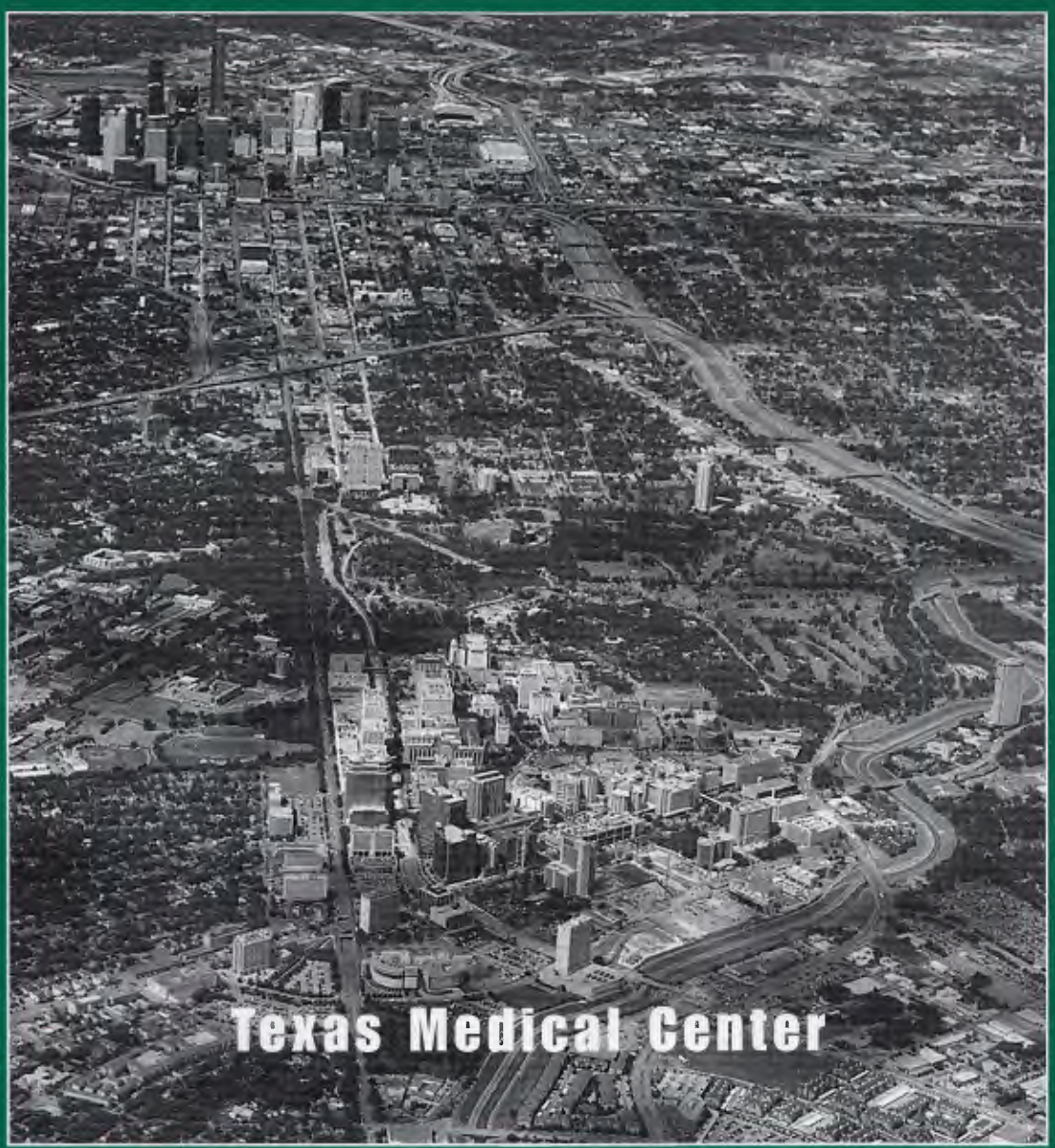
# The Houston Review

## OF HISTORY AND CULTURE

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UNIVERSITY OF HOUSTON • CENTER FOR PUBLIC HISTORY

# From the Editor

My dad died of melanoma cancer in 1970 after several years of treatment at M. D. Anderson Cancer Center. I was an undergraduate at Rice at the time, and I have vivid memories of long, sad walks from my dorm room to the hospital. My route took me over an intramural field, by the track stadium, and past the Tidelands motel. Once I crossed Main Street and Fannin, I trudged over a large open space to a paved lot where cars circled in search of parking spaces. Inside the hospital, I covered my nose to block the clouds of cigarette smoke coming from the patients' rooms. I looked straight ahead to avoid seeing the suffering of those around me. Then I forced myself to look directly at my dad and hug him gingerly, trying to persuade both of us to believe—at least for a brief moment—that he was not wasting away and that a cure was possible.

Recently, I retraced those steps. My old dorm, Wiess College, has been demolished; the new Rice baseball field sits behind the old intramural field; the Tidelands is long gone. A light rail track now splits Fannin. In the thirty-five years since my first visit to M. D. Anderson Hospital, just about everything except the parking situation has changed at the Texas Medical Center. The space between Main Street and M. D. Anderson has been filled with new buildings. The rooms are now smoke free. The doctors who seemed unwilling to talk frankly with a patient's family now seem almost eager to discuss the case. Above all, the survival rate for melanoma patients—as with most other categories of cancer patients—has improved dramatically. There is a sense of hope more than of desperation.

As I write these memories, it surprises me to realize that I have been visiting the Medical Center for more than half of its history. How did a collection of institutions expand so quickly? The photographs in this issue provide snapshots over time of the growth of impressive new medical facilities. The profiles of doctors reveal their single-minded passion to push forward the research and treatment of serious diseases. The photos of chapels and green space remind us of the ongoing efforts to create spaces within the Medical Center for spiritual healing.

Healing of all kinds is the business of the Texas Medical Center. It has earned international renown for the quality of its doctors, its equipment, and its research. It has also become a major force in the Houston economy, contributing a healthy dose of diversity to a regional economy long dominated by the oil and natural gas industries. It is a second downtown, connected to the original by a modern light rail system. In little more than fifty years, people of vision, talent, and energy have turned approximately 750 acres of largely empty land into a Mecca for medical care.

This issue of *The Houston Review of History and Culture* focuses on its history. Guest editor William Kellar has assembled an engaging collection of articles, interviews, and profiles that conveys some of the sense of the dramatic expansion of the Medical Center. We thank all of the authors for their contributions, with special thanks to Dr. Mavis Kelsey, Dr. Denton Cooley, and Mary Schiflett for their help on the issue. Thanks also to Beth White and Pam Cornell, who located photographs for us at the McGovern Historical Collections and Research Center in the HAM-TMC Library.

A 64-page magazine cannot, of course, present a comprehensive account of the history of a vast and expanding complex of institutions and people. We sought to include a variety of selections representative of the many different approaches to healing at the Texas Medical Center.

As we or our relatives and friends experience the ordeals presented by serious health problems, we gain greater appreciation for the contributions to our city made by the institutions at the Texas Medical Center. Even patients who died decades ago, such as my dad, still reach out to us through time in the work of researchers studying past treatments to find future cures. As a young man, I left my father's room at M. D. Anderson with a profound sadness. The sadness of personal loss remains a constant of any visit to the Texas Medical Center. But I also come away from each visit with a sense of awe for the miracle workers who perform their magic there, respect for those who came before them, and admiration for several generations of Houstonians who contributed to the building of this world-class medical complex.

## On the cover

*Aerial view of the Texas Medical Center campus in 2002, looking north with downtown Houston in the background.* Photograph by Joe Vela, Shriners Hospitals for Children-Houston

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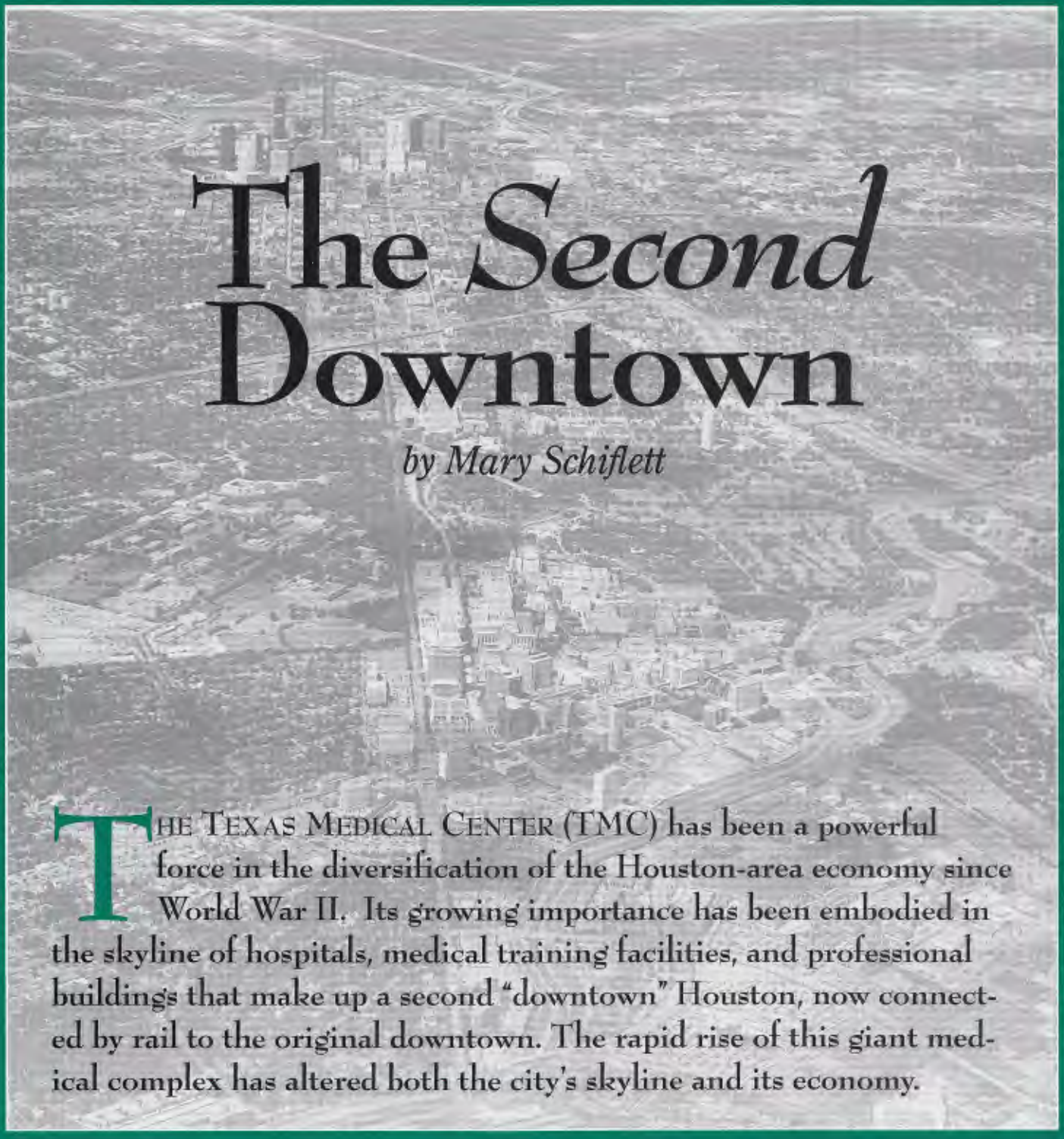
## Articles



## Profiles & Interviews

These interviews and profiles focus on the contributions of individual doctors to the Texas Medical Center's development. The six doctors featured are representative of the efforts of thousands of others.



# The Second Downtown

*by Mary Schiflett*

THE TEXAS MEDICAL CENTER (TMC) has been a powerful force in the diversification of the Houston-area economy since World War II. Its growing importance has been embodied in the skyline of hospitals, medical training facilities, and professional buildings that make up a second "downtown" Houston, now connected by rail to the original downtown. The rapid rise of this giant medical complex has altered both the city's skyline and its economy.

**About the author:**

Mary Schiflett joined the Texas Medical Center in 1984 as associate director for planning and the following year she was asked to become director of public affairs. Today she is consultant/vice president for the Texas Medical Center. She has contributed chapters to several books and has published numerous articles on subjects as varied as biographic sketches, origins of music and art, ethnic groups in early Houston, and ranch life and folklore. She served as a director on the original board for the Third Ward Redevelopment Council; is a farmer president of the Downtown Club; former president of the Houston Center for the Humanities; former secretary and member of the executive committee of the Board for the Friends of Hermann Park; member of the Volunteer Service Council for the Southern Regional Office of the Institute for International Education (IIE); and the 2003-2004 president for the Rotary Club of River Oaks.

Houston's original downtown grew steadily in the 19th century as the city emerged as the regional center of transportation, banking, and legal services. In the early 20th century, the downtown boomed with the regional economy—cotton and oil leading the way. The opening of the Houston Ship Channel in 1914 supplied a strong impetus for further expansion.[1] The Port of Houston grew steadily, adding diversity to Houston's growing economy. During the Second World War, proud Houstonians watched as the nation relied heavily on its all-weather, mid-continent, man-built seaport. After the war, much of the economic development in the Houston region continued to keep the Port of Houston busy. While the city's official emblem prominently featured an old railroad steam engine, there was an informal phrase that had Houston looking forward: "The Town that Built a Port that Built a City."[2]

The spectacular growth of oil refineries and petrochemical plants along the Ship Channel cemented Houston's position as a major business center for oil and gas in the U.S. and global economies. Almost every family had at least one wage earner drawing a paycheck from an oil or gas company, a subsidiary, a supplier that catered to these companies, or from the services and products that grew from these activities. The business and civic leaders saw where this type of a one-sided economy could lead a city, and therefore made deliberate decisions that kept Houston more than just an oil town. Its citizens flourished in a variety of business endeavors, and as the center of town began to expand, so did the economy.

## Main Street and South Main

From early in the 1900s, one obvious route for development in Houston was Main Street, which stretched from the original site of downtown on Buffalo Bayou out toward the prairie and swampland to the south. As Houston expanded, South Main gained importance. It led to the main highway to San Antonio and other towns scattered across the Texas plains. A major departure in the development along South Main came in 1912, when it became the road leading to the newly established Rice Institute (now Rice University).

By the mid-1920s, Houston's Main Street was described as the longest commercial thoroughfare in Texas. Unlike numerous other towns, Houston was lucky in that its Main Street was not only long, but also wide: room to park cars on either side and still have four lanes of traffic. This "luck" was equal parts planning and serendipity, for Main Street had originally been laid out with a spacious grassy esplanade to separate its lanes for the horse-drawn wagons. It ran from Buffalo Bayou at the north edge of the downtown area to several miles south, where it narrowed down to a country road leading to nearby farms. Some years later, when motorcars began to proliferate, Main Street's esplanade was all but eliminated in one of Houston's first efforts to improve vehicular traffic.[3] Through these years, it remained the route to many country estates, prosperous farms, and coastal ranches.

George Hermann, a Swiss émigré bachelor, owned some of that farmland. When he died, his will left most of his holdings to the City of Houston, including a large tract near South Main about five miles south of downtown Houston. In 1914, the city had designated several hundred acres of Hermann's land to be developed into a new city park. His will also expressed his wishes that a hospital be


*Downtown Houston's Main Street at the time the Texas Medical Center was just beginning to be planned for a location approximately five miles south of this area.* Courtesy Houston Metropolitan Research Center, Houston Public Library

built for Houston's citizens on a site at the south end of that park. By 1925, the new Hermann Hospital opened its doors and Houstonians had additional reasons to motor down South Main.[4] A large tract of land bordered the new park on its south boundary, making it possible for further growth and expansion if the city wished to do so.[5]

In late 1943, this city land—some 134 acres between the boundary of Hermann Park southward to what is now Holcombe Boulevard—was sought by the M. D. Anderson Foundation for a new project (See Bryant Boutwell's article in this issue). The Foundation especially liked the land since it was next to Hermann Hospital. They reached an agreement with the City of Houston to purchase that land in November of 1943 for approximately $400,000. Thus began the process that would soon bring to Houston international renown in a field not even remotely connected to the legendary oil and gas industry. This land would become the location on which the Texas Medical Center would be built, and a new collection of buildings would come to fill the Houston skyline. The Medical Center emerged as a center of business and activity, one rivaling the downtown area as an example of Houston's "can do" attitude.

## Giants in Vision and Spirit

The aspirations and dreams of two men who left legacies equally important to the one left by Hermann were central in making the Texas Medical Center a reality. One was a quiet, serious businessman, Monroe Dunaway Anderson; and the other, a visionary doctor, Ernst W. Bertner, MD.[6]

Monroe Dunaway Anderson was not born in Houston, but his love for the city developed while he was a young man. Houston today owes much to his generosity of spirit. Anderson asked two friends, Colonel William B. Bates and John H. Freeman, to serve on his foundation's board when it was established in 1936. In an interview with Colonel Bates in the mid-1970s about the beginnings of the M. D. Anderson Foundation, he recalled:

> *...Monroe Dunaway Anderson's foremost concern was that his foundation would serve people in the very best sense of what service to mankind truly meant. He wanted to be certain, too, that its charitable purposes would not be outmoded by future changes in conditions.*[7]

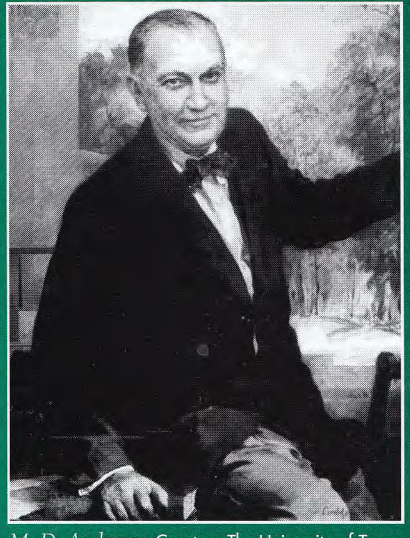
Monroe D. Anderson died in August 1939. It took some time for his estate to clear various tax and regulatory procedures, so the approximately $19 million he had designated in his will to go to the M. D. Anderson Foundation had some time to grow. Meanwhile, the trustees considered how it should be spent.

Ernst W. Bertner, MD, was a native Texan and received his medical degree from The University of Texas Medical Branch in Galveston in 1911. As a young man, he served General John J. Pershing as a staff surgeon during the First World War. When the war was over, he decided he wanted additional training and was accepted for studies at Johns Hopkins University. Soon, he established an east coast practice, and many prominent Houstonians, including Jesse H. Jones, took the train half way across the country for their medical appointments.

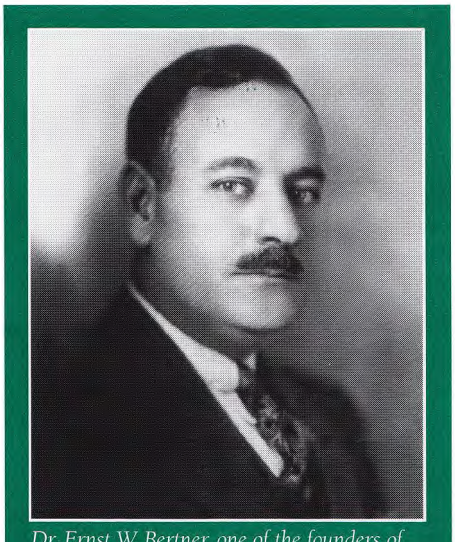
Jones urged Dr. Bertner to return to Texas, asking him to become the house physician at the new Rice Hotel. Dr. Bertner accepted the post and lived at the Rice Hotel from then on. Shortly thereafter, plans began to build a beautiful state-of-the-art hospital—Hermann Hospital—and soon Dr. Bertner was named chief of staff. He also had a goal in mind that he hoped to bring to Houston. From the time he had been a young doctor with the Army in Europe, and perhaps even before that, Dr. Bertner had dreamed of a modern "City of Medicine," such as had been described in ancient Greek mythology as the domain of Asclepius: a place where all can hope for the best of medical knowledge and a reasonable chance of extending good health. As Dr. Bertner looked at Houston, he believed he had found a place where his dream might become a reality.

The three trustees of the M. D. Anderson Foundation helped bring Dr. Bertner's vision to fruition. Colonel Bates and John Freeman were both attorneys, and they invited banker Horace M. Wilkins to join them as the third member of the M. D. Anderson Foundation.[8] All three had been long-time friends of Monroe Anderson and had spent many hours together in both business and social gatherings. While each had a background different from the other, in many ways, they were all typical of successful Texans: proud of their heritage, determined to leave the world better than they had found it, and never doubting that they could achieve whatever they set forth to do.

These three men—knowledgeable in law and finance—were, to a great extent, self-made men. They were steeped in Houston's history and had a strong awareness of what Houston needed to do to become a great city. They took seriously the charge that Monroe Dunaway Anderson had expressed concerning his estate. With all that in mind, they guided the M. D. Anderson Foundation's philanthropy so that, with Dr. Bertner's vision



*M. D. Anderson* Courtesy The University of Texas M. D. Anderson Cancer Center



*Dr. Ernst W. Bertner, one of the founders of the Texas Medical Center.*

and the help of many others, Houston became the home of the Texas Medical Center.

### Spectacular Growth

When the three trustees of the Anderson Foundation determined that Houston should have a medical center, it was a daring resolution. There were—and still are—excellent medical facilities in Galveston, only some fifty miles away. They were aware that many nationally prominent doctors had trained there and its credentials were solid. A sizeable proportion of Houston's doctors were UT-Galveston alumni. They had a strong loyalty to The University of Texas Medical Branch, and many of them wanted no part of any plan to challenge its status as the primary medical training center for southeastern Texas.[9]

Then, there was the obvious. Prior to the 1940s, Houston's medical "center" was part of the downtown business district. The multi-storied Medical Arts Building was located there; the Baptists' Memorial Hospital was next to the downtown library; St. Joseph's large hospital was just south of the core of downtown; and a couple of other older hospitals were fanned out in other directions, but still near the center of town.

