Chapter 7

War Intervenes
(1941–1945)

*The physician, who recognizes the imperative duty of dwelling in things, ought to guard himself from being supposed to mean only things that stand still; his sphere is, on the contrary, with things in motion—he is a master of dynamics.*

Sir Thomas Clifford Allbutt (1836–1925), quoted by Dr. F. H. Garrison in 1928.385

WORLD WAR II HAD SHOCKED Americans from their isolationism, and preparations were made for the worst. Yet, as their country declared war against Italy, Germany, and Japan, plans also continued for the future—after “the duration.”

Physicians were a valued resource in war-time, and their training was encouraged and accelerated.

**Peter M. Marcuse, MD,** who had received his medical degree from the University of Basel in Switzerland in 1938, arrived in Houston as a resident in pathology at Jefferson Davis Hospital. A city of more than a “half million” people, Houston prided itself on its azalea and camellia gardens in the spring, its many estates and its “stretches of almost virgin” woods.386

Dr. Marcuse recalls the status of pathology in Houston as the War began.

“There were some highly competent pathologists in Houston at that time,” he states, “notably Dr. Martha Wood, Dr. Violet
Keiller and Dr. Donald Henderson. The latter was the director of pathology at J. D. [Jefferson Davis Hospital] but was called into service with the Armed Forces soon after outbreak of World War II. Houston lacked most of the facilities that we now take for granted in our specialty. There was no formal teaching research or any organized exchange of opinion between the pathologists. 387

Kenneth Earle now had been accepted into The University of Texas Medical Branch at Galveston beginning October 1942, but, upon news of Pearl Harbor, he went down to the draft board to volunteer. Instead, the board advised deferment. They would need doctors for the long war. He would continue in school, make Alpha Omega Alpha (AOA) honorary society, later intern with "Uncle Paul" Brindley at Galveston—and be offered the same type of job he had had at Jefferson Davis—seven P.M. to seven A.M., six nights a week—once again as the "stat" man. Again, he would help with autopsies and become deeply interested in pathology—especially intrigued by the nervous system and the brain. In effect, he was focusing on neuropathology, but there was no such specialty at the time. He considered becoming a neurosurgeon, but instead would become a neuropathologist, joining the staff of The University of Texas Medical Branch in 1953, and in 1962 becoming head of neuropathology at the Armed Forces Institute of Pathology in Washington, D.C. Serving the AFIP for more than twenty years, he would be highly recognized for his contributions.

Rationing of certain food items, gasoline, and tires became a way of life, although the State Medical Association of Texas helped to assure that there was a more liberal interpretation for physicians on automobiles, tires and gasoline. 388

Feliks Gwozdz, the young Polish student incarcerated after the Nazi blitzkrieg and later released, had returned to his studies. A brilliant musician, he now played with a band to support himself and his wife, Eugenia, whom he had married in 1941. Suddenly, in reprisal for underground bombings, Nazi soldiers swarmed into the restaurant where he and other musicians played, blew the restaurant up, and carted the musicians off—he in his tuxedo. He would end up in a new encampment—Dachau. The Nazis also arrested Eugenia, and she would be held in Ravensbruck and Auschwitz. Ripped apart, the young couple were left to suffer the horrors of war separately and alone. 389

As the carnage of the war continued, a most precious commod-
ity became a desperate need. The American Red Cross began setting up centers around the country to acquire blood for the wounded, and calls went out for donors. Texas physicians would be involved, including Dr. Joseph M. Hill in Dallas, Dr. T. C. Terrell in Fort Worth, and Dr. Walter G. Stuck, San Antonio, who would serve as technical directors of distribution centers.390,391

Life went on outside the war zone, and the hassles of daily management sometimes bogged down in ways not quite foreseen. For example, Baylor University College of Medicine in Dallas, which had suffered some financial difficulty, was faced with further stress in supporting war-time demands. Meanwhile, the Southwestern Medical Foundation had now acquired considerable funds, and the two organizations concurred on a joint plan, involving possible new construction of buildings. The agreement, however, was to be tenuous and fraught with controversy.392

There was other dissent on the homefront. In Galveston, there had been a raging controversy between the dean, Dr. John W. Spies, and the faculty and students of UTMB virtually since his arrival in 1939. Reportedly, upon arrival, he had ordered the main switchboard of the school tapped and a tape recorder “installed in his office in such a way that it could be activated surreptitiously.” Accused of being dictatorial and showing favoritism, it was said, among other allegations, that he promoted incompetence, forcing faculty to pass incompetent students. There also was “apparent inequity” of allocation of the fund for special clinics and laboratories maintenance and equipment research. In May 1942, the Association of American Medical Colleges and the AMA Council on Medical Education and Hospitals placed the school on probation. Then, the day before Independence Day that year, students held a lynching party “in traditional Western style,” hanging in effigy the dean, the president, and a member of the Board of Regents of The University of Texas. The dean was dismissed, and in the fall of 1943, the probation was lifted.393,394

Regardless of difficulties, both of the state’s two existing medical schools—UTMB at Galveston and Baylor in Dallas—participated in military training programs. The Navy “V-12” or Army ASTP (Army Special Training Program, based in Dallas) allowed students to complete their education for deferred military obligations and to assure a continuing supply of physicians for what was expected to be a long war. Each student enlisted in a medical unit
received $50 per month pay.\textsuperscript{395} Both schools also developed accelerated three-year teaching programs. Gone were summer vacations, and classes were conducted almost year-round.\textsuperscript{396}

On January 25, 1942, Dr. Truman Terrell opened the "annual convention" of the Texas Society of Pathologists. An executive committee was formed to represent the Society between meetings and a nominating committee was established, with Dr. Caldwell as the first chairman, and Drs. David A. Todd and George Turner as members. Previously, Dr. Andujar recalls, nominations were extremely informal and a self-appointed nominating committee, usually consisting of past presidents and the current secretary, made officer recommendations. At this time, of course, the Society was small and finances still "penurious." Not many members sought office.\textsuperscript{397}

The maturing Society was gaining influence with other organizations, and Dr. Terrell reported that Dr. N. D. Buie of Marlin, president of the State Medical Association of Texas, had agreed to appoint a member of the Society to the association's Cancer Committee. Dr. Caldwell was selected as the group's first nominee to the committee.

There was concern by members that they were imposing on Dallas pathologists by continuing "to enjoy their hospitality with no opportunity of reciprocating." They discussed the merits of moving the meeting elsewhere, but a proposal to meet outside the Dallas-Fort Worth area every other year failed. The 1943 meeting then was scheduled again for Dallas at Baylor University College of Medicine.

As World War II continued to intensify, Dr. John Lee Lattimore of Topeka, Kansas, president of the American Society of Clinical Pathologists (ASCP), delineated "some of the pressing problems in connection with the war." At his suggestion, Dr. George Turner was nominated informally as a member of the ASCP Council, which was formed of representatives from state societies. To improve participation in ASCP, the national society voted to allow the Council to have representation on its Board of Directors.\textsuperscript{398}

Another war-time-related problem regarded the "very marked shortage of medical technologists and the problem of their train-
ing." Although there always had been a scarcity of trained technologists, the War years made the problem more acute, particularly with duplication of services in the large hospitals. 399

Efforts toward improving the quality of serological testing in laboratories continued around the state, and eighty-two laboratories now had participated in the annual evaluation studies. Seventy-seven had completed the portion related to serological tests, but forty-three failed in one or more tests. A number of laboratories had technologists without sufficient postgraduate training, and it was recommended that "the unsatisfactory group" should recommend their technologists for graduate work in serology. 400

Dr. Alvin O. Severance of San Antonio was approved as a new member in 1942. Although H. H. Sweets, MD, of Galveston could not qualify because he had not transferred membership from Missouri to the State Medical Association of Texas, he was voted in as a member on a "deferred" basis pending the transfer.

A subject that was to be of continuing concern for the next several decades was put in motion by pathologists in 1942. Following Dr. John Andujar's request, the Texas Society of Pathologists established a committee to investigate the activity of justices of the peace, coroners, and medical examiners, and Dr. Todd was appointed chairman of the Society's Coroner Investigation Committee. 401

Officers for 1942 were Drs. Terrell, Fort Worth, president; C. B. Sanders, Dallas, vice president; John Goforth, Dallas, for the new position of president-elect, and Dr. Andujar, Fort Worth, secretary-treasurer. 402 The Society, like other organizations during wartime, suspended its dues for members in the armed forces. Along with Drs. Severance and Sweet, Meyer Bodansky, MD, of Houston, chairman of the Section on Clinical Pathology of the State Medical Association of Texas, was selected as a new member. (Dr. Bodansky died soon after his admission to the Society.)

Dr. Caldwell conducted the 1942 tumor seminar at Baylor University College of Medicine. Typical of previous seminars held by the Society, it featured "interesting cases" presented by the pathologists. As usual, slides of tissues were provided each member for the discussion period. Speakers and their case presentations were Dr. J. L. Goforth, dysgerminoma or granulosa cell tumor of ovary; Dr. Paul Brindley, rhabdomyosarcoma, or possibly a neurogenic sarcoma, and carcinoma in situ or so called intra-epithelial carcinoma; Dr. John L. Pilcher, benign lymphocytoma of breast; Dr. G. Shep-
eard, carotid body tumor and aberrant pancreas sectioned from the stomach; Dr. J. J. Moore, parathyroid adenoma; and Dr. May Owen, leiomyosarcoma of leg."^\textsuperscript{403}

At a later meeting, Dr. Caldwell, as the Society’s representative to the cancer committee of the State Medical Association of Texas, reported on a matter developing in Houston—a “most interesting account of his experience to the Anderson Fund State Cancer Hospital.” The fund had been established in 1936 by the M. D. Anderson Foundation, and would become a highly visible, if not an occasionally controversial, presence in Texas medicine.^\textsuperscript{404,405}

Texas pathologists were active beyond their own organization, and in 1942, Drs. E. E. Muirhead, and C. T. Ashworth received compliments from a “high official” of the American Medical Association for their publications on plasma, shock, and other matters related to medical concerns during the war.^\textsuperscript{406}

May 1942 marked the passing of a colorful physician in the annals of medical marketing. Termed a charlatan by the American Medical Association, Dr. John L Brinkley of Del Rio, known widely as the “goat gland” doctor, had used his radio station to sell Formula 1020 in six ampule lots for $100, which the AMA declared was 1 part of indigo in 100,000 parts of water. From station KFKB in Kansas he could be heard throughout the midwest but later from XERA across the Rio Grande from Del Rio, he could be heard around the world on a 500,000-watt station.^\textsuperscript{407,408}

Unknown to the American people in 1942 was a deeply secret effort that would initiate the nuclear age. The Manhattan Project, created by the United States government to develop the atomic bomb,^\textsuperscript{409} would have far-reaching impact for researchers and practitioners in the field of pathology.

“Sharing top priority” for federal funds was development of another project—the refinement and production of penicillin, a concept brought to America by British researchers. Since 1935, an Australian pathologist, Howard Florey, head of pathology at Oxford; Ernst Chain, a German Jew who had escaped the Nazis, and Norman Heatley, a British biochemist, had isolated and purified the drug. They had been searching for an antibacterial drug and, after lengthy study, ran across Alexander Fleming’s 1928 discovery of *Penicillium notatum*.^\textsuperscript{410}

As planned, the Texas Society of Pathologists held a semian-
nual meeting on January 31, 1943, meeting again in Cary Hall at Baylor University College of Medicine, Dallas.411

“Unfortunate” situations seemed to be occurring right and left. Dr. Arthur Schoch of Dallas, who in essence was a dermatopathologist,412 addressed the Society “on the unfortunate situation resulting from the fact that a lay-operated group in Dallas (the David Graham Hall Foundation) was providing free pathologic service on a state-wide basis.” In another case, the Committee on Medical Technologists was to investigate the “present unfortunate situation of the teaching of Medical Technology in State colleges.” It was felt that inadequate courses were being conducted by non-medical individuals in several larger State institutions, some “erroneously entitled as courses in Clinical Pathology.”

The State Medical Association of Texas had indicated that its spring meeting would be abandoned except “for a small meeting of the official family,”413 but the Texas Society of Pathologists nevertheless decided to hold its own meeting in June or July 1943.

In April, a long-brewing issue erupted into controversy in Dallas, and the trustees of Baylor University College of Medicine voted to annul their earlier agreement with Southwestern Medical Foundation. They conferred with the M. D. Anderson Foundation in Houston about moving to its planned medical center there, and in early May decided to graduate the last Dallas class at the end of the month.

Without avail, Pat Neff of Waco, president of Baylor University, attempted to persuade the entire faculty and student body to transfer to Houston. The majority, however, chose to remain in Dallas.

Disagreements between Baylor and Southwestern Medical Foundation had been philosophic. Although Baylor University provided no funding to the medical school, Baylor trustees wanted to assure that the school remained under the control of the University, itself directed by the Baptist General Convention of Texas. On the other hand, Southwestern Medical Foundation had contracted with the City of Dallas and Dallas County for hospital facilities and wanted to assure that the school was non-denominational.

“A split in old Baylor” occurred, Dr. George Race recalls, and pathology faculty had to make decisions regarding whether to remain in Dallas or move to Houston. Dr. Joseph Hill, who became head of clinical pathology at the new Southwestern Medical College
of the Southwestern Medical Foundation in Dallas, commented that the move "was such a wrenching thing . . . the fine clinicians in town were very upset." Dr. Race adds that many associate professors, such as Stuart Wallace, MD, in pathology, and Joe Gast, MD, in biochemistry, moved to Houston, becoming chairmen of their respective departments. In general, observes Dr. Vernie Stembridge, those in basic sciences moved to Houston and those in clinical science remained in Dallas.

Before Baylor left Dallas, Southwestern Medical College had a new dean, and had found space in Spence Junior High in East Dallas for temporary quarters. Both schools worked furiously to establish themselves in suitable, if uncomfortable, quarters in time for the next class of students. Drs. Hill and Sol Haberman taught parasitology in the cafeteria of the school, Dr. Hill later recalling with laughter the implications of teaching the topic and demonstrating "stool examinations and so forth" in the cafeteria.

Despite the rift in Dallas, Dr. Hill did not recall any rancor between faculty going in different directions. Drs. Caldwell, C. T. Ashworth, and Muirhead had remained in Dallas to join Southwestern Medical College, and Dr. Wallace moved to Houston to become head of pathology at Baylor University College of Medicine there. Volunteer clinical faculty aided both schools.

Dr. C. T. Ashworth, who remained in Dallas to teach, would become remarkably memorable to his students and peers. In 1949, he would leave teaching and join Terrell's Laboratories in Fort Worth. A colleague, Dr. May Owen of Fort Worth, remembered the first time she heard of Charlie Ashworth as a young man. "The Caldewells (a couple who were both physicians) told me all about him," she recalled. "Mrs. Caldwell said that George had found someone 'who is going to be a teacher.' When I met Charlie, he was a stimulus to me. I helped him do autopsies, helped him do many things. I don't know anybody I admire more." Also joining the pathology department of the new Southwestern Medical College was Atticus James Gill, MD, who "in his youth was independent and somewhat adventurous." As a teenager, he and a companion had flown an open cockpit two-seater biplane from Oklahoma to Minnesota, "flying near the ground so they could read road signs along the way and thus stay on course."
Dr. Gill arrived in 1943 as an assistant professor at Southwest­ern Medical College in Dallas, and taught, along with his colleagues, in the Army barracks set up for classes behind Parkland Memorial Hospital on Maple Avenue. He would later reminisce often about problems associated with the “shacks”—windows falling out and the occasion when a student actually fell through the weakened wooden floor.\textsuperscript{417}

Many volunteers assisted with teaching at both Baylor and Dal­las during the years when Southwestern was launching a new school and Baylor was launching a new beginning. In Dallas, among those assisting in the teaching of pathology was \textit{Gladys Fashena, MD}, professor of pediatrics who had also trained in pediatric pathology. In Houston, \textit{Wilson Brown, MD}, who built a large pathology group at Hermann Hospital, did much of the teaching before the Baylor program was built.\textsuperscript{418}

In Dallas, the pathology museum also had to be developed “from scratch,” and pathologists throughout the area donated speci­mens to help get it started. Dr. \textit{John J. Andujar} recalls giving his “prized gross specimen.”\textsuperscript{419}

Students also had to make decisions regarding whether to move to Houston with Baylor or remain in Dallas with Southwestern. The Navy, however, promptly ordered students enrolled in the V-12 program to Houston. Students enrolled in the Dallas-based ASTP program were assigned to the Southwestern Medical College ASTP unit. The few civilians chose to stay in Dallas.

Meanwhile, Dallas students, Privates \textit{George Race}, \textit{Joe White} (who became UTMB dean of medicine) and \textit{Harry Renken} (who became a Dallas internist), were in an Army infantry training group at Camp Walters, Texas, ready to be shipped to the 103rd infantry. It would be decimated in 1944 in the Battle of the Bulge.

“One morning at 4:30 A.M., standing in drizzling rain,” recalls Dr. \textit{Race}, “the loud speaker summoned Privates \textit{White}, \textit{Renken} and \textit{Race} to the orderly room whereupon we were given bus passes to Dallas to enter the Army STP at the new Southwestern Medical College.” The students thus “were sprung” from being riflemen to becoming freshmen medical students. “The so-called exigencies of war,” Dr. \textit{Race} reflects.

By 1943, one-third of the members of the State Medical Asso­ciation of Texas had been called into military service—57 percent
above the state quota. The call-up also affected the association’s planned meeting place. Because of the large number of military personnel assigned to San Antonio, the annual session was moved to Fort Worth, and later reduced to only members of the “official family.”

At that session, the House of Delegates continued to fret over “State Medicine” and the extension of medical care through such programs as the National Youth Administration, the Farm Security Administration, and the Sheppard-Towner Maternal Welfare Act. There also was considerable worry about the Wagner-Murray-Dingell bill in Congress, which members felt certain would “scrap” the private practice of medicine.

There was, of course, no meeting of the Section on Clinical Pathology—or any other section—in 1943; however, the Texas Society of Pathologists previously had decided to hold a summer session. Interestingly, the Society met on June 27, 1943, in the Alumni Library at Baylor University College of Medicine, adjacent to Baylor University Hospital. By this time, Baylor had graduated its last class in Dallas, and was frantically completing arrangements for its move to Houston.

At this meeting, Dr. Truman Terrell, reporting for the Coroners Investigation Committee, said no progress had been made beyond the formulation of eventual legislative enactment to remedy “the present unfortunate situation.” Cognizant of the pressures of war, the Society decided to invite all Army and Navy pathologists to all sessions, without “any financial obligation occurring.” Elected to honorary membership in 1942 were Drs. Willis W. Waite of El Paso and Henry Hartman of San Antonio.

Observing a “five year period of constant growth” since the Society’s reestablishment January 8, 1939, the secretary of the Society, Dr. Andujar, reported that six founders remained strong supporters and active members: Drs. Bell, Black, Carter, Robinson, Stout, and Wood. Dr. Andujar also reminded the group that on April 25, 1927, the Society had disbanded after six years of activity, becoming the Section on Clinical Pathology of the State Medical Association of Texas.

“The ensuing five years, he said, “marked the gradual emergence of a unified, well integrated Society which gives every promise of steady and powerful growth. From a loosely knit group of some
fifty physicians, many of whom were on the [membership] roll, yet had never applied or paid dues, we now have a group of forty-one highly qualified members. The year represented another "epoch" for members. All had formal applications on file and had paid their dues in full. Of the forty-one members, two were honorary members (Drs. Henry Hartman and Willis W. Waite). Six also were in the armed forces—Drs. A. B. Cairns, D. G. Henderson, Sim Hulsey, Seaborn J. Lewis, David A. Todd and Herman B. Williford—leaving thirty-three active members at home. "Fortunately," Dr. Andujar said, "we have not lost any through death or transfer."

Of the scientific session, Dr. Andujar wrote: "Dr. Joseph M. Hill and associates conducted a seminar in hematology, presenting five interesting cases with slides for each member. Following the examination of each file, an extended informal discussion was launched."425

Dr. Hill, who had established the state's first blood bank, played a special role during the course of the War, the slaughter of which caused a severe need for blood. He rounded up donors, drew blood, and made plasma for soldiers throughout the world. He also was instrumental in working with the Army to send trained personnel to other major cities to set up plasma-drawing units. Plasma was freeze-dried, and later rehydrated on the battlefield to obtain injectable liquid plasma for wounded soldiers.426

In addition, Dr. Hill also sought to develop international relationships in the field of hematology—particularly in Mexico—organizing or helping to organize societies including the International Society of Hematology. With Dr. Muirhead and others, he also founded the American Association of Blood Banks.427

On the far west side of Texas, a young student, Vernie Stembridge, completed his degree in biological sciences in 1943 at the Texas College of Mines and Metallurgy, El Paso, later The University of Texas at El Paso. He and his wife, Aileen, both just twenty years old, boarded a train for the long ride to the Texas Coast, stopping briefly for a night or two at the Rice Hotel in Houston, before going on to UTMB in Galveston. Aileen worked to help put him through medical school. Many years later, they would reminisce about the era, surprised at how little they remembered about "the War."

"Perhaps," said Dr. Stembridge later, "it was because we were
so caught up in medical school and our own lives. Burning the midnight oil was routine. Nevertheless, there were German submarine sightings in the Gulf of Mexico, and Galveston was prepared for danger. Military vehicles bore blackout lights, and gun emplacements were set at strategic points around the city. He particularly recalled those at the current site of the San Luis Hotel.

As in other schools, class schedules at UTMB were accelerated. The 1942-1943 school catalogue stated that the calendar year had been divided into three trimesters of fifteen weeks each. "Two of these," it said, "constitutes an academic year. Eight trimesters comprise the training course for the degree of Doctor of Medicine. For the present, the first two academic years will be on a trimester basis (four trimesters), while the last two academic years will be on the quarter system (six quarters). The time allotments are tabulated for each academic year's work."

After 1943, classes were admitted only once a year, but each calendar year contained three and one-third semesters. Students completed their doctor of medicine degrees in thirty-six consecutive months, and graduations were held at irregular times.

In addition, interns were scarce. Selected students served as acting interns during their senior years. Reportedly, during one long and difficult period, only seven interns were available at John Sealy Hospital. "In facilities strained by the speed-up—more than one hundred students were crammed into lecture rooms in July and August." The John Sealy College of Nursing also had adopted an accelerated program.

A UTMB military unit had been formed, and became the 30th Evacuation Hospital, which in 1943 was sent to New Guinea to serve for two-and-one-half years. In addition, a General Military Hospital Unit—which had been on paper since World War I—was activated. The 127th General Hospital, a 1,000-bed-unit, was sent to the European Theater, and crossed into Europe eleven weeks after D-Day, becoming the only American hospital in central and eastern Brittany during the Allies' major offensive. The unit also followed the Allies to the outskirts of Nancy, in France, while General Patton's Army was headquartered there. It later received high praise for its war efforts.

When Baylor University College of Medicine moved to Houston in July, during the height of World War II, it would precipitate
vast changes in the medical landscape, but much work had to be done—and rapidly.

"Stuart Wallace did yeoman's service," said Peter Marcuse, "in which he was later ably assisted by Dr. Paul Wheeler, associate professor. The temporary quarters of the school were in an old Sears-Roebuck building, and Jefferson Davis Hospital was used for teaching. I was privileged to help out and, thereby, get the benefit of learning from Drs. Wallace and Wheeler. When Baylor moved to its new quarters, the Pathology Department was organized and ready for lectures and courses."

Paul Wheeler, MD, had come to Houston from St. Louis to join Dr. Wallace. Among those joining them later was Melvin Haley, MD, the son of an anatomy professor. He had moved with Baylor from Dallas to Houston to undertake an internship, which, because of the war, would be for nine months only. Dr. Wallace offered him a position, and he began helping with teaching.

He also performed his first autopsy under Dr. Peter Marcuse, who now headed the laboratory at Jefferson Davis Hospital. After study at the University of Alabama, Dr. Haley would return to teach full-time at Baylor. He would have many fond memories of his experiences as the new school began operation with its small faculty and many volunteers. He especially reminisces about "the Scotsman," as Dr. Wallace was called. A mild-mannered professor, who was soft spoken in his lectures, he was known for his pleasure in smoking a pipe. A surgical pathologist, he directed the pathology laboratories at Jefferson Davis Hospital for the care of indigent persons—a difficult task at first because the hospital was several miles away from the Sears warehouse. Dr. Wallace and Dr. Wheeler later began conducting slide conferences on Fridays. Together, they drew in the entire pathology community and other physicians in Houston.

Dr. Haley describes Dr. Wheeler as "a dynamic person, wonderful surgical pathologist." Although others saw the professor as confrontational, Dr. Haley laughs at memories of his typical statements at his slide sessions. "I see you came to share your ignorance today," he might say, and after frozen sections were available, he queried, "Are you smart enough to change?"

In 1944, Joyce S. Davis, MD, began her medical education at Baylor University College of Medicine in Houston, and recalls Dr. Wheeler not only for his dynamic personality and quips, but because he was one of the professors who treated the four girls in a class of
eighty-four students equally well. Encouraging and relating well to them, Dr. Wheeler invited them two at a time out for Sunday brunch. After she and Phil Davis, MD, who would specialize in internal medicine, decided to marry, they sought his advice. "Go ahead and do it now," Dr. Wheeler advised, "because it's my experience that interns who've just gotten married aren't worth shooting!" They took his advice and married between their junior and senior years. He also advised them to take their residencies in the same city, but not in the same institution.

Meanwhile, a student at Baylor University College of Medicine in Dallas when the school suddenly moved to Houston, Charles F. Pelphrey, like most of the senior students, had remained in Dallas. He thus was graduated with the first class from Southwestern Medical College in March 1944, and was "fortunate" enough to serve his internship at Baylor University Hospital in Dallas. As often stated by other pathologists, he first started training for surgery, and realizing a good surgeon should know his pathology, undertook a pathology residency under Dr. Joseph M. Hill. Of course, he remained in the latter specialty.

During Dr. Pelphrey's residency, Dr. Hill was working on the Rh factor in blood, and had begun manufacturing typing serum. "Baylor Hospital," Dr. Pelphrey proudly recalled later, "was the first nongovernmental hospital to do routine testing for the Rh negative factor. He witnessed one incident, he recalls, that may have brought about routine Rh typing in Dallas. A patient had died after being hemolyzed, and Dr. Hill, declaring that shouldn't have happened, ordered mandatory typing.

Gwendolyn Crass, MD, born in Ada, Oklahoma, had been a "superb medical technologist" at Wadley Blood Bank and Research Institute (later simply the Wadley Research Institute) and Baylor University Hospital, before attending The University of Texas Medical Branch at Galveston during World War II. Graduating in 1944, she served an internship at Baltimore City Hospital, and then undertook her residency under Dr. Joseph Hill in Dallas. She served also as an assistant professor of pathology at UTMB in Galveston and as clinical professor of pathology at Southwestern in Dallas. Throughout her career, she maintained an interest in hematology.
and served as director of the school of medical technology at Baylor University Hospital in Dallas for approximately twenty years.430  
“She was a great teacher,” recalls Dr. George Race, and “though she had a slight cleft palate impediment, she nevertheless communicated well with the residents who liked her extremely well.”

When the Texas Society of Pathologists met in Dallas on January 30, 1944, it no longer was at Baylor University College of Medicine. Dr. Andujar notes that the Society’s scientific session was “at the new Medical School of the Southwestern Medical Foundation where the pathology laboratory” was housed in “one of the temporary barrack style war hutsments.”

“All of the microscopes were new and excellent,” he writes, and “Following the usual custom, Dr. George T. Caldwell conducted the Tumor Seminar with eight sets of slides being presented.”431

Pathology was expanding in the state, and the number of committees of the Society also were growing, and now included Scientific Program, Public Relations, Membership, Coroner’s, Nominating, Scientific Awards, and Medical Technology. Dr. Andujar, chairman of the latter committee, stated that his committee had carefully investigated teaching of medical technology in the State, and found that three universities, Texas Christian University, Baylor, and the University of Houston, offered ASCP-approved combination courses leading to the Bachelor of Science degree and the certificate of the Registry through affiliation with one definite hospital—Harris Memorial Methodist Hospital (Fort Worth), Baylor University Hospital (Dallas), and Jefferson Davis Hospital (Houston). He also lamented that two tax-supported institutions, North Texas State College and Texas State College for Women, were teaching “inadequate courses, conducted by nonmedical individuals, without any clinical facilities or hospital affiliation.” A resolution protesting such teaching unanimously passed.

Dr. John Goforth at this meeting pointed to the urgent need of “some Code of Ethics to protect the interests of the patient and the pathologist from exploitation by lay groups.”

Work remained on standardizing laboratories in the state, and Dr. Sidney Bohls of the State Department of Health in Austin provided a detailed update in January 1944. He pointed out “the amazing record” of sensitivity and specificity demonstrated by Hinton and Eagle in the serologic studies on syphilis, noting the record for the Kahn and Kline diagnostics was “most disappointing, for al-
though 100% specific, the sensitivity was 64% and 67% respectively.” It was also surprising, he said, “what a large proportion of participating laboratories presented an unsatisfactory record. Of twenty-three laboratories conducted by pathologists, thirteen were unsatisfactory on at least one test.”

The Society decided to hold its second meeting in 1944 on May 3 and 4, at the close of the State Medical Association of Texas Section on Clinical Pathology.

The War ever present in their minds, the Society sent letters to all members in the armed forces. Particularly noted was the letter going to Dr. D. A. Todd in England. “If times had been normal,” Dr. Todd, as president-elect, would have assumed office in 1944.

The new ethics code, stating the Society would be governed by the AMA Principles of Medical Ethics, was adopted unanimously. The code declared it unethical for a pathologist to act as director, pathologist, or consultant for a medical commercial laboratory. Further, a laboratory was to “be considered a medical commercial enterprise” whenever the principal ownership was by non-medical persons who participated and shared in the profits of the operation of such an institution. Also addressed was unfair competition between pathologists; operation of a laboratory under a trade name without a pathologist’s name appearing on all printed matter; competition on the basis of unreasonably low fees, and dividing of fees or rebating fees for laboratory services. It was considered unethical to work for a hospital doing laboratory work on outside private patients unless the pathologist shared in the fees collected for such services, and unethical for members to publish objectionable forms of advertisements “in any form whatsoever.” Finally, it was deemed unethical for any member to lend “his name for publication in any laboratory advertisement or announcement which violates the Code of Ethics. The borrowing of names of other physicians, scientists, or laymen, on the basis of an occasional service or consultation, for the purpose of advertising or to sanction the work of a laboratory is misleading and unethical.”

In cases of disagreement between pathologists and lay organizations, the Executive Committee would offer “its services in the solution of such difficulties.” The Executive Committee also was to act as judge in other matters, with members having the right to appeal. The new code also declared it unprofessional for a physician to dispose of his professional attainments or services to any lay body,
organization, group, or individual, "by whatever name called, or however organized, under terms or conditions which permit a direct profit from the fees, salary or compensation received to accrue to the lay body or individual employing him. Such a procedure is beneath the dignity or professional practice, is unfair competition with the profession at large, is harmful alike to the profession of medicine and the welfare of the people, and is against sound public policy."

In obscure rooms in the United States and Britain, a code of a different kind was the target of frenzied activity. In the midst of war, the British turned on the huge machine, Colossus, with its vacuum tubes and 2,000 switches. It began silently deciphering the code of Hitler's armies, although it was only partially successful. Meanwhile in the United States, not aware of Colossus, scientists also were frantically attempting to build a machine. Eniac would have 17,438 tubes, would pass all its tests in 1945, and begin calculating bomb and missile trajectories for the Army—a job once requiring 200 desk top tabulating machines. Meanwhile, Danish partisans had smuggled a German Ultra machine out of Denmark, taking it to Britain. The British used the machine throughout the war, and the Germans never figured out the British were decoding messages on their own machine.

The advances brought on by World War II would be profound for science, academia, and everyday living. For pathologists, they would mean the disappearance of the kind of laboratories they knew well. In the 1940s, they could hardly imagine that technologic advances, including the computer, some day would aid in the automated analysis of specimens and help eliminate the familiar stench.

The intensity of war conditions in 1944 resulted in limited arrangements for meetings. A letter had been received from the Office of Defense Transportation (ODT) asking the Texas Society of Pathologists to discontinue conventions. No groups over fifty persons were to meet unless considered essential to the war effort. The sections and the House of Delegates of the State Medical Association of Texas met in various towns. The Section on Clinical Pathology met in San Antonio on May 3 and 4, along with three other sections, and the "mid-year" session of the Texas Society of Pathologists convened on May 3, 1944, following a night session of the Section.

Despite the strains of war, innovations continued on the home-
front. An important one for Texas pathology occurred in San Antonio that spring of 1944.

"As time went on," Dr. B. F. Stout wrote later, "it became apparent that the pathologists of the state were not sufficiently versed in the diagnosis of tumors. Some had the opportunity to attend national seminars conducted by the American Society of Clinical Pathologists. The San Antonio group of pathologists had been meeting with the pathologists at Brooke Army Hospital for a special study of tumors. In 1944 this group conceived the plan of conducting a tumor seminar which could be attended by all interested pathologists. A meeting of this nature was substituted for the usual Section on Clinical Pathology program. Dr. Arthur Purdy Stout of Columbia University, international authority on neoplasms, successfully conducted this project, the proceedings of which were published in the *Texas State Journal of Medicine.*"

"This first meeting was so enthusiastically received by those in attendance that the San Antonio group was stimulated to institute the tumor seminar as an annual event conducted each year by a noted pathologist." Dr. Stout returned in October 1945, and again in 1950. Other guest lecturers in the early years included Dr. Emil Novak, Baltimore, 1946; Col. J. E. Ash, Armed Forces Institute of Pathology, 1947; Dr. Shields Warren, Boston, 1948; Dr. Rupert A. Willis, Royal Cancer Hospital, London, 1949; Dr. M. J. Stewart, University of Leeds, Leeds, 1951; and Dr. Lauren Ackerman, St. Louis, 1952.

