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of the Tulsa County Medical Society

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IN THIS ISSUE



Hillcrest Hospital Completes
New Eight-Story Addition



Medical Credit Bureau Notes



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September, 1952

Vol. 18

No. 9

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THE BULLETIN

OF THE

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Vol. 18

TULSA, OKLAHOMA, SEPTEMBER, 1952

No. 9

HILLCREST TO DEDICATE NEW ADDITION

Tulsa Hospital Announces Completion Of New Eight-Story, 135-Bed Unit. AMA President Will Be Speaker At Dedication Ceremonies On September 21, 1952.

Dr. Louis H. Bauer of Hempstead, New York, President of the American Medical Association, will be guest speaker on Sunday, September 21, 1952, at ceremonies formally opening a beautiful new eight-story addition recently completed at Hillcrest Memorial Hospital of Tulsa.

The event will commemorate completion of a \$3,000,000 expansion program at the Hospital which includes, in addition to the new wing, widespread remodeling of the major building, completion of a \$350,000 Nurses Residence, and the conversion of the old Hillcrest Lying-In Hospital into a 135-bed polio center.

Other guests at the dedication ceremonies will include the Honorable Johnston Murray, Governor of Oklahoma, Oklahoma City; Dr. Mark H. Everett, Dean of the Oklahoma University School of Medicine, Oklahoma City; Dr. H. C. Nicholson, Dean of the University of Arkansas School of Medicine, Little Rock; and Dr. O. W. Hyman, Dean of the University of Tennessee School of Medicine, Memphis. Many local civic personalities, representatives of the press, clergy, and professions will also attend. The ceremonies will begin at 2:30 P.M. on the Hospital premises.

The new eight-story addition was completed at a cost of nearly two million dollars. Constructed of matching yellow brick and attractively landscaped, it is located immediately west of the older structure. It will provide facilities for 135 beds, mostly for maternity and general patients, and will bring the total bed

capacity of Hillcrest to 435 beds and 70 bassinets. The addition has been in operation since July 1, 1952.

The obstetrical department has been removed from the old Hillcrest Lying-In Hospital to the new wing. The air-conditioned seventh floor contains seven normal and three isolation labor-delivery rooms. These will enable delivery of maternity patients in the same room and will eliminate moving the patient during the course of labor. An operating room for Caesarian deliveries is also located on the seventh floor.

The fifth and sixth floors contain glass, tile, and stainless-steel nurseries and four-bed, semi-private, and private rooms for mothers. A formula room on the sixth floor has a terminal sterilization unit in which bottles will be sterilized in steam for twenty minutes after each use. Stainless steel bassinets are employed throughout the nursery.

The first, second, and third floors are being utilized for general patients. An overhead communication system links all beds and each room is equipped with piped oxygen facilities. Diet kitchens are located on each floor and are connected with the general kitchen located on the basement floor.

An attractive cafeteria, snack bar, and general kitchen are located on the basement floor, including private dining rooms for hospital staff officials. Also in the basement is considerable storage space and physical maintenance facilities. The entire building is attractively decorated in a wide variety of colors. Hallways

are beautifully floored with static-proof asphalt and walls are lined with tile of a harmonizing format.

Also located on the ground floor is Hillcrest's new outpatient department which opened July 28, 1952, with Dr. A. Ray Wiley as Medical Director. Designed to care for medically indigent persons, it will include fifteen separate specialty clinics staffed by volunteers from the Hillcrest medical and surgical staff. Mr. Bryce L. Twitty, Administrator, said that 53 members of the staff had agreed to participate on a rotating basis. The outpatient department is completely equipped and includes 25 waiting rooms, examining and consulting rooms, dressing rooms, laboratory facilities, and clerical offices. A permanent staff will include a secretary-assistant to Dr. Wiley, a social service worker, receptionist, and other clerical workers.

Mr. Twitty said the new outpatient department is not specifically for charity patients, who will continue to be treated at the Tulsa County Medical Clinic, but will be for persons not financially able to consult a private physician. A small registration fee will be charged of each patient and a fee of from fifty cents to

one dollar and fifty cents will be charged for each subsequent visit. The clinic will operate in close cooperation with various civic and welfare agencies, Mr. Twitty reported.