There were so many reasons that favored starting something new and big in a completely different location that it is almost impossible to list only one or two. Most of the existing facilities were small and aging; none had modern wiring or plumbing for the new equipment that was becoming standard in the major medical centers in the North and East; and none was air conditioned. Dallas had just finished air conditioning every building on its fairgrounds as part of the Texas Centennial Celebration, and in Houston, the new Foley's department store was centrally air conditioned, proving that people would go shopping just to be where it was cool. The idea of building a major structure without air conditioning was quickly becoming unacceptable. These new buildings often had a minimum of windows, but were often located away from the downtown area in a verdant lawn and tree oasis. Soon, this began to attract doctors to move their clinics to the suburbs, as well. Now, having the hospitals downtown meant having to drive back and forth sev-

# Dr. Benjy Brooks

*by Jenna Berger*

*Dr. Benjy Frances Brooks (1918-1998)* Courtesy Texas Women's Hall of Fame, Texas Woman's University

Dr. Benjy Frances Brooks knew what she wanted to do with her life from the early age of four. At an age when many young girls would be happy playing with their dolls, the young Benjy Brooks had something else in mind. Her mother marveled as she watched her young daughter perform operations on her dolls using manicure scissors.[1] That was just the beginning of a brilliant career in medicine.

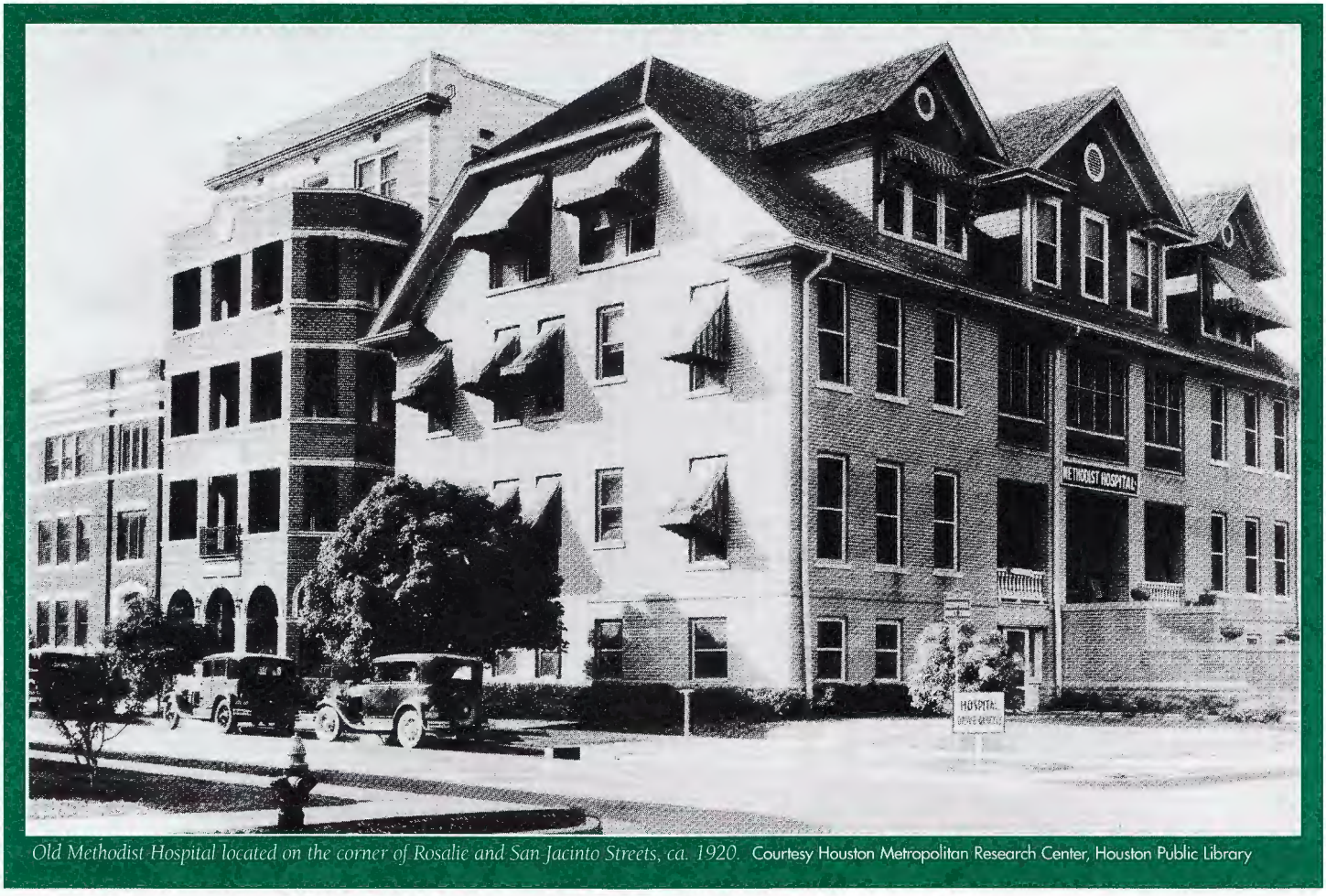
Born in 1918 in the small north Texas town of Lewisville, Benjy Frances Brooks never forgot her Texas roots. After receiving her MD from The University of Texas Medical Branch in Galveston, Dr. Brooks explored the world around her as she became well respected in the field of pediatric surgery. She accepted positions at the University of Pennsylvania and Children's Medical Center in Boston, and became the first woman to join the department of surgery at Harvard University. However, she longed to return home. In 1958, she got her wish, becoming the first woman pediatric surgeon in Texas.[2] She joined the staff of Texas Children's Hospital in the Medical Center, four years after the hospital opened.

In addition to her time spent with patients, she continued the research she began earlier in her career, focusing on the treatment of burn victims as well as congenital defects, making great advances in those fields. She often attributed her success to a good childhood, growing up in Texas with "its long history of strong pioneering women."[3]

As if her plate was not full enough, she took on a volunteer teaching position at Baylor College of Medicine. Dr. Brooks' resume continued to blossom, and by 1973, she joined the faculty at the newly established University of Texas Medical School at Houston. She established and led the division of pediatric surgery for ten years.

Dr. Brooks has been praised for her work many times over. Many awards have been created in her name. Even a philanthropic foundation was established in her name by the grateful parents of one of her patients. They wanted the Benjy Brooks Foundation for Children to continue her legacy of exceptional surgical care for children. She is in the Texas Women's Hall of Fame and in 1994, received the honor of being one of "Houston's Pioneer Women and Today's Leaders." Just as she had admired Texas' strong, pioneering women as a child, Dr. Brooks had now become an inspiration to a new generation of girls.

When she passed away in 1998 at the age of 79, the *Houston Chronicle* remembered Dr. Brooks not only for her skill as a surgeon, but as a "strong child advocate."[4] She once went to court, with bodyguards at her side, to testify in a child abuse case. Throughout her long career as a surgeon, researcher, teacher, and child advocate, Dr. Benjy Frances Brooks left her mark on the world and the Texas Medical Center.




*Old Methodist Hospital located on the corner of Rosalie and San Jacinto Streets, ca. 1920.* Courtesy Houston Metropolitan Research Center, Houston Public Library

eral times a day, and that wasted the doctors' time.

As if all of the above were not reason enough to close down the old hospitals and build new structures, there was one more important concern. The older hospitals were all-ward hospitals and patients were now insisting on private or semi-private rooms. Older hospitals could not convert. In addition, doctors wanted to keep staff privileges at more than one hospital and desired those facilities to be near one another. The changes that had come about with health insurance also played a role. More people had insurance now, and they wanted to be put in a good hospital whenever their doctors thought it would be of benefit to them. It was the start of a trend that is still part of the American health industry. The climate was right, in other words, to refigure healthcare, and Houston was home to those who probably seized the moment best.

All along, the Anderson Foundation trustees had awarded a number of small grants to various worthy causes, but through wise investments, the original $19 million had grown handsomely. The trustees had enough money to fund a major project and they were looking for the right one. According to the interviews conducted by N. Don Macon, the three trustees lost no time in discussing the idea of funding the creation of a new cancer research hospital with Dr. Bertner, who was enthusiastically supportive.[10] So that the research unit could begin even more quickly, they also suggested a temporary site for the new research facility—the home and grounds on Baldwin Street that had been left to Rice Institute (now Rice University) by Captain James A. Baker. M. D. Anderson Foundation bought that property and turned it over to The University of Texas for its new research hospital. In March of 1942, The University of Texas Board of Regents announced that the Texas State Cancer Hospital would be located in Houston, and in August of that same year, Dr. Bertner was named acting director of the hospital and its division of research. The next month, The University of Texas Board of Regents formally announced that they would name the hospital The M. D. Anderson Hospital for Cancer Research of The University of Texas.

Texas had only one state-owned medical school at that time and it was located in Galveston. If the new research hospital was to be taken seriously across the nation, it would need an academic home as well. They all agreed that Galveston was too far away, so the three trustees looked for an alternative. There was only one other medical school in Texas, the privately owned school that belonged to Baylor University. Baylor was in Waco and its medical school was in Dallas. The Dallas unit was beset with internal political and financial problems that indicated it probably would not thrive after the war. Two of the trustees, both attorneys, had close connections with Baylor University regents, who were already thinking about what to do with the medical school.[11] After the news of the Anderson Foundation's involvement in getting the cancer research hospital to be built in Houston, the regents approached the Foundation about what might be done for Baylor's medical school.

Once again, the M. D. Anderson

Foundation offered to provide a site on which to build a new school in Houston, money toward a new building, and help in locating temporary classroom quarters. The Houston Chamber of Commerce enthusiastically supported this arrangement by heading a popular subscription that raised an additional $500,000 to help Baylor with its new medical building. The Baylor University Medical School (some years later, it separated from the university and was renamed Baylor College of Medicine) and The M. D. Anderson Hospital for Cancer Research of The University of Texas (which is now called The University of Texas M. D. Anderson Cancer Center) were the first two academic member institutions of the Texas Medical Center.

During this time, the three trustees also began to bring others to help plan the new medical center. Dr. Bertner was the one whose advice they sought most often, but each of the trustees also had a busy career and obligations other than the M. D. Anderson Foundation. They determined that other Houstonians should be invited to help direct the future of the medical center they were starting. A not-for-profit corporation was formed under the State of Texas and on November 1, 1945, it received its charter. Incorporators and charter members of the Board of Directors for the new Texas Medical Center were Colonel James Anderson, Colonel William B. Bates, Hines H. Baker, Ray Dudley, Frederick C. Elliott, DDS, John H. Freeman, The Right Reverend Clinton S. Quin, and Horace M. Wilkins.[12]

Within a month, the new Board of Directors of Texas Medical Center, Inc., added W. Leland Anderson, nephew of Monroe Dunaway Anderson, to the board. Dr. Ernst W. Bertner became the first president. Others were added soon, including W. A. Kirkland, representing Rice Institute, Oveta Culp Hobby, Hugh Roy Cullen, and Jesse H. Jones.

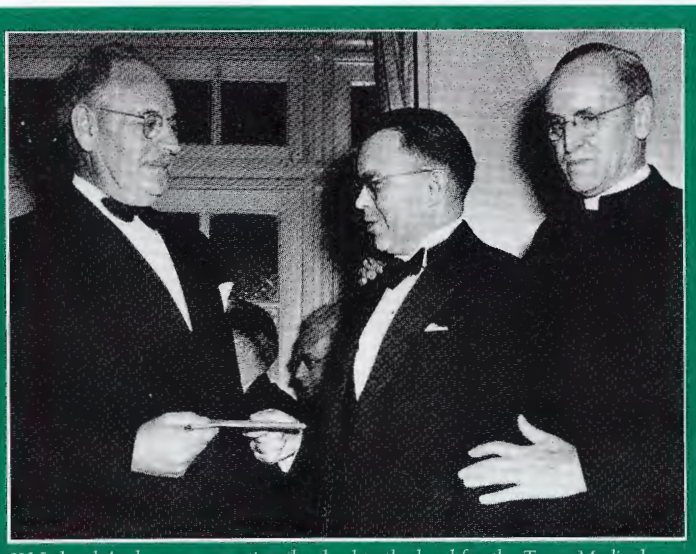
Through the early to the mid-1940s, the M. D. Anderson Foundation had continued to give sizeable grants to healthcare institutions, often supplying significant funds to help these groups relocate to new facilities in the Texas Medical Center. One major grant was made to the Texas Dental College, which had been chartered February 11, 1905, but had become very successful during the 1930s under the leadership of Dr. Frederick C. Elliott.[13] Now, he and the College's board voted to give the school to The University of Texas. In return, it was made a member institution and given land on the new campus of the Texas Medical Center.

On February 28, 1946, just a few years after the initial plans were formed, a dedicatory dinner for the new Texas Medical Center was held at the Rice Hotel.[14] W. Leland Anderson gave Dr. Bertner, president of the Texas Medical Center, Inc., the deed to the land tract. The program noted that the following projects had been approved for inclusion in the Texas Medical Center:

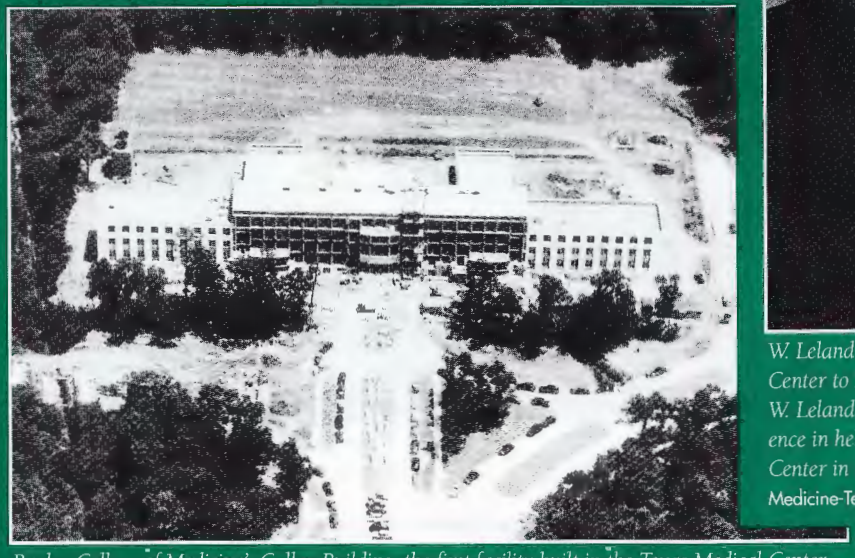
- Baylor University College of Medicine
- The M. D. Anderson Hospital for Cancer Research of The University of Texas
- The School of Medicine Preceptoral Training Program
- The Postgraduate and Graduate Schools of Medicine
- The School of Dentistry
- The College of Dental Nursing
- The Postgraduate and Graduate School of Dentistry
- The Institute of Orthodontics
- The School of Public Health
- The Institute of Geographic Medicine
- The Hermann Hospital
- St. Luke's Episcopal Hospital
- The Methodist Hospital
- The Shriners Crippled Children's Hospital
- The Houston Academy of Medicine Library

Since its inception fifty-seven years ago, some of these organizations have changed their names or been absorbed, while oth-

*Continued on page 47*



*W. Leland Anderson presenting the deed to the land for the Texas Medical Center to Dr. Ernst W. Bertner, February 1946. Left to right: E. W. Bertner, W. Leland Anderson, Bishop Clinton S. Quin. Bishop Quin was a major influence in helping to establish St. Luke's Episcopal Hospital in the Texas Medical Center in 1954.* Courtesy McGovern Historical Collections, Houston Academy of Medicine-Texas Medical Center Library



*Baylor College of Medicine's Cullen Building, the first facility built in the Texas Medical Center, as it rises from a clearing in the woods in 1946.* Courtesy Texas Medical Center Archives

# Two Bachelors, a Vision and the Texas Medical Center

By Bryant Boutwell, DrPH

*Monroe Dunaway Anderson (1873-1939)*

*Oil portrait of George H. Hermann (1843-1914) painted by Emory A. Filleau in 1915.*

Unless otherwise noted, all photos in this article are courtesy McGovern Historical Collections, Houston Acodemy of Medicine-Texas Medical Center Library

Names like Jesse H. Jones, George R. Brown, Ima Hogg, and Roy Cullen will forever be a part of Houston's history and the very meaning of philanthropy and citizenship. However, when it comes to the international success and renown of Houston's Texas Medical Center (TMC), two bachelors take the spotlight—George H. Hermann and Monroe D. Anderson.

The hospitals bearing their names serve as the cornerstones of the TMC complex. Born exactly thirty years apart, both of these lifelong bachelors shared compassion for their fellow citizens that translated into tangible assets that all Houston and our global community enjoy to this day. Each had a vision that their personal fortunes could be used for the good of the community in the name of healthcare. While neither was a physician, both had a personal interest and involvement in improving healthcare for those in need. In turn, George Hermann and Monroe Anderson helped set in motion changes that rewrote the textbook on healthcare in ways they probably never imagined.

## George Henry Hermann

George Hermann once said he never married because he could not afford a wife. His father, John Hermann, was from Davos, Switzerland. Born in 1791, John Hermann was living in Paris at the time of Napoleon.[1] He joined Napoleon's Army and fought in the Battle of Waterloo, receiving leg and wrist saber wounds that were a great source of family pride. Years later, at age 71, George Hermann would stand before a cheering crowd during the last months of his life at the site of Hermann Park, preparing to donate his land to the city. His remarks began with his proud memories of his parents along with mention of his father's battle wounds at Waterloo.[2]

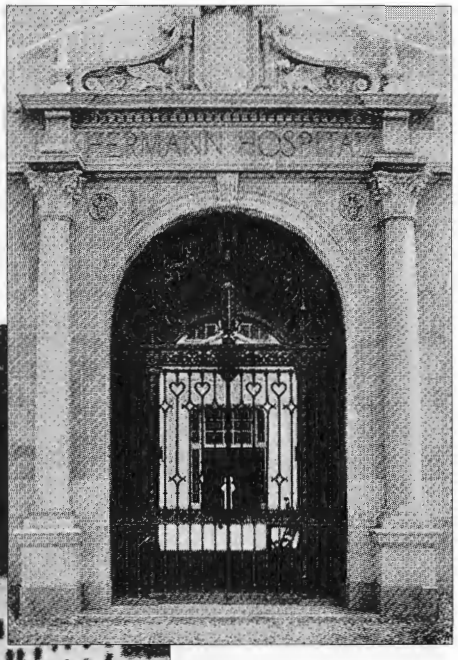
After the Battle of Waterloo, John Hermann returned to Switzerland and married Verina (Fannie) Michael. In 1825, the two immigrated to the United States, first arriving in Norfolk, Virginia, and then moving on to New Orleans. Eventually they moved to Vera Cruz, Mexico, where three children were born including a son named George. Tragically, George would die in a hunting accident in the Houston area in 1840.[3] Thus, the George H. Hermann we celebrate today was the second George born to John and Verina.

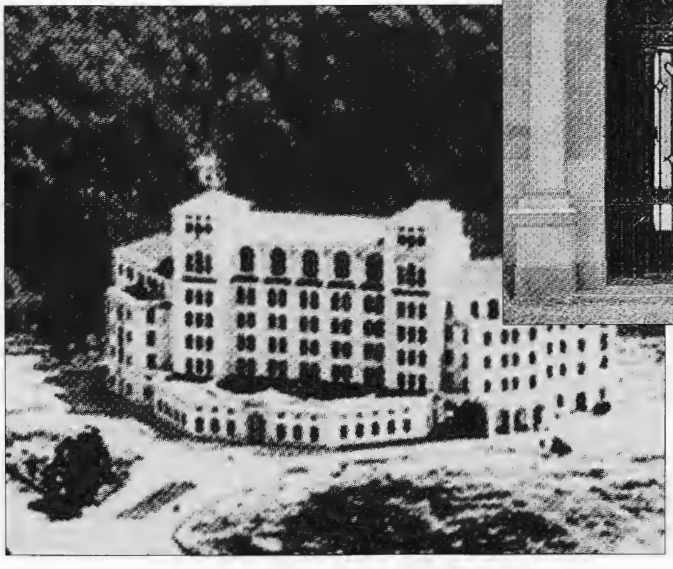
John Hermann, his wife, and their first three sons (including the ill-fated George), arrived at Allen's Landing in 1838 with $5 and a plan to open a bakery. Mrs. Hermann is said to have pawned her jewels to purchase flour and sugar so the family bakery on Main Street between Commerce and Franklin could open. The Hermanns sold bread to the growing Houston community and the many boats lining Buffalo Bayou. As the bakery prospered, John Hermann saved his money and eventually bought the block surrounded by Walker and McKinney Avenues and Smith and Brazos Streets. The family home, now the site of City Hall's reflection pond, was built there in 1843. Later that year, George Henry Hermann was born.[4]

As a boy, George Hermann much preferred the outdoors to schoolwork and books. He loved animals, especially horses, and was seen more often at Welch's Blacksmith Shop than at William Andrews Private School, where he sometimes attended to his schoolwork.[5] At age sixteen George enlisted in the Confederate Army and served with Company A, Twenty-sixth Texas Cavalry until it was disbanded on May 1, 1865, at Sandy Ford (now Crystal Springs), Texas. He returned to Houston to find both of his parents had passed away during his absence. George's two brothers, John M. and Louis, passed away in 1869 and 1872 respectively, leaving George with no Hermann relatives in the United States.

After inheriting all the property left by his parents, George teamed up with W.J. and J.F. Settegast in the cattle and real estate business. The Settegasts remained among his closest friends throughout his life. By 1884, he had diverted his attention to real estate. His father's frugal example apparently made a strong impression on George as he purchased town lots, rent houses, and busi-

*Hermann Hospital entrance, 1926.*





*The original Hermann Hospital as seen in 1926, bordered by the outer loop and unpaved Fannin Street at bottom. Forest behind hospital is future home of the Texas Medical Center.*

**About the Author:**

Dr. Bryant Boutwell is Associate Dean for Community Affairs and Professional Education at The University of Texas Medical School at Houston and The John P. McGovern, MD, Professor in Oslerian Medicine. He has worked in the Texas Medical Center the past 30 years.

ness property. He also bought what was then considered marshland, about five miles from downtown Houston where Hermann Park and the Texas Medical Center are located today. Rarely was he known to sell or trade any of the property he acquired. He had a hunch it would some day be valuable, his friends would recall.

