Chapter 6

A Society is Born; A Specialty Matures
(1921–1941)

There is a unity about medicine which cannot be interfered with without serious handicap. That unit is the human being.

R. L. Wilbur on altering the medical curriculum, JAMA, 1927.277

Pathology continues to be the subject which has the best ability to accomplish this oneness. The staunch position of pathology in the early curriculum was based on its uniqueness as the single medical science which spanned the gap between the basic and the clinical sciences, bringing together the normal and the abnormal through physiology, biochemistry, and morphology. . .

Vernie A. Stembridge, MD, AJCP, 1982 278

Almost gone were the days of quiet reading and reflection. Radio, once a toy, was about to become widely available, its sound waves blaring into most homes. Pittsburgh station KDKA in 1921 transmitted the first regular radio programs in the country, but a year later Dallas station WFAA also was broadcasting. First a mere 100 watts of power, WFAA would grow to 50,000 watts by the end of the decade, becoming the first station of its size in the South.279,280

Although most Texans remained poor—having long adapted to such status—vast oil fields continued to be discovered during this mad, post-war era. Business was expanding rapidly, and times generally were viewed as prosperous—though in 1921, Texas Governor
Pat M. Neff warned the Texas Legislature that danger lay ahead. "Things are abnormal," he declared.

Prohibition and women’s suffrage were new. The Ku Klux Klan increased its vigilante activity, and in 1924, Miriam “Ma” Ferguson would be elected governor, ostensibly on an anti-Ku Klux Klan platform.281,282

Meanwhile, in the initial climate of optimism and anticipation, the physicians of the Lone Star State convened in Dallas for the State Medical Association of Texas meeting. The University Club Rooms of the Oriental Hotel—the grand lady with a historic past—were the designated gathering places for Texas pathologists. On May 9, 1921, sixteen of them assembled there with a purpose in mind. Three years earlier, the State Medical Association of Texas had abolished its Section on Pathology. Now, the vacuum demanded attention.

Proceeding to fill it were Drs. Marvin D. Bell, James H. Black, Charles F. Carter, and Walter H. Moursund, Dallas; Edward F. Cooke and Martha A. Wood, Houston; Richard C. Curtis, Corsicana; Moise D. Levy and Henry C. Hartman, Galveston; James E. Robinson and Frank W. Hartman, Temple; B. F. Stout, San Antonio; W. F. Thomson, Beaumont; George M. Graham, Austin; F. May McAdams, Bryan, and Truman C. Terrell, Fort Worth.283

Dr. Levy, temporary chairman, stated the object of the meeting, and then Dr. Thomson was appointed temporary chairman.

Efficiently, with forethought and foresight, they established the State Pathological Society of Texas, the foundation for the Texas Society of Pathologists. Although the historic Oriental Hotel would last only a few more years,284 the Society would grow in size, influence, and usefulness.

A Constitution and By-Laws, drafted by Drs. Levy, Cooke and Thomson, was submitted to those present—section by section—for adoption or amendment and adoption.

The “purpose of this Society,” they stated, “shall be to federate and bring into one compact organization, the pathologists and bacteriologists of the State of Texas and to affiliate with similar associations of other states; to advance and to extend a knowledge of pathology and bacteriology; to promote friendly intercourse among pathologists and bacteriologists, and to guard and foster the material interests of its members and protect them against imposition.”
The Society would consist of Active Members, Honorary Members, and Associate Members. Active Members would be qualified physicians engaged in the teaching of pathology, bacteriology or allied subjects—or limiting their practice to clinical pathology or bacteriology. Honorary Members would be individuals who had attained prominence in pathology or allied subjects. Associate Members would be physicians who, while not limiting their work to pathology, combined pathology with some other branch of medicine.

The By-Laws stated membership requirements: “All physicians in good standing in the Texas State Medical Association, or are limiting their practice to clinical pathology or bacteriology or who are actually engaged in the teaching of pathology or bacteriology, may be elected to active membership in this Society.” (Little did they know that one of the requirements would be controversial even seventy-five years later.)

“Semi-annual” meetings were to be held one day in advance of the annual meeting of the Texas State Medical Association. Officers were to be elected at that meeting.

Five members would constitute a quorum but “a smaller number,” could “adjourn to any given time.”

Annual dues were set at $5, payable the first day of January. Members also thought ahead about the cost of motions and resolutions, placing a statement in the By-Laws that “All resolutions or motions appropriating money shall specify definite amounts or so much thereof as may be necessary for the purpose indicated.”

After adopting their new Constitution and By-Laws, the charter members adjourned for lunch, and afterward elected officers for the current year: Dr. Levy, president; Dr. Black, vice-president, and Dr. Thomson, secretary-treasurer.

In a roundtable discussion, the members considered whether to establish a school for technicians in connection with The University of Texas Medical Branch. In essence, however, they felt such an innovation “would not, for various reasons, be desirable.”

Pathologists had been appalled at statements carried in the September 1920 issue of the Texas State Journal of Medicine, and the members of the new society wasted no time in becoming politically active on the subject. Adopting a resolution submitted by Dr. Cooke, they eloquently expressed their views. One journal article, they felt, had “endeavored to draw a line between the Laboratory of Clinical Pathology and other specialties in medicine; said article
A letter drafted by Dr. Cooke—with approval moved by Dr. Stout and seconded by Dr. Moursund—was directed to the president and members of the House of Delegates of the Texas State Medical Association:

The State Pathological Society of Texas has heard, and approved the resolution to be introduced in the House of Delegates, by the Delegates from the Harris County Medical Society, and this Society by a majority vote urges on the House of Delegates the adoption of the resolutions referring to the status of clinical laboratories and the advertising of such laboratories.

It is the sense of this Organization that much harm can be
done to the medical profession by the uncontrolled and irresponsible laboratories of clinical pathology.

It is also the sense of this Society that the practice of Clinical Pathology is a branch of the Practice of Medicine, and that it is a worthy and an important branch, and that no encouragement should be given to individuals who, without being physicians, essay to engage in this branch of the practice of medicine.

Dr. B. F. Stout, who attended the meeting, reported that the group made up "the first state society of its kind in the Union."285

Dr. John J. Andujar also observed later, "Undoubtedly, the impetus to the founding of this society was the fact that although the Texas Medical Association Section was not meeting separately, there was a definite ferment in pathology in Texas, as well as in Colorado. In fact, the Colorado Society of Clinical Pathologists was founded just six weeks later, on June 21, 1921. From the two societies sprang the American Society of Clinical Pathologists, founded May 22, 1922, in St. Louis, on call from Dr. Ward Burdick, a pathologist of Denver. The ASCP became the largest and most prestigious scientific society of pathologists in the world."286 By 1996 ASCP would have more than 60,000 members.

Drs. George T. Caldwell of Dallas and W. F. Thomson of Beaumont were among participants in the opening discussion of the first ASCP meeting, following a review of the status of the clinical pathologist by Dr. Philip Hillkowitz of Denver, temporary chairman. Dr. Thomson also was among three physicians appointed to the nominations committee to select permanent officers. Elected were Drs. Hillkowitz of Denver, president; William C. MacCarty, Rochester, Minnesota, first vice president; H. R. Brown, Rochester, New York, second vice president, and Ward Burdick, Denver, secretary-treasurer. Two Texans, Drs. J. H. Black and J. J. Moore were among those elected to the Executive Committee.287,288

The fledgling State Pathological Society of Texas held its second meeting in Galveston on October 12, 1921,289 with seven members present. Among them was a new member, Mary E. Roe, MD, of Galveston. Others attending were Drs. J. H. Black, Dallas; E. F. Cooke, Houston; Henry Hartman, Galveston; Frank Hartman, Temple; W. F. Thomson, Beaumont, and Martha A. Wood, Houston.

At this meeting, Dr. Cooke reported that the House of Delegates of the State Medical Association of Texas had referred his
resolution to the Committee on Resolutions which, "in turn, referred the matter to the Board of Councilors—in whose hands the resolution rests."

Key individuals around the country sent their good wishes to the new organization, among them Dr. A. Parker Hitchens, secretary, Society of American Bacteriologists; Dr. Alexander Craig, secretary, American Medical Association; Will C. Braun, business manager of the Journal of the American Medical Association; C. P. Loranz, business manager of the Southern Medical Journal; Dr. Holman Taylor, secretary, State Medical Association of Texas; Dr. Ward Burdick, secretary, Colorado Society of Clinical Pathologists; Dr. Wm. H. Bailey, president, Oklahoma Society of Serologists; Dr. John A. Kolmer, University of Pennsylvania; Dr. George Dock, Washington University; Dr. Wm. C. MacCarty, Mayo Clinic; Dr. F. M. Johns, Tulane University, and telegraphic greetings from the Colorado Society of Clinical Pathologists.

The small group of attendees spent the morning inspecting the laboratories of the John Sealy Hospital and the medical school, where Dr. Roe, the pathologist at the hospital, demonstrated the use of the Benedict Metabolism Apparatus for them.

Concisely foreshadowing many future issues for Texas pathologists, the afternoon roundtables comprised nine topics on the practice of clinical pathology as a specialty in medicine.

On the question of how the practice of clinical medicine and surgery and the practice of clinical pathology might be more closely correlated, members agreed there was a need for better understanding between clinicians, surgeons, and clinical pathologists regarding their interdependence. When speaking to medical societies, they felt clinical pathologists should discuss interpretations of results, "the practical application of laboratory methods in diagnosis of disease," rather than "technic of the methods."

Dr. Martha A. Wood of Houston led a discussion on whether the practice of clinical pathology was "technical" or "professional," and, if professional, whether clinical pathologists were consultants. Dr. Moursund led the discussion on whether clinicians should be invited to become members of the new society.

Of concern also to pathologists had been the Journal of the American Medical Association's placement of classified advertisements for pathologists under its existing "technician" heading. A letter was read from the business manager of JAMA, who wrote that
a "number of years ago when the propriety of accepting advertise­ments of pathological laboratories was first considered, the ethical question was given serious attention, and it was decided that the service was of a technical rather than a professional character.”

Dr. Wood, however, “held that clinical pathology determines the cause and the functional and anatomical changes produced by disease in the living. The practice of clinical pathology, then, implies the detection of disease causes and the changes in tissue structure and function by laboratory procedures. The clinician, on the other hand, interprets the signs and symptoms of disease by the unaided senses. Clinical pathologists are physicians practicing a branch of medicine. They are, therefore, ‘professional’ men. They, by their special knowledge of chemistry, bacteriology and microscopy, aid the clinician and the surgeon in the diagnosis and prognosis of disease: they are, then, ‘consultants.’ With the science of medicine as its foundation, the practice of clinical pathology is not and cannot be considered ‘technical.’ The amputation of a limb is ‘technical,’ but the skill required to save a badly lacerated limb determines professional surgery.”

Dr. M. L. Graves of Galveston felt that consultation implied responsibility in a given case, that a routine blood or urine examination could not be considered consultation, but that the calling of the clinical pathologist into a given case to assist in diagnosis would be considered consultation.

Addressing the status of the pathologist on the hospital staff, Dr. Frank Hartman of Temple asked how the laboratory service might aid in the standardization of hospitals. Drs. Levy and Black led the discussion on whether provision should be made for adequate training of laboratory technicians in Texas. Laboratory service in all well-regulated hospitals, the group observed, constituted the bulwark of the institution and the position of the pathologist was one of growing importance; that the efficiency of the laboratory determined “in a manner” the efficiency of the staff and the reputation of the institution; that laboratory methods now contributed a part of the diagnostic armamentarium of every progressive surgeon or clinician, and that, without adequate laboratory facilities, properly directed by a competent pathologist, a hospital could not now fulfill the requirements for standardization of the American College of Surgeons.

Dr. Levy presented a syllabus on a fourteen-week-thirty-six
A Society is Born; A Specialty Matures

hour weekly-course for technicians in clinical pathology, and Dr. Black reported a "definite demand" by hospitals and privately conducted laboratories for properly trained technicians. He pointed out that the current supply of technicians was limited, that institutional and privately conducted laboratories currently had "to train their own help, resulting in a variable standard of ability." In addition, he said, there was a definite demand "on the part of young women" for training of this type. He added that the completion of a short, intensive course in some qualified institution "not conducted for gain" would be satisfactory evidence that the individual was capable of being further trained under proper, private tutelage.