"The value of these tumor seminars has been emphasized by Dr. Arthur Stout.\textsuperscript{437,438}

Although seminars of this sort are not new... the virtue and importance of the series of seminars initiated by the San Antonio group in 1944 has been to popularize such gatherings for the study of tumors so that they have been copied all over the country. This can be appreciated from the fact that since the first seminar in San Antonio, I have participated in forty-nine similar ones in fifteen other states and in Mexico. This popularity has borne fruit. The diagnostic abilities and biologic knowledge of pathologists all over the country concerning tumors has measurably increased since 1944 as I can attest from personal experience; and in my opinion the tumor seminar has been a major factor in this progress. Since a hospital pathologist is a key figure in a professional cancer education this increase in his knowledge and the awareness of tumors
has had an incomparable and great effect upon the public welfare of the whole nation.

The initiation of annual events of this kind has spread rapidly over Texas, and they are now included in the programs of such organizations as the M. D. Anderson Foundation, The University of Texas Medical Branch in Galveston, and the North Texas Pathological Society. [Written in 1953]

In 1944, Dr. John J. Andujar reported that "no official word from Texas State College for Women or North Texas State Teachers College had been received following transmittal of the resolutions adopted at the January meeting. Dr. Truman C. Terrell reported that North Texas State Teachers College was adopting gratifying steps to remedy the situation."

Dr. C. B. Sanders was requested to report at the next meeting on "the pathologic activities of the new M. D. Anderson Cancer Hospital."

Another issue also surfaced. Dr. Terrell "advised that within a week the State Medical Association of Texas would consider proposals to offer prepaid medical care benefits and that pathologists and radiologists would be included under the plan rather than under the present prepaid hospital care plans."

Articles of profound importance were published in the Texas State Journal of Medicine this year by Texas pathologists. Drs. Joseph M. Hill and Sol Haberman (PhD) wrote two articles on the clinical significance of the Rh Factor and its importance in transfusion reactions. Dr. John J. Andujar addressed the practical applications of the Rh Factor to obstetrics.349,440,441

A time of great anticipation and apprehension awaited the Allied Armies across the Atlantic, and on June 6, 1944, they began the strategic invasion of Europe, landing at Normandy, France. It was D-Day, the beginning of the end of the war in Europe. In the South Pacific, U.S. forces were invading Saipan Island and B-29 Superfortresses were raiding Japan. In late October, the U.S. Pacific Fleet would crush the Japanese in the Battle for Leyte Gulf.442

In Washington in 1944, the Army Medical Museum became the Army Institute of Pathology, first as a subordinate to the Museum, January 1, 1944, and two years later, the Museum became subordinate to the "Institute."443 The Institute also faced an old nemesis—
yellow fever. "Almost overnight, the diseases of the tropics became an urgent specialty..." Henry writes.

As the war raged on, back home routine problems were being handled by pathologists in Texas. On January 20, 1945, Dr. Charles Phillips, Scott and White Hospital in Temple, and Dr. Sidney Bohls pointed out that the new premarital and prenatal law "which should be enacted by the legislature in the next few months," would require greater activity of the Committee on Standardization of Laboratories of the Texas Society of Pathologists. There was good news on another matter: the performance of laboratories being tested for serologic tests had shown "a marked increase in quality."

Dr. J. Harvey Black reported progress on the medical examiner issue in Texas. A model bill for coroner and medical examiner in Texas had been prepared, and further legal advice was being sought before presentation to the Legislature.

Dr. John F. Pilcher, chairman of the Committee on Scientific Awards for the Texas Society of Pathologists, while reporting there was a definite need for an award and suggesting two separate awards—one for pathologists in medical schools and one for physicians not connected with medical schools—said, "In any case, it was felt wise to make no award during the present national emergency." The Society agreed.

Dr. May Owen had been appointed chairman of a committee, including Dr. Caldwell and Dr. Wallace, to initiate a collection of loan sets to be given to the library of the State Medical Association of Texas. The sets were to include slides appropriate for general practitioners interested in basic pathology and for specialists preparing for specialty board examinations. A third group of sets was to cover interesting tumors for use by pathologists.

A request of the Texas Society of Medical Technologists for an official delegate to the Society's annual convention was referred to the Society's Committee on Public Relations.

Dr. C. B. Sanders, reporting on the status of the M. D. Anderson Hospital in Houston, said that "it was the firm intention of this group to not engage in the private practice of pathology."

It was also reported at this meeting that the North Texas State Teachers College, in response to previous communications from the Society, had established an excellent four-year approved course in coordination with Terrell's Laboratories at Fort Worth. Members also were informed that the Texas State College for Women had
ignored "both of our communications on the same subject." The College was again to be written on the subject, and this time a copy of the original resolution protesting the teaching of clinical pathology on the campus of TSCW was to be sent to each member of the school's Board of Regents.

Relationships between morticians and pathologists were extensively discussed, along with the problem of adequate legal consent for autopsy—resulting in creation of the Texas Society of Pathologists' Committee on Necropsies.

Dr. Violet H. Keiller was unanimously elected to membership of the Texas Society of Pathologists this year. Although she had joined the Society in 1930, she had been inactive for a few years. Born in 1887 in Edinburgh, Scotland, Dr. Keiller moved to the United States with her family in 1890. Her father had been the first professor of anatomy at The University of Texas Medical Department, Galveston, and for many years was dean of the school from which she was graduated in 1914. One of three women in her class, she taught histology and became a professor of surgical pathology. In 1927, she joined Hermann Hospital in Houston, less than two years after it opened, where she would serve for twenty-one years and become chief pathologist. She also would be a consultant to Hermann and to M. D. Anderson Hospital and Tumor Institute (later The University of Texas Cancer Center). To be known as the "dean" of Houston pathologists, she would be consulted frequently by other pathologists, and become highly honored by her peers in all of medicine.445

Another valued member of pathology in Texas and a founder of the Society, Dr. Martha Wood was seriously ill in Houston, and a resolution of condolence was adopted unanimously. Dr. Wood was born in Eldershade Plantation in Tensas Parish, Louisiana, in 1877. She had graduated from The University of Texas Medical Department in 1903, served an internship there and undertook graduate study at Johns Hopkins University and the Mayo Clinic, specializing in pathology. From 1904 until 1909, she remained in Galveston, then moving to Houston to become director of the clinical laboratory for Drs. John T. Moore, J. E. Clarke, and Henry A. Peterson. She also became director of the clinical laboratory and of pathology at Methodist Hospital, serving from 1933 until 1945, and headed her own laboratory and Pasteur institute. Active in many medical orga-
nizations, she also was a leader in many groups outside medicine, and in rehabilitation and child welfare work.\textsuperscript{146}

The status of the War continued to cloud future plans, and the summer meeting of pathologists was left to the discretion of the Executive Committee—in case the State Medical Association of Texas did not hold its annual convention. Whatever happened, the Society agreed unanimously, it would meet again in January 1946.

On April 12, 1945, President Franklin D. Roosevelt died, and Harry S. Truman became President of the United States. On May 7, 1945, Alton L. Blakeslee, the Associated Press War Editor, wrote:

>A Germany thoroughly smashed in battle surrendered unconditionally to the Western Allies and Soviet Russia at 2:41 A.M. today, finishing history's bloodiest conflict after 2,319 days. The surrender was signed at Gen. Eisenhower’s headquarters in a little red school house at Reims, France. At least 40,000,000 men, women and children were casualties from this global war fired by Hitler's armored plunge into Poland on Sept 1, 1939. Hitler's Reich lay shattered. Victory in Europe was won—at tremendous unassessable cost in human lives and treasure.

The State Medical Association of Texas did not meet that spring of 1945, nor did the Texas Society of Pathologists.

War continued against Japan, the Potsdam conference failed to convince the Japanese they should surrender, and on August 6 atomic bombs were released over Hiroshima; on August 9 over Nagasaki.\textsuperscript{447}

Regardless, some aspects of life remained normal—if a bit trying—in mainland America. On August 3, 1945, young Robert Freeman rode a bus from Austin to Houston to attend the new Fall semester at Baylor University College of Medicine—arriving in the midst of a hurricane. Only buses and trucks could maneuver streets, but fortunately upper-class students met him at the bus station and knew how to get around the flooded streets. They took him to the fraternity house, and then the dauntless students “loaded up in cars,” and made their way to Christi’s restaurant.

“It was the first time I’d ever eaten shrimp,” he sheepishly laughed. Luckily, the not-so-venomous hurricane quickly cleared up, and classes began normally that year at Baylor.
Years later, after first considering surgery as a specialty, Dr. Freeman would become a pathologist, specializing in dermatopathology, and would teach both at Baylor in Houston and Southwestern in Dallas.

On August 14, 1945, the Japanese surrendered unconditionally—headlines in Texas newspapers again blaring the news in huge black type, and on September 2, 1945, the surrender was accepted. World War II was over.

Many soldiers, including the "doctor soldiers," began their trek back home; others were assigned roles in the occupation forces, and those with deferments to finish medical school and internships would just begin their stints in "the service."

Feliks Gwozdz was released from Dachau, the German concentration camp that had tortured him for three years. Before long, he would learn that his beloved Eugenia was alive, and would make a harrowing and surreptitious journey into Poland to rescue her, and the two returned to West Germany. Eugenia would always bear the horror of her experience—the Auschwitz tattoo.

World War II had not only killed or maimed millions of people, it had devastated some of the world's great cities—among them the very places—including Virchow's Würzburg—where pathology had soared into greatness in the nineteenth century.

Regardless of the circumstances—and most often because of them—science during the War had continued its forward march. In a bittersweet way, the War also was pivotal in accelerating changes in pathology and medicine. The vast need for blood had precipitated advanced uses of plasma and the typing of blood had become more precise. Soldiers had had the benefits of sulfa drugs and penicillin, which had dramatically lowered the rate of wound infection compared to World War I. Plastic surgery made significant advances in rehabilitating the injured. Much follow-up work, in addition, would be related to the tragedies attributable to war, among which would be radiation illnesses suffered in the final days. There also would be new medical benefits from "nuclear medicine," and the gain in knowledge of computer technology would lead to a profound transformation of medical technology and management.

Another factor also would broadly impact medicine and pathology. "Out of the necessities of World War II," Long writes, "an
appreciation evolved of the acceleration that might be effected in the progress of technical research if the minds of the best men available could be brought to bear in an ad hoc way on vital problems, and if, at the same time, adequate funds could be provided for maximum utilization of their talents. Mass effort in research in World War II included a great deal of investigation in the medical sciences as well as in the field of improved methods of destruction. The achievements of the Committee on Medical Research of the Office of Scientific Research and Development and Office of Naval Research, successor to the Navy’s Office of Research and Inventions, showed the power of substantial funds and pooled effort. At the same time it became readily apparent that directed research could not be expected to replace the long-established freedom of inquiry, out of which the progress of the past had emanated. And so, inevitably, the concept of large scale federal and foundational support for promising projects that had developed in the minds of investigators throughout the country, became paramount. 449

“This was the concept,” he added, “of what came to be known as sponsored or contractual research. It was, to be sure, by no means a product simply of war-time necessity and post-war appreciation of opportunity. The practice it represented was already well under way. Events after 1940 simply accelerated a trend that had been in course for some time.” He was referring to the efforts of the National Research Council, an arm of the National Academy of Sciences, in forming liaisons between investigators and government to foster research with large funds. He also cites efforts of other groups, including the National Institutes of Health, American Cancer Society and the Armed Forces Institute of Pathology. 450

Finally, there was another phenomenon fostered by the urgency of war—the accelerated training and the increase in numbers of pathologists. Soon, many of those trained in the course of war would be looking for new homes—and some would set their sites on Texas cities not yet having “community” pathologists.
Chapter 8

Pathology Sweeps Across Texas
(1945–1960)

Of necessity an historical account must be largely biographical. Men and their books have built pathology. Yet without a point of view which takes account of the major social movements of general history, no real conception of the historical development of any subject is possible.

Esmond R. Long in 1928, in A History of Pathology.451

WARTIME FOR MEDICAL students meant accelerated timetables to complete their degrees and short, nine-month internships. Or it might have meant participation in the Navy V-12 or Army ASTP (Army Special Training Program) with military obligations to come after graduation.452,453

With the war now over, scores of returning physicians sought residency training to compensate for their compressed education.454 With more physicians entering graduate training, there also would be a growing number of formally-trained pathologists. Many would seek homes in Texas communities that had few or no pathologists.

Since the teens of the century, the “community pathologist”455 had been advocated but had not become a widespread reality. Instead, a small, but valiant corps of Texas pathologists, mostly in urban areas, had provided extraordinary “circuit-riding” or “mail-in” services to physicians in Texas and bordering states. Often, these early pathologists marked the territories they served with unwritten
agreements—and though such customary arrangements would con­
tinue—more Texas communities soon would have their own “live­
in” pathologists. Of course, the long pipeline required for medical
education and training—plus the interruptions to meet deferred
military obligations—would stretch the migration from 1945 into
the 1960s.

Pathologists spread their wings across Texas

AMONG PHYSICIANS returning home immediately was May­
nard Hart, MD, of El Paso. A graduate of Northwestern University
School of Medicine, Dr. Hart had first entered the private practice
of pathology in El Paso in 1940. Then came the war, and in 1942, he
joined the Army, serving with the Fifth Army Laboratory in Aus­
tralia, the Philippine Islands, Japan, and the South Pacific. He was dis­
charged in 1946 as a lieutenant colonel, and became the director of
the clinical laboratory at Hotel Dieu Hospital, El Paso. He also
would head Turner’s Clinical and X-Ray Laboratories at Medical
Center of El Paso (later Radiology and Pathology Consultants) and
become a consultant to Thomason General Hospital and William
Beaumont Army Medical Center.

Each pathologist moving into a Texas town had a unique story
to tell, but one account became especially poignant to Texas pa­
thologists.

When the Allies conquered Nazi Germany, Feliks Gwozdz had
been liberated from the horrors of Dachau, the German concentra­
tion camp. As a teenager before the war, he had studied both music
and the basic sciences, and after the Allied victory in Europe, he
returned to school. In 1950, he earned his medical degree from the
University of Munich in Germany. With the sponsorship of Dr.
Truman C. Terrell, he obtained a special agricultural visa in 1951 to
move to Fort Worth with his wife and first child. The trio arrived in
the United States as farm workers on the Terrell ranch at Ranger,
Texas, west of Fort Worth. The new setting in America would nurture “an exuberant spirit
and a love of life.”

Dr. Terrell, who had become the first medical examiner in Fort
Worth, soon learned that Gwozdz had a medical degree, and took
him into his laboratory in Fort Worth. Initially, the young immi-
grant served as an autopsy diener—but before long learned to cut gross surgical pathology specimens and then learned microscopic pathology.

"After three or four attempts," Dr. George Race recalls, he passed the American Board of Pathology examination, earning his certification in anatomic pathology. "He is one of the few people certified by examination who never had a day of residency," adds Dr. Race. 460

In the late 1960s, Dr. Gwozdz would become the Tarrant County medical examiner, essentially starting an office from scratch, and serving in the position more than ten years.

His musical talent also would become a thrill for Texas pathologists and others who would be treated to his "Polish Victor Borge" act and his masterful ability at the piano.

Norman Jacob, MD, who grew up in Yorktown, Texas, had planned on being a physician since he was twelve years old, and fulfilled that dream during World War II. He wanted a surgical residency, but the choice programs had been taken because of the great demand. As an alternative, he chose pathology—preparatory to taking a surgical residency. However, while serving his required military residency under the Army ASTP program at the Veterans Administration Hospital in Wadsworth, Kansas, he became inspired by Ferdinand Helwig, MD, to remain in pathology. Dr. Helwig traveled once or twice a week from St. Luke's Hospital in Kansas City to Wadsworth, and made pathology so interesting, Dr. Jacob thought it ridiculous to do anything else. He also reasoned that if everyone else wanted surgery, why should he?

World War II ended during his internship, voiding the requirement that he enter active military duty, and Dr. Helwig, who knew pathologists across the country, set out to help him find a residency program. Dr. Jacob selected the University of Minnesota. After completing his residency, he moved to San Antonio to join the staff of Santa Rosa Hospital where he would remain until retirement in 1987. In San Antonio, he discovered it had been traditional since the days of Dr. B. F. Stout for hospital pathologists to also have private laboratories. For instance, Dr. John M. Moore, the first clinical pathologist at Santa Rosa Hospital, had a private laboratory with Dr. Sidney Bohls. In addition to appreciating Dr. Moore as his mentor, Dr. Jacob would enjoy the exciting camaraderie between San Anto-
Pathology Sweeps Across Texas

Ninio physicians and military physicians from throughout the world who came to Brooke Army Medical Center. Among the events bringing them together was the annual tumor seminar, guided by "the professor," Dr. A. O. Severance.

In Galveston, Kenneth M. Earle, MD, classified as a V-12 student with the United States Naval Reserve Medical Corps, completed his undergraduate medical education at UTMB at the end of the war in 1945. A Lieutenant (j.g.), he was placed on inactive duty immediately upon graduation and remained at John Sealy Hospital in a rotating internship for a year until receiving orders to assist in decommissioning Camp Wallace, Texas. He would help with the final physical examinations of 10,000 soldiers being mustered out of the service, after which he would be sent to Houston to commission the new U.S. Naval Hospital, which eventually became the Veterans Administration hospital.

Married and with no money, he signed up for the regular Navy and asked to be trained in neurosurgery. He was assigned to a general surgery residency in San Diego, thereafter serving as the medical officer aboard the cruiser USS Springfield, serving off Japan and mainland China. Resuming his education at the Montreal Neurological Institute, he studied neuropathology under Dr. Wilder Penfield, and learned for the first time that the field he had long dreamed of could be a specialty. (The neuropathology boards did not begin until 1949.) He also took a general pathology residency "next door" with Dr. G. Lyman Duff, and soon was offered an instructorship in the newly developing medical school at the University of California at Los Angeles (UCLA). With a salary of $5,000 a year, he also had the opportunity to complete his residency training.

Two weeks after his arrival at UCLA, Titus Harris, MD, professor of psychiatry at UTMB in Galveston, called, and in his typically-direct tone, demanded, "Hey, Ken, you gotta come back to Galveston. We need somebody to teach neuropathology."

Dr. Earle advised Dr. Harris he’d already signed a contract, to which the psychiatrist responded. "What’s it going to take to bring you back down here?"

Dr. Earle shot back: "$10,000 a year as an associate professor with tenure."

Unruffled, Dr. Harris retorted, "When can you come?"

At the end of the term, in 1953, Dr. Earle returned to UTMB,
and would remain to become full professor of pathology and dean of medicine—with other unimaginable adventures yet to come in his career.

George Van Zandt Miller, MD, who graduated from UTMB in the midst of war and served a war-time internship at the U.S. Naval Hospital in Corpus Christi, became the first physician to complete residency training under UTMB’s approved pathology program. After finishing his studies with Dr. Paul Brindley in 1950, he would practice pathology in Springfield, Missouri, and at M.D. Anderson Hospital and Park Plaza Hospital before joining Wilson Brown to ultimately form Brown and Associates in Houston. He also would serve as a clinical assistant professor of pathology at UT Postgraduate School of Medicine and Baylor University College of Medicine, Houston.

After several years of research at the National Institutes of Health in Washington, DC, Lloyd Hershberger, MD, decided the time was right for him to choose a private practice in Texas. Born in 1911, his elementary education began in a one-room schoolhouse in Iowa. After graduating from the University of Iowa Medical School in 1938, and several pathology internships and residencies plus other pathology work, he joined the National Institutes of Health in Bethesda, Maryland. From 1943 to 1946, he worked with R. D. Lillie, MD, the father of modern advanced staining techniques in tissue pathology. Dr. Hershberger’s own work included considerable experimental study in malaria and other infectious diseases. Desiring more direct involvement with primary care, however, he moved to San Angelo in late 1947, joining the staff of Shannon Memorial Hospital as the only pathologist in a 200-mile circumference—“between Fort Worth and El Paso, Amarillo and San Antonio.”

Illness interrupted the military duty scheduled for Jack P. Abbott, MD. A native of Lubbock, Dr. Abbott had finished his internship at Hermann Hospital in Houston, and was two weeks away from entering the Army following World War II when he learned he had tuberculosis. Since that was before antibiotics were available, he was sent to bed for a year. Between 1949 and 1952 he was able to participate in a pathology residency program at Baylor University
College of Medicine in Houston—with the understanding support of Dr. Stuart Wallace, chairman of the department, who knew he was part-time because of his illness. Dr. Abbott went to Methodist Hospital as a resident, and would remain as pathologist for twenty-three years. His colleagues would call him “outstanding,” and laud him for the leadership role he played in sustaining the Houston Society of Clinical Pathologists.

Charles S. Petty, MD, born in 1920 in Lewistown, Montana, grew up in the Pacific Northwest and had studied pharmacy at the University of Washington in Seattle. He also was in the Naval ROTC and in June 1941, “received a triple whammy—his baccalaureate degree; his commission as Ensign, USNR; and his orders to active duty aboard a cruiser in the Pacific Fleet.” His ultimate goal, medical school, was postponed while he went to war. When he left active duty as a Lieutenant Commander, he felt temporarily out of step with the beginning fall term of medical school, and attended graduate school, earning a Master of Science degree in physiology.

“A Chinese professor of cytology enthused him with the desire to attend Harvard Medical School where, he said, ‘Half of the class were former members of the armed services. We had an unusual esprit de corps and posed a number of problems for the faculty as we were older and already had been shot at!’” While considering a surgical specialty, he took a mixed surgical residency at Mary Imogene Bassett Hospital in Cooperstown, New York, and at Columbia Presbyterian in New York City where one-fourth of his time was in the laboratory. He became very interested in pathology, and took three years’ training in Boston, serving as chief resident in pathology at Peter Bent Brigham, and as chief resident at Children’s Medical Center.

He also had performed his first medicolegal autopsy at the old Northern Mortuary in Boston, and after moving south to do general and surgical pathology at Louisiana State University, he was invited by the senior pathologist, Stanley Durlacher, MD, at Orleans Parish Coroner’s Office to cover for him when he left town.

“One week and thirty-nine autopsies later,” Dr. Durlacher returned, and by that time Dr. Petty was “hooked” on forensic pathology. He later also would serve as assistant medical examiner for the State of Maryland, under Russell S. Fisher, MD, who “opened my eyes to the ultimate role of forensic pathology—community medi-
The new pathologists moving into Texas communities after World War II did not wait long to impart their recently-acquired knowledge. Charles F. Pelphrey, MD, completed his military service with the Navy and returned to Austin to join Dr. Sidney Bohls at his private laboratory. Earlier, Dr. Bohls had left his position at the State Department of Health, and had extended an invitation to Dr. Pelphrey to join him.

Having studied with Dr. Joseph Hill in Dallas, Dr. Pelphrey was well aware of the most current information on Rh testing, and found it was not being done in Austin in 1948. He quickly ordered typing serum and was the first to do the testing in Austin.

Pathology was “very primitive” in Austin then, he said, and it took several days to get pathology reports. Wanting tissues to be processed overnight and reported the next day, he bought tubing at a plumbing shop and copper screening at a hardware store. He then soldered “little carriers” for the tissue, and after doing his gross tissue work, put a string through everything, dropped the tissue into a solution, and at night took it home with him. Setting the alarm clock through the night, he would periodically move the specimens from one solution to another, and, finally, in the early morning, place them in the hot paraffin. (He also had taken an oven home, and placed it in his tool house.) When he left to go to work, he pulled out the specimens, wrapped them in paper towels, and would take them to the technicians so they could start cutting tissues. Later he was able to obtain an Auto-Technicon to do the work automatically through the night.

When he became head of the laboratory at Seton Hospital, Dr. Pelphrey found “the proverbial laboratory in the attic.” The single room was lit by one electric light bulb hanging from a cord in the middle of the room, which was on the same floor the sisters used to get to their quarters in the other wing. The laboratory had one refrigerator, two day technicians and one night technician. Few tests were performed.

Later, the hospital built him a laboratory, which “began to branch out.” For awhile, however, he took all the tissues to his private laboratory to process.

“When the fellows began returning from war,” he said, “they
wanted better and more." His laboratory was happy to oblige. Everyone, he recalls, worked "hand in glove."

J. R. Rainey, MD, joined Dr. Pelphrey in 1952, after completing his residency with the Veterans Administration near Dallas. A staunch advocate of private laboratories, he contributed significantly to the organization of the laboratory, helping to recruit many excellent pathologists. He would become known as an outstanding leader, an effective organizer, and an "idea" person known for his ability to address difficult problems. He would make numerous contributions to the medical profession, serving in many capacities in local, state and national medical organizations, including as a CAP governor and as a member of the Texas delegation to the AMA. He particularly would devote attention to legislative matters. In his honor, the Texas Society of Pathologists' Residents/Fellows' symposium and the first place prize for the manuscript competition would be named for him.

In 1956, Drs. Pelphrey and Rainey purchased the laboratory from Dr. Bohls.

Dr. Pelphrey recalled the pathologists in Austin during the post-war era. J. Warren Jackson, MD, had had a laboratory in the Norwood Building when he arrived in Austin, as did a Harold Jos. Gondolph, MD, listed in the 1938 AMA directory as having been at the University of Mississippi, and in 1940 and 1942 in Austin.

Neither Dr. Bohls nor Dr. Jackson were formally trained in pathology, Dr. Pelphrey recalls. Dr. Jackson also provided dermatology and radiology services, and served as a part-time pathologist at Seton Hospital.

Dr. Jackson, recalled Dr. Pelphrey, was the pathologist for Brackenridge Hospital before the appointment of Dr. Bohls, and also served Seton Hospital. Frequently, he also later filled in for Dr. Bohls. When Dr. Jackson was "suddenly separated" from Seton in 1948, Dr. Pelphrey recalls, it "caused quite a flap in the Texas Society of Pathologists. I was then given a hard time by the CAP because I was offered the job, finally getting an O.K. and taking the job." He remained the pathologist at Seton Medical Center for more than thirty-three years.

Dr. Pelphrey recalled several other pathologists during the early years who contributed to the growth of the specialty in Central Texas. Although not a physician, J. V. Irons, ScD, the assistant
director of the Texas Department of Health Laboratories under Dr. Bohls and successor to him, was known for his research and later honored by the Texas Society of Pathologists.

**Philip Flynn, MD**, who completed his training under Arthur Purdy Stout, MD, in New York in the fall of 1949, arrived in Austin in November, permitting Dr. Pelphrey to go to New York for extra training. Dr. Flynn remained in Austin until July 1, 1953, moving then to Redding, California.

**Thomas Gordon Price, MD**, joined the Clinical Pathology Laboratory in 1956 after completing a residency in Fort Worth. In 1968 at age forty-two, he died unexpectedly of a coronary attack.

**Bennett Sewell, MD**, also would join Drs. Pelphrey and Rainey and would serve the Clinical Pathology Laboratories for many years until his retirement in the 1990s.

Before moving to Memorial Baptist Hospital in Houston in 1946, **R. H. Chappell, MD**, had graduated from Vanderbilt University in 1940, had completed a two-year rotating internship at Hillman Hospital in Birmingham in 1943, and served as an instructor at the University of Alabama at Tuscaloosa and as pathologist at Greenville General Hospital in Greenville, South Carolina.

His new office was in an un-air-conditioned room on the seventh-floor of Memorial Baptist Hospital. His wife Billie, a 1946 graduate of Rice Institute in Houston, helped him as medical technologist. The laboratory was hot and sparsely furnished with scarcely enough equipment to function, and the stench of mercury and other smells was strong. The Chappells used gallon salad dressing jars for specimens and autopsy giblets.

Such were the vagaries of laboratory practice in the immediate post World-War II days.

One of the organizers of the Houston Society of Clinical Pathologists, Dr. Chappell served as the group’s first secretary. In December 1949, he moved to Texarkana with a contract for a diagnostic laboratory at Wadley Hospital, and would provide laboratory services for the southwestern Arkansas and northeastern Texas area—as far as ninety miles north of Texarkana and south to Center, Texas. He would be the only pathologist in Texarkana for ten years.

In 1959, he took a leave of absence with his family to serve as a medical missionary to India. **Laurence (Lee) Duncan, MD**, then arrived to serve Texarkana in his absence. Dr. Chappell and his family
Pathology Sweeps Across Texas

returned in 1962, but he had contracted pulmonary cryptococcosis, and had a lesion on the upper lobe of his left lung, requiring a thoracotomy. It took some time to get back on his feet, and soon after, the group he had formed with Dr. Duncan dissolved. Dr. Duncan then assumed the responsibilities for Wadley Hospital, and Dr. Chappell retained the outpatient clinic. Dr. Duncan would have several partners.

Others arrived in Texarkana, including Eugene Wicker, MD, who would become the pathologist at St. Michael Hospital in Texarkana in 1962. Still later, Gene Joyce, MD, of Arkansas arrived to serve St. Michael, and, although there was no formal arrangement, Drs. Chappell and Joyce supported one another professionally.

Jack Line Smith, MD, a native of Brownsville, had been a Navy V-12 medical student during the war. The Navy had sent him through boot camp, then back to The University of Texas in Austin, and on to medical school at UTMB in Galveston. In 1948, he took a Navy internship in San Diego, leaving in May 1950 to return to Galveston. He had considered a residency in internal medicine, but had missed the deadline and the department had filled its slots. He was referred to the pathology department, which had an opening, on the premise that he could count a year of pathology for his internal medicine track. The pathology department agreed, and he signed up. Dr. Smith enjoyed the combination of intellectual and clinical work in pathology so much he remained in the field.

Spending two years of residency in Galveston, he then moved to Kern General Hospital in Bakersfield, California. Other assignments would await him in the future, and eventually he would return to Texas and Beaumont, where he would join Baptist Hospital in 1956.

As a young soldier, Oscar Griffin, MD, learned to be a laboratory technician in 1946 while serving in the Army at Frankfurt, Germany. In the fall of 1948, he entered Louisiana State University in New Orleans, and then undertook a rotating residency at the United States Public Health Service. After being intrigued by two other fields of medicine, he finally accepted the invitation of Russell L. Holman, MD, pathology chair at LSU Medical School, to study pathology with him for two years. After two more years with Ralph M. Hartwell, MD, at Hotel Dieu Hospital, he completed his graduate training in June 1957.
After conferring with S. M. Wallace, MD, of Port Arthur, on July 15, 1957, Dr. Griffin would begin practicing at Orange Memorial Hospital, Orange, Texas, becoming the first pathologist in the city. He would happily remain at the hospital until retirement in January 1993, part of that time also operating a small clinic that he would sell in 1995. His services would comprise both clinical and forensic pathology, including coroner's autopsies for the county.

The migration continues across Texas

JOSEPH PASTERNACK, MD, began practice in 1948 in Wichita Falls. At the time, he covered all three small hospitals in the city—the Wichita Falls Clinic Hospital, Bethania Hospital, and Wichita General Hospital, and practiced in the area from 1948 to 1954. He was noted for quoting articles published in obscure foreign journals.

"Some physicians were reportedly quite impressed by Dr. Pasternack's knowledge. However, eventually they began to 'check out' the information and found that the journals and articles did not exist. As a result, Dr. Pasternack reportedly was 'fired' by Wichita General Hospital. Because of this action, Wichita General Hospital was 'blackballed' by the College of American Pathologists and, as a result, had much difficulty attracting a pathologist to its staff." Dr. Pasternack moved to Corpus Christi.

During the interim, the city was without pathology coverage, and anatomic pathology was performed by an internist. The Wichita Falls Clinic Hospital then closed, and in July 1950, Donald Fletcher, MD, began practicing pathology at Wichita General Hospital. Dr. C. T. Ashworth, then of Terrell's Laboratories in Fort Worth, covered frozen sections at Bethania Hospital until John L. Wallace, MD, and Eleanor Irvine, MD, joined the staff at Bethania Hospital in 1956.

Drs. Wallace and Irvine in 1957 opened a private reference laboratory, Biomedical Laboratory in Wichita Falls, renamed Professional Medical Laboratory. Dr. Irvine would become director of the laboratory at Bethania from 1960 to 1991. John D. Ramsey, MD, would join her in October 1964, practicing at Bethania until 1976. He was killed in an automobile accident en route to Wilbarger General Hospital in Vernon. Henry Owens, MD, also practiced with Dr. Fletcher at Wichita General between July 1959 and April 1966.
Dr. Irvine had received her MD from Tulane University, and also obtained a masters degree in zoology and a PhD in anatomy. Originally, she wanted to be a teacher, and became an instructor in anatomy at Tulane—which piqued her interest in medical school. She undertook an internship at Harper Hospital in Detroit, and pathology training at the University of California in San Francisco.

Dr. Irvine would become active in medical organizations, serving on the Texas Medical Association Council on Socioeconomics and contribute to the resolution of many complex issues in the Texas Society of Pathologists. She also would be an instructor at Midwestern State University at Wichita Falls, and guide the medical technology program there, earning national recognition.