During the early 1880s, he acquired thirty acres of swampy Black Jack thicket in North Harris County. Some reports say he paid as little as 35 cents an acre and really did not want the land. His personal physician and close friend, Dr. E. N. Gray, once said George had admitted trying to sell it for 25 cents an acre. Then in 1904 he gave permission to some men to bore holes in the ground. The oil royalties from what would be known as the Humble Oil Field yielded George Hermann up to $50,000 a week and made him a very rich man.[6]

Despite his growing wealth, George Hermann remained frugal to the core. Dr. Gray recalled that Hermann was very fond of eggs and liked fresh eggs every morning. One morning he announced he would not eat any more eggs for a while as he had passed through the city market and discovered eggs were 60 cents a dozen. Hermann declared, "That's too high. I'll wait until they get cheaper. Meanwhile, I'll eat prunes."[7]

You would hardly know that this man on horseback wearing torn clothes and a slouch black hat was one of the wealthiest men in Houston. He was known as a kind and compassionate man who had a dream to build a hospital for those who were sick and in need. Dr. Gray wrote, "He cared little for money for himself, but his one great hope was that someday he might accumulate enough to be of great help to other people. He regarded himself as the custodian for others."[8]

From June 1885 to October 1886 George Hermann did something extravagant by his standards—he took a European vacation. In part, his mission was to visit relatives in Switzerland. Along the way, he wrote a highly detailed journal that chronicles both his adventure and his frugal nature.[9] He visited Central Park in New York and saw firsthand the extensive use of urban green space. In the European cities throughout England, France, Switzerland, and Germany, he confirmed in his mind the importance of the urban green space that Houston lacked.

Illness during his travels through Europe along with his detailed diary of the trip document his frugal nature and fixation of the cost of every medical procedure down to the penny. No doubt his return to Houston and conviction to help others less fortunate with healthcare needs led to action.

Nearly three decades after returning from Europe, George Hermann stood before ceremonies in the City Auditorium on June 7, 1914, and presented the original 285 acres of Hermann Park that would expand to more than 400 acres after his death. Accounts of the day


*George Hermann's funeral procession drew thousands as it moved down Texas Avenue in October 1914.* Courtesy Houston Chronicle

reported thundering applause and cheers. In addition to his family history, he imparted on the crowd some practical advice, "Honesty and economy always go together. The man who will follow this idea will succeed. Always do your thinking before making your promises."[10]

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Hermann's will bequeathed the land and $100,000 to build a public charity hospital for Houston "for the benefit of the poor, indigent and infirm residents of the City of Houston." The estate had a probate inventory value of $2,619,419 and T.J. Ewing, Jr., J. J. Settegast, and John S. Steward were named as stewards of the trust.[12] By 1925, the city rejoiced in a weeklong celebration commemorating the opening of Hermann Hospital. The cornerstone to the Texas Medical Center had been laid. While several of George Hermann's Swiss relatives contested the will for nearly a decade, in 1932 the U.S. Supreme Court denied a petition for a writ of certiorari. By 1938 the Swiss heirs were enjoined from pressing their claims to the estate, which was valued between $10 and $20 million at the time.[13]

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# Green Space

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As the TMC continued to expand, similar wooded areas made way for new buildings, streets, and parking lots. Grant Fay Park, in particular, has been maintained amidst expansion and construction. The new University of Texas School of Nursing building, designed as a "green"-or environmentally friendly-building, is being built adjacent to the park. The bottom two stories of the building are an open-air space, which looks out upon the green space of the park.

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Photos by Tom Fox,
Courtesy The SWA Group

*King of Cotton—Monroe Dunaway Anderson stands among the bales of cotton that earned him a fortune. He later gave his millions to lay the foundation for what would become the Texas Medical Center.* Courtesy Houston Public Library

Born in Jackson, Tennessee, in 1873, Monroe Dunaway Anderson developed his skills in business at a young age. George Hermann would have been thirty years old at the time of Monroe's arrival as the sixth of eight children born to James Wisdom and Ellen Dunaway Anderson. Like George Hermann, he would live his life as a frugal bachelor. At the People's National Bank in Jackson, he made a mark for himself as the bank cashier who was one of the most trusted and diligent men in town. Monroe worked at People's National for ten years and became known as the "careful cashier," a reputation that followed him throughout his lifetime.[14] His father had been a banker, the first president of First National Bank in Jackson. His brother, Frank, set his sights on a career in the cotton business and studied every detail. From the quality of a single strand to the purchase of an entire boatload, Frank Anderson knew cotton just as his brother knew banking.[15]

In 1895, Frank married Dessie Burdine Clayton and joined one of the most established cotton families in Tupelo, Mississippi. Teaming up with his wife's younger brother, William Clayton, the team of Anderson and Clayton soon set sights for their own cotton brokerage business.[16]

Back in Jackson, Tennessee, Monroe Anderson continued to serve his community at the bank and study the ins and outs of good financial practice. A keen observer, he studied the process of careful money management as well as the downside of poor money management.

On August 1, 1904, Frank Anderson and Will Clayton were ready to launch their own company. They calculated that they needed $9,000 and turned to Monroe as their third partner. With an investment of $3,000 each, the three partners launched Anderson, Clayton & Co. with headquarters in Oklahoma City. The partners soon realized that Houston was emerging as the place to be for a cotton mercantile business. The 1900 hurricane that struck a deadly blow to Galveston was followed four years later by ambitious plans in Houston for the U.S. Corps of Engineers to develop the Houston Ship Channel. By 1909, a Houston delegation would be in Washington, D.C., to present a proposal to split the cost of completing the Ship Channel between the federal government and City of Houston.[17]

*"He never acted like the rich man he was."*

Monroe Anderson and his partners sensed the potential of Houston as a major center for cotton commerce and he soon departed from Tennessee to test the waters in Houston for his partners. In 1907, Monroe Anderson arrived in Houston as the local manager of Anderson, Clayton & Company.[18] Houston had a population of about 100,000, with most of the citizens living in close proximity to downtown in the area of Main Street and Texas Avenue. He leased Room 208 in the old Cotton Exchange Building at Travis and Franklin and went to work.[19] From 1915 to 1930, he lived in the Bender Hotel on Main Street and walked to work, typically with his lunch in hand. "He was the firm's watchdog over finances and expenditures, providing the cautious reserve necessary in a business that relied on huge amounts of bank credit...He was incessantly on the lookout for a way to save a penny," reported Tommy Thompson and Burt Schorr in a *Houston Press* feature article dated June 24, 1958.[20] Monroe's nephew, Thomas Anderson, recalled in 1980, "He never acted like the rich man he was. A bellhop at the Bender Hotel, who my uncle talked to daily, said for many years he thought my uncle worked for a shoe store downtown. He never knew my uncle was one of the richest men in Houston."[21]

Anderson's two partners joined him shortly as Houston proved the right place at the right time for a cotton mercantile business. Anderson, Clayton & Co. prospered and diversified over the years and the partners invested their earnings well. By the 1930s they shared an agreement that if one died, the others would buy out his interest in the company at book value. This seemed a good idea until Anderson added up his personal wealth and determined his personal fortune was valued at nearly $20 million.[22] The partners' shares had appreciated to such a point that they could not afford to buy out the other's interest in the company. This dilemma led to the creation of the M. D. Anderson Foundation, which was established by a trust indenture, executed on July 9, 1936.[23] Monroe Anderson called upon two legal associates, John H. Freeman and Colonel William B. Bates, for advice and to serve as trustees. Both were partners in the Houston law firm of Fulbright, Crooker, Freeman, and Bates (later Fulbright and Jaworski). The firm had opened in 1924 and both men had the complete trust and confidence of Anderson.[24] Freeman, a San Antonio native, had grown up in Houston's Fifth Ward and attended law school at the University of Chicago prior to returning to Houston to practice law.[25] Colonel Bates was a colorful figure who was born in a log cabin near Nacogdoches and graduated from the law school at The University of Texas at Austin in 1915.[26]

The foundation they began continues to this day to serve Houston and Houstonians, providing invaluable support for Rice University, the University of Houston, the YMCA of Greater Houston, and numerous other charitable causes.[27] From the beginning, the M. D. Anderson Foundation focused on health and health needs. Clearly stated in the Foundation's

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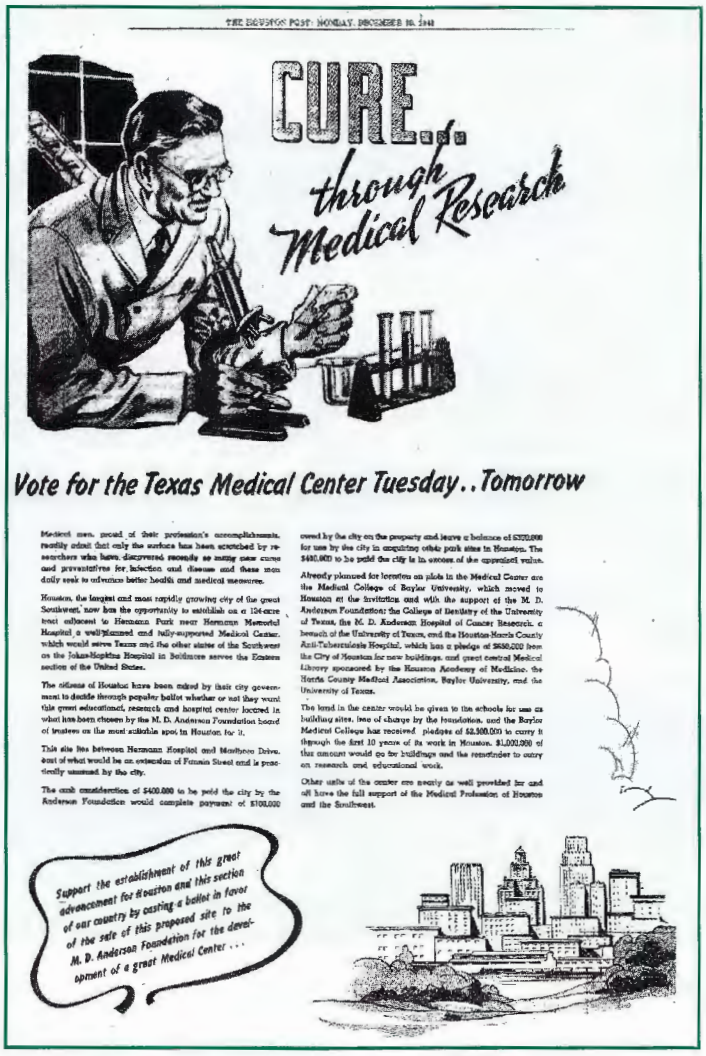
Photos by Tom Fox,
Courtesy The SWA Group

Texas Medical Center by allowing Will Hogg's 134 acres (now owned by the city) to be purchased by the Foundation. The ad noted, "The cash consideration of $400,000 by the Anderson Foundation would complete payment of $100,000 owed by the city on the property and leave a balance of $300,000 for use by the city in acquiring other park sites in Houston."[34]

That same year, 1943, Baylor University College of Medicine in Dallas received an offer from the Foundation for land and startup funding. Dr. Walter Moursund brought half of his faculty to Houston where they began classes in the old Sears, Roebuck and Company warehouse on Buffalo (now Allen Parkway) and Lincoln. The other half of Baylor's faculty remained in Dallas where they would become The University of Texas Southwestern Medical School. Baylor broke ground in the heart of the Texas Medical Center forest as construction on M. D. Anderson was simultaneously launched.[35]




*Texas Medical Center advertisment, December 13, 1943.*

The rest is history. The Methodist Hospital, St. Luke's Episcopal Hospital, and Texas Children's Hospital all broke ground in the 1950s, serving as a catalyst for others to join the Texas Medical Center's family of non-profit healthcare institutions. Hermann Hospital, which at first ignored the young Texas Medical Center emerging in the forest behind the hospital, eventually joined the growing membership. By 1954, Texas Medical Center corporate offices (Texas Medical Center, Inc.) were created to oversee the land distribution, oversee the commons, and formalize the planning for the emerging medical city.[36]

## Reflections

One can only wonder what these two bachelors, George Hermann and Monroe D. Anderson, would think of the product of their independent foresight. George Hermann lived approximately seven years after Monroe Anderson arrived in Houston in 1907. Did the two ever meet and discuss their mutual interests? Hermann was a popular man and considered Houstonians as the family he did not have after his parents and two brothers died. Certainly, his popularity and generosity were unlikely to have escaped Monroe Anderson's attention during those brief years their lives overlapped. Perhaps the example of George Hermann influenced Monroe Anderson in subtle ways, as he conceptualized his Foundation to support healthcare needs.

While we may never know the direct influence one man had on the other, both shared that commonality of coming to Houston and taking advantage of the open-ended opportunities of the day. Both were lifelong bachelors, frugal to the penny, and compassionate about the needs of others. That commonality of human compassion defines the character and purpose of the healthcare institutions they left behind. ■


*From hardware tools to medical school—Baylor's Medical School opened in 1943 in the old Sears Roebuck building on Buffalo Drive (now Allen Parkway).*

*Aerial shot of Hermann Hospital (left), Baylor College of Medicine (upper right), Hermann Professional Building (lower right) ca. 1950s.*

bylaws is a dedication "to the establishment, support, and maintenance of hospitals, homes, and institutions for the care of the sick, the young, the aged, the incompetent, and the helpless among the people." Also stated is a commitment to support "the promotion of health, science, education, and the advancement and diffusion of knowledge and understanding among people."[28]

After Anderson suffered a stroke on October 7, 1938, his physician, Dr. Joe Henry Graves, placed him on a special diet and Monroe moved into a modest house on Sunset Boulevard, the first house he had lived in since childhood.[29] He died almost a year later on August 6, 1939, from heart failure related to kidney disease, and was buried in the family plot in Jackson, Tennessee. Upon Anderson's death, Horace M. Wilkins, president of the State National Bank in Houston, was named a trustee of the M. D. Anderson Foundation. "He was a very wise trustee, with farsighted vision, sound judgment, and discretion, and deserves a full share of credit for all worthwhile accomplishments and contributions of the Foundation for the community welfare during the period of his service," remarked Col. Bates following Wilkins' death in 1953.[30]

Like George Hermann, Monroe Anderson left his trustees to fulfill the vision of improving healthcare in the community. Unlike the trustees of the Hermann Estate, who had a clear mandate to provide a hospital for all Houstonians, the M. D. Anderson Foundation trustees had a vague road map to do something in the name of improved healthcare for the community. Bates, Freeman, and Wilkins spent many late evenings discussing how to fulfill Monroe Anderson's wishes. It helped that one of John Freeman's good friends and neighbor at the Rice Hotel was Dr. Ernst Bertner, who provided prudent advice to the trustees when it came to healthcare. As the resident physician at the Rice Hotel and chief of staff at Hermann Hospital, Bertner would be a leading player in the development of the Texas Medical Center.[31]

The breakthrough came in 1941 when the Anderson Foundation trustees learned that the Texas Legislature in Austin had appropriated $500,000 to the Board of Regents of The University of Texas to establish a cancer research hospital for Texas. Bates and Freeman seized the moment and offered a $500,000 matching grant along with temporary housing and a permanent building site if the new cancer hospital would be located in Houston and named for Monroe Anderson.[32]

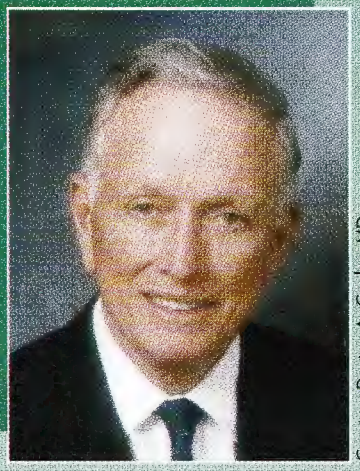
They learned that Will Hogg, a University of Texas regent and developer of River Oaks in Houston, was selling back to the city at cost 134 acres of land just south of Hermann Hospital. Despite repeated attempts, Hogg had been unable to make good on his dream to get The University of Texas Medical Branch in Galveston to move to Houston and build adjacent to Rice University and Hermann Hospital.[33]

Bates and Freeman moved quickly in getting a citywide election to sell the city land to their Foundation for the creation of the Texas Medical Center. A full page ad in *The Houston Post* on December 13, 1943, urged citizens to vote the next day to support the concept of their idea for a

# A conversation with Dr. Denton A. Cooley

Interviewer: William H. Kellar, PhD, from the Center for Public History at the University of Houston

Date: July 27, 2004



Courtesy Denton A. Cooley, MD

*WHK: First, tell us about your days in medical school.*

DAC: As a young man growing up in Houston, I had the greatest respect for the physicians in town. My father was a dentist and I can recall very well being at home and hearing him talk about the physicians in town. Even though he was a prominent and successful and skillful dentist, he respected the physicians more than he did his own branch of the medical profession. So, my goal was to someday become a doctor of medicine rather than following my father's request that I take over his practice as a dentist.

I entered medical school in Galveston at the Medical Branch at the University of Texas. I had only applied just right at the beginning, just before World War II began, but I was prompted to apply to three medical schools. One was Tulane, the other was Baylor in Dallas, and the third was the Medical Branch in Galveston. And when I was accepted at the Medical Branch, I had no hesitation at all in accepting because I thought it was the most prestigious school of those three.

From the first year, it was a very trying and strenuous program. We studied awfully hard. It was very competitive. It was all based on the point system, not by good, fair, and bad. It was all a point system. The man who had an average of 93 was considered smarter than the man who had an average of 91. And we competed very strenuously—most of us did.

It was an interesting and fascinating time to learn about the human body. Anatomy courses and things like that appealed to me the most. There were so many other subjects that were also fascinating to me, including physiology. And then, we got into pathology and the diseases that affect the body. And it was a most enlightening period of a young man's life. It was just a new world to all of us.

At that time, most of the surgeries that were being done were for removal of diseased organs. Excisional treatment, we called it. If a person had bad kidney failure or an abscessed kidney, they would take the kidney out. The same for any other organ. The uterus was a victim, as of course, were the appendix and things like that, and even the bones of the body that had osteomyelitis. They did not have antibiotics and the thing to do was either take out the diseased part of the bone or scrape it all out...that sort of thing. So, it was mostly removal.

Reconstructive surgery was present but not nearly as much as it is today. We did not even think about surgery of the heart. In fact, we learned a lot about the physiology of the heart and its function. But it was beyond thought at the time that surgery or manipulation of the heart could be successful. In fact, we were even taught that if you suddenly stopped the heart's action for anything, for any purpose, you would never get it started again. So, it was something that was really not even considered part of our surgical training. Some of the admonitions from surgeons from the 19th century were still there, including the notion that anyone who dared to operate on the human heart would lose the respect of his colleagues. Another at about the turn of the 20th century said that we have gone about as far as we can ever go with the treatment of heart disease. So, we had no experience with heart surgery.

I spent my first and second years, my freshman and sophomore years, in Galveston. While I was in my fourth or fifth month of medical school, the Japanese bombed Pearl Harbor on December 7, 1941. Then, the whole national effort to uncover any possible activities that were un-American began. Galveston had a political problem there in its faculty. The dean of the medical school became really estranged from the faculty. Word got back to Austin, and it was considered an un-American activity to have this sort of conflict in the medical school and the medical branch of the university.

So, the legislature decided they should do something about it and investigate it, that this was an un-American, a German Bund created down in Galveston. They organized a committee to go down and investigate the medical branch, and they brought with them about four Texas Rangers. They had Kangaroo Courts in Galveston, invited the medical students to come to Kangaroo Court and listen to the proceedings there, and you could see the faculty making accusations against other

ABOUT THE INTERVIEWER: William H. Kellar is the executive director of the University of Houston's Scholars' Community program. He is also affiliated with the Center for Public History at UH and has written several books on Houston institutions.

# Dr. Charles A. LeMaistre

by Mary Jane Schier

One of Dr. Charles A. LeMaistre's early decisions as president of The University of Texas M. D. Anderson Cancer Center was to begin integrating cancer prevention into the institution's original mission areas of patient care, research, and education. What started as a concept in 1979 has evolved into comprehensive cancer prevention research and service programs that today are widely considered among the most productive in the world.

Photo by Beryl Striewski, Courtesy M. D. Anderson Cancer Center

Dr. LeMaistre's passion about cancer prevention began long before he arrived at M. D. Anderson Cancer Center. As the youngest member of the U.S. Surgeon General's first Advisory Committee on Smoking and Health, he helped write the historic report that in 1964 declared cigarette smoking caused lung cancer. At the time, he was a professor of internal medicine at The University of Texas Southwestern Medical School in Dallas, where he combined teaching with treating patients in several hospitals. The combination of having seen the toll that tobacco took on his patients and serving on a committee that could affect public policy motivated him to adopt smoking control as a professional and personal quest.

When Dr. LeMaistre assumed the presidency of M. D. Anderson in August 1978, he was only the second full-time president in the institution's history. He had worked closely with his predecessor and the M. D. Anderson faculty for more than a decade, including seven years as chancellor of the UT System. With M. D. Anderson having been named one of the country's first three Comprehensive Cancer Centers by the National Cancer Act of 1971, Dr. LeMaistre was exhilarated by the opportunities to enhance its model programs in patient care, research, and education—and especially to incorporate cancer prevention.

Dr. LeMaistre persuaded Dr. Guy R. Newell, deputy director of the National Cancer Institute and a cancer prevention authority, to join M. D. Anderson to develop priorities for the new mission area. Outstanding faculty were recruited in epidemiology, behavioral science, and clinical cancer prevention while interdisciplinary collaborations were formed. Scientists and clinicians throughout the institution and at other academic centers worked to accelerate studies of cancers linked to tobacco, diet, and the environment. One major recruit was Dr. Waun Ki Hong, a chemoprevention pioneer whose landmark studies have demonstrated how chemical compounds can halt or reverse the cancer process, particularly among individuals at risk for smoking-caused cancers.

In addition, Dr. LeMaistre was instrumental in the growth of M. D. Anderson's Science Park-Research Division in Smithville, where scientists explore the molecular mechanisms of environmental causes of cancer. He helped develop a trend-setting cancer prevention program for individuals and corporate employee groups at their worksites and assured the success of a five-year project to introduce cancer prevention practices to workers of gas pipeline companies and electric cooperatives in fourteen states.

He also championed an array of clinical programs that include extensive cancer screening and risk assessment in M. D. Anderson's innovative Cancer Prevention Center as well as numerous service programs that reach out to community groups to help make prevention practical. Smoking cessation, psychopharmacological treatments for nicotine addiction, genetic testing and counseling, and modification of harmful lifestyle habits are among services now offered in the Cancer Prevention Center. While national president of the American Cancer Society in 1986, he traveled extensively to promote his cancer prevention platform, particularly focusing on how many cancer deaths and other serious health problems could be prevented if people stopped smoking or never started.

With scientific evidence mounting about the dangers of tobacco use and exposure to involuntary smoke, Dr. LeMaistre led development of a policy to make M. D. Anderson smoke-free on January 1, 1989, almost twenty-five years to the day after he helped announce the initial Surgeon-General's Report. As the nation's first hospital to take such action, it became a model for other health care institutions. During a national Conference on Tobacco Use in America he hosted that month at M. D. Anderson, Dr. LeMaistre appealed to health professionals, leaders of voluntary organizations, and public officials to mount an aggressive grassroots effort to reverse the soaring deaths and destruction caused by tobacco use.