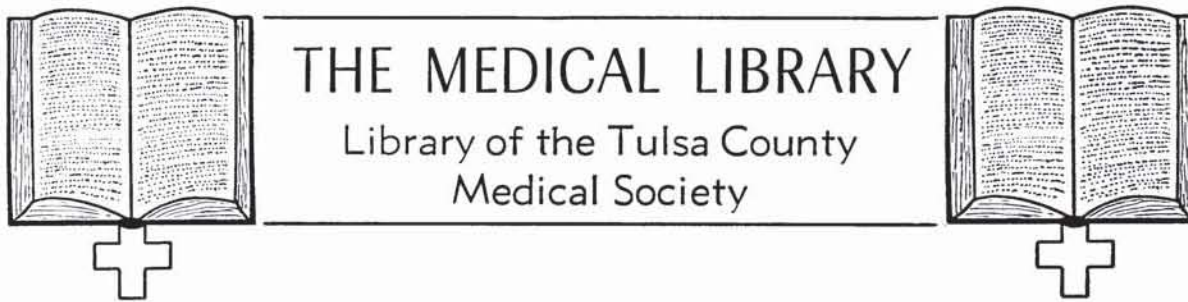
Hillcrest is also spending several hundred thousand dollars to remodel its original building. The x-ray department is being moved to the second floor from its original quarters in the basement. New equipment being installed will enlarge deep therapy x-ray facilities. Two new modern elevators are to be installed in September and work is now being completed in the remodeling of the surgery. Spark-proof floors being installed will protect against ignition of inflammable anesthesiological materials. All grounds about the Hospital are being landscaped and equipped with attractive lawn furniture. Development of a 40-bed unit for complete psychiatric care is now under way; meanwhile, limited psychiatric facilities are available in the new addition.

With the moving of its obstetrical facilities from the old Hillcrest Lying-In Hospital, located at 1612 E. 13th, to the new addition it has become possible to expand the Hillcrest Polio Center at

(Continued On Page 24)



Pictured above is the attractive new eight-story addition to Hillcrest Memorial Hospital, 1653 East 12th, Tulsa, as it neared completion. To the right is the original structure which now joins the new wing. (Photo by Hopkins).

**Medical Library Committee:**Robert E. Funk, M.D., *Chairman*

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David V. Hudson, M.D.

Marque O. Nelson, M.D.

William R. Turnbow, M.D.

Miss Irma A. Beehler, *Librarian*

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GIFTS OF THE MONTH—:

Dr. Richard E. McDowell. Hardy, James D.; Surgery and the Endocrine System; Physiologic Response to Surgical Trauma, Operative Management of Endocrine Dysfunction. 153 pp., illustrated, includes bibliographies. W. B. Saunders Company, Philadelphia, Pennsylvania, 1952.

National Foundation For Infantile Paralysis, New York, N. Y. Collected Reprints of the Grantees of the National Foundation For Infantile Paralysis. 1950, Volume 11, Parts 1 and 2, Publication Number 33.

Dr. I. H. Nelson. Annual Review of Microbiology, Volumes 2 and 4, 1948 and 1950. Charles E. Clifton, Editor. Annual Reviews, Inc., Stanford, California.

Oklahoma State Medical Association. Derbes, Vincent J. and Weiss, Thomas E.: Untoward Reactions of Cortisone and ACTH. (Publication Number 131, American Lecture Series). A monograph in the American Lecture Series in Internal Medicine, 77 pp., includes references. Charles C. Thomas, Publisher, Springfield, Illinois, 1951.

Dr. Harry B. Weinberg. Circulation, Volumes 1-5 (January-June, 1950, and January-June, 1952). The donor has generously offered to maintain a continuous file of this journal. This gift, together with one from Dr. Safety R. First as reported in a recent issue of The Bulletin, will provide the Library with available issues when volumes have been sent out for binding.

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

Dr. W. Carl Lindstrom. A Method of Management For The Infertile Couple. Journal of the Oklahoma State Medical Association, 45:244-247 (July) 1952.

Dr. Paul O. Shackelford, and other. A Bizarre Form of Erythema Multiforme With A Fatal Termination. Southern Medical Journal, 45:602-604 (July) 1952.

Dr. A. Ray Wiley. Recent Advances In Surgery. Journal of the Oklahoma State Medical Association, 45:251-255 (July) 1952.

RECENT ACQUISITIONS—:

United States Army Medical Library: Author and Subject Catalog, 1951. Annual. Library of Congress, Washington, D. C. Compiled by the Library of Congress Catalog Maintenance Division. "Supplement to the Library of Congress Author Catalog and the Library of Congress Subject Catalog".