"Such a course would relieve laboratory directors of much labor involved in the preliminary training of laboratory technicians," he concluded.

"In the general discussion," Dr. Thomson wrote in the minutes, "a warning was expressed that commercially inclined technicians, after such training, might attempt the establishment of laboratories" under their own direction.

Dr. Wood felt fourteen weeks of training was insufficient "for even preliminary training," and Dr. Frank Hartman felt such a school would result in too many technicians.

"Eventually," he said, "we would be confronted with a demand for recognition on a par with the optometrist and chiropractors." He favored training "our own technicians—in our own methods." Dr. Henry Hartman added that the object of the course would not be to graduate finished technicians but to give them a foundation for further development.

Observing there were good and bad features, Dr. Cooke predicted there would be a surplus of technicians and that "this surplus would seek service in physicians' offices."

Dr. Roe pointed out that Dr. Levy's idea was to secure "only hand picked applicants—girls with special qualifications—for preliminary training."

On other matters, Dr. Truman Terrell of Fort Worth wondered whether the publication of fee schedules and literature by clinical laboratories was in conformity with the AMA Principles of Medical Ethics, and Dr. Cooke asked the same about laboratory advertisements in journals. He declared that clinical pathologists, as physicians and members of "the great national and state medical organizations," were instilled with the principles of those organiza-
tions, and that the AMA Principles of Medical Ethics did not “toler­ate commercial tendencies.” That included self-laudation through advertisement by surgeons, clinicians, or any specialty in medicine. Some prominent journals, he felt, were violating that code, and, furthermore, advertising by members of the State Pathological Society of Texas should be limited to professional cards indicating “not more than name, specialty and address.”

Members of the new State Pathological Society of Texas then adopted a resolution previously passed by the Colorado Society of Clinical Pathologists. Stating their concern that diagnosis of disease by laboratory methods was not being confined to physicians, they declared there was a “danger of this specialty in medicine becoming degraded by unseeming and blatant advertisements of commercial laboratories, now appearing in certain medical journals.”

The status of the clinical pathologist, they said, “was on a par with that of the internist, surgeon or other specialist in medicine, and conformable to the same code of ethics and high moral standards.” They condemned as “contrary to good taste” and as “subver­sive ethics” the publication of advertisements that called attention to the merits of a particular laboratory or the announcement of prices of various laboratory examinations. The Journal of the American Medical Association, the Southern Medical Journal, the official journals of the state medical associations, and other reputable medical publications were requested to bar advertisements of commercial laboratories, permitting only licensed graduates of medicine an insertion of their cards “giving but name, specialty, and address.”

They also sought to expand the number of pathologists in Texas. In “the interests of the patient and for the advancement of scientific medicine,” they beseeched, “encouragement should be given to the establishment of resident clinical pathologists in all communities whose population and number of physicians warrant specializing in this field of medicine.”

Was it possible that there had been more than a little communi­cation between Dr. Cooke and the editor of the Texas State Journal of Medicine? Whatever the case, editorials from that journal and the Medical Record and Annals were read, and both editors were commended for “their valuable support in the matter of placing clinical pathology on a par with other medical specialties.”

Another communication from the Colorado Society of Clinical Pathologists regarded endorsement of the National Pathological
Laboratories, Chicago, by Drs. Ludvig Hektoen, George Dock, and Otto Folin. The secretary was instructed to “indicate the Society’s disapproval of this endorsement.”

Opposing the adoption of any fee schedule “as such,” members also agreed that fees advertised by commercial laboratories were, in many instances, ridiculously low and not consistent with high class service nor with fees charged by other specialists for similar service.” Fees for services, they felt, often were not commensurate to the service provided—such as earning only $5 for professional service in making a differential diagnosis “in the case of a new growth,” or for preparing an autogenous vaccine or making a laboratory diagnosis of syphilis.

At this meeting also Dr. G. M. Graham of Austin led a discussion on whether it was within the jurisdiction of national, state, or municipal health agencies to supply “gratuitous” laboratory service to private individuals at the expense of the taxpayer. Cited was an item from the August 1921 Texas State Journal of Medicine, signed by Manton M. Carrick, State Health Officer.290

The laboratories of the State Board of Health have been established for the purpose of giving aid to the people of this State, through physicians, by making examinations and reporting findings which may be of assistance in diagnosing disease. There is no charge for this service. Physicians and surgeons in need of laboratory service are earnestly urged to make use of the facilities offered by the laboratories of the State Board of Health.

The group’s “attention was directed to the danger of state medicine involving, in time, other specialties and, eventually, the entire practice of medicine—including surgery. That there was a well defined place where public health laboratories should function was unquestioned, but the tendency to undertake the diagnosis of diseases, in no sense communicable and which, in no way involve the consideration of public health, was regarded as a misapplication of purpose and the incurrence of expense which should not be charged to the tax payer.”

The Society then disapproved Dr. Carrick’s “notice,” and instructed the secretary to communicate with him.

Responding later, Dr. Carrick said, “. . . I, personally, did not write the notice mentioned in your letter, and the only gratuitous
laboratory services to private individuals given by our laboratory is to the indigent, or where it is rendered for the protection of the public health.”

In June 1921, the editor of the *Texas State Journal of Medicine* noted that the status of the “technician,” particularly as it related to clinical pathology, was to be established by the Board of Councilors of the State Medical Association of Texas. The editor also declared:

We do not intend to re-open the controversy with our friends, principally because, in our opinion, the distinction is without a difference. We are rather emphatic in our opinion that the medical profession should supervise and control all potential agencies for the diagnosis, prevention, and cure of disease, and we yield to no pathologist or set of pathologists in our view that clinical pathology should by all means be considered a specialty and maintained on the highest possible professional basis. At the same time we are firmly convinced that there is a place for the “technician,” in the proper interpretation of the term. We recognize at once the danger of a “little knowledge,” and the disposition of partly trained people to aspire to higher things and their attainment by the shortest possible cut. We now see the result of just this sort of thing in the development of the optometrist from the legitimate field of the optician. We are told that the situation is being paralleled in the matter of clinical pathology, in that laboratory assistants are launching out as clinical pathologists, to the hurt of the practice of medicine and those depending upon the physician for help in time of illness and distress. This must not be, and we are against it.

The editor added, however, “Our original contention was that a laboratory which employed technicians to any considerable extent for the performance of routine laboratory work and not for the advancement of opinion as to diagnosis and treatment, occupied a different position from an ethical standpoint from the clinical pathologist who undertakes to do these things, and that there the commercial and professional elements were combined to an extent not tolerable in the field of the practice of medicine proper. For that reason we were inclined to condone if not entirely excuse, some of the advertising methods of some of the larger laboratories. However that may be, the *Journal* is not going to take issue very seriously with those who are seeking to correct the abuses that have grown up around the heretofore poorly defined field of the clinical pathologist.”
A Society is Born; A Specialty Matures  

Clearly, from its very first year, the new organization of Texas pathologists was neither shy nor wary about leaping into controversy! Members also made it clear they would define the specialty of pathology, building it upon the AMA Principles of Medical Ethics and the highest scientific standards.

Meetings of the Society often were held in a variety of locations in the towns visited. At the third semiannual meeting of the State Pathological Society of Texas held in El Paso on May 8, 1922, a clinical meeting was conducted on the third floor of the county courthouse. Topics included the pathology of goiter by Dr. A. C. Scott, Jr., Temple; photography of specimens and defects of patients by Dr. Willis W. Waite, El Paso; correlation and interpretation of basal metabolism, Dr. Frank W. Hartman, Temple; and the effect of tartar emetic, intravenously, on the nonprotein nitrogen of the blood, Dr. M. D. Levy of Galveston. According to a printed program, there also were roundtable discussions on a variety of topics—blood chemistry in diabetes and hypertension; kidney function from the standpoint of blood chemistry; the bacteriology of pyelitis; and the selective action of streptococci in focal infections.

Social life was not omitted at the early meetings, and comprised interesting combinations. The program this year referred to a joint evening meeting with the Texas Railway Surgical and Hygienical Association and the Texas Roentgen Ray Society.293

A secretary's report for the year ending May 9, 1922, signed by Dr. W. F. Thomson, indicated that the Society had received $80 in cash, and that expenditures included printing and stationery at $61.12 and postage at $2.94. Membership applications had been received and "duly recommended" for Kenneth M. Lynch, MD, Dallas; George Turner, MD, and W. W. Waite, MD, both of El Paso, and Mary E. Roe, MD, Galveston. Received for associate membership was Albert H. Braden, MD, Sherman, a pathologist at St. Vincent's Sanitarium, and a "not whole time pathologist."294

When the group held its fourth semiannual meeting in Waco on October 17, 1922, it was in the Lawyer's Library of the Amicable Building.295 A scientific section featured fads, fetishes, foibles, and follies, by E. F. Cooke, MD, Houston; relation of public health laboratories to private clinical laboratories, M. D. Bell, MD, Dallas; value of gastric analysis, M. D. Levy, MD, of Galveston; and intestinal parasites, C. V. Wells, MD, Waco. In his presentation, Dr. Cooke again elicited discussion about the role of the pathologist as a
consultant rather than a technician, and on the value and meaning of standardization in the laboratory.

"A certain amount of standardization," commented Dr. B. F. Stout, "is a step in the right direction. Members of this organization could well raise the standard of equipment and methods, though I feel that the matter of technique is an individual one."

Dr. Kenneth Lynch, however, felt the term was misinterpreted. "The present movement at standardization seeks to define minimum requirements in laboratories and laboratory methods so that physicians may have some basis for judgment regarding the efficiency of a given laboratory. Minimum requirements, in this instance, does not interfere with the attainment of maximum provisions."

"There should be a minimum requirement for laboratory apparatus and provision for conducting laboratory work," declared Dr. Moursund, doubting the wisdom of the effort "to standardize the individual."

Dr. Levy contended that laboratory conditions would be improved by the adoption of minimum standards for ability. "There is no standard of ability," he said, "and, at present, laboratory men are not sufficiently trained. The era of improvement in laboratory work is just beginning, and such organizations as this should adopt some minimum requirement for those who wish to conduct laboratories."

Dr. Cooke emphasized he did not object to a high standard—believing that raising the standard was the important function of the Society. He had no objection to adopting minimum standards for apparatus "and so on."

"But I do protest against being standardized," he said emphatically.

Again, the issue of public health laboratories arose. Dr. Black reported that in the North and the East, there was a serious question about the public health laboratory, and that the greater part of the laboratory work was done at the expense of the taxpayer. Dr. Lynch pointed out the tendency of public health laboratories to reach out for a greater volume of work in order to make a better showing before those responsible for their jobs. "The best way to stop public laboratory activities," he said, "is to call attention to the encroachment on the rights of the individual citizen."

"It is a well known fact," Dr. Stout added, "that such men, on meager salaries, are not efficient. Public institutions are notoriously
stingy when it comes to the appropriation of funds for laboratory work. Technicians must have the personal stimulus and, for that reason, they are not as efficient in public as in privately owned laboratories. What is everybody's business is nobody's business."

Dr. Levy proposed educating the general medical profession to the "dangerous possibilities that, eventually, the entire field of medicine will be under the direction of public health services."

"With the multiplication of public health laboratories and non-medical technicians," Dr. Cooke warned, ten years would "find private pathologists extinct."

A new group of applicants was accepted at this meeting, including Dr. Lynch; Dr. C. V. Wells of Waco, and Drs. W. W. Coulter and A. H. Braden of Houston. More interesting, however, were the applications of members not accepted—those of Drs. Willis W. Waite of El Paso and George T. Caldwell of Dallas. Neither were members of the State Medical Association of Texas. Dr. Waite's application was returned until he could meet that restriction of the Constitution and By-Laws. Dr. Caldwell's application was returned for the same reason, but members voted to invite him to participate as an associate member until he could qualify. Although listed as having joined the Society in 1922, he apparently did not become a member of the State Medical Association of Texas until 1926.296

One of the new members, Dr. Lynch, would travel to South Carolina, becoming a "giant" as the leading pathologist in the area, the dean at the Medical College of South Carolina for many years. Dr. Caldwell, of course, already was making a significant name for himself among Texas pathologists, and others would become prominent in Texas pathology.