Dr. LeMaistre was tireless in appealing to lawmakers, health professionals, teachers, and the public to heed the thousands of research reports that documented the harmful effects of smoking. He was the foremost medical expert who helped the Houston City Council adopt no-smoking ordinances for public places. In addition to many public and professional presentations, he wrote frequent newspaper essays in which he criticized deceptive marketing practices by the tobacco industry and cited statistics showing that smoking is the single most preventable cause of all morbidity and mortality in the nation.

For his contributions to shaping public policy regarding tobacco and his overall cancer prevention efforts, Dr. LeMaistre received the 1987 President's Award from the American Lung Association, the Texas Cancer Council's first Gibson D. (Gib) Lewis Award for Excellence in Cancer Control in 1988, the American Medical Association's Distinguished Service Award in 1995, and the American Cancer Society's Medal of Honor in 1998. He also received distinguished alumnus awards from both of his alma maters, the University of Alabama and Cornell University, and five honorary degrees in recognition of his achievements in medicine, higher education, and public health.

The vision that Dr. LeMaistre had twenty-five years ago will be celebrated in January 2005, when M. D. Anderson's new Cancer Prevention Building opens. The nine-level building will provide a central headquarters for the Division of Cancer Prevention and Population Sciences, bringing together faculty and staff in the Departments of Behavioral Science, Clinical Cancer Prevention, and Epidemiology along with an expanded Cancer Prevention Center.

One of Dr. LeMaistre's key appointments was naming Dr. Bernard Levin the first vice president for cancer prevention in 1994. Dr. Levin, an international authority on colorectal cancer, has developed the Division of Cancer Prevention and Population Sciences into a model for other multifaceted programs around the world. For Dr. Levin, the challenge is clear. "We know that up to two-thirds of all cancers may be prevented through healthy lifestyle changes, so our goal is to make cancer prevention practical for everyone." Dr. LeMaistre retired as M. D. Anderson's president in 1996, but his mission to promote cancer prevention continues on full heartedly. ■

Mary Jane Schier is a native Houstonian who covered medicine and health for *The Houston Post* from 1966 to 1984. Since 1984, she has been the senior editor and science writer in public affairs at The University of Texas M. D. Anderson Cancer Center.

When I returned to Houston in 1955, I created my own bubble oxygenator and artificial lung. And so, this bubbler was so much more efficient. It was not probably effective for more than about 30-45 minutes of surgery, but it permitted us to operate on children. In 1956, I did my first open heart operation with a bubble oxygenator. And that really opened up the way for surgery throughout the world, although they were limited in how long the operation could be conducted and so forth, and what size patient was a good candidate for such surgery. We were able to show that you could stop the heart, you could work inside of the heart, and if you did it efficiently and precisely, you could expect survival. Those early operations in Minnesota carried a rather high mortality. By showing that patients could survive the short periods of open heart condition, I was sort of credited with showing that open heart surgery was practical and that it could be done with low risk. And from that time on, many developments have occurred.

We experimented with various substances like potassium ion that could really be injected into the heart. Once you stopped the flow of blood, you injected this into the coronary circulation and actually stopped the heart so that the surgeon could operate in a completely quiet and bloodless field for the first time, without having the heart beating and being obscured by blood. Then, in the early 1960s, I was able to show that we did not need to have a lot of blood to prime the system that was used. I showed that we could use what we called an electrolyte solution, a glucose solution, so you were not as dependent upon the blood bank to collect all of this blood. It used to be that we had to collect 8-10 units of blood on the day of surgery and then do the surgery that day. But after we showed that you could do it with this glucose solution, we would be able to operate on Jehovah's Witnesses that would not even permit any kind of blood transfusion. So, that was really, I think, a major contribution that I made with my team here, that surgery could be done in a very practical and reproducible way with disposable equipment and so forth. That was our major contribution to heart surgery. And it really established our hospital here, particularly, St. Luke's and Texas Children's Hospital, as centers for heart surgery.

We became the most prolific heart center in the country at the time. Whereas, the other major institutions would be reporting 40-50 heart surgeries per year, we were up into the thousands. We had a wonderful opportunity and I worked 24-hour days because I knew that we were into a wonderful new era and I wanted to establish the Texas Medical Center as a major center for heart surgery.

For example, when the first heart transplant was done in Capetown, South Africa, by Christiaan Barnard in 1967, I was determined to establish our position in this new field of cardiac transplantation. I had the opportunity in 1968 to perform the first successful heart transplant in the United States. And then, in 1969, we implanted the first total artificial heart, which we did as a step—we called it a staged transplantation. For example, we had a patient who would have died in the operating room, but we had a backup from a total artificial heart, and we used that heart as a stage to transplantation. In other words, we preserved this man's life by putting in this artificial heart, and put out a plea for a donor, which we obtained about three days later. We maintained his life for that period of time. We had to go all the way up to Massachusetts to get the donor and we did the implant. Unfortunately, the patient rejected the implant for a number of reasons, but nonetheless it was, again, a first.

*Dr. Cooley performing surgery.* Courtesy McGovern Historical Collections, Houston Academy of Medicine-Texas Medical Center Library

Since then, we have been working with all sorts of mechanical devices to accomplish the same purpose. And some of these mechanical devices that we call assist devices are now being used as a bridge to transplantation or, more recently, may even become a destination therapy. I think that is an interesting term. We call it destination. People may be using this assist device to maintain their life permanently. Much like the concept of pacemakers, which have become so commonplace, they are put in now and people may look forward to 10–20 years of life on the support of that pacemaker. So, these assist devices are in that sort of concept. So, that is pretty much where it is going.

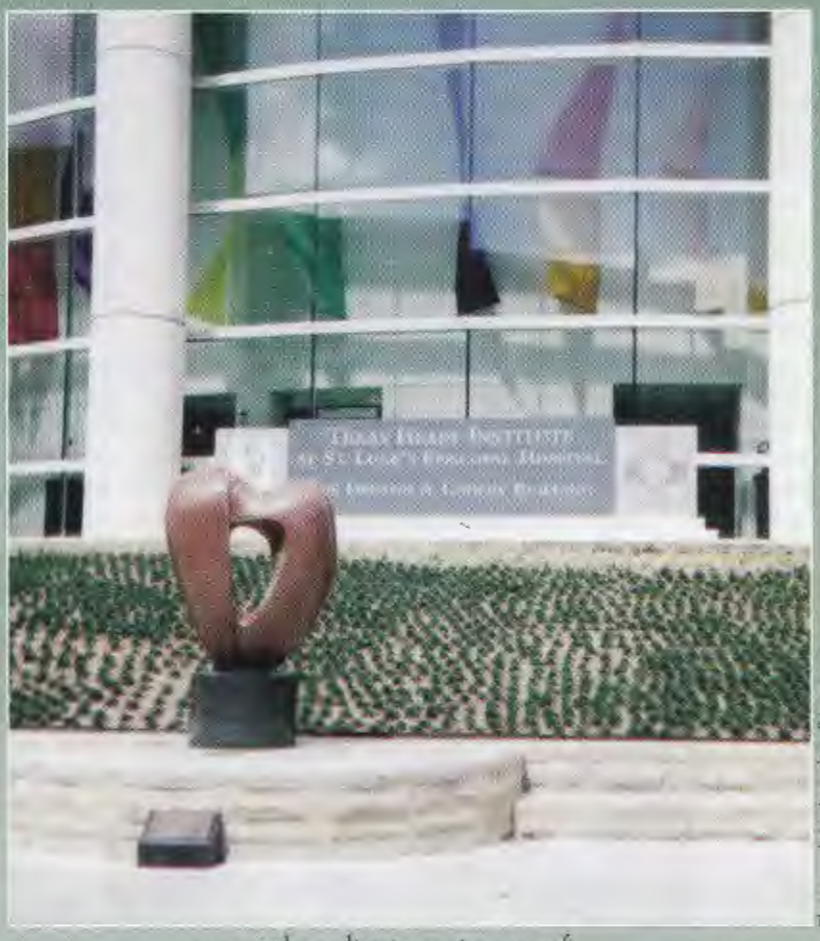
Of course, the real breakthrough in producing increased life expectancy has come with the coronary bypass operation, which came into vogue in the late 1960s and 1970s. And today, of course, coronary bypass is the most common heart operation that is done, and maybe 750,000 of them will be done throughout the world. In our own hospital here, we have done about 75,000 coronary bypass procedures already.

In our operating rooms today, we replace all the components of the heart available and we replace the valves in the heart. We replace the partitions in the heart. We use the pacemakers to support the conducting mechanism of the heart. And then, in our hospital, we do about 50 heart transplants a year. We have done close to 1,000 heart transplants in the Texas Heart Institute up to this time, one of the largest programs in the cardiac transplantation in the country or in the world, for that matter. So, all of these things have taken place during my 50 years here as chief of surgery at the Texas Heart Institute.

*WHK: That is absolutely marvelous!*

members of the faculty and then against the dean and so forth. It was demoralizing to most of us. We were worried that as hard as we were working as students to become physicians, our diplomas might not be recognized, since our school might be placed on scholastic probation. Sure enough, it was ultimately put on probation because of this.

I decided that it was time for me to transfer to another school. I very quietly applied to Johns Hopkins University in Baltimore. I went to ask the advice of my mentor, Dr. E.W. Bertner, who I think was really the brains behind the creation of the Texas Medical Center. He advised that I transfer up to Johns Hopkins. And so, I applied there and because my grades were good, I was accepted. I left Galveston in February of 1943 and transferred up to Johns Hopkins for the last two years of my medical school.



Photograph by Jacqueline Sarver

At Johns Hopkins, I found a new sort of element going on, an interest in heart surgery. My chief, my mentor, the professor of surgery, a man named Alfred Blalock, was working on several things to do with circulation. He was not necessarily involved with heart disease originally, but he was interested in things like surgical shock or traumatic shock and was interested in circulation of the lungs and what made some patients develop high vascular pressure in the lungs. Dr. Blalock was working with a man named Vivien Thomas who was a black man who had a high school diploma. Thomas had joined Dr. Blalock when he transferred from Vanderbilt up to Hopkins, and was working with Dr. Blalock as a lab technician, working on shock and pulmonary circulation. They had worked on the technique connecting one of the arteries, arterial system, with the artery to the lung, attempting to create a model for pulmonary hypertension.

At the same time, a woman who was a cardiologist for congenital heart disease over at the pediatric service area of Hopkins was looking for a way to correct the problem with the blue babies, which were born with a condition where the blood returning to the heart and to the lung was diverted back out into the circulation. It never went through the lungs to become oxygenated. Oddly enough, Dr. Blalock had been working on another aspect of the pulmonary circulation where he was trying to overfill the lung with blood to see if he could create hypertension. Oh yes, he could easily connect the artery to the artery of the lung. So, they decided that they would try this in a patient.

Sure enough, the procedure worked very well. I was in the operating room myself. I was an intern on the case and just happened to be there. When they took the clamps off the vessels and the blood began to go through the lungs, the cardiologist standing at the head of the table howled, "The baby's lips are a brilliant, rosy color." The lips were the color of your blue shirt there beforehand. They opened this artery and things just changed immediately. I have always thought that that was the dawn of modern heart surgery and I was privileged to be present to witness it. I did not fully realize the importance of it at the time, but it occurred to all of us as time progressed that it was really the beginning of modern heart surgery. That was in November 1944. Now, it is July 2004, 60 years later, and I have been privileged to be not just a witness, but a participant in a whole new field of endeavor.

Heart disease today is one of the real challenges for surgeons, and it has gone on and progressed by leaps and bounds since that time, from the days that we were able to first stop the heart and substitute for the heart and the lung functions—something we call cardiopulmonary bypass.

I had the opportunity to go up and witness two of the early pioneers in open heart surgery, both of them in Minnesota. One of them was Dr. Walton Lillehei at the University of Minnesota. They were doing heart surgery by cross-circulating blood between the mother or sometimes the father, and the child. And the real purpose was that the best oxygenator that has ever been devised and ever will be devised is the human lung. And they could therefore use the parent to oxygenate blood for the infant or child while this open heart repair was being done.

Over at the Mayo Clinic, (it is only about 45 miles from Minneapolis and I traveled over there) a doctor named John Kirkland had taken a machine that had first been used at Jefferson College in Philadelphia by a man named John Gibbon. He worked on this device for about 30 years before he ever was able to try it in the human patient. He had a different kind of a mechanical oxygenator where they just spread the blood over a screen with the exposure to oxygen in the screen. It was not very efficient, but it would oxygenate blood. While I was on that same trip, I was in their laboratory there at the University of Minnesota and saw the use of a bubble oxygenator, which just bubbled oxygen through a column of blood to oxygenate it.

# Footpath of Faith

By Jacquline Sarver

Henry Wadsworth Longfellow said *"...into every life some rain must fall..."* and when it falls it is often difficult to find our way through the deluge. Knowing that in hard times our paths are lined with stepping stones to help keep our feet dry and our heads high is often the one thing that can be counted on. We each face difficult challenges, but one that is common and perhaps inevitable for most is a trip to the hospital. In Houston, we are fortunate to have the Texas Medical Center at our doorstep, and to have access to some of the most talented and revered medical minds of our time.

Talent, however, is not always enough. Another essential aspect of medical health and well-being is the spiritual one. The Texas Medical Center (TMC) deals with this need through the presence of its many chapels and prayer rooms. Comprising about 675 acres, the TMC has often been called a "city within a city" and as such, it is certainly one of the best spiritually represented cities in Texas. There are nine major chapels/sanctuaries within its boundaries and dozens of prayer and meditation rooms. The Institute for Religion and Health, a foundation formed solely to address the spiritual and ethical questions raised by modern healthcare, stands as a beacon lighting the way for the footpath of faith etched into the Medical Center.

In considering each location as a stepping stone in this footpath of faith and a stop along the way of spiritual and mental healing, we gain an understanding of how important this concept is in our lives, and in the workings of the Texas Medical Center. Learning about each sanctuary gives insight into the spiritual forethought that many of Texas' great philanthropists have demonstrated by donating their money, talents, and names to these chapels. This short "walking tour" of the Medical Center's spiritual footpath will give you a picture of the importance that each hold in the healing of minds, bodies, and souls.

*Institute for Religion and Health*
Photograph by Jacquline Sarver

## The Institute for Religion and Health

Most important paths have a marker or beacon. Without them weary travelers may not know that a path exists that will make the going easier, and others may mistake important paths for switchbacks or dead ends. This is the very reason that the Institute of Religion was founded. In 1955, a group of medical, business, and religious leaders in Houston recognized that the spiritual as well as the physical needs of patients needed to be satisfied. After careful research they determined that "an accredited program for residencies and other forms of service in the Medical Center," should be established, which would serve as a connection between the medical and spiritual realms of care.[1] They appointed their first director, The Reverend Dr. Dawson Bryan, to charter the path of this new institution. In 1960 the Institute moved into its own building with a tall tower that made it visible throughout much of the Medical Center. Until the 1970s, the Institute was greatly involved in the spiritual life of the TMC, but the overwhelming growth and evolution of healthcare caused individual hospitals to create spiritual centers of their own. This change of focus did not diminish the Institute's role in healthcare, but rather strengthened it.

As medical technology has advanced, so has the question of medical ethics. The Institute has led the way in recruiting and sponsoring workshops and seminars on various topics. The current executive director of the Institute, The Reverend John E. Fellers, has strived in the face of this revolution of thoughts and ideals to maintain the quality of service offered by the center. The Institute expanded its name in 2002 to reflect this evolving responsibility, and it is now officially "The Institute for Religion and Health." The Institute serves its purpose well, as a beacon and guidepost for the spiritual side of the TMC. Unfortunately, it has met hardship as well. In June 2001, tragedy struck Houston and the Medical Center in the form of Tropical Storm Allison. Due to the extensive structural damage sustained by the Institute, it was forced to find a new home. Now located just outside the Medical Center near the intersection of Kirby and Greenbriar, the Institute continues in full force its three-pronged mission to the Medical Center: service, research, and education.

## The Children's Chapel – Texas Children's Hospital

It is difficult to imagine what kind of a room would offer peace and comfort to a child or a family in the throes of a medical crisis...until you visit the Children's Chapel at Texas Children's Hospital. The room has no sharp angles, no overpowering colors or themes, no abrupt "notice me" decorations. Inside there are only curves and subdued lighting. It is

DAC: Well, it has been a wonderful time. In 1962, I conceived the idea of creating a new institution called the Texas Heart Institute. I thought, at the time, we were the leaders in heart surgery in the world, and I thought we ought to identify not just as St. Luke's Episcopal Hospital or the Texas Children's Hospital—we ought to identify ourselves as a specialty institution. That is when I had the name Texas Heart Institute and the concept chartered with the two purposes of research and education. Of course, our interest was also on heart surgery and cardiology, but the Texas Heart Institute has those two objectives—research and education.

*WHK: Could you talk for a couple of minutes about the role of the development of new drugs in concert with this developing technology and surgical skills related to the heart?*

DAC: Drugs have been an important part of all of our advances. Just for example—we could not do open heart surgery today if the drug known as heparin had not been introduced, and that was introduced around 1920. But nobody knew at the time that it would be that essential to the development of heart surgery. You could not do all of this manipulation of the circulation if the blood would clot, and this heparin would prevent clotting. So, we could put this in the patient and therefore, their blood would not clot and we could manipulate the circulation around through these extracorporeal units. So, without heparin, our predecessors could not have had that opportunity to do open heart surgery. But then, if you prevent clotting, you cannot survive unless you have some clotting tendency, so they had to invent another drug which we call Protamine. It is interesting where these drugs come from. They are both biological. They are not synthesized. Heparin comes now primarily from beef lung, sometimes they use pork lung, but mostly beef. And then, Protamine, the antidote to restore the ability of the blood to clot, comes from fish sperm. Can you imagine?

Of course, there are many other drugs available that made heart surgery what it is. The potassium ion, which physiologists or pharmacologists have shown you can stop the heart with, has been very basic to heart surgery. Other drugs such as adrenaline or epinephrine are major stimulants for the heart. Other drugs that played an important part, of course, are digitalis which goes back 200 years. It comes from the foxglove leaf, but it has a very important role in cardiac function. And doctors have used that for treating heart failure for centuries. It is being gradually replaced by other drugs and the pharmaceutical industry has been busy providing all sorts of new drugs to help the treatment of heart failure and cardiac arrhythmias and things like that. So, a big industry has been developed in pharmacology and every day, we see new drugs introduced for various purposes.

*WHK: What about the drugs that help prevent the body from rejecting transplants? That has been kind of an evolution, too, hasn't it?*

DAC: Well, in those early years of transplantation, say, in the late 1960s and the 1970s, rejection was a real problem. We tried a number of drugs at that time, some of which were biological drugs. I remember drugs almost like vaccines that we would give to patients to prevent rejection. Some of the other drugs that were used were not very effective, but they could slow down the rejection process with the introduction of a drug called cyclosporine, which came in during the early 1980s. With cyclosporine, it was first possible to do transplantation of almost all the organs with much better control of the rejection process. So, that reinstated interest in organ transplantations—the cyclosporine, and a number of other drugs today which are used in transplantation, but the big problem still in transplantation is the problem of tissue rejection. I have always said from the beginning that the only time you do not have to worry about tissue rejection is if the donor is an identical twin.

*WHK: Is there something really significant that you envision coming in the next 20 years or so that will have a huge impact again on medicine, especially in terms of the heart?*

DAC: Well, I think that if we can get better antirejection drugs, if they discover them, they will certainly revolutionize transplantation. There are so many other drugs that are present today that have helped so much in medicine. Nothing can compare with the antibiotics, that cut down so importantly the infectious diseases that plagued previous generations of patients. Patients used to die of diseases such as streptococcal diseases and so forth that were so devastating—diphtheria and some of those infectious diseases. These once devastating diseases today can be corrected very quickly with appropriate antibiotics. And there are many other things that have come along. Right now, our scourge that is part of aging is arteriosclerosis, which is mostly a disease of long life. There are certain elements that lead up to it. Now, we are beginning to show that infection or inflammation, we will say, is a forerunner to arteriosclerosis. And I have a belief myself that so much of arteriosclerosis begins in childhood. All of the diseases that we thought were normal childhood diseases such as measles, mumps, and whooping cough, now children do not have to be subjected to those illnesses. But I think that things like measles and so-called sore throat or streptococcal disease actually scarred our circulatory system and that has led to some of the atherosclerosis that occurred in later life. And I think the reason we are living longer actually than our previous generation is because we are spared some of those illnesses of youth. And if we can ever get a means of preventing or curtailing the onset of arteriosclerosis, we can extend life even longer.

*WHK: Could you talk about one last thing for just a minute, and that is changes in the way doctors approach patient care over time?*

DAC: Well, today, doctors can converse with their patients. Their patients are much better educated than they have been in the past. They have access to the internet and all this information that so much of our television and radio informs patients about illnesses. And I do not think that my parents or my grandparents had that kind of information at their disposal. But nowadays, doctors are encouraged or almost forced to tell patients in a very honest way what threats are to their life, what they can do to improve their lifestyle, and so forth. And when tragedy hits and that patient develops cancer, now, the doctor is compelled to tell the patient what his life expectancy is, what his outlook is and so forth, and what he probably ought to do about it to prolong his life. It is a different world now, with a lot of communication between the doctor and his patient. ■

much of the original building's spirit remains. Some of the original stained glass has been transplanted into the new chapel along with marble from the original altar and the hammered bronze doors that grace the entrance. Rick Smith, Manager of Chaplaincy at Memorial Hermann Hospital, feels that "people need a place to express their faith, regardless of circumstances" and this makes places of worship and meditation essential, especially in a hospital setting.[2] With a brand new chapel facility dedicated and in use, the public can once again enjoy a place of peace and tranquility at Memorial Hermann Hospital.

### The Muslim Prayer Center– The Methodist Hospital

Although many hospitals in the Texas Medical Center have Muslim prayer rooms, Methodist also has a Muslim Prayer Center. The overwhelming sense that surrounds this area is that of community. As with all the spiritual centers in the Medical Center, the Muslim Prayer Center is a place of welcome for many international visitors who come to Houston. On any given day, both before and after scheduled prayer times, you will find a group of visitors who have discovered a home away from home, a place with familiar names and words. Generous gifts from local business and community leaders made the center possible, and it opened its doors on the first floor of the Brown Building in 1996.

