierson, Inc., Publishers, Great Neck, N. Y., 1951.

**Dr. Lucien M. Pascucci.** Military Surgeon, volume 106, 1950.

**Charles Pfizer & Co.,** Antibiotic Division, Brooklyn, N. Y. Terramycin-Review of the Literature. 79 pp., illustrated, no date.

**Dr. James Stevenson.** Truman, Stanley R., M.D., The Doctor-His Career, His Business, His Human Relations. 151 pp., Williams & Wilkins Company, Baltimore, Md., 1951.

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

**Dr. Phillip R. Apffel.** Review of Introduction to Group-Analytic Psychotherapy—Studies in the Social Entegration of Individuals and Groups by S. H. Foulkes, M.D., London, England. Journal of the Oklahoma State Medical Association, 44:330 (Aug.) 1951.

**Dr. R. W. Goen.** Non-Psychogenic Neurasthenia. Journal of the Oklahoma State Medical Association, 44:316-319 (Aug.) 1951.

# PRESIDENT'S PAGE

I am rather shocked to learn that the average attendance of county medical society meetings across the nation is only 20 per cent of the membership. In comparison, the 30 to 35 per cent enjoyed by the Tulsa County Medical Society appears rather good although I had always heretofore considered it very poor. Beginning this month the Society will resume its twice-monthly meetings at The Mayo. The Program Committee has prepared a well balanced schedule of scientific presentations for the rest of the year. I am hopeful that our attendance will be increased in the months to come, irregardless of our apparently good record when contrasted with other county organizations. The Tulsa County Medical Society has always had a reputation for doing things a bit better than the rest, and I think we would do well to do much better in our attendance figures.

This brings up the question of the number of medical meetings which doctors are expected or required to attend. As you read in the August issue of The Bulletin, this problem is not peculiar to Tulsa but exists in all major medical centers. Your Board of Trustees and the Program Committee have discussed this problem; it is possible some recommendations will be made at an early Fall meeting, either to voluntarily reduce the number of meetings or to combine some. The trustees and officers would appreciate your thinking in this respect and I hope you will take the opportunity to tell us what you think about the matter. Whatever that is done will be only with the fullest consent of the membership.

Sincerely,



President





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## NEW MEMBERS

The following physicians are applicants for membership in the Tulsa County Medical Society:

**Dave B. Lhevine, M.D.** B-7 Medical Arts Building, Tulsa. Medical Degree, University of Oklahoma School of Medicine, 1945. Interned U. S. Naval Hospital, Brooklyn, New York, one year. In military service, United States Navy, 1945-48. Resident in Radiology, St. Louis City Hospital, 1948-51. Radiology. Recommended by Dr. Sol Wilner and Dr. Morris B. Lhevine.

**John W. Gaddis, M.D.** 1530 South Peoria, Tulsa. Medical Degree, Indiana University School of Medicine, 1947. Interned Presbyterian Hospital, Chicago, Illinois, one year. Two years, medical resident, Missouri Pacific Hospital, St. Louis, Missouri. One year, medical resident, Louisville General Hospital, Louisville, Kentucky. Internal Medicine. Recommended by Dr. N. C. Gaddis and Dr. Terrell Covington, Jr.

**Leo Lowbeer, M.D.** Hillcrest Memorial Hospital, 1653 East 12th, Tulsa. Medical Degree, University of Vienna School of Medicine, 1927. Interned Viennese Municipal Hospital, Vienna, Austria, two and one-half years. Since 1939 Pathologist and Director of Laboratories, Hillcrest Hospital, Tulsa. Pathology. Recommended by Dr. Ian MacKenzie and Dr. E. N. Lubin.

**Ernest S. Kerekes, M.D.** St. John's Hospital, 1923 South Utica, Tulsa. Medical Degree, New York Medical College, New York, N. Y., 1943. Interned Sacred Heart Hospital, Allentown, Pennsylvania, one year. Formerly in military service. Formerly Assistant Professor of Radiology, University of Arkansas School of Medicine, Little Rock, Arkansas. Radiology. Recommended by Dr. E. Malcolm Stokes and Dr. Lucien M. Pascucci.