Dr. J. H. Black of Dallas was elected president of the State Pathological Society of Texas; Dr. B. F. Stout, San Antonio, vice-president, and Dr. W. F. Thomson, Beaumont, reelected secretary-treasurer. The retiring president, Dr. Levy, was elected the first honorary member of the Society.

Several leaders during these first years of the Society would become prominent both in the state and nationally. Dr. Black would become president of the American Society of Clinical Pathologists and of the American Society of Allergists. Dr. Frank W. Hartman would become the president of the American Society of Clinical Pathologists in 1928, the first president of the College of American Pathologists from 1947 to 1949, the president of the American Soci-
ety for Experimental Pathology, 1956, and a founding fellow of the American Society of Cytology in 1951. Under his leadership, the American Board of Pathology and the College of American Pathologists also would be formed. In addition, Dr. Hartman would become the first medical research advisor to the Surgeon General of the United States Air Force. 297

In Texas, Dr. Truman Terrell would become president of the Texas Medical Association.

From early on, these pioneering pathologists also would be active in yeoman positions in their home towns. Reminiscent of early Spanish and Mexican boards of health in San Antonio, the mayor of San Antonio in 1923 asked that the Bexar County Medical Society elect members of the city’s Board of Health. Among those elected was Dr. B. F. Stout.

During business discussions at this meeting, Dr. John A. Kolmer requested that clinicians be invited as associate members. Though there was hesitancy, the group decided to amend the Constitution and By-Laws, allowing them to join as associate members. At this meeting also, a committee was appointed to consider the question of laboratory standardization, an issue that would be discussed for some time to come.

The printed program for the meeting proudly announced the American Society of Clinical Pathologists as “Our National Organization.”

Apparently, unification and formation of a strong organization already had yielded important benefits. Through the activities of the new organization, the program announced, there had been a change of policy by the Executive Committee of the AMA Board of Trustees regarding laboratory advertising in JAMA.

The following Texans were reported as members of the new national society: Drs. J. Harvey Black, Dallas; R. C. Curtis, Corsicana; Frank Hartman, Detroit, Michigan; M. D. Levy, Houston; W. H. Moursund, Dallas; W. F. Thomson, Beaumont; M. A. Wood, Houston; George Turner, El Paso, and Willis Waite, El Paso. The report, signed by Dr. W. F. Thomson, Councilor for Texas, said, “Let us make it unanimous.”

During this time, more pathologists were setting up laboratories in Texas hospitals. In Houston, Dr. Albert H. Braden, Sr., became the first, regular full-time pathologist at St. Joseph Hospital on July 18, 1922. He set up “a modern pathology department,” per-
formed autopsies, and read frozen sections. Paraffin blocks were not yet available. Sister M. Angelique Crabbe, the first sister assigned to the laboratory, soon joined Dr. Braden, and many years later still recalled "with a chuckle some of the experiences of those early days."298

Concerns about the cost of health care arose in 1922 at the meeting of the State Medical Association of Texas, and the concept of group medicine was advanced as one answer. Dr. H. L. Hilgartner of Austin argued there and in the Texas State Journal of Medicine, in "A Criticism of Group Medicine,"299 that the worst fate that could befall the profession "would be its evolution into narrow specialists, the practitioners of which had lost contact with the foundations they possessed at graduation." He added that "specialization in the practice of medicine is necessary, but it must be guarded against its two besetting dangers—excessive narrowness and the tendency to fall away from the foundations upon which it should ever stand in structural unity." The editor of the Texas State Journal of Medicine, Holman Taylor, wrote favorably about the group idea, viewing group medicine as a partnership to which medical ethics would apply.300

Attendance was large at the fifth semiannual meeting of the State Pathological Society of Texas held in the Texas Hotel in Fort Worth on May 7, 1923.301 The scientific program included a comparative value of Kolmer's new antigen in the routine Wassermann, by Dr. Kenneth M. Lynch, Dallas; comparative studies in the Wassermann reaction with particular reference to the Kolmer technique, Dr. Truman C. Terrell, Fort Worth; the fifteen drop method—a modification of the Wassermann Test, Dr. Willis W. Waite, El Paso; the Wassermann, positive or negative, Dr. E. F. Cooke, Houston; the preparation of insulin, Dr. G. T. Caldwell, Dallas; primary carcinoma of the lungs: report of a case, with specimen, Dr. B. F. Stout, San Antonio; case of mediastinal tumor-lymphosarcoma of the thymus, Dr. R. C. Curtis, Corsicana; pathology, physiology, and morbid anatomy of pernicious anemia, Dr. Gibbs Milliken, Galveston.302

Drs. George Turner and Willis W. Waite of El Paso were elected to active membership. New officers were Drs. W. F. Thomson, Beaumont, president; W. H. Moursund, Dallas, vice-president, and R. C. Curtis, Corsicana, secretary-treasurer.

At the 1924 meeting, Dr. Gibbs Milliken of Galveston was
elected to active membership; Dr. R. C. Curtis to associate membership, and the first reading was made of the application of Fleta Woolsey, MD, of Waco.

Also, Dr. W. W. Coulter was elected as the representative to the American Society of Clinical Pathologists, and instructed to advise the ASCP that the State Pathological Society of Texas "contends that Pathologists should conform to the code of ethics of A.M.A. just the same as Surgeons, etc."

The secretary was to write all members regarding an amendment to the Constitution "that when a member branches out into any other line of work and includes it with his Pathology he automatically becomes an Associate Member."

Officers elected for 1924-1925 were Drs. B. F. Stout, San Antonio, president; A. H. Braden, Houston, vice-president, and W. W. Coulter, Houston, secretary-treasurer.

In 1926, "sad news came to the medical profession of Texas," writes Nixon. A man "who had done much for medicine in Texas and the United States" had died—Dr. Allen J. Smith.303

Dr. W. H. Moursund of Dallas this year was named the Texas delegate to the Association of American Medical Colleges.304

Now, the cost of medical education in Texas became a worry. By 1926, it had risen to $274, with some schools "charging as much as $525" per year. In 1910, the cost had been only $118 per year.

"The day of the medical school maintained solely by tuition fees had long passed," Nixon observed, "the average expenditure by the schools per student was about three times the average fee paid by the student."305

Another change was in the offing for physicians. This year, the State Medical Association of Texas proposed the idea of the annual registration of physicians, with each physician to be charged a fee.306

Many pathologists during these early years did not start out in the specialty. John M. Moore, MD, [1890–1987] born in Franklin County, Georgia, grew up on a farm in Bell County, Texas, with his eleven brothers and sisters. At age twenty-four he left to take his premedical education at Texas Christian University in Fort Worth.
After one year, he was accepted into Tulane Medical School at New Orleans, from which he received his medical degree in 1920 followed by a one-year rotating internship and a six-month preceptorship with John A. Lankford, MD, at Touro Infirmary.

"This was the extent of his formal education in pathology," writes Norman Jacob, MD, of San Antonio. "In 1922, he began his long career as a hospital pathologist at Santa Rosa Medical Center [San Antonio]. He established a residency program, a school of medical technology, a blood bank, a tumor registry and actively participated in the affairs of the organized medical staff. In 1926 he established his own private laboratory, reasoning that pathology is the practice of medicine and should be practiced like all other branches of medicine. For this and many other reasons he was widely respected and beloved by the medical community."307

Reportedly also Dr. Moore performed the first blood glucose test in San Antonio. He died at age ninety-seven in 1987.

In 1926, after W. W. Klatt, MD, was graduated from The University of Texas Medical Branch in Galveston, he moved to Waco for an internship at Providence Hospital, and then entered private medical practice with two other physicians. However, reports R. E. Henderson, Jr., MD, of Waco, Dr. Klatt "did not enjoy patient contact and began helping with hospital operations, usually becoming the anesthesiologist." He developed an interest in pathology when he began examining tissues removed by surgeons, and retrieved them from the discard bucket at the end of the operating table after each procedure.

"With the help of a few self-bought instruments and a pathology textbook," writes Dr. Henderson, Dr. Klatt began processing tissue by hand and became the only pathologist in Central Texas. "The remarkable thing about Dr. Klatt was that he was completely self-taught with not one day of formal pathology training in his life."

After Dr. Cora V. Wells left Waco in 1938, Dr. Klatt would be the only pathologist in Waco until 1953, serving both the Providence Hospital and the Hillcrest Baptist Hospital, as well as small surrounding community hospitals which mailed in specimens for his examination.308

In Austin, Sidney Bohls, MD, who had completed his internship at Santa Rosa Hospital in San Antonio on June 31, 1926, "went on the pay roll of the Pasteur Institute (the precursor of the State
Health Department’s laboratories) on July 1, 1926,” writes Charles Pelphrey, MD, of Austin. (His wife, Elvira, would work for Dr. Bohls while he was director of laboratories for the state.) Dr. Bohls had been the assistant to the superintendent, Dr. Wilhite, and when the latter died in 1927, Dr. Bohls succeeded him. W. Lloyd Huff of Austin, who worked for many years in the rabies department, reported that Dr. Bohls got his training in pathology “by taking courses from time to time.”

Reflecting the emergence of pathologists specifically trained in the field was John L. Goforth, MD, who in 1926 joined St. Paul Hospital in Dallas as its first full-time pathologist.

His insight was apparent even in the early days. Though retaining the skepticism marked by Dr. Allen J. Smith’s 1901 speech to Texas pathologists, his prescient views were more optimistic. “If disease, in its broadest sense is ever completely subdued,” Dr. Goforth declared in a 1927 lecture, “it will be, I believe, largely through the revelations of immunology—not through drugs, radium, electricity or the knife.”

Not only did “he believe in high standards for physicians, he recognized the need for similar standards of training and performance for medical laboratory personnel. He was instrumental in establishing nationally the Certified Laboratory Assistant Program.” He also established St. Paul’s Medical Technology School in 1926; would serve as president of St. Paul’s medical staff from 1954 to 1955 and become chairman of the professional division of the fund-raising committee for the new St. Paul Hospital in 1957. In 1963, he would be honored as a pathologist emeritus. He would serve St. Paul Hospital, later St. Paul Medical Center, as director of pathology for thirty-five years, and from 1961 to 1976 as a pathology consultant. In addition, he became the pathologist at Children’s Medical Center of Dallas, Methodist Medical Center and Medical Arts Hospital, and would serve on the Dallas Health Advisory Board for seventeen years. For many years he also would run J. L. Goforth Laboratories in Dallas.

“Dr. Goforth was a courtly gentleman with a small mustache,” recalls Dr. George Race of Dallas, and “very adept at working with surgeons and practitioners at St. Paul, where he was Director of Laboratories.”

Born in Beeville in 1897, he had attended Marshall Training School for Boys in San Antonio, and in 1918 graduated with honors
from The University of Texas, Austin. In the Army, he served as a bacteriologist in France and Germany for eleven months as a part of the American Expeditionary Forces, and in 1923, had graduated from Johns Hopkins Medical School, completing an internship there and pathology residencies at Philadelphia General Hospital and the University of Pennsylvania. Years later, Dr. Goforth would receive the joint distinguished service award from the American Society of Clinical Pathologists and the College of American Pathologists, and the George T. Caldwell Award from the Texas Society of Pathologists. Patsy Goforth, his wife, would be instrumental in establishing an endowment fund at UT Southwestern Medical School in Dallas honoring him in 1986—the John Lawrence and Patsy Louise Goforth Professorship in Pathology.311

**Section on Pathology reinstated**

IN 1927, THE PROGRAM of the State Pathological Society of Texas, scheduled for El Paso on April 25, had to be abandoned.312 The secretary wrote that the “program was prepared but not presented because of poor attendance . . .” There was action, however, from four members who did attend. Drs. W. H. Moursund, J. E. Robinson, George T. Caldwell, and W. W. Coulter prepared a resolution calling for the State Medical Association of Texas to reinstate the Section on Pathology abolished in 1917.