The room's architecture is based on Islamic design and also incorporates an inviting touch of Texas earth tones. Rich draperies of blue, gold, and maroon adorn the main entry, and these tones, along with rich woodwork continue throughout the center. When Tropical Storm Allison hit in the summer of 2001, the Brown Building and the Muslim Prayer Center were among the hardest hit. The Prayer Center was closed temporarily along with the rest of the building, but it did not take long for community members to have it up and running again.[3] The Muslim Prayer Center is a vital component of the Medical Center's Muslim and spiritual network. As a part of the spiritual foundation of the Medical Center, it sends a clear message that all are welcome here.

### The Freeman-Dunn Sanctuary– M. D. Anderson Cancer Center

*Freeman-Dunn Sanctuary, M. D. Anderson Cancer Center.*
Courtesy The University of Texas M. D. Anderson Cancer Center

When the M. D. Anderson Cancer Center opened its doors in 1954, there was not a chapel in the building. Since it was considered a research center and school, as well as a hospital, space was just too scarce. In the early 1970s, the Lutheran Hospital Association decided that rather than build their own hospital, a pavilion and chapel for the world famous Cancer Center would be developed.[4] The chapel and pavilion were completely funded by private donations and loans, both from individuals, like John Freeman and John Dunn, and organizations such as the Robert Woods Johnson Foundation. The result is a beautiful multi-denominational chapel off of the Rose Pavilion, across from the cafeteria.

The chapel is set up in a unique formation with the entrance on one corner, the three remaining corners being comprised of intricate stained glass panels that bring sunlight in from outside. Although the pulpit is in one corner of the room, near one of the stained glass windows, the center of the room holds a podium on a raised platform with symbols of many religions etched on each side. On the far wall, opposite the entry, is a raised wood relief. At first glance, it is merely decorative artwork, but a closer inspection reveals a detailed scene of Noah's Ark, a dove carrying an olive branch, and a rainbow. This scene relays perfectly the messages of this room: Hope and Endurance. Never give up.

This chapel is truly impressive, both in its grandeur and in its subtlety. Although it is close to the cafeteria, the foyer that leads to the chapel muffles all outside noise, making it a perfectly peaceful place. The atmosphere is one of acceptance and tolerance. Many patients at M. D. Anderson are too ill to make it down to the chapel, but still desire a quiet place of contemplation. These are provided throughout the hospital in the form of small prayer and meditation rooms. Each room can comfortably accommodate one or two people, but this is enough to feel the prompting of the spirit and continue the healing process. The hospital also has a Muslim prayer room and a pediatric spirituality center. There is no question that medicine and spirituality have joined forces in the healing process at the M. D. Anderson Cancer Center.

### Wiess Memorial Chapel– The Methodist Hospital

Many visitors who come to this hospital remember only one thing about the building: the chapel. It is located off the main entrance in the Dunn Lobby. This is a chapel that really looks like a chapel. Separated from the everyday business of the hospital by a small foyer, its beauty and reverence reach out to you before you even open the wood paneled doors. Upon entering your eyes are immediately drawn to the focal point of the room, a large exquisitely detailed stained glass window depicting Christ, with palms upwards. It is not until you have sufficiently drunk in the beauty of this window that you notice the other aspects of the room.

Just below this stained glass window is an exquisite pipe organ. On the right side

*The Children's Chapel, Texas Children's Hospital, was given in loving memory of Margaret Wiess Elkins by her family.* Courtesy Texas Children's Hospital

located near the surgery suite and Pediatric Intensive Care Unit, but is so non-traditional and inviting that the haze of noise outside does not interfere with the peace inside.

Entry is made through a curved hallway, which leads to an oval room occupied by upholstered chairs and benches. Even the "pulpit" area, if it can be called that, is round. Just in front of that circular focal point are rounded rails and kneelers, and the backdrop, completing the circle, is comprised of shimmering pearl blue art glass. Overhead, a circular skylight draws in natural light, as requested by the children who shared their wishes with the architects.

Recessed into the walls in the seating area are lighted panels that change from one dusky color to another. They resemble cosmic clouds or worlds being created, or anything a young mind can imagine. The ceiling is a mass of sparkling stars, an invitation to explore the universe, with lighting effects that change the aura from dawn to dusk and into the night every twelve minutes. There are no hymnals, crosses, or religious icons in this room. Here there is only peace and hope. On one side of the room stands a tree: The Tree of Hope. The directives for the tree, written on a small placard near the wall, are simple:

> *Children, young and old, big and small, everyone is invited to add prayers, poems, quotes and drawings to the Tree of Hope. The tree, a symbol of growth and strength, stands to provide a silent place for comfort and rest. Help our tree bloom in richness of color by seeding it with your prayers of anguish and compassion, thanksgiving and sorrow, faith, hope and love. Let the Tree of Hope embrace you.*

Adorning the tree are many pastel pieces of paper, each with a thought, prayer, or cry of thanksgiving. Each is signed by the writer and has a story to tell. Beneath the tree is a basket full of empty pages, waiting to be filled by the hopeful ones who come to this quiet place to ask a blessing or to offer thanks.

### The Mirtha G. Dunn Interfaith Chapel–Memorial Hermann Hospital

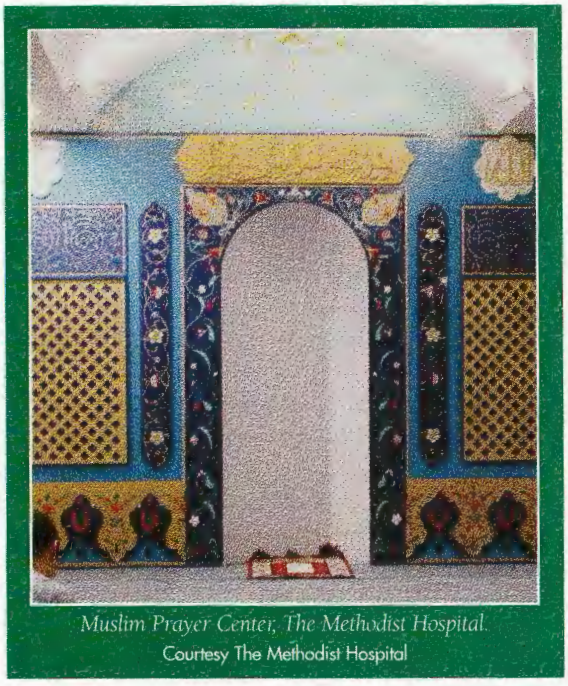
In June 2004, the Dunn Interfaith Chapel was rededicated in a special ceremony, with a new location, but the same peaceful feeling. The original chapel, first dedicated in 1976, quickly became a sparkling gem in the Medical Center. Modeled after the chapel at the Air Force Academy in Colorado Springs, it was a freestanding building located in a small courtyard behind the hospital. Benches and low walls surrounded the building, inviting all to sit and pray or ponder. Many couples said their "I dos" in the old Dunn Chapel, many babies were blessed in its sanctuary, and many funerals and memorial services were held there as well. It also stood as another testament to the giving nature of the Dunn Family.

However, vast changes were about to take place. Because of the unique design, the chapel was always vulnerable to water leaks. Following the rains that caused the flooding in June of 2001, the chapel went into limited use while decisions were being made about its repair. Nestled in its private courtyard, the chapel did not have the protection of surrounding structures to lessen the effects of the weather. On September 11, 2001, during a prayer service for the victims of 9/11, a piece of glass fell from one of the stained glass panels near the apex of the building. In

*Mirtha G. Dunn Interfaith Chapel, Memorial Hermann Hospital.* Courtesy Memorial Hermann Hospital

an eerie way, and as a somewhat fitting salute to the tragedies of 2001, the chapel was closed that day.

Services continued to be held, often meeting in the public areas of the hospital. Not until May 2004 did the chapel get a new home. Now located within the hospital building near the majestic atrium,



*Muslim Prayer Center, The Methodist Hospital.* Courtesy The Methodist Hospital

*Chabad House.* Courtesy Chabad at Texas Medical Center

### Chabad House–Texas Medical Center

Although technically not within the boundaries of the Medical Center, it would be remiss to omit the Chabad House at the Texas Medical Center and the services it offers to the Jewish community. The word "Chabad" is a Hebrew acronym for the three intellectual faculties of: chachmah-wisdom, binah-comprehension, and de'at-knowledge.[6] In 1992, Rabbi Lazer and Rochel Lazaroff saw a need for closer access to Chabad by patients and staff at the Texas Medical Center and the house was opened to meet that need. Located a stones throw from the Medical Center on University Boulevard, the Chabad House is not only a place of worship, but is also a haven for study and discussion. The house invites Jews and non-Jews to learn more about faith and hope in times of despair.

### Ben Taub Memorial Chapel– Ben Taub General Hospital

Ben Taub has a reputation in Houston as the best ER in town, and most people who see it for the first time enter through the emergency room doors. For this reason, the chapel often gets overlooked until the adrenaline rush of the emergency is over. The chapel, located just behind the reception desk in the main lobby, is a quiet, simple place. It is a comfortable, humble, clearly non-denominational room, without any pretensions. The floors are tile and the chairs resemble those found in any standard waiting room, but the spirit of the place is unmistakable. At the back of the room, on the wall that connects with the lobby outside are several stained glass panels. These panels are in simple earth tones, in waves and arches, without harsh corners or bold intrusions. The only religious symbol in the room is near the front of the chapel. It is a small statue of Jesus, holding a lamb and feeding several sheep. Near the door a stand holds many pamphlets and religious study guides.

Many have found this room in the early mornings, after long nights spent in the emergency room, hoping and praying that their loved ones would be alright. One such woman related her story of being overcome with grief, not just for her son's physical ailments as he lay in intensive care, but for his spiritual well being in the wake of the incident, which placed him in that position.[7] As she wandered the halls of the hospital, this unassuming room drew her in. Finding a chapel in a hospital such as Ben Taub, where life and death are commonly traded, gave her the strength she needed for the next round of battles. "I have been to other hospital chapels in the past but none has touched me in my hour of need the way this one has. It has no false front, no bravado, just the pure love of God." This woman, like many others, was able to recognize this chapel as an important part of the spiritual path of healing.

### The VA Chapel–Michael E. DeBakey Veterans Affairs Medical Center

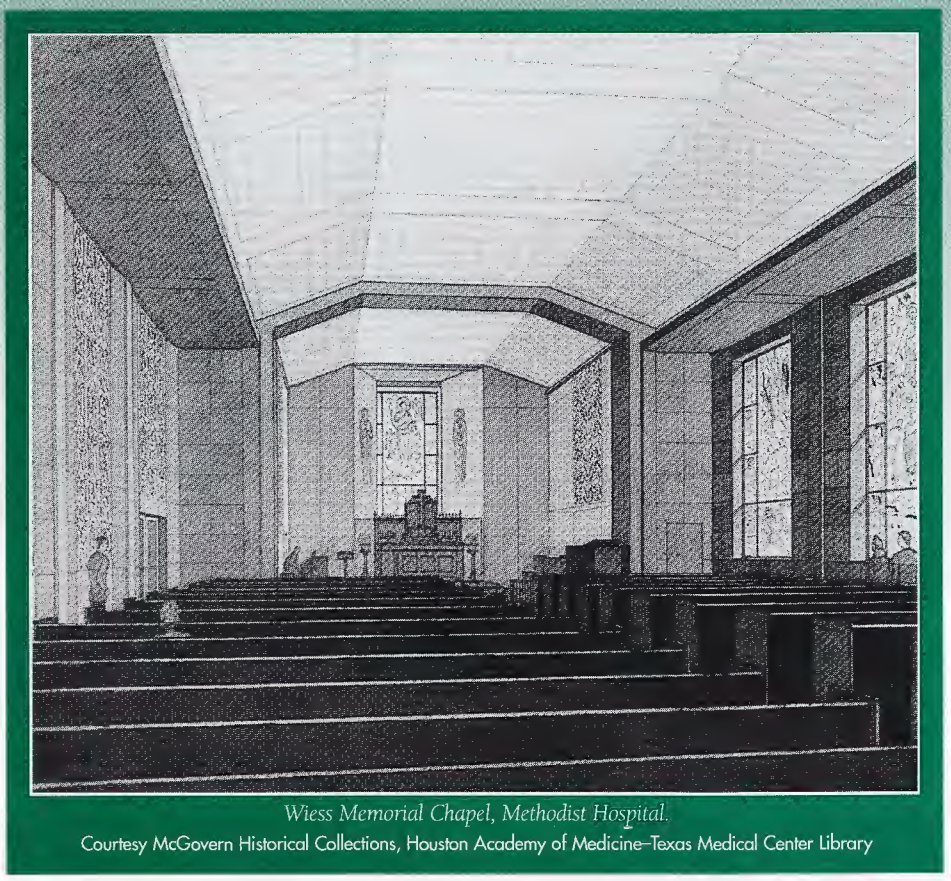
In 1991, the Veterans Affairs Medical Center opened the doors of its new state-of-the-art facility, and began the process of tearing down the old, WWII-era hospital that had previously handled the needs of veterans for over fifty years.[8] Some of the things that were saved from the old building and transferred to the new are the stained glass panels that adorn the walls of the chapel. They were not in the best of shape. Fifty years of dust and dirt had taken their toll, but in April of 1999, the new chapel was dedicated and the stained glass windows, now restored to their former state of grace and beauty, were included in that dedication. The six stained glass panels, each with symbols and representations of the different branches of the military and of many different religions, rise above the podium. There are three on each side rising in increments to the vaulted ceiling as they near the center point. There is a seventh window on the wall to the right of the entrance displaying the flag of the medical corps.

The ambiance of the VA hospital is unique among those in the Medical Center. It is a place of lifetime medical treatment, where veterans return time after time on a regular basis, for hospitalization as well as basic medical care. This difference is reflected in the overall atmosphere of the hospital. It is not a quiet place, with a serene lobby and a few people sitting around waiting to visit a loved one. It is a place of constant action. The revolving doors into the front lobby seldom stop, and the noise level in the lobby is usually a few decibels higher than the average playground; it is an upbeat place. The chapel reflects this atmosphere in a pleasant and unobtrusive manner. Located on the second floor, near the main elevators and a large seating area, the doors to the chapel are seldom closed and the hall is seldom quiet. Hospital workers as well as patrons come and go on a regular basis, bowing their heads for a few minutes, kneeling in prayer, then it is up and on the go again. The evenings are much quieter, and many patients find the chapel more inviting when there is less hustle and bustle. Day or night, the chapel is a central part of the existence of the hospital.

### W.T. Moran Chapel –The Institute for Rehabilitation and Research (TIRR)

Since its inception in the early 1950s, TIRR has been on the forefront of medical treatment and rehabilitation for the disabled community. As with many older hospitals, it spent its first few decades without a chapel or a chaplaincy program. The patients and staff depended entirely on visits from spiritual leaders in the community, and the only place to find a quiet spot for prayer and meditation was an empty corner of the cafeteria. On January 8, 1998, that changed with the dedication of the W.T. Moran Chapel.

The Morans are another example of great Texas oilmen who have noted a need in the community and met it with donations of funds that make chapels such as



*Wiess Memorial Chapel, Methodist Hospital.*
Courtesy McGovern Historical Collections, Houston Academy of Medicine–Texas Medical Center Library

of the room, four more stained glass panels grace the walls, each depicting a saint or biblical scene. Additionally, many of the panels contain symbols of other religions, announcing that all are welcome in this place of worship. All of the chapel accoutrements are here: the pulpit, the niches, and the alcoves. This is the kind of chapel that invites brides to walk down the aisle, and indeed many have. The Wiess Chapel makes it easy to remember that life goes on, in spite of the pains and heartaches that bring us to the hospital in the first place. As a stepping stone along the footpath of faith, this is a stronghold.

### Cullen Memorial Chapel–St. Luke's Episcopal Hospital

Like the hospital itself, the chapel at St. Luke's is a statement of simplicity and devotion. It is nestled in a corner near the Bertner Street entrance and approached through a quiet reception area. Since it is not directly off the main lobby of the hospital, it is not surrounded by the ambient noises that take place there: families coming and going, volunteers giving directions, the buzz of hurried conversations. The chapel's reception area consists of many overstuffed chairs and an unspoken invitation to "sit and think a while."

The chapel itself has an understated beauty. The hospital opened in 1954, and the chapel has been a mainstay of the hospital community since that time. The dedicatory plaque reminds us of the benevolence of one of Texas' great philanthropists, Hugh Roy Cullen. The plaque dedicates the chapel "To the glory of God and in memory of Roy Gustav Cullen." Roy Gustav was the only son of Hugh Roy and his wife Lillie. He died tragically in an oil refinery fire in 1936 at the age of 31.[5] Hugh Roy Cullen made his fortune as a Texas oil wildcatter and it is fitting that this dedication, and the many others that he has made in the name of his son, reminds all where Texas first made its millions, and first lost its native sons. The Cullen's loving presence and sense of family shine through this magnificent chapel.

The chapel is decorated in a somewhat contemporary theme, but its purpose and function are clear. The alcove and pulpit areas are the focus of the room, adorned with a large cross behind an elegant, but simple stand that holds an oversized Bible. The room is graced with a baby grand piano, and white hymnals dot the velvet-covered chairs. Throughout the room are symbols of most major religions, and a stand near the door provides written prayers and devotionals of every faith. Visitors are invited to sit or kneel and there are no time limits imposed—faith, hope, and tears cannot be measured by a stopwatch.

*Cullen Memorial Chapel* Courtesy St. Luke's Episcopal Hospital

PROFILE

# Katharine H.K. Hsu, MD

## By Timothy B. Kirwin

Courtesy Baylor College of Medicine Archives

**BIOGRAPHICAL FACTS**

BORN
February 12, 1914, Foochow, China

MEDICAL SCHOOL
Peking Union Medical College, MD degree conferred by State University of New York, 1939

RESIDENCY
Peking Union Medical College, Internal Medicine, 1939-1941

Chief Resident in Pediatrics at Shanghai Children's Hospital, 1941-1942

Assistant Professor of Pediatrics and Chief Pediatrician at Chung Cheng Medical College, 1942-1947

In May 1994, Baylor College of Medicine President William T. Butler bestowed to Katharine Hsu, MD, the Service Recognition Award for her forty years of dedicated employment.[1] Distinguished research, teaching, patient care, and scholarship describe Dr. Hsu's long career at the Houston medical school. She initiated groundbreaking medical research that revolutionized the protocols used by the medical community to identify and treat tuberculosis (TB) in children. She made advances in asthma therapy and established standard lung function measurements in children, standards that remain in place today. The impact of Dr. Hsu's medical initiatives has indeed reached international significance.

Katharine Hsu arrived in the United States from her home country of China in October 1948 to complete a yearlong pediatric fellowship at the Cincinnati Children's Hospital in Ohio.[2] Dr. Hsu hoped to learn the latest United States treatment procedures, but discovered that the Cincinnati Children's Hospital admitted few TB patients.[3] She arranged a transfer to the Henry Phipps Institute for Tuberculosis Research at the University of Pennsylvania.[4] The outbreak of the Korean War and the suspension of diplomatic relations between the United States and China prevented Dr. Hsu from returning home after she completed her American Society of Pediatric Research fellowship.[5] In 1951, she secured a position in the United States at the Pennsylvania State Hospital, Mont Alto, where she continued her medical focus of caring for childhood tuberculosis.[6]

In 1953, Dr. Russell J. Blattner, Professor and Chairman of Pediatrics at the then Baylor University College of Medicine (BUCM), contacted Dr. Hsu about joining the faculty of the medical school. Dr. Blattner informed his colleague of Houston's need to implement a tuberculosis control program and identified her as an ideal candidate for such an undertaking.[7] This was quite a prestigious position for a female doctor at the time.

Tuberculosis control was personal, as well as professional, for Hsu. She previously had dealt with the loss of her younger brother and sister and then many of her own patients. Addressing the reason for her attention to tuberculosis, Dr. Hsu stated, "I had a drive to conquer it [tuberculosis] and find a solution that would save others from this suffering."[8] In the early 1950s, Houston certainly qualified as a place where many suffered from tuberculosis, ranking high among U.S. cities in tuberculosis cases.[9] According to a December 4, 1953, *The Houston Post* article, the disease considerably impacted public health. The article cited the potential number of tuberculosis cases throughout the city and discussed the lack of resources committed to its management:

> For the past two years, there has not even been a pretense of a children's tuberculosis diagnostic and treatment clinic in Houston, although the most conservative estimates are that at least 6,000 and probably 10 times that many have been infected or dangerously exposed to the disease by the known 2,300 tuberculars who are walking around uncontrolled in Houston.[10]

Houston's population stood a considerable risk of contracting tuberculosis if the disease continued untreated. Dr. Hsu accepted the position in Houston and maintained a dual role as BUCM pediatric faculty member and as director of the City of Houston's Children's Tuberculosis Clinic. In these capacities, she became instrumental in formulating a medical agenda for combating tuberculosis' widespread contagion in Houston. The challenge of tuberculosis abatement posed a demanding challenge for the pediatrician.

First, Dr. Hsu needed a facility where

ABOUT THE AUTHOR: Timothy Kirwin received a BA in History from the University of Dayton in 1996 and a MA in Public History from the University of Houston in 2001. Currently, Mr. Kirwin is attending the University of Houston Law Center.

this a reality. The room is a small, but comfortable sanctuary nestled on a side hallway between the front desk and the rehab and physical therapy room. TIRR, by its very nature, is a different kind of hospital than most in the Medical Center. Patients who come here generally have experienced a sudden, life changing event and most are in for a lengthy stay. The chapel here, more than at many other hospitals, has become a refuge for many as they seek to come to terms with the hand that life has dealt them. There are many steps to recovering from a spinal cord or brain injury, not the least of which is coming to terms with what has happened and being prepared to discover a new way to live your life. Having a chapel at TIRR has provided not only a spot for personal meditation, but also a sense of normalcy in lives that have suddenly been turned upside down.

The doors to the chapel, like all the doors at TIRR, open extra wide and all the furniture inside is moveable. This is a place that knows how to accommodate wheelchair and bed ridden patients, and the chapel is very accessible. The only decoration in the chapel is found behind the podium: a small stained glass panel with an impressionist design and shape. A small cart in the back of the room holds bibles and other religious materials. Missing are any sharp angles or tight corners. Since many of the patients in the hospital are in for an extended and tumultuous stay, Reverend Charles E. Brown, interim director of Chaplain Services, puts a special emphasis on routine in the chapel.[9] Every Sunday a minister or religious leader from the community is invited to conduct a service, and usually a choir or an ensemble perform as well. The silent and spoken words in this room are re-affirming for those who visit. From the quadriplegic who gives thanks that today he moved a finger, to the therapist who gives thanks for every step a patient takes, the presence of this chapel reminds us all that life does go on.