An additional 1.6 share of Mutual Trust Fund has been purchased for the Library Endowment Fund, making a total of 5.46.

The Journal of the Oklahoma State Medical Association has announced that it will welcome for consideration for publication original articles in all fields of medicine written by members of the Association. Doctors who may wish to submit papers should send them to Dr. Lewis J. Moorman, Editor, The Journal of the Oklahoma State Medical Association, 1227 Classen, Oklahoma City, Oklahoma. All papers are subject to selection and approval by the Editorial Board.

The PRESIDENT'S MESSAGE

"The Difference Between A Conservative And A Radical Is That The Conservative Has To Furnish The Money."

The psychology of dependence. The medical profession and our nation has achieved enviable greatness by exercising independence. Our people have succeeded by learning and exercising the same thing. Today, however, the opium of self-destruction is being dispensed and consumed. The same old brew that caused Carthage to fall, the Roman Empire to disintegrate, the blood of the dependent addicts to bathe the continent of Europe and Asia and supply nutrient and sustenance for Fascism, Naziism, Communism, and Socialism. The narcotized welfare addicts, then as now, had the hand extended, palm up for aid. They just couldn't say no to benefits, medical indigency, multidiagnostic aid, free medical services, free diagnosis and treatment, Hill-Burton mongrel health units, aid, assistance, pensions, welfare programs so long as some one else did the paying. They did not have sense or care enough to resist this grant in aid, this subsidy, when they well knew or should have, the consequences. The morphine addict will not refuse morphine, the drunk will accept alcohol, and the dishonest welfare relief subject, be he individual, group, profession, farmer, hospital, health center or some parasitic dependent, he will always ask for more, yet they all need it.

Individual doctors are being taught dependence on groups and groups dependence upon the government. Lazy, indolent, some few exceptions, families are dependent upon relief and welfare agencies for food, shelter, recreation, medical and hospital service and the fringe benefits. One tubercular, one rheumatic heart, one cancer, one polio, one moron, will serve to spread the virus of relief dependence to incalculable extremes. Mothers and wives are taught to call the health center for one of the angels in white for the task of bathing or feeding the sick, enemas, take a temperature or post partum care. He may or may not pay for it depending upon how she feels. This is the psychological indoctrination of dependence. The individual doctor is taught total dependence on multiple specialists and each specialist is dependent upon other specialists. In this mass psychological hypnosis no individual or group escapes. Out of confusion, ultimately comes exhaustion of the financial source of supply. The temporary camouflage and placebo is inflation, larceny of the goods of the few by the government through seizure and confiscatory taxation, to bolster a failing economy. Manufactured wars to distract attention from the res geste. There must come a stop and soon to these historic suicidal practices or we are destined to become the victim of our own dependent delusion. Any aid or assistance given is fraud unless it teaches and encourages independence.

We have in our national organization, the A.M.A., some of the finest citizens this nation affords. We are and have been fortunate in maintaining representations of the highest quality. They have been a bulwark against this welfare indoctrination. They deserve far greater support, far more encouragement from the membership than they receive. Oklahoma can take just pride in the caliber and ability of our Delegates Stevenson and Burton. They are and have been doing a difficult task with financial sacrifice and few praises. They deserve your thanks and support.

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NOTED CHICAGO SURGEON TO SPEAK HERE SEPT. 8

The Tulsa County Medical Society will inaugurate its Fall series of scientific programs on Monday, September 8, 1952, with the appearance of Dr. Philip S. Thorek, Associate Professor of Surgery at the University of Illinois School of Medicine, Chicago, as guest speaker. His subject will be "The Acute Abdomen."

The program will be at 8:00 P.M. at The Mayo with a brief business session following the scientific presentation.

The son of Dr. Max Thorek, eminent Chicago surgeon and one of the founders of the International College of Surgeons, Dr. Philip Thorek has attained wide recognition in the medical profession as a scholarly surgeon in his own right. Born in 1906, he was graduated from the University of Illinois in 1930. After intern and resident training at Cook County Hospital and extensive postgraduate study in medical centers of Vienna, Dr. Thorek entered private practice in Chicago. During World War II he served as a medical officer with the United States Army and was discharged with the rank of Major. A popular and entertaining speaker, Dr. Thorek frequently illustrates his lectures with surgical motion pictures.