While raising children and practicing medicine, Dr. Irvine learned quickly she would need fast, efficient transportation to get around to her “circuit-riding” territories. She learned to fly and piloted herself across Oklahoma and North Texas. There were many challenges—not necessarily having to do with flying. Before cryostats, she had to carry CO\textsubscript{2} aboard the aircraft to use for frozen sections. Occasionally, the supply ran out, and she had to rush to the local drugstore to pick up a large tank to continue her work.\textsuperscript{466}

Until Marie L: Shaw, MD, arrived in Lubbock in the mid-1950s, the first pathologist in the city, most specimens from there were mailed to Terrell’s Laboratories or to Dr. Andujar in Fort Worth, reports Louis Nannini, MD.\textsuperscript{467} Dr. George Race states that Dr. Shaw, who had trained with Dr. J. L. Goforth in Dallas, was at Methodist Hospital in Lubbock, but was recruited back to a position in Dallas. A pleasant and well-liked person, he said, she was the daughter of an osteopathic physician, and excelled at being an MD in an era when osteopaths and MDS were not very friendly.

Dan M. Queen, MD, of San Antonio, was born in Spokane, Washington and had graduated from Northwestern University in 1946. He undertook specialty training in pathology at Western Reserve, (Ohio), Stanford University, M.D. Anderson Hospital, Houston, and Baylor University College of Medicine, Houston. He also had spent a short time in the Air Force.

Jack Pruitt, MD, of Lufkin had graduated from UTMB, and served an internship at Hermann Hospital in Houston. In 1952-
1953, he was the recipient of the Violet H. Keiller Award for the outstanding physician at Hermann, and moved to Lufkin in 1954 where he operated Pruitt Medical Laboratories.

K. P. Wittstruck, MD, was appointed pathologist at Providence Hospital in Waco in 1953.

In Pampa, Joe L. Lowry, MD, reports that before 1957, neither the Highland General Hospital nor the Worley Hospital had the routine services of a pathologist. Surgeons, he said, sent specimens to various places, "depending on how they felt about the specimen."

In 1957, Dr. John Andujar of Fort Worth began covering both the Highland General and Worley Hospitals.

The Arlington Memorial Hospital opened in 1958, reports Dudley D. Jones, MD, of Arlington, with pathology initially covered by John Liles, MD, who opened a private laboratory, Western Clinical Laboratories, on North Oak Street, and provided tissue pathology for the hospital and private offices.

In the late 1940s, John Pilcher, MD, moved to the Corpus Christi area, becoming the first pathologist in the region. Born in 1904 in Streator, Illinois, he had received his MD from The University of Texas Medical Branch in 1931 and served as an instructor and associate professor of pathology there. He would serve Corpus Christi hospitals, including Memorial and Spohn, and others in Taft, Kingsville, Alice, and Refugio.

"My understanding," writes Joe A. Lewis, MD, of Corpus Christi, "is that he came here as a representative of Terrell Laboratory in Fort Worth but shortly thereafter became independent. With the completion of Driscoll Children's Hospital in 1952, the chairman of that board, McIver Furman, MD, sought an additional pathologist, Joseph Pasternack, MD, who came to Corpus Christi in 1954 after he was promised both Driscoll and Spohn. His acquisition of Spohn created a split in the medical community as Dr. Pilcher was well-liked and had actually served as Chief of Staff at Spohn. Nevertheless, Dr. Pilcher ended up at Memorial and Dr. Pasternack at Spohn and Driscoll. Dr. Pasternack eventually ended up also serving Taft and Alice."
Throughout Texas, there was an expansion of pathology services as physicians explored new territories. In the Lower Rio Grande Valley, Herschel E. Whigham, MD, of McAllen, who had served the southernmost area of Texas since 1935, was the only individual providing pathology services in the late 1940s when Frank M. Townsend, MD, arrived to spend a short time there, having come back to Texas to look after his ill mother. Drs. B. F. Stout and David A. Todd in San Antonio had offered him a position as their representative in the Valley, and for awhile, he was the only formally-trained pathologist providing services there.

Then, in January 1954, David W. Flory, MD, who was stationed at Fort Sam Houston in San Antonio, drove to Brownsville, “It was a pretty day,” he said, “and people were interested.” So he decided to move, first choosing Brownsville and a year later relocating to Harlingen.

When Dr. Flory arrived in the Valley, he recalls that some hospitals were routinely sending their laboratory work to San Antonio, primarily to Dr. Todd. Dr. Flory, however, would provide services to Valley Baptist Hospital in Harlingen and Mercy Hospital (which became Brownsville Medical Center) in Brownsville; Dolly Vinsant Hospital in San Benito; Knapp Methodist Hospital in Weslaco, and the Edinburg hospital.

For awhile, he, too, was the only formally-trained pathologist in the Valley. He recalls the dedication of Dr. Whigham, who provided medical services in several specialties, including “pathology, allergy, and a couple of other specialties, and was a conscientious, hard-working man.” Although Dr. Whigham was not a formally-trained pathologist, he routinely participated in continuing medical education.473

Another pathologist, Charles Gordon, MD, McAllen, would also spend three years in the Valley between 1957 and 1960.

In West Texas, Christopher Hall, MD, of Midland, reports that Dorothy Wyyvell, MD, a pediatrician, arrived in Midland in the late 1940s after training at Duke University.474

“Apparently,” he said, “it was quite common for pediatric residents to perform autopsies at Duke, and she did perform autopsies on some of her patients in Midland.”

Dr. Wyvell did not attempt to interpret the microscopic pathology. Instead, tissues on her autopsies, and biopsies on patients
in her pediatric practice were sent to Dr. Gladys Fashena at The University of Texas Southwestern Medical School in Dallas.

**Martha Madsen, MD**, a graduate of Rush Medical College, Chicago, arrived in Midland in 1953 as pathologist at Midland Memorial Hospital. She also quickly founded West Texas Pathology Laboratory and started the MMH School of Medical Technology. Dr. Madsen had taken pediatric and pathology residencies at Children's Hospital, Detroit, and had served as pathologist at several Detroit hospitals before moving to Midland. She had several short-term associates but largely functioned independently. She performed many forensic autopsies and provided rural hospital coverage.

**M. David Orrahood, MD**, a native of Clarksburg, Virginia, and a graduate of Harvard Medical School in 1947, had been a pathologist for a short time in Odessa following service in the Army Medical Corps during and following World War II.

Texas pathologists readily adapted to new circumstances, and were facile in developing new techniques. **Robert F. Peterson, MD**, chairman of the department of pathology at Scott and White Hospital, Temple, reports one such adaptation in his institution toward the end of the 1940s. That was when the paraffin block technique began to be used, according to Dr. Frank Townsend, who served on the staff then. Earlier, microscopic tissue slides had been made by frozen sections from fresh tissue, stained, air dried, dipped in xylene and coverslipped with mounting media or as frozen sections cut from fixed tissue, stained with hematoxylin and eosin, dipped in xylene and coverslipped with permanent mounting media.

In 1951, **A. C. Broders, Sr., MD**, who had been chairman of the department of clinical pathology at the Mayo Clinic from 1936 to 1951, retired and joined the staff of Scott and White. He would remain in Temple until retiring a second time in 1961. Author of numerous papers, he was world renowned for his histologic grading system of malignancies. In his name, Scott and White would establish the Albert Compton Broders Memorial Lecture Fund in Pathology.

**James Cotton Stinson, MD**, joined the pathology department at Scott and White Clinic in 1951. Dr. Stinson had graduated from Texas A&M University in 1943, participating then in the UTMB accelerated training program, and receiving his MD in 1945.
He then was commissioned a Lieutenant (j.g.) in the U.S. Navy, completed an internship in the Navy and served as medical officer aboard the USS Chicaska. Upon discharge, he began a residency in pathology at the Mayo Clinic, completing it in 1952. During this era, he began a long association with the renowned Dr. Broders, who inspired him to move to Temple in 1952. Dr. Stinson would become chairman of the department of pathology in 1956, a post he would fill until 1982. He would become deeply interested in electron microscopy, and about 1970 would establish the section on electron microscopy at Scott and White. Upon retirement in 1987 he would be honored by the James C. Stinson Electron Microscopy Suite.

Texas pathologists did not avoid having fun in the course of their work during the post-war years, and Drs. Peterson and Stinson cite the antics of Donald S. Morris, MD, who was on the Scott and White staff in the late 1940s. During those days, physicians would come to watch the surgeons operate. Dr. Morris apparently enjoyed returning the specimen to the operating room to demonstrate it before the group, and then proceeded to offer a few extraneous remarks such as, "Doctor, you just removed another normal uterus."

Another pathologist, Thomas R. Sunbury, MD, arrived at Scott and White as a resident in pathology in 1955, and became a staff member in 1958. He would be director of the division of anatomic pathology from 1960 to 1981, and remembered "for his untiring willingness to help his colleagues in the daily practice of pathology. He could be very outspoken, but this was easy to accept because we knew he was almost always right."

A changed landscape

FOR PHYSICIANS returning to the medical school arena after World War II, the landscape presented a Rip-Van-Winkle puzzlement. Baylor University College of Medicine had moved lock, stock, and barrel to Houston, operating first from its makeshift quarters in a Sears warehouse. Southwestern Medical College of the Southwestern Medical Foundation in Dallas was operating out of "the shacks"—the Army barracks that had been hastily prepared for its first class in 1943.

Attendance at The University of Texas Medical Branch at Galveston had grown immensely. The school, like others, had been
asked by the Association of American Medical Colleges (AAMC) to increase enrollment by 10 percent to aid the war effort, and the influx of veterans flocking back for residency training spurred new growth. Ten years earlier, the school had had only four approved residency positions, and by 1946, it had sixty-nine approved residency positions. Meanwhile, the pathology department was beginning its first approved residency training program. 

Because of the spurt of growth, there was less personal contact with older staff. Students reportedly became more goal-oriented, often working from their freshmen years toward specialization and career niches. With more funding available, there also were new opportunities for laboratory investigation.

Elwood Baird, MD, arrived in Galveston in 1949 to teach at The University of Texas Medical Branch. Born in 1907 in Sherwood, Michigan, he received his medical degree from Northwestern University in 1935, and took a surgical residency at Passavant Memorial Hospital in Chicago. After developing tuberculosis, he switched to pathology. War also had interrupted his plans, and he had served in the U.S. Army from 1938 to 1942, leaving with the rank of captain. He became an instructor in pathology at Tufts University and an assistant professor of clinical pathology at the University of Colorado before joining UTMB in 1949. There, he became professor of clinical pathology, director of clinical laboratories, and director of the school of medical technology. He would direct the ASCP Board of Schools medical technology program, and become a leader in the Texas Society of Pathologists and other medical groups.

Jarrett Williams, MD, of Abilene served as an associate professor of clinical pathology, associate dean and superintendent of university hospitals at The University of Texas Medical Branch in Galveston before moving to Abilene in 1950.

In Abilene, he would establish the first clinical pathology laboratory in the region and also would begin the first blood bank. In addition, he would become known for his promotion of continuing medical education, and would serve in many leadership roles in pathology organizations; in the Texas Association of Blood Banks; the American Cancer Society, his county medical society and the Texas Medical Association House of Delegates.

Post-war changes were also under way in Dallas, where the Southwestern Medical Foundation was seeking to enhance its
young medical school. After receiving support from the Texas Medical Association, it became The University of Texas Southwestern Medical School in 1949—the second school to belong to The University of Texas System.486

James White, MD, of Fort Worth became a student at UT Southwestern during the 1950s, and his wife worked in the pathology department. There were few professors of pathology then—Drs. E. E. Muirhead, A. J. Gill, Alice Smith—and, a little later, P. O’B. Montgomery.

He performed autopsies for the hospital and medicolegal autopsies for the city and county of Dallas. Fortunately, students—who were unlicensed—usually did not have to testify in court. There were occasions, however, when they were needed. Dr. White’s roommate, for instance, testified during a case that he recalls marked the first time a person was convicted on circumstantial evidence. M. H. Mason, a chemist PhD for the city-county toxicology laboratory and who taught at UT Southwestern Medical School, helped convict the man.

“This was long before the day of plastic credit cards,” Dr. White recalls, “and stores like Neiman Marcus had charge plates—aluminum plates containing the store name, and a name and address. The cards usually were carried inside a plastic or leather case. The defendant in the case was convicted when the plastic case for a charge-a-plate was found under a porch.” The charge plate was treated with Kodak chemicals and exposed to fluorescent light, revealing the name of the victim.

A. J. Gill, MD, had been promoted to associate professor at Southwestern in 1947 and professor in 1950.487 He also had been intimately involved in the transition of the school from the original college to its becoming a component of The University of Texas System in 1949. During that period, plans had been drafted for the new Parkland Memorial Hospital and for the Cary Basic Science Building. From 1955 to 1967, Dr. Gill would serve as dean and chief administrative officer of the school.

“Dr. Gill’s reign was marked by his characteristic patience, dedication, and equanimity. The faculty grew steadily, and individuals who now have national reputations in academic medicine joined the faculty during Dr. Gill’s administration,” a colleague writes. “The period preceded the days of large federal grants, with most
funds coming from the State Legislature. Early in Dr. Gill's administra-
tion, the beginnings of what became the Graduate School of Bio-
medical Sciences was created, and PhD programs were established in
the basic sciences.

"Relations with the physicians in private practice in the Dallas
community remained excellent; as an example, while dean of the
medical school, Dr. Gill also served on the Dallas County Medical
Society board of directors. In an atmosphere created and nurtured
by Dr. Gill, members of the Dallas medical community and medical
school have maintained this excellent spirit of communication and
cooperation through the subsequent years. Indeed, the existence of
the school in the early years depended largely on the support of local
physicians who donated freely of their time and talent. By the end of
Dr. Gill's term, Southwestern Medical School had risen rapidly from
a small struggling school to a point of national recognition and dis-
tinction."

After serving as dean, Dr. Gill returned to the pathology de-
partment to resume teaching, maintaining frequent contact with
medical students in the laboratories and in the morgue. They were
"most complimentary of Dr. Gill's instructional efforts in pathol-
ogy and his personal brand of philosophy. He also instructed resi-
dents on the autopsy service and served as consultant to the medical
examiner's office, where "his lifelong interest in firearms and ballis-
tics found practical application."

Dr. Gill also became vice president of the Texas Medical Asso-
ciation and chaired the TMA Council on Scientific Advancement,
the Section on Pathology, and was a member of the Council on
Medical Education and Hospitals, the Special Committee on Health
Planning and the TMA House of Delegates. One of his children,
Mary Gill Bankhead, MD, would graduate from Southwestern
Medical School and become a pathologist in Corsicana.

Academia in Texas had had its famous feuds, and pathology it-
self was not always free of dissension. Two of its stalwarts were in-
volved in an administrative disagreement that was no secret. The
dean of Southwestern Medical School, Dr. Gill, and a member of the
faculty, E. Eric Muirhead, MD, did not see eye-to-eye on the direc-
tion of the school. Their disagreements reportedly became so vocif-
erous students could hear them in the hallways. Dr. Muirhead chose
to leave Southwestern and would recall his years there as "difficult."
He moved first to Detroit and later to Memphis, Tennessee, serving
Baptist Memorial Hospital and the University of Tennessee at Memphis—from which institutions he would retire. There, he continued his studies of renal hypertension, would publish more than 250 articles, and patent several methods of treatment. His sons later recalled his passion for science and his drive to pursue his scientific career until the day of his death on November 20, 1993.

In his later years, Dr. Muirhead would become visible to the public when he led the team performing the autopsy on singer Elvis Presley—particularly when he expressed shock afterward that the county medical examiner termed the entertainer’s death a heart attack. Dr. Muirhead staunchly maintained that Presley died of “polypharmacy,” or drug interaction.488,489

Dr. George Race also would report that Dr. Muirhead told him Dr. Gill probably was right in the requests he was making.490

Recalling both Drs. Gill and Muirhead, Dr. Jim White observes that they “complemented each other. Both were excellent teachers.” Muirhead, he said, especially “made things come to life—using all portions of the body—hands—expressions . . . he was a prince of a fellow.” At the time, however, he remembers that Dr. Muirhead had been one of the few people really interested in research, and that that was how he got “cross hairs” with the administration.

Missing full-time teaching, research and the academic atmosphere, C. T. Ashworth, MD, decided to leave Terrell’s Laboratories in Fort Worth in 1957 and return to teaching at The University of Texas Southwestern Medical School.491 A native of Kaufman, Texas, who had been a professor at Baylor University College of Medicine, Dallas, and remained to teach at Southwestern Medical College, he became known for his orientation to patients, his compassion, and his mental acumen.

“Charles Temple Ashworth,” remembers his student and later partner and friend Thomas H. McConnell, MD, “was the most brilliant man I’ve known. He had a clearly conceived set of principles by which he lived—regardless of cost.”

“On the other hand, those who worked with him in the service of others soon saw that he expected them to adhere to his high standards. He was determined always to do his best and expected others to do likewise. And woe be to those who didn’t. The dichotomy in the personality of Charlie Ashworth occurred because he was driven always to do his best and expected others to do likewise. He was
mercurial and paradoxical and generous to a fault. . . . These were the same characteristics that made him such a remarkable teacher."

"He was a wonderful teacher," reminisces Jean Wilson, MD, professor of internal medicine at UT Southwestern Medical School and member of the National Academy of Sciences, "one who reduced everything to the most basic level of understanding . . . he could analyze an autopsy to the molecular level and present the most mundane issue in an atmosphere of intellectual excitement."

"I recall an Ashworthian lecture on pneumonia," says Dr. McConnell. "We learned that alcoholics suffered pneumonia more commonly than others. One reason was the paralytic effect of alcohol on the cilia of bronchial epithelial cells—how marvelous was their symmetrical arrangement and that they behaved like the actin and myosin filaments of skeletal muscle, contracting and relaxing in beautiful unison to produce the wavy motion that swept clean the bronchial epithelium. Most of us would have stayed willingly for the rest of the day."

"However, Ashworth was not above making his students quake in their shoes," recalls Dr. McConnell.

A student in the late 1950s, Wm. Gordon McGee, MD, of El Paso recalled Dr. Ashworth as a superb academician, whose great strength had been his work in private practice. "He knew what was important, an excellent researcher who stimulated students . . . he pulled with a ring through the nose . . . and had a heck of a temper." Students, he said, tried to interpret the status of his day by how far his chin went down his neck. "If there were four wrinkles," they knew to be cautious.

Edwin Eigenbrodt, MD, a professor of pathology at the school, "found Dr. Ashworth's open-door policy for students remarkable."

"He never made you feel you were intruding on him. And he had an extraordinary ability to turn things on and off—he could be working on a paper and be in mid-sentence when you entered. He'd stop what he was doing immediately and help you. As you left, you could look back over your shoulder and he'd be back where he'd left off on the paper . . . I was amazed at his ability to change his different hats so quickly."

Dr. Ashworth developed the electron microscopy program at the school, and Rolland Reynolds, MD, professor of pathology who would do much work with him, remembers that Dr. Ashworth
had a tremendous grasp of the literature. "I learned most of my surgical pathology from him and Dr. Stembridge," he said, "and I learned my electron microscopy from Dr. Ashworth."

Dr. Ashworth conducted considerable study on cellular changes in disease, especially with studies aimed at better understanding the role of the liver in the body's utilization of small fat droplets—deposits of which cause arteriosclerosis. His work with the electron microscope also laid the groundwork for the future understanding of endocytosis as applied to lipids and other substances. He would publish more than 150 papers, and in 1968 establish what became AM Laboratories, continuing his career in the private practice of pathology until his death.

Alice Lorraine Smith, MD, was a student throughout World War II, having graduated summa cum laude from The University of Texas in 1940, and earning her doctor of medicine degree from Southwestern Medical College of Southwestern Medical Foundation in June 1946. She undertook a rotating internship and a residency in pathology at Parkland Memorial Hospital in Dallas, completing the latter in June 1950, followed by a teaching fellowship at Southwestern. She would have many appointments in pathology in both Houston and Dallas. From 1957 to 1961, she was pathologist and chief of the department of cytology and electron microscopy at Wadley Research Institute and Blood Bank. She also was a pathologist at Terrell's Laboratories in Fort Worth for one year, 1961–1962. In 1962, she would join the faculty of Southwestern and become director of the Division of Diagnostic Cytology at Parkland Memorial Hospital Laboratories. In 1976, she would become professor of pathology at Southwestern.

In addition to her original board certifications, she would be certified in cytopathology in 1989, and would co-author or author numerous articles and receive many honors including the Texas Society of Pathologists' citation of merit.

She would someday be described by Dr. Vernie Stembridge as having personally seen more cytology specimens than anyone in the state. 492

William Wallace Coulter, Sr., MD, of Houston, served as the county pathologist and as medical director and superintendent of Jefferson Davis Hospital. Born January 11, 1885, in Texarkana,
Texas, he graduated from Tulane University School of Medicine in New Orleans in 1908. In 1928, he had served as chairman of the Texas Medical Association’s Section on Pathology, and would be a founding fellow of the College of American Pathologists. Dr. Coulter provided forensic pathology services in Houston before the formal medical examiner’s system was developed there. He was a clinical professor of pathology at Baylor University College of Medicine in Houston.

Elizabeth B. Powell, MD, born in McKeesport, Pennsylvania in 1914, received her medical degree from Duke University in 1938. She interned at Duke Hospital and took a rotating internship at Baltimore City Hospital, plus a rotating internship and pathology residency at Charity Hospital, New Orleans. After serving as pathologist at Baptist and Jefferson Hospitals in Birmingham, Alabama, she had arrived during World War II at Memorial Baptist Hospital in Houston, and was a pathologist there from 1942 to 1945. She became an instructor at Baylor University College of Medicine in 1945, and an assistant professor in pathology in 1948.

Ideas on the prairie

BEFORE TEXAS MEDICAL schools and other institutions had more spacious structures for research and teaching, they had to rely on another factor to draw leaders into their fold. Dr. R. Lee Clark of M.D. Anderson Hospital and Tumor Institute, Houston, recalls the building of that institution’s programs in the 1940s.

“In those early days I had to sell an idea rather than a modern established institution. The physical plant at the old Baker estate would have attracted no staff member of consequence, so it was the idea—the future—that I purveyed.”

One of the individuals who accepted Dr. Clark’s idea was William O. Russell, MD, who became pathologist-in-chief and head of M.D. Anderson’s department of pathology in 1949.

The program at M.D. Anderson was to be threefold: research, continuing education, and some patient care.

The permanent headquarters in the Texas Medical Center were not to be occupied until 1954. Meanwhile, Dr. Russell began his efforts to build the institution’s pathology research and continuing education program. A 1937 graduate of Stanford University, he in-
terned at Cleveland City Hospital and at the Mallory Institute of Pathology, Boston City Hospital. In addition to his work at M.D. Anderson in Houston, he served as professor of pathology at The University of Texas Postgraduate School of Medicine in Houston. As he sought to build the program of the cancer institute, he would confront much interesting discussion and debate.

Houston had become a mecca for a number of pathologists after World War II, many of whom were either part-time or full-time faculty at Baylor University College of Medicine.

Wilson G. Brown, MD, of Houston, born in 1914 in Bosworth, Missouri, graduated from Washington University School of Medicine, St. Louis, in 1939, and served an internship in the pathology department there. He also was a pathology resident at St. Louis City Hospital; St. Louis County Hospital in Clayton, Missouri, and was a consulting pathologist to the U.S. Marine Hospital in Kirkwood, Missouri, and pathologist at the Veterans Administration Hospital, Jefferson Barracks, Missouri. From 1947 to 1951, he was director of the laboratory and pathologist at Hermann Hospital, Houston, and an associate professor of pathology at Baylor University College of Medicine, Houston. During World War II, he served in the U.S. Army and was awarded the Bronze Star.

Dr. Brown established a premier private laboratory with a large group of highly qualified pathologists. His group often has been lauded by pathologists for the teaching support it provided Baylor University College of Medicine when it first moved to Houston.

Melvin D. Haley, MD, who had come to Baylor with its first class in 1943 and had taught at Baylor, would remain in Houston until 1964, moving to Baytown to enter private practice in a hospital laboratory—although he would remain on the Baylor clinical staff.

Born in Hungary in 1896, Béla Halpert, MD, received his medical degree from the German University, Prague, was a voluntary assistant pathologist and had a Rockefeller fellowship at the same university. He also served as an instructor in anatomy at Johns Hopkins Medical School, was an assistant professor of pathology at the University of Chicago, a fellow in surgery at William Harvey
Cushing Memorial Hospital, an instructor in surgery and assistant professor of pathology, Yale University, and served as pathologist at various institutions in New Orleans and Oklahoma. In 1949, he became chief of the laboratory service at the Veterans Administration Hospital, Houston, and a professor of pathology at Baylor University College of Medicine there.498

Franz Leidler, MD, of Houston, born in 1914 in Vienna, received his medical degree there in 1938, and served a fellowship in bacteriology and an internship in pathology at Washington University, St. Louis. He also was pathologist at Snodgrass Laboratory at City Hospital, was assistant pathologist at Missouri-Pacific Hospital, both in St. Louis, and chief of laboratories at the VA Hospital at Jefferson Barracks, Missouri. He served in the U.S. Army in 1944 and 1945, and moved to Houston to become director of laboratories at Memorial Hospital in 1958, and an assistant professor of pathology at Baylor University College of Medicine, Houston.499

Ethel E. Erickson, MD, born in 1914 in Chisholm, Minnesota, trained first as a medical technologist, and focused primarily on microbiology, chemistry and blood banking from 1937 until 1943. She attended the University of Minnesota School of Medicine, and obtained additional pathology training at the Illinois Research and Educational Hospital under Granville A. Bennett, MD. With her husband, Jesse W. Hofer, MD, she moved to Houston in 1951, where she would work with Dr. Béla Halpert at the VA Hospital. From 1965 until 1969 she was the pathologist for the Sharpstown General Hospital, and in 1969 would join the Harris County Medical Examiners Office. Throughout the years, she would maintain ties with Baylor University College of Medicine, first as an assistant professor, and then as a clinical associate professor.

“She enjoyed and was well liked” by medical students, residents and staff, and was author or co-author of more than thirty publications, including a wide variety of disease processes from cardiac to gastrointestinal pathology. Active in many organizations, Dr. Erickson would take a strong role in the formation of the Houston Society of Clinical Pathologists.

Ella Eager Sheehan, MD, of Houston, a native of Stillwater, Oklahoma, graduated from the University of Oklahoma School of
Medicine in Oklahoma City, interned at Jersey City, New Jersey Medical Center, returning to Stillwater in 1950. She also served residencies in pathology at the District of Columbia General Hospital, Queen’s Hospital, Honolulu, and the VA and Jefferson Davis Hospitals, Houston. She would become director of laboratories at Medical Arts Hospital of Houston for seventeen years. She was married to a physician, William L. Sheehan, II, MD.

Harold Wood, MD, of Houston, a native of Tennessee and a 1933 alumnus of Tufts Medical School had taken his rotating internship in Providence, Rhode Island, and had received his pathology training under Wiley Forbus, MD, at Duke, Kenneth Lynch, MD, at Medical College of South Carolina and H. Edward McMahon, MD, at Tufts Medical School.

During World War II, he had served four years as a laboratory officer in several naval hospitals and hospital ships. He moved to Houston in 1951 where he became an associate professor of pathology at Baylor University College of Medicine. He also was owner and president of Wood Scientific and Laboratory Medical Data, Inc., before moving to California. Active in medical organizations, he served as a governor of the College of American Pathologists.

Robert Freeman, MD, a native of Kerrville, graduated from Baylor University College of Medicine, Houston, in 1949, served an internship at Stanford, and undertook surgical, pathology, and dermatology residencies at Baylor. He would become a professor of pathology and dermatology at Baylor.

Years later, Dr. Freeman would recall the many pathologists he had known in Houston during this era, and the vast changes that occurred at Baylor from the time he’d first arrived as a student in the midst of the 1945 hurricane. Among those would be the “big change” in the pathology department after the retirement and death in the early 1960s of Dr. Stuart Wallace. In 1962, Dr. Robert O’Neal arrived from St. Louis as chair, and would initiate a new focus on research. He also would eliminate all private practice among pathology faculty at Baylor—a program that had been built primarily by practitioners since the move to Houston—and transfer dermatopathology into the dermatology department. Dr. Freeman observes that Dr. O’Neal was successful in his research endeavors until a disagreement occurred with Dr. Michael DeBakey over plans for a new
blood bank at Methodist Hospital. Dr. O’Neal then ultimately would retire to Mississippi.

In 1970, Dr. Freeman would accept an invitation to join the faculty at Southwestern Medical School. There he also would become a professor of pathology and dermatology and serve as chief of the division of dermatopathology. He later would leave the full-time faculty to become a co-founder of the Freeman-Cockerell Clinic in Dallas, but would continue to teach at Southwestern.

S. Donald Greenberg, MD, a native of Beaumont, graduated in 1954 from Baylor University College of Medicine, Houston. He served a rotating internship at Northwestern and Wesley Memorial Hospital, Chicago, and an otolaryngology residency at University Hospitals, Iowa City, Iowa, before returning to Baylor in 1956 to undertake a pathology residency. He would serve on the Baylor faculty beginning in 1962, and become professor of pathology and otolaryngology, retiring as an emeritus professor.

Dr. Greenberg would conduct extensive research in cytopathology and pulmonary diseases, including occupational lung diseases associated with asbestos exposures. In addition, he would receive numerous awards, and become the author or co-author of more than 200 publications.

F. Lamont Jennings, MD, would become chairman of pathology at The University of Texas Medical Branch at Galveston in 1953. A Minnesota native, he graduated from Indiana University Medical School in 1947, and served four years as an Atomic Bomb Casualty Commission postdoctoral fellow in the University of Chicago department of pathology. After taking an internship at the University of Chicago clinic and serving on the staff, he joined the Armed Forces Institute of Pathology, where he reviewed pathologic material from Hiroshima and elsewhere for the ABCC and supervised research on tissue effects of focal radiocobalt radiation on the skin and in the lung and kidney. Further, he helped organize work of the pathology section for the 1957 atomic bomb tests in Nevada.

At UTMB, he continued his research on pathologic effects of radiation, and investigated protein metabolism and tumor growth.

William T. Hill, MD, was born on August 28, 1924, in Hampton, Arkansas, and received his MD in 1947 from the University
of Arkansas Medical School in Little Rock. He completed an internship at Pearce County Hospital in Tacoma, Washington; a three-year pathology residency at the University of Arkansas in Little Rock, and an additional year of residency in pathology at Washington University in St. Louis, under the supervision of Lauren Ackerman, MD.

From 1953 through 1955, he served in the military at Fort Sam Houston.

After leaving the Army, he took further pathology training at Columbia University in New York City in 1955-1956, and was deeply influenced by his association with Dr. Arthur Purdy Stout. He was a co-founder of the Arthur Purdy Stout Club in honor of his great teacher.

In 1956 Dr. Hill and his family moved to Flint, Michigan where he was Chief Pathologist at McClaren General Hospital for approximately three years. In 1959 Carl J. Lind, MD, recruited him as an associate at St. Luke's Episcopal Hospital in Houston, and later the group, Lind, Hill, Webb, and Associates, was formed.

Dr. Hill left St. Luke's in 1967, and became director of pathology at Rosewood Medical Center Hospital, Sam Houston Memorial Hospital and West Houston Medical Center. In addition, he directed Hill & Associates, a private pathology laboratory group. He also was a clinical assistant professor of pathology at Baylor College of Medicine.

He held numerous positions in medical organizations and served as president of the Harris County Medical Society, the Texas Society of Pathologists, and the Houston Society of Clinical Pathologists. He also became a founding trustee of the Gulf Coast Regional Blood Center.

Over the years, Dr. Hill would seek to emphasize the link between the basic sciences and the clinical practice of medicine. As a surgical pathologist, his primary goal always would be patient care.

In 1995, the first Dr. William T. Hill Lecture would honor him at Baylor College of Medicine’s Office of Continuing Education.

Oscar J. Wollenman, Jr., MD, born in 1912 at Corder, Missouri, had graduated from Vanderbilt Medical School in 1938, served an internship at Vanderbilt and University Hospital the following year and a pathology residency from 1939 to 1943 at the Mallory Institute of Pathology, Boston City Hospital.
In the Army Medical Corps from 1942 to 1946, he left as a lieutenant colonel and moved to the VA Hospital in McKinney, where he served until 1952. He also became a clinical associate professor of pathology at The University of Texas Southwestern Medical School, a pathologist with Terrell’s Laboratories and subsequently director of pathology at St. Joseph’s Hospital in Fort Worth for many years.

Ralph J. Zientak, MD, of Amarillo, a native of Chicago and 1949 graduate of Johns Hopkins University, had taken special training in pathology under Drs. Granville Bennett and Cecil Krakower. He had studied academic pathology at the University of Illinois Medical School, and had moved to Amarillo in 1957 as the pathologist at Baptist Hospital.

Frederick P. Bornstein, MD, in 1952 became the first forensic pathologist in El Paso. Born in Hamburg, Germany, Dr. Bornstein earned his degree there and later trained under Richard Jaffe, MD, of Chicago, John L. Goforth, MD, of Dallas, and Otto Saphir, MD, of Chicago. Dr. Bornstein served as pathologist for the Alton Illinois State hospital and was chief of laboratory service in the U.S. Army from 1944 to 1946. Bringing scientific forensic medicine to the area, he was the only person to perform medical legal activities in far West Texas and eastern New Mexico for many years. During his forty-four years of practice, he reportedly would perform 12,000 autopsies.