“We members of the State Pathological Society present at the El Paso meeting respectfully petition that the Section on Pathology be reestablished as one of the official constituent sections of the State Medical Association of Texas.” A handwritten note on a program containing these words was signed by the four physicians. The resolution later was adopted by the House of Delegates of the State Medical Association of Texas, and the Section on Pathology was authorized for the 1928 session.

Dr. Caldwell this year was elected secretary-treasurer of the Society.

As planned, the Section on Pathology resumed meetings at the 1928 annual session of the State Medical Association of Texas.313 A handwritten note following the minutes stated that the “Section on Pathology of State Medical then became in effect the Texas Society of Pathologists, until 1934 meeting only as a Section.” No separate
meetings of the State Pathological Society of Texas were held between the years of 1928 and 1934. Often during this era, Andujar writes, the Texas Society of Pathologists merged its programs with the Section.

In 1928, at The University of Texas Medical Branch in Galveston, Paul Brindley, MD, associate professor in pathology, became the acting head of the Department of Pathology, following Dr. Henry Hartman’s resignation. In 1929, he was named professor and chairman of the department, and would be on the staff for twenty-nine years, twenty-five as head of the department.314

Born in Maypearl, Texas, on December 27, 1896, Dr. Brindley graduated from The University of Texas Medical Branch in 1925. He also pursued graduate work at the Mayo Clinic under Drs. W. C. MacCarty and A. C. Broders, and at Boston City Hospital under Dr. F. B. Mallory. He would become a Fellow of the American College of Physicians in 1934 and would serve as honorary president; become a Fellow of the College of American Pathologists in 1947, and was active in the American Society of Clinical Pathologists, the American Society for Experimental Pathology, and the AAPB. He also would publish more than thirty papers, focusing on gastric, nerve, tissue and lung malignancies and experimental anemias.

He was known to be an exceptionally gifted teacher and speaker, “neither gaudy nor dramatic, yet clear, careful, and articulate.” A tribute to him in a history of UTMB states, “Meticulous is an adjective characteristically descriptive of Dr. Brindley’s mode of teaching, of administering his department, and of living. Whenever graduates came to visit their alma mater, they always sought out Dr. Brindley. He inspired in them the greatest admiration and respect and they showed their affection by referring to him as ‘Uncle Paul.’”315

Self-effacing and quiet, he founded the Galveston County unit of the American Cancer Society, and would be president of the Texas Society of Pathologists. He also was a consultant pathologist for the United States Public Health Service Hospital at Galveston and for Lackland Air Force Base in San Antonio. Selected as the first recipient of the George T. Caldwell Award in 1954, he was aware of the accolade but died before it could be presented in 1955.

“During most of his youth and young manhood,” his wife, Anne Brindley, reveals, “he suffered from active osteomyelitis—
from the age of ten until he was thirty-five. This resulted in the permanent use of crutches; he handles them so well and is of such a cheerful disposition that most of his co-workers quickly forget that he is a so-called handicapped individual; and he generally carries more than his rightful share of any responsibility. 316

A new member of the State Pathological Society of Texas in 1928 was Thomas P. Churchill, MD, joining the year he graduated from UTMB. He would be a Northwest Texas pioneer in pathology, would practice in Amarillo for thirty-five years, serving many communities, and would be instrumental in the formation of the Potter-Randall County Memorial Blood Bank and its first director. In his senior year at UTMB, he had been a student instructor in clinical pathology, and later was an assistant resident in pathology at Cleveland General Hospital, spending his second year of residency at Terrell's Laboratory in Fort Worth. From 1930 to 1934, he served as an instructor in pathology at Northwestern University Medical School, and as pathologist at the Illinois Masonic Hospital in Chicago. He became interested in research on the experimental production of ulcers, and in allergy—as did many of his peers during this era. 317

Life as a pathologist has ups and downs

GEORGE MALCOLM GRAHAM, MD, of Austin, born in 1886 and a Charter Member of the State Pathological Society of Texas, had an intriguing, if uncomfortable, experience as a young man. 318

"The shallow limestone cavern ... near the mouth of Falls Creek," Dr. Vernon T. Schuhardt writes in his book, Pathogenic Microbiology, 319 "has an interesting history in the annals of relapsing fever in Texas." At the base of the 104-foot falls there was a clear pool, resulting from "a spring-fed creek plunging over a fern-covered cliff to the river bottom."

In 1929, after four University of Texas students explored the Falls Creek pool, three developed chills and fever. Dr. Burford Weller, physician at The University of Texas, and Dr. Graham found spirochetes in the blood of one. Dr. Graham collected ticks (O. turticata) from the cavern, and was able to transmit the infection from the ticks to animals. A week after his trip, he also developed relapsing fever. Then, in 1932 "Dr. Graham received a telegram from Dr.
E. Brumpt, professor of parasitology at the University of Paris. Brumpt stated that he planned to be in Austin on a certain day and would like to go to the Falls Creek cavern and collect some of the ticks for his laboratory studies. Since I had isolated spirochetes from another patient into white mice at the State Department of Health Laboratory, Dr. Graham asked the director of the laboratory, Dr. Bohls, and me if we would care to go along. . . .

"Apparently the thought of a noted parasitologist from Europe coming to visit a country-boy doctor from Texas was too much for Dr. Graham," recalled Schuhardt. "When we picked him up he was pretty well inebriated and continued to nip at his bottle on the way to the cavern."

Considered immune because he had had relapsing fever, Dr. Graham was asked to crawl into the cave to gather the ticks. Again, a week later, he came down with relapsing fever.

"With some humor," remembers Schuhardt, "he later proclaimed he had proved two things: an attack of relapsing fever didn't result in immunity, and alcohol in the system didn't protect against the infection."

Drs. Graham and Weller reported their findings in the Journal of the American Medical Association in 1930. It was one of the early reports of relapsing fever in Texas.

The 1929 American Medical Directory, published by the American Medical Association, carried a new section—"Pathologists Conducting Approved Laboratories." On the list were George M. Graham, MD, Austin; W. F. Thomson, MD, Beaumont; R. C. Curtis, MD, Corsicana; J. H. Black, MD, Chas. F. Carter, MD, and Marvin D. Bell, MD, all of Dallas; Paul Pierce, MD, Denison; George Turner, MD, and Willis W. Waite, MD, El Paso; T. C. Terrell, Fort Worth; Joseph Kopecky, MD, Galveston; Edward F. Cooke, MD, and Martha A. Wood, MD, Houston; B. F. Stout, MD, San Antonio; J. E. Robinson, MD, Temple, and M. H. Glover, MD, Wichita Falls.

In this issue of the directory also, Dr. Terrell published two duplicate quarter-page advertisements: "The Oklahoma and North Texas Pasteur Institutes, Pathological: Chemical: X-Ray: Radium; T. C. Terrell, MD, Director. Our completely equipped Laboratories are at the service of the Physicians of the SOUTHWEST. Laboratories in Fort Worth, Tulsa, Muskogee, and Amarillo."
Earlier editions of the directory had noted the specialty memberships of pathologists and other organizations, and these, too, contained names of a few Texas pathologists. Among the organizations listed in the 1925 directory was the “El Paso Clinical and Pathological Club,” cited along with national organizations such as the American Society of Clinical Pathologists.324

Pathologists during the 1920s continued the pattern of combining pathology with other services, some entering pathology as a sideline to their primary focus. For instance, Dr. George Race reports that Dr. James Harvey Black, “a very distinguished physician,” and many of his contemporaries became involved in laboratory work when doing allergy testing. Among the latter were Drs. Sim Hulsey and T. C. Terrell of Fort Worth, George Turner of El Paso, and Thomas P. Churchill of Amarillo. “All of them,” said Dr. Race, “were experts in infectious disease in that that was the most predominant thing treated in those days—pneumonia, abscesses, and tuberculosis especially.”

In May 1929, the State Medical Association of Texas amended its Bylaws, changing the name of the Section on Pathology to the Section on Clinical Pathology.325 The Section met this year in Brownsville. Apparently, some years the Section and the Society merged their meetings, maintaining continuity, but this year there were particular problems with the distance to the session.326,327 In fact, there were complaints about the lack of pathology exhibits. In addition to the long distance, the exhibit chairman’s conflicting schedule contributed to the failing.328

On October 28, 1929, the U.S. Stock Exchange collapsed in New York, and “Black Friday” ended the sometimes glorious excesses of the 1920s. Though perhaps not immediately felt in much of Texas, its effects eventually would strike, particularly hampering donations to hospitals. In some ways, though, Texans would remember the devastation of the “dust bowl” years more vividly than the Great Depression, stirred by Wall Street, that was about to descend upon the country. Jobs, nevertheless, would be scarce and salaries low.329
In 1930, the State Pathological Society of Texas accepted into membership two women who would be prominent in Texas medicine—Violet H. Keiller, MD, of Houston, whose father had been on the first faculty of The University of Texas Medical Department in Galveston, and May Owen, MD, of Fort Worth, whose father virtually disowned her for entering the field of medicine. Both women would become widely respected leaders. Early in the 1930s, Dr. Owen also discovered that talc used in surgical gloves was not absorbable by the human body and could cause inflammation with the formation of scar tissue. Dr. Keiller also would have the distinction of becoming the only woman member of the Texas Surgical Society during its first fifty years.330

At the meeting of the State Medical Association of Texas in Beaumont in 1931, new technological devices were a hit, states Nixon. “Perhaps previously there has never been a better group of scientific programs than presented by our scientific sections this year, and the lantern exhibits, including motion pictures, both talkie and silent, would have done credit to the American Medical Association.” The Association had just purchased four new projection lanterns. All of these were used by Dr. Bloodgood, of Baltimore, projecting pictures and charts on four screens simultaneously. Dr. Bloodgood’s subject was ‘Borderline Tumors, Types Difficult to Distinguish the Benign from the Malignant in the Microscopic Section.’ This address was delivered on Wednesday before a full auditorium of laymen and doctors. . . .”331

Another sad day in early Texas pathology occurred when one of the organizers of the State Pathological Society of Texas, Dr. Edward F. Cooke, died January 8, 1931, age fifty-five, at his home in Houston. He had been a member of the State Medical Association of Texas and the AMA, first through the Ellis County Medical Society and after 1907, Harris County Medical Society.

Dr. Cooke’s obituary stated, “He was intensely interested in his elective specialty, clinical pathology, in which he achieved signal recognition. He had perhaps no peer in this state, in this field. He had, throughout his career as a physician, a great interest in all of the activities of organized medicine, and took a militant part for what he thought was right. He was a man of strong convictions and did not hesitate to state those convictions, regardless of whether he was in the minority.”
The journal editors wrote, "We are extremely fortunate in that Dr. Cooke, realizing the value of a biographical record in the archives of the State Association, on May 17, 1916, took the time and trouble to briefly make of record the details of his life up to that time, in the form of a letter to the State Secretary. We reproduce here, excerpts of this letter. We do not feel that the sense of humor as revealed in the letter, is unbecoming in an obituary notice, as it was a part of Dr. Cooke, and will be appreciated by his friends." Dr. Cooke reported he was born in Oldham, Lancashire, England, August 24, 1875, and that he had "read" medicine in several smaller towns around Manchester, England before moving with his parents to the United States in 1890, first to Iowa, then to Galveston in 1891.

He had left school after one year at Ball High School, Galveston, and worked as an office boy and minor clerk for a ship broking firm. Entering the Medical Department of the University of Texas in 1894, he wrote that he had graduated "after the usual ups and downs of student life," on May 15, 1897. "Some of my classmates insist that I was at one time vice-president or president of my class. I was fortunate enough to secure an internship in St. Mary's Infirmary, for one year. I did not quite finish out the year, resigning with the consent of the Sisters to take advantage of an opening at a sawmill, doing contract practice for one year and a half. This sawmill was located in Montgomery County between Conroe and Montgomery."

In July 1900, I moved to Ellis County, starved for six months in Waxahachie, and then moved to Forreston, a small town nine miles south of Waxahachie. While practicing in Forreston, the reorganization of the State Medical Association took place, and I joined the Ellis County Medical Society. I moved to Houston. In January 1907, tried to get a practice for two years, and then a favorable opportunity offering, decided to limit my work to clinical pathology.

