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THE BULLETIN

of the Tulsa County Medical Society

Christmas Issue

IN THIS ISSUE



Investigating Committee Asks
Charity Hospital For Tulsa



Annual Election Slated



The Medical Library

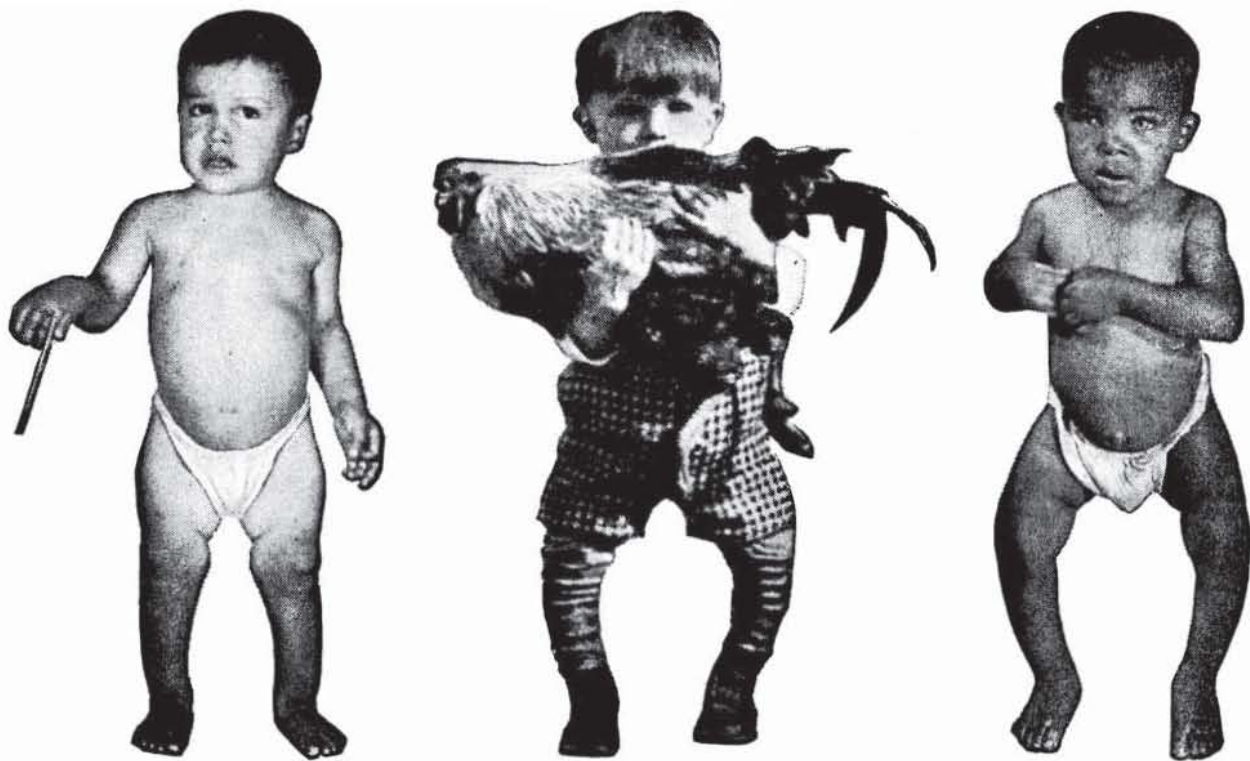


Members In Service

Vol. 11

No. 12

December, 1945



IT DOES HAPPEN HERE

Severe rickets still occurs — even in sunny climates

Vitamin D has become such an accepted practice in infant feeding that it is easy to think that rickets has been eradicated. However, even deforming rickets is still seen, as witness the above three contemporary cases from three different sections of the United States, two of them having well above the average annual sunshine hours for the country. In no case had any antiricketic been given during the first two years of life. *It is apparent that sunlight did not prevent rickets.* In other cases of rickets, cod liver oil was given inadequately (drop dosage) and even this was continued only during the winter months.