## A Few Pebbles on the Path

Clergy by the hundreds visit the Texas Medical Center. Most of them come with a specific goal in mind, a specific patient to meet, but many spend countless additional hours aiding hospital chaplains in visiting those who request in-room visits.

*VA Chapel.* Courtesy McGovern Historical Collections, Houston Academy of Medicine-Texas Medical Center Library

Many drive for miles to tend to the needs of their flocks and always feel refreshed by the journey. The Reverend R.A. Etzel oversees a medium-sized flock in Centerville, Texas, which is about midway between Houston and Dallas.[10] Usually the church's members go to local hospitals, but when a serious need arises they are often sent to the Texas Medical Center. Reverend Etzel notes: "Hospital doctors and nurses have a great understanding of how important spiritual healing is to the injured and I have always felt welcomed and appreciated by them and by the hospital chaplains as well. I know I can depend on the hospital chaplains to be there for my parishioners when I cannot be and that gives great comfort." Most visiting chaplains are aware of the chapels in the Medical Center and the Institute for Religion and Health, but have visited only one or two. They can most often be found in waiting rooms with anxious family members, or in quiet conversion at a patient's bedside.

The issue of ethics is not an easy one in our day of technological advances. For this reason, ethics and ethicists have become partners of sort with the many chaplains in the Medical Center. M. D. Anderson Cancer Center and many of the other hospitals have ethicists on staff whose job is to help patients and physicians weigh the moral and spiritual values of life changing decisions.

Not all of the hospitals in the Texas Medical Center have chapels and prayer rooms, but they all have chaplains and/or chaplaincy services. Harris County Psychiatric Center, which by its very nature cannot have private prayer or meditation rooms, has two chaplains on staff. They conduct services in the public areas of the hospital, and spend a great deal of time counseling patients and family. The Shriners Children's Hospital is another that does not have a chapel, but that by no means is an indication of the lack of spirituality within its walls. Most of Shriners' patients are seen on an outpatient basis, and those that do stay in the hospital are surrounded by the very essence of what the Shriners stand for: help and healing without limitations.

When the rain that Longfellow predicted falls into the lives of many, they find help and comfort on the footpath of faith of the Texas Medical Center. Whether it be in the shape of a chapel, a silent place of prayer and meditation, or a visit from the clergy, the necessity of spirituality in healing is clear. It is an essential part of the process of life, and these oases of peace provide a way for patients, family, and staff of the Medical Center to make it one day and one step at a time. Behind every doctor, nurse, and medical technician are spiritual edifices and representatives of peace, hope, reflection, and most of all, healing. ■


## ABOUT THE AUTHOR

**Jacquline Sarver is a graduate of the University of Houston and currently is an Academic Advisor at College of the Mainland and a graduate student at University of Houston-Clear Lake.**

*Dr. Hsu explains child centered investigation procedures to a patient's family.* Courtesy Baylor College of Medicine Archives

the Children's Tuberculosis Clinic provided the environment for Dr. Hsu to initiate her most noteworthy medical research. While operating the clinic, Dr. Hsu introduced two theories that altered the ways the medical community confronted tuberculosis control and prevention. In 1953, she began prescribing the recently discovered drug Isoniazid as a preventive measure to stop TB germs from becoming a destructive disease. Isoniazid, approved for use in the United States in 1952, was the first drug that destroyed tuberculosis bacilli.[16] Previous treatment protocols dictated bed rest in combination with suppressive drugs, which produced varying and uncertain outcomes depending on the patient's response. After many years, some patients would improve, but others, especially children, often died from the disease. Dr. Hsu advocated administering the medication based on positive skin tests prior to active signs of TB appearing. Reflecting on her decision to use Isoniazid she said, "I felt that Isoniazid, if administered as soon as TB germs were detected in the body, might prevent the disease from developing."[17] Underlying the use of Isoniazid stemmed from her philosophy that "you don't wait until a house is half burned down before you try to put out a fire."[18]

Dr. Hsu's hypothesis that Isoniazid might prevent a full-blown condition of tuberculosis was considered radical in the 1950s. Many in the medical community scoffed at her notion of using the drug before the manifestation of symptoms, before patients became ill.[19]

In just over two years after beginning what became known as "INH Preventive Therapy," Dr. Hsu noticed striking results.[20] An April 18, 1956, *Houston Chronicle* article reported on a speech Dr. Hsu made to the membership of the American Academy of Pediatrics. Addressing the crowd of 1,000 pediatricians, Dr. Hsu chronicled the effects of her two-year pilot program. She detailed how prescribing the drug to children who showed positive skin tests, but had not yet developed any outward symptoms of the disease, prevented the disease from maturing. Dr. Hsu told the audience, "From our results we feel this drug is effective in preventing the child with primary tuberculosis from getting sick with the serious complications."[21]

To substantiate her initial findings, Dr. Hsu undertook an unprecedented course. She studied the effects of Isoniazid drug treatment for thirty consecutive years, following a generation of children to adulthood. It took Dr. Hsu three decades to validate her hypothesis that Isoniazid functioned as a preventive medication and ascertain that the TB germ did not reactivate later in life.[22]

In 1984, Dr. Hsu published her final study relating the remarkable outcome of Isoniazid treatment in *The Journal of the American Medical Association*. The study involving nearly 2,500 patients from 1953-1983 confirmed that initiating Isoniazid at the earliest detection of tuberculosis infection halted the progression of the disease and further prevented any future reactivation. Specifically regarding pulmonary tuberculosis, Dr. Hsu stated, "Isoniazid containing drug regimen" had the effect that it "not only cured pulmonary tuberculosis but also prevented dissemination."[23] Moreover, "in the Houston study, there was not a single case of reactivation. The striking absence of adolescent reactivation strongly suggests the possibility of a permanent cure for pulmonary tuberculosis."[24] These results proved extremely significant. Dr. Hsu showed that drug intervention could cure tuberculosis and keep the disease from returning.

The second theory that Dr. Hsu advanced concerned the identification of TB hosts. Before the 1950s, the identification of tuberculosis revolved around the adult, but Dr. Hsu changed the methods and instituted a comprehensive means to identify the source of the child's tuberculosis infection. Essentially, tracing how a child contacted tuberculosis would lead to an infected adult who provided the original infection. In the late 1950s, the *Fort Worth Star-Telegram* detailed the innovation of child contact investigation in an article entitled, "New Approach Used to Find Tuberculosis." Dr. Hsu explained the advantages offered by child-centered


*Dr. Hsu tests a child's lung function using a sophisticated device called a Spirometer.* Courtesy Baylor College of Medicine Archives

*The photograph below shows a crib held together with medical gauze, 1953.* Courtesy Katharine H.K. Hsu, MD

*The photograph above demonstrates the physical hazards of the building's interior, 1953.* Courtesy Katharine H.K. Hsu, MD


*Exterior view of the front entrance of the Autrey Building, 1953.* Courtesy Katharine H.K. Hsu, MD

she could examine and treat patients, but finding a suitable location presented an obstacle. Houston had only one TB hospital, a further indication of the city's inadequate allocation of resources to the disease. Unfortunately, the TB hospital located on Shepherd at West Dallas cared for adult patients only and the pediatrician required a place to see children.[11]

Initially, she used a small building on the grounds of the TB hospital for evaluating and treating children. *Angel of Mercy*, Dr. Hsu's book with writer Valerie Waller, described the accommodations: "On the grounds of the hospital was a dilapidated building called the Autrey House. Katharine was given permission to use one room on the first floor of that house for a children's TB clinic...with no more than borrowed tables and chairs for furniture, and the assistance of one nurse, Mrs. Ethel Smith." Dr. Hsu opened Houston's first children's tuberculosis clinic in July 1953.[12] At the official opening ceremony in December, Mayor Roy Hofheinz touted the positive impact of such a facility stating that "the children's clinic is the beginning of a new effort in tuberculosis prevention."[13]

Even though the opening of the Children's Tuberculosis Clinic offered a meaningful step in disease control, its placement in the Autrey Building immediately proved insufficient to meet the expanding needs of her patients. The dilapidated building, with its crumbling walls and broken floors, made sanitary conditions arduous if not impossible to sustain. Furthermore, basic furnishings such as cribs, examination tables, beds, and other equipment were absent or in disrepair.

Dr. Hsu recognized that ameliorating the deplorable environment of the clinic would require substantial financial assistance. The Children's Tuberculosis Clinic received such support from devoted Houston philanthropist, R.E. "Bob" Smith. Dr. Hsu's fellow pediatrician at BUCM, Dr. Dora Chao, arranged a visit at the home of Smith and his wife, Vivian. During the visit, Katharine discussed the clinic and presented photographs of the problems that required attention. Smith then visited the clinic to survey the situation firsthand. After seeing the vast needs of the clinic, Smith agreed to fund all of the renovations. The refurbished facility enabled Dr. Hsu and her staff to increase patient loads and to maintain sanitary medical conditions.[14] Dr. Hsu recalled the impact of Smith's generosity saying, "he wrote one check to cover everything—furniture, cribs, beds, equipment. Without his support, Houston might not have had a TB program for a long time to come."[15]

Despite its initial physical problems,

*Katharine Hsu views the portrait of R.E. "Bob" Smith, which hangs in the Vivian and R.E. "Bob" Smith Medical Research Building at Baylor College of Medicine, 2001.* Courtesy Baylor College of Medicine Archives

# The Houston Academy of Medicine–Texas Medical Center Library: A Notable Medical Athenaeum

by Kimberly Youngblood

The Texas Medical Center (TMC) in Houston, Texas, with forty-two member institutions and thirteen hospitals, is the largest medical center in the world with some of the world's best doctors. The TMC stands as an example of innovative healthcare and major medical accomplishments because its institutions and doctors offer a network of knowledge, skill, and expertise that is remarkable. Undoubtedly, any doctor would say that access to knowledge is the basis of his or her expertise. At the Texas Medical Center, the Houston Academy of Medicine-Texas Medical Center (HAM-TMC) takes the lead in providing medical knowledge to the medical community. The Medical Center Library is a dynamic member of the TMC that offers a unique story and history.

The name of this institution has endured as many transitions as the library itself. Over the years it has been called the Houston Academy of Medicine Library, the Texas Medical Center Library, the Houston Academy of Medicine Library for the Texas Medical Center, and finally in 1970 it was given the name it is known as today.[1] Besides the library's official name are its common names such as the "the Jones Library" or "the Med Center Library."[2]

The HAM-TMC Library's story began in 1903 with the formation of the Harris County Medical Society (HCMS), which sought to improve public health and medical standards for the Harris County community. In the early 1900s, Houston doctors had to deal with devastating contagious diseases such as typhoid, malaria, tuberculosis, and yellow fever with little semblance of sanitation or health standards. Shortly after the inception of the HCMS, it became clear that member physicians required resources and books to increase their knowledge in certain aspects


*View of the front of the Jesse Jones library in 1954 shortly after its completion.* Unless otherwise noted, all photographs in this article are courtesy McGovern Historical Collections, Houston Academy of Medicine - Texas Medical Center Library

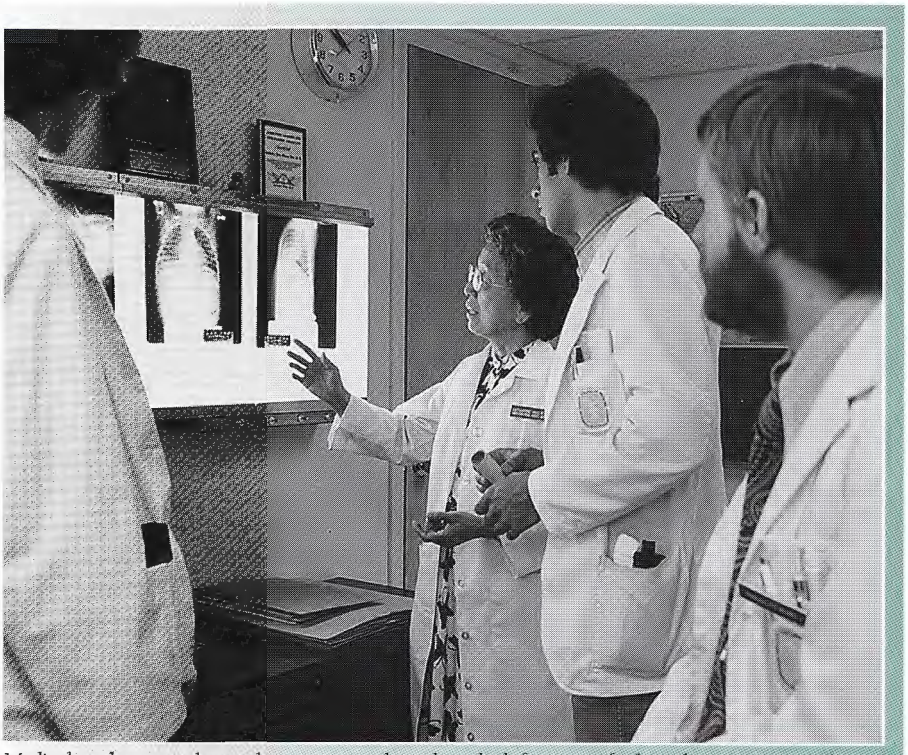
ABOUT THE AUTHOR: Kimberly Youngblood is an Academic Advisor in the Scholars' Community program at the University of Houston. She has a MA in Public History and presently is working on a PhD in Environmental History at the University of Houston.

investigation: "We have found in the last three and a half years that if we trace tuberculosis from the infected child to his home, we will find many cases among adults and siblings in the family and among the child's playmates," a situation that Dr. Hsu described as "TB nests."[25] Testing family members, neighbors, and close friends of a known TB case led to the discovery of many additional infections. Dr. Hsu also stated "this method of finding tuberculosis is about one hundred times more effective than mass x-ray survey, because attention is focused on the families which are known to have tuberculosis and those which are being exposed to tuberculosis knowingly or unknowingly."[26]

Dr. Hsu authored a pamphlet entitled "Tuberculosis in Children and Finding Tuberculosis Through Examination of Contacts" in 1958. The booklet was distributed nationally with approximately 70,000 copies circulated and outlined for health care professionals the procedures involved in conducting child contact investigation.[27] The combination of drug intervention and child-centered contact investigation steadily reduced the spread of tuberculosis.

From 1964-1968, Dr. Hsu broke new ground once again by becoming the first Director of Tuberculosis Control for the City of Houston. In this capacity she expanded her research base to include the entire city as well as Harris County.[28] Dr. Hsu and staff mapped each reported case of tuberculosis and created a TB registry. As she had done at the Children's Tuberculosis Hospital, Dr. Hsu implemented preventive therapy in combination with child contact investigation throughout Houston.[29] These tools allowed for a more accurate and comprehensive count of the number of tuberculosis cases in Houston while also pinpointing the locations of tuberculosis clusters. This approach allowed for proven treatment procedures to be enacted on a grander scale while simultaneously allocating resources to the areas most affected.

By the 1970s, when tuberculosis no longer represented a considerable public health threat, Dr. Hsu transitioned her medical research and achieved significant strides in the field of asthma and respiratory disorders. At the time, these disorders accounted for large numbers of school absences. While operating the Children's Asthma Clinic at Jefferson Davis Hospital, Dr. Hsu sought to determine the "normal" lung function of children. "One of the difficulties in diagnosing and treating the asthmatic child has been the absence of documented normal lung function standards for races other than white," Dr. Hsu stated in a Baylor College of Medicine newsletter.[30] "I have noticed that the normal black or Mexican American child has a lung capacity distinctly different from the normal white child...we've been treating these groups based on standards that simply don't apply to them and, consequently, the treatment has sometimes been less than perfect."[31]



*Medical students are shown chest x-rays and taught to look for signs of tuberculosis.* Courtesy Baylor College of Medicine Archives

To correct the protocols, Dr. Hsu approached the Houston Independent School District about testing a large number of normal children. Testing approximately 2,500 first through twelfth grade children in six public schools yielded results that formulated new standard lung function measurements for the three predominant races, Caucasian, African-American, and Hispanic.[32] Her finding showed that all three races had different lung function measurements. Therefore, in making a diagnosis of asthma and in evaluating treatment results, a race-specific standard must be used.[33] The importance of this discovery remains significant today as medical students, residents, and pediatricians reference the data compiled on lung functions, which are published in textbooks and physician handbooks.[34]

In May 1994, Dr. Hsu received another prestigious honor—the Distinguished Achievement Award from the American Thoracic Society. This international society, composed of over ten thousand members, recognized Dr. Hsu for her four decades of medical contributions.[35] This award stands as one of the most significant achievements of her career and highlights the international importance of her work.

Throughout her lengthy career, Dr. Hsu devoted efforts to improving the lives of children by advancing the therapies used to treat tuberculosis and asthma. Her investigations developed new protocols in the identification and treatment of tuberculosis and led to the establishment of normative values of child lung functions. The ramifications of her medical discoveries cannot be overstated. Even today, as the numbers of tuberculosis cases again rise, health care professionals can look to the advances made by Dr. Hsu and be confident in the arsenal available to fight the re-emerging disease. ■

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*View of the front of the Jesse Jones library in 1954 shortly after its completion.* Unless otherwise noted, all photographs in this article are courtesy McGovern Historical Collections, Houston Academy of Medicine - Texas Medical Center Library

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an auditorium, and study and meeting rooms.[13] The ivory colored four-story building made of Texas shell limestone would sit on 3.34 acres, and would be called the Texas Medical Center Library. During the initial planning and construction of the main library building, Jones and Fairchild formulated an expansion plan to accommodate the library's future growth. This plan included appending fourteen floors to the main building whenever the library outgrew its original space.[14]

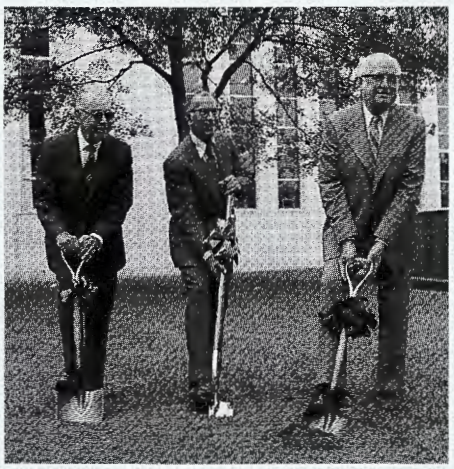
In fact, throughout the construction of the library, Jones conducted regular building inspections. Dr. William Fields recalled one of these inspections that demonstrated Jones' dry sense of humor. In the spring of 1954, Jones, Cameron Fairchild, Dr. William Fields, and Lemuel Bottoms (the construction superintendent) toured the construction site. According to Fields:

> *The restrooms which are in the front of the building on the first floor have windows going from the top to the bottom of the building. When one entered either restroom, there was nothing between "him or her" and the sidewalk outside. One could look directly into the men's restroom and see the urinals. Mr. Jones took one look and said, "Fairchild, is this the way you have it at home?" Fairchild's face became bright red and he did not know what to say.*[15]

Of course, blinds were installed on the windows, and today the bushes and trees planted in front of the windows add extra privacy. Considering all of Jones' support and input, it was fitting that the new facility was named the Jesse H. Jones Library Building. The Texas Medical Center Library moved into its new home on September 9, 1954.

## Friends of the Library

With the library established, supporters decided to form a group to support its programs and activities. The Friends of the Texas Medical Center Library would be independent of library administration, and could provide additional funds for library programs and activities they deemed appropriate.[16] In 1958, the group sent out invitations to 10,000 Houstonians to join in support of the library. They realized that as medical science progressed, more demands would be made on the library to accommodate those in the medical profession. Without the implementation of some sort of support group to aid the library monetarily, it would be impossible to acquire the much needed books, journals, programs, and activities that are required of a distinguished medical center library.[17]



*Construction of the new library addition begins, 1974.*

Additionally, contributions from the Friends of the Library allowed the library to establish an archive for collections of rare books and materials from significant individuals. In this way, the Friends enabled the Texas Medical Center Library to expand its services, and begin its greatest contribution, the John P. McGovern Historical Collections & Research Center.

The archive officially opened in September 1977 as the Special Collections Department, and after a few name changes it has rested upon its present namesake for very good reasons.[18] Dr. John P. McGovern had an enormous interest in American medicine and also in Dr. William Osler's historical collection and writings as a pediatrician. So, in 1985, Dr. McGovern began donating part of his personal collection to the archive. Much of what he donated pertained to his interest in topics such as allergies, biomedical classics, and William Osler, as well as books and reference materials regarding the history of medicine. Additionally, in 1996, the library's Board of Directors established the McGovern Endowment to preserve and process the historical collections in the archive.[19]

## A New Era

By the 1970s, the HAM-TMC Library desperately needed additional space to accommodate its burgeoning collection of books and journals. The library facilities had become inadequate for a complex the size of the Texas Medical Center and its ever-expanding number of students, doctors, and faculty. The Houston Academy of Medicine went into action, designing plans to build a new $3 million, fourteen-story building addition that would include supporting columns for an underground parking garage. The plan also called for a four-floor addition adjoining the existing and new buildings. The new foundation could support additional floors that might be needed in the future. The Houston Academy of Medicine hoped this plan would resolve the issue of space for the library. In 1973, the garage construction began, and by 1974, the construction of the library addition was in full swing. When the addition was successfully merged to the original building, the library's usable space practically tripled to 71,059 net square feet.[20]

The library experienced other significant changes in the 1970s. In 1971, for example, the library implemented an automated circulation system. The next year it received its first federal grants to aid with library programs and efficiency. MEDLARS, an off-line access reference service, was replaced by MEDLINE, its new on-line version. MEDLINE combined with INDEX MEDICUS allowed access to 2,300 indexed medical journals for library users.[21]

Unfortunately, the 1970s marked a tragic event in the history of the HAM-TMC Library, the devastating flood of June 15, 1976. Damages exceeded $200,000, convincing President Ford to declare the Texas Medical Center a disaster area.[22] It seems that a major culprit for the flood was a large drainage ditch constructed in 1949 to link the TMC to Brays Bayou. An underground conduit later replaced the ditch; however, it was not large enough to handle all of the heavy rainfall from that storm.[23]

Fortunately, the water from the flood began to seep into the street level (basement) of the library in the afternoon, when employees were still at work. This enabled library employees to salvage materials that otherwise would have been lost. During the 1970s, the library stored its collection of rare books on the lower shelves of the stacks in the street level,

*The addition of nearly 72,000 square feet in the 1970s helped to alleviate the library's growing pains.*

of medicine. They also needed a place to store and to use these materials—a library.