My history in reference to organized medicine begins with my appointment as chairman of the Committee on Public Health and Legislation for the Ellis County Medical Society (to be exact, in the fall of 1907), and I was able in this capacity to help in securing some enforcement of the law regulating the practice of medicine.

Shortly after transferring to the Harris County Medical Soci-
ety (to be exact, in the fall of 1907), I was elected Secretary of the South Texas District Medical Society, serving in this capacity for six years, at the end of which time the members, seeing no other way to get rid of me, elected me President and I served in this position one year, 1913–1914.

At the annual business meeting of the Harris County Medical Society held in December 1908, I was elected Secretary, served two years, and in 1910, was elected President of the same organization; elected delegate to the State Association in December 1912, serving two years, and, in 1914, was elected as a member of the Council on Medical Defense, then newly created; in 1915, I was elected to succeed myself on this Council.

At Dallas in 1910, I was elected president of the newly organized society of the County Secretaries of Texas, serving for one year.

I now hold and have held for several years the chair of Pathology, Histology and Bacteriology in the Texas Dental College of this City (Houston).

At the time of death, he was a pathologist at the Methodist Hospital in Houston, and consultant pathologist of the staff of Jefferson Davis Hospital. At one time, he had also been pathologist for St. Joseph’s Infirmary.

The intertwined history of Texas pathologists’ separate organization and the state medical society’s section is substantiated in Dr. Cooke’s obituary. According to the journal he was president of the “Texas Pathological Society” at the time “it was dissolved to become the Section on Clinical Pathology of the State Medical Association.” It also notes that Dr. Cooke was a charter member of the American Society of Clinical Pathologists.

In 1931, Charles Phillips, MD, joined Scott and White Hospital in Temple as director of both surgical and clinical laboratories. Dr. Phillips developed a classification system of departmental records that became the basis for the Scott and White Tumor Registry. He actively directed the program, which was approved by the American College of Surgeons in 1933, reportedly the first approved program in Texas. Upon retirement from Scott and White in 1955, Dr. Phillips would join M.D. Anderson Hospital and Tumor Institute in Houston and later practice in Houston with Dr. C. B. Sanders.
During Dr. Phillips' stay at Scott and White, reports Robert F. Peterson, MD, another "very significant event" was the employment of Mr. and Mrs. Kenneth G. Phillips as medical artists. In 1932, the couple began making medical moulages, Mrs. Phillips quickly sketching a water color painting, and Mr. Phillips then making a plaster cast of the organ. After the moulage was made, she painted it with oils "which in part accounts for the very realistic replicas." Wax also was used in the moulages, thus they were fragile. With care by the department of pathology, however, the moulage collection became one of the largest in the United States, consisting of more than 1,300 individual pieces.

In state politics on January 1, 1932, the State Board of Medical Examiners was authorized to annually register all Texas physicians, at a fee of $2 each. Previously, this had been an activity of the State Medical Association of Texas, but had become too costly. The Texas Legislature also gave the state Board of Health the power to select a state health officer and passed a vital statistics law, finally placing Texas in the United States registration area.333

The state was now "in mid-stream of the depression," and considerable unrest was reported at the 1932 meeting of the State Medical Association of Texas in Waco.

"Naturally," Nixon observes, "much was said about medical economics and state medicine." The director of the Bureau of Medical Economics of the AMA pointed out that medical attitudes must change with changing economic conditions. "We recognize it not only a part of medicine to discuss economics, but we have discarded that old idea that it is unethical to consider the business side of the profession." There also was discussion regarding the inadequacy of socialism and the menace of state medicine. Nixon observes that contract medicine "was not truly a by-product of the depression, but that hard times accentuated it." The members of the staff of Dallas Medical and Surgical Clinic, for instance, were suspended by Dallas County Medical Society for making a contract with the Federal Land Bank and the Dallas Railway Benefit Association.334

Two days after the State Medical Association of Texas met in Waco, the American Medical Association convened in New Orleans. At this meeting, Dr. J. H. Black of Dallas was chairman of the AMA Section on Pathology and Physiology.335
Texas pathologists reorganize

A HANDWRITTEN NOTE in the Minutes Book of the State Pathological Society of Texas states, "In the spring of 1934, Dr. J. H. Black of Dallas, in correspondence with members of the former State Pathological Society of Texas, found that there was a desire on the part of the members to reestablish the Society for business and social purposes. One of the expressed aims of the Society would be to encourage independent observation and research by the presentation annually of an award for meritorious publications on some phase of scientific medicine by members of the Texas State Medical Society." The note further states that a "temporary organization was formed with Dr. J. H. Black as temporary president and Dr. George T. Caldwell as temporary secretary. The members of the committee were Dr. J. H. Black, Dallas; Dr. Truman C. Terrell, Fort Worth; Dr. Charles F. Carter, Dallas; and Dr. George T. Caldwell, Dallas. The Secretary was instructed to announce a luncheon to be held at the St. Anthony Hotel in San Antonio during the meeting of the Texas State Medical Association."

As planned, on May 16, 1934, the Society was reorganized. To open discussion, Dr. Truman C. Terrell of Fort Worth read a paper, "The Future of the Clinical Pathologists."

Pathologists attending agreed they should be recognized as charter members of the reorganized society, and included:

- Braun, Harry E., MD, Houston
- Todd, David A., MD, San Antonio
- Sanders, C. B., MD, Dallas
- Hulsey, Sim, MD, Fort Worth
- Jackson, J. Warren, MD, Austin
- Terrell, Truman C., MD, Fort Worth
- Turner, George, MD, El Paso
- Robinson, J. E., MD, Temple
- Hartman, Henry, MD, San Antonio
- Wood, Martha A., MD, Houston
- Bell, Marvin D., MD, Dallas
- Phillips, Charles, MD, Temple
- Moore, J. M., MD, San Antonio
- Goforth, John L., MD, Dallas
- Lewis, Seaborn J., MD, Beaumont
- Stout, B. F., MD, San Antonio
- Black, J. H., MD, Dallas
- Moursund, W. H., MD, Dallas
- Braden, A. H., MD, Houston
- Caldwell, Geo. T., MD, Dallas

The group then adopted a new Constitution and By-Laws with the same name as the previous organization, and defined its purposes as "to federate and to bring into one compact organization the pathologists of the State of Texas, and to affiliate with similar orga-
nizations of other states; to advance and to extend a knowledge of pathology; to promote friendly intercourse among pathologists and to guard and foster the material interests of its members and protect them against imposition."\textsuperscript{338}

There were two classifications of members—Members and Honorary Members. Members were physicians engaged in the teaching of pathology and allied subjects, limiting their practice to clinical pathology, or interested in the promotion of clinical pathology. Honorary Members were individuals who had attained prominence in pathology or allied subjects.

Meetings were to be held annually at the same time and place as the State Medical Association of Texas annual meeting. Forty percent of Society members were to constitute a quorum but a smaller number could "adjourn to any given time."

Also adopted were extensive rules for an award, the purpose of which was "to stimulate original scientific investigation in the fundamental medical sciences." Eligible were "all persons licensed to practice medicine in the State of Texas, to teachers in the medical schools in the state and undergraduates in medicine in the State of Texas." Interestingly, the language for the award was "gender neutral" long before the topic became popular.

The award was to consist of a scroll suitable for framing and stating that it was granted "for meritorious investigation published or submitted for publication within the year previous to its bestowal." The award was to be made annually at the time of the State Medical Association of Texas meeting, providing that "suitable investigations" had been completed during that year.

Named officers were Dr. Black, president; Dr. Martha Wood, Houston, vice-president; and Dr. George T. Caldwell, Dallas, secretary-treasurer.

Appointed by Dr. Black to the first Awards Committee in 1934, on a staggered basis, were Drs. Terrell, Stout, and Brindley.

That fall of 1934, the Society held a luncheon meeting in San Antonio in conjunction with the Southern Medical Association.\textsuperscript{339} About thirty members attended the November 14 session where Dr. Sidney W. Bohls of the State Health Department’s Laboratory in Austin discussed the “diagnostic” activities of the laboratory. Also at this meeting, Dr. Charles Phillips was named chairman of a committee to meet with Dr. Bohls to formulate regulations for laboratory approval by the State Board of Health.
The regulations, cited in the minutes, were entitled, "The Essentials and Regulations for an Approved Laboratory Governing Tests and Examinations Pertaining to Diseases and Public Welfare as it Relates to the Control of Disease." They defined the nature of an approved laboratory, called for annual registration of every person, firm, or corporation maintaining a laboratory "in which body fluids, secretions, excretions, or tissues are examined for the determination of the presence or absence of disease in the person or animal from which the specimen was secured, or where laboratory tests that pertain to public health are made...." After inspection, those found to conform to the standards would be given a certificate of approval at no charge as an "approved laboratory."

On January 19, 1935, Dr. Bohls wrote the Society that the proposed rules for approved laboratories, formulated on December 9, 1934, by a committee of the Society, had been introduced "into the Legislature along with other public health laws, and had been received favorably except for "some opposition."

Meeting in Dallas on May 14, 1935, the Society heard Dr. A. C. Broders of Rochester, Minnesota. His subject: The Technic and Practical Applications of Fresh Frozen Sections.

The Awards Committee, consisting of Drs. Terrell, Stout, and Brindley "decided to grant two Certificates of Merit for contributions to scientific medicine" for 1934. Recipients were Dr. Hardy A. Kemp, Dallas, for his work on relapsing fever, and Dr. Robert M. Moore, Galveston, for his contribution to the principles underlying the surgery of visceral nerves. The certificates were presented on May 15 at the general meeting of the State Medical Association of Texas. Nixon also reported the citation in his history of the Texas Medical Association.

An "interim note" inserted in the Society's Minutes Notebook, states that "the State Pathological Society of Texas apparently ceased to exist at the close of 1935. During the ensuing three years, that is, 1936, 1937, and 1938, no meetings were held or records kept." Again, other sources have indicated that the Society essentially met during this period as the Section on Clinical Pathology of the State Medical Association of Texas.

Perhaps following the advice of the State Pathological Society of Texas and the editor of the Texas State Journal of Medicine who were encouraging more "community" pathologists—or simply be-
A Society is Born; A Specialty Matures

cause there was a need—a physician in 1935 instituted a pathology practice in the Lower Rio Grande Valley. Herschel E. Whigham, MD, a self-taught pathologist, established his practice in McAllen, and would serve physicians in that locale until 1965.

In San Antonio, a long-ago idea—having a pathology museum—finally was coming to fruition. “Dr. Frederick Fink,” Nixon writes, “brought about the remarkable medical, surgical and pathological exhibits shown by the Bexar County Medical Society at meetings in 1933, 1934, 1935. The Southern Medical Journal of December 1934, had this editorial praise for the exhibit at the Southern Medical Association: ‘The collective exhibit of the Bexar County Medical Society, San Antonio, embraced one hundred individual exhibits displayed in specially constructed view boxes. It was a new idea in scientific exhibits and is worthy of special commendation both for the quality of the exhibits and the attractiveness of the display.’ These view boxes were originated by Dr. E. M. Sykes.”

Uncertainty regarding reforms in Washington shadowed the 1935 meeting of the State Medical Association of Texas in Dallas. Socialized medicine and compulsory health insurance were much discussed, and plans for “checkmating” the social reformers were made.

Also for the first time, the State Medical Association of Texas, through its new Committee on Scientific Awards, issued awards of excellence in the field of scientific exhibits. Receiving awards were Drs. W. W. Brandes and Lewis Waters of Baylor University College of Medicine, Dallas, for their display of photomicrographs of peripheral nerve tumors; and Drs. J. M. Horn, C. N. Hamlin, and J. F. Pilcher of The University of Texas Medical Branch for their exhibit on nephritis.

The close of another era was marked with the passing of Civil War veterans. Drs. Alex W. Acheson of Denison and Isaac Lycurgus Van Zandt of Fort Worth both had died, writes Nixon, “at the respective ages of ninety-one and ninety-five—one a wearer of the blue uniform of the North in the Civil War, the other a wearer of the gray of the South. Both had been officers in the army; both became privates in organized medicine in Texas.” Dr. Van Zandt was the physician who reportedly brought the first microscope to Texas.
Despite the economic woes of the time, Texans celebrated their cen­
tennial in 1936, marking their first year as a Republic free of Mexi­
can rule.