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- Helps healing processes.

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THE BULLETIN

OF THE

TULSA COUNTY MEDICAL SOCIETY

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Vol 11

TULSA, OKLAHOMA, DECEMBER, 1945

No. 12

TULSA CHARITY HOSPITAL ASKED

Voluminous Report of Joint Investigating Committee Sees Need for Additional 500 Beds in Tulsa Hospitals. Need for Specialized Charity Facilities Strongly Felt.

A 30-page report of a joint fact-finding committee of the Tulsa County Medical Society and the Tulsa Chamber of Commerce published last month bluntly termed hospital facilities in Tulsa County totally inadequate and recommended construction of a 200-bed charity hospital and provision for an additional 300 beds in existing private institutions.

The report, asserted to be one of the most important civic documents in the recent history of Tulsa County, followed several months of research and study by a ten-man committee comprising five representatives of each organization. The two principal recommendations of the group are:

1. Construction of a charity hospital to be operated for the benefit of the indigent sick by a designated unit of government. This institution shall contain 160 general charity beds, 20 tuberculosis holdover beds, 10 mental holdover beds, and 10 contagion beds, or a total of 200 beds. The cost is estimated to be \$1,000,000.00 for construction and an annual operating cost of about \$200,000.00. It is recommended that organization of the staff and general supervision be entrusted to the Tulsa County Medical Society, providing that organization would assume such responsibility.

2. Encouragement of current plans of St. John's and Hillcrest hospitals of Tulsa for the construction of 150 additional beds at each institution through complete

civic support by the community and local industry.

The Tulsa Chamber of Commerce and the Tulsa County Medical Society have both approved the report and it has been sent to the Board of County Commissioners and the Tulsa City Commission with a proffer of assistance from both groups in translating it into effective action. Mr. J. B. Gray, chairman of the Board of County Commissioners, asserted subsequently in a newspaper interview that the proposal was financially impractical and that Tulsa County could not afford such an institution. He expressed doubts as to the legality of any system of joint operation by city and county government units.

Mr. Gray later reiterated his statements at a dinner meeting in early November when Dr. Bert Caldwell, veteran hospital administrator, told assembled representatives of various civic and government groups that Tulsa County was short 600 beds of attaining a minimum number of hospital beds for a safe and desirable requirement. Dr. Caldwell termed local conditions "deplorable" as far as the numerical facilities for hospitalization existed. He has just completed a state-wide survey of hospital facilities on behalf of the Oklahoma State Health Department.

At the month's end, the progress of the report appeared retarded as interested civic groups disagreed upon the manner of operating and financing. **However,**

the need for the facilities, which was the paramount objective of the committee, was clearly established and agreed upon by all except certain government officials.

Responsible for the report were Dr. Frank J. Nelson, co-chairman, Dr. Ralph A. McGill, Dr. James Stevenson, and Dr. H. A. Ruprecht, representing the Tulsa County Medical Society, and Mr. Oakah L. Jones, co-chairman, Mr. Lee Harrington, Mr. Friendly Ford, and Mr. E. L. Stucker, representing the Chamber of Commerce. Mr. Jack Spears, executive secretary of the Tulsa County Medical Society, and Mr. P. V. Kors, manager of the Chamber's civic department, served as committee secretaries.

Details of the committee's statistical study were published in the last (November) issue of *The Bulletin* indicating only 3.0 beds per 1,000 persons of population in a six-county area. The statistics were obtained over a long period of several months by committee secretaries

WILLIAM BIRNBAUM, M.D.
1905-1945

Dr. William Birnbaum, 39, prominent Tulsa physician and member of the Tulsa County Medical Society, died Friday, November 9, 1945, of injuries received in an automobile accident a week earlier. He was en route at the time to the Mayo Clinic at Rochester, Minnesota, to do postgraduate medical study when he lost control of his car on a curve near Springfield, Missouri.