In December 1904, the HCMS formed a committee to arrange a location for a library. The legal issue of how to attain and own real property stymied the committee's progress until 1915, when it organized a holding company, the Houston Academy of Medicine.[3] The Society's library was funded and maintained by donations until 1922, when they decided to assess a yearly library fee of ten dollars. Luckily, many of the HCMS members contributed additional funding through liberal donations, and by 1923 the Society secured a location of 1,200 square feet for the HCMS library in the Keystone building in downtown Houston. At its founding, the library maintained only 1,871 books and 56 journals,[4] but its holdings grew steadily, forcing numerous moves to accommodate its ever-expanding collections. By 1942, the library maintained 13,235 books and 221 journals, and was "the 13th largest county society library in the country," according to published statistics.[5]

Yet, even bigger and better changes were on the way. The trustees of the M. D. Anderson Foundation, decided to establish a cancer research center.[6] At the same time, the Baylor College of Medicine (BCM) was looking for a new location for its medical school. BCM, along with their medical library, chose to move to the Texas Medical Center in 1943.

All those involved quickly realized that they could better serve the medical community by merging the Baylor College of Medicine Library, the M. D. Anderson Hospital for Cancer Research Library, and the Houston Academy of Medicine Library, and the libraries of the Houston Academy of Dentistry and other TMC institutions to create a first-class medical library.[7] The Texas Medical Center continued its rapid growth, and all too quickly, TMC officials recognized the pressing need for a larger building. So, the library moved into a vacant building in the medical center, and by 1949, books were stacked on the floor since shelf space was non-existent.[8] That persistent problem of space had reared its ugly head again.

Since the founding of the Texas Medical Center, officials recognized the need for a permanent and larger building to ensure the quality of a great medical center library. Their goal was to build a first class medical library that would offer a selection of books and journals covering every aspect of medicine. A 1944 campaign for a Library Building Fund collected almost $100,000 from HCMS members, dentists, the Women's Auxiliary to the HCMS, and others.[9] Yet, this was only a fraction of the estimated $1.25 million cost of the new library building sought for the Texas Medical Center. Even after the approval of the plans, the location, and the costs of the new facility, it took almost ten years to finish raising the funds needed to begin construction.

A generous $300,000 gift from the M. D. Anderson Foundation would not cover the entire cost of the new building. A project of this magnitude required multiple large donations and a person with vision to bring it to fruition. Jesse H. Jones, a well-known Houston financier and philanthropist, stepped forward and played an instrumental role in assuring the completion of the medical center library. Many agree that if it had not been for his charitable contribution, the library as it is known today would not exist. In his autobiography, Leopold Meyer declared, "I admired Jesse Jones for his willingness to lend his name as an endorser of any worthy cause."[10] In fact, Jesse Jones not only lent his name, but he contributed $600,000 toward the financing of the library.[11] Meyer described Jesse Jones' philanthropic nature: "No one would challenge the statement that Jesse Jones was very liberal. It may be that the Jones Library in the Texas Medical Center is a monument to this generosity and humanitarianism, but he was subjected to endless calls to give to the many worthy causes which abound in our community."[12]

Jones recognized that an investment in a first-class medical library would better all of the Houston community. In addition to his monetary support, Jones took a personal interest, working with architect Cameron Fairchild in the planning and construction of the new library building. The new library building would accommodate 140,000 books, Texas Medical Center administration offices,

# Humanism in Medicine and in Life: A Profile of John P. McGovern, MD

**DR. JOHN P. MCGOVERN** is one of Houston's twentieth-century medical pioneers. He has dedicated much of his career to the field of allergies and their treatment. In addition to his groundbreaking work in allergies and founding the McGovern Allergy Clinic in 1956, McGovern has held teaching appointments at nearly all of the degree-granting institutions in the Texas Medical Center. He provided an allergy clinic at Texas Children's Hospital for some eighteen years, and also was the principal co-founder of the American Osler Society.

The influence of Sir William Osler's teaching on John McGovern is profound and has been a guiding force in his life from his first day as a student at Duke Medical School. Osler, a renowned physician and medical educator, emphasized humanism in medicine, the notion that "the practice of medicine calls equally for the exercise of the heart and the head." This was a creed that John McGovern embraced as a student and applied in every aspect of his life's work as a physician, scholar, humanitarian, and philanthropist.

John P. "Jack" McGovern was born at Walter Reed Hospital in Washington D.C. on June 2, 1921. His father, Dr. Francis X. McGovern, served on the hospital staff as a surgeon. Francis McGovern had met his wife, Charlotte "Lottie" Brown, while working at Walter Reed. Jack McGovern said that he "just worshipped" his father who had been a standout baseball player during his college days and later became a dedicated surgeon and physician. The McGoverns lived in a D.C. area apartment where young Jack inherited his father's love of sports, especially baseball. Although he played well as a child, he struggled to make the freshman squad in high school. Because a career in baseball probably was out of the question, he decided to focus on his other love. Jack McGovern was sure that he wanted to become a doctor. "My dad never pushed me into medicine," he said years later. "Nor did my mother. But I had told her several times that I admired the way my dad gave of himself. He believed in service and he really put the patients before anybody, including himself. He was one of the old type doctors."

Following a path to college in 1936, during the Depression, was a challenge. "I had to make a decision on where to go to school because nobody had any money and I didn't want to take any money from the household," McGovern recalled. His friends wanted him to go to Duke University, but Jack McGovern also considered attending Drexel University in Philadelphia. "I was debating between those two universities because I knew...I was a pretty confident fellow. I figured, no matter what it was, I could make it happen." McGovern learned that his Aunt Marian had left $2,000 in her will for his college education. That was a considerable sum in 1936 and enabled McGovern to begin his college education at Duke University.

Highly motivated, McGovern dove into his undergraduate studies in order to qualify quickly for admittance into the medical school. Part of the process for being admitted into the Duke Medical School was to be interviewed by the dean, Dr. Wilburt C. Davison. Davison was well known in medical education and had studied under Sir William Osler at Oxford as a Rhodes Scholar. When he entered Davison's office for his interview, the dean's telephone rang. The interview process was extremely important and McGovern, with a weak grade in chemistry, was concerned that it go well. But Davison continued his telephone conversation. "As soon as he put the phone down it rang again and he got on the phone again. I just got as jittery as I could be," McGovern recalled years later. "I looked up on the wall and I saw right to the side—Davison didn't have any diplomas or anything, he just had photographs on his wall." One photo in particular stood out to the young McGovern, a man with dark, piercing eyes and a handlebar mustache. McGovern later said that he could not sit still anymore and rose from his chair to get a closer look at the photo while Davison continued his telephone conversation. Eventually, Davison con-

and there were even plans to open an Audiovisual Services area down there as well. When the water began to creep in, employees attempted to save as many rare books and journals as possible by stacking them on tabletops to avoid the three inches of water covering the entire floor. Efforts were then made to move as much of the furniture as possible to the first floor of the library. Suddenly, however, a glass window that had been holding back the raging floodwater broke and the wall in the Audiovisual Department gave way. The water quickly rose from three inches to about thirty inches. For the first time, but certainly not the last, a human chain was formed to move the rare books from the tabletops to higher ground.[24] After this catastrophe, the executive director of the library, Samuel Hitt, sent out a notice to all staff that any books, journals, or supplies placed in the street level should not be placed on the bottom two shelves.[25] It was good advice, but twenty-five years later, it did not prove to be enough.


*Library underground parking garage completely under water after Tropical Storm Allison, June 2001.* Courtesy Baylor College of Medicine Archives

*Library employees try to salvage books and articles during the flood of 1976.*

Tropical Storm Allison in June of 2001 was another unforeseen catastrophic event that caused devastating flooding. Unlike the flood of 1976, this storm hit the Houston area on a Friday, and the significant damage became apparent only over the weekend. With no time to salvage all of the valuable books and journals, the only thing left to do was to wade into four-feet deep water and salvage as much as possible. Library employees and other TMC staff pulled books, journals, and manuscripts from the murky water in the street level of the library, boxed them, and then put them in a freezer semi-truck. These trucks transported the damaged materials to a mold-remediation company in Massachusetts that used a freeze-drying process to save whatever could be saved. Despite the best efforts of the staff, however, significant losses of books and journals occurred. As a result, the John P. McGovern Historical Collections & Research Center, the archive for the library, moved its institutional and manuscript collections to a facility outside of the Texas Medical Center to ensure its safety. The new facility is spacious enough to handle years of donated collections, and is located approximately two miles from the Texas Medical Center, outside of the flood zone.

The HAM-TMC Library is a unique institution because it is governed jointly by seven Texas Medical Center institutions: Baylor College of Medicine, Houston Academy of Medicine, Institute of Biosciences and Technology- Texas A&M University, Texas Medical Center, Texas Woman's University-Houston, University of Texas Health Science Center-Houston, and The University of Texas M. D. Anderson Cancer Center. In 1991, the library was designated as the Regional Medical Library (RML) by the National Network of Libraries of Medicine. In this capacity it serves a five state region including Arkansas, Louisiana, Texas, New Mexico, and Oklahoma. The RML is located in the basement level of the main library. The main focus of its mission is to provide biomedical information to doctors living in the five state region. It also provides medical information to the public that might assist them in health-related decisions.

The HAM-TMC Library has withstood many changes and challenges, yet it has continued to grow and respond to the needs of the medical community it supports. It is the principal library for the Texas Medical Center and receives support from sixteen TMC health-science institutions. As the information age progressed, the library advanced its capabilities to provide library users with medical and health data via computer. On PubMed alone, the National Library of Medicine citation database, the library offers access to over 4,000 electronic journals. It houses over 300,000 books and journals, and offers consumer health materials in several languages such as Spanish, Vietnamese, and Chinese.[26]

The HAM-TMC Library not only has a unique history as an unprecedented institution, but it plays an important role in the Texas Medical Center today. It provides scholars as well as doctors, nurses, medical students, and the public with medical, health, and scientific knowledge and historical information. As Mrs. Bushman, one of the first members of the Friends of the Texas Medical Center Library, stated, "The library really belongs to everyone, for eventually all of us, at one point or another, get to visit the doctor or dentist."[27] The more knowledge they have, the better expertise they will maintain and the better healthcare the public will receive. The HAM-TMC Library is just as unique and ever changing as the Texas Medical Center. Through all the years, transitions, and hardships that HAM-TMC Library has experienced, it has proven to be a reliable resource of research material and medical knowledge for healthcare professionals, students, doctors, and the public. ■

# The Rise and Fall of Medical Psychology at M. D. Anderson, 1951–1958*

By James S. Olson



*"The Oaks," Captain James Baker's home at 2310 Baldwin St., housed the new M. D. Anderson hospital from 1942 to 1954 until a permanent facility could be built.*

In 1946, when R. Lee Clark arrived in Houston as the new head of M. D. Anderson, the five-year-old hospital was still in its infancy, occupying temporary quarters at the old Baker Estate and barely known anywhere, inside or outside Harris County. In selecting Clark as surgeon-in-chief, however, the Board of Regents of The University of Texas had found the perfect person to build what in a generation would become the premier cancer hospital in the world. A native of Deaf Smith County, Texas, Clark burned with ambition and oozed energy. He once told a friend, "I have ten new ideas every day, and if I can get just one of them done, I'm happy." On his first morning at the office, Clark informed the staff, "We have two jobs here: to cure cancer and, until we do, to care for Texans with the disease. Achieving both will require the best hospital in the world."[1]

Clark came by his ambition honestly. His grandfather helped found Texas Christian University in Fort Worth, and his father orchestrated the beginnings of Midwestern State University in Wichita Falls. For decades, at family gatherings or at night over the kitchen table, the Clarks talked about higher education—raising more money, building more buildings, recruiting more students, and hiring more faculty. Poet Rainer Maria Rilke may have observed, "Oh how children dance to the unlived lives of their parents," but Lee Clark out-danced them. Within five years, he assembled a fine department of surgery and launched pioneering efforts in radiotherapy. It came as no surprise, then, that Professor Carson McGuire, chairman of the psychology department at UT Austin, piqued Clark's interest in 1951 when he described the work of Beatrix Cobb, a graduate student exploring the psychology of cancer patients—why so many skipped appointments, postponed treatment, rejected certain protocols, or opted for the care of alternative practitioners. Shedding light on the emotional underbelly of cancer patients seemed an eminently worthy goal, Clark thought, and it would cost no money. Cobb enjoyed funding from the

*R. Lee Clark sitting in front of the hospital in 1959.* Courtesy Historical Resources Center, The University of Texas M. D. Anderson Cancer Center

ABOUT THE AUTHOR: James Olson is Distinguished Professor of History at Sam Houston State University. He is the author, co-author, or editor of over twenty books, including *The Ethnic Dimension in American History; Saving Capitalism: The Reconstruction Finance Corporation and the New Deal, 1933-1940; Catholic Immigrants in America; Winning is the Only Thing: Sports in America Since 1945; Where the Domino Fell: America and Vietnam, 1945 to 1990;* and *Bathsheba's Breast: Women, Cancer, and History.* He is currently finishing a history of The University of Texas M. D. Anderson Cancer Center.

firmed the identity of the commanding figure on the wall, Sir William Osler. Davison proceeded to tell McGovern about Osler and his own experience studying under him as a Rhodes Scholar. But the time allotted for the interview was quickly running out. Finally McGovern blurted out, "Dean Davison, when are you going to interview me?" He told the dean about his low grade in an organic chemistry class, thinking that perhaps he also had sunk his chance to be admitted to medical school. But Davison had already discussed McGovern's grade with the chemistry professor. The dean informed McGovern that he would be accepted for the next term. "That was the highlight of my life," said McGovern. But Davison had an assignment for McGovern. He said, "I want you to go get a copy of *Aequanimitas*," a collection of essays written by Osler, "and read it." This was McGovern's introduction to William Osler. A few weeks later, he received a formal acceptance to Duke University Medical School in the mail. Along with the letter was a note from the dean, "Jack, I hope . . . you enjoy *Aequanimitas* as much as I did. –W.C. Davison."

McGovern studied at Duke Medical School and graduated in 1945. From there he interned at Yale-New Haven Medical Center. Eventually, he received an appointment to teach at Tulane University in New Orleans. During those years, McGovern did research, taught his assigned classes, and became interested in pediatric allergy. Sometime during the spring of 1956, he gave a presentation at the Triangle Medical conference in Beaumont, Texas. After the evening banquet, McGovern visited with friends who convinced him to explore the possibility of a move to Houston. He located a converted house on Montrose Boulevard, owned by a local allergist's widow. The downstairs had a desk, small examining rooms for patients, and everything McGovern would need to begin a practice. He called his friend, Dr. Grant Taylor, who was head of pediatrics at M. D. Anderson Cancer Center. Taylor told him, "Come on down. Houston is wonderful...it is hot as hell but everything is air-conditioned."

During his visit to Houston, he accepted an appointment at Baylor College of Medicine as Clinical Professor in the Department of Pediatrics and Adjunct Professor of Allergy in the Department of Microbiology and Immunology. He also made arrangements to rent the space in the office on Montrose, the first step in establishing the McGovern Allergy and Asthma Clinic. McGovern insisted on being non-salaried faculty. "I could do all the teaching I wanted and all the research I wanted, because I liked that. I really did. I loved academia, but I loved my freedom." In this way, McGovern could teach and do research, while not being obligated to serve on faculty committees. With a new clinic to run, he would have little time for committee work too. As he said later, "It worked out just great."

> I don't like to be called a philanthropist. I would rather just be known as Jack McGovern or Dr. McGovern, a fellow who did a good job in his research and teaching and patient care.

Shortly after he formally opened his practice, McGovern established the Junior League Allergy Clinic, which operated out of Texas Children's Hospital. For the next eighteen years, McGovern provided the doctors, medical staff, supplies, and serum, to treat children with allergies.

His medical practice began to grow and so did McGovern's academic career. In time he would publish over 252 articles and some twenty-six books, which he wrote or co-authored. He held faculty appointments to more than twenty universities, as well as hospital staff and clinical appointments at fourteen hospitals. Along the way, in 1961, he established the John P. McGovern Foundation. It seemed that McGovern, a child of the Great Depression, had a talent for investing. In time, the McGovern Foundation became one of the major philanthropic foundations in Houston. Over the years, McGovern has supported worthy causes in education, medicine, substance addiction research, public parks, and the Houston Zoo.

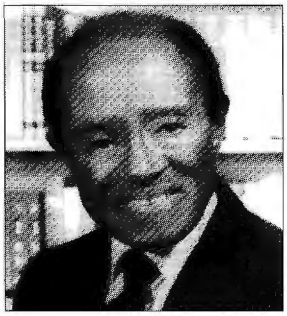
One of John McGovern's first stops on his initial visit to Houston was at the Texas Medical Center Library. "I have always been very interested in libraries, particularly medical libraries," said Dr. McGovern, "and particularly the archival and the rare book sections. My hobby is history and philosophy of medicine and collecting old and rare medical books." McGovern became an honorary curator of the rare books in the library. Eventually, he donated his personal collection of rare medical books and also his collection of writings by Sir William Osler to the library's History of Medicine collection. In time, he also provided financial support for what became the Houston Academy of Medicine-Texas Medical Center Library. In recognition of his support, in 1996 the Library created the John P. McGovern Historical Collections and Research Center, which houses the History of Medicine collection along with photographs, papers, and artifacts detailing the history of the Texas Medical Center and an extensive collection of other historical medical literature.

Reflecting upon his long career in medicine, McGovern once said, "You know, medicine is work, but it is really not if you are in the right place for yourself. I just loved working with patients and I loved teaching. I didn't go into medicine and teaching and research with any idea of being a philanthropist or making a lot of money."

McGovern will be remembered for these reasons and also for his philanthropy. His name is attached to many institutions and programs he has supported in the Texas Medical Center including the McGovern Historical Collections and Research Center, the McGovern Commons, the McGovern Campus (old Nabisco Building) of the Texas Medical Center, the John P. McGovern Museum of Health and Medical Science, the McGovern Professorship at The University of Texas Medical School at Houston, and the McGovern Center for Health, Humanities, and Human Spirit, which opened in September 2004, also at The University of Texas Medical School at Houston. ■

Information for this profile article came from a series of interviews with Dr. John P. McGovern by William H. Kellar during the spring of 2000.

# Quentin Mease and the Establishment of the Harris County Hospital District



By Roger Widmeyer

In 1948, the Young Men's Christian Association (YMCA) was fairly well established throughout the United States. Most large northern cities typically had several branches of the "Y," with always at least one branch just for African-American members. That same year, Quentin R. Mease, a young graduate of the University of Iowa, had become active in the YMCA and the National Association for the Advancement of Colored People (NAACP), a flourishing organization concerned with legal rights for the Negro. Mease found limited opportunities while in Iowa, and longed for a big city, at least larger than his hometown of Des Moines. Hoping for greater chances to break the color barrier, he chose Chicago as his destination.[1]

Arriving with a master's degree in social work in hand, he was soon enamored by big city life. "Chicago was a wonderful city," Mease reminisces, "like New York, but without the congestion."

Mease's interest in the YMCA—and the long hours he put in—was quickly noticed. It was not long before he was contacted about helping the Y with building campaigns in cities across the United States. Los Angeles, Detroit, Louisville, and Houston were cities where Mease's skills could be utilized, Y administrators believed. All but Houston had fairly successful Negro branches. In Houston, the Y in the south-central part of the city met in rented spaces. Hoping that Mease might be able to help them expand and solidify their services, the Houston YMCA paid for Mease to fly down and take a look. They liked what he had to offer, and shortly after, Mease accepted this new challenge.

Quentin Mease spent the next fifteen years in Houston building the South Central YMCA into a successful branch. By the early 1960s, the Y had become an important part of Houston. The new facility was quite large, with meeting rooms that could accommodate sizeable conferences and meetings. It was the most utilized building in the city for Houston's Negro businessmen. Most importantly, the Y hosted regular meetings that were interracial, attended by many of Houston's business leaders from both races. Houston, after all, had always been a city of commerce, an entrepreneurial city, and no savvy business person would let color get in the way. The business people Mease met at the Y meetings would play a critical role in his coming involvement in the creation of the Harris County Hospital District.

When he first came to Houston in 1948, segregation was evident in buildings throughout the city, marked by common "Colored Only" signs. Houston's only public hospital also bore the brand of the pervasive racism of southern cities. Named after the president of the Confederacy, the original Jefferson Davis Hospital was a 150-bed facility, opened in 1924 on Elder Street, just a few blocks northwest of downtown. It quickly became severely overcrowded and in 1936, the new Jefferson Davis Hospital, a 500-bed facility, opened on Allen Parkway. The location was not particularly convenient for the indigent population of the Fifth Ward and East End, nor was it convenient for the doctors and residents of Houston's new medical school, Baylor University School of Medicine, which was located at the end of Fannin Street, five miles south of downtown.

As Mease became increasingly involved in civic affairs, the need for better health care for Houston's indigent population became evident. To meet increasing patient demands, a second public hospital opened in the Texas Medical Center in 1963. Ben Taub General Hospital was named after the dedicated chairman of the governing board of Jeff Davis Hospital. In the early 1960s, Houston's public hospitals and the delivery of health care to the city's needy citizens began to come under intense scrutiny. News stories began appearing about overcrowding at the hospital. Jan de Hartog, a Dutch novelist residing in Houston, wrote *The Hospital*, a book based upon the experiences he and his wife had while volunteering at Jeff Davis Hospital. The book's portrayal of a hospital that was overcrowded, understaffed, and very unsafe, created a sensation.

The city-county "partnership" in public health had not worked. Neither the city nor the county had ever wanted to become involved in indigent health care. There was a poor plan to utilize tax dollars, and for years there were few people in the city willing to serve on the hospital's board.

The Texas State Legislature had already passed a law allowing any of Texas' counties to create a hospital district board of managers and to set a tax rate to support a public hospital. This could be done by the voters simply passing a referendum, but by 1964, referendums to establish a unified hospital district in Harris County had been defeated by the voters four times. For the fifth try—in November 1965—it would be necessary to have virtually everyone with any kind of political muscle in the city behind the

ABOUT THE AUTHOR: Roger Widmeyer has most recently served as Communications Analyst for Mayor Lee P. Brown. From 1996-2000, he served as managing editor of *Texas Medical Center News*. He was director of public affairs and patient affairs for the Harris County Hospital District, 1989-1996. He has taught college English and speech in California, Massachusetts, and Texas.

