



THE BULLETIN

of the Tulsa County Medical Society

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IN THIS ISSUE



Office Space Problem
Facing Returning Physicians



Members In Service



Medical Centers Proposed
As War Memorials

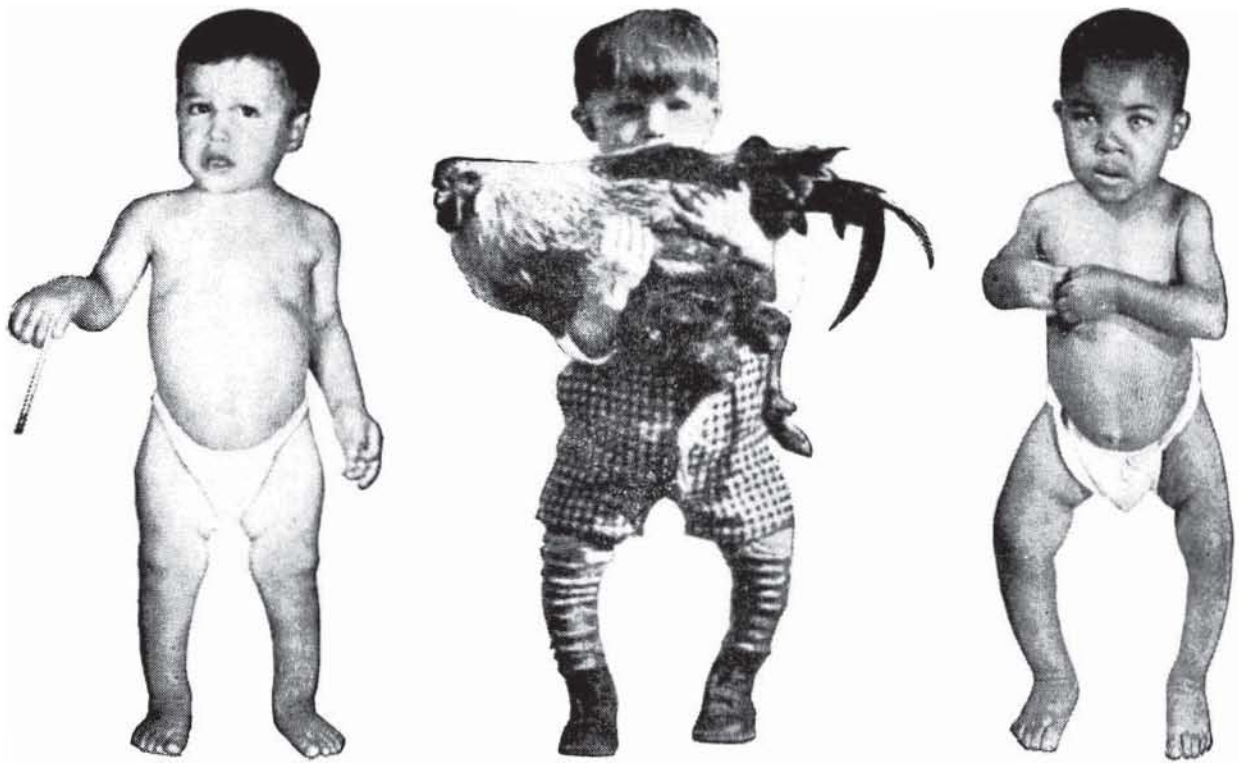


The Medical Library

Vol. 11

No. 10

October, 1945



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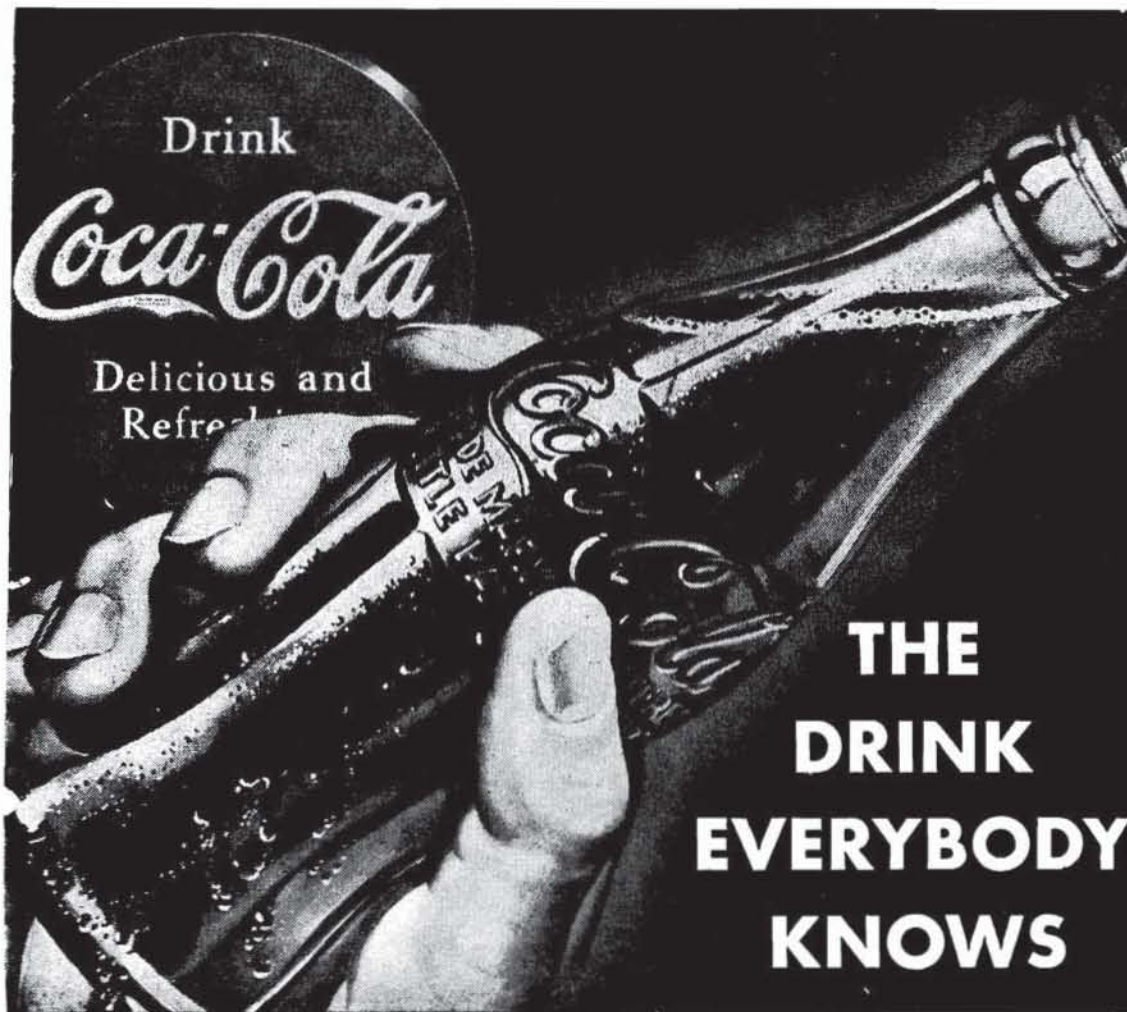
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CONTENTS

Office Space Shortage.....	7
The Medical Library.....	9
Members In Service.....	10
Medical Memorials Plan.....	11
Nurses Aides Bulletin.....	12
Medical Calendar.....	13
President's Page.....	14
Editorial.....	16
Clinic Dates Set.....	16
News Briefs.....	19
Clinic Report.....	19

ADVERTISERS

Arlington Chemical Co.....	22
Audiphone Company.....	17
Babyland.....	18
Ball Drug Company.....	19
Catron Pharmacy.....	18
Ciba Pharmaceutical Products.....	3
Coca-Cola.....	4
Commercial Printing Company.....	24
Couper, Inc.....	24
Courtright Optical Co.....	21
Curtain's Prescription Laboratory.....	17
Flowerland.....	18
George A. Breon Company.....	6
Getman Drug Company.....	5
Harvard Drug Company.....	21
Hillcrest Hospital.....	19
Mayo Hotel.....	23
Mead Johnson & Company.....	2
Meadow Gold Dairy.....	23
Medical Arts Prescription Shop.....	5
Merkel X-Ray.....	24
Public Service Company.....	15
St. John's Hospital.....	20
Tulsa Convalescent Home.....	21
T. Roy Barnes Drugry.....	6
Willie Clinic & Hospital.....	21
Winterringer Funeral Home.....	24



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THE BULLETIN

OF THE

TULSA COUNTY MEDICAL SOCIETY

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Vol. 11

TULSA, OKLAHOMA, OCTOBER, 1945

No. 10

OFFICE SPACE SHORTAGE CRITICAL

**Returning Medical Officers Find Few Vacancies
In Downtown Office Structures As Demand
Climbs. High Construction Costs Force Down
Prospects For New Buildings.**

The present critical shortage of available office space in Tulsa was seen last month as a major problem in the prompt resumption of civilian practices by medical officers discharged from the armed forces. With an already tremendous demand for space growing daily, civic investigators reported virtually no office vacancies within the city. Prospects for construction of additional facilities were dark as inflated labor costs and shortages of materials made construction impossible from a practical standpoint.