Dr. Birnbaum was associated with the Tulsa Clinic, 915 S. Cincinnati, Tulsa, doing general practice and internal medicine. A graduate of the University of Minnesota School of Medicine, he was licensed in Oklahoma in 1941 shortly after completing his intern training. He had been a member of the Tulsa County Medical Society since that time.

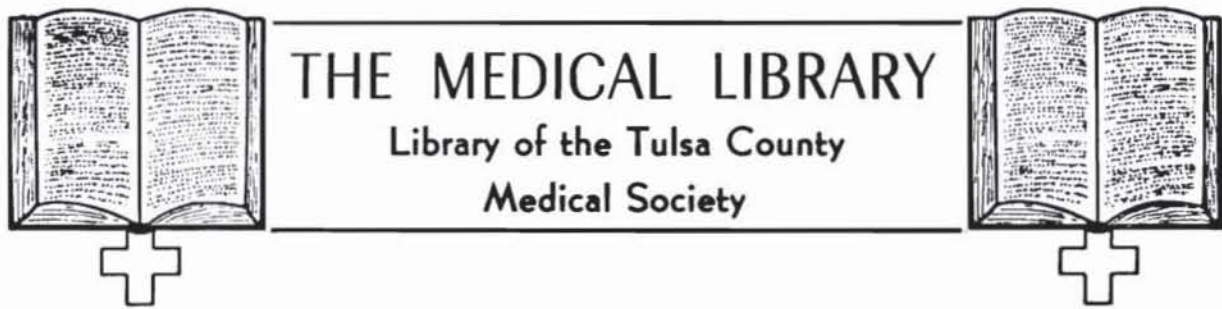
Funeral services were conducted in Kansas City, where his parents, Mr. and Mrs. Samuel Birnbaum, reside. Dr. Birnbaum was a widower, his wife having died several years ago in a tragic automobile accident.

with special assistance from Mr. N. D. Helland of Group Hospital Service of Oklahoma and Mr. Friendly Ford, executive secretary of the Tulsa Council of Social Agencies.

The joint committee devoted special attention to specific needs of the community in the way of various types of hospital facilities. These included:

1. Contagious Diseases. At the present time there are no facilities for the care of cases of contagious disease in Tulsa. Neither of the two major hospitals make a policy of accepting such cases as a matter of protection to other patients, although they are accepted under certain conditions where a great emergency exists. No specific wards are provided, however. The committee recognized that facilities to care for an epidemic could not be maintained, nor was it desirable to maintain them, but did suggest the creation of a 10-bed isolation ward as a unit of the proposed charity hospital. This unit would actually care for some pay patients as well as indigents, however. (The Hospitals Committee of the Tulsa County Medical Society, incidentally, at its meeting of July 27, 1945, determined that a number of structures were available in Tulsa for conversion into temporary hospitals should an epidemic strike the city. Sufficient equipment to equip such buildings are already available through city and county public health units).

2. Tuberculosis. The committee noted from its statistical study that a large number of tuberculosis patients were not being cared for at state sanatoria, but were being quartered in private Tulsa homes. This condition is due to several factors, principally to inadequate facilities in the sanatoria, to the state's refusal to accept advanced cases or patients over 55, and to the large number of patients who leave the sanitarium against medical advice. The committee believes that a minimum of 20 beds should be provided in a local hospital to care for tubercular patients who cannot receive care at the state sani-



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THE PHYSICIAN AND THE ALCOHOLIC

Medicine so far, has failed to evolve a very satisfactory solution to the problem of the chronic alcoholic. True, the so-called "cures" are effective in a small percentage of cases, and perhaps psychotherapy as practiced by doctors has met with some success.

During the past few years an organization has grown up, known as "Alcoholics Anonymous." This organization is made up of people who have been or are addicted to the use of alcohol and has as its purpose the freeing of themselves and others from the habit of drunkenness. It is a national organization with headquarters in New York and with branch groups in large cities all over the United States. There are no fees and no social or religious group limitations. The only requirement for membership is to have an honest desire to stop drinking, a genuine willingness to cooperate, and the admission of a power greater than one's self.