Also, in 1936, an important development in assuring high na­
tional standards in pathology came to fruition. The AMA Section on Pathology and Physiology and the American Society of Clinical Pathologists had been meeting since June 1935 to develop a national qualifying board. In 1936, their recommendation was approved by the American Board for Medical Specialties and the AMA Council on Medical Education and Hospitals. The American Board of Pathology resulted, and in 1936 began its program of examination and investigation to determine the quality of individuals it would certify. Texas pathologists who met the criteria soon after the Board began its certification program were Drs. Sidney William Bohls, Austin, 1939; Marvin DeWitt Bell, 1937, Arthur Buell Cairns, 1939, George Thomas Caldwell, 1937, Janet Anderson Caldwell, 1937, John Lawrence Goforth, 1937, Joseph MacGlashan Hill, 1937, Charles B. Sanders, 1936, Stuart Allen Wallace, 1937, all of Dallas; May Owen, 1937, and Truman Conner Terrell, 1937, both of Fort Worth; Meyer Bodansky, 1937, and Paul Brindley, 1937, both of Galveston; Albert Henry Braden, 1937, W. W. Coulter, 1938, Donald George Henderson, 1938, Violet Hannah Keiller, 1937, all of Houston; Elbert De­Coursey, 1936, Ellen D. Furey, 1937, John M. Moore, 1937, and Beecher F. Stout, 1937, all of San Antonio; Donald Hunter Kaump, 1938, Temple; and Douglas Randolph Venable, 1936, Wichita Falls.350

Over the years, Texas pathologists were proving themselves as substantial contributors to the medical literature. Examples in 1937 were articles by J. H. Black, MD, who wrote, "Serum Sensitivity," in the Texas State Journal of Medicine.351 Publishing in the same issue was S. W. Bohls, MD, with "Laboratory Technic and Research Work As It Pertains to Malaria."352

In Fort Worth in 1937, Methodist Hospital had been bought on the courthouse steps for $92,000 through an intermediary for Charles Harris, and the revived institution needed a pathologist. Harris persuaded Dr. John J. Andujar, a professor at the University of Arkansas Medical School, to come to Texas in 1938.353 When he arrived in Fort Worth, Dr. Andujar remembers, he found the organ­ization of Texas pathologists in disarray—intertwined with the
State Medical Association of Texas Section on Clinical Pathology, but not functioning separately. A call was placed to Dr. John L. Goforth in Dallas, asking if he could get twenty to thirty people together for an August meeting at Terrell’s Laboratories in the Medical Arts Building in downtown Fort Worth to reconstitute the organization. Six stalwarts responded, including Dallas pathologists, Drs. George Thomas Caldwell, A. Buell Cairns, and John L. Goforth, and Fort Worth pathologists, Drs. Andujar, May Owen, and T. C. Terrell. Dr. Terrell would serve five times as president of the Society, often pulling the group together when it wavered.354

Dr. Caldwell also substantiates information that between 1936 and 1938 the Section on Clinical Pathology provided organizational continuity for the Society.355,356 Late in 1938, he writes, the pathologists of Texas formally reestablished the Society as the Texas Society of Pathologists.

Both the Section and the Society then continued as separate organizations, with one of the two yearly meetings of the Society held in conjunction with the Section.

Dr. Caldwell, former secretary and newly elected president, also reports that the establishment of the American Board of Pathology in 1936 and the certification of many clinical pathologists of Texas in 1937 and 1938 made it apparent “that a more coherent group should now be established to further the interests of the pathologists of Texas and incidentally to help carry out the policies of the American Society of Clinical Pathologists.”

One of the first problems faced by the reactivated group, he said, was an attempt to secure the adoption of a new Sanitary Code for the State of Texas, including a section giving recognition to clinical pathology as a specialty.

Dr. Andujar, who did much of the work to reconstitute the Constitution and By-Laws for the Society, reports in the *Texas State Journal of Medicine* that “on August 9, 1938, at a meeting in Fort Worth, the Texas Society of Pathologists was encouraged to resume programs separate from the TMA Section. Dr. George T. Caldwell, beloved professor of pathology at Baylor-Southwestern, Dallas, was one of the prime movers in proposing a separate existence for the Society.”357

Following the 1938 meeting in Fort Worth, Dr. Terrell also advocated a mid-winter meeting for transaction of business and the study of rare and unusual tumors.
Another important meeting also was held in 1938. Dr. Sidney Bohls reported details of a meeting held on August 12 in Austin devoted “to the creation of a committee of seven physicians, one of whom shall be the Director of the State Department of Health Laboratories, provided he is a clinical pathologist and, a majority of whom shall be composed of clinical pathologists.” The Committee thereafter was to be termed the “Texas Board for Standardization of Clinical Laboratories.” The Board was to be empowered to do “any and all things” necessary to carry out the agreement and was to be regarded as representative “of all ethically and completely operated private and public clinical laboratories, their supervisors and employees, operating in Texas at this time, or hereafter.” The Board also could publicize the names of the certified institutions and individuals operating under the agreement in Texas and advise the public “in such manner as it deems best” of the revocation or withdrawal of certificates from an individual or institution.

On the first board were Drs. John T. Moore, Houston; Arthur Schoch, Dallas; George Turner, El Paso; T. C. Terrell, Fort Worth; D. A. Todd, San Antonio; Charles Phillips, Temple (Chairman) and the permanent member, Dr. Bohls. Members drew lots to determine their period of service.\(^\text{358}\)

Dr. John T. Moore of Houston, who joined the Texas Society of Pathologists in 1938, was extremely active in medical and health circles in Texas, and served the State Medical Association of Texas as president in 1910 and as chairman of the Board of Trustees for twenty-nine years. In 1935, he and Dr. Marvin L. Graves were the first two members of the State Medical Association of Texas to receive its emeritus membership status for “exceptional and distinguished service to scientific or organized medicine, or both.” Of him, Nixon wrote, “Words are inadequate; real replacement for such a man comes rarely.”\(^\text{359}\)

On January 8, 1939, the Texas Society of Pathologists met in Fort Worth, continuing discussion regarding the standardization of laboratories and the control of syphilis. Deciding “the matter of the standardization of laboratories” was too complicated to be determined by the entire body, a committee was appointed to revise the portion of the Sanitary Code pertaining to it. Members also decided to draw up an independent bill in case the Sanitary Code was defeated.\(^\text{360}\)

In San Antonio on May 10, 1939, accepting changes in the Con-
stitution and By-Laws proposed by the committee, the Society added membership for "pathologists of the U.S. Army," the "U.S. Navy and Board of Health Laboratories." It also modified its statement from "eligible to membership into the Texas State Medical Association" to requiring such membership—thus reverting back to its original position. The term "eligible" had been used based on the assumption that boards of censors of county medical societies would be a sufficient screen for membership. However, it was discovered that the local boards of censors often "looked the other way" if dues were not paid in one year or members dropped out. Therefore, county medical societies long maintained ineligible members on the "eligible" list. The state pathology society thus decided that membership in the State Medical Association of Texas should be required.

Dr. Bohls, for the committee on evaluation of serological results, asked how many specimens should be sent to cooperating laboratories, and a committee was to study the idea that 100 specimens should be sent to each cooperating laboratory for the serological evaluation survey.

At this meeting, the Society also supported Dr. John J. Andujar's motion that no city or clinical laboratory would be approved unless it was under the direct or indirect supervision of a recognized clinical pathologist.

Around the state, a gentle trend was continuing—the movement of formally trained pathologists into new communities. Among pathologists making such a move was Ellen D. Furey, MD, a 1930 graduate of UTMB. She had taken her pathology training in Minnesota under Drs. E. T. Bell, Arthur H. Sanford, B. F. McGrath, W. C. MacCarty and A. C. Broders. Serving first at the Robert B. Green Hospital in San Antonio and the M & S Hospital in San Angelo, she moved to Beaumont in the late 1930s, becoming the pathologist at Hotel Dieu. She also would share her knowledge with others by publishing articles on malignant melanoma and serum proteins.

In Wichita Falls, Terrell's Laboratories of Fort Worth had provided pathology services for many years. Douglas Randolph Venable, MD, arrived in the late 1930s, and was one of the first physicians to earn board certification from the American Board of Pathology—receiving it in 1936, the first year certification was offered.
by the board.\textsuperscript{36} In 1941, he left Wichita Falls for Columbus, Georgia. Following his departure P. K. Smith, MD, an internist who had spent an extra year as a pathology assistant at UTMB, Galveston, provided pathology services. Eleanor Irvine, MD, reports that he was a good pathologist and did frozen sections, seeking considerable help from Dr. Truman C. Terrell and Dr. C. T. Ashworth at Terrell's Laboratories in Fort Worth. For a time also, pathology and radiology were performed by two brothers, Milton and Leonard Glover, both of whom were doctors of medicine, one doing pathology and the other radiology. They were not formally trained but went to regular training sessions to upgrade their skills. In the mid-1940s, one brother suffered a stroke; the other contracted tuberculosis requiring a search for a pathologist and radiologist, reports Susan Strate, MD.

Harbert Davenport, MD, born in 1912 in Brownsville, was a 1938 graduate of Baylor University College of Medicine, Dallas, and had undertaken his pathology residency at Baylor University Hospital and at the school. He was on the staff of Methodist Hospital, Houston, until 1940, when he moved to Jacksonville, Texas. He also that year entered the US Army, where he would become a colonel. He returned to Jacksonville as the pathologist at Nan Travis Memorial Hospital, where he would remain for thirty years.

From Jacksonville, Texas, a young man with a goal to become a physician, Kenneth M. Earle, would learn first-hand just how difficult transfusions were in those days. Although his father had died when he was fifteen and his mother worked as a seamstress, he had managed to pay his fees of $100 to Rice Institute in Houston, where there was no tuition. He had saved the money earned as a ticket-taker at the theatre, working from two P.M. until eleven P.M. every day after school for $7.50 a week.

Once in Houston, he began working his way through Rice Institute, first as a bellhop at the Rice Hotel. The Great Depression was still very much on in 1938, and jobs were scarce. Fortunately, the chairman of the board of the new Jefferson Davis Hospital on Buffalo Drive lived in the hotel. Carrying the man's bags one night, Kenny Earle revealed he was a pre-med student and asked if there might be a spot for him in the new hospital. The chairman advised him to go see the superintendent at Jefferson Davis, who "must have thought I was a relative of Mr. Ben Taub," he said later. The superintendent sent him to the social services area, where he was assigned to
George Dock, MD, professor of pathology at the reorganized Texas Medical College, Galveston. His arrival marks true beginning of Pathology in Texas.

Edward F. Cooke, MD, Houston, in 1909 limited his practice to clinical pathology. First president of "Houston Pathological Society," 1914, and a founder of Texas Society of Pathologists, 1921.

Allen J. Smith, MD, first chairman of pathology, microscopy and bacteriology at the new University of Texas Medical Department, Galveston, in 1891.

J. Harvey Black, MD, of Dallas opened a private laboratory there in 1907. Involved with SMU Medical School. A founder of the Texas Society of Pathologists.

Martha A. Wood, MD, Houston, 1903 UTMB graduate, opened a private laboratory in Houston in 1911. A founder of Texas Society of Pathologists.

Violet H. Keiller, MD, Houston, 1914 UTMB graduate. Became chief pathologist at Hermann Hospital in Houston.

"Old Red," opened in 1891 in Galveston, the first building for The University of Texas Medical Department. Originally, the building had a dome, which was blown off during the 1900 Galveston hurricane. This photograph was taken in the 1930s.

Surgical Pathology Museum, University of Texas Medical Branch at Galveston, 1929. This outstanding museum of cherrywood cabinets would be replaced by 35mm slides.
Oriental Hotel in Dallas. Site of founding of the Texas Society of Pathologists in 1921. Hotel burned and was not rebuilt.

Typical appearance of early microscope, around 1870, manufactured in the US, the first with more than one objective.