At the same time, pressure was growing in the nation's capital for the release of large numbers of medical officers in all branches of the services. Charges from many quarters asserted medical units were greatly oversupplied with doctors while civilian localities were greatly penalized through the unavailability of sufficient physicians.

The Tulsa County Medical Society, aware of the alarming shortage of office space for many months, has been maintaining a weekly check of available quarters in an effort to promptly relocate returning members. The Society has not carried any listings of suitable space for physicians within the past 90 days. Most building managements have extensive waiting lists of prospective tenants anxious to secure space.

The problem has been checked to the newly appointed Committee on Serviceman's Relationships of the Tulsa County

Medical Society, headed by Dr. Horace H. Porter, chairman, and including Dr. S. C. Shepard and Dr. Charles A. Pigford. All members are discharged medical officers. Dr. Porter reported that the Society was making a thorough study of the estimated requirements of the returning service members and that everything possible would be done to insure a quick return to civilian practice. Questionnaires sent to all service members reveal that few service doctors have assurance of office space upon their return.

The solution to the problem apparently lies in several factors:

(1) Construction of additional office buildings or specialized professional buildings for doctors and dentists.

(2) Sharing of available facilities by physicians already in practice.

(3) Reduction of space requirements of physicians as individual practices decline due to economic conditions.

(4) Retirement of older doctors now in practice.

(5) Decreased space requirements of war agencies.

(6) Use of residences and suburban structures for offices.

(7) Relocation of physicians in areas where a substantial need for doctors is indicated.

Mr. W. H. Horster, former president of the Building Owners and Managers Association of Tulsa, recently told a special investigating committee of the

Tulsa Chamber of Commerce that prospects for additional construction in Tulsa of office buildings were very poor at the present time. He stated that many projected structures were postponed after bids from contractors indicated excessive construction costs.

"You cannot build an office building today because of labor costs," he said. "The cost of a building now is 48 per cent for material and 52 per cent for the labor. Construction costs have risen 40 per cent during the war."

Other building managers pointed out that a new supply of skilled and trained labor must be developed before additional construction can take place. Some estimated this would delay construction of office structures for as much as five years or more.

Although some rumors continued to persist that a medical and dental building was contemplated by certain Tulsa groups, there was little substantiation of these reports. The management of the Medical & Dental Arts Building denied a report that it planned an addition to the building. Mr. J. E. Buckley, manager, said that no such addition was contemplated in present plans for the building's future.

Many Tulsa doctors have indicated that they will be willing to share space with reputable young physicians. In most instances, a partnership practice will be developed. Some leading physicians plan to retain an associate on a salaried basis. All arrangements of this character will be individual matters, however, with the occupant reserving the right to select his associate.

The economic factor is expected to be eventually responsible for reductions in the amount of office space held by some physicians. With wartime prosperity seriously curtailed and increasing competition from returning service doctors, individual practices are expected to drop in size. This in turn may lead to reduced financial circumstances and an unwillingness of affected physicians to maintain large amounts of office space. However, this factor may not be in effective

operation for several years whereas the need for space is immediate.

Some older Tulsa physicians who have remained in practice during the war years because of the doctor shortage contemplate complete or semi-retirement. This may make additional office space available.