The help to the man in the throes of an alcoholic binge is rendered by two or three members of the "Alcoholics Anonymous," who have themselves been in the same or worse predicament. They stay with him through his sobering-up grind, fully knowing the agony, remorse, and all the other emotions and even pain the poor fellow is enduring, for they have gone through the same ordeals. It is of course, a type of psychotherapy which is effective on the practitioner as well as the patient, and all are benefited. Considering the short time it has been in existence, "Alcoholics Anonymous" has been most successful in helping victims of the alcohol habit regain their sobriety and assume useful positions in society.

Our library has recently acquired some literature concerning "Alcoholics Anonymous" which is well worth your interest. Also, there is an active group of this organization in Tulsa, which will be very happy to cooperate with the doctors in rehabilitating worthy alcoholics. The group may be contacted by calling the Doctors' Exchange, 7212 or 5-8331.—F.J.N.

USE YOUR LIBRARY



Members In Service



Back home again and in civilian practice after more than two years on the Road to Tokyo is MAJOR EARL M. LUSK, discharged last month by the United States Army Medical Corps. He is again associated with Tulsa Clinic, 915 South Cincinnati, Tulsa, doing general practice at present. Dr. Lusk accompanied American fighting troops from the jungles of New Guinea to heart of Tokyo where he headed a base hospital unit. Among his patients was former Premier Hedekei Tojo, victim of a self-inflicted bullet wound. Dr. Lusk complained of Tojo's poor aim, remarked that the one-time strong man of Japan was just another serial number to American doctors and hospital corpsmen. Welcome back, Dr. Lusk.

CAPTAIN OLIVER H. THOMPSON reports his promotion from the rank of First Lieutenant to Captain. He is still in Continental Europe with the 15th General Hospital Unit, fully recovered from an illness which confined him to an English hospital several months ago.

CAPTAIN JACK O. AKINS is getting plenty of practical postgraduate training in Urology in Dallas, Texas, where he is presently associated with Dr. A. J. Folsom. "I'm enjoying every hour of it," he writes. With luck, Captain Akins hopes to be back in practice next Spring, specializing in Urology. Wounded in the Salerno landings in Italy in 1943, Dr. Akins has been in Army hospitals in the United States for the past two years.

LT. COMDR. LUVERN HAYS has been discharged from the Navy and is now back at her Tulsa home. She intends to resume her practice of Pediatrics just as soon as an office can be equipped. Dr. Hays last assignment was with the United States Naval Hospital at Brooklyn, New York.

Also slated for momentary discharge is LT. COMDR. ROY L. SMITH, currently with the United States Naval Hospital at

Norman, Oklahoma. The Tulsa County Medical Society learns with regret that the popular veteran of the Pacific fighting is planning to remove his practice to Texas. How about changing your mind, Dr. Smith? We want you back.

CAPTAIN HERBERT NORMAN SCHWARTZ has also notified the Society that he will not return to Tulsa. Presently in New York City, Dr. Schwartz is planning to practice in Connecticut. The popular young ophthalmologist has not reported in which city or town he is planning to practice. We are sorry to lose you, doctor.

A welcome visitor last month was LT. COMDR. GIFFORD H. HENRY, on leave from his Navy assignment at Ocean-side, California. Undecided as to his future plans, Dr. Henry will probably return to private practice in Tulsa to specialize in Industrial Surgery.

LT. COL. JOHN E. McDONALD is again specializing in Orthopedics in his new location at 204 National Mutual Building, Tulsa. Dr. McDonald has been named a new member of the Service Relations Committee of the Tulsa County Medical Society by the President.

Visiting in Tulsa last month was MAJOR FRANK A. STUART, expecting a discharge from the Army soon. Still at Lincoln Field, Lincoln, Nebraska, Dr. Stuart is lining up office quarters for a speedy return to private practice.