Medical student laboratory, Baylor University College of Medicine, Dallas, early 1940s.
George T. Caldwell, MD, arrived in Dallas in 1919 as pathology department chairman at Baylor. Remained in Dallas to become chairman at Southwestern. Considered a "giant" in Texas pathology.

Stuart Wallace, MD, became chairman of pathology after Baylor moved to Houston in 1943. An excellent surgical pathologist and kind teacher.

Paul Brindley, MD, of Galveston in 1929 became pathology chairman at The University of Texas Medical Branch, and would serve 25 years. Also considered a "giant" in Texas pathology.

Joseph M. Hill, MD, Dallas, first clinical pathology professor at Southwestern Medical College. Pioneer in hematology and blood transfusion.
Laboratory Department at Jefferson Davis Hospital, early 1950s. Pathology faculty seen on the second row, second from left are Stuart Wallace, MD, [in suit and standing] and third from left, Melvin D. Haley, MD. In center of third row, standing, is S. Donald Greenberg, MD. Bottom row, kneeling, second from left, Jim Ferguson, MD; fourth from left, Frank Chapman, MD.

C.B. Sanders, MD, practiced in Dallas, moved to Houston; first president of Houston Society of Clinical Pathologists, 1949.

John T. Moore, MD, visiting pathologist, St. Mary's Hospital, Galveston. Became a surgeon. President, Texas Medical Association, 1910.
Truman C. Terrell, MD, of Fort Worth, a founder of the Texas Society of Pathologists, became president of Texas Medical Association (1952). Terrell's Laboratories served a large cross-section of Texas and Oklahoma.

May Owen, MD, of Fort Worth became TMA president in 1960. Spent her entire career at Terrell's Laboratories in Fort Worth. Put scores of medical students through school, and established a professorship at Texas Tech Medical School.

George Turner, MD, of El Paso became TMA president in 1953. Introduced resolution authorizing TMA to develop plans for a new office and library in Austin, after delegates voted to move from Fort Worth to Austin.

In 1947, Baylor College of Medicine occupied this new structure in Houston's Hermann Park, site of the future Texas Medical Center. Originally surrounded by a forest of oak, pine, and hackberry trees as seen here.

In 1943, following Baylor's move to Houston, Army barracks served as the first quarters of Southwestern Medical College. The barracks came to be known as "the shacks."
Atticus James Gill, MD, of Dallas, dean and chief administrative officer of Southwestern 1955-1967. Guided its development during early building phases and built cohesive relationships with physicians in private practice.

Paul Wheeler, MD, arrived in Houston as associate professor to assist Dr. Stuart Wallace build the Baylor pathology program during World War II. Remembered for his lively leadership of popular "Friday" slide conferences.

John L. Goforth, MD, Dallas, in 1926 joined St. Paul Hospital as its first full-time pathologist; later had private laboratory. Predicted in 1927 that immunology would play large role in subduing disease.

A.O. Severance, MD, of San Antonio was director of laboratories at Baptist Memorial Hospital. Became known as "the professor" and directed a free-standing pathology residency program. Received numerous honors.
C.T. Ashworth, MD, professor of pathology at both Baylor and Southwestern. Known for his outstanding teaching and broad areas of research. Became owner of AM Laboratories, Dallas.

Elwood E. Baird, MD, became professor of clinical pathology at UTMB; also director of clinical laboratories and of the school of medical technology. Headed the ASCP Board of Schools.

Major General Elbert DeCoursey, MD, organized and directed Army's Medical Laboratory in Pacific during WWII. Member, Atomic Bomb Joint Commission. Director, Armed Forces Institute of Pathology.

E. Eric Muirhead, MD, chairman of the department of pathology at UT Southwestern Medical School in the early 1950s. Known as an outstanding teacher and scientist, and for his work on hypertension. Conducted autopsy on singer Elvis Presley.
John R. Rainey, MD, of Austin joined Charles F. Pelphrey, MD, in 1952. Served as a CAP governor and as a member of Texas delegation to AMA.

Carl J. Lind, Jr., MD, in 1959 retired from the Army, and became chief of pathology, St. Luke’s Episcopal Hospital, Houston. Served as CAP governor.

Albert H. Braden, MD, began practice in Sherman, and became first full-time pathologist at St. Joseph’s Hospital, Houston.

Maynard Hart, MD, entered private practice of pathology in El Paso in 1940; and became director of clinical laboratory at Hotel Dieu Hospital, El Paso.
John J. Andujar, MD, of Fort Worth has been described as the "prime mover and shaker" of the Texas Society of Pathologists beginning in the late 1930s. Served as president of numerous pathology organizations. Received many awards.

C. B. Phillips, MD, became director of laboratories, Scott and White, Temple, 1931. Developed cancer classification system adopted by American College of Surgeons in 1933.

Frank M. Townsend, MD, of San Antonio served as director of the Armed Forces Institute of Pathology and as pathology chairman, UT Health Science Center at San Antonio.

William N. Powell, MD, was director of clinical pathology division at Scott and White, Temple, for many years, beginning in the 1930s and retiring in 1969.
John Childers, MD, was director of surgical pathology at UTMB, then director of the pathology department at St. Paul Hospital, Dallas. In 1979 returned to teaching at Southwestern.

Jarrett Williams, MD, became the first clinical pathology director from the pathology staff at UTMB, after it was taken out of the surgery department in 1939. Moved to Abilene in 1950 and established the first clinical pathology laboratory in the region.

Oscar J. Wollenman, Jr., MD, Fort Worth, worked at Terrell's Laboratories and St. Joseph's Hospital, Fort Worth. Helped establish blood bank in Fort Worth through support of Amon Carter Foundation.

W. W. Coulter, Sr., MD, of Houston served as the county pathologist and as director of Jefferson Davis Hospital. A founder of Texas Society of Pathologists.
Staff, Baylor University Medical Center, Dallas. Front row, left to right: G. V. K. Rao, PhD; H. Richard Pasco, MD; Norman G. P. Helgeson, MD; George J. Race, MD; William B. Kingsley, MD; Doris D. Vendrell, MD; Marie Shaw, MD; Robert Speer, MD; Harold H. Varon, MD, and Dighton Rowan, PhD. Second row: Jack Porter, PhD; David M. Adamson, PhD; James H. Martin, PhD; Sara V. Iregane, MD; Flo McClurg, MD; Susan Miner, MD; Gwendolyn Crass, MD; Doris James, MD, and Forrest Goodall, PhD; Kenneth Macknet, MD. Back row: James W. Finney, PhD; James B. Goodman, MD; John Lewis, MD; Warner Massey, MD; Faye Spruill, MD; Victor Lary, MD; Arthur L. Rains, MD; Mark Gilbert, MD; Richard G. Chambers, MD, and Alan Campbell, MD.

Members of the Fort Worth pathology group in Dr. Truman C. Terrell's home, mid-1950s: Seated on floor, left to right: Frances E. Council, MD; Dorothy Ashworth (wife of Dr. C. T. Ashworth); Senator Betty Andujar; Charles T. Ashworth, MD; and farther to the right, George J. Race, MD. Second row, left to right, seated on floor: Oscar J. Wollenman, Jr., MD; unknown. Far left to right, seated: second from left, Anne R. Race, MD; fifth from left, Mrs. Feliks Gwozdz; Marie L. Shaw, MD; John Liles, MD; John J. Andujar, MD, and Feliks Gwozdz, MD. Back row, center, standing: Vincent C. Cirone, MD; unknown; May Owen, MD.
Pathology faculty of Baylor University College of Medicine, Houston, early 1950s. Faculty shown in front row, left to right: Drs. Berne Newton, Wilson G. Brown, Stuart A. Wallace [chairman of the department], Béla Halpert, and Harold Wood. Second row from front, Drs. Dan M. Queen, John Thomas, Melvin D. Haley, R.S. Gottschalk, Ethel Erickson, and Robert C. Burger. Third row from front, second person from left, Dr. Jack Pruitt. Back row, Drs. Jack Abbott, Jim Ferguson, Arch Brown, and Wayne Eaton.

filing and allowed to mop the emergency room floor. A few weeks later, the hospital had difficulty covering the laboratory at night, and asked if he'd be willing to train as a stat technician. Building upon his knowledge of biology and physics and skill in use of the microscope, he was quickly trained, and moved to the top floor of Jefferson Davis Hospital. He worked from seven P.M. to seven A.M., six nights a week for $60, room, board, laundry, and school. A year or two later when there was trouble with the x-ray technicians, he was asked to train also for that position. He soon became the only technician for both the laboratory and x-ray.

"I lived very well," he laughs, "but had no social life—on the day off I had to make up for studying." The House staff, however, he said, "was good to me. They knew if they killed me they would have to do the work—so they usually called me only for the real stats."

Medicine was still quite primitive in 1938, he recalls, and the pathologist, D. G. Henderson, MD, with whom he was quite impressed, was still doing direct transfusions. The procedure "required a lot of people and was very troublesome." After attending a meeting, however, Dr. Henderson returned to set up one of the earliest blood banks in Texas. Blood was drawn with 50 cc syringes, mixed with an anticoagulant, poured into a large Erlenmeyer flask, shaken up, and kept chilled. It was then transfused in reverse fashion. Using the 50 cc syringe, blood was removed from the flask and then injected into the patient.

Needless to say, Dr. Earle recalled years later, transfusions were not often ordered—for good reason. First it was necessary to round up donors—usually twenty to thirty family members or friends—and then undertake several hours of serology for syphilis and blood typing. "We used the old Moss system—types one to four, but then within the year we converted to the ABO system. Antigens for syphilis were extremely primitive. The older technicians made the antigen—they went to the butcher shop, bought a beef heart, made the extract and ran titers. This was our antigen." About 1940, they were able to obtain the Kahn antigen, which was "far more reliable" than the homemade system although it probably caught the more advanced cases of syphilis. "We also did dark fields for syphilis on chancres," he recalls, summing up one of his earliest introductions to clinical pathology.

As the "night man," he was asked also by Dr. Henderson to
help with autopsies. Although not many were performed, they usually were at night.

Dr. Henderson, he adds, who did all the hiring and firing of technicians, was either salaried by the hospital or on a one-year contract. Otherwise it was difficult to make a living.\(^{366}\)

In Fort Worth, Dr. John J. Andujar quickly established a blood bank, the first in the city, but recalls using only human blood in running titers. Of course, only whole blood was used at the time, but Dr. Andujar also undertook his own experimentation, and years later would develop the Plasmacrit test which did not use serum for swift screening.

Not long after his arrival in Fort Worth, Dr. Andujar also created a school for medical technologists to assure high training standards for staff supporting pathologists. In 1939, the program would become a part of Texas Christian University, which in the 1940s also would develop the only masters degree program in medical technology in Texas and the fourth in the nation.

On July 1, 1939, A. O. Severance, MD, moved to San Antonio, joining Drs. B. F. Stout and D. A. Todd in their group practice of pathology.\(^{367}\) Before his arrival, he reports, there had been seven pathologists in the city. One of long-standing was Dr. Stout, who had been born in Baldwin City, Kansas, on May 27, 1877, the son of Reverend Andrew V. Stout. He had graduated from the Kansas City Medical College in 1900, and moved to San Antonio in 1904. "I am told," reports Dr. Severance, "he used to ride around the City on a bicycle to go from his office to the hospital where he gave the anesthetic. After a year, he finally decided that he could make a go of it and so he returned to Olathe, Kansas, where his sweetheart Llora Beach lived." They married in Kansas City, Missouri, October 18, 1905, and returned to San Antonio. "As time went on, Dr. Stout developed his small clinical and pathological laboratory and gave up the practice of anesthesiology."

Dr. Severance, a native of Bloomsburg, Pennsylvania, had received his medical degree from Johns Hopkins, participated in several residencies including one at Henry Ford Hospital in Detroit, and served in several hospitals as a surgical pathologist. After leaving Presbyterian Hospital in New York City, he joined the staff of Robert B. Green Hospital in San Antonio before being named director
of laboratories at Baptist Memorial Hospital and later consulting pathologist to Brooke Army Medical Center. He would become known as “the professor.”