**E. Lee Gentry, M.D.** 908 Medical Arts Building, Tulsa. Medical Degree, University of Oklahoma School of Medicine, 1950. Interned Hillcrest Memorial Hospital, Tulsa, one year.

General Practice. Recommended by Dr. H. D. Murdock and Dr. Fred E. Woodson.

**Charles E. Wilbanks, M.D.** 727 North Lewis, Tulsa. Medical Degree, University of Oklahoma School of Medicine, 1950. Interned Hillcrest Memorial Hospital, Tulsa, one year. General Practice. Recommended by Dr. Fred E. Woodson and Dr. George M. Adams.

**Arthur E. Hale, M.D.** Glass-Nelson Clinic, 2020 S. Xanthus, Tulsa. Medical Degree, University of Oklahoma School of Medicine, 1945. Interned Ohio State University Hospital, Columbus, Ohio, one year. United States Army Medical Corps, Waco, Texas, 1946-48. Resident in Internal Medicine, Ohio State University Hospital, Columbus, Ohio, 1948-51. Internal Medicine. Recommended by Dr. Fred A. Glass and Dr. Frank J. Nelson.

**Marion K. Ledbetter, M.D.** 1435 S. Quaker, Tulsa. Medical Degree, University of Oklahoma School of Medicine, 1946. Interned Methodist Hospital, Indianapolis, Indiana, one year. Pediatrics. Recommended by Dr. Hugh C. Graham and Dr. R. M. Wadsworth.

**Robert E. Nathan, M.D.** 603 Medical Arts Building, Tulsa. Medical Degree, University of Florence, 1936. Interned St. John's Hospital, Tulsa, Oklahoma, one year. Formerly in practice, U. S. Veterans Administration Hospital, Muskogee, Oklahoma, 1947-48; in private practice, Houston, Texas, 1948-51. Formerly Instructor in Internal Medicine, Baylor College, School of Medicine, Houston, Texas. Internal Medicine. Recommended by Dr. D. L. Garrett and Dr. Samuel Goodman.

**Carl C. Morgan, M.D.** 1923 South Utica, Tulsa. Medical Degree, University of Oklahoma School of Medicine, 1946. Interned University Hospitals, Oklahoma City, fifteen months. U. S. Army Medical Corps, 1947-49; resident in Anesthesiology, University Hospitals, 1949-51. Anesthesiology. Recommended by Dr. H. B. Stewart and

*(Continued On Page 18)*

**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*



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Vol. 17 SEPTEMBER, 1951 No. 9

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**ITEMIZE THE BILL**

A recent survey indicates one of the public's greatest gripes against doctors is the failure to receive an itemized bill for services rendered. (Other gripes: high fees, excessive laboratory work, unnecessary consultations, poor scheduling of office appointments, failure to make night and house calls, gouging on insurance cases, reluctance to discuss fees in advance). The simple notation of "Professional Services" followed by the amount sticks in the craw of many patients, particularly where a large sum is involved. John Doe wants to know what he is paying for, item by item.

The request for an itemized bill is not an unreasonable one. Most medical societies have long thumped its members to institute and follow such a policy. The American Medical Association recognizes itemization of medical charges a vital part of professional public relations, pointing out that failure to itemize breeds suspicion and distrust on the patient's part. Yet, the practice is widespread and in many areas tends to be on the increase. In large measure it is a continuation of a practice followed by medicine over the last century, a practice which is no longer desirable or practical. A new era in medical care transcends the age when the office or home consultation constituted the major item of medical care; today's application of modern

therapeutic and diagnostic devices, expensive laboratory and x-ray procedures, costly wonder-working drugs and medicines, consultations, etc., necessitate a close accounting of the final totals. The coincident factors of inflation and scarce money, the need for improved medical public relations, and the public unrest bred by the campaign for socialized medicine are all the more reason for a permanent policy requiring itemization of bills.