LT. COL. JAMES H. HAMMOND is enjoying a refresher course in postgraduate medicine at the University of Pennsylvania School of Medicine in Philadelphia. Beyond that, his plans are indefinite.

CAPTAIN HERBERT ORR, holder of the Silver Star and other decorations for meritorious service in the advance into Germany, has been discharged and is again at 1307 South Main, Tulsa. Captain Orr will do general practice for the present,

(Continued On Page 19)

ELECTION OF OFFICERS SLATED

Fourteen Posts in Tulsa County Medical Society
Will Be Filled From List of 51 Eligible Members.
Committee Reports to be Read.

Members of the Tulsa County Medical Society will meet Monday, December 10, 1945, in an annual business session and election of officers. Fourteen officials will be selected from a list of 51 eligible candidates with members hearing annual reports from virtually all major standing and special committees.

Officers to be elected are President-Elect (to serve in 1947 as President), Vice-President, Secretary-Treasurer, one member of the Board of Trustees, one member of the Board of Censors, one member of the House of Delegates, and eight alternate members of the House of Delegates. Dr. John C. Perry, Tulsa surgeon elected last year, will assume office as President for 1946.

Under the regulations of the By-Laws, all officials must be selected from a list of members who have attended not less than 50 per cent of the total number of general meetings and who have been members of the Society for a period of five years or more. Returning service members have been graded for eligibility on the basis of the number of meetings attended since their discharge from the service. A total of nine meetings were held in 1945 with eligibility requiring a total of five meetings attended.

A total of 51 eligible members, a figure identical to that of last year, includes the following:

Adams, R. M.	Nelson, F. L.
Allen, V. K.	Nelson, I. H.
Atchley, R. Q.	Osborn, G. R.
Browne, H. S.	Perry, J. C.
Cook, W. A.	Pigford, C. A.
Davis, A. H.	Porter, H. H.
Davis, T. H.	Rogers, J. W.
Evans, Hugh J.	Ruprecht, H. A.
Ford, H. W.	Searle, M. J.
Garrett, D. L.	Shepard, R. M.
Haralson, C. H.	Shepard, S. C.
Hart, M. O.	Showman, W. A.
Henderson, F. W.	Simpson, C. F.
Henley, Marvin D.	Smith, D. O.
Hudson, D. V.	Stallings, T. W.
Hudson, M. G.	Stanley, M. V.
Nelson, Frank J.	

Johnson, E. O.	Neal, James H.
Larrabee, W. S.	Stevenson, James
McGill, R. A.	Stewart, H. B.
MacDonald, D. M.	Underwood, F. L.
MacKenzie, Ian	Ungerman, A. H.
McDonald, J. E.	Walker, W. A.
Miner, James L.	Wallace, J. E.
Murdock, H. D.	Wiley, A. Ray

Dr. James C. Peden is the retiring member of the Board of Trustees. Other holdover members are Dr. John C. Perry (1946), Dr. H. B. Stewart (1947), Dr. W. A. Showman (1948), and Dr. Ralph A. McGill (1949). Trustees serve a term of five years.

Dr. J. S. Chalmers is the retiring member of the Board of Censors. Other holdover members are Dr. Ian MacKenzie (1946) and Dr. V. K. Allen (1947). Censors serve three years when regularly elected.

Dr. W. A. Showman is the retiring member of the House of Delegates. Other holdover delegates are Dr. Ralph A. McGill (1946), Dr. Marvin D. Henley (1946), Dr. John C. Perry (1947), Dr. L. C. Northrup (1947), Dr. Walter S. Larrabee (1948), Dr. H. B. Stewart

(Continued On Page 19)

CLINIC REPORT	
October 18—November 19	
Medicine	617
Surgery	91
Gynecology	12
Laboratory	128
X-Ray	124
Obstetrics	12
Pediatrics	23
Dental	36
Eye	42
Tumor	8
Varicose	17
Urology	6
Skin	5
Diathermy	2
Cardiac	17
Total	1,140