Paul M. Obert, MD, of Victoria, Texas, a native of Apache, Oklahoma, had graduated from the University of Oklahoma School of Medicine in 1947. He interned at St. Anthony Hospital in Oklahoma City, was in general practice from 1948 to 1950 in Purcell, Oklahoma, and returned to the University of Oklahoma for a residency in pathology, later serving in the USPHS from 1953 to 1956 as chief of laboratory at the U.S. Public Health Service Hospital in Galveston. In 1956, he moved to Victoria as director of laboratories of Citizens Memorial Hospital when it opened, serving there and as pathologist for twenty-six other hospitals in the South Central Texas-Gulf Coast area. He also became the owner of the Regional Medical Laboratories of Victoria, Texas.

In addition to these physicians, there were many others who actively built the specialty of pathology during this era.
Leadership and hard work

TEXAS PATHOLOGISTS were prominent in sustaining, building and recasting the infrastructure of Texas medicine during the post-war years.

In San Antonio, the respected annual tumor seminar sponsored by the San Antonio Society of Pathologists had been initiated during the war, and continued to bring world-renowned leaders of pathology to Texas.

In the fall of 1947, Baylor University College of Medicine occupied its unfinished—but nevertheless grand—structure. Standing in isolation midst thick forests on the city’s outskirts, the new school would become the centerpiece for a world-renowned medical center.501,502

“When Baylor moved to its new quarters,” recalled Dr. Peter Marcuse, who had arrived in Houston from Berne, Switzerland, just as World War II was beginning, “the pathology department was organized and ready for lectures and courses.”

A group of Houston physicians captured the post-war momentum in the city and formed the Houston Society of Clinical Pathologists.

“Many young pathologists were now coming to Houston,” Dr. Peter Marcuse recalls, providing the environment for the formation of the Society.503

Dr. Melvin Haley of Baytown, who attended the meeting, retained his original notes from the organizational session held July 22, 1949, at the Felix Cafe on Westheimer.504 Attending were Drs. J. P. Abbott, R. H. Chappell, B. E. Copeland, J. B. Fuller, D. L. Galindo, M. B. Grossman, Schubert Knittel, Peter M. Marcuse, L. P. Ortega, W. O. Russell, L. S. Smith, F. W. Sunderman, C. B. Sanders, and J. B. Moreland (a chemist). The physicians had moved that two societies be formed, one as the Section on Pathology of the Harris County Medical Society, the same group becoming the Houston Society of Clinical Pathologists. Some opposed the idea of the section because they did not wish to be restricted to county society regulations. The initial objectives were to promote closer association of members; encourage the standardization of laboratory methods and elevate the standard of work performed in laboratories of clinical pathology; protect and promote the interests of pathologists; stimulate scientific investigation, and promote the practice of
scientific medicine by a wider application of clinical laboratory methods.

At the group's second meeting, Dr. Sanders was named president; Dr. Marcuse, vice president; Dr. Chappell, secretary-treasurer, and Dr. W. W. Coulter, Sr., was to serve on the executive council. Programs were to be presented by members with a visiting pathologist invited to an annual meeting.

Years later, Dr. Marcuse would write that although the Houston Society of Pathologists had grown into a large organization, "providing ample professional information as well as social contact" to its members, "We should not forget the pioneer work, specifically the efforts of Drs. Wallace and Wheeler that took place over fifty years ago."505

Pathologists at the helm

A POWERFUL LEADER in Texas medicine at this time and a long-time stalwart of the Texas Society of Pathologists, Dr. Truman C. Terrell of Fort Worth, was chairman of the Texas Medical Association Board of Trustees. In April 1948, a resolution had been introduced into the association's House of Delegates to move its central offices from Fort Worth to Austin. Dr. Terrell, however, opposed the move. Among his arguments was that it would be expensive and "not be politically wholesome to have the home of the Association located in the shadow of the state capitol." There were lengthy debates on the advantages and disadvantages, but nevertheless, the delegates voted in favor of the move. Another pathologist, Dr. George Turner of El Paso, then introduced the resolution authorizing the association's Board of Trustees to develop plans and specifications for a new home office building and library.506

At the dedication of the new Texas Medical Association building in 1952, Drs. Terrell and Turner stood side by side as leaders of the association—Dr. Terrell as president and Dr. Turner as president-elect. Senator Lyndon B. Johnson, expressing opposition to socialized medicine, was the keynote speaker.507 The event occurred as the Texas Medical Association completed its 100th year.

Timely, of course, but perhaps fitting as well, Dr. Nixon provided Dr. Terrell the last word in his book on the association's first century. Humble in his remarks, said Nixon, Dr. Terrell recognized his dependence on all who had preceded him.508
His life also epitomized the progress of medicine and pathology in Texas.

He had attended The University of Texas Medical Branch at Galveston until 1907, and after three years, transferred to the University of Pennsylvania School of Medicine, where he received his degree in 1911. From 1911 to 1912, he interned at Kansas City General Hospital and Medical Center, Kansas City, Missouri, and at Philadelphia Hospital for Contagious Diseases. He also undertook a residency in pathology at Philadelphia General Hospital and postgraduate work at Harvard University Medical School, Boston.

In 1913 and 1914, he had practiced medicine in Ranger, moving then to Fort Worth to become the pathologist for Harris Hospital. He left to join the faculty of the Fort Worth School of Medicine, teaching clinical pathology, bacteriology, and tropical medicine. Meanwhile in August 1915, he established Terrell's Laboratories in Fort Worth, but continued to teach.

In May 1918, he resigned from the Fort Worth School of Medicine, and entered the U.S. Army as a first lieutenant. Discharged in 1919, he returned to Fort Worth to direct operations of Terrell's Laboratories.

In 1921, he was one of the founders of the Texas Society of Pathologists, and is credited by Dr. John J. Andujar of Fort Worth as being the one who often pulled the Society together when it seemed to be struggling.

In 1932, he had been named a director of Methodist Hospital (later Harris Hospital) and subsequently was asked by the board of trustees of All Saints Episcopal Hospital in the city to help keep that hospital open. He assumed managing directorship of the hospital and for fifteen years was its only benefactor.

During World War II, he became a technical advisor for the American Red Cross Blood Processing Center in Fort Worth and served as a consultant to the State Selective Service Board.

In 1942, Terrell's Laboratories School of Medical Technology was established, and he would serve as a director of the school until 1971.

Always active in professional organizations, Dr. Terrell also served as a delegate to the American Medical Association and was on the Texas State Board of Health.

In 1965, he was appointed as the first medical examiner in Tarrant County.509,510,511
Dr. James White of Fort Worth recalled Dr. Terrell as his father's physician. Through that contact, as a young man, Dr. White had traveled from Brownwood to see Dr. Terrell, who offered him a job if he attended Texas Christian University. At Terrell's Laboratories, he worked closely with Dr. May Owen. Recalling Dr. Terrell's many public activities, he added another insight. "Not many people knew he was blinded in one eye," he said, "that was the reason he stopped doing so much pathology. His microscope had flamed and burned the retina of one eye." 512

Other pathologists during the post-war years also achieved high-level posts in medical organizations. In 1946, Dr. Frank Hartman became the first president of the College of American Pathologists. 513 In 1950-1951, F. William Sunderman, Sr., MD, of Houston became president of the American Society of Clinical Pathologists.

Post-war meetings and issues

MEDICAL MEETINGS in Texas quickly returned to normal after World War II, and in January 1946, the Texas Society of Pathologists held its first meeting in a year on the campus of the new Southwestern Medical College. 514 One reflection of normality was the Society's annual tumor seminar led by Dr. Paul Brindley, chairman of the department of pathology at Galveston. Thirteen cases were presented, and each slide was accompanied by "mimeographed clinical summaries." 515

As always, Society funds remained scarce—and after income and expenditures, the balance in the treasury was $11.18. Regardless, the Society promoted several significant post-war activities. Unanimously adopted were recommendations reported by Dr. J. L. Goforth for the Committee on Standardization of Laboratories, which oversaw serology evaluation in the state's laboratories under the aegis of the state health department. One recommendation called for publishing the interpretation of laboratory data for the benefit of physicians—leading the Society to sponsor a half-page advertisement each month in the state medical journal. Twelve members volunteered to subsidize the page, a custom that continued until 1951, when the Society would assume the cost directly—even raising dues to pay for it—despite informal reports that readership was poor. 516 517

Dr. Louis S. Smith of Houston would emphasize the diversity of
coverage and benefits: “Is Your Staff Scientifically Progressive?” (autopsy); “Texas Dragnet” (medical examiner); “It’s Easier to Kill a Texan than to Steal His Horse” (medical examiner); “Medical Technologists also Have Ethics” (ethics), “What Is Your Solution to the Shortage of Pathologists?” (recruitment); “When Is a Lymphocytosis a Neutropenia?” (hematology); “The Slide Is the Pathologist’s Patient” (ethics, consultation); “Code of Ethics: ASCP” (ethics); “Medical Education at its Best” (autopsy); “I Don’t Trust that Lab” (medical technologists); “Is Yours a Hospital or a Nursing Home?” (autopsy); “Negative for Cancer” (cytology); and “This One Will Kill You” (blood bank).  

From a historical viewpoint, the content became a fascinating and timely reflection of both scientific, ethical, philosophic, and socioeconomic concerns. At times there was debate over content. Dr. C. T. Ashworth of Dallas stood firmly against socioeconomic advertisements and squarely behind publishing scientific material. Not until 1961 would the Society decide to discontinue the page, although it discussed the possibility again in 1964. It would, however, decide against sponsoring the page, citing difficulties in preparing the information, the criticism created by such a page, and the ready availability of an editorial page for the purposes. Cost also was a factor.

In May 1947, the Texas Society of Pathologists decided to directly sponsor the serology evaluation project they had originated. Dr. Joseph M. Hill, director of the William Buchanan Blood Plasma and Serum Center in Dallas, was asked to make available the necessary facilities for the project in his blood center, and a committee was appointed to direct it. In May 1949, Dr. Hill reported that good serological work on syphilis was being done by pathologist members.

Dr. Hill also received kudos from Dr. John A. Kolmer, guest of the state medical association’s Section on Clinical Pathology in the spring of 1948. Dr. Kolmer had examined the dried serum product prepared by Dr. Hill in his laboratory and found it “highly satisfactory.” Earlier that year, Dr. A. O. Severance of San Antonio, for the Scientific Awards Committee of the Texas Society of Pathologists, had presented a scroll to Drs. Hill and Sol Haberman for their “outstanding original work” in 1946 on the Rh factors.
The end of World War II brought new challenges in the field of medical technology, which had seen an acute shortage of personnel during the war.

"Reconversion problems," Dr. John J. Andujar announced, "were affecting the status of medical technology by the release of some 30,000 men trained in some aspects of medical technology in the armed services."^527

He also advised his colleagues that the problem of inadequate training in medical technology in Texas colleges was "being worked out." Protests had been sent to the Board of Regents of Texas State College for Women [later Texas Woman’s University] regarding inadequate training of medical technologists. A special committee was appointed to talk with the school’s Board of Regents, and Dr. Goforth later reported the college had volunteered to change the name of its course to "major in Bacteriology and introduction of Medical Technology" and had offered "to effect certain other catalogue changes to make clear the supposed preparatory nature of the course."^528

Relationships between the Texas Society of Medical Technologists and the Texas Society of Pathologists continually demanded attention, and at the first post-war meeting, the two groups decided to exchange delegates to help assure communication.^529

Within months after Dr. Sidney Bohls had resigned from the State Board of Health Bureau of Laboratories,^530 in October 1946, an informal meeting of the Texas Society of Pathologists was held in San Antonio to discuss a serious matter. Dr. John L. Goforth reported that the Texas State Board of Health had passed a motion to allow the Director of Laboratories to be "a non-medical man." He further announced that the board apparently also approved a motion to dissolve the Committee for Standardization of Laboratories. In response, the Society unanimously decided to "discontinue its affiliation with the State Board of Health in the progress of Standardization of the Laboratories in the State of Texas." The secretary was instructed to write the State Health Officer, Dr. George W. Cox, notifying him of its action.^531

In 1946, Jesse Vernal Irons, ScD, a graduate of Johns Hopkins University School of Public Health and a former research fellow at the Rockefeller Institute, succeeded Dr. Sidney Bohls as director of laboratories at the State Department of Health.
He would be credited with the growth and development of the state public health laboratory system during the mid-twentieth century. Dr. Irons conducted early studies on improved selective media for cultivation of typhoid and other enteric bacteria; introduced the precipitin test for differentiation of the principal groups of hemolytic streptococci, and devised a rapid test for diagnosis of smallpox useful in differentiating the disease from chicken pox.

Under his leadership, the state public health laboratory had been licensed for biologics production in 1936 to manufacture vaccines against whooping cough, diphtheria, typhoid, and smallpox. He also directed pioneering work in the development of technology for largescale production and distribution of smallpox vaccine made from embryonated eggs, and lead the state laboratory in adapting serological methods for field and laboratory investigation of zoonotic disease—identifying the first outbreak of Q fever in the United States and the first-recorded outbreak of turkey ornithosis. In addition, he and his colleagues found rabies in colonial bats in the United States, and he was among the first to suggest the airborne transmission mechanism of rabies among these bats.

Dr. Irons would be the author of more than ninety publications, and receive many awards, in 1968 becoming the only non-MD to receive the Texas Society of Pathologists' Caldwell Award. He also would serve as adjunct professor of microbiology at UTMB, Galveston.

A moment of sadness came for Texas pathologists on January 26, 1947, with the death of Dr. George Thomas Caldwell, beloved teacher and stalwart leader of Texas pathology. Dr. J. Harvey Black read his memorial resolution before the Texas Society of Pathologists, which still was considering the details of its annual scientific award. The Society unanimously designated it as the George T. Caldwell Award. Later in the year, it was learned also that Dr. Martha Wood of Houston, a founding member and director of one of the state’s first private laboratories, had died.

An issue frequently raised during this period pertained to “free” laboratories, and in 1948 a letter from a representative of the David Graham Bell Foundation brought the issue to the fore. Emphasizing to the medical public the desirability of free serodiagnostic tests for syphilis, the letter writer stated, the “majority” of clini-
cal pathologists had been contacted by the author of the letter and favored the free sero-diagnosis of syphilis. Some pathologists felt “this was a gross misrepresentation of their position, and decided that the legislative committee for the Texas Society of Pathologists should meet with Dr. George Cox, State Health Officer, to ‘look into the matter.’”

Smear diagnosis of cancer was something new on the horizon, and at the January 1948 meeting of the Texas Society of Pathologists, Dr. Truman Terrell asked whether the Society would arrange for instruction on the technique. A telegram had just been received from Dr. George N. Papanicolaou expressing his hope that physicians “would fully evaluate the procedure before passing an opinion as to its merit and also expressing belief in its usefulness as a diagnostic procedure.” Members were to meet with the Texas Division of the American Cancer Society, which was developing guidelines on the techniques involved.

Also in 1948, Dr. R. Lee Clark of M.D. Anderson Hospital in Houston proposed a new idea that stirred debate. He invited the Society to co-sponsor the establishment of a tumor registry in Texas, citing a successful registry in the state of Washington. Five members were appointed to consider the program—but the discussion was to have a long way to go.

The committee, headed by Dr. May Owen, later reviewed the M.D. Anderson proposal, and reported the institution hoped to enter into an arrangement with the Society and the State Health Department. Pathologists, she said, would serve as curators or directors of the collected material, and the members of the Texas Society of Pathologists would furnish slides on all cases of malignant tumor. Clinicians would provide clinical information from patients to the collecting center, and the material was then to be subjected to study and statistical observation. The collected slides also would be available for postgraduate use.

Fear was expressed by the committee that “a major obstacle would be introduced in the preparation of these for mailing, and in seeing that clinical information would be made available.” Furthermore, the committee said, “many private physicians have informed the members of this committee that they would object to the furnishing of their patients’ names to be used in such a compilation of material and would object to questionnaires and other methods of follow up study which might be applied to these patients.”
The committee also "considered it quite possible that a dangerous situation might develop as the result of the establishment of such a tumor registry, because of the possibility of this body becoming a quasi-official source of histological diagnosis within the state affecting the treatment of patients throughout the State of Texas." If this were to occur, the committee felt "a very deleterious effect upon medical practice might be produced because of the endangering of the positions of the practicing pathologists in the matter of rendering pathological diagnosis, and also because of the delay in treatment which might be occasioned by the subjecting of the pathologist’s opinion to the proposed tumor registry."

There was concern, however, that cooperating with M.D. Anderson "might be a step in the direction of federal control of medicine." Recalled was the situation that developed when the Texas Society of Pathologists participated with the State Department of Health in the serological evaluation study, "eventuating in a cursory dismissal of the representatives of the Texas Society of Pathologists by the State Board of Health from the committee."539

An August 16, 1949, a letter from Dr. Russell contained a statement embodying "a fundamental policy" on tissue diagnosis that had been agreed upon by M.D. Anderson Hospital and The University of Texas Board of Regents.

"As you see," he wrote, "this policy depends upon the local pathologists being able to do free tissue diagnosis on the same basis as does the referring physician. I am certain that if this is understood, there will be no difficulty."540

The policy attached to the letter stated it was not the intent of M.D. Anderson Hospital to supply a free tissue diagnosis service in Texas, noting that it was in the best interest of cancer patients to have available assistance for local pathologists, and that in the case of indigency such cases would be referred to the pathologist practicing in the area in which the patient resided.

Because the Texas Society of Pathologists has pledged its members to render their services for tissue diagnosis on indigent patients free and on the same basis as does the referring physician, there is no need for a free tissue diagnostic service in the state. It is the opinion of the Director of the Anderson Hospital and the President of the University of Texas that the cooperation of pathologists in the state cancer program is essential to its best function, and policies that further this aim will be pursued.
The University of Texas Postgraduate School of Medicine and the M.D. Anderson Hospital will receive pathological specimens for research and educational purposes as submitted by pathologists. It is felt that such a service of registering pertinent cancer cases in a central repository for research and educational purposes is of prime importance in the cancer program and will assist pathologists in their important role in it.541

Foreshadowing a frequent future concern of Texas pathologists, a court ruling in the 1940s had led to legal advice that hospitals could no longer rent space or equipment to pathologists or radiologists and remain tax exempt.542 Further, hospitals were advised they ran the risk of losing their tax-exempt status if the pathologist or radiologist were paid on a percentage basis. There was disagreement among attorneys on the issue, but the problem was confusing and portended a change in the traditional payment methods and the relationships between pathologists and hospitals.543

The Texas Society of Pathologists remained vigilant in its efforts to assure sound medical legislation, but occasionally a problem slipped by members. In 1950, Dr. Truman Terrell reported the preceding Texas Legislature had passed the prenatal and premarital laws without the knowledge of the legislative committee of the Texas Society of Pathologists or the Texas Medical Association and “in fact, without much knowledge on the part of anyone.”544,545

There were other changes on the horizon. The College of American Pathologists at this time was developing laboratory standardization procedures, and Dr. Joseph Hill observed that the Texas Committee on Standardization of Laboratories, which had grown from ideas projected during the earliest meetings of the organization,546 had paved the way for the College program. The following year the Society voted to disband its committee.

Troubled also about reimbursement for consultation fees, the Texas Society of Pathologists in 1950 appointed a committee to meet with Blue Cross-Blue Shield of Texas “to point out the desire of our society to have them pay pathologists’ fees.”547 In this situation, the Society was seeking to have fees paid through Blue Shield, which covered physicians’ fees, rather than through Blue Cross, which paid for hospital and other services.548,549

By 1955, Blue Shield had agreed to pay the pathologists’ fees “under certain circumstances in the diagnosis of malignant disease.”550
In 1956, Dr. John J. Andujar of Fort Worth reported mutual cooperation between Blue Shield and the Texas Society of Pathologists, and felt the day was coming when clinical pathology would be paid through Blue Shield. He stressed the necessity of keeping the Society's objectives before Blue Shield so pathologists would be paid as physicians. A letter came from Dr. Everett C. Fox, Dallas, chairman of the Blue Shield Medical Advisory Group, to Dr. Sanders, reporting a "very satisfactory meeting with the Committee of the Texas Society of Pathologists," and noting a better understanding of mutual problems had been developed.

There would be many future meetings with the insurance carrier as pathologists fought to assure they were paid like other physicians, rather than as services of a hospital.

The discussions in the 1950s were interesting precursors to those that would follow a decade later with the expansion of government health care programs.

War returns too soon

WHILE LIFE IN America was returning to "normal," war suddenly reappeared in the headlines. On June 25, 1950, using Soviet-built tanks, North Korea invaded South Korea, which had been held by the United States since the close of World War II. The invasion launched a conflict that again would send American troops into war, this time under the United Nations' command led by General Douglas MacArthur. The "limited war" became a bitter shock to Americans who were accustomed to total victory.

During the Korean conflict, television was still in its infancy and rare in American homes. Viewers who had television sets saw only black and white on their screens; only late in 1950 did the Columbia Broadcasting System receive authorization to begin color broadcasts. Years later, however, the medical aspects of the Korean War would be typified on screen by the unwilling military surgeon, "Hawkeye," and his physician colleagues in the television series MASH.

There was more than a grain of truth in Hawkeye's reluctance to be in Korea. "The need for medical personnel became acute," Pat Ireland Nixon reports, "and for the first time in its history the medical profession of Texas fell short of its obligation. This obligation rested chiefly on those young doctors who had been deferred in
World War II so as to finish their medical education and on those eligible doctors who did not serve in World War II. A special offer of an additional $100 per month was made, without avail, to volunteer doctors. . . . Already many medical reserve officers were being called.” The Texas Medical Association met to deal “with the embarrassing situation. But little came of the meeting except to establish a closer relationship with the armed forces and the Council on National Emergency Medical Service of the American Medical Association, and endorse a bill before Congress, previously endorsed by the American Medical Association, providing for the drafting of doctors, dentists and other specialists.”

“The drafting of doctors in Texas and the United States was something new and not altogether palatable, but here it was. The law was passed on September 9, 1950, and October 15 was set as the date for registration of those doctors under fifty years of age who were trained at government expense, those who had served less than twenty-one months in the military forces, and those who had not served at all.”

The draft situation developed largely because of confusion, not a desire to avoid service, many ASTP and V-12 students having been advised by the government they had no further military obligation. Dr. Jack Line Smith of Beaumont, in fact, thought he already had fulfilled his obligation to the country as a participant in the Navy’s V-12 program. Suddenly, however, as a reservist, he was called back into the Navy.

“You couldn’t be unhealthy enough not to get in,” he laughs, “diabetes, ruptured ear drums, and so on kept you out of World War II service, but if you were a doctor, not out of Korea.”

He left to serve as a pathologist on the hospital ship USS Consolation, spending a year and a half at Inchon, Korea. Clearly the long tail of an earlier war had been extended into his future, and it also would delay the plans of other pathologists. After completion of his second stint in the Navy, Dr. Smith returned to take a year of residency at Hermann Hospital in Houston, became an associate in pathology at St. Luke’s Hospital for about a year, and in 1956 relocated to Baptist Hospital in Beaumont where he would be the only pathologist until 1958. Then Frank Chapman, MD, joined him.
Specter of socialized medicine

THE PATCHWORK QUILT of American medicine was being re-sewn in many ways. At a Texas Medical Association meeting just preceding the North Korean invasion, G. V. Brindley, MD, of Temple, observing that Texas had three excellent medical schools, warned against socialization of medicine and federal domination of medical education.557

Issues between pathologists and hospitals continued to be sore points during this era, and in 1951 in Fort Worth, one disagreement interfered with the selection of a physician into membership of the Texas Society of Pathologists. Harris Memorial Hospital had barred pathologists, radiologists, and anesthesiologists from serving as officers of the medical staff or voting for such officers and from serving on the medical board.558 Dr. Andujar cited the last canon of the College of American Pathologists’ Code of Ethics, and observed that pathologists must be able to serve on the medical board of their hospitals, and, on that premise, he was opposed to admission of a colleague because the hospital itself discriminated against pathologists. Further, Dr. Andujar declared, the hospital had issued a formal statement to the newspapers claiming that the three specialties were only ‘hospital services’ provided by ‘hospital service personnel.’ The statement apparently had never been retracted and “was so startling that the Board of Governors of the College of American Pathologists had printed it without comment in a special bracket on the front page of the Secretary’s Bulletin.” Dr. Andujar, however, reported that following the visit by the College’s Secretary, the hospital had made promises of improvement. Drs. Severance, Ashworth, Wallace, and Fitzwilliam also met with the Harris Hospital board, learning that the regulations had been amended and that there was “no longer discrimination against pathologists, radiologists and anesthesiologists; they were now eligible to the Medical Board and even as trustees and had full medical staff equality and could be elected to any office.” Hospital authorities also had promised there would not be any exploitation of the pathologist. Likewise, in Wichita Falls, it was reported that a previous problem with discrimination there had improved, and apparently there no longer was a sign of staff or hospital discrimination.559

Fee schedules often became items of concern. In one situation, a physician billed physicians as well as patients, and charged more
Here, Texas pathologists disagreed with the College of American Pathologists' position that fee schedules were in bad taste and subjected the patient to exploitation. A Texas committee, appointed to ascertain customary fees around the state, found that some form of printed fee schedule was not uncommon. Herman B. Williford, MD, of Beaumont stated the average fee was not fixed, that there was no general effort to fix fees, that fee schedules were not generally distributed but given other physicians only on request. Further, dual fee schedules stated the specific work that had been done. It was not common usage to bill the physician a fee different than that going to the patient, however, there were instances when this was needed.

The committee found that pathology was the practice of medicine subject to medical law, and in this instance, subject also "to the ethics of organized medicine." Finding no violation of ethics, however, the committee recommended that any fee schedule should be formally printed, and that a specific enumeration of specific fees was to be stated.

In 1951, Miss Dorothy Patras of Fort Worth and Miss Dorothy Lee of Dallas, respectively representing the Texas Society of Medical Technologists as president and president-elect, met with the Texas Society of Pathologists. Miss Patras spoke of the pending bill a group of technicians (AMT) was now sponsoring in the legislature seeking to license technicians in the state and in effect to approve their independent operation of clinical laboratories. She stated that the ASCP registrants who made up her membership were working actively in opposition to licensure, had contacted their individual legislators and were also working with Mr. Phil Overton.

The Society voted unanimously to "formally record our unalterable opposition to state licensure of technicians, and so inform all appropriate parties." The Executive and Legislative Committees were instructed to "mobilize all the resources of the society against the proposed law." Subsequently, Misses Lee and Patras both became physicians and pathologists.

In 1952, the Texas Society of Pathologists approved the concept of providing dentists the same privileges as doctors of medicine
in “having so-called free tumor diagnosis on indigent patients.” In reality, it was noted, members of the Society had been providing this free service for many years.\(^{563}\)

In 1952 also Dr. John L. Goforth, Councilor from Texas to the ASCP, chided his colleagues, observing that they worked well together in the state but paid little attention to “things outside the State.” He noted that members of our Society had talent, but they were not necessarily well known elsewhere. He thought something should be done about it.\(^{564}\) Later, his colleagues nominated him as president of the American Society of Clinical Pathologists, a post to which he was elected.

In 1955, through the efforts of the Texas Society of Pathologists and the Texas Medical Association, working with Representative Robert Baker of Houston, the Texas Legislature passed a bill allowing county commissioners in four Texas locations—Dallas, Fort Worth, Houston, and San Antonio—to set up a medical examiner’s system. In June 1955, San Antonio became the first to establish a medical examiner system in the state, with Robert Hausman, MD, the director. Shortly thereafter Harris County established a system with Jerald Clarke, MD, as medical examiner.

As in the past, from time to time, members of the Texas Society of Pathologists became concerned about delicate local situations. In 1953, a discussion occupied “almost an hour of rather energetic discussion by many members present.” The governing board of the Robert B. Green Hospital in San Antonio had requested an opinion from the Society concerning the ethics of a pathologist sending a private tissue procedure to a tax-supported institution and also whether it was a common practice for pathologists in tax-supported institutions to receive work from private patients. It was noted, however, that “without privilege of supplementing their income from private work, our instructors in pathology would not be able to continue with teaching as a profession. An opposite opinion “hinged” on the fact that pathologists who were in true private practice would be forced to support pathologists in teaching institutions through taxes and would be competing for private work without having the risks and investments such as the private pathologists do.
Voices of caution followed, and options used in other hospitals were cited, including implications for medical schools, implications of interference in a local situation, and the question of Socialism. Ultimately the matter was referred back to the San Antonio Society of Pathologists. Though perhaps not as open as they would become, "town-gown" perspectives nevertheless did creep into relationships from time to time, and many years later would become acute in Houston and Galveston.

Perhaps it was timely that Dr. B. F. Stout of San Antonio, recalling the history of the young pathology specialty in Texas, pointed to the integration of pathology that had taken place during his lifetime.\textsuperscript{565} It was important, he said, "that we realize the true definition of pathology. It is not strictly morphology, because a knowledge of morphology alone would be of little gain; the true scientist wants to know the reason for these morphologic changes. Therefore, the pathologist must invoke the aid of bacteriologists, biochemists, and other correlated scientists. The rules requiring the examination of all surgical material and a minimum number of autopsies, together with clinicopathologic conferences, established by the American College of Surgeons for laboratories of recognized hospitals, has resulted in the integration of the clinical with the pathologic aspects."

He also lauded the teaching departments of the medical schools, "because these are of fundamental and paramount importance in preparing students for the practice of medicine. Splendid men have devoted themselves to teaching; others, just as capable, have worked in the field as general pathologists. Both the teachers of pathology and those who practice it in hospitals and private laboratories have closely integrated their various activities for the mutual benefit of all.

In 1953, Dr. Paul Brindley's wife, Anne, of Galveston, also summed up the history of pathology in Texas in light of the department of pathology at The University of Texas Medical Branch at Galveston. She particularly noted the amount of staff support since the days of Dr. George Dock.\textsuperscript{566}

"We can safely assume, since we have no records, that Dr. Dock, the first pathologist in Texas, had no assistance of any sort, because his successor in the field, Allen J. Smith, had only one, part-time janitor whom he paid himself. When Dr. Hartman resigned in
1928, there were three doctors on the Staff—Paul Brindley, C. B. Sanders and W. L. Howell; and there were three technicians. . . . There still was no secretary and only one attendant, she said, to help with autopsies and cleaning. "The Department had moved from its two offices and laboratory in the west end on the second floor of the Old Red Building to the then spacious quarters on the second floor of the new Laboratory Building, presently called the Keiller Building. In 1953, there were seven full-time physicians on the staff, six technicians and five secretaries. In 1947, a second professor, R. H. Rigdon, MD, was appointed professor of pathology and experimental pathology and the pathology department had overflowed from the second floor down into the basement, where his laboratory was located."

Until 1939, surgical and clinical pathology had operated independently at UTMB. Dr. Jarrett Williams, later of Abilene, became the first clinical pathology director from the pathology staff, and Dr. Truman G. Blocker, a surgeon and later President of UTMB, became the last surgeon to do surgical pathology.

In 1953, there were four residents in pathology, and the departments of surgery, internal medicine, and radiology were sending all residents to pathology for four to six months of training.

Expansion of blood services

In the 1930s and during World War II, pioneering research was done on blood, plasma, and blood products by Drs. Joseph Hill, Sol Haberman (PhD), and E. Eric Muirhead. Their work—supported by many others—provided additional breakthroughs before, during, and following World War II. The technology on determining Rh factors was reported in the *Journal of the American Medical Association* in 1945 and was universally adopted for use. Baylor University Medical Center was the first hospital in the world to have a routine blood typing service.

Although a system had been developed to ship blood efficiently to battlefields, the need for efficient distribution for domestic emergencies became acutely evident in the springtime of 1947.

"On the morning of April 16, 1947, the *Grandcamp*, a French freighter, was docked at the Monsanto Chemical Company in Texas City, along with another ship, the *High Flyer*. They were both
loaded with ammonium nitrate, a volatile fertilizer. Early in the morning, a fire broke out on the Grandcamp. Without being aware of the potential seriousness of the fire, the ship’s crew tried to contain it by battening down a hatch, after which they intended to turn on live steam in hopes of smothering the blaze. Suddenly, the ship exploded. About two-thirds of Texas City was destroyed, and the resulting series of explosions left 512 dead and thousands injured. There were not nearly enough beds in the diminutive Texas City Hospital nor in the clinics, themselves badly battered and without electricity. The need for blood was immense, and significant problems were encountered in rushing blood to the disaster-stricken community.570

John D. Milam, MD, of Houston, while president of the American Association of Blood Banks, recalled the story of the Texas City disaster that shocked Texans in 1947. According to founding members, the Texas City disaster stimulated the organization’s establishment seven months later in Texas. Among the founders were Drs. Eric Muirhead, Joseph Hill and Sol Haberman. The AABB created a nationwide network of blood banks, with regional clearinghouses, to facilitate the use of blood and its products.571

While working with more than 700 units of blood collected from victims of the Texas City disaster, Drs. Hill and Haberman in 1948 discovered the “little d” blood factor.572

In Dallas, in 1951, Dr. Hill sought and received support from the Wadley family to establish the J. K. and Suzie L. Wadley Blood Bank and Research Institute adjacent to Baylor Hospital, the primary goal of which was to find a cure for leukemia. During the 1960s, however, the availability of blood remained a problem in the city, and Parkland Hospital developed an aggressive blood donor recruitment program. To some degree there was a competitive situation for the inadequate supply of blood coming from donors.