Dr. Thorek is a diplomate of the American Board of Surgery, fellow of the American College of Surgeons, International College of Surgeons, American College of Chest Physicians, and American Association of Anatomists. In addition to his teaching duties at the University of Illinois he is Associate Professor of Surgery at the popular Cook County Graduate School of Medicine. Tulsa doctors will remember him as a lecturer at the Oklahoma City Clinical Society's annual conference of 1951.

GENERAL PRACTITIONERS TO HEAR WYETH SCIENTIST

Dr. Robert J. Kinney, research scientist with the Wyeth Corporation, Philadelphia, will be guest speaker for the Tulsa Academy of General Practice on Monday, September 22, 1952, at 6:30 P.M. at Hotel Tulsa. His subject will be "Low Prolonged Level Penicillin."

A graduate of Harvard Medical School, Class of 1935, Dr. Kinney interned at Bellevue Hospital of New York and later did postgraduate study at Cornell University and Massachusetts General Hospital of Boston. He was subsequently on the faculty of New York University School of Medicine, served on the staff of the U. S. Veterans Administration, and until recently was in practice at Topeka, Kansas. He is a diplomate of the American Board of Internal Medicine, fellow of the American College of Physicians, and member of numerous specialty medical organizations.

SUB-COMMITTEE CHAIRMEN NAMED FOR ANNUAL MEETING

Dr. Gifford H. Henry, General Chairman for the 60th Annual Meeting of the Oklahoma State Medical Association to be held in Tulsa, April 12-15, 1953, has announced the appointment of five Tulsa doctors as sub-committee chairmen. The new appointees are:

Dr. William Orlando Smith, Social Events; Dr. Milton L. Berg, Commercial Exhibits; Dr. Benjamin W. Ward, Press and Publicity; Dr. Rayburne W. Goen, Hotels and Registration; and Dr. William F. Thomas, Jr., Golf. Dr. Berget H. Blocksom was appointed earlier as Chairman of the Scientific Works Committee.

The Convention Committee has recommended removal of the meeting from its customary quarters in The Mayo to the Cimarron Ballroom of the Akdar Theater Building, 4th and Denver streets, to accommodate requests for commercial exhibit space. Final decision on the change is expected to be made at the meeting of the Council of the Oklahoma State Medical Association on September 21st.

DR. DEAN C. WALKER has been vacationing at Estes Park, Colorado.

DR. A. RAY WILEY was married August 1st to Miss Catherine Louise Davis of Denver, Colorado. After a wedding trip to New Mexico the couple are at home at 1250 East 26th Street.

DR. IRON H. NELSON has been seriously ill at St. John's Hospital, Tulsa.

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SEPTEMBER MEDICAL CALENDAR

MONDAY, September 1st:

The Executive Offices and Library of the Tulsa County Medical Society will be closed all day in observance of Labor Day.
Hillcrest Hospital Staff Meeting.

TUESDAY, September 2nd:

1952 Annual Meeting, International College of Surgeons, Conrad Hilton Hotel, Chicago, Ill. Continues through September 5th.
St. John's Tumor Clinic, 8:00 A.M.

THURSDAY, September 4th:

Public Relations Institute, American Medical Association, Edgewater Beach Hotel, Chicago, Illinois. Continues through September 5th.

FRIDAY, September 5th:

St. John's Tumor Clinic, Clinical Conference, 8:30 A.M.

MONDAY, September 8th:

Scientific Program, Tulsa County Medical Society, The Mayo, 8:00 P.M. Speaker: Dr. Philip S. Thorek, Chicago, Ill. Subject: "The Acute Abdomen."

TUESDAY, September 9th:

Journal Club Breakfast, Tulsa Academy of General Practice, Hillcrest Hospital, 7:00 A.M. Subject to be announced.
St. John's Tumor Clinic, 8:00 A.M.

WEDNESDAY, September 10th:

Byrne Memorial Hospital Staff Meeting.
Board of Trustees Meeting, Tulsa County Medical Society, 1202 Medical Arts Building, Tulsa, 1:00 P.M.

FRIDAY, September 12th:

St. John's Tumor Clinic, Clinical Conference, 8:30 A.M.

SATURDAY, September 13th:

Examination for Licensure, Oklahoma State Board of Medical Examiners, Oklahoma City, Okla. For information write: State Board of Medical Examiners, 813 Braniff Building, Oklahoma City, Okla.