True, the itemizing of the bill will materially increase the job of the office assistant or bookkeeper. Many doctors frankly admit the ease and speed of preparing unitemized bills accounts for its use in their own offices; where hundreds of bills must be rendered monthly, time is unquestionably a factor worthy of consideration. Yet, there is a most tangible value in the maintenance of the physician's own high level of patient goodwill, and itemized bills contribute materially to these standards.

It is significant that little complaint is heard from the public in regard to the general quality of medical care in the nation. A public which demands the best in medicine finds no cause for complaint in the American doctor who strives to meet these high requirements for modern practice in years of education and training. It is unfortunate this regard must be obscured by careless handling of fees. A few simple rules faithfully followed by the doctor can eliminate most of this difficulty: (1) itemize all bills, (2) insofar as possible, discuss the fee with the patient in advance of the service rendered, particularly where surgery is concerned, (3) explain personally all unforeseen charges which subsequently arise, (4) receive and discuss personally with the patient any complaint or question he may have; an angry or arrogant handling of such matters is fatal, (5) make sure all fees are within the range of the patient's ability to pay.

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## NEW ORLEANS SURGEON TO SPEAK HERE SEPTEMBER 24TH

Dr. James D. Rives, Professor of Surgery at Louisiana State University School of Medicine, New Orleans, will be guest speaker for the Tulsa County Medical Society on Monday, September 24, 1951. His subject will be announced later.



Dr. R. W. Goen

Two weeks earlier, on September 10, 1951, the Society will hear Dr. Rayburne W. Goen, Tulsa internist, discuss the subject of "Recent Advances In Drugs Affecting the Autonomic Nervous System." Both meetings will be at The Mayo at 8:00 P.M. A brief business session will follow the meeting of the September 10th but none will be held on September 24th.

The Society's popular series of buffet dinners will resume on September 24th with a delightful buffet to be served in the Terrace Room of The Mayo from 6:30 P.M. to 7:45 P.M. Reservations should be made at the earliest possible date and not later than 2:00 P.M. of the day of the meeting. The price will be \$4.00 per plate. All new applicants for membership are especially invited to attend.

Dr. Rives is a graduate of Tulane University School of Medicine, Class of 1918, and also holds a Bachelor of Science degree from Vanderbilt University. Since World War I he has been practicing in New Orleans and has won a wide reputation in the field of general and thoracic surgery. He is a diplomate of the American Board of Surgery, fellow of the American College of Surgeons, member of the American Surgical Association and the Southern Surgical Association. Dr. Rives will be introduced by Dr. Robert M. Shepard, Jr. of Tulsa.

DR. EDWARD W. CUBLER has removed his practice to Pottstown, Pa.

DR. NOLAN C. RILEY has joined the medical department of Douglas Aircraft Corporation in Tulsa.

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Hamblen, E. C.:  
Some Aspects of  
Sex Endocrinology in  
General Practice,  
North Carolina M. J.  
7:533 (Oct.) 1946.