The value of the all-volunteer donor program became evident with the recognition that the transmission of viral hepatitis was significantly higher in paid blood donors. Blood testing, once a simple process of typing, crossmatching and testing for syphilis, had grown more and more complex continually involving new tests. When the autoimmune deficiency syndrome (AIDS) appeared as a major threat in the 1980s, institutions would have to apply another screen to assure the safety of the blood supply. Government standards and
Pathology Sweeps Across Texas

regulations then would be imposed on the existing voluntary approaches in blood services.

L. Ruth Guy, PhD, of Dallas writes that the Parkland Memorial Hospital Blood Bank actually had begun in 1951, “with the donation of a round Jewett Blood Bank Refrigerator by the Women’s Auxiliary of the hospital.”

“The Auxiliary stipulated that blood would never be bought or sold and that the responsibility of blood replacement was the duty of the friends and families of the patients served. No public appeal for blood donations was permitted at this time.”

The School of Medical Technology was established in 1954, and from 1968 to 1987 there was a program leading to certification in blood banking. “The staff was recognized as being one of the best in the country,” she said, “and a number of awards and recognitions were received.”

The hospital’s blood bank was among the first to be certified by the American Association of Blood Banks, and later a number of staff served as volunteer inspectors for the AABB program. The Bureau of Biologics also used the blood bank as a training base for new inspectors.

Dr. Guy recalls that blood components and plasmapheresis were added to the blood bank services in 1968. Often the Women’s Auxiliary “came to the rescue,” and in 1976 it donated the first mobile blood collection unit. She retired as associate director in 1978, succeeded by Edwin A. Steane, PhD, who formalized the blood bank rotation for residents in pathology, giving them broader experience and more responsibility. When he left in 1989, Laurie Suter, MD, succeeded him on an interim basis followed by Harold Kaplan, MD, as director.

In 1981, the hospital administration took over the funding and the management of the Donor Blood Center.

During the 1990s, the Wadley program, which would have undergone some strife, would be redirected and modernized, and renamed BloodCare. The Parkland program would experience severe cost increases because of the tougher testing, documentation, record-keeping and blood processing requirements, and the two organizations would consolidate under the BloodCare rubric.

In Austin, Dr. E. Eric Muirhead helped the physician members of the Travis County Medical Society develop a blood bank in the
Central Texas area. Raleigh Ross, MD, of Austin, as president of Travis County Medical Society had overseen the initial development, and had invited Dr. Muirhead to come down and talk to the Society. Dr. Charles F. Pelphrey recalled that there were maybe 120 physicians in Austin then, and each signed a note “standing good” for $100. Dr. Sidney Bohls then was named nominal director, although Dr. Pelphrey recalls performing the actual work. Travis County Medical Society borrowed money and began the operation “in the basement of Sam Todaro’s building behind the state Capitol on Congress Avenue in the early 1950s.”

In the 1950s, Dr. Oscar O. Wollenman of Fort Worth felt the need for blood was going to expand, and had sought the help of the Amon Carter Foundation in establishing the blood bank there. It was formally established in 1959. Previously, each hospital collected its own donations, and Dr. Wollenman felt much was being wasted. Margie Peschel, MD, would become director of the program and remain for many years until her retirement in 1995.

Across the state, others continued efforts to make an ample supply of safe blood available. Pathologists often were at the helm or on the boards of blood banks in San Antonio, the Permian Basin, the Valley, Amarillo, Wichita Falls, Waco, and other areas.

In Beaumont in 1957, Dr. Jack Line Smith founded the Community Blood Bank there, which would become the Blood Center of Southeast Texas in 1962, and later affiliate with the Louisiana Blood Center of Shreveport. There was never a need for a public money campaign, nor radio nor television appeals for emergency donations. Later General Raymond O. Dart, MD, retired director of the Army Medical Museum, would head up the facility.

In Houston in 1958, the Southwest Blood Bank was selling blood, and it would require fifteen years’ effort to achieve a satisfactory blood bank there. Drs. William T. Hill, William O. Russell, Carl Lind, and Franz Leidler first sought to define the problem and promote change.

Founded in 1974 as the Gulf Coast Regional Blood Center, the “new and independent regional blood center,” recalls Dr. John Milam, a member of the founding board, responded “to the need for an adequate supply of high quality blood and blood components that would be available for patients who needed blood transfusion”
in the rapidly growing medical community. "To enhance the safety of blood transfusion, we maintained that the blood which was to be transfused to our patients must be from individuals who were voluntarily donating their blood. The expansion of world-recognized medical center hospitals and three medical schools, combined with an explosion in high technology in science and medicine, compelled us to reevaluate our regional blood banking system. Many things have changed, but the commitment by our community to support a voluntary blood donor system, and by the dedicated health care professionals at The Blood Center has not changed." Dr. Milam also cited the strong support of the Harris County Medical Society. (The blood bank later would be renamed The Blood Center.) In 1995, Drs. Hill and Milam would be the last remaining members of the founding board.

"The twentieth century has been filled with medical marvels," concludes Dr. Vernie Stembridge. "Antibiotics, magnetic resonance imaging, laser surgery, medical computerization and miniaturization, organ transplants and on and on. There is one unique item, widely and commonly used, which has a single source provider and has defied all attempts at synthesis—namely, BLOOD and blood products."  

**Armed Forces Institute of Pathology and the Texans**

**DURING WORLD WAR II,** a man who became familiar to Texas pathologists, later Major General Elbert DeCoursey, organized and directed the 18th Medical General Laboratory, which served the Army in the Pacific. After World War II, he became a member of the Joint Commission for the Investigation of the Effects of the Atomic Bomb in Japan, and on July 31, 1949, director of what had recently become the Armed Forces Institute of Pathology. Earlier in the year, the name change for the Army Institute of Pathology had been approved, the Institute had become a central pathology laboratory for all the Armed Forces, and was to be relocated to the Walter Reed reservation as an independent unit under the command of the Surgeon General of the Army, with a Board of Governors made up of the three Surgeons General.

Colonel DeCoursey became a vigorous proponent for the Institute's struggle for a new building, the plans for which also in-
cluded making it bomb resistant. Ground was broken in July 1951, and General DeCoursey presided at the ceremonies.578

A graduate of the University of Kentucky, with his MD degree from the Johns Hopkins University School of Medicine, he had joined the Medical Corps of the Army in 1929, had served as pathologist at several major Army hospitals, and had been active in research in the field of atomic energy and radiobiology.

One component under his command was the A-Bomb Unit, which was processing all pathologic material and case histories collected by the Atomic Bomb Casualty Commission in Japan in a fifty-year followup study. By the end of 1954, it had received thousands of specimens from Hiroshima and Nagasaki. Already, in 1949, because of the confusion in naming neoplastic diseases, the Institute and other organizations had begun publishing the “Atlas of Tumor Pathology."579

Under his tenure, the organization and staffing of the Department of Pathology also was completed, and he left as director of the AFIP in July 1955, to become the Commandant of the Army Medical Service School at Brooke Army Medical Center, Fort Sam Houston, Texas.580

“In succession,” the editors of the AFIP newsletter wrote, “he became Commandant of the Army Medical Research and Graduate School (now Walter Reed Army Institute of Research); Director of the AFIP; and Chancellor of the Army Medical Service School at Fort Sam Houston, Texas, now named the Academy of Health Sciences. MG DeCoursey is the only officer in history to direct all three of the Army’s medical educational institutions.”581

Following retirement, he became the first director of research at Trinity University, San Antonio, and an emeritus professor of biology. He also became chairman of the “Committee of 100” to promote the establishment of what became The University of Texas Medical School at San Antonio, where he also served as clinical professor of pathology and ophthalmology.

Dr. DeCoursey was succeeded by another Texan, Colonel Carl Tessmer, MD, of Houston, director of the AFIP branch responsible to the ABCC. Dr. Tessmer would be named an honorary member of the Texas Society of Pathologists.

Dr. Frank M. Townsend became interested in pathology as a student at Tulane, New Orleans. He had spent his last year at Char-
ity Hospital, and was hired also to draw blood at Baptist Hospital in the early mornings; to help with autopsies; and, as a part of the emergency room work, ride ambulances. He took an internship in New York, and then World War II intervened. He was sent to Panama, and later Japan. After the war, he was reassigned to New York, and worked with the New York medical examiner’s office, after which he undertook a pathology residency at Washington University in St. Louis and then studied under J. P. Tollman, MD, professor of pathology and bacteriology and later dean at the University of Nebraska.

When his mother became ill in 1947, he returned to Texas to care for her. Drs. B. F. Stout and David Todd in San Antonio, who had contracts for services in the Lower Rio Grande Valley, sent him there to help for a few months. In addition to Dr. Herschel Whigham, who provided some pathology services, he was the only pathologist in the Valley for that period.

At that point, he joined Scott and White Hospital in Temple at an opportune time—the institution was moving from use of frozen sections to paraffin blocks.

Dr. Paul Brindley, whose brother was a surgeon at Scott and White, then invited him to John Sealy Hospital to set up a similar system. He recalls having to take over the nurses’ dressing room to set up the pathology department near the operating room.

Dr. Townsend had been in the Army Reserve, and when Korea came along in 1950, he joined the Air Force. At Lackland Air Force Base, a basic training facility where troops were being rapidly processed, he soon was assigned to open a regional hospital, taking a forty-bed facility and making it into a 1,000-bed hospital overnight. Staff had to be quickly assembled. Orange crates and whatever could be found for furnishings were used to put the facility together.

Such were the beginning days of a long career that would take Dr. Townsend to the Armed Forces Institute of Pathology in Washington as the director and lead him to the chairmanship of the department of pathology at The University of Texas Health Science Center, San Antonio.
Colonel Townsend served as AFIP director from August 1, 1959 to 1963. Since 1954 he had been "the Consultant in Pathology to the Surgeon General of the Air Force, and a Deputy Director of the Institute for four years. He especially was active in the newly developing field of aviation pathology, and the even newer field of bioastronautics."

"Like everything else connected with space exploration, bioastronautics, as space medicine is beginning to be known," Henry wrote, "is growing in interest and importance. In connection with man's entry into space, the Institute has conducted studies of radiation, decompression, rapid acceleration and deceleration, and hypoxia, and the correlation of basic sciences with such specialized studies. The results are made available to Project Mercury, particularly through the membership of the Director of the Institute on the team of medical specialists that support the manned flights of the project." Colonel Townsend participated in the arrangements and conduct of the flights of astronauts Shepard, Grissom, Glenn, and Carpenter.

Many years later in the 1990s another physician Colonel Michael J. Dickerson, MD, who had been stationed at Wilford Hall Air Force Base in San Antonio also would be AFIP director.

Activity at UT Southwestern

ONE OF THE individuals whom Dr. Townsend called for help at the AFIP was Vernie A. Stembridge, MD. Dr. Stembridge had served a rotating internship at the U.S. Public Health Service Hospital in Norfolk, Virginia, and residencies in pathology at both UT Medical Branch at Galveston and the Oak Ridge Institute of Nuclear Studies, Medical Division, in Oak Ridge, Tennessee. In 1952, he joined the faculty of The University of Texas Medical Branch at Galveston, serving until 1956 as assistant and later associate professor of pathology.

In 1956, Dr. Townsend, as deputy director of the Armed Forces Institute of Pathology in Washington, D.C., invited Dr. Stembridge to join his staff, and he then entered the Air Force as a senior pathologist at the AFIP. As the first chief of the aviation pathology section, he pioneered methods for investigating aircraft accidents by autopsying crash victims, and received the Legion of Merit, the nation's second highest peacetime award, for exception-
ally meritorious service for his contribution to military aircraft safety. Discharged as a major in 1959, he joined UT Southwestern as associate professor of pathology and Parkland Memorial Hospital as director of the surgical pathology division. From 1960 to 1976 he was director of the Tumor Clinic at Parkland and in 1961 was appointed professor of pathology at the school. In 1966 he became acting chairman of pathology and in 1967 chairman of pathology and director of the clinical pathology laboratories at Parkland. He also played an active role in the development of the physical plant at UT Southwestern. After stepping down as chairman in 1988, he became acting dean of the Southwestern Allied Health Sciences School for two years. He was the first recipient of the Senator Betty and Dr. Andy Andujar Chair in Pathology at UT Southwestern, and was awarded the Ashbel Smith Professorship in 1991.

Dr. Stembridge was a trustee of the American Board of Pathology for twelve years, and served as president. He also served as president of many other organizations, including the American Society of Clinical Pathologists (ASCP) and the Association of Pathology Chairmen, and was a recipient of many leadership awards, among them the Ward Burdick Award of the ASCP and the George Caldwell Award of the Texas Society of Pathologists.

"One of Dr. Stembridge’s most valuable contributions to the Dallas community," recall his colleagues, "was his work with county officials to establish a medical-examiner system. He and other physicians suggested that the medical examiner’s office be located on UT Southwestern’s campus and staffed by doctors who met the criteria of the medical school faculty. This became the prototype for many national and international forensic centers. In addition, he lobbied for new legislation to provide access to a medical examiner in Texas’s sparsely populated areas."

At UT Southwestern, a Stembridge Scholarship Award is presented annually to an outstanding senior medical student in pathology at the school, and an endowed distinguished chair has been established in his name.583

**Bruce D. Fallis, MD**, grew up in Fort Worth near the Texas Christian University campus where his father was chairman of the Speech and Drama Department. He received his undergraduate degree from Texas Christian University summa cum laude in 1948, and graduated *cum laude* from Washington University School of
Medicine in St. Louis in 1952. He was an intern at UTMB under Dr. Paul Brindley, and served as instructor in biochemistry and physiology there.

In 1954, he became the first Sarah Mellon Scaife Fellow in Pathology at the University of Pittsburgh with Frank J. Dixon, MD. Serving two years in the U.S. Army at Fort Meade, Maryland, he then joined The University of Texas Southwestern Medical School in 1957 as an assistant professor of pathology. He was promoted to associate professor in 1962 and to professor in 1966.¹⁵³

Dr. Fallis taught the sophomore pathology course to more than 2,600 medical students, introducing the subject material each week with imaginative narratives accompanying “his superb collection of Kodachromes.” He would be remembered for his thorough, meticulous and exacting gross necropsy reviews.

In 1964, Dr. Fallis published his Textbook of Pathology, later adopted as the pathology text for Southwestern Medical School. With Robert D. Ashworth, MD, he was co-author of the Textbook of Histology, published in 1970.

“Dr. Fallis,” wrote his colleagues, “has a genuine love for his students and their admiration for him has been demonstrated on many occasions. He has received the sophomore award for distinguished teaching on six occasions. One year he was named distinguished teacher by both the freshman and sophomore classes.”

Dr. Fallis was awarded the Piper Professorship in 1973 for “Outstanding and Scholarly Achievement,” and an endowed student scholarship has been established in his name.

John H. Childers, MD,⁵⁸⁵ born in 1923 in Bogata, Texas, received his MD from UTMB in 1946, and served a rotating internship at Santa Rosa Hospital, San Antonio. He also took postgraduate education in pathology at Santa Rosa Hospital under Drs. John M. Moore and Sidney W. Bohls, and had further training in the U.S. Army at the Army and Navy General Hospital in Hot Springs, Arkansas, after which he was assigned to duty in Berlin, Germany. He later returned to UTMB to complete his pathology training under Dr. Paul Brindley, and was appointed to the faculty. He was director of surgical pathology at UTMB and John Sealy Hospital until 1960. In addition, he was director of the Tumor Clinic. He moved to Dallas in 1960, to become director of the pathology department at St. Paul Hospital. He also served as a clinical professor of pathology at
George J. Race, MD, was born March 2, 1926, in Everman, received a master of science in parasitology in 1953 and was graduated from Southwestern Medical College of Southwestern Medical Foundation in 1947. He received his pathology training at Duke University with Wiley Forbus, MD, and at Harvard Medical School with A. J. Hertig, MD, and G. J. Dammin, MD. He was a flight surgeon during the Korean War and following the war was a pathologist at hospitals in Boston and Florida. He became an assistant professor of pathology at UT Southwestern Medical School and assistant pathologist at Parkland Memorial Hospital. Dr. Race also worked for a time at Terrell's Laboratories in Fort Worth, later returning to The University of Texas Southwestern Medical School to teach. In 1959 he became chief of pathology and director of laboratories at Baylor University Medical Center in Dallas.

At that time, he guided the laboratory from a manual operation to an automated one, and from being a small community hospital to a very large one. He would be the author of more than 150 books, chapters, and articles, plus a four-volume textbook series, Laboratory Medicine, involving more than 100 authors in the United States and abroad. Dr. Race would retire as pathologist-in-chief and director of Baylor's laboratories on July 1, 1986, after which he would serve as chairman of the Baylor Research Foundation. He would serve as the dean of the A. Webb Roberts Center for Continuing Education in the Health Sciences and as associate dean for continuing education and professor of pathology at UT Southwestern. He also would earn a doctorate in anatomy and microbiology from Baylor University.

A George J. Race Endowed Chair in Pathology Research would be established at Baylor University Medical Center in his name.
Dr. Race's wife, Anne Race, MD, and their four children are all doctors of medicine. 587

**Dorothy Patras, MD**, of Fort Worth would become the second woman to hold the presidency of the Texas Society of Pathologists. Before becoming a physician, Dr. Patras had been a medical technologist and had served as president of the Texas Society of Medical Technologists. A native of Pennsylvania, she had been working for Dr. John J. Andujar in Fort Worth when she decided to attend medical school, with his support and blessing. She then received her medical degree from The University of Texas Southwestern Medical School, took a residency with Ed Gall, MD, at Cincinnati General Hospital, and later served as chief pathology resident at Bellevue Hospital in New York. For six years she would serve as dean of the School of Medical Technology of Texas Christian University and Harris Hospital in Fort Worth. Dr. Patras also would initiate the formal newsletter of the Texas Society of Pathologists during her 1973 tenure as president. 588

Dr. Patras, as had other pathologists working in their laboratories, had conducted scientific research including investigation of thalassemia and acanthamebiasis. She also published an article on amebic encephalitis in the *American Journal of Clinical Pathology* in 1966.

Active in several medical organizations, she would participate in political activities and run for political office on the Republican ticket.

**First Caldwell Award by the Texas Society of Pathologists**

In 1955, the first Caldwell Award of the Texas Society of Pathologists was given posthumously to Dr. Paul Brindley, who had been chairman of the UTMB department of pathology for more than twenty-five years. Dr. Brindley had been "aware of the accolade prior to his death. Both Drs. Caldwell and Brindley were in poor health, and it is likely that the award would be known today as the Brindley Award had he predeceased Dr. Caldwell." 589

In 1956, Dr. Beecher F. Stout was chosen as the second recipient of the Caldwell Award, but due to illness was unable to be present at the banquet in his honor. 590 Dr. J. Harvey Black of Dallas accepted the award on his behalf.
Science and change in the mid-1950s

SCIENCE CONTINUED its forward march in the era that had often been dominated by the fear of polio as hospital rooms heaved with the sounds of iron lungs. There was, however, a sign of hope. In February 1954, Jonas Salk’s formalin-killed polio vaccine was first administered to school children in Pittsburgh, Pennsylvania.\(^{591,592}\) In 1954, the Nobel Prize for Medicine and Physiology went to Drs. John Enders, Thomas Weller, and Frederick Robbins for their research in polio virus culture.

Earlier, in 1952, Dr. Selman Waksman was awarded the Nobel Prize in Medicine and Physiology for his work leading to the discovery of streptomycin.\(^{593}\) Also, in January 1955, two new drugs were announced: reserpine and thorazine, both having been used with some success in treating patients with mental disorders.\(^{594}\)

New technology also would have an influence on the practice of pathology, and one example became evident when M.D. Anderson Hospital and Tumor Institute in Houston in 1956 added mammography—soft-tissue roentgenography of breast to its diagnostic x-ray armamentarium.\(^{595}\)

Texas pathologists remained vigilant in assuring the application of sound scientific principles. In one example in 1956, Dr. Sidney Bohls pointed out that no one could “contract syphilis from food and therefore the food handlers of the State of Texas should not have the requisite of having a serologic examination for syphilis in order to obtain a Health Certificate.” The Texas Society of Pathologists then adopted a position that serologic examination should not be required for cosmeticians, “beauty operators,” barbers, or food handlers to obtain a health certificate for Texas licensure.\(^{596}\)

A new rule regarding osteopathy

OSTEOPATHY OFTEN HAD been a matter of discussion among doctors of medicine, and in 1956, Dr. Truman C. Terrell reported the following Texas Medical Association memorandum to his colleagues in the Texas Society of Pathologists:

The Board of Councilors being cognizant of the fact that there are some members of the Texas Medical Association practicing with or for osteopaths and in view of the Principles of Medical Ethics
and as repeatedly interpreted by the Judicial Council forbidding such relations; does hereby declare:

(1) That working with or for osteopaths either directly or indirectly by consultation, laboratory or radiological procedures is unethical; and
(2) does hereby direct the component county medical societies to investigate such practices and where existent to take appropriate action according to the Constitution and By-Laws of the Texas Medical Association.\textsuperscript{597}

Later, in 1959 pathologists would be informed that the Texas Medical Association’s Board of Councilors had ruled that diagnosing tissue specimens for osteopaths constituted consultation with them. The Board recommended that routine tissues from osteopaths should be referred to the osteopathic pathologist, George Miller, DO, of Dallas.\textsuperscript{598}

Medical examiner systems finally emerge in Texas

While Texas pathologists worked toward achieving their statewide medical examiners’ system in the post-war years, Joseph Jachimczyk, MD, of Connecticut was setting out to become a “hot shot” surgeon—“the glamour boys” then, he chuckles. Like others, he knew the better surgeons took a pathology residency, and planned a summer course in pathology in anticipation of his fall surgical residency. Naturally, he became so interested he remained in the field—though his new girlfriend (who would become his wife) thought pathologists were “a little weird.” In a way, he said, that was true at the time, pathologists typically hidden away in the subbasements of their institutions.

While at Harvard obtaining his forensic pathology training, he also attended Boston Law School, where he learned how to handle himself on the witness stand. He lacked eight hours completing his law school degree when Dr. Richard Ford at Harvard called him in and presented an opportunity in Texas.

Although he thought it a bit preposterous at first, he visited Houston, saw the need, and knew he would have a contribution to make. On June 1, 1957, he became the first formally trained medical examiner in Texas. In 1960, he was named the chief medical examiner for Harris County.
By 1995, Dr. Jachimczyk’s staff would investigate 250,000 deaths, about half of which would require autopsies.

Dr. Jachimczyk would not retire from his position until August 31, 1995, at the age of seventy-one, after thirty-eight years on the job, “a leading pioneer in the science of forensic medicine, developing many of the state-of-the-art techniques used in the field today.” He would play an “integral role in the development of a crime lab for the living, extending the traditional role of the forensic pathologist as criminologist, conducting traditional crime lab investigations in the administration of justice.”

Later he would say forensic pathology was taken out of the dark ages and the subbasements into the penthouse, and he became the first living medical examiner to have a building named after him—the new home of the medical examiner in Houston. Meanwhile science, he says, was brought into the courtroom as he set up a scientific and procedurally efficient program, and encouraged “any and all” to review cases. The program included criminalistics, including use of DNA, and the county’s database.

Dr. Jachimczyk would train a number of medical examiners who would serve other cities, including Giles Sheldon Green, MD, Las Vegas, Robert Bucklin, MD, in Austin and Los Angeles for a time, and Roberto Bayardo, MD, medical examiner for Travis County.

A native of Connecticut, Dr. Jachimczyk had graduated from the University of Tennessee College of Medicine in 1949, participated in several internships and residencies, and became assistant medical examiner of Maryland, director of laboratories at the United States Public Health Hospital in Brighton, Massachusetts, and teaching fellow in the Department of Legal Medicine at Harvard University. He also earned a law doctor degree from Boston College Law School and a bachelor’s of theology from the University of St. Thomas. He would hold a number of academic appointments—including Baylor College of Medicine and The University of Texas Medical School at Houston—and continue to teach after his retirement.

Attorney General rules on corporate practice of medicine

THE ATTORNEY GENERAL of Texas, Will Wilson, had rendered an opinion on the corporate practice of medicine on October 16, 1957, providing an opinion requested by M. C. Crabb, MD, Sec-
retary of the Texas State Board of Medical Examiners (then in Fort Worth) regarding the Corporate Practice of Medicine.

Dr. Crabb, in his original letter, had asked two questions: (1) Is a physician subject to having his license forfeited under Article 4505, if he accepts employment by a corporation on a salary or commission basis, and the corporation charges for the services that he performs? (2) ... would the corporation be considered as being engaged in the unlawful practice of medicine?

In summary, the Attorney General said, “Whenever a corporation employs a licensed physician to treat patients and itself receives the fee, the corporation is unlawfully engaged in the practice of medicine and the licensed physician so employed is violating the provisions of Subdivision 12, of Article 4505, Vernon’s Civil Statutes, and is subject to having his license to practice medicine in this State canceled, revoked, or suspended by the Texas State Board of Medical Examiners.”

Goodbyes

The deaths of pioneer leader Dr. Beecher F. Stout and Dr. Frederick Charles Coleman were reported in 1956. Both were from San Antonio.

Old topics in new forms

NEW SCIENCE OFTEN brought twists in old problems, and such was the case in the field of cytology during the mid-1950s as certain lay groups were attempting to provide cytology services. Dr. Lloyd Hershberger called for members of the Texas Society of Pathologists to “fulfill their responsibilities by providing diagnostic service in the field of cytology in their own community. . . .” He also discouraged “central stations” established for cytologic diagnosis.

Dr. Truman Terrell introduced a letter from an Austin physician about the general encroachment on private laboratory practice by the State Health Department Laboratories in Austin, pointing out they were accepting blood samples for serology without any requirements that the patient be certified as indigent or that the service requested was not available to the doctor and patient in their own home town or in a nearby laboratory at reasonable and custom-
ary rates. It was noted also that other body excreta were submitted on the same basis as blood.

The correspondent wrote: "The result of this policy is the creation of several avoidable and unnecessary evils which might be enumerated as follows: (1) creation of an entirely unnecessary tax burden to support the budget of the department, (2) the inexcusable invasion of the field of private practice with the encouragement of the idea of state medicine to supply ordinary medical needs that individuals can much better supply themselves, and (3) the pre-occupation of the limited staff and personnel in the performance of these unnecessary services . . . used to the detriment and actual limitation of services the health service SHOULD perform." The Society, it was pointed out, should take note of the future of state medicine and its gradual encroachment upon private practice and be well aware of legislative events.

The Pre-Paid Health Plan Committee, reported Dr. John L. Wallace, had seen no new developments during 1956, and direct payments to pathologists under the military dependents "medicare" program did not seem possible at this time in states where the pathologist's fee was customarily included in the total hospital bill rather than being submitted directly to the patient.

In discussing the "medicare" program later, Dr. Lloyd Hershberger pointed out that payment was being made through Blue Shield, and Dr. John Andujar cited the advances that the Blue Shield Insurance Plan had made.601

Specialization and other signs of the times

DR. JOHN L. GOFORTH of Dallas observed in 1957 that the American Society of Clinical Pathologists now recognized that the "most important thing today is a program of 'continuing education,'" adding that leaders in special fields were pushing cytology, microbiology, isotopes, clinical chemistry, hematology, immunohematology and forensic pathology and that these specific workshops would be set up so the pathologist could stay abreast of modern scientific trends.602

The name of the Texas Medical Association Section on Clinical Pathology had been changed, upon request by the Texas Society of Pathologists, to simply the Section on Pathology.603

The cost of the Annual Caldwell Dinner for the Texas Society
of Pathologists in 1957 was $7 per person; and if members chose to go dancing in the Empire Room of the Statler Hilton Hotel and to see a floor show starring Billy De Wolfe, the cover charge was $2.50. Reminiscent of the times was a note from the secretary of the Society, Dr. Mervin Grossman, then of Dallas: “Don’t forget—this meeting is planned with the wife in mind. Bring her to Dallas for the banquet, for dancing, for the Ladies Auxiliary meeting and luncheon. Mrs. J. L. Goforth is in charge of local arrangements.”

In 1958, there was an inquiry to the Texas Society of Pathologists concerning a medical school graduate who did not hold a Texas license but had completed four years of approved residency in pathology and had been accepted for examination by the American Board of Pathology. The correspondent asked whether a Texas license was needed if the individual worked in a laboratory and limited work to diagnosis only. The Texas Society of Pathologists felt that this was a question for the Texas State Board of Medical Examiners.

Dr. Crabb responded:

If this individual comes to Texas and works in a laboratory and limits his work to diagnosis, he is practicing medicine and will have to have a license. I quote from the Medical Practice Act —

Article 4510 - Any person shall be regarded as practicing medicine within the meaning of this law

“(1) who shall publicly profess to be a physician or surgeon and shall diagnose, treat, or offer to treat, any disease or disorder, mental or physical, or any physical deformity or injury, by any system or method or to effect cures thereof;

(2) or who shall diagnose, treat or offer to treat any disease or disorder, mental or physical, or any physical deformity or injury by any system or method and to effect cures thereof and charge therefore, directly or indirectly, money or other compensation; provided, however, that the provisions of this Article shall be construed with and in view of Article 740, Penal Code of Texas, and Article 4504, Revised Civil Statutes of Texas as contained in this Act.”

In answer to your second inquiry, anyone who does pathology and makes a diagnosis is practicing medicine. In other words, a person practicing laboratory medicine will have to have a license.

Summary—No one can do pathology in Texas without a license.
Based on the response from Dr. Crabb and the previous ruling by the Attorney General, the Texas Society of Pathologists formulated a set of principles, which the “membership might strive for so that we might practice pathology without violating the laws of the State of Texas.”

A mimeographed copy of “Statement of Principles governing relations of pathologists and hospitals in Texas,” was distributed to members, and read by the secretary. Dr. Goforth cited four specific goals that all should work toward: (1) attempt to have the pathologist’s name on all statements submitted to patients within the hospital; (2) discourage any outside laboratory work in the hospital and open a private office if such work be done (3) all pathologists actively discourage payment of professional fees by Blue Cross, and (4) all pathologists invite colleagues in their community to apply for a staff membership in the institutions in which they practice.

Timely topics on cancer and cytotechnology also were considered by the Texas Society of Pathologists in 1958, and two films were reviewed, the American Cancer Society’s “Time and Two Women,” and “The Human Cell and the Cyto-Technologist.” Dr. E. Eric Muirhead of Dallas, chairman of the scientific program, introduced speakers, Drs. John Wallace, Heinrich W. Neidhardt, Maynard Hart, and Stewart Fish, who discussed exfoliative cytology, after which Kodachrome slides were shown and a panel answered questions.

Fee schedules

DR. WOLLENMAN, REPORTING in 1959 for the Pre-Paid Health Committee of the Texas Society of Pathologists, cited activities against the Forand bill and spoke for “bringing about its defeat.” Dr. Childers noted that during the year the Society would be called upon to render its fee schedules to the Committee so “a unit fee system can be evolved to aid the Texas Medical Association in preparing to meet this problem.”

Dr. Wollenman also discussed the unit fee schedule and its implications, noting that California already had developed a relative value fee schedule based on points, that Kansas had one, and that the American Medical Association had a strong interest in developing
one. Such an approach would be debated and denigrated long before it once again became popular in the late 1980s.

More goodbyes

A PIONEER TEXAS pathologist born in 1890, Dr. Charles Franklin Carter, died in 1957. Dr. Carter had attended the Fort Worth School of Medicine, and Baylor University College of Medicine, Dallas. He had briefly conducted a general practice, worked later for Terrell’s Laboratories in Fort Worth, and eventually opened his own laboratory in Dallas. At the time of his death he was owner and director of Carter’s Clinical Laboratory in the Medical Arts Building in Dallas. He was a charter member of the American Society of Clinical Pathologists and was a Fellow in the College of American Pathologists.

During World War I, he had served with the Medical Corps of the U.S. Navy, stationed in New Orleans, and he was the author of two textbooks: *Principles of Microbiology* and *Microbiology and Pathology*. He had just finished revising the latter for the sixth edition at the time of his death. The first edition of *Microbiology and Pathology* appeared in 1936. In the last two editions Dr. Alice Smith was co-author. Dr. Smith would still be publishing these popular texts in the mid-1990s.

In 1959 also word came that Dr. J. Harvey Black of Dallas, a founder of the Texas Society of Pathologists and highly regarded national leader in pathology, had died.

And the migration continues

WRAY STOREY, MD, arrived in Odessa in October 1959, and would work until retirement in 1982. He would conduct many forensic autopsies and cover multiple rural hospitals. He also would be a pathologist at Medical Center Hospital with David Dawson, MD, and Kris Challapalli, MD, who would arrive in 1975. Later he also would serve at Odessa Women’s and Children’s Hospital.

In Corpus Christi in 1959, Dr. John Pilcher was able to hire an associate, James Sisson, MD.

In the summer of 1959, Carl J. Lind, Jr., MD, retired from the Army with the rank of colonel and moved to Houston as director of
laboratory service and chief of pathology at St. Luke's Episcopal Hospital. He became known as an outstanding medical staff leader, would be elected chief of staff for six consecutive years, and would be a leader in many local, state and national organizations. He would serve two terms as a governor of the College of American Pathologists.

Dr. Lind, born in Minneapolis in 1909, had graduated from the University of Minnesota Medical School in 1933 and completed an internship at the Detroit Receiving Hospital. His graduate education included two-and-one-half years of surgery, one year of radiology, and pathology training. He entered the Army in October 1940, serving as pathologist and then as chief of laboratory service at Walter Reed Army Hospital, Washington, D.C., "regarded by many as the Mecca of medicine in the World War II era." He later served as Commanding Officer of the Medical Laboratory in Heidelberg, after which he became director of laboratory service at Fort Sam Houston, followed by service as the senior pathologist at the Walter Reed Army Hospital. He graduated from George Washington Law School in 1957 and served as a consultant in medical-legal affairs to the Surgeons General of the military forces.