MONDAY, September 15th:

St. John's Hospital Staff Meeting.
Copy deadline for the October issue of The Bulletin.

TUESDAY, September 16th:

St. John's Tumor Clinic, 8:00 A.M.
Medical Assistants Society, Michaelis Cafeteria, 6:30 P.M.

FRIDAY, September 19th:

St. John's Tumor Clinic, Clinical Conference, 8:30 A.M.

SUNDAY, September 21st:

Dedication Ceremonies, Hillcrest Hospital Expansion Program, 2:30 P.M. Speaker: Dr. Louis H. Bauer, President, American Medical Association.

MONDAY, September 22nd:

Tulsa Academy of General Practice, Hotel Tulsa, 6:30 P.M. Speaker: Dr. Robert Kinney, Philadelphia, Pa. Subject: "Low Prolonged Level Penicillin."
American College of Surgeons, Annual Meeting, New York, N. Y. Continues through September 25th.

TUESDAY, September 23rd:

St. John's Tumor Clinic, 8:00 A.M.
Journal Club Breakfast, Tulsa Academy of General Practice, Hillcrest Hospital, 7:00 A.M. Program to be announced.

FRIDAY, September 26th:

St. John's Tumor Clinic, Clinical Conference, 8:30 A.M.

MONDAY, September 29th:

St. John's Tumor Clinic, 8:00 A.M.

EDITORIAL

CAUSE FOR ALARM

The Blue Cross Plan of Oklahoma has again found it necessary to increase monthly premium rates, a step of more than ordinary significance to both policyholder and physician. Beginning July 1st or at the first group billing date thereafter members will pay from ten to sixty cents more per month for their Blue Cross hospital insurance. (A complete schedule of rate changes appears on Page 10 of the July issue of *The Bulletin*). Some subscribers—those in groups utilizing more than 90 per cent of income in the previous calendar year—have another shock coming. Under the terms of newly reissued policies they are responsible to the hospital for a deductible amount of \$3.00 for each day hospitalized—in effect, a reduction of benefits for members in that classification. Doctors in the Tulsa County Medical Society's Physicians & Surgeons Group, whose utilization rate in 1951 rose to a record 170 per cent, are among those subscribers affected by the new \$3.00 deductible rule.

This increase, latest in a long series of periodic premium increases, should not be shrugged off simply as a product of our present inflationary economy. The significance is not only of cause but of effect as well. Certainly there will be a widespread howl from the Blue Cross policyholder. It may well lead to the cancellation of many individual policies and perhaps some entire groups. With the Blue Cross Plan now experiencing 73 cancellations for each 100 new policies sold, the net enrollment approaches a point of near-stagnation. This tends to defeat the basic purpose for which Oklahoma doctors established the Blue Cross Plan, the enrollment and protection of the greatest number of persons at the lowest cost. The premium increase makes it increasingly difficult for Blue Cross to compete with private insurance companies offering hospitalization insurance. While Blue Cross is unquestionably the best bargain available in hospital insurance

in terms of benefits received for the asking premiums, there are numerous private policies offering less protection for less money. And the American public, so frequently penny wise and pound foolish, will be attracted in numbers to these less desirable and less expensive policies. Later, to their regret, they may find they are getting only what they paid for, or less. How frequently the telephone rings at the Tulsa County Medical Society office with some misled person complaining that his private hospitalization insurance, sold to him in such glowing terms, actually offers a bare minimum of benefits. For some of those who cancel their Blue Cross protection there will be no buying of another private policy. They will be unprotected until the financial blow of an unexpected illness falls and then, bitter at the tragic results, they will be ready candidates for a system of federal compulsory medicine.

There is significance, too, in that the increase is prompted in large measure by a rising utilization of Blue Cross benefits. An important factor in that increase is a deliberate abuse of such benefits, frequently with the consent of the doctor on the case. Oklahoma Medicine has pleaded in vain for doctors to discipline this situation and while most have made a conscientious and effective effort to comply, the few who ignore this obligation have been directly responsible for a large measure of the rate increases. The situation becomes akin to the fable of the killing of the goose that laid the golden egg.

From the Blue Cross point of view the increases in premium rates are well justified. It obviously cannot continue to operate at a loss, as it did for several months in 1951. It has done its part in keeping administrative expense to a constant low level—9.3 per cent of premium income last year. As for the controversial \$3.00 deductible rule, it is the only fair solution to the problem of the groups who consistently overutilize the policy. By saddling the burden of the cost upon those who are responsible for it, a measure of protection is offered to those whose utilization rates are low or normal. At

(Continued On Page 24)

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WHAT THE MEDICAL CREDIT BUREAU CAN MEAN TO YOU

By Berget H. Blocksom, M.D.