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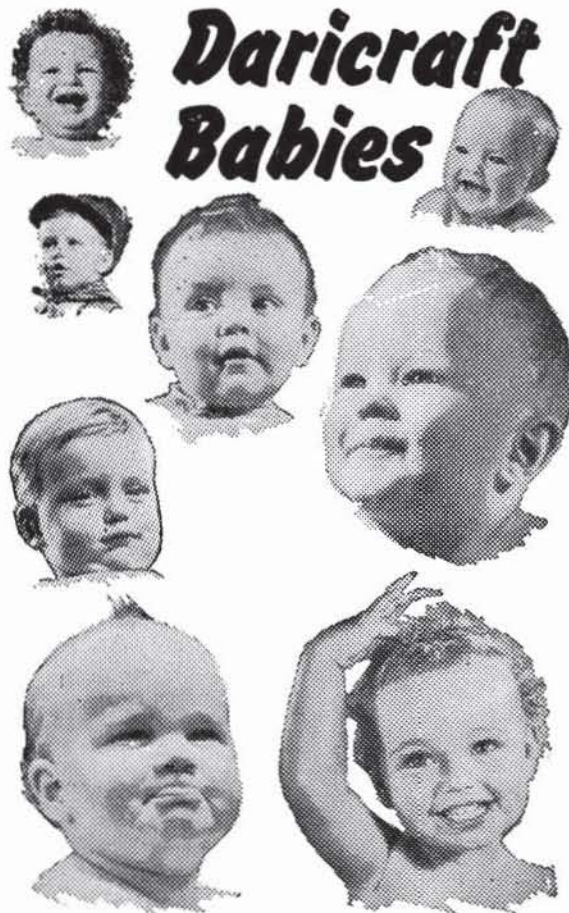
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## NEW MEMBERS

(Continued From Page 13)

Dr. Eugene G. Wolff.

H. P. Flanigin, Jr., M.D. 706 Medical Arts Building, Tulsa. Medical Degree, University of Oklahoma School of Medicine, 1943. Interned University Hospitals, Oklahoma City, nine months. Resident in General Surgery, University Hospitals, 1944-46; U. S. Navy, Medical Corps, 1946-48; fellow in neurosurgery, Montreal Neurological Institute, Montreal, Canada, 1948-50; resident in neurosurgery, University Hospitals, Oklahoma City, 1950-51. Neurosurgery. Recommended by Dr. Clifford Allen, Jr., and Dr. Maurice P. Capehart.

Martin Leibovitz, M.D. 807 Medical Arts Building, Tulsa. Medical Degree, University of Illinois School of Medicine, 1942. Interned Los Angeles County Hospital, one year. In practice, Michael Reese Hospital, Chicago, Illinois, 1943-44; U. S. Army Medical Corps, 1944-46; U. S. Veterans Administration Hospital, Des Moines, Iowa, 1946-47; University of Iowa, University Hospitals, Iowa City, Iowa, 1947-51. Thoracic Surgery. By transfer from Johnson County Medical Society, Iowa. Recommended by Dr. Robert L. Anderson and Dr. Thomas J. Hardman.

## MEDICAL POPULATION

(Continued From Page 8)

1950. Greatest strides forward have been made in the ranks of internists which increased from 13 to 30 in the ten year period. Most other specialties have also shown moderate gains. General Surgery remains the same with 36 although increases have been made in many fields of specialty surgery. Ophthalmology-Otolaryngology has declined from 22 to 17 while Obstetrics dropped from 20 to 19. Assuming physicians not listed as specialists to be general practitioners, an increase in the number of GP's is shown—from 85 in 1940 to 97 in 1950.