"His effective leadership," writes Dr. John Milam of Houston, "is well recalled by medical colleagues who witnessed his style as a commander in the Armed Forces and who served under his command."

A powerful era ends

SINCE THE CLOSE of World War II, pathology had swept across Texas. The number of pathologists listed as members of the Texas Society of Pathologists had more than doubled from that in the midst of World War II. A map published in the *Texas State Journal of Medicine* showed there were eighty-five Texas physicians engaged in the practice of pathology in the state by 1956. Houston had the highest number at 15; Dallas, 12; Fort Worth, 11; San Antonio, 8; Galveston, 5; Temple, Austin, Beaumont, El Paso, 4 each; Fort Sam Houston, 3; and Harlingen, Brownsville, San Angelo, Midland, Abilene, Lubbock, Amarillo, Wichita Falls, Waco, Jacksonville, Texarkana, Corpus Christi, Tivoli, Bellaire, Port Arthur, 1 each.

The late 1940s and the 1950s often are remembered as complacent times, but what a powerful era of expansion and growth they had
been! There had been an explosion of scientific research and knowledge—from vast advances in the understanding and use of blood to the development of the artificial kidney; from the development of the computer to advancements in nuclear medicine. The space program in its infancy was on the cutting edge of new discovery.

A word of caution, however, came from Dr. John L. Goforth of Dallas in 1959. Pointing to the stimulus of the National Institutes of Health and noting that more than one billion dollars would be spent by 1970 on research, he said:

"We must make our nation realize not only money is necessary, but wisdom in spending it."\textsuperscript{612}
Chapter 9

"Happy Days" Merge With Troubled Times
(1960–1965)

As the century from the 1860s to the 1960s can be classified as the era of cellular pathology, so can the next few decades be expected to see the development of studies within the cell, or so-called molecular pathology. With its rich heritage from the past, the Institute today finds itself in the forefront of the newer developments.


IN JANUARY 1960, President Dwight D. Eisenhower declared in his State-of-the-Union speech that this year would be the most prosperous in the America’s history. There were signs of hope and progress throughout most of America.

Science and technology were bringing more revelations to light both abstractly and literally. Light, in fact, was being turned into energy. For some time, Russian and American scientists had been working on the concept of the laser and this year the American Theodore Maiman demonstrated the first one. The early 1960s also would bring relief to the dread and suffering caused by poliomyelitis as Albert Sabin’s live attenuated virus vaccine became licensed for use in the United States in August 1961.

Having nurtured social and scientific revolution, however, the post-World War II years now gave way to a new era of unrest that
would divide America. For Texans, the 1960s would become a time of both exhilaration and despair—soaring to heights unknown with development of the space program in Houston and sinking to the depths of despair with the assassination of an American president in Dallas.

Except for the stirrings of advanced automation in laboratory operations, the issues in Texas pathology, however, remained the same. They could be categorized broadly as (1) assurance of quality; (2) fair reimbursement or payment for services, and (3) clear recognition of pathologists as physicians. In each area, there would be a few rocky roads ahead.

There were, however, new faces joining familiar ones in Texas pathology—new faces to help with the old challenges. Despite the underlying changes, there was continuity and a sense of normality.

Among the new faces was Domingo H. Useda, MD, who chose 1960 to make his home in McAllen, in the Lower Rio Grande Valley of Texas. Born in 1926 in León, Nicaragua, he had obtained his bachelor of science degree in 1948 and his medical degree in 1952 from the Universidad Nacional de Nicaragua, the valedictorian of his class. After an internship at Touro Infirmary in New Orleans and a pathology residency at Grady Memorial Hospital in Atlanta, he had come to Texas to complete his training with Dr. A. O. Severance at Baptist Hospital in San Antonio between 1954 and 1957. Working first at the Torbett Clinic-Hospital in Marlin and serving as a consultant to the Veterans Administration Hospital there, he had been invited to return to Nicaragua as a professor of pathology. However, after “much agonizing and considering the political climate in his native country,” he decided to work and bring up his children in the United States. In 1962, he became a naturalized U.S. citizen, a proud moment in his life.

He would become director of pathology at the HCA Rio Grande Regional Hospital, McAllen; laboratory director at Mission Hospital, Mission, and a consultant for the Edinburg General Hospital. Later, he also would become medical director of United Blood Services in the Rio Grande Valley, serve as director of medical technology at The University of Texas-Pan American Program and become an associate professor of The University of Texas Health Science Center at San Antonio. He also would become active in pathology issues by working with the Texas Society of Pathologists and other groups.617
Another new practitioner in the early 1960s would be Marcelo (Marc) Garza, MD. From a pioneer Brownsville family, he had enlisted in the Army Air Force immediately following Pearl Harbor, serving as a flight engineer until December 1945. He then returned to school, received his medical degree in 1955 from The University of Texas Medical Branch in Galveston, completed an internship in Colorado and a pathology residency in Galveston. First practicing pathology at the Dow Hospital in Freeport, in 1961 he joined Dr. A. B. Cairns in Dallas, where the Cairns-Noteboom-Garza Clinical Laboratory was formed, serving Methodist Hospital.

Margie Barnes Peschel, MD, a native of Granger, graduated cum laude from Southwestern University in Georgetown, and received her MD from The University of Texas Southwestern Medical School. She interned at Harris Hospital in Fort Worth, and served as a resident in pathology there and at St. Joseph Hospital in Fort Worth between 1961 and 1964. She became medical director of the Carter Blood Center in Fort Worth and would earn national recognition in blood banking. She also would provide "monumental" dedication to many professional medical organizations, leading a number of committees and becoming a member of the Texas Medical Association Board of Trustees. She would serve as president of many groups, including the South Central Association of Blood Banks; hold several academic appointments, and become known for her clever writing.

Merle W. Delmer, MD, a native of Cisco, graduated from Abilene High School, received his MD from The University of Texas Southwestern Medical School, and was initiated into pathology by Dr. A. B. Cairns at Oak Cliff Methodist Hospital in Dallas before moving to Baptist Memorial Hospital in San Antonio and serving a pathology residency under Dr. A. O. Severance. He then became a resident in pathology at Columbia Presbyterian Hospital in New York under Dr. Arthur Purdy Stout; served as an instructor on the faculty of the Department of Pathology at Columbia University School of Medicine and as assistant pathologist at Presbyterian Hospital in New York.

Upon returning to San Antonio, Dr. Delmer would become an active leader in many local, state, and national organizations. He would also serve as chair of the Board of Trustees of the Texas
Medical Association and become a trustee of the American Board of Pathology. A member of the Arthur Purdy Stout association, he would also be appointed as a member of the Texas State Board of Medical Examiners and serve as a member of the Federation of State Medical Boards.619

He would be a consultant to the Veterans Administration Hospital at Kerrville, consultant to the Fifth U.S. Army Area Laboratory at Fort Sam Houston, and become clinical professor at The University of Texas Health Science Center at San Antonio. He also would serve on the latter school's Admissions Committee. In addition, he would succeed Dr. Severance as chairman of the pathology department of the Baptist Memorial Hospital System in San Antonio.

Wm. Gordon McGee, MD, of El Paso, also would become a leader in many organizations.620 He graduated from The University of Texas in 1954, and received his medical degree from The University of Texas Southwestern Medical School in 1958. First attracted to internal medicine, he was "lured" into a pathology program, and then in 1961, to the department of Dr. Ashworth and Dr. Stembridge.

"I enjoyed pathology, but it was hard," he remembers, "I got dizzy at the microscope and moving slides around on the stage, and I thought I would never become a pathologist." He completed his pathology residency in 1964, and when Charles Green, MD, died unexpectedly at age thirty-eight following an asthmatic attack, Dr. McGee moved to El Paso, joining Dr. Maynard Hart. The group at first included radiology and pathology, and the two areas did not split until 1975.

Dr. McGee would form PathLab, PA, in 1975, serving as senior partner for many years.

He covered many isolated West Texas towns—Van Horn, Alpine, Fort Stockton, Pecos, Iraan, Eldorado, and others in the oil patch. Most of the towns had from only one to five or six doctors.

He would sell his laboratory in 1991 to Nichols Institute. Dr. McGee would continue his work, on contract, providing tissues, Pap smears, and consultation. His new group would have national Indian Health Service contracts, requiring regular on-site visits, travels taking him into Mexico, Arizona, and even Montana.
Dr. McGee would become chairman of the board of trustees and president of the Texas Medical Association.

Harlan J. Spjut, MD, of Houston, born in Salt Lake City, Utah, received his medical degree from the University of Utah, and served as an instructor in pathology there in 1953. He moved to St. Louis as an American Cancer Society fellow in surgical pathology and instructor in surgical pathology at Washington University School of Medicine. In 1959, he advanced to associate professor of surgical pathology at Washington University School of Medicine, a position he held until 1962. At that time he moved to Baylor College of Medicine in Houston, as professor of pathology and chief of anatomic pathology at the Jefferson Davis Hospital.

"His remarkable diagnostic abilities in surgical pathology have been well recognized in Houston," said one writer, "where he is consultant in pathology at the M.D. Anderson and Veterans Hospitals. From 1969 to 1970, he was acting chairman of pathology at Baylor College of Medicine. He then became chief of anatomic pathology at St. Luke's Episcopal Hospital of Houston from 1971 to 1980. In 1980, he would return to Baylor College of Medicine, named to the Clarence and Irene Fulbright Chair of Pathology and again serve as acting chairman of pathology from 1987 to 1988.

Dr. Spjut specialized in orthopedic, gastrointestinal and cytopathology and became recognized throughout the nation as an outstanding leader in the research, practice and teaching of these areas of anatomic pathology. He would serve on several training and education committees for the National Cancer Institute, act as advisor to the American Cancer Society, and write more than 150 publications, including twenty-two chapters and books.

In 1988, the Houston Society of Clinical Pathologists would establish the Harlan J. Spjut Award, given annually to a distinguished physician or scientist "currently or formerly in the Houston community, who has demonstrated sustained and distinguished scholarly achievement in pathology or a related discipline."

John Daniel Milam, MD, was born in Kilgore but grew up in Louisiana. He completed his MD in 1960 at Louisiana State University Medical School in New Orleans, undertook a rotating internship in Shreveport, a pathology residency at LSU and Charity Hospital, and a fellowship at Memorial Sloan-Kettering Center in New
York. In 1966, he joined the pathology staff at St. Luke's Episcopal Hospital in Houston.

Years later, a writer would say, "His pathology career in Houston has been one of great contributions. He has been an outstanding leader in patient care. As a pathologist he proved competent in anatomic and clinical pathology, nuclear pathology, and developed an outstanding Blood Bank and Transfusion Service. He is regarded by his clinical colleagues as one of themselves, and is an active bedside consultant, particularly in problems that arise concerning transfusions, coagulation, and in the past several years in directing pheresis for treatment of selected autoimmune disorders.

Dr. Milam would serve his profession and community in many positions, including Chief of Staff of his hospital, and have faculty appointments to Baylor College of Medicine and The University of Texas Medical School at Houston.

He would serve as president of many organizations, among them the American Association of Blood Banks and the American Board of Pathology. He also would be active in the American College of Cardiology and the American Heart Association.

Deeply involved in teaching, investigation, and patient care, Dr. Milam also would publish considerable work on the rejection phenomena following heart transplantation; blood banking and transfusion, and immunology and coagulation.622

Another physician with Louisiana ties was Peachy Ridgway (Ridg) Gilmer, Jr., born in Shreveport.623 He became professor and acting chairman of the department of pathology, and director of the clinical laboratories at the University Hospital, University of Texas Medical Branch in Galveston. The son of a chest surgeon and pulmonary specialist who practiced in Shreveport, he had graduated from the Tulane University School of Medicine, completed a rotating internship at Charity Hospital in New Orleans, and was a resident in general surgery at Charity Hospital on the Tulane service. He also served a fellowship in pathologic anatomy at Louisiana State University School of Medicine at New Orleans, and a residency in clinical pathology at Charity Hospital on the LSU service. He began practice in Shreveport in 1964, during which time he was consultant pathologist to Panola General Hospital in Carthage, Texas, and to hospitals in Shreveport. He would become a professor of pathology at UTMB, and would be a principal investigator or co-investigator.
on many evaluations of instruments and reagents used in the clinical laboratory, particularly in hematology. He also would write numerous papers, pamphlets and books, become editor of Summing Up, and a member of the editorial board of Pathologist, the publication of the College of American Pathologists, which he also would serve as a governor. He later would join the faculty of The University of Texas Medical School at Houston.

William L. (Dub) Crofford, Jr., MD, a native of Victoria, Texas, graduated from The University of Texas Medical Branch at Galveston. He completed a rotating internship at the Robert B. Green Hospital in San Antonio, followed by a pathology residency at UTMB with Drs. John H. Childers, Kenneth M. Earle and Gwendolyn Crass. Dr. Crofford would become a pathologist at St. Paul Hospital in Dallas, leaving to fulfill a military obligation and returning to remain many years. While in the service, he was in the 4th Army Medical Laboratory (a reference laboratory) at Fort Sam Houston, and would study with Dr. A. O. Severance and many other nationally known leaders in pathology. He would become a leader in the Texas Society of Pathologists.624

Pathology on the move

RICHARD KEFFLER, MD, had moved to Lubbock in the late 1950s as the first fully trained, permanent pathologist in the area, reports Dr. Louis Nannini, and he was joined soon by William Long, MD. By then, there were pathologists in Amarillo, El Paso and Midland/Odessa.

“When I came to Lubbock to join Dr. Long in 1963, there were two other pathologists, Andy Gwynne, MD, associated with Dr. Long, and John Ray, MD, associated with Dr. Keffler.” Other pathologists joining Dr. Long were Jerry Moore, MD, and William Strange, MD, and later the group added Hugh Paik, MD.

Continuing the migration to Texas was Francis Elbert Council, MD, who moved to Sherman in 1962, and became staff pathologist at the Sherman Community Hospital. Born in Windom in 1900, he had graduated from Vanderbilt University School of Medicine in 1926, and interned at Fitzsimons General Hospital in Denver, where he was serving as an Army first lieutenant. He also earned a doctor-
ate degree in public health from the School of Hygiene and Public Health at Johns Hopkins University. Before moving to Sherman, Dr. Council had had "a long and distinguished career in the Army," and had done postgraduate work at the Army Medical School in Washington, DC, at Johns Hopkins University in Baltimore, and at the Armed Forces Institute of Pathology. He had served throughout the world, including Corregidor in the Philippine Islands and as chief of laboratory service at the Gorgas Hospital in Balboa Heights of the Panama Canal Zone. He had also served as a consultant in pathology to the Office of the Surgeon General of the U.S. Army and as deputy director for the Army at the AFIP. Having received many citations and awards for outstanding work, he retired in 1957 with the rank of colonel. The author of numerous papers, he also was active in a broad variety of medical and scientific organizations.625

Pathologists in communities previously served by only one or two practitioners now were getting reinforcement. In Waco, Gardner Thomas, MD, joined Dr. R. E. Henderson and Dr. W. W. Klatt at Hillcrest Hospital in July 1962. Shortly, thereafter Walter Krohn, MD, joined Dr. Wittstruck at Providence Hospital. In 1965, Robert Walker, MD, joined Drs. Wittstruck and Krohn at Providence.

Dr. Thomas left Hillcrest and returned to his hometown, Brownwood, becoming the only pathologist there. In 1970, Dr. Klatt died following aortic aneurysm surgery. Dr. Henderson then became the only pathologist at Hillcrest until a pathologist discharged from the Army in Vietnam, Kent Smith, MD, arrived. He left Hillcrest after a year for Fort Smith, Arkansas. David McTaggart, MD, a graduate of Creighton University with a residency from General Rose Memorial Hospital in Denver, after release from the Navy in 1972 would join Dr. Henderson at Hillcrest.

In 1974, Drs. McTaggart and Henderson would associate with S. M. Bunn, Jr., MD, then completing his tour of Army duty at Fort Sam Houston, San Antonio. He was a graduate of UTMB. About 1981, Edwin B. Morrison, MD, would join the latter group at Hillcrest and in July 1987, Gary F. Geldmeier, MD, would join them. Both had received training at The University of Texas Southwestern Medical School, Dallas. Dr. Morrison had attended UT Southwestern and Dr. Geldmeier UT San Antonio Medical School.

"In the meantime, at a date which I do not recall," reports Dr. Henderson, "Drs. Wittstruck, Krohn and Walters successfully pur-
sued a lawsuit against the Hycel Corporation, became overnight millionaires and retired from pathology. They had shortly before associated with Jacqueline Torrell, MD, who took the practice, associated with Alan Northcutt, MD, and subsequently with Douglas B. Michaels, MD.” Dr. Torrell later would be employed part-time at the Veterans Administration in Temple.

In the Lower Rio Grande Valley, another pathologist arrived in 1961. He was Pedro de la Vega, MD, who practiced in Brownsville.

In 1962, Dr. Kenneth M. Earle faced another tough decision. He was asked by Dr. Frank M. Townsend, the director of the Armed Forces Institute of Pathology in Washington, DC, to become chief of the neuropathology branch. Dr. Townsend had arranged for him to have the highest rank possible through a little-known Roosevelt-era bill, Public Law 313, allowing scientists to work in government without having to go through the Civil Service process. He thus went to Washington ranked as a “PL 313,” and would spend twenty years with the AFIP, receiving many commendations for his work.

In Temple, Dr. Robert F. Peterson, joined the Scott and White department of pathology in July 1965, in the division of anatomic pathology. In 1982, he would become chairman, a position he would hold until 1994.

In 1967, he became an officer of the Section on Pathology and Physiology of the American Medical Association and would serve as the first chairman when it became the Section Council on Pathology in 1972. He also would serve as speaker of the Texas Society of Pathologists’ House of Delegates after it was formed. He would be on the delegation of the Texas Society of Pathologists to the College of American Pathologists and would serve as chairman of the Gastrointestinal Pathology Subcommittee of the Southwest Oncology Group. Dr. Peterson also had served as medical director of the Scott and White Tumor Registry.

Dr. Billy Bob Trotter chose Abilene as the place he wanted to practice pathology. As a sophomore at The University of Texas Medical Branch he had a little influence in making his decision to become a pathologist—preceding him was Vernie A. Stembridge. After he took a rotating internship at Denver General, he decided to
return to Galveston for a pathology residency. On the faculty then was Dr. John Childers and Dr. Stembridge; Bruce Fallis was a resident, "a nucleus there." He entered the Air Force during the era of the Korean Conflict, and when he'd returned all the Galveston faculty had moved to Dallas, so he finished his residency at Parkland.

In 1960, he moved to Abilene, having worked as a *locum tenens* for a time during vacation for Dr. Jarrett Williams. He liked the people and the city, and thus joined Dr. Williams.

Like Eleanor Irvine, Dr. Trotter knew he had to have quick, efficient transportation to cover the vast West Texas area, so he learned to fly, making rounds to hospitals in Alpine, Childress, and other cities. Most of his time, however, was spent between Abilene and Big Spring, which did not have a pathologist at the time.

As a pilot, Dr. Trotter said he never had a "hairy experience"—primarily because he never took a chance.

His longest single day’s work in the plane occurred when he flew to Childress on the Red River in North Texas, turned and headed to Big Spring, Fort Stockton, and Alpine, and returned, landed at McCamey, Sweetwater and then flew back to Abilene. “If it had been a straight line,” he said, he’d have been in Canada.

When Dr. Trotter first arrived in Abilene, frozen sections were not done in West Texas, but rather by Terrell’s Laboratories in Fort Worth. However, “doctors trained during and after the war wanted quicker services,” he said, “such as frozen sections, and esoteric lab tests. The combination of rapidly advancing technology, frozen sections, blood banks, and the increase in requests for autopsies were the main drives that brought about expansion of pathology in West Texas."

The few pathologists in the area formed a West Texas Society of Pathologists, an informal group, although not every person attended each time because of the distance. Among those active were himself and Dr. Williams; Dr. Lloyd Hershberger and Dr. Billy Bob Trotter’s brother, Dr. R. F. (known as Pat) Trotter, San Angelo; Dr. Martha Madden, Midland; Dr. Wray Storey, Odessa; Dr. Bill Long, Dr. Richard Keffler, and Dr. John Ray in Lubbock.

The group met usually in Big Spring, brought their slides, discussed difficult cases, and enjoyed dinner and fellowship. The organization would do well from 1960 to the mid-1970s when everyone became too busy, and the group disappeared for lack of continuity.

The Trotters have a family legacy in pathology. Dr. John Chil-
ders is their cousin. Dr. Pat Trotter's daughter, Maureen, became a pathologist like her father and uncle, and joined her uncle in practice in Abilene. All have been members of the Texas Society of Pathologists.

Dr. Thomas H. McConnell of Dallas was born in the old Parkland Memorial Hospital, where his father, a surgeon and general practitioner, and his mother, a registered nurse, had trained. After graduating from Southwestern Medical School in 1962, he undertook a rotating internship at University of Mississippi Medical Center, then a pathology residency at Parkland Memorial Hospital under Dr. Charles T. Ashworth. He then served as Captain, MC, USAR, at the Pentagon in Washington and at Fort Campbell, Kentucky, and practiced clinical pathology briefly in Abilene, Denton, El Paso, and Dallas before joining Dr. Ashworth at what became the Ashworth-McConnell Laboratory in Dallas.

He served as president of the Dallas Academy of Pathology, North Texas Society of Pathologists, and Texas Society of Pathologists; and as a governor of the College of American Pathologists and a member of the Board of Directors of the Dallas County Medical Society. He also served as a clinical professor of pathology at Southwestern Medical School and published numerous articles, several dealing with advanced computer programs in clinical pathology.

“Tom has a truly brilliant mind,” a colleague writes, “presumably inherited both from his father, an honor graduate of UTMB in Galveston and a singularly dynamic individual, and from his mother, who supported Tom and his brother after his father's early death from heart disease. He writes both novels and scientific articles, some of which were to break new ground in the field of algorithm-derived, computer-generated-interpretations of clinical pathology data.”

Dr. Owen becomes TMA president

IN 1960, DR. MAY OWEN of Fort Worth became the first woman chosen president of the Texas Medical Association. She had long been a leader in medicine and the Texas Society of Pathologists.

Blair Justice, PhD, reported several accolades bestowed upon Dr. Owen by her colleagues. Dr. Truman Terrell, her associate and owner of Terrell’s Laboratories, observed, “She was elected the first
woman president of the Tarrant County Medical Society in 1947 with only one dissenting vote—her own. She was named one of the Southwest’s nine outstanding women in 1951. In 1952 her fellow physicians awarded her the second annual Gold Headed Cane, which is traditionally presented to ‘the doctor’s doctor.’ The Altrusa Club named her ‘first lady of Fort Worth’ in 1948. Alpha Kappa Kappa, a men’s medical fraternity, gave her an honorary pin in 1955 for being the patron of so many young medical students and physicians.”

Chairman of the Texas Medical Association’s Council on Scientific Work for many years, Dr. Owen in 1936 had discovered talc granuloma—finding that the powder used by surgeons was not absorbable and the body would treat it as a foreign substance. As a result of her finding, pharmaceutical firms altered the ingredients of talcum used in surgeon’s gloves. She also received an honorary master’s degree from Texas Christian University for her discovery.

After serving as president of the state medical association, Dr. Owen would continue her string of honors and contributions. She would help more than 400 students complete their educations through the May Owen Irrevocable Trust to be administered by the Texas Medical Association, and in 1974 she would endow the May Owen Chair in Pathology, the first endowed chair at Texas Tech University School of Medicine, Lubbock. In 1986, she would be inducted into the Texas Women’s Hall of Fame.

Aided by her brother, she had attended TCU’s medical department in 1917, and started work at Terrell’s Laboratories. In 1921, she was graduated from Louisville Medical College, was an assistant pathologist at Mayo Clinic in Rochester, Minnesota, and studied in the department of legal medicine and toxicology at Bellevue Hospital in New York. Following her death in 1988 at age ninety-six, her authorized biography, written by Ted Stafford, would be published.

Goodbyes

The paradoxical sixties

THE WORLD WAS looking to the future in the 1960s, and in January 1961, John F. Kennedy was inaugurated as President of the United States. In May 1961, the National Aeronautics and Space Administration put a man in space—Alan Shepard, Jr., making a suborbital flight in the Mercury capsule. Also that month, President Kennedy committed the United States to landing a man on the moon and returning safely to earth by the end of the decade.

In August 1962, researcher and FDA official Frances Kelsey was cited by the medical profession for her stance against the tranquilizer thalidomide, a drug found responsible for birth defects, and her opposition to its use prompted the FDA to enact stiffer drug control regulations. Then, in the fall of 1962, the Cuban missile crisis demanded America's attention. Civil rights disturbances increased, and violence resulted.

By 1962 two formal medical examiner systems had been established in Texas—in San Antonio and Houston. Fort Worth City Commissioners had not yet appropriated the money for a system, and Dallas was currently setting up a modified forensic pathology program.

The American Society of Clinical Pathologists had now created four boards dealing with medical technology affairs: the Board of Schools, the Board of Registry, the Board of Continuing Education, and the Board of Certifying Laboratory Assistants. (Dr. Goforth had been appointed chairman for one year of the Board of Certifying Laboratory Assistants.) The Board of Schools would provide materials, programs and seminars—including conjoint programs.

There also were growing concerns that allied health care personnel were expanding their "scope of practice," Dr. George Race noting the tendency of "para-medical groups to shift away from the basic practice of medicine." He stated that a national nursing association had pushed bills for licensure so broad that they included medical technology. A nurse licensure bill offered for the Texas Legislature at the time also was being opposed by the Texas Hospital Association.

Dr. John Andujar reported a complaint from a physician in Texarkana that the State Health Department was performing pre-
marital serological tests for syphilis on individuals who were not indigent. Dr. Andujar also presented a United Press International (UPI) news release regarding the article, which declared that "Texas Doctors Want Physician Supervised Laboratories."635

Tragedy in Dallas

ON NOVEMBER 22, 1963, American optimism met total shock as President John F. Kennedy was assassinated, and Governor John B. Connally was severely wounded in Dallas. Texas physicians not only cared for them at Parkland Memorial Hospital, but they would be the last to care for the alleged perpetrator of the shootings, Lee Harvey Oswald, and for the man who subsequently shot him, Jack Ruby.

The clinical pathologists at Parkland Memorial Hospital provided their usual services for President Kennedy; however, the forensic pathologist was not allowed to do his job.

Brief citations of the clinical pathology provided at Parkland Hospital in Dallas are mentioned in "Three Patients at Parkland," (Texas State Journal of Medicine, January 1964)636—the published dictation of physicians caring for Kennedy, Connally, and Oswald.

For President Kennedy, the dictation cited only the blood match requested and the fact he was immediately administered unmatched type O Rh negative blood—300 mg cortisone added to the intravenous fluids. For Governor Connally, in whom a bullet had passed through the chest and struck the arm and thigh, the report of Dr. Charles F. Gregory, an orthopedic surgeon who debrided the arm wound and reduced the fracture, was that "Small bits of metal were encountered at various levels throughout the wound. Whenever they were identified and could be picked up, they were submitted to the Pathology Department. Throughout the wound there were noted fine bits of cloth like mohair. Dr. Gregory was told that the patient was wearing a mohair suit at the time of the injury thus accounting for the deposition of such organic material within the wound."

Dr. A. H. Giesecke, Jr., an anesthesiologist, stated that blood was drawn for typing and crossmatching, and hemoglobin was reported at 15.2 gm. per 100 cc; urine was normal.

There also was a notation about the blood administered to
Oswald. According to Dr. M. T. Jenkins, anesthesiologist, it was type-correct blood (A-1, Rh negative).

The Warren Commission later concluded that a single bullet had resulted in the President’s death,\textsuperscript{637} and this view was maintained by pathologists at the Naval Medical Center in Bethesda, Maryland, where the autopsy was performed (\textit{JAMA}, May 27, 1992).\textsuperscript{638}

Nevertheless, there would be much debate regarding the wounds of the President and the Governor. Conspiracy theories often would be projected.

By Texas law, the autopsy should have been performed in Dallas. \textit{JAMA} writer Dennis Breo reports the predicament faced by the Chief Medical Examiner of Dallas, Earl Rose, MD.\textsuperscript{639}

Jenkins recalls that Secret Service agents . . . ‘grabbed the President’s gurney on each side and wheeled it out of the room, all but running over Dr. Earl Rose, the Dallas medical examiner (whose office was right across the hall from the emergency room).’

Dr. Rose, who is now [1992] retired in Iowa City, also gave \textit{JAMA} a rare interview to pick up the narrative. “I was in their way,” Rose recalls. “I was face to face with Secret Service Agent Roy H. Kellerman, and I was trying to explain to him that Texas law applied in the instant case of the death of the President and that the law required an autopsy to be performed in Texas.

“Agent Kellerman had experienced tragedy on his watch and, although had no legal authority, he believed that his primary responsibility was to transport the body back to Washington, DC. He was very distressed, apparently taking the death as a personal affront, and he and I were not communicating. It was not a hostile discussion, but he and I were expressing differing views on what was appropriate.”

Theron Ward, a Dallas Justice of the Peace, was at the hospital to assert applicable Texas law, but, in Rose’s words, “he did nothing . . . he was frozen with fear. In effect, no one was in charge of the situation. Agent Kellerman tried three tactics to have his way—he asserted his identity as representing the Secret Service; he appealed for sympathy to Mrs Kennedy; and he used body language to attempt to bully, or, should I say, intimidate. I don’t recall the exact words, but he and I exchanged firm and emotionally charged words. At no time did I feel I was in physical danger because he and the others were armed. I was not looking at Agent Kellerman’s gun, I was looking at his eyes, and they were very
intense. His eyes said that he meant to get the President’s body back to Washington.”

In 1963, Rose was 6-feet, 2-inches tall and solidly built. He was not the kind to back down from a fight if he believed he was right. “I was raised in western South Dakota,” he said, “and I carried that baggage with me. People raised in western South Dakota may lose a fight, but they don’t get bullied or intimidated.” The standoff, however, was soon over.

Rose says, “Finally, without saying any more, I simply stood aside. I felt that it was unwise to do anything more to accelerate or exacerbate the tension. There was nothing more I could do to keep the body in Dallas. I had no minions, no armies to enforce the will of the medical examiner.”

Later that day, Rose autopsied patrolman J. D. Tippit, who was killed by Oswald; two days later, he autopsied Oswald himself, who was killed by Jack Ruby; a few years later, he autopsied Ruby.

It is 29 years later and Rose, who has a law degree as well as a medical degree, still feels strongly that the Kennedy autopsy should have been performed in Dallas. “The law was broken,” Rose says, “and it is very disquieting to me to sacrifice the law as it exists for any individual, including the President. Having one set of rules for the rich and famous and another for the poor is antithetical to justice. There have been many arguments to try to justify the removal of the body, but to me they all seem like retrospective and self-serving theories. People are governed by rules and in a time of crisis it is even more important to uphold the rules, as this case amply demonstrates.”

Rose believes that a Dallas autopsy, which he would have performed, “would have been free of any perceptions of outside influences to compromise the results. After all, if Oswald had lived, his trial would have been held in Texas and a Texas autopsy would have assured a tight chain of custody on all the evidence. In Dallas, we had access to the President’s clothing and to the medical team who had treated him, and these are very important considerations.”

Further, Rose believes that the removal of the body was the first step in creating disbelief about what had happened. “Silence and concealment are the mother’s milk of conspiracy theories,” he says. “If we have learned anything in the 29 years since the President was shot, it is that silence and concealment breed theories of conspiracy and the only answer is to open up the records, without self-serving rules of secrecy, and let the American people judge for themselves.”
Rose, who is a board-certified forensic pathologist and who has personally examined Kennedy's autopsy materials and records, next turned his attention to the claims made by Dr. Crenshaw [Fort Worth] who is a surgeon. "I believe that Dr. Crenshaw believes what he is saying when he argues that the shots came from the front," Rose says, "but he is mistaken." Pressed on his degree of confidence in this statement, Rose finally says, "I am absolutely sure that he is in error."

Dr. Vernie A. Stembridge, then chairman of the department of pathology at The University of Texas Southwestern Medical School, had been asked by Dr. Rose to accompany him to talk with the Secret Service—to persuade the agents that the autopsy should be done in Texas. They, however, were not successful. Dr. Stembridge then urged Dr. Rose to accompany the body and the Kennedy entourage to Washington, but Dr. Rose felt strongly, "as a very principled person," that the autopsy should be done according to law in Texas, and that he should not make the trip to Washington. Dr. Stembridge and others agree that the ensuing secrecy helped foment the conspiracy theories that were to surround the autopsy.

In 1992, Dr. Stembridge also would encourage Dr. Rose to participate in the interview with Dennis Breo to provide an accurate record of the situation in Dallas following the Kennedy assassination.

Dr. Rose was a member of the 1977 House Select Committee on Assassinations, and supported its autopsy conclusions. He agreed that the two wounds to the neck and head came from behind and above and that there was no room for doubt on the finding.

Several years after the situation, Dr. Rose resigned as medical examiner in Dallas.

By raising consciousness of the need for a strong, autonomous medical examiner system in Dallas, the incident, Dr. Stembridge believes, led to the development of a better system. One aspect of the system was the requirement that the medical examiner in Dallas serve on the faculty at Southwestern—and therefore adhere to criteria for faculty.