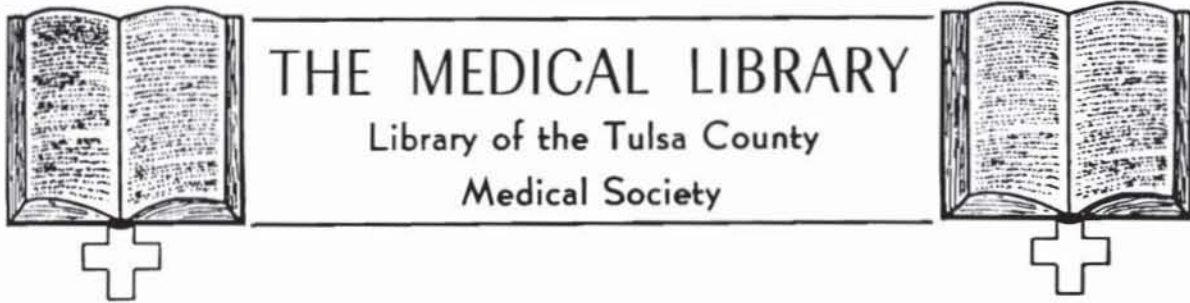
Many governmental war agencies are expected to relinquish space as their functions are curtailed or dropped. As yet, little of such space has been released. Two government agencies at least, the Veterans Administration and the U. S. Army Engineers, are expected to need additional space, probably as much as 50,000 feet. Expansion of oil companies is expected to necessitate 40,000 additional feet. Unfortunately, most of the space now held by war agencies is not suitable for the use of doctors or dentists (due principally to lack of plumbing and wiring facilities and adequate elevator service).

The use of residential structures for office space has not been popular with most physicians for many years. It is particularly suitable for obstetrics and pediatrics, however, providing such structures are in areas adjacent to hospitals. Some suburban buildings may be utilized for physicians offices, but the number of such available facilities is also limited.

Results of the Tulsa County Medical Society questionnaire to service members indicate that most will return to practice in Tulsa. A few plan to relocate in other areas. Because of the shortage of office space, it may be necessary to encourage physicians who are newcomers to Tulsa to relocate elsewhere, particularly in areas of vital need for doctors. Most service members of the Tulsa County Medical Society are property owners in Tulsa and maintain a home here; these men will not be interested in most cases in relocation.

Veterans of the first world war recall that a similar situation existed after the close of hostilities in 1918. Many medical officers returning from France were forced to spend weeks in seeking space while others were housed in structures

(Continued on Page 20)



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RECENT ACCESSIONS

Reprints Received—

Denny E. Rankin, Col., M.C., A.U.S., Shallenberger, Paul L., Major M.C., A.U.S. and Pyle, Harold D., Major M.C., A.U.S.

The Use of Penicillin In Vincent's Angina. Journal of the American Medical Association, July 7, 1945.

Hauser, George H., New Orleans, Louisiana. Food Poisoning. New Orleans Medical and Surgical Journal, February, 1945.

Blake, Francis G., Providence, Rhode Island. Some Recent Advances In The Control of Infectious Diseases. Rhode Island Medical Journal, June, 1945.

Gardner, W. James, Cleveland, Ohio. Closure Defects of the Skull With Tantalum. Surgery, Gynecology and Obstetrics, March, 1945.

Woodhall, Barnes, Major, M.C., A.U.S., and Spurling, R. Glenn, Lt. Col. M.C., A.U.S., Tantalum Cranioplasty For War Wounds Of The Skull. Annals of Surgery, May, 1945.

Hemberger, Arthur J., Lt. Col., M.C., A.U.S., et al. The Technique Of Tantalum Plating Of Skull Defects. Journal of Neurosurgery, 1945.

JOURNAL SUBSCRIPTIONS CONTRIBUTED TO THE LIBRARY

The following members of the Tulsa County Medical Society and friends of the library in allied professions, have contributed one or more journal subscriptions to the library during the current year. This loyalty and support is appreciated, and we take this opportunity to say, "Thank You."

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Tulsa County Public Health Association
Auxiliary to the Tulsa County Medical Society

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Members In Service



Well earned promotions in rank were awarded last month to five members of the Tulsa County Medical Society now serving in the Armed Forces. From Lieutenant-Commander to Commander, U. S. Navy Medical Corps: COMDR. RUSSELL C. PIGFORD, now aboard the U. S. S. Thomas Jefferson off the coast of Japan; COMDR. K. F. SWANSON, currently serving with medical units in the Philippine Islands; and COMDR. BERNARD L. BRANLEY, now aboard the U. S. S. California in the Middle Pacific. From Lieutenant to Lieutenant-Commander, U. S. Navy Medical Corps; LT. COMDR. LOGAN A. SPANN, currently stationed at the Eagle Mountain Lake Naval Base near Fort Worth, Texas. From Lieutenant Colonel to Colonel, U. S. Army Medical Corps, COL. E. RANKIN DENNY, now supervisor of medical services at Gardiner General Hospital, Chicago, Illinois. The latter was also a recent visitor to Tulsa. Congratulations, gentlemen!