Chairman, Medical Credit Bureau Committee

What does the Medical Credit Bureau mean to you as a practicing physician?

This is an important question which every member of the Tulsa County Medical Society should ask of himself. For some 130 Tulsa doctors who are regular clients of the Bureau it means an efficient collection service at low cost with a maximum retention of patient good will. For more than a hundred others who, for one reason or another or for no reason, do not use the Bureau it means little or nothing.

It is not only important that every doctor should know and understand the present value of the Bureau but also that he realize the tremendous potentialities of this facility to the individual doctor and to the profession as a whole. Actually, the Medical Credit Bureau is one of the most important services of the Tulsa County Medical Society to its members. It not only renders a specific functional service which can be measured in terms of dollars and cents, but equally important, it is a well disciplined instrument of medical public relations for keeping the doctor-patient relationship on an even keel under difficult circumstances. Yet, unfortunately, its present and potential values are unrecognized and unappreciated by half of the membership of the Tulsa County Medical Society.

What can the Medical Credit Bureau mean to you? By following a simple businesslike rule in your office of referring your delinquent accounts to the Medical Credit Bureau within six months of the last date of payment or the last date of service, whichever is most recent, you may expect to accomplish the following results:

1. *Considerably more money will be returned to you, even after the deduction of the Bureau's low collection fees, than you can expect to collect by holding those accounts in the steadily diminishing pros-*

pect that payment will be made.

There is a widespread mistaken impression among many doctors that delinquent accounts continue to have a potential value as prospective income. Actually, this is just a form of wishful thinking. A quick look at statistics published by the United States Department of Commerce will quickly dispel any notions you may have about the value of such accounts. Studies conducted by trained government statisticians show that the doctor may expect to collect only 60 per cent of accounts which are as much as three months past due; when the accounts are six months past due only 45 per cent can be regarded as collectible. This percentage steadily reduces until at the age of one year only 10 per cent of such accounts are likely to be collected.

A common sense approach to the matter will tell you that after a patient has ignored six monthly statements—and in all likelihood has procrastinated about frequent promises to pay—there is little or no reason to expect him to make payment of his own accounts. Obviously, he either does not intend to pay you or he is unwilling to make the personal adjustments in his finances to enable him to pay off his account. Obviously, too, it is time—and in a business sense, well past time—for the doctor to send the account to the Medical Credit Bureau.

2. *The placing of medical credit on the same standards as other types of commercial credit will be encouraged by the prompt referring of delinquent accounts to the Medical Credit Bureau.*

Much of American Medicine's difficulties in collecting medical accounts lies in a well-founded habit (which some patients seem to consider a right) of paying the doctor last or not at all. With medical care ranking alongside of food, clothing, and shelter as an essential of modern life, it is neither fair or desirable

to encourage this practice by laxity in collecting accounts. Once the patient has come to accept this equitable viewpoint, the ratio of credit losses should fall measurably. With the actual cost of medical education and practice rising almost daily, the collection of medical accounts is essential if high standards of medical care are to be maintained.

3. *The Medical Credit Bureau is a potential source of substantial income to the Tulsa County Medical Society.* While it has as a matter of policy foregone profits to offer its services at low fees to Tulsa doctors, it is still possible for the Bureau to earn thousands of dollars of income each year. This cannot be done without a complete cooperation of the membership, participation of all doctors in the Bureau, and a prompt referring of delinquent accounts within six months of the last effective date of payment or service.

Many county medical societies operating credit services have been able to keep membership dues at a low level through profits of their collection agency. The same is potentially possible in Tulsa County. Such funds could also be used to enlarge the Society's activities, improve the medical library, increase the scope of its scientific programs, provide a fund for the eventual construction of a Society building—the uses of such profits would be many. All this could be made possible even after paying the experienced employees of the Bureau a justified income for their services.

Many of the 130 doctors now using the Bureau are realizing otherwise lost money from delinquent accounts in an amount far exceeding the Society's annual membership dues. By a simple expedient of using the Bureau they are recouping their membership dues and frequently hundreds of dollars annually besides.

Let's take some of the questions which these arguments may bring to your mind for further discussion.