Similarly, in later years, this approach would be essentially adopted in San Antonio and other medical examiner offices.

Among other physicians present during the events at Parkland Memorial Hospital in Dallas in 1963 was Dr. Wm. Gordon McGee, a
pathology resident and future president of the Texas Society of Pathologists and the Texas Medical Association.

Later, when Jack Ruby shot Lee Harvey Oswald in the Dallas Police Station as millions of America watched events unfold on television, Dr. Thomas Hugh McConnell was a pathology resident at Parkland Memorial Hospital. Still later, when Jack Ruby died of lung cancer, Dr. McConnell observed his autopsy, and muses about the conspiracy theories of the era.

“He was quite dead, I assure you,” he reports. In addition, Dr. McConnell also was involved in the autopsy of Lee Harvey Oswald’s landlady, who had heart disease and thyroid problems. Likewise, there would be no evidence of conspiracy in her death. 643

While at Parkland Memorial Hospital, before a substantive medical examiner system was in place, Dr. McConnell also saw first-hand other situations that were worthy of court cases, including an abused, murdered child—but under the former justice-of-the-peace system, coroners often ruled otherwise. In addition, often because of the primitive nature of toxicology, individuals “could get away with” things that no one knew about. With the much more sophisticated testing that came into being, together with complete data bases, perpetrators no longer would be able to escape with such deceit.

A new ruling by the Attorney General

IN A COVERING letter with the April 1964 minutes of the Texas Society of Pathologists, Dr. Vernie A. Stembridge stated that “As a result of the Attorney General’s ruling that Clinical Pathology is the practice of medicine, the TMA Council on Medical Jurisprudence heard testimony from both the lay laboratory group and the pathologists. The Council on Medical Jurisprudence recommended to the TMA Councilors that the Medical Practice Act be upheld. At the recent TMA meeting, the House of Delegates passed a Resolution to the effect that Clinical Pathology was the practice of medicine, and that TMA members should abide by the Medical Practice Act.” 644

As a result of the ruling by Attorney General Waggoner Carr, a special committee of the Texas Medical Association was formed to determine whether there might be problems attributable to closure of the lay laboratories.
Preparing for Medicare

DR. MERLE DELMER joined Dr. A. O. Severance as a partner in 1963. Both initially had been employees of Baptist Hospital in San Antonio, but agreed, rather than remaining as employees, to become independent. They worked out an agreement with the hospital to provide clinical and anatomic pathology—and to assume oversight for hospital employees in the laboratory. Their foresight would prove valuable in the next few years as Medicare and Medicaid—just around the corner—would change the way hospital-based physicians conducted their business. In fact, Drs. Delmer and Severance would be among the first—if not the first—to perceive the immediate impact of the government-health-care programs on hospital-based physicians. That included the need to strengthen their own position by becoming independent of the hospital—to have the ability to establish their own professional fees and to look to the insurance company and the patient to cover the fee rather than “dicker­ing” with hospitals as other physicians would have to do.

The arrangement with the Baptist Hospital System would allow them to add qualified physicians as needed. By 1995, there would be twenty-three pathologists in their group.

Drs. Delmer and Severance also quickly learned to “float with the tide” as the city and hospital grew. Later, their group would cover several hospitals, all private, in San Antonio and surrounding areas.

Another factor would have particular influence on their practice and the practice of medicine generally in San Antonio—the development of The University of Texas Medical School at San Antonio. It would set in motion tremendous growth in the medical field in the city.

The early 1960s indeed was a time of contrast and of varying experiences, and in 1963, Dr. Thomas Hugh McConnell had direct experience with the era’s civil rights’ disturbances. He had graduated from The University of Texas Southwestern Medical School in Dallas, had started his pathology residency at Parkland, and, needing more clinical medicine, had taken a ten-month rotating internship in Mississippi.

He arrived in Oxford in 1963 at the height of the civil rights’ revolution. He was assigned to the emergency room when Medgar Evers was shot.
“We felt like almost any moment troops might occupy the city,” he said, and a disaster plan was in place.

In the midst of the situation, he tended a young Black girl, bleeding vaginally, who passed a red rubber catheter following an abortion. At that time abortion was illegal, and at the trial in Vicksburg, Mississippi, he testified before the all-white, all-male jury.

He was asked only one question, put quite sarcastically:

“Doctor, do you have a license to practice in the great state of Mississippi?”

He replied he did not. (As an intern, of course, he had only an institutional permit.)

The jury gasped.

Within ten minutes, it rendered a not-guilty decision. The abortionist, after all, was performing a valuable social service in the community at the time, and no one wanted to convict the individual.

Such was the nature of the early 1960s.

But it had another side, too. Along with rapid scientific development, the tools of pathologists also were progressing at an amazing rate. Dr. Jack Abbott of Houston, in discussing the contributions of the clinical pathologist in the June 1965 Texas State Journal of Medicine, stated that in one large hospital in 1940 there had been thirty-two laboratory determinations and in that same hospital in 1964, there were 273 different tests, not counting radioisotope procedures.645

Retirements and goodbyes

DR. STUART A. WALLACE, Baylor University College of Medicine in Houston, retired in 1964, and a commemorative fund was begun in his name. Reported in 1964 was the death of Dr. A. C. Broders, Sr., formerly of the Mayo Clinic, Rochester, Minnesota, and Scott and White Hospital, Temple.646
Specialization, Automation, and Regulation
(1965–1990)

There are no areas in Texas, with the exception of the Big Bend country, which is farther than 100 miles from the services of the board-certified pathologist.

George W. Thoma, Jr., MD, reporting in 1965 to the Texas Society of Pathologists.

LABORATORY MEDICINE AND THE PRACTICE of pathology were on the verge of transformation in the mid-1960s. As critical paths of science and technology merged, however, so also did long-time political and socioeconomic trends. With science and technology on the verge of explosion, regulation of medicine was in its infancy and civil rights disturbances were at a boiling point.

In science, the sixties brought new visions of theoretical immunology and immunopathology. Already, science had fostered significant advances in technology, and now automation was encouraged regardless of laboratory size. Physicians were advised that the cost of their upgraded laboratory equipment could be recovered over a period of years even when a laboratory performed only a small number of tests.

Norman Jacob, MD, of San Antonio, recalls his first attempt to purchase Technicon’s autoanalyzer in the late 1950s. He had attended a meeting of the American Association of Pathologists and
Bacteriologists in Houston, and had seen a demonstration of equipment that could perform two tests—urea and glucose. The cost was $5,500, but with the expenditure Dr. Jacob saw the wave of the future. Based at Santa Rosa Hospital in San Antonio, he returned to advise Sister Mary Vincent, known as a tough administrator, that it was “the way to go.” Fully expecting her to balk, he was surprised when she curtly responded, “Well, get it!”

He called the company in Tarrytown, New York, and spoke with the owner’s son, who promised to promptly send and set up the equipment. A few weeks later, however, the son called to say he had never received a written confirmation from the hospital, and needed that to proceed with delivery and installation.

Dr. Jacob again went to talk with Sister Mary Vincent, who quickly told him in no uncertain terms that she was good for her word, and to tell the company to send it—that he needed no written request. Dr. Jacob obliged, and so did the company. Soon, the equipment arrived, the son of the founder accompanying it. While installing it, he asked Dr. Jacob’s opinion about whether other tests could be put on the instrument.

“I don’t know,” answered Jacob truthfully. But shortly thereafter, Technicon released a total of fifteen tests that could be run on the autoanalyzer.

“Technicon had always been a leader in tissue processing,” Dr. Jacob notes, “but now it became a dominant force in automating.” Later, of course, many other companies joined the trend, which would rapidly permeate the field of pathology.

Dr. George Race recalls that when he first arrived in 1959 as director of laboratories at Baylor University Medical Center in Dallas, the hospital was performing about fifteen tests, mostly by hand, and surgical pathology slides took three to five days. He quickly changed to next-day reporting, and by the 1970s, with automation, the Baylor laboratory would be performing more than two million tests per year.

Other underlying forces also were occurring in the field of pathology, and Dr. Vernie Stembridge of Dallas alerted practitioners that the supply of pathologists was likely to diminish because only 62 percent of the country’s pathology residencies were filled.

“We need 500 new physicians entering pathology residencies every year,” he said, “and we must actively encourage more young physicians to enter the field.”
But perhaps the biggest worry for physicians was the uncertainty related to pending legislation in Washington—Medicare and the voluntary health insurance program under the Social Security Act. The concept of Medicare, originally proposed by President John F. Kennedy in 1960, was the provision of limited health insurance coverage to the elderly and disabled under the Social Security Act. In addition, the program was to offer an optional membership health insurance plan.

Dr. John Childers of Dallas had attended the April meeting of the College of American Pathologists in Dallas.

"The feeling at this meeting was strong that Medicare would pass in this session of Congress," he said, urging support for an amendment that would remove pathologists from a designation as "hospital services," a tenet currently in the bill.

Dr. Childers' prediction was right. On July 30, 1965, President Lyndon B. Johnson signed the Medicare bill into law, and it would have a profound effect on the practice of medicine for years to come.

Suddenly, everything was both more complex and more perplexing. Pathologists in private practice and in hospital laboratories faced confusing reimbursement policies, and saw their role as physicians being threatened by definition. Already, Blue Cross-Blue Shield of Texas, the Texas insurance intermediary for Medicare, had announced that different fees would be paid for tests in each institution. To combat this, Tarrant County pathologists had set a group fee scale rather than individually negotiating separate fees. Fee-setting, in itself, had the potential for creating problems with the Federal Trade Commission. Members of the Texas Society of Pathologists, however, predicted the federal government under Medicare and future medical legislation would set "some sort of relative value scale very similar to the Blue Cross-Blue Shield scale."

Practitioners also were worried about having to decrease fees for clinical laboratory procedures due to automation and the necessity of increasing tissue consultation fees because of their relatively low value compared to other laboratory procedures.

When the Social Security Administration released preliminary principles pertaining to hospital-based physicians, many physician groups stood up to oppose them. A sample working agreement between pathologists and institutions, developed by the College of American Pathologists in 1966, sought to enable all pathology fees
to be collected from the Medicare carrier under “Part B,” the section under which physicians normally were reimbursed—rather than under “Part A” for hospital charges, which was proposed. Nationally, pathologists launched discussions with the Department of Health, Education, and Welfare, pointing out there was an identifiable “professional component” in each test and procedure that a pathologist performed or supervised.

“Pathology under Medicare,” a program presented at the CAP meeting in April 1966 summarized “the up-to-the-minute available information on Medicare and its effect on Pathology practice.” In Texas, pathologists were advised to talk with tax law firms. Anxiety was high, and they felt new procedures instituted by Blue Cross-Blue Shield of Texas for billing and compensation for services were “rigorous.” They also were troubled about denials for reimbursement based on the carrier’s new seven-digit computer codes.

So began the era of “separate billing,” in which pathologists associated with hospitals for the first time billed for their own services directly rather than through the hospital administrative operations. The concept of separate billing was strongly endorsed by the Texas Society of Pathologists and the Texas Medical Association. Both organizations adopted resolutions to assist hospital-based physicians in their efforts to separate professional fees from hospital charges, and declared that a physician should not engage in practices which “dispose of his professional attainments or services to any hospital, corporation, or lay body by whatever name called under conditions which permit the sale of the services of that physician by such agencies for a fee.” The Texas Medical Association House of Delegates disapproved any arrangement under which a TMA member merged “his or her professional fee with the hospital cost into a single charge to the patient.”

In 1967, Dr. John Andujar commented in the Texas State Journal of Medicine that the “continuing existence of the lay laboratory has received much attention from the membership of the Texas Society of Pathologists throughout the years and continues to be a distressing problem with no easy solution. The pathologist is perhaps the most vulnerable of all physicians, because of his relatively indirect relationship to the patient. The advent of Medicare has brought this into critical focus. Obviously, if an institution or government agency can employ a pathologist to diagnose the cancer of the cervix, and a radiologist to treat it, they can also employ a sur-
Specialization, Automation, and Regulation

Speczalization, Automatzon, and Regulatzon

geon to obtain the biopsy. Problems will undoubtedly multiply with the increase of government intervention in the practice of medicine. A clear sign of the vulnerability of pathologists is the fact that a federal antitrust suit was launched against pathologists [College of American Pathologists] just as Medicare became effective in our land. The strange notion that pathology (or surgery, or medicine, or obstetrics) should be done by physicians clearly brands physicians as 'monopolists.' A consent decree was signed with the Justice Department in 1969 ending the suit, allowing CAP to continue setting performance standards, to inspect and accredit laboratories, and to police its own ranks.

With developing technology pathologists could simplify and speed technical operations and reports, yet the new regulations sometimes caused administrative chaos. As reimbursement issues mounted, the term “third-party payors” became routine and negotiations with insurance carriers became commonplace.

The Texas State Department of Health also had responsibilities for implementing Medicare provisions, and Dr. Stembridge, as president of the Texas Society of Pathologists, offered his organization’s help in setting up inspections of outpatient laboratories. He was advised that Dr. J. R. Rainey of Austin would become the pathology consultant to the state health department. Though the program had a new twist and involved the federal government, the exercise was reminiscent of the Society’s earlier voluntary efforts with the state to assure quality of laboratory determinations.

While Medicare seemed to be a ubiquitous problem, there were many other issues during the second half of the 1960s. For the next several years, the Texas Society of Pathologists would continue to seek passage of a statewide medical examiners bill, but gain success only in increments. Lay-owned laboratories generally would continue to worry Texas pathologists, and nationally the issue had mutated. The ASCP Board of Registry had been sued by a technologist who was refused re-registration for operating a lay laboratory. That suit was settled favorably.

In Texas, licensure attempts for laboratories and for medical technologists persisted, and already, one group, the Texas Society of Bio-Analysts, had asked the Texas Medical Association’s Council on Medical Jurisprudence for legislative support. The Council, however, had opposed the request. About this time, lay laboratories ap-
parently began concentrating their focus toward federal rather than state governments.

Meanwhile, reports indicated that the American Society of Medical Technologists, on recommendation of its Planning and Scope Committee in October 1965, desired more independence from the ASCP. Some, although reportedly not most, members of the Texas Society of Medical Technologists were supporting this trend "away from any ties to the Pathologists."

"... The Texas Society of Medical Technologists has generally enjoyed close support and cooperation of the Texas Society of Pathologists," Andujar observes, "In the educational field alone, the pathologists have pioneered in establishing schools of medical technology; the fourth school in the nation granting the master of science degree was established in Fort Worth in 1939."

In April 1966, the Texas Medical Association's legislative committee recommended that the Texas Society of Pathologists prepare a bill for licensing laboratories and laboratory directors, basing it on guidelines of a similar law passed in Illinois. Then, in late 1966, it was learned that the Department of Health, Education, and Welfare (DHEW) wanted to amend the Medicare law by adding a "Part C" that would affect pathologists and radiologists, and it announced standards for laboratories in the Federal Register. A resolution was sent to the College of American Pathologists urging that it not support the "Part C" amendment, which Texas members felt would separate pathologists from the rest of medicine.

Dr. William O. Russell of Houston became president of the American Society of Clinical Pathologists (ASCP) in 1964, the fourth pathologist with immediate Texas ties to gain national office. Also, Dr. Norman Jacob succeeded Dr. O. J. Wollenman as Texas' fourth assemblyman to the College of American Pathologists; Dr. Lloyd Hershberger became vice chairman of the ASCP Council, and Dr. Vernie Stembridge succeeded him as Texas Councilor to ASCP.

Specialization and education

IN THE MIDST of changing socioeconomic conditions, Texas pathologists also continued to adhere to their basic love—science. After all, the role of the pathologist was to provide the bridge between pure science and clinical medicine. One such example was evident
when the Texas Society of Pathologists decided against co-sponsoring only a hospitality function and instead supported the scientific program of the American Society of Clinical Pathologists, prepared by Dr. C. T. Ashworth for the ASCP upcoming meeting in Dallas. Commending Dr. Ashworth for the program, Dr. Russell emphasized its importance “in view of the concern by some of the members of ASCP about the possibility of discontinuing scientific papers at the meetings.”³⁶² Within a few years the American Medical Association would actually drop its scientific meetings, ascribing the reasons to growing specialization.³⁶³ Continuing education was becoming an increasingly more visible issue in medicine, and the ASCP in 1965 announced a new effort in this regard—a one million dollar educational laboratory to be built for members in Chicago, and to be used primarily for workshops.³⁶⁴

Another implication for the future

AFTER SEVERAL organizations in 1966 began blanketing Texas with “do-it-yourself-cytology kits,” the Texas Medical Association Committee on Cancer passed a resolution “against the advisability of this program.”³⁶⁵ Even as pathologists sought to become better qualified in the field through American Cancer Society guidelines and a subspecialty certification, such kits also would grow in popularity.³⁶⁶

Medical examiners’ systems; a tragedy occurs

ON ANOTHER TIME-HONORED subject—medical examiners’ systems in the state—there was some optimism. Travis County was considering the establishment of a system, “occasioned by a Grand Jury recommendation to the Commissioners Court.”³⁶⁷ Texas pathologists supported the effort in Travis County, and offered their help in setting up a system.

Tragedy, however, struck again before anything could be implemented. On August 1, 1966, a young man in Austin, Charles J. Whitman, after killing his wife and his mother, climbed the famed tower of The University of Texas and began shooting wildly across the campus. By the time he was subdued with a gunshot wound to the head, he had killed sixteen and wounded thirty-one people. Following the catastrophe, Texas Governor John B. Connally, who had himself suffered severe gunshot wounds in a public attack in Dallas
only three years earlier, appointed a special "Blue Ribbon" committee to study the incident. Among the committee of thirty-two were pathologists Kenneth M. Earle, MD, then chief of the Neuropathology Branch of the Armed Forces Institute of Pathology, a Texan and former dean of The University of Texas Medical Branch at Galveston; Joseph A. Jachimczyk, MD, senior consultant in forensic pathology, Houston; Tate M. Minkler, MD, assistant pathologist and medical systems analyst and William O. Russell, MD, head of the Department of Pathology and chief of the Section of Anatomical Pathology, both of The University of Texas M.D. Anderson Hospital and Tumor Institute, Houston; Coloman de Chenar, MD, of Austin.

R. Lee Clark, MD, director, and Robert D. Moreton, MD, assistant to the director and professor of radiology, of The University of Texas M.D. Anderson Hospital and Tumor Institute, were among other members of the committee. In addition to a number of recommendations pertaining to mental health, counseling, violence, and campus safety, the committee echoed a position promoted for a number of years by the Texas Society of Pathologists—that a statewide medical examiners' office should be developed.

Selected autopsy materials on Whitman were provided the committee, but its study was limited because the autopsy was not performed until approximately twenty-four hours after death; the body had received arterial and trocar embalming before the initial examination; many parts of the brain were damaged by the penetrating fragments of bone created by the gunshot wounds; all pieces of the brain were not recovered, and the brain had been sectioned at the time of the autopsy. The committee presented its findings in the auditorium of the Texas Medical Association in Austin, and offered its final pathologic diagnosis on Whitman. These included the findings resulting from the multiple gunshot wounds to the head and face—contusions and lacerations of the brain, subarachnoid hemorrhage and cerebral edema. Two pieces of tumor reportedly removed from the right temporo-occipital white matter by Dr. Coloman de Chenar on August 2, 1966, demonstrated glioblastoma multiforme.

The committee's report stated that the tumor removed by Dr. de Chenar of Austin, who provided autopsy services under the Travis County coroner's system, microscopically exhibited the features of "a glioblastoma multiforme with a remarkable vascular compo-
component of the nature of a small congenital vascular malformation, and contained widespread areas of necrosis with palisading of cells characteristic of the tumor."

The task force concluded that "the relationship between the brain tumor and Charles J. Whitman's actions on the last day of his life cannot be established with clarity. However, the highly malignant brain tumor conceivably could have contributed to his inability to control his emotions and actions. Without a recent psychiatric evaluation of Charles J. Whitman, the task force finds it impossible to make a formal psychiatric diagnosis."668

Later, some members of the task force indicated certain doubts that the tumor, if it existed, was the cause of the violent outburst, and have leaned toward a psychiatric diagnosis.

Just as the assassination of President Kennedy ultimately led to development of a medical examiner system in Dallas County, so did the Whitman massacre at The University of Texas at Austin spur into action the development of the system in Travis County. Nevertheless, the development of the system was not immediate, and there would be many delays.669

An escalation of war

WHILE CHARLES WHITMAN'S private war took place on The University of Texas campus, the crisis in Vietnam was growing more desperate, and physicians were being drawn into the escalating conflict. Texas physicians there in 1966 on a voluntary basis discovered filth and poverty breeding disease.670

There were many things about this war that were different from earlier wars, but Major General Spurgeon Neel of the U.S. Army writes that despite the complexity of the medical challenges in the hot, humid environment, all blood in Vietnam came from military donors—and did not disrupt the civilian supply. There were no contracts with the American Red Cross nor the American Association of Blood Banks.671

Laboratory quality was a challenge in Vietnam. Laboratory service, Neel reports, finally reached a high level of quality in 1970 as "a result of co-ordination between the medical laboratory system and preventive medicine"—bringing it to the level of effectiveness comparable to that in World War II. Neel points out that in World War II, both activities were an integral part of the laboratory system.672
Neel also reports that the wounded soldier in Vietnam "received better care more quickly than in any previous conflict."673 The experiences in Vietnam thus would translate to civilian life in the management of trauma, emergency response systems, increased use of ancillary personnel and the team concept in medical care. There also would be benefits from research on the pathophysiology of stress and the study of disabling cutaneous diseases.674

Kenneth R. Dirks, MD, professor emeritus of the department of pathology and laboratory medicine, Texas A&M University College of Medicine in College Station, attests to the review of the Vietnam experience cited by Major General Neel. He had served in the United States Army in three wars—World War II, Korea, and Vietnam. In Vietnam, between 1967 and 1968, he was commanding officer of the 406th Mobile Medical Laboratory, and later moved to the third field hospital, the "Walter Reed of Saigon," as commanding officer.

With severely wounded patients, it was not unusual to give more than 100 units of blood. Brought to the laboratory by helicopter, patients often had wounds of a severity not seen in previous wars. The survival rate was remarkable, Dr. Dirks said, and, as a result of the way blood was screened, there was little concern regarding hepatitis. It was very unusual to see a post-transfusion case.

He saw firsthand the development of knowledge that would later be translated to civilian services: the tremendous work of the hemodialysis unit in acute renal failure; dramatic improvement in vascular surgery, and progress in knowledge of transplants when livers were destroyed by high velocity missiles and had to be replaced. Further, a great deal of work was done during the Vietnam war to enhance the antimalarial armamentarium.

Dr. Dirks had been laboratory chief at a number of Army installations in the United States and in Germany, would serve as director of research at the U.S. Army Medical Research and Development Command, Washington, DC, and become superintendent of the Academy of Health Sciences, Fort Sam Houston, Texas, the center for education and training programs of medical enlisted personnel and officers.

Dr. Dirks retired with the permanent rank of Major General (Medical Corps).675

In 1980, after retirement from the military, he would join the faculty of Texas A&M University College of Medicine.
Although the Vietnam war continued, in late 1966 President Johnson had announced the end of US bombing in North Vietnam in an attempt to break the stalemate in the peace talks. The following year President Nixon began withdrawal of American troops from the area.

Medical education and manpower

By 1967, as medical manpower shortages grew, shortages in the laboratory became particularly acute. There was continuing concern that many approved residencies in pathology were not being filled throughout the country, and that one-third of the pathology residents were graduates of foreign medical schools. Recommendations were made to enhance the training opportunities for various supporting laboratory personnel, including greater use of junior colleges.

Texas began focusing on adding new medical schools to assure an adequate supply of physicians for the state. Funding had been provided for The University of Texas Health Science Center at San Antonio in 1959, but various delays kept the school from opening until 1966, when the first class of students entered. When it opened, it had a tremendous positive impact on the medical community in San Antonio, recall Drs. Delmer, Jacob, Townsend, and others.

Texas would continue the efforts during the 1970s to expand the number of educational facilities for physicians, and in 1971, The University of Texas Health Science Center at Houston would be established. One component, the UT Medical School at Houston, would become the second medical school in the city.

Leadership and more change

Evidence of changing attitudes regarding the field of osteopathy was evident in 1967 when the Texas Medical Association adopted the simple position that “Doctors of Osteopathy who practice scientific medicine on an ethical basis are not cultists.” James D. Murphy, MD, president of the association, announced that the resolution “allowed the Osteopathic physician to utilize the consultation and educational facilities available to other physicians in Texas. This monition did not make them MDs nor open to them membership in county medical societies or on hospital staffs.”
Pathologists remained eager for camaraderie and for intellectual stimulation in the 1960s. Such was the case when a group of physicians formed the Dallas Academy of Pathology on March 7, 1967, to stimulate and improve the science of pathology and to create mutual understanding among the professional practicing pathologists. It was open to doctors of medicine who limited their practice to pathology, and included physicians practicing in Dallas County, nonresidents and honorary members. Only Dallas County members could vote or hold office, but otherwise there was no distinction made on responsibilities or privileges. A candidate for membership could not qualify until four years after internship and had to be recognized as a qualified specialist in pathology, certified by the American Board of Pathology and acceptable to the membership committee. An annual assessment of $25 was charged.

Members signing as charter members were George J. Race, MD; R. R. Rember, MD; Gerard Noteboom, MD; Marc Garza, MD; J. H. Childers, MD; E. H. Valentine, MD; Norman G. P. Helgeson, MD; William Crofford, MD; Gwendolyn Crass, MD; Wm. Hickey, MD; M. Weatherby, MD; Donald D. Van Fossan, MD; D. S. Johnson, MD; and John L. Goforth, MD.

An informal group, the North Texas Society of Pathologists, had preceded the Dallas Academy of Pathology, often gathering to review slides at the Turnpike Restaurant between Dallas and Fort Worth but there had been no formal organization.

In Fort Worth, a group of osteopathic physicians formed the Texas College of Osteopathic Medicine in 1969. In future years, the spouse of a Texas pathologist, Senator Betty Andujar, Fort Worth, would be instrumental in bringing the school under the umbrella of North Texas University.

Space exploration, crises, and success

As the decade catapulted forward America in 1967 experienced the first deaths tied to its space testing program when Apollo 1 burned on the ground at Cape Kennedy, Florida. Despite the setback, the space effort remained in full swing, purposefully aiming to achieve the goal set by President John F. Kennedy that America would put a man on the moon by the end of the decade.

That technological changes, some to arise from the space pro-
gram, were affecting pathology became clearly evident in January 1968 when the Texas Society of Pathologists held a symposium on automation in the clinical laboratory, moderated by George Z. Williams, MD, director of clinical laboratories, National Institutes of Health. Speakers included Jack P. Abbott, MD, of Methodist Hospital, Houston, on private laboratory automation; B. B. Trotter, MD, of Abilene on small hospital automation, and Donald D. Van Fossan, MD, Baylor Hospital, Dallas, on hospital automation in larger hospitals. Another symposium, in the afternoon, was held on diagnosis, management and experience with pediatric tumors, moderated by H. S. Rosenberg, MD, Texas Children’s Hospital, Houston.

Another horrifying incident shocked the American people on June 5, 1968. Senator Robert F. Kennedy, brother of slain President John F. Kennedy, was himself campaigning for the country’s Presidency at the Ambassador Hotel in Los Angeles. Suddenly, Kennedy was struck by gunfire, and he died early the next morning, wounded fatally by a Jordanian immigrant, Sirhan Sirhan.

Kenneth M. Earle, MD, who had left the deanship at The University of Texas Medical Branch at Galveston in 1962 and was chief of the Neuropathology Branch of the Armed Forces Institute of Pathology in Washington, D.C., with two other AFIP consultants, was flown to Los Angeles. There, they assisted Thomas T. Noguchi, MD, medical examiner for Los Angeles, in performing the autopsy on Senator Kennedy. Because of the furor that had surrounded President Kennedy’s death, Dr. Noguchi immediately sought the help of the AFIP. By the time Dr. Earle and his colleagues arrived five hours later, the autopsy was nearly complete, the brain removed and the skull open. Under a gag order, the team was sequestered for four days, and heard no news of outside events. During that time it conducted a meticulous autopsy, and had everything photographed in detail. To the team’s surprise, Time Magazine nevertheless acquired information, describing where the bullet was located.

So confusing were the regulatory impositions and the social disturbances of the 1960s that the march of science occurred behind the scenes. But in July 1969 it came vividly to the fore as Americans once again glued themselves to their television screens and watched
Astronauts Neil Armstrong and Buzz Aldrin step onto the lunar surface from Apollo II—the first men to walk on the moon.

A medical examiner system in Dallas

DR. VERNIE STEMBRIDGE guided a cooperative effort to link a new medical examiner system in Dallas between the county commissioners, the city police department, and The University of Texas Southwestern Medical School. It was designed to assure autonomy, quality, and efficiency in the forensic process. As chairman of the school's department of pathology, Dr. Stembridge then invited Charles S. Petty, MD, to move to Dallas from Indianapolis to head the Southwestern Institute of Forensic Services, which combined under the medical examiner's office medico-legal autopsies, toxicology, and criminalistics. All professional appointees would be required to have a faculty appointment. The location of the unit was considered important politically as well as scientifically. As was the case in Travis County, there would not always be smooth sailing.

When Dr. Petty arrived in Dallas in June 1969, he had in hand a letter signed by the county judge stating what the county would do in the new situation. One never knew, however, he said later, where the county judge stood on any given issue, and often, the judge would caution, “we don’t want to move too fast.” Later, however, he would agree to Dr. Petty’s requests.

On an interim basis for two and one-half years the medical examiner operation was housed at Parkland Memorial Hospital, but, as Dr. Petty observes, hospital pathology runs “countercurrent” to forensic pathology because the needs are different.

“A hospital must handle a large volume, and be prompt. Surgical specimens are the priority,” he said. Therefore the hospital sometimes was clogged with bodies awaiting autopsy.

Meanwhile, plans were being drawn for a separate building for the medical examiner. Even so, when he inquired about the surveyor’s plat, he was told to oversee the survey himself—which he did. In addition, the land required deeding from three different political units—The University of Texas Southwestern Medical School, the county hospital district, and Dallas County.

Controversy frequently boils around a medical examiner system, with the examiner trapped in a no-win situation. Dr. Petty recalls one difficult situation in Dallas around 1970. Newspaper ar-
articles "were terrible," he said, and he was ready to leave Dallas. But Dr. A. J. Gill, former dean of the medical school, hooking his cane over his left arm, said, "I think there's something that can be done. I'll see to it."

Dr. Gill formed a committee of three physicians, three hospital administrators, and three morticians. Though Dr. Petty recalls the meetings as difficult, the problem was worked out after several discussions.

The key to forensic pathology, Dr. Petty states, is investigation, and often, "things really aren't what they seem to be."

By team effort, he reports, a good criminal investigation system was established in Dallas, and, among other activities, the Rape Crisis Center was later added to his responsibilities. The Rape Protocol established by Dr. Petty and The University of Texas Southwestern Medical School obstetrics department would become the basis for most rape protocols in the United States.

Dr. Petty also served on the Senate Select Committee that studied the assassination of President John F. Kennedy.

Medical examiners' systems, however, evolved slowly in locations around the state. Corpus Christi pathologists in 1971 submitted to the Texas Legislature a bill amending Article 49.25 of the Code of Criminal Procedure, 1965. When enacted the bill permitted two or more counties to create a medical examiner's district and to jointly maintain a medical examiner's office. The Texas Society of Pathologists hoped the legislation would bring the state one step closer to "the desired goal" of a uniform statewide Medical Examiners' System.684

Texas Society of Pathologists; a sign of growth

DR. JACK LINE SMITH of Beaumont served as the secretary-treasurer of the Texas Society of Pathologists from 1965 to 1970. The Society had grown considerably since 1921, and periodically there had been a post of "assistant secretary-treasurer," so onerous were the duties.

When the secretary-treasurer completed his or her tenure—often a job that lasted several years—loads of files and records were transferred to the successor. In February 1970, however, the Society made arrangements with the Texas Medical Association to provide
administrative services, and Iris Wenzel of Austin, a member of the TMA staff, then assumed the duties. She would maintain sole responsibility for the administrative work for many years. Later assisted by other staff, she would retain oversight of administrative services for specialty societies until her retirement on December 31, 1993.

Dr. Smith recalls happily turning over files to Mrs. Wenzel—and transferring minutes, invoices, and other materials. Perhaps he was a little envious, too, of his successor in the office—Dr. Jim Stinson of Temple—for having Mrs. Wenzel’s assistance.

Legislative and regulatory shock in the 1970s

TEXAS PATHOLOGISTS used numerous approaches to address legislative and regulatory matters, but a few examples follow.

At the request of the Texas Medical Association in 1970, the Texas Society of Pathologists had considered writing legislation to improve clinical laboratory services in Texas. Interestingly, however, members felt that the federal statute and regulations dealing with inspection and certification of clinical laboratories was “generally providing adequate direction,” and that a Texas bill was redundant. They, however, supported a state bill requiring disclosure to patients of actual laboratory charges for a test. 685

The Texas Medical Association’s Board of Councilors unanimously reaffirmed its position on lay-owned laboratories, stating it was unethical for a physician to utilize, enter the employ, or otherwise participate in the function of such an institution. In 1971 the Board of Councilors urged the Texas State Board of Medical Examiners to act against any physician who entered an agreement with a corporate body, noting the agreement could be in violation of the state’s Medical Practice Act. 686 That same year, the Joint Commission on Accreditation of Hospitals (later the Joint Commission on Accreditation of Healthcare Organizations) published its position that a physician must supervise the clinical pathology laboratories, but that a non-MD might be acceptable as a technical director. The physician director was not required to be full time and not required to be a pathologist. 687 Various suits were filed in this era against the College of American Pathologists pertaining to its position on lay-owned laboratories and on the voluntary quality control programs it conducted.