Dr. L. A. Spann

LT. COL. THOMAS H. DAVIS has been discharged from the United States Army Medical Corps after five years of service. A high point man, he is back in practice at 404 Medical Arts Building, Tulsa. Dr. Davis served overseas for several months with one of his several assignments including a post as medical director of a German Prisoner of War Camp in England. Welcome back, Dr. Davis.

Also newly discharged is CAPTAIN L. A. MUNDING after three years of active service with Army medical units. Dr. Munding has taken offices at 1001 Medical Arts Building, Tulsa, and will do general practice. He claims to have

seen most of Texas during his Army service, having had an unusually large number of assignments in the Lone Star State. Glad you are back, doctor.

(Other in-service members who have returned to civilian practice thus far are COL. CHARLES A. PIGFORD, LT. COMDR. HORACE H. PORTER, and LT. COMDR. S. C. SHEPARD).

Reported slated for discharge from the Navy Medical Corps in mid-October is LT. COMDR. LUVERN HAYS, now stationed at the U. S. Naval Hospital, Brooklyn, New York. The former Tulsa pediatrician will return to her practice after a refresher course of study in post-graduate medical schools.

CAPTAIN HENRY A. BROCKSMITH, slated for overseas duty at the war's end, has been reassigned to medical units at Camp Stewart, Georgia.

LT. COL. COLE D. PITTMAN is another Tulsa physician slated for discharge from the Army. The Tulsa ophthalmologist expects to be on termination leave early in October. He will return to practice in Tulsa if present plans materialize. Dr. Pittman is now stationed with Army Air Forces units at San Antonio, Texas.



Dr. G. H. Henry

Also anticipating discharge is LT. COL. JAMES H. HAMMOND, now with the Army Air Forces at Muroc, California. Dr. Hammond plans to attend the Graduate School of Medicine at the University of Pennsylvania at Philadelphia before returning to active practice. Dr. Hammond served in both the European and China-India-Burma theaters of war before his return to the United States several months ago.

(Continued on Page 20)

MEDICAL MEMORIALS PLAN ADVANCED

Baruch Committee Proposes Veterans' Restoration Centers In Place Of Usual Bronze Memorials. Location Of Such An Establishment In Tulsa Seen As Possible Solution To Hospital Bed Shortage.

Members of the Tulsa County Medical Society last month exhibited growing interest in proposals to create soldiers' memorials in the form of permanent establishments for the restoration of injured veterans, rather than stone and bronze monuments in public places. The project, which is nation-wide in character and gaining considerable public attention, is one of the aims of the Baruch Committee on Physical Medicine founded in 1944 by Bernard M. Baruch with an endowment of \$1,900,000.00.

Such an establishment would be of considerable value to any community. Tulsans interviewed concerning the advisability of a local memorial of that character exhibited favorable reactions, many pointing out that the value of the institution would extend beyond mere servicing of war veterans. As a matter of fact, the Baruch Committee estimates that many of these memorials will evolve into community institutions of medical care.

Officials of the Tulsa County Medical Society announced that the project would be investigated by the Service Relations and Civic Affairs committees, working jointly and in collaboration with veterans' and civic groups. Their recommendations will be presented to the Society at an early date for approval. Since the project is still in early formulative stages, it may require several months before any definite recommendations can be made.

The Baruch Committee earlier this year distributed blueprints of ideal war memorials, showing requirements for buildings, staff, medical personnel, and equipment. The plans also plot a course of treatment for the restoration of maimed fighting men and injured war workers to useful activity. The Baruch plan, however, proposes only the basic essentials of such a memorial medical center as it is felt that individual variations must be recorded in each community. Final indi-

vidual blueprints or plans will take into consideration special needs of the community in line with its population and other pertinent factors.

At the outset these medical centers, which will combine the features of a hospital and out-patient department, will be devoted primarily to the care of the injured veterans. The maintenance of the institution is expected to be a responsibility of the federal government. However, as the demands of the veterans are decreased through rehabilitation and restoration of the wounded, private physicians will be encouraged to send private civilian patients to the center for hospital care. The patient would defray the costs of his care. In this manner the center would eventually become a self-sustaining community institution.