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PRESIDENT'S PAGE

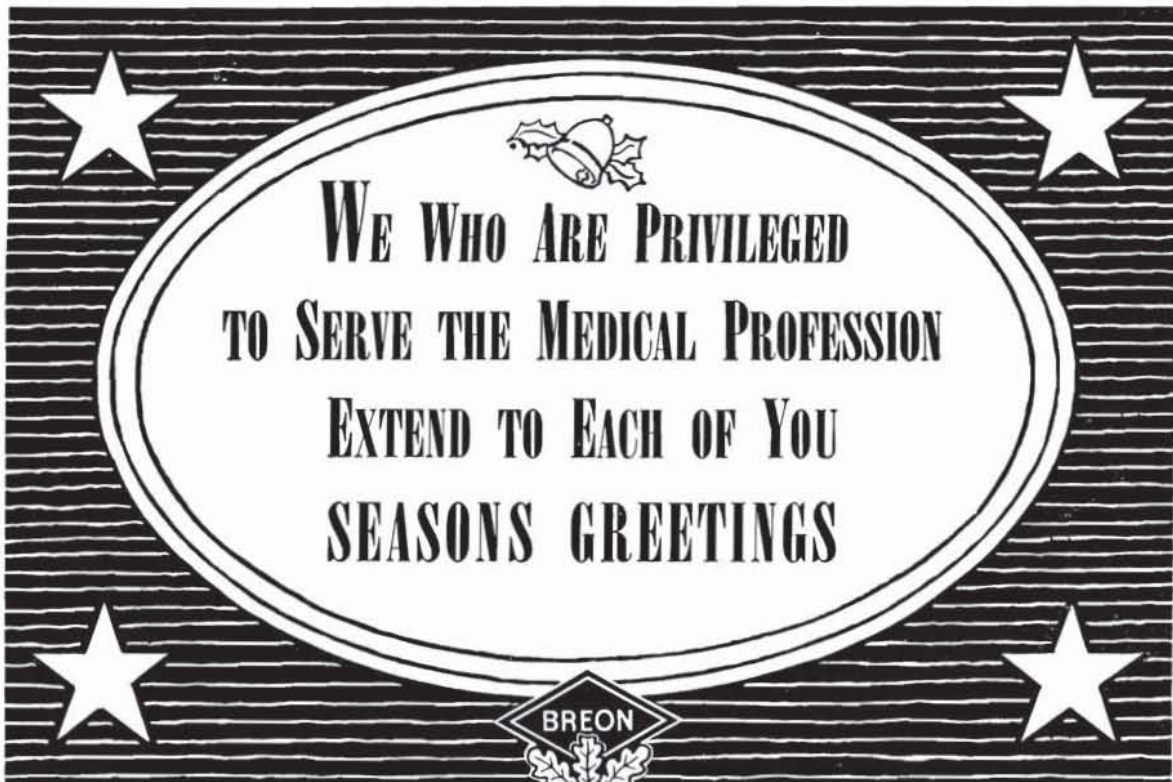
Within a very few days I shall complete my term of office as president of the Tulsa County Medical Society. Like every other officer, I entered upon my duties with some misgivings and with considerable dread of the responsibilities of the office. As the year progressed I became aware that the progress of an organization of this type does not depend upon any single officer but rather upon the unified cooperation of the entire membership. Each physician who serves as president cannot help but leave the office with a greater understanding of the advantages which are possible through cooperative organization. After nearly twelve months as president I am more than ever certain that the medical profession can be a dominant leader in the community. I am equally certain that it is becoming necessary that we physicians assume that role of leadership as a means of preventing untutored thinking for the profession by the laity.

My capable successor is falling heir to at least two problems which I believe are of major importance and which should be solved at the earliest opportunity. The first of these concerns our hospital situation and the need for prompt remedy of the appalling shortage of private and charity hospital beds. We have a good report of our Hospitals Committee to go on, and I hope the recommendations made by that group will be translated into realities. The second problem concerns our own returning service doctors, most of whom are faced with the necessity of finding office space at a period when none exists. The solution to this must be quickly effected. Otherwise, I fear our entire medical structure in this county may suffer.