In January 1971, the real socioeconomic shocker startled many
pathologists in private practice as the Social Security Administration issued "sharp guidelines" for billing professional clinical pathology services covered by Medicare. The guidelines declared that payment of fees by hospital-based physicians for Medicare patients should be billed as "Part A" (or hospital services) unless there was a specific service performed by a doctor of medicine. The Texas Medical Association declared that pathologists should bill separately for their services.\textsuperscript{688}

The issues became more complex. Dr. Carl Lind of Houston in January 1972 reported to his colleagues in the Texas Society of Pathologists that the Social Security Administration had advised several organizations to make plans for quality control and inspection of their own laboratories, including physicians in the specialties of internal medicine and family practice, and that their laboratories must meet accreditation requirements. He discussed the economic impact from the regulations, predicted a profound effect on pathologists and declared that the relationships of hospitals and pathologists would be affected.\textsuperscript{689}

Meanwhile in San Antonio, Drs. A. O. Severance and Merle W. Delmer became the first pathologists in the state to establish the principle of separate billing, and quickly worked out an equitable arrangement with Baptist Hospital there.

It was a different story, however, for Dr. Thomas H. McConnell, III, of Dallas. He vividly recalls those days in the early 1970s, when the new regulations sent many pathologists scrambling to work out suitable hospital agreements.\textsuperscript{690}

When he joined Dr. Charles Ashworth as a pathologist at Dallas Presbyterian Hospital in 1970, the two were members of a group of pathologists paid a salary from a hospital fund.

"The fund accumulated money from billings sent in the names of pathologists," he recalls, "but the pathologists had no control of any kind over the fund. When Dr. Ashworth left to go into practice at his private lab, I became chairman of the department and challenged the legality of this arrangement in 1975 after failing to get the hospital to negotiate a change. My tactic was to send a copy of the contract to the State Board of Medical Examiners. They in turn consulted with the Attorney General's office."

"In an incredible stroke of good luck," he says, "as it turned out, while the TSBME and the AG were considering this topic, the U.S. Supreme Court, in \textit{Garcia v. State of Texas}, handed down its
The verdict in favor of the State of Texas and its medical practice act. The key issue was the ‘corporate practice of medicine.’ The Garcia decision supported the right of states to have a law prohibiting the corporate practice of medicine, stating in effect that no one in the state could hire a doctor on a salary, or bill in the doctor’s name, or keep physician-generated income after expenses.

Dr. McConnell adds that the hospital subsequently fired him for raising this thorny issue, and the matter became a “nasty, newsworthy dispute which made the front page of both Dallas newspapers several times.” Dr. McConnell, however, later realized the distasteful situation was “the best thing that ever happened” to him because he then went into business for himself where he “succeeded beyond my wildest expectations.”

Eventually the hospital and Dr. McConnell’s successor, who was not found for more than a year, negotiated a separate billing contract along the lines he originally was seeking.

Richard Hausner, MD, had graduated in 1971 from the State University of New York Upstate Medical Center. A younger-than-average student needing experience, he first took a clinical internship in pediatrics at the University of Michigan, and because there still was a military draft and he had a one-year doctor’s draft deferment, he entered the Navy doing considerable pediatric medicine. He then returned to the University of Florida College of Medicine for a residency in pathology, moving to Texas in 1978 to join the faculty of Baylor College of Medicine, Houston, as an assistant professor of pathology.

He recalls his academic period as a time of “excellent experience,” in pathology, whether or not one pursued an academic career. Although he enjoyed his work, with family responsibilities during the era of financial hyperinflation, he decided to enter private practice in 1981. Joining a new group with J. B. Askew, Jr., MD, and Ena Mocrega, MD, as equal partners, he practiced pathology at Houston Northwest Medical Center.

At the time separate billing was considered a given at the hospital, and the administration advised the group, “You do your thing; and we do ours.” On the cusp of changes in Medicare, he began under the Reasonable Compensation Equivalent (RCE) form of reimbursement for government health care programs, which was replaced when diagnosis-related groups (DRGs) were instituted. The
latter required the pathology group to negotiate with the hospital for its component of the Medicare “Part A” services.

In 1983, Dr. Hausner moved to Cypress Fairbanks Medical Center but continued also to serve Houston Northwest Medical Center until 1985. Subsequently his group split, the others remaining at Houston Northwest Hospital and he at Cypress Fairbanks.

Having a slightly different view than some regarding the merits of separate billing, he observes that in Texas it was especially difficult to estimate payment for particular services. In many cases, pathologists did not have great bargaining leverage with administrations after the separate billing episode, and it became difficult under the new DRG system to obtain reimbursement for “Part A” of Medicare.

Also, by the time he had entered practice, automated technology was in full swing. Although automation facilitated delivery of results, he points out that a test itself is “not truly automated.” “Without the human element,” he observes, “the instrument would stop.”

James M. Goforth, MD, of Amarillo, whose uncle was pioneer pathologist Dr. John L. Goforth of Dallas, decided when he was very young that he wanted to be a pathologist. Later, while he was attending The University of Texas at Austin in the 1960s, a cousin talked him into taking the Medical College Admission Test (MCAT). He did well on the test without having studied, and decided to apply to medical school. Accepted at every place he had applied, he chose to attend Washington University in St. Louis. There he studied with Drs. Paul Lacey and Lauren Ackerman. The latter discouraged him from returning to Texas for a residency, and he then decided to take his postgraduate education at Johns Hopkins in Baltimore. Caught, however, in the civil rights disturbances of the 1960s, which were particularly acute on the east coast, he decided to return to Texas, and completed his residency at The University of Texas Southwestern Medical School in Dallas, under Drs. Vernie Stembridge, Frank Vellios, Bruce Fallis, Tony D’Agostino, Ben Dowdey, and others.

While earning extra money as a locum tenens in Amarillo, he first became interested in the locale. Since it was near the end of the Vietnam era, he, however, had to complete deferred military service but found that his two years as a pathologist at Fort Leonard Wood, Missouri, were excellent preparation for practice, including daily decisionmaking in a variety of areas. In 1974, he and Rod M.
Nugent, Jr., MD, who had been a resident with him at Parkland Memorial Hospital and UT Southwestern in Dallas, joined forces to open a private laboratory in Amarillo.

When they arrived in the city, Drs. Ralph Zientek, Bob Brierty, and John Denko already were serving the community.

Drs. Goforth and Nugent sought a contract at St. Anthony Hospital, and succeeded in getting it. Later they also obtained a contract from Northwest Hospital.

Drs. Goforth and Nugent had been joined in 1983 by James “Hap” Hamous, MD, and in the late 1980s, by Robert Todd, MD.

Their practice grew well and rapidly, and over the years, they also covered a number of small surrounding community hospitals, including Guymon Memorial in Guymon, Oklahoma; and hospitals in Dalhart, Spearman, Canadian, Hereford, and Dumas.

In 1974, it was still standard in Amarillo to have a percentage contract, but in 1976, the group turned to separate billing. Dr. Goforth recalls taking “some flack,” for his group’s approach—for they essentially reversed the normal approach to charges, assigning more weight to microscopic and tissue work than to clinical laboratory tests, reasoning that their time really was spent on those areas. Apparently, there was disgruntlement expressed at a meeting of the Texas Medical Association about their approach, and even Dr. Vernie Stembridge called with concern about statements made at the meeting.

“But,” Dr. Goforth responded, “we spent most of our day at the microscope and with tissues and we needed our income to come from what we actually did rather than from the clinical laboratory functions, such as blood glucose, and so on.”

Their efforts in separate billing did break ground for other pathologists in Amarillo.

The city had seen an expansion of clinical and anatomic pathology, but never had been successful at obtaining a medical examiners’ system with a qualified forensic pathologist, thus justices-of-the-peace continued to control the system. There had been a number of difficulties. Jose A. F. Diaz-Esquivel, MD, for awhile had provided the forensic autopsy service. Another practitioner, Ralph Erdmann, MD, who had once been in Lubbock and Amarillo, then practiced in Childress, returned to provide coroner’s services for the county. He, however, encountered personal difficulties. Reportedly performing too many autopsies in an effort to support the district
attorney and law enforcement officers, he also had to conduct them in inadequate facilities. The situation led to falsification of records. He was charged with falsifying official documents through the justice-of-the-peace system, and was imprisoned.

Dr. John Denko, a pathologist who had been in Amarillo since 1950, had retired.

The Coffey Memorial Blood Center in Amarillo provided blood services to the region, and the director of the center in 1995 would be Mary Townsend, MD.

Migration and evolution in the Permian Basin

CHRISTOPHER L. HALL, MD, of Midland, the original medical director of the Permian Basin Regional Blood Center, reports on the continuing development of pathology in other parts of West Texas.691

Midland.—Dr. Martha Madsen was joined in 1977 by Richard Schmickrath, MD, and in 1978 by David Shneidman, MD. Dr. Schneidman built a busy dermatopathology and forensic pathology practice, but would leave for Washington state in 1989. Elisa Hall, MD, specializing in neuropathology, became part of the practice from 1984 until 1991. Leena Shroff, MD, at the Big Spring Veterans Administration Medical Center (VAMC) until about 1987, also would begin working in Midland.

Big Spring.—Robert Rember, MD, spent the late 1970s until late 1980s at the Scenic Mountain Medical Center; and later would go to Big Spring VAMC.

Odessa.—Robert Bright, MD, would work at Odessa Women’s and Children’s Hospital from 1980 to 1989, bringing board certification in forensic pathology to the area for the first time. James Howell, MD, arrived in Snyder in 1981, and moved to Odessa Women’s and Children’s Hospital in 1988. In 1990, he would be joined by Stuart Myster, MD.

About 1983, Baylor University Medical Center in Dallas began providing pathologists to Medical Center Hospital by contract. Full-time pathologists since that time have included Sparks Veasey, MD, James Bagnell, MD, (deceased), Morgan Dyer, MD, and John Lewis, MD. Dr. Veasey completed additional training in forensic pathology and would return to West Texas in 1992 as Ector County Medical Examiner, later moving to Lubbock.
Also in the West Texas area in 1992, the Regional Blood Center would be formed as a joint venture between Odessa Medical Center Hospital and Midland Memorial Hospital, Dr. Hall becoming the first director.

*Pampa*—Joe Lowry, MD, of Pampa reports changes in recent decades in this area.\(^692\)

Except for 1966 when a pathologist lived in Pampa briefly, Dr. John Andujar of Fort Worth provided services until 1969 at which time Victor Trammell, MD, arrived. Dr. Trammell had a good friend, L. M. Kimbell, MD, who started practice in Borger at the same time, and the two shared calls.

In 1976, Dr. Trammell left Pampa and was succeeded by James F. Tilden, MD. Dr. Tilden, originally from Michigan, had been a general practitioner for several years before taking a pathology residency at the University of Colorado. In 1979, Dr. Kimbell was killed in a car wreck, and Andrew J. Kalivoda, MD, who was trained in New Mexico, became the pathologist in Borger. Drs. Kalivoda and Tilden also shared calls. HCA had bought Highland General Hospital in 1982. A few years earlier, Worley Hospital had closed. HCA also built Coronado Community Hospital in 1983.

When Dr. Tilden retired in 1984, Dr. Lowry became the pathologist at Coronado Community Hospital. Dr. Kalivoda, who continued as pathologist in Borger, shared calls with him. The hospital in Borger, however, was closed in 1989, and Dr. Kalivoda returned to New Mexico. He died in 1992 and Dr. Tilden died in 1994.

*Lubbock.*—In 1972, Texas Tech University School of Medicine, the Association of American Medical Colleges having reported that it had set a new national record for the establishment of a new school. The school had been authorized by the Texas Legislature in May 1969, a dean appointed in 1970, and classes had begun in the fall of 1972. The AAMC may have forgotten about the World War II instant development of Southwestern Medical College in Dallas, but nevertheless for start-up time at this period of history, the record was impressive. Sixty-one students were enrolled, and there were 120 faculty and staff members.\(^693\)

"Pathology was drastically changed in 1972/73 when the School of Medicine opened in Lubbock," comments Louis Nannini, MD, of Lubbock.\(^694\) Harry Sproat, MD, was appointed as acting chairman and became the first pathology chairman. Dr. Sproat re-
Specialization, Automation, and Regulation 255

cruited Donald MacNair, MD, and Carter Alexander, MD. Dr. Sproat would resign in 1984, his position filled by Dale Rector, MD, as acting chair until 1985 when Thomas M. Sodeman, MD, would be appointed chairman. Meanwhile, several other pathologists joined the staff, among whom was Dale Dunn, MD, who would become chairman.


The issues continue

AS SPECIALIZATION of American medicine continued, there sometimes were disagreements about categories and requirements of new specialties. In 1972, the American Board of Nuclear Medicine was scheduled to conduct examinations in its field, and Texas pathologists expressed concern that the Board’s requirements would eliminate qualified pathologists from involvement in nuclear medicine.696 In 1972, the Texas Society of Pathologists, however, voiced support for limited certification by the American Boards of Pathology and Radiology in the areas of radioisotopic pathology and nuclear radiology.697

The Texas Society of Pathologists had been concerned about quality of laboratories since its inception in 1921, and had conducted its own reviews, sometimes in conjunction with the State Department of Health; however, in the 1970s, “quality control” became a highly visible topic, often related to government health care programs. The Society encouraged research and development in the
area of quality assessment, and planned to develop its own program of laboratory assessment. A special committee on quality control recommended moving forward with a chemistry quality control program—using a computer service of the College of American Pathologists.698

Perhaps it was timely that the "year of pathology" was observed by Texas pathologists in 1972—for during the previous year the Texas Society of Pathologists had celebrated its fiftieth anniversary, with Dr. Vernie Stembridge of Dallas serving as chairman of the event,699 and this year the wife of a pathologist, Betty Andujar (Mrs. John J.) of Fort Worth, became the newly elected state senator from Tarrant County.700

A stream of federal laws showered physicians over the next few years, among them Public Law 92-603, passed in 1972, which included a section establishing Professional Standards Review Organizations, providing for a review mechanism for Medicare programs. The law also contained a section pertaining to billing for laboratory services by pathologists. In 1974, there would be PL 93-641 (the National Health Planning and Resources Development Act of 1974) which terminated the Hill-Burton Act and other health planning legislation and initiated a new "comprehensive health planning" approach.701 Also being discussed was the "Forward Plan for Health" developed by the Department of Health, Education, and Welfare.

The Texas Medical Association attempted to have the state placed under one PSRO through an organization it formed with osteopathic physicians, known as the Texas Institute for Medical Assessment.702

Then, in January 1973, the Texas Medical Association House of Delegates implemented the Texas Medical Foundation, which began working with specialties to set up physician profiles related to reimbursement for Medicare patients. The challenge, though the foundation was attempting to help physicians, posed difficulties for pathologists because government profiles were set up by number of patients seen, diagnosis, and other factors not directly pertinent to pathologists. However, Dr. J. R. Rainey of Austin reported he was working with Blue Cross-Blue Shield of Texas to set up nomenclature for pathologists.703
Cost containment was to become a larger and larger issue throughout the decade and beyond.

A foreshadowing of change in the practice milieu for medicine also was evident with the development of Health Maintenance Organizations, and in 1973, there was early opposition to an HMO bill in the Texas Legislature that would authorize any corporation to deliver health care services. The bill was reported favorably out of committee, but did not gain enough support to suspend rules for a vote.\textsuperscript{704,705}

Pathologists also saw incursions into realms of scientific medicine, and protested a bill before the Texas Legislature on premarital serologic testing for rubella for all women under fifty, an issue that the Texas Society of Pathologists felt lacked the clear direction of scientific knowledge. The Society declared that “the pathologists of Texas have watched with dismay the increasing legal incursions into the practice of medicine and of pathology, including such misadventures as compulsory PKU [phenylketonuria] testing and the like, without consulting with bodies best qualified to advise.” The Society vigorously opposed the “unwarranted and unfortunate legislation.”\textsuperscript{706}

Computer coding systems would continue to be developed in conjunction with reimbursement for Medicare, and in the fall of 1974, Blue Shield of Texas announced that it would adopt the Current Procedural Terminology (CPT-3) system.\textsuperscript{707}

In January 1975, Sidney W. Kowierschke, MD, president of the Texas Society of Pathologists, returning from a CAP-ASCP meeting, referred to high points of the “bureaucrats” messages, reporting their belief that since Hill-Burton legislation had provided the country with facilities, now the nation’s manpower must be developed. Further, he reported, they felt that health care was too costly and must be controlled by increasing productivity through using more nonphysician personnel; that health care must be made more competitive, and the number and geographic distribution of specialists should be controlled; that medical students’ education should be subsidized in exchange for postgraduate placement into needy areas and there should be use of more foreign graduates. Citing the euphemism “provider of services,” he noted the time was getting closer when the term would be implemented. A provider could be a physician or a hospital, and if a patient sought service at a
hospital, the physician would have to seek reimbursement from that institution.\textsuperscript{708}

The quality control programs developed in pioneer days by the Texas Society of Pathologists had been needed when first formed, but now professional (ASCP and CAP) and commercial outlets had been developed, negating the need. In the face of legal liability and other risks, a survey was mailed to help ascertain the value of continuing the Texas program.\textsuperscript{709}

Even a time-honored medium—the microscopic slide—used by pathologists in diagnosis of tissues faced difficulties in the new reimbursement climate. Pathologists explained that slide referral was consultation between pathologists and not a routine clerical procedure or institutional function. A committee chaired by Dr. Dorothy Patras of Fort Worth developed guidelines for slide referrals, which were adopted by the Texas Society of Pathologists in 1975.\textsuperscript{710}

As regulations for quality control became more public, so did demands for proof of physician competence. And, although no studies have ever conclusively tied continuing medical education (CME) to competence, CME became a highly visible issue during the 1970s. National specialty boards also began talking about recertification of their diplomates. Noting that about 50 percent of physicians currently were board certified in the mid-1970s, Dr. Vernie Stembridge predicted that recertification would be in effect in five to twenty years. In the 1990s, the opportunity for recertification in pathology would be offered.\textsuperscript{711}

Chronic problems regarding low reimbursement for government programs were becoming acute in May 1977 when it was reported that a large number of physicians were not accepting Medicaid reimbursement.\textsuperscript{712}

\textbf{A new medical school opens}

TEXAS A&M College of Medicine opened classes in September 1977 with thirty-two students. The college had been initiated in 1971, when the Texas Legislature authorized the Coordinating Board for Higher Education to apply for Veterans Administration funding to establish a new school. The VA program was directed at relieving the nation’s manpower shortage and maldistribution, mak-
ing use of VA hospitals and state institutions of higher learning. Dr. Joyce Stripling Davis, associate professor of pathology at Baylor College of Medicine, Houston, became head of the new pathology program at Texas A&M.713

A time of ferment and opportunity

A SCIENTIFIC DEVELOPMENT in the 1970s, spurred by experience during the Vietnam war, called for new legislative approaches. Transplantation of organs was becoming a growing aspect of care in medical institutions. In Texas, in March 1977, the Legislature responded, giving authority to justices of the peace and medical examiners to permit the taking of corneal tissue for transplants, providing immunity in certain civil suits. A leader in passage of the bill, Senator Betty Andujar (Republican-Fort Worth) was commended in a resolution by the Texas Society of Pathologists for her overall service. Her colleagues in the Texas Senate unanimously had named her president pro-tem of the Senate in January 1977, and on May 7, 1977, she was inaugurated and became Governor-for-a-Day. Senator Andujar served ten years in the Texas Legislature, stopping only when faced with triple bypass heart surgery in 1985.

Regulation droned on in the 1970s. The Medicaid and Medicare fraud and abuse bills were enacted, cost containment bills were in progress, and in 1977, the Clinical Laboratory Improvement Act was passed. In Texas, as a result of long-time efforts to improve the medical liability situation, which continued to see a rise in cost and number of suits filed, the Texas Legislature passed the Texas Medical Disclosure Act.

Gradually, medical examiner systems were spreading across the state. In mid-1977, Robert Bucklin, MD, became the first medical examiner in Travis County, bringing to nine the number of counties in the state with a chief medical examiner. Roberto Bayardo, MD, succeeded him in 1978.

Dr. Bayardo had entered the field of forensic pathology "by accident." He had been in a rotating internship, had taken two years of general surgery, and then an elective in pathology. Liking it better, he applied for a pathology residency. His mentor became Berne Newton, MD, on the faculty of Baylor College of Medicine and the staff at Methodist Hospital, Houston. Soon, Dr. Bayardo also met
Dr. Joseph Jachimczyk, the forensic examiner in Harris County, who in 1976 asked him to help out on weekends and holidays.

After two years of conducting hospital autopsies, Dr. Bayardo then left Methodist Hospital and joined Dr. Jachimczyk full time. Soon, he also was helping Travis County Medical Examiner Dr. Robert Bucklin. When Dr. Bucklin left Austin, Dr. Bayardo “was in the right place at the right time,” and in 1978 he moved to Austin. The city at first did not have the proper physical facilities, but during the 1980s voters would approve an upgraded system. However, that vote would not be implemented until 1995 when new facilities would be built.

For fifteen years, working every day, Dr. Bayardo was the only medical examiner in Travis County until Suzanne E. Dana, MD, who had been in San Antonio, joined him in 1993. Dr. Bayardo initially had responsibility for twelve central Texas counties and by 1995 he would provide services to thirty-five counties.

Government intervention was causing physicians to become more and more involved in negotiation processes in the 1970s, and Texas pathologists even participated in AMA negotiations courses to help them deal with confrontations.

Voluntary continuing medical education remained a hot topic, and the Texas Society of Pathologists and the Texas Medical Association adopted positions during the 1970s and 1980s strongly favoring voluntary continuing medical education (CME). They also were opposed to government involvement, and making CME mandatory for licensure.

The joint Texas Society of Pathologists-College of American Pathologists’ geographic quality control program grew considerably during this era, with a number of laboratories participating. The program, however, would not preclude a number of government agencies from becoming involved in “quality assurance” programs.

In 1979, the Texas Society of Pathologists and seventeen other specialty societies became members of the Texas Medical Association Specialty Society Committee, and each was seated as a nonvoting member of the Texas Medical Association House of Delegates. Dr. John Webb became the representative and Dr. Rainey the alter-
nate representative. In 1989, specialty society delegates would be given voting privileges in the TMA House of Delegates.\textsuperscript{714,715}

**Goodbyes during the 1970s**

DURING THE 1970s, Texas pathologists lost several prominent colleagues to death. A Northwest Texas pioneer in pathology, Dr. Thomas P. Churchill of Amarillo, died in 1970.\textsuperscript{716} In 1971, Dr. Truman Conner Terrell, a past president of the Texas Medical Association and five times president of the Texas Society of Pathologists, died at the age of eighty-one, having served medicine in many capacities for more than fifty years.\textsuperscript{717} Another pioneer and founder of the Texas Society of Pathologists, Dr. Marvin DeWitt Bell of Dallas, also died in 1971,\textsuperscript{718,719} as did Dr. Francis Elbert Council of Sherman.\textsuperscript{720} Dr. Herbert J. Schattenberg of San Antonio died in 1972,\textsuperscript{721} Dr. Charles Thomas Brierty of San Antonio in 1973; Dr. Maynard Sterling Hart of El Paso in 1975,\textsuperscript{722} and Dr. Ellen D. Furey of Beaumont in 1976. A long-time pathologist and a past president of the Texas Medical Association, Dr. George Turner, died in 1976. Dr. A. B. Cairns, formerly of Dallas and an early director of laboratories at Parkland Memorial Hospital and later for many years at Methodist Hospital in Dallas, died in 1979.\textsuperscript{723,724}

Dr. A. J. Gill, former dean of medicine at The University of Texas Southwestern Medical School in Dallas, also died in 1979, following a tractor accident on his farm.

In 1979 also, at age fifty-eight Dr. Feliks Gwozdz died two weeks after returning from his native Poland, where he had been presented an award by the Nicholas Copernicus Medical Academy (at 600 years the oldest medical school in Poland). The award commended his outstanding achievements in forensic medicine. He was honored posthumously also with the Texas Society of Pathologists’ Caldwell Award and by the National Association of Medical Examiners, which presented a plaque to his family citing his zest for life emphasized “by his warm smile, friendly voice, and the way he communicated happiness—through Music.”

**Role of pathology threatened**

THE NEED FOR pathology services continued to increase, but during the 1980s, some felt its importance was not reflected in the
curriculum of medical education. Dr. Vernie Stembridge in 1981 considered the status of pathology in the light of Darwinian principles, and pointed out that as the basic science subjects were correlated with the clinical sciences of physical diagnosis, internal medicine, and surgery, pathology began to lose its genuine “bridging” features, and often was reduced to a recitation limited to anatomic pathology. “Consequently,” he said, “students and faculty had less appreciation for the true significance of the role of pathology.”

In addition, in some schools, the amount of time for pathology had been reduced significantly,” he said, “and many students no longer were exposed to pathology as a vital basic science. They thus often had no appreciation for the subject as a specialty branch of medicine.

He further pointed out the importance of the autopsy, and its waning emphasis.725

A grim but necessary procedure, the autopsy also produced a moment of humor for Dr. Billy Bob Trotter of Abilene in the early 1980s. For lack of facilities in the hospital, he conducted odoriferous medical legal autopsies in what was called “the alligator pit” at the Abilene Zoo. For his unusual plight, Texas Monthly magazine gave him one of its annual “Bum Steer Awards.” Perhaps the magazine writers should have heard Dr. George T. Caldwell’s admonition that “you could practice in a barn if you had the brains.”

Around 1985, Dr. Trotter stopped doing medicolegal autopsies, the services thereafter provided by the Tarrant County Medical Examiners’ System.

Hassles, in effect, were becoming typical for the world of medicine and of pathology. During the 1980s, a number of organizations were involved directly or indirectly in surveying private laboratories including the Centers for Disease Control in Atlanta, the Health Care Financing Administration (HCFA), Food and Drug Administration (FDA) and other governmental units and voluntary agencies. There was considerable opposition to the multiple surveys. In addition, none of the governmental/regulatory agencies had the quality of programs in the private sector.

To compound problems, in July 1981, HCFA stipulated that hospital-based pathologists and radiologists must accept assignments for reimbursement under Medicare “Part B” on all hospital-
ized patients in order to receive 100 percent allowable reimbursement.

In addition, there was a continuing shortage of qualified allied health care personnel, including medical technologists and cytotechnologists. To help alleviate the shortage and encourage qualified individuals into the field of medicine, Dr. Margie Peschel of Fort Worth, chairman of the Texas Medical Association’s Committee on Health Careers, led a comprehensive program, encouraging projects such as science bowls in communities to raise awareness regarding career choices in the field.

In the early 1980s Dr. George Race was appointed by Governor William P. Clements to the Governor’s Task Force on Higher Education and Dr. Wm. Gordon McGee to the Radiation Advisory Board. Dr. Dorothy Patras was elected to the TMA Council on Legislation (formerly the Council on Medical Jurisprudence).

In May 1982, the Texas Society of Pathologists, following an earlier recommendation, adopted the concept of a House of Delegates policymaking structure, and would become the first state society of pathologists to adopt such a process. With Dr. Andujar as chairman, the other interim directors were Drs. John D. Milam of Houston, Wm. Gordon McGee of El Paso, and Dub Crofford of Dallas. They were to establish the delegate system and nominate the thirty delegates and thirty alternate delegates. The system was approved by members, with a plan to review the process in three years, and in May 1984, the new system was implemented.

Reminiscent of concerns posed by pathologists years earlier when M.D. Anderson Hospital in Houston attempted to start a tumor registry were those expressed in the early 1980s when the State Department of Health planned expansion of its statewide tumor registry. Furthermore, the department planned to make the program compulsory. Although some of the anxiety related to proposed punitive measures for noncompliance, as in earlier years, there was apprehension regarding bureaucracy. In addition, there was concern about the confidentiality of patient-physician records.

Texas celebrated its 150th year of existence in 1986, marking its independence from Mexico and its first year as the Republic of
Texas. To observe the event, Texas pathologists coordinated a program with peers in Australia, which also was celebrating 150 years as a country.

Yet another acronym came to haunt Texas pathologists in the 1980s—TEFRA. It stood for the Tax Equity and Fiscal Responsibility Act, which brought hospital ancillary units, including laboratories, under reimbursement limits and once again changed the basis for reimbursements to pathologists, challenging the tenets of separate billing and the professional component of laboratory work. Regulations were to invoke “prospective payment,” where appropriate, in the Medicaid program. Pathologists prepared to develop new contracts with hospitals as government programs under Medicare changed to diagnosis-related-groups (DRGs) and to adapt to an updated computer code for reimbursement (CPT-4). Under DRGs, there was confusion about how to determine the professional component of charges in both anatomic and clinical pathology.

“Town-Gown” issues also escalated in Galveston (UTMB) and Houston (Baylor) during the 1980s as medical schools and hospitals developed new approaches in the delivery of medical care. There was growing concern among private practitioners that certain institutions were providing professional services in nonacademic settings. Some communities, such as Dallas, experienced no friction, attributable largely to the fact that a member of the full-time faculty at Southwestern served on the Dallas County Medical Society board.

**Organ transplantation**

MUCH WORK WAS undertaken during this decade to facilitate and assure proper procedures for organ transplantation. Dr. William T. Hill of Houston, chairman of the Texas Medical Association’s Council on Scientific Affairs, particularly sought help in procuring organs for transplant and establishing guidelines. He guided the four-year project between the Texas Medical Association, the Texas Osteopathic Medical Association, the Texas Hospital Association, and the Texas Nurses Association. He also asked each pathologist in Texas to organize his or her hospital with the help of anesthesiologists, emergency room physicians and others “as the basic group to handle procurement of organs.”

Proposed organ transplantation legislation was controversial.
One bill would amend the justice-of-the-peace or medical examiner system so that, if there was no known objection, at the request of a Texas nonprofit medical facility performing organ transplants, various organs could be removed for transplantation. That would include the taking of eyes, heart, skin, bone, liver, kidney or pancreas and other tissues as they proved clinically useable for transplants. Dr. John Andujar urged all concerned to increase the procurement of organs for transplantation and hormones, with the procedure to be without compensation, and the removal of such tissue performed without disfigurement of the body. At the same time, he urged obtaining prior consent from next of kin or a representative party in charge of the funeral before recovery of tissue. The TMA House of Delegates also adopted a position stating that the individual’s right to choose the disposition of a loved one’s body was paramount, but that, after reasonable attempts to contact next of kin had failed, the coroner had the right to authorize the removal of suitable organs for transplantation purposes.

By 1986, Dr. Hill reported that the TMA Council on Scientific Affairs had surveyed hospitals with more than 100 beds to determine which were affiliated with a transplant center, had criteria for determining brain death, and had bylaws that permitted transplant teams to enter and work in the hospital. With a 40 percent return, he noted that 55 percent were linked with an organ transplant and 45 percent had established brain death bylaws to allow organ retrieval teams to come into hospitals.

**Honors**

DR. JOYCE DAVIS, chairman of the department of pathology and laboratory medicine at Texas A&M College of Medicine, College Station, was named the 1984 distinguished alumnus at Baylor University, Waco. Harris County Commissioners voted to name their new medical examiner building after Dr. Joseph Jachimczyk. In 1986, Dr. May Owen of Fort Worth was inducted into the Texas Women’s Hall of Fame.

In medical education, among the endowed chairs announced during the 1980s were those by Dr. John and Senator Betty Andujar for the chairmanship in pathology, and by Patsy Goforth, the widow of Dr. John L. Goforth, for a professorship at The University of Texas Southwestern Medical School at Dallas. Dr. Frank M. Town-
send's faculty at The University of Texas Medical School at San Antonio also honored him when he stepped down as chairman of the department of pathology there with the establishment of the Dr. Frank M. Townsend Professorship. Dr. Vernie A. Stembridge, former chairman of the department of pathology at The University of Texas Southwestern Medical School in Dallas, in 1981 received the Ward Burdick Award of the American Society of Clinical Pathologists, in 1982, the Ashbel Smith Distinguished Alumnus Award from The University of Texas Medical Branch at Galveston, and in 1987, the Joint ASCP-CAP Distinguished Service Award.

Dr. John J. Andujar was honored for many contributions to pathology, and Dr. Townsend was made an honorary past president of the Texas Society of Pathologists.

Era of “medically necessary” and increasing medical liability issues

IN 1986, A MEDICARE Newsletter informed all Texas physicians that pathologists were being monitored on “quantitative comparison” to other pathologists and audited for compliance to regulations. For a pathologist to bill for services, all consultation for clinical pathology had to be “medically necessary,” physician-generated, and require physician judgment.

As the medical care environment moved rapidly toward managed care, and Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs) developed, pathologists were encouraged to become involved.

Medical liability issues became some of the most serious concerns during the 1980s, and the Texas Society of Pathologists joined the Texas Civil Justice League with other organizations in 1986 to promote tort reforms as one solution to the problem.

There also were continuing efforts to expand the medical examiner system in Texas. Supporting data from a Texas Medical Association study showed that justices of the peace had pronounced 14,000 people dead in Texas in 1985, and requested 2,465 autopsies, and that medical examiners pronounced 13,000 deaths and requested 6,000 autopsies. It was suggested that a regional system should be developed as an alternative to the existing county-by-