It is not intended, however, that these centers shall be government hospitals operated by the Veterans' Administration. The position of the latter group to the proposed centers has not been determined. The general idea is to create a community medical center, constructed from funds which would be normally subscribed to create soldiers memorials, operated under the supervision of a private agency, providing care to veterans with the cost borne by the government, and the eventual conversion of the unit into a community institution.

The project is gaining considerable favor, especially with war veterans. The latter groups have long recognized that tragic condition of the first world war—the segregation of injured veterans into large institutions remote from their homes—may be again repeated. Such centers as proposed would be built in sizeable numbers so that veterans could receive treatment while remaining in their home area close to family and friends.

Furthermore, the criticism of the oper-

ation of veterans' facilities has precluded the hospitalization of many disabled or injured veterans because of personal prejudices. The truth of these accusations cannot be discussed here, but it is mentioned to demonstrate that many veterans would prefer to receive care at government expense in institutions not operated by the Veterans' Administration.

Centers of this character have been greatly encouraged by a number of factors which have developed in recent years:

1. Large numbers of physicians and potential medical students have signified their intention of specializing in physical medicine and equipping themselves for permanent appointments in hospitals and centers.

2. Improved mental attitude of patients towards methods of treatment and confidence in the administering physicians. This improved attitude has greatly encouraged the return of patients to nor-

NURSES AIDES REQUEST CAREFUL PHYSICALS

The Nurses Aides Committee of the Tulsa Red Cross are asking members of the staffs of St. John's and Hillcrest hospitals for more thorough physical examinations of applicants for Nurses Aide training in the two hospitals. Pointing out that a considerable percentage of trainees have been forced to retire from the program for physical reasons during training or late, being unable to finish the required 150 hours of volunteer work, the Committee stressed the importance of careful and thorough examinations. The Committee stated it was important that as many trainees as possible complete the course as dislocations of workers and other residents tended to increase rather than decrease the need for volunteer nurses. The expense of training is high, particularly in relation to the small number of trainees who have completed the course. At the same time, the Committee paid tribute to Tulsa County physicians for their cooperation in the program and expressed thanks for their efforts.

mal life.

3. Success of new methods of cure and restoration, as for instance the use of artificial limbs, which eliminates the old "hopeless" attitude of maimed veterans of the first world war.

4. Endowments of money and facilities to carry on medical research in physical medicine.

A proposal of this character may prove of special interest to Tulsa physicians as a possible solution to the underhospitalization which now exists locally. With prospects of securing a charity or other form of hospital for Tulsa dimming, due to opposition stemming from potential increases in taxation, such a memorial might serve to provide many additional hospital beds in Tulsa County.

It should be understood that these plans of the Baruch Committee are only in the most initial form. They are actually only a suggestion to a local community, upon whom the responsibility for creation and operation is placed. The United States government has not signified its approval of the projected program, and the relation of the government to the local unit cannot be determined at this time.

It must be recognized that some disadvantages accrue to the plan, especially from a medical standpoint. The creation of such memorial medical centers, all dependent upon government funds for support at the outset, could conceivably form the nucleus for a system of state medicine. Ready-made diagnostic and hospital facilities already staffed would enable a rapid conversion to a state operated medical system.

It is also observed that influential veterans' groups are expected to press for increased medical benefits at public expense. Some observers predict that medical attention may be provided for all veterans and members of their families. While that would be equivalent to a system of state medicine, it is not beyond the realm of reason to suppose that extensive medical benefits will be provided to the individual veteran alone, regardless of whether the ailment or need for care is service connected or otherwise.

Medical Calendar

MONDAY, October 1st:

Hillcrest Hospital Staff Meeting.

TUESDAY, October 2nd:

Medical Broadcast, "The Common Cold—Our Common Enemy,"
Radio Station KOME, 3:30 p.m. Speaker, Dr. John C. Perry.

FRIDAY, October 5th:

Board of Trustees Meeting, Tulsa County Medical Society, 1203
Medical Arts Building, Tulsa, 8:00 p.m.

MONDAY, October 8th:

No Tulsa County Medical Society meeting on this date.

TUESDAY, October 9th:

Medical Broadcast, "Modern Trends In Medicine," Radio Station
KOME, 3:30 p.m. Speakers, Dr. H. A. Ruprecht and Dr. Marcella
Steel.

THURSDAY, October 11th:

Constitution and By-Laws Committee meeting, Tulsa County Medical
Society, 1202 Medical Arts Building, 1:00 p.m.