Sincerely,



President.



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Medical Calendar

SATURDAY, December 1st:

Group Hospital Service, Physicians & Surgeons Group, Blue Cross Hospitalization Insurance, semi-annual premium due. Make all payments to 1202 Medical Arts Building, Tulsa. Final date for payment, December 12, 1945.

MONDAY, December 3rd:

Hillcrest Hospital Staff Meeting.

TUESDAY, December 4th:

Medical Broadcast, "Christmas Seals Through The Years," Radio Station KOME, 3:30 p.m. Speakers, Mrs. Edith McMinn and Mrs. F. C. Fellingham.

FRIDAY, December 7th:

Board of Trustees Meeting, Tulsa County Medical Society, 1203 Medical Arts Building, Tulsa, 8:00 P.M., unless otherwise announced.

MONDAY, December 10th:

Annual Business Meeting and Election of Officers, Tulsa County Medical Society, Mayo Hotel, 8:00 p.m. This is not a dinner meeting.

TUESDAY, December 11th:

Medical Broadcast, "The Road Back," Radio Station KOME, 3:30 p.m. Speaker, Dr. R. M. Shepard.

WEDNESDAY, December 12th:

Final date for doctors to pay Blue Cross Hospital Insurance premium.

SATURDAY, December 15th:

Copy deadline for the January issue of The Bulletin.

MONDAY, December 17th:

St. John's Hospital Staff Meeting.

TUESDAY, December 18th:

Medical Broadcast, "Facing Facts," Radio Station KOME, 3:30 p.m. Speaker, Dr. Arnold H. Ungerman.

MONDAY, December 24th:

The Executive Offices of the Tulsa County Medical Society will be closed December 24 and 25 in observance of the Christmas holidays. No Medical Society meeting on this date.

TUESDAY, December 25th:

Merry Christmas

SATURDAY, December 29th:

Members are reminded that annual membership dues to the Tulsa County Medical Society are due and payable on this date.



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Tulsa

MEMBERS IN SERVICE

(Continued From Page 10)

but may specialize later.

CAPTAIN ALLEN T. KORNBLEE, currently at the Army Separation Center at Jefferson Barracks, Missouri, writes that he is planning postgraduate study in the specialty of Dermatology. The veteran of the European battle expects to be discharged from service in mid-December. Until such time as residencies or postgraduate schools open up, Dr. Kornblee may do small-town practice in Oklahoma for a few months.

LT. COMDR. LOGAN A. SPANN has engaged offices in the Braniff Building, Tulsa, and expects to be back in active practice not later than January 1. Dr. Spann will be associated with LT. COMDR. WILLIAM BUCHAN, a young Navy surgeon with whom he has served. Welcome back, Dr. Spann.

LT. COMDR. W. D. HOOVER writes that he hopes to have his discharge from the Navy Medical Corps in early 1946. After a refresher course of postgraduate medical study he may return to Tulsa for private practice. "My plans are just indefinite," he adds. Dr. Hoover is now residing in Wilmette, Illinois, near his assignment at the Great Lakes Naval Base.

MAJOR EUGENE G. WOLFF, now at Oliver General Hospital in Augusta, Georgia, writes that he will resume his specialty of anesthesia in Tulsa just as soon as his discharge comes through. "That may be six months or more," he adds. MAJOR FRANKLIN D. SIN-

CLAIR, former Springer Clinic obstetrician, also reports that his discharge is uncertain. When it does come, he will return to his Tulsa practice with the Springer Clinic.

MAJOR THOMAS J. HARDMAN is now stationed with Army Air Forces units at Ellington Field, Houston, Texas. Dr. Hardman is hoping for an early return home but has nothing definite to report as yet.

The Tulsa County Medical Society is pleased to hear from MAJOR DAVID L. EDWARDS, currently with AAF units at Coral Gables, Florida, and CAPTAIN CHARLES H. EADS, now at the Army & Navy General Hospital, Hot Springs, Arkansas. Both report that they hope to resume civilian practice soon but are not yet eligible for discharge.