Is the Medical Credit Bureau efficient? Yes, unquestionably so. In the July 20th issue of New York Medicine you will find some national statistics on collections by specialized, county society oper-

ated agencies. In Milwaukee, \$62,000 was collected for 400 doctors using the Bureau: in Columbus, \$172,000 was collected for 700 doctors; in Washington, D. C., \$300,00 was collected for 1,300 doctors. Compare this with the Medical Credit Bureau's estimated \$50,000 in 1952 for 135 doctors. In other words, it would appear from the sampling made that the Medical Credit Bureau does from twice to four times the volume of collections per number of doctors served than large, efficient bureaus in other cities.

The article in New York Medicine, one of a series prepared to encourage the establishment of a Society-owned agency in Manhattan, states that one employee should produce \$1,000 worth of collections if the Bureau is to be considered. Two full-time and one part-time (a secretary who divides her services between the Bureau and the Medical Society) produce nearly twice that figure for the Medical Credit Bureau.

A word about our employees—they are trained collection and credit people whose know-how is backed by years of practical experience in collection work. Our skip-tracing service is unmatched in Tulsa.

Why doesn't the Medical Credit Bureau collect all of my accounts? This is a question which has been asked by some doctors. The national average for medical collections is about 42 per cent of the total amount of accounts turned for collection. The Medical Credit Bureau realizes about 48 per cent. Few agencies exceed 55 per cent.

Every user of the Bureau should realize in advance that it is unlikely he will realize a 100 per cent collection on his accounts. For some individual doctors the ratio may be as high as 75 or 80 per cent; for others, it may be as low as 10 per cent. Such low averages are frequently due to one of five major factors: (1) the doctor retains the accounts beyond a point where they have a recovery value; accounts coming to the Bureau from two to ten years old are almost impossible of collection; (2) the failure of the doctor to get a correct name of the responsible person and a too-frequent

(Continued On Page 25)

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NEW APPLICANTS

Any member of the Tulsa County Medical Society who knows a good and sufficient reason why any of the following applicants are not eligible for membership will communicate at once with any member of the Board of Censors, which is composed of Dr. J. D. Shipp, Chairman, Dr. Thomas J. Hardman, and Dr. I. H. Nelson.

Dixon N. Burns, M.D. 307 Medical Arts Building, Tulsa. Medical Degree, Vanderbilt University Medical School, 1945. Interned Harper Hospital, Detroit, Michigan, one year. Served in United States Army Medical Corps, 1946-48, discharged with rank of Captain. Resident in Obstetrics and Gynecology, Vanderbilt University Hospital, Nashville, Tennessee, 1948-52. Specialty, Obstetrics and Gynecology. Recommended by Dr. Berget H. Blocksom and Dr. Franklin D. Sinclair.

Thomas A. McDowell, M.D. 302 Medical Arts Building, Tulsa. Medical Degree, University of Rochester School of Medicine, 1944. Interned Boston City Hospital, Boston, Massachusetts, one year. Formerly in practice at Westfield, New York. Specialty, General Surgery. By transfer from Chautauqua County Medical Society of New York. Recommended by Dr. Paul Grosshart and Dr. Emil E. Palik.

Adolph N. Vammen, M.D. 1415 East 15th Street, Tulsa. Medical Degree, University of Oklahoma School of Medicine, 1944. Interned University Hospital, Oklahoma City, nine months. Resident in Obstetrics and Gynecology, University Hospitals, Oklahoma City, nine months. In military service, United States Army Medical Corps, 1946-48. Staff, Kiowa Indian Hospital, Lawton, Oklahoma, 1948-49. Chief resident in Obstetrics and Gynecology, 1950-52. Specialty, Obstetrics and Gynecology. Recommended by Dr. E. O. Johnson and Dr. Maurice P. Capehart.

DR. GEORGE R. HORTON has removed his practice to Springfield, Ohio.

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DRUG STORE***3348 South Peoria***NURSING PROGRAM ARTICLE**

An analysis of visiting nursing services similar to the community nursing service of the Tulsa County Public Health Association is to be found in an article appearing in the June 7th issue of The Journal of the American Medical Association, Page 554. Entitled "Visiting Nurse Service" and written by Dr. William P. Shepard and Dr. George M. Wheatley of New York, the article interprets the role of such services in modern medical care. For interested physicians the article is available at the Library of the Tulsa County Medical Society.

