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.*

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 con­tinue—more Texas communities soon would have their own “live­in” 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 May­nard 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 Aus­tralia, the Philippine Islands, Japan, and the South Pacific. He was dis­charged 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 pathologists.

When the Allies conquered Nazi Germany, Feliks Gwozdz had been liberated from the horrors of Dachau, the German concentra­tion 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-
nio 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 dreamt 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.463

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.”464 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 CO₂ 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.

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. 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 Wyvell, 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 *Chicaskia*. 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.

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. 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 administration, the beginnings of what became the Graduate School of Biomedical 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 distinction.”

After serving as dean, Dr. Gill returned to the pathology department 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 pathology and his personal brand of philosophy. He also instructed residents on the autopsy service and served as consultant to the medical examiner’s office, where “his lifelong interest in firearms and ballistics found practical application.”

Dr. Gill also became vice president of the Texas Medical Association 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 itself was not always free of dissension. Two of its stalwarts were involved 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 direction of the school. Their disagreements reportedly became so vociferous 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.\textsuperscript{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.\textsuperscript{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
Pathology Sweeps Across Texas

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 Acker- man, 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.”

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.

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. 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.
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.
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."\(^5\)

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.\(^5\) 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.\(^5\) 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."\(^5\)

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. Godfry 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—even raising dues to pay for it—despite informal reports that readership was poor.\(^5\)\(^\)

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 chickenpox.

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.  

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. 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.

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.”

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, 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.” 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.

By 1955, Blue Shield had agreed to pay the pathologists’ fees “under certain circumstances in the diagnosis of malignant disease.”
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."555

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.556

"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
for collecting specimens than if the attending physician had collected the specimens. 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.\textsuperscript{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.\textsuperscript{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. 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.

“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.567

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.568 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.”569

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.

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.

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.

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
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."575

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.577

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. 584

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
Pathology Sweeps Across Texas

UT Southwestern Medical School, and in 1979 returned to teaching full time, becoming professor at the school and associate director of surgical pathology at Parkland Memorial Hospital.

He would write many scientific articles, especially related to neoplastic disease, and co-author a chapter on Renal Pathology for a major pathology text. He also would receive many honors, including the first Paul Brindley Distinguished Professorship in 1982, and the UTMB Ashbel Smith Distinguished Alumnus Award. The Texas House of Representatives in 1988 would pass a special resolution honoring him. 586

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.\footnote{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.\footnote{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."\footnote{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.\footnote{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.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.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-
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 Soci­
ety, 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 lunch­
eon. Mrs. J. L. Goforth is in charge of local arrangements.”604

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

Dr. Crabb responded:605

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 con­
strued 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 pathol­
y 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.606
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."