A glower at MAJOR KARL BERGENER for failing to visit the Executive Offices during his Tulsa visit last month.

ANNUAL ELECTION

(Continued From Page 11)

(1948), Dr. M. V. Stanley (1949) and Dr. H. A. Ruprecht (1949).

All committee chairmen will be furnished with a summary of committee activities for the year by the Executive Secretary. This summary may be used in preparing the committee's annual report which must be read at the meeting. In the event the Chairman is not present, the report will be read by the Executive Secretary.

The meeting will be at the Mayo Hotel at 8:00 p.m.

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HOSPITAL ASKED

(Continued From Page 8)

traia. (The Tulsa County Medical Society has been participating in a movement to secure a new tuberculosis sanitarium for Northeastern Oklahoma, to be located preferably in Tulsa County).

3. Mental Facilities. The committee report indicates a need for at least 10 beds in a local hospital to care for mental cases awaiting transportation or commitment to the state institution, to care for private pay patients with minor mental disorders, and do care for patients suffering from temporary neuroses or mental conditions. At the present time, the only quarters made available are in local jails. (Mr. Bryce Twitty, administrator of Hillcrest Hospital, announced plans last month for the creation of a mental ward at his institution.)

4. Charity Facilities. The investigating committee determined that a great need for additional charity hospital services and facilities now exist. At present, county patients are hospitalized in local institutions with a below cost fee paid

by the Board of County Commissioners. It is the belief of the Tulsa County Medical Society that the majority of indigents in need of hospitalization do not receive it except in emergency conditions. An unusually large number of such patients are now quartered in convalescent homes whereas they actually are in need of formal hospital service. Others are not receiving necessary treatment for lack of hospital beds, medical personnel, and adequate funds for the costs of the the care.

The Tulsa Council of Social Agencies provided figures to the committee indicating an estimated 18,000 persons in Tulsa County were recipients of some form of relief or assistance benefits. Assuming a minimum of 10%, which is most conservative, require hospitalization then the bed requirement would obviously be in the neighborhood of 150 beds up. It is probably more true that 25% of such persons need hospital care.

The committee cited a number of community benefits from the construction of the proposed charity hospital including:

1. Higher degree of general public health among the indigent population, tending to decrease the number of persons who are unable to support themselves.

2. Increased availability of hospital beds for private patients through transfer of indigent patients to the specialized hospital.

3. General improvement in medical knowledge through creation of teaching facilities and increased opportunities for scientific study and clinical investigation.

4. Attraction of young interns to the hospital with many remaining in the city as private practitioners.

The report carried a specific recommendation that the proposed hospital be placed in charge of a non-partisan board which in turn would select a qualified administrator responsible to the board alone for the successful and efficient operation of the hospital.

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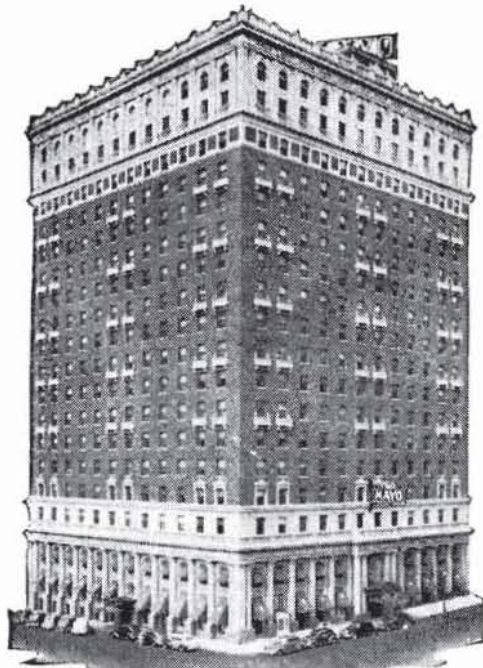
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