EDITORIAL*(Continued From Page 16)*

the same time the disastrous results of over-utilization of the Plan are brought home to the offenders.

The Tulsa County Medical Society believes it is essential that every effort be made to prevent further rate increases. It believes that all doctors and policy-holders must adopt a realistic view towards the Blue Cross Plan which will recognize it for its basic purpose—a protection against catastrophic hospital costs, not a cut-rate medical care plan, a bill-payer for hospital vacations, or a source of income to chiselers. If this is not done by utilizing every avenue of cooperation, the road can lead only to the eventual downfall of the Plan and the loss of American Medicine's greatest bulwark against socialized medicine.

Do your part!

HILLCREST EXPANDS*(Continued From Page 8)*

Lying-In. A portion of the Lying-In space will be used to augment the Nurses Residence. The new Polio Center will have 135 beds and complete facilities for the treatment of all polio cases. Dr. Ian MacKenzie is Director of this unit. For further details of the Polio Center see the April, 1952, issue of The Bulletin.

OFFICE SPACE FOR RENT: In Brookside area. Air conditioned suite of offices in newly remodeled building. Large parking area available. Ph. 7-4750.

MEDICAL CREDIT BUREAU

(Continued From Page 20)

failure to get any kind of address greatly reduces the opportunity of collection; (3) charges have been made for patients who are actually indigent, who cannot pay and who will likely never be in a position to pay; charity must be recognized and accepted as such; (4) in a few instances the failure of the doctor to discuss alleged overcharges produces a situation which is frequently insurmountable short of the courts; (5) a good office secretary or bookkeeper may keep collections at a high office level; the bad accounts that are left are usually extremely difficult.

In short, the doctor must come to realize that except in rare instances he will never attain a 100 per cent recovery on bad accounts via a collection agency. This is not an excuse but an explanation borne out by the statistics of any collection agency in the United States.

What about the patient's attitude toward the doctor, once a collection agency has been called in? The maintenance of good will of the patient for the doctor is an important consideration, especially at a time when the profession is under fire and facing the prospect of a federal system of compulsory medical care. The Medical Credit Bureau was originally organized in 1939 in part as a protest against the roughshod tactics of many (but not all) private collection agencies. By placing its own Bureau under the supervision of the doctors themselves (through the Medical Credit Bureau Committee of the Tulsa County Medical Society) it became possible to develop methods of effective collecting which constantly keep in mind the retention of patient good will for the doctor. All of the Bureau's employees know and understand the importance of this concept and it is constantly demonstrated. The mature handling of these debtors is done so deftly that they fulfill their obligations with a sense of self-respect, good will toward the doctor, and appreciation to the Bureau for its part in helping them to pay their debts in a dignified manner. Our employees are gratified at the frequent thanks which are sincerely tend-

ered by these debtors. Many a disgruntled patient-debtor has left the Bureau's offices with restored confidence in the doctor and in himself.

A few final comments:

The Medical Credit Bureau works for you, the doctor, alone. It does not handle the more lucrative retail and commercial accounts. There is no pushing aside of difficult medical accounts to collect the easier accounts of the merchant; medical accounts are the Bureau's business, not its sideline.

The Medical Credit Bureau bases its requests for your patronage on its results and efficiency and value to the profession as a whole. It offers no flowers, no candy, no nylon hosiery, no gifts as an inducement for accounts to be referred. It offers only service.

The Medical Credit Bureau does not engage in shady collection practices. It does not make money from the routine filing of judgment suits and the collection of the many extra charges. The Bureau resorts to legal action only when every other avenue of collection has been exhausted and only with the permission of the doctor.

The Medical Credit Bureau is yours. Its profits go in your pockets through low collection fees or income to your Tulsa County Medical Society. Its management is in your hands and you have always the final say as to how your accounts shall be handled and terminated. Your proceeds of all collections are guaranteed by the Tulsa County Medical Society; you are paid your share at the end of each month. Payments never depend upon the margin of profit earned.

We think you cannot afford not to patronize the Medical Credit Bureau.

DR. CHARLES G. STUARD has returned to his office after a Canadian vacation last month.

DR. J. JEFFREY BILLINGTON has been named County Physician and Medical Director of the Tulsa County Medical Clinic, succeeding DR. M. V. STANLEY, resigned. Dr. Billington returned to Tulsa early last month from Waldron, Arkansas, where he had been in practice since January 1st.

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