SATURDAY, October 13th:

Copy deadline for the November issue of The Bulletin.

MONDAY, October 15th:

St. John's Hospital Staff Meeting.

TUESDAY, October 16th:

Medical Broadcast, "Health After Fifty," Radio Station KOME,
3:30 p.m. Speaker, Dr. J. J. Billington.

Medical and Dental Office Assistants Meeting. Time and place to be
announced later.

FRIDAY, October 19th:

Board of Trustees Meeting, Tulsa County Medical Society, 1203
Medical Arts Building, Tulsa, 1:00 p.m., unless otherwise announced.

MONDAY, October 22nd:

Tulsa County Medical Society meeting, scientific program, Mayo
Hotel, Tulsa. Dinner, 6:30 p.m. Program, 8:00 p.m. Program to be
announced.

TUESDAY, October 23rd:

Medical Broadcast, "Healthful Activities For Youth," Radio Station
KOME, 3:30 p.m. Speaker, Mr. O. A. Ziegler.

THURSDAY, October 25th:

Blue Cross Hospital Insurance, Office Assistants Policy, premiums
due by November 10, 1945. Policyholders will be notified of amount
due.

PRESIDENT'S PAGE

The Tulsa County Medical Society has recently joined with a number of local civic and social welfare groups in requesting the location of a state tuberculosis sanitarium in Tulsa County. The need for an additional facility of this character to serve tubercular patients in Northeastern Oklahoma has been apparent for a long time. Our need has been predicated upon a high tuberculosis deathrate, a periodic difficulty in obtaining prompt admission for patients at the existing sanitarium, and the presence of a large number of acute cases which for one reason or another are not accepted by the state hospital and must remain in private homes.

I have never been favorable to the theory of locating tuberculosis sanitarium in small inaccessible towns. It is the belief of most physicians that such a practice is definitely disadvantageous. It becomes difficult to persuade patients to remain at the institutions for the most desirable periods of time, principally because they are not in contact with their families and friends. Transportation and housing difficulties make it difficult for families to conveniently visit the patient. When the family relationship angle is destroyed, the patient becomes anxious to abandon his treatment and return to the family circle.

Furthermore, the concentration of medical specialists in Tulsa, and the presence of modern and well-equipped hospitals serve as an adjunct benefit to the operation of a state hospital as presently contemplated. The community benefits from its operation from an economic standpoint as well. There are many excellent potential building sites on the present outskirts of the city which would well serve the needs of the project.

Sincerely,



President.



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Vol. 11 OCTOBER, 1945 No. 10

WELCOME BACK, DOCTOR

The Tulsa County Medical Society is pleased to observe that six of its service members have already returned to civilian practice in Tulsa County. Another three or four are slated to return in October and it is likely that additional physicians from the Society will be released within the next few weeks. For some army and navy medics, however, it will be necessary that they remain in uniform for service with occupation troops, security units overseas, and with hospitals here and abroad. The Society welcomes its service members back to practice and hopes that as many as possible will be able to resume their civilian duties within a short time. For these men the entire profession wishes the very best of good luck and prosperity in their Tulsa practice.

The Society is cognizant of many problems which face the returning doctor. It is taking every measure to insure a quick and efficiently executed return to private practice for its service members. These activities are under the direction of a group of discharged veterans who, more than any others, are aware of the problems of a quick return to civilian life. In some instances it will not be possible to overcome certain circumstances which are beyond the control of any group of individuals. Elsewhere in this issue of The

Bulletin, the problem of providing office space for returning servicemen is discussed. This is the principal difficulty to overcome as space is virtually non-existent at this time. Every effort will be made to locate satisfactory space for the doctors as they return from service, but barring unexpected changes in the picture most returning men will be difficult to place in suitable office quarters.

It is the desire of every Tulsa County Medical Society member to assist the returning veteran in his re-establishment in practice. This help can be better given if the veterans themselves will take the initiative in indicating what their problems are and the suggested solutions. The Society is organized for your benefit, but it cannot provide a maximum benefit unless every member cooperates to the fullest in making these benefits mutually available.

The Society hopes also that the returning service members will bear in mind that conditions are not the same as when they left. These changes are for the most part natural war-borne circumstances which will eventually adjust themselves. For the present, however, these changes must be accepted as necessary circumstances with which the returning physicians must cope.