Remembering his friend and partner as “a super teacher,” Dr. Merle Delmer later would recall him as an extra kind and patient individual who never spoke ill of anyone. Once, when a particularly seamy incident was reported to him, Dr. Severance responded, “I guess they had their reasons.”

When Severance came to San Antonio, surgical pathology was in its infancy. With his extensive training, he brought a new day to surgical pathology there, soon establishing a regular monthly gathering to discuss cases and scientific development. He was a founder of the San Antonio Society of Pathologists, and instrumental in starting San Antonio’s annual tumor seminar, the oldest continuous tumor seminar in the country. As consultant to Brooke Army Medical Center, he religiously conducted teaching conferences twice a week. He had received just about every award that the Army could give, observes Dr. Delmer.

In Dallas in 1939, E. H. Cary, MD, who was prominent in the affairs of Baylor University College of Medicine and a past president of the American Medical Association, formed the Southwestern Medical Foundation, and shortly thereafter extended a gift which allowed Dr. Joseph M. Hill to establish the Buchanan Blood, Plasma and Serum Center at Baylor University Hospital.

Dr. Hill worked with D. C. Pfeiffer, an engineer with the Dallas Power and Light Company, to develop the absorption control vacuum (ADTEVAC), a machine that could freeze-dry biological materials such as plasma. The important development was to significantly improve the ability to transfuse blood and make it available and safer in remote locations. The technology would help save thousands of people during World War II.368

Doing some of the original work with Dr. Hill was Dr. E. Eric Muirhead, “a distinguished professor.” In addition to his pathology training, Dr. Muirhead took considerable training in internal medicine, “which I’m sure helped to make him a better teacher of pathology,” said Dr. George Race. “He became a great teacher . . . very well known.”369

Sol Haberman, PhD, and many residents also worked with Drs. Hill and Muirhead, assisting in teaching and research projects.
Dr. Ashworth, recalls Dr. Race, was one who later became very prominent at the medical school, a very well known pathologist, and “a very honored man.” Some of his later research, Dr. Vernie A. Stembridge believes, was a precursor to work on cholesterol metabolism, for which Brown and Goldstein received the Nobel Prize. Dr. Charles Ashworth had attended Baylor University College of Medicine, receiving the inspiration of Dr. George T. Caldwell. He later liked to think of himself as “a kind of biologist,” and said that pathology was the “basic and scientific part of medicine” that dealt with the biologic aspects of disease. In 1940 he became an instructor in the Department of Pathology in the school.

War and pathology

ON SEPTEMBER 1, 1939, Hitler’s Third Reich armies plunged into Poland, launching World War II. Twenty days later they had won Warsaw, the capital. A young soldier in the Polish Army, Feliks Gwozdź, was captured, along with many others, and interned in a Nazi concentration camp. He would have an interesting destiny in Texas.

Meanwhile, as Americans sought to lift themselves out of the severe economic depression, on January 20, 1940, the State Pathological Society of Texas met in the lecture room of Cary Hall, Baylor University College of Medicine, Dallas. Leading the group was Dr. George T. Caldwell, a professor at the school and current president of the Society. He presented a history of the “Clinical Pathological” organization in Texas, and Dr. J. Harvey Black cited the purposes and accomplishments of the first state society, suggesting that the Constitution make provision for associate memberships in the new organization. No action was taken on the matter, however.

But there was one significant action at the meeting. On a motion by Sim Hulsey, MD, the name of the organization was changed to the Texas Society of Pathologists. The group also deleted a membership reference to “physicians who are pathologists of hospitals” and “pathologists of the U.S. Army, Navy and Public Health Laboratories.” Instead, the new requirements stated that the Society should consist of members of the American Society of Clinical Pathologists, diplomates of the American Board of Pathology, and additional licensed physicians who have met the training requirements of the American Society of Clinical Pathologists. The latter candi-
dates could be elected by the Society at large only on nomination of the president. The new Constitution was adopted, and current officers were reelected.

With Dr. Caldwell presiding, the Society devoted its afternoon session to “the study of microscopic slides furnished by members of the Society,” an historic event that was to mark many future meetings.

The spring of 1940 was a time of terror in many parts of the world. In Europe, the Nazi blitzkrieg conquered Denmark and Norway in April and finally France in mid-June. Texas physicians were urged to join the Medical Reserve Corps.373

In May 1940, the Texas Society of Pathologists did not hold a separate meeting when the State Medical Association of Texas convened in Dallas, but the Section on Clinical Pathology conducted a very lengthy scientific program.374,375

On January 26, 1941, the Texas Society of Pathologists met again in the lecture room of Cary Hall at Baylor University College of Medicine, again called to order by the President, Dr. Caldwell.376 Housekeeping was in order at this meeting. A membership blank was to be sent to each pathologist in the state, and by-laws were amended, making the fiscal year correspond to the calendar year.

The topic of the standardization of laboratories surfaced, Dr. Charles Phillips reporting that last year thirty-two laboratories cooperated in the Serological Evaluation Survey and this year, fifty-five participated.

Dr. Caldwell discussed the examination of tissues for indigents, and the Society voted to study the subject. It also voted to recommend that one member of the State Cancer Committee be a pathologist and a member of the Society.

A committee also was to investigate the possibility of laboratories receiving pay for the serological examination of draftees.

Licensing of technologists continued to be a concern during this period, and would remain a concern for many years to come. Dr. John Andujar of Fort Worth urged cooperation with technologists.

Dr. Truman Terrell was elected president; Dr. Albert H. Braden, vice-president, and Dr. Marvin D. Bell, secretary-treasurer.

As was becoming customary, the afternoon session, presided over by Dr. Caldwell, was devoted to the study of pathological slides prepared and submitted by members of the Society.

At the May 1941 meeting of the State Medical Association of
Texas in Fort Worth medical preparedness was the major theme. There also was some discussion about New Deal programs, including the Hill-Burton bill, under which Franklin D. Roosevelt had deemed that every community should have a hospital. This spring also the association gathered names and addresses of all physicians, their choice of service, and other relevant information.  

At the May 1941 meeting of the Texas Society of Pathologists, Dr. Bohls discussed his serological survey results, recommending that laboratories be divided into four classes, A, B, C, and D. He reported that thirty-three laboratories participated in the survey, and of those, twenty-two were satisfactory and eleven not satisfactory.  

Dr. Terrell at this meeting was designated as delegate to the national meeting of the American Society of Clinical Pathologists. Already he had begun what would be “a remarkable career” in pathology and medicine, business, and as an organizational leader. Dr. George Race, who would later work for Dr. Terrell, terms him “the most business oriented, organizationally-minded physician that I have ever encountered. At one time he owned all of the bonds that controlled All Saints Hospital, and he personally started two oil companies that were very profitable.” A friend of Sid Richardson of Richardson and Bass, and Amon Carter of the Fort Worth-Star Telegram, Dr. Terrell was among the elite in Fort Worth and spent much time at the Fort Worth Club, two blocks from the Medical Arts Building which housed his laboratory and office.  

“He was a very bright individual who was pleasantly aggressive and had a lot of energy. He founded a good laboratory—a particularly good clinical laboratory,” Dr. Race states, and its influence spread all over West Texas. If there was a downside, he adds, it was that Dr. Terrell brought in a number of pathologists, promising them partnerships that never materialized. Among those who would spend time with him were Drs. Merrill Whorton, who left for Jacksonville, Florida; O. J. Wollenman, later director of laboratories at St. Joseph Hospital in Fort Worth; Dr. Charles T. Ashworth, who would leave to become professor and chairman of the pathology department at The University of Texas Southwestern Medical School, and Dr. Race, who also would leave to join the school. Throughout the years, Dr. May Owen managed the laboratory and “did the slides” while Dr. Terrell undertook other business. Like the others, she also never became a partner.  

Alice Smith, MD, of Dallas, a
long-time friend and for a short time a co-worker, reported that if Dr. Owen minded that fact, she never indicated it.\textsuperscript{380}

In 1952, Dr. Terrell would become president of the State Medical Association of Texas (followed immediately by Dr. George Turner of El Paso). Yet, with all his successes, Dr. Terrell would lament to Dr. Race about a missed calling of his childhood.

“You know, George,” he said, “I would have been a classmate of Admiral Nimitz at the US Naval Academy, and Admiral Nimitz and I were both going to the Naval Academy together, but my father called me aside and said, ‘Son, you will never be able to make any money in the Navy, and I’m sending you to the UTMB Medical School to be a doctor and come back and practice medicine.’” Wistfully, he added, he was certain he could have been an admiral, too, if he’d gone to the Academy.\textsuperscript{381}

Dr. Owen, a “lady” who never married, attended “every meeting of the Tarrant County Medical Society, every pathology meeting of any Texas group, and many national groups.” She also was extremely active in the State Medical Association of Texas, particularly in the realm of medical education.

“Dr. Owen was a good surgical pathologist,” Dr. Race notes, and “through the microscope, she could diagnose any activity. She was in fact appreciated throughout Fort Worth and West Texas.”

Working her entire career for Terrell’s Laboratories, in 1960 Dr. Owen would become the first woman to serve as president of the Texas Medical Association.

During the early years of pathology in Texas, private laboratories often had unwritten agreements about the territories they served. Dr. Terrell’s reach extended from Fort Worth to Stephenville and Abilene, and throughout West Texas and into Oklahoma. Conversely, Dr. John L. Goforth extended his reach from Dallas far into East Texas. “They pretty much kept out of each other’s way,” Dr. Race declares.

Curiously, there was a parallel in the field of radiology—a service that often was offered in the early days by pathologists. Drs. Tom Bond and James Martin were general practitioners in Hillsboro when they ordered through the catalogue, “this fancy new x-ray machine that Roentgen had developed in Germany,” reports Dr. Race. “They set this up and promptly decided that Hillsboro wasn’t
big enough for both of them." Dr. Bond then moved to Fort Worth and Dr. Martin to Dallas, where they were the only radiologists for many years.\(^382\)

As the members of the Texas Society of Pathologists wrestled with how to cover the costs of testing draftees in 1941, war became an ever more imminent threat.

On the Texas coast there were rumors of German submarines, and spies operating across the border in Mexico. Already, many Americans—including physicians—had volunteered for military duty.

A young officer in the U.S. Army Medical Corps, First Lt. Frank M. Townsend, MD, of Texas, a 1938 graduate of Tulane, had been deployed to the Panama Canal Zone, assigned to Fort Amador. On a day during the warm, dry season he and other personnel were summoned to a meeting in the only possible place for secret discussions on the base—the library. Most buildings did not have windows, an unnecessary addition for a structure on the usually dry isthmus. But since books had to be protected occasionally from the elements, there were shutters. On this particular day they were closed. Inside, it was hot, steamy. The dim lighting was inadequate, the bulbs fluttering because the electrical system in the Canal Zone was set at a twenty-five-cycle current (compared to the sixty-cycle current of the standard American system). Still, it was better than nothing. The message from Lt. General Frank M. Andrews, in charge of U.S. forces in the Caribbean Sea, was somber: Japan was expected to strike an American base. No one knew where, but Fort Amador was to immediately go on twenty-four-hour alert.

All military personnel on the base geared up for the worst.

On December 7, 1941, the shattering news from family radios across America broke the Sunday morning calm. The target was known: the American base at Pearl Harbor on Oahu, Hawaii, had been bombed.

Thousands of miles away, Feliks Gwozdz had been released from a Nazi concentration camp and returned to Krakow where he entered medical school and began earning a living as a pianist. But his worst ordeals were yet to come.\(^383\)

Through the upheavals of the past two decades—the incorrigible optimism of the twenties and the economic depression of the
A Society is Born; A Specialty Matures

thirties—there nevertheless had been considerable scientific progress—sulfa drugs; discoveries of vitamins and better understanding of nutrition that had for so long devastated children; the discoveries of antibiotics, fission, and the insecticide DDT. Television had been invented and tested, and major telescopes had allowed the "big bang" theory to be developed, with a remarkable new view that the universe was expanding. Medicine, though still largely based on clinical acumen, was being bolstered by the science of pathology.

In Texas, the still small cadre of pathologists had struggled to bring their specialty and their organization into maturity. In fact, they had done that, but in the face of a war too heinous to fathom, could there be any further progress?