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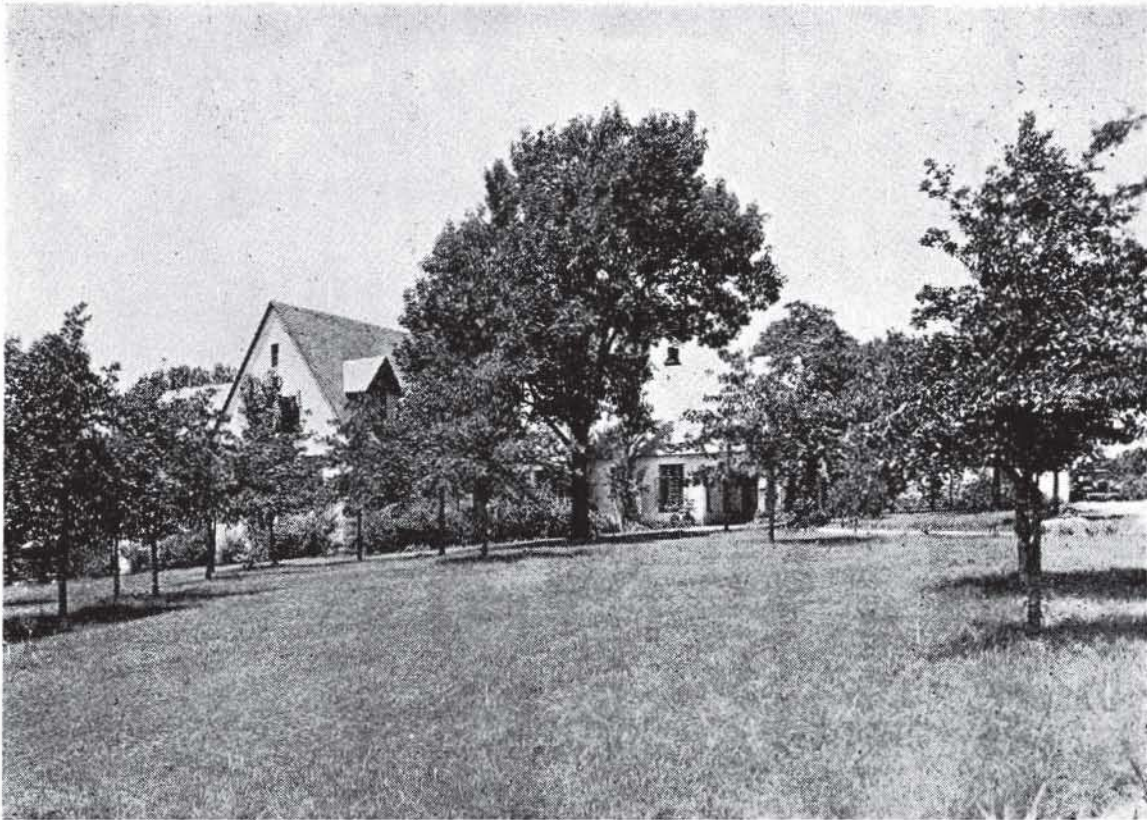
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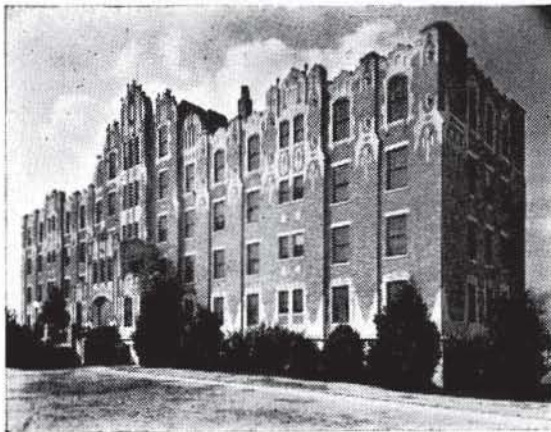
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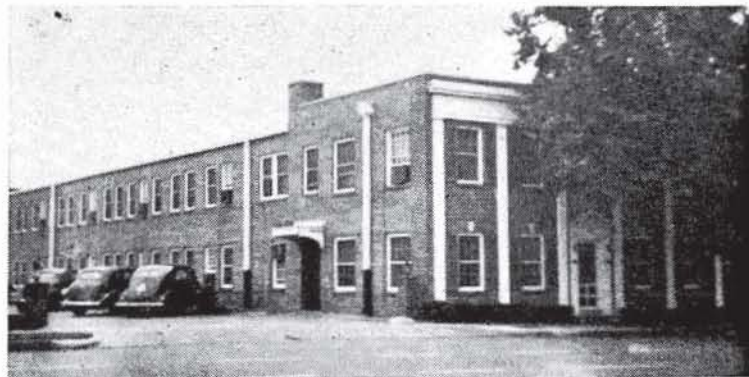
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