Finally, the Society hopes that the war just ended shall be the last time when any of its members must leave their homes and families to fight the proponents of intolerance, greed, and bestiality. Welcome back, men.

CLINIC DATES SET

The Oklahoma City Clinical Society has announced plans for a fall clinic in Oklahoma City, November 26-29, following the relaxation of travel restrictions by the federal government. Despite the short time available to make necessary arrangements, the group expects an outstanding panel of speakers to participate in the four-day meeting. Dr. Clark H. Hall, Oklahoma City, is director of the Clinics this year. The group's annual Fall clinic was cancelled last year due to travel restrictions.



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**TULSA CLINIC INTERESTS
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Dr. A. B. Carney announced last month that he had purchased the interests of Dr. J. O. Lowe in the Tulsa Clinic, 915 S. Cincinnati, Tulsa. The partnership of Drs. Lowe and Carney has been dissolved and Dr. Carney will operate the clinic on an individual basis. Until the recent closing of the Douglas Aircraft Assembly Plant in Tulsa, the Tulsa Clinic had represented the Douglas medical department.

Dr. Lowe and Dr. Frank Brill, also formerly with Tulsa Clinic, will be associated in private practice in the Stanolind Building, Tulsa.

GRAHAM RETURNING

Captain Richard H. Graham is expected to resume his duties as Executive Secretary of the Oklahoma State Medical Association on October 1, following his release from the Medical Administrative Corps. The popular young executive of the state group has been stationed in Washington, D. C., in the Surgeon General's office, for the past two years.

Mr. Paul H. Fesler, who has been serving as Executive Secretary during Mr. Graham's absence, will now devote full time to his duties as administrator of University Hospitals in Oklahoma City.

CLINIC REPORT

August 20-September 20

Medicine	489
Varicose	18
Surgery	91
Pediatrics	24
Obstetrics	7
Ophthalmology	59
Dermatology	10
X-Ray	107
Laboratory	143
Tumor	13
Diathermy	3
Urology	10
Dental	18
Cardiac	30
Gynecology	8
Total.....	1030

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MEMBERS IN SERVICE

(Continued from Page 10)

LT. CCMR. GIFFORD H. HENRY, recently returned from the Philippines, is now stationed at the U. S. Naval Hospital, Santa Margarita Ranch, near Ocean-side, California.

LT. COL. W. C. EWELL, following a shift in plans, has gone overseas into the South Pacif area. It was at first believed that he would be discharged, but a change in orders has postponed that possibility for several months at least.

CAPTAIN ALLEN T. KORNBLEE, home from several months service in Ireland and Continental Europe, is now stationed with medical units at Jefferson Barracks, Mo.

CAPTAIN WILLIAM R. TURNBOW has been discharged from the Army after service overseas and is now back at his Red Fork practice. LT. COMDR. BENJAMIN W. WARD is receiving medical attention for an allergy condition at the U. S. Naval Hospital, Norman, Oklahoma. CAPTAIN HERBERT ORR is in Tulsa

on extended leave. He anticipates discharge from the services soon, having piled up the necessary points while serving with American units in France and Germany.

MAJOR C. G. STUARD reports he will be on terminal leave shortly after October 1. Now stationed with AAF units at Greensboro, N. C., he will return to practice in Tulsa.

OFFICE SPACE

(Continued from Page 8)

far from suitable for physicians' offices.

The Medical and Dental Arts Building of Tulsa is now at virtual capacity. The building managements reports that in accordance with an agreement with the Tulsa County Medical Society executed early in 1942, the building will not accept new tenants. Such space as may become available will be allotted to former tenants who have served in armed forces. Other major office buildings which housed physicians prior to the war said that preference would be given to former tenants as they return to civilian life from army or navy service. However, in each case no guarantee of space is given.

Except for occasional openings, no office space has been readily available in Tulsa since October 1, 1944.

The demand for space is expected to continue to grow. Mr. Russell S. Rhodes, general manager of the Tulsa Chamber of Commerce, indicated in his annual report of September 7 that a tremendous industrial growth for Tulsa was anticipated on the basis of present plans of major Tulsa groups. Rhodes foresaw a period of prosperity for the area, based on new construction and industrial growth. If this prediction is correct, the demand for additional office space is certain.

Physicians returning from service are urged to make arrangements for space as soon as possible in order that unnecessary delays may be avoided in their return to civilian practice.

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