Hogg Foundation for Mental Hygiene in Austin. Clark agreed to serve on her dissertation committee and provide office space at M. D. Anderson.[2]

In February 1951, after graduating from North Texas State College and toiling fifteen years as a secretary, public school teacher, counselor, and UT graduate student, Beatrix Cobb arrived at M. D. Anderson. At first, she felt intimidated. Knowing little about cancer, Cobb found herself surrounded by people who knew a great deal on the subject. "Within six months I should know a lot more than I do about cancer, which is certainly mandatory," she wrote to her doctoral advisor. But she was not unduly concerned. "There are many challenging problems here...[but] the people are wonderful...already I feel myself falling in love with M. D. Anderson." Cobb made good use of her year in Houston, finishing the dissertation—"A Social Psychological Study of the Cancer Patient"—and receiving the PhD.

At the time, Clark needed a new psychologist. His first hire had not worked out. In fact, Ross Cumley, head of scientific publications at M. D. Anderson, and Edna Wagner, director of social work, described the first psychologist as a "dud," a psychologist with such virulent cancer phobias of her own that she would invent reasons and excuses not to interview patients. Cobb was just the opposite, a woman who relished being around patients. When the Hogg Foundation agreed to fund her $6,000 annual salary, Clark hired Cobb.[3]

He charged her with providing psychological services for patients; developing a graduate and postgraduate training program for psychologists interested in medical settings; directing a research program that focused on the emotional impact of hormonal treatments; and explaining why patients missed appointments, delayed or refused treatment, and sought non-medical sources for assistance. Cobb established an advisory council consisting of M. D. Anderson physicians, UT Austin psychologists, and representatives from the Hogg Foundation. With their advice and counsel, she designed a training program consisting of a twenty-five lecture survey of cancer by types and treatment, a fifteen-lecture sequence on the anatomy of the central nervous system and role of stress in its functioning, and a series of twenty-five lectures on endocrinology.[4]

*Beatrix Cobb working with a patient who's looking at a Rorschach image, 1953.* Courtesy Historical Resources Center, The University of Texas M. D. Anderson Cancer Center

Beatrix Cobb's career shot up like a bottle rocket on the Fourth of July. Psychologists throughout the country had become infatuated with the psyches of cancer patients, and science writers had picked up on the interest. Suddenly, Cobb's research enjoyed real cachet. Lee Clark craved media attention, not so much for himself as for the hospital, and Cobb delivered, boosting his campaign to put M. D. Anderson on the medical map. In April 1953, she addressed an American Cancer Society conference of science writers, discussing the economic, gender, and educational variables affecting patients and their treatment. The AP and UPI picked up the story. Within days, Cobb's name, and M. D. Anderson's, surfaced in newspapers throughout the country; *Newsweek* and *Time* covered her; prominent psychologists trekked to Houston to meet her; and the American Cancer Society and National Cancer Institute took notice.[5] Chauncey Leake, head of the UT medical school in Galveston, wanted in on the graduate training program. Cobb seemed destined for a brilliant future.[6]

Edna Wagner thought differently. She read human nature like Albert Einstein fathomed the cosmos, and in Beatrix Cobb she saw a disaster waiting to happen. According to Wagner, Cobb was "neurotic" and potentially "dangerous" when working "directly with sick, helpless people, because, sooner or later, she [will not be able] to resist the urge to use and exploit these people to satisfy some of [her] neurotic needs. Miss Cobb's neurotic need for attention is so terrific that she even entertains the technicians, stenographers and clerks with lurid stories about her cases." Also concerned with Cobb's behavior, Cliff Howe, head of the Department of Medicine at M. D. Anderson and one of her early supporters, confessed that she was "hopped up on the subject of sex." Early in 1952, a patient remarked, "Me and that red-headed woman shore is talking about familiar things...but you know these red-headed women."[7]

Cobb was a unique individual, flighty and unpredictable, a professional woman who sported unfashionably long hair for the 1950s, tinted its streaks of gray with regular applications of deep mahogany red, and occasionally, for effect, released it from the constraints of berets and bobby pins. She was a diva who could not sing, a woman given to grand entrances, grand exits, and grandiloquence—flourishes that

*Continued on page 50*

*The M. D. Anderson Foundation fulfilled its promise to provide the cancer hospital with a new facility in the Texas Medical Center, with construction finally being completed in 1954. Since then, they have treated nearly 500,000 patients.* Courtesy McGovern Historical Collections, Houston Academy of Medicine-Texas Medical Center Library

mittees reflected those areas of concern—fiscal, buildings and properties, personnel. Personnel issues were a big problem. Quite a few of the hospital staff were there because of their political connections. One of the key administrators had absolutely no qualifications."

Baylor's doctors and residents worked under a contract that had been written in 1948, when there was just one hospital under the jurisdiction of the city and county. The contract—now called an "affiliation agreement"—needed to be updated, and Quentin Mease was asked to take this on. His work in building the South Central YMCA had given him many of the skills necessary to take on such a challenge. He requested similar documents from about a dozen teaching hospitals across the country, studied them, and drafted a new affiliation agreement for the hospital district and Baylor. The document stood the test of time and was replaced in 1990 only because the hospital district began working with two medical schools, The University of Texas Medical School having opened in Houston in 1972.

*The University of Texas Medical School at Houston under construction in 1972.* Courtesy McGovern Historical Collections, Houston Academy of Medicine-Texas Medical Center Library

The hospital district staff members—nurses, technicians, and housekeeping—were paid substantially less than their counterparts at other hospitals. The rate of turnover was high. There was a constant shortage of nurses and skilled medical technologists. In Mease's second two-year term, the personnel issue came to a crisis. Angered at the lack of progress on salary increases, the Ben Taub night nurses walked off the job, leaving the patients alone.

"Their position was insupportable. I understood their grievances, but not their methods," says Mease. In the process of resolving the conflict, several nurses were terminated and Mease earned the ire of union members and some in the community. In the end, Mease and his fellow board members realized that pay and working conditions simply had to be brought up to industry standards. In talking with the employees, they also found that the vast majority of hospital district employees had a sense of mission, a sense that their service was to indigent patients.

In 1967, Mease and board member

*Continued on page 53*

*Ben Taub Hospital, 1963.* Courtesy McGovern Historical Collections, Houston Academy of Medicine-Texas Medical Center

HOUSTON CHRONICLE Sunday, November 14, 1965
Page 6, Section 3

# Ben Taub Handles 4500 Emergency Cases a Month

BY DICK RAYCRAFT
Chronicle Reporter

The lights of Ben Taub General Hospital's emergency room are burning always.

It is the crisis area of the hospital. Within its well-scrubbed blue walls there are concern, an occasional laugh, urgency and death.

It's the one area of the hospital where beds, equipment, doctors and orderlies are shared by rich and poor alike.

It's a suite of 15 special rooms, including two where surgeons operate on anyone, from a person injured in a car wreck in River Oaks to a person stabbed during a fight in the Fifth Ward.

An average of 4500 emergency cases are handled here a month, or about 54,000 a year. Capt. James Willis of the Houston police dispatching office says 85 percent of emergency ambulance calls are sent to Ben Taub because of its ability to handle emergency work at any hour.

Dr. Phil Davis, deputy chief of medicine at the hospital, says: "If it's an emergency case, we take care of him and ask questions about his financial status later."

The emergency room at Ben Taub is just one part of the Houston-Harris County system of charity hospitals, which also includes Jefferson Davis Hospital at 1801 Allen Prkwy. JD houses maternity and tuberculosis wards.

From January through October of this year, 19,854 patients had been treated at the two hospitals. Patients who are admitted to the hospitals pay for treatment and medicine according to the size of their family and their income.

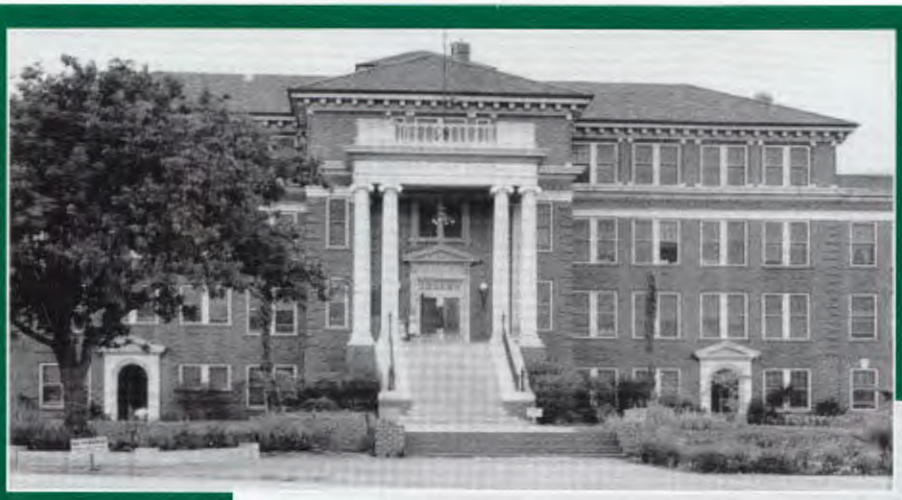
The system also offers obstetric, pediatric and general medical treatment.

James Pears, administrator of the hospitals, and Mrs. Ruth Strohman, head of nurses, say lack of money is the greatest obstacle to maintaining and improving charity hospitals in this area.

The hospitals had requested an $8.9 million budget for 1965 but received $7.3 million from the city and county.

Pears notes these problems that he says only more money can solve:

● Staff shortage. The ratio of workers to beds is 1.8 to 1, while the national standard is



*In 1924, the 150-bed Jefferson Davis Hospital was built at 1101 Elder Street. Years later in 1938, a new Jefferson Davis Hospital was constructed on the south bank of Buffalo Bayou on Allen Parkway. The 11-story, 500-bed Jefferson Davis Hospital, which replaced the old Elder Street facility, was financed with a $2.5 million bond.* Courtesy Harris County Hospital District

effort. The new chairman of the Harris County Republican Party, George H. W. Bush, happily posed for a newspaper photographer as he deposited his ballot supporting the hospital district creation into the ballot box. The referendum passed, barely.

Now, the Harris County Commissioners Court would need to appoint an inaugural board for the new Harris County Hospital District. A selection committee was first appointed to identify candidates. Leon Jaworski, who had chaired the committee that supported the referendum, and Joe Allbritton, chairman of the Baylor board, convinced Quentin Mease to allow them to put his name before Commissioners Court.

Mease did not like the idea of an appointed board and strongly suggested that the Legislature permit an election of hospital district board members. He felt there was too much of a possibility that the members would become political appointees, instead of citizens elected by the people they would serve—much like the independent school district boards.

A few days later, as Mease was leaving a meeting at the Y, he was summoned to a nearby telephone. It was the *Houston Chronicle* seeking his response to being named to the Harris County Hospital District Board of Managers. The banner headline in that evening's paper read, "Court Names Blue Ribbon Panel for the First Board." And it was a board with impressive credentials.

On November 25, 1965, in a conference room at Ben Taub Hospital, the board held its first public meeting. The members included Gerald Hines, a real estate developer; Daniel C. Arnold, senior partner at Vinson, Elkins, Weems & Searls law firm; Aaron Farfel, an international financier and investor; Robert Gillette, an attorney for Humble Oil Co.; Winifred Wallace, the sole woman on the board who had worked tirelessly organizing women throughout the city in support of the referendum; Don A. Horn, executive secretary of the Harris County AFL/CIO; and Quentin Mease, executive director of the YMCA and respected community leader.

Mease recalls: "We faced enormous challenges. At that first meeting, we all felt a little overwhelmed at the task ahead of us. But we went about the necessary business, determining the one- and two-year terms (because we had to have staggered terms), the various committee memberships, and identifying the immediate needs."

Because neither the city nor the county had wanted to spend money on the two hospitals, the budget picture was very grim. The very first order of business for the new board was to take a hard look at the district's financing. Commissioners Court had allotted an initial budget of $7 million for the new district; the money was gone by November—in a fiscal year that went through March! The board went back to Commissioners Court and received another $3 million for the remainder of the fiscal year.

"Our primary concern was getting the hospitals in shape," says Mease. "The com-

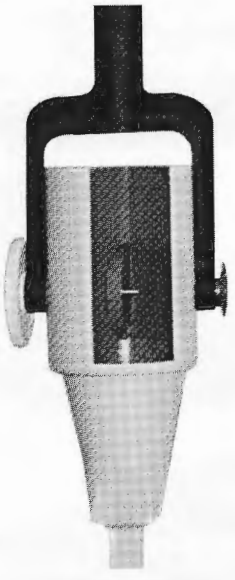
raised the cost of medical care. People cannot be deprived of these advances in medicine, even when they cannot pay for them. This puts pressure on the cost of health insurance, which has gone from $100 or so a year for families, to now, I just recently saw that health care would be up to $15,000 a year per family, and still not cover everything.

One reason that there was not much need for insurance and the like was because it was very limited what people, even hospitals and doctors could do. A doctor had a small pharmacopoeia of medicines or a small bit of surgery he could do, and it was not very expensive. An obstetrician, the same. So, the medical bills were not always that bad. There was more charity because we did not have a lot of expensive things that could run up a tremendous expense that the taxpayer did not want to pay for in charity. All they had to pay for was a doctor's office and the doctors did a lot of charity work. They still do, but not like they used to. Many doctors spent at least one day a week doing charity. I know I have spent many, many days doing charity work for no pay whatsoever and a lot of people spent a lot more time than I did. And you had a certain number of patients that came through your office. You knew they were charity. You did not even bother them. You would save money by not sending bills. You just took care of them.

We made house calls. Now, we send people to the hospital or to some emergency room somewhere. It would be a lot cheaper if we could do house calls, but that is a thing of the past. One reason house calls are not so successful is because we always want to do some of these elaborate, expensive tests on a patient. We quit doing good physical diagnosis, taking good histories. We could learn so much by taking a good history and doing a good physical examination, and we had to depend on those things. Now that we do not have to depend on those things, we have let them slide. We short cut it because we know an MRI, which costs $2,000 or $3,000 maybe and a trip to the hospital, will give you a lot more information than you get from a history and physical. So, that runs up the cost of medicine and it is getting more expensive all the time. They are developing equipment that is extremely expensive—costs in the millions of dollars. And when they become available, everyone is going to demand it regardless of what their financial status is and I guess they probably maybe have a right to it, but someone has got to pay for it.

*Mavis P. Kelsey, The University of Texas Medical Branch graduate, 1936.*

Another advance in medicine was the development of the radioisotopes. At the end of World War II, I returned to the Mayo Clinic and they had just introduced the use of radioiodine for treatment and diagnosis in thyroid disease. This was the first radioactive isotope to be used in medicine. We were experimenting with it at the Mayo Clinic when I came there and was assigned to that department. I took part in a lot of the early research in it. We used ourselves as subjects, not knowing the amount of radiation that would be harmful. I do not know what happened to the others doing the research, but it destroyed my thyroid and I have had to take thyroid medicine the rest of my life. And I am probably lucky that I did not get thyroid cancer, because a small amount of radiation can lead to thyroid cancer. Since then, there are literally hundreds of different treatments with isotopes and literally hundreds of tests using isotopes, and they are used widely in research and medicine. Of course, they are used all over the whole economy and different manufacturing and many other things.



*Cobalt-60 irradiator.* Courtesy McGovern Historical Collections, Houston Academy of Medicine-Texas Medical Center Library

When I was young and early in my practice, cancer, once diagnosed, was considered virtually incurable. If they could remove it surgically, that could be done. By the late 1940s or early 1950s, they were using radium inserts for treatment of cancer, especially cancer of the cervix, and they had some success with that treatment and x-ray treatments. This was the beginning of various kinds of radiation.

When I got to Houston in 1949, the cobalt-60 machine was being built and installed at M. D. Anderson Hospital. I believe that was the first one in the world. And since that time, numerous radiation therapies based on isotopes are widespread in use today.

When I joined the staff of the M. D. Anderson Hospital in 1949, there was no specialty known as oncology. It was only a few years later that there were people who specialized entirely in cancer. Even though there were cancer hospitals, there was no one that had been trained specifically in oncology or the whole clinical treatment/specialty of cancer diagnosis and treatment. As a matter of fact, there were not any treatments for it except for those I mentioned before—early surgery and some radiation. Most cancers we found, internal cancers, were already inoperable when we found them. We did not tell patients they had cancer because we knew they were going to die. We made some kind of lame excuses for diagnosis. But I think most patients realized they had cancer and did not push the subject of the diagnosis.

I mentioned oncology and I am thinking about chemotherapy. The earliest chemotherapy began in the 1940s, late 1940s or early 1950s. It started when they found that nitrogen mustard drugs had an anti-carcinoma effect and the field has expanded from that. There are literally hundreds of new cancer drugs. Some of them have been extracted from plants. Many of them have been synthesized.

# An Interview with Mavis P. Kelsey, MD

Interviewer: William H. Kellar, PhD, from the Center for Public History at the University of Houston

Date: July 19, 2004

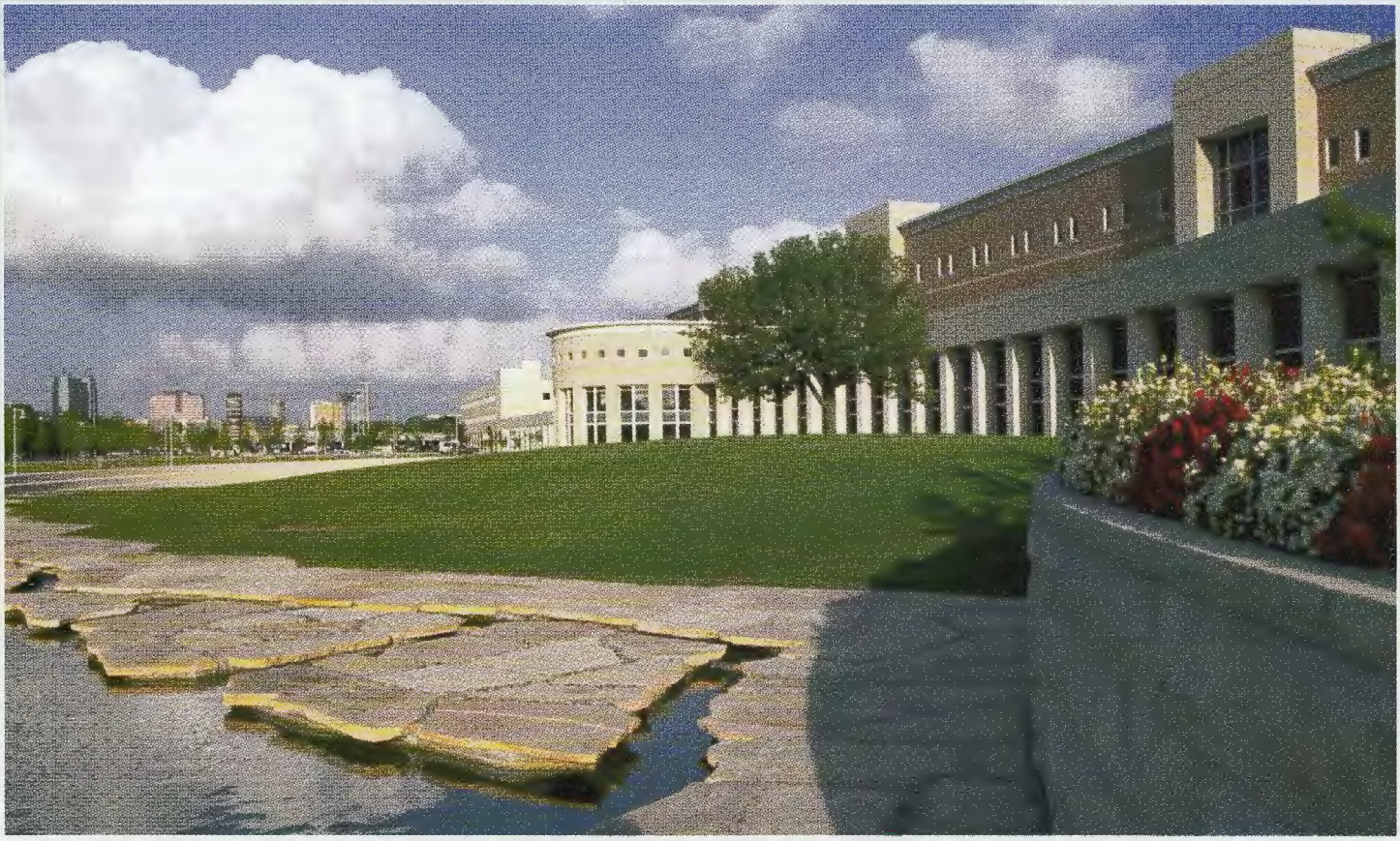
Courtesy Mavis P. Kelsey, MD

*WHK: Let's start by talking about changes in medicine over time.*

MPK: Well, my life span covers the days from the horse and buggy doctor to the high degree of technology we have today. My grandfather was a doctor and I rode in the buggy with him on house calls in the early 1900s. I watched the development of antibiotics, which was one of the most dramatic changes in medicine that occurred in the late 1930s and the early 1940s. The first one was the sulfa drugs. And then, Sir Alexander Fleming developed penicillin, which was used in World War II, and the antibiotic treatment for infections expanded to be a major part of medicine today and saved millions and millions of lives. One of the ironic things about it is that here is a great discovery—the antibiotics—and over time, bacteria have developed a resistance to antibiotics. And now, they have to try to find new antibiotics all over again.

I was at a drug store the other day and they showed me a package for the latest antibiotic. This packet was $750 for about a four to five day treatment. I thought it was mighty expensive when I went over there to get some pills that cost about $10 to $20 a piece. They put me in my place right away when they showed me this packet for $750!

There is no telling what will happen to the expense of medical care, which has increased dramatically in the past 75 years, especially in the last 25 years. For example, medication and the diagnostic tests that are so important and so necessary are extremely expensive and have



*Located just outside the Medical Center, the brand new, 250,000 square foot Kelsey-Seybold Clinic, Main Campus Building, opened in 1999.* Photograph by Tom Fox, Courtesy The SWA Group

# M. D. ANDERSON CANCER CENTER
# Children's Art Project™

*by Gail Goodwin*

**The Children's Art Project at The University of Texas M. D. Anderson Cancer Center ...still growing, still giving, and still all fired up!**

Balls bouncing. Kids laughing. Kids drawing. Kids studying. Videos playing. Kids cooking. Kids having fun. This is the ninth floor of M. D. Anderson's Albert B. and Margaret M. Alkek Hospital and it's a happening place. But on the child and adolescent floor, these children are also battling cancer.

These children, however, are still simply kids who have had their childhood interrupted by a life-threatening disease. Like any child, they like to play and have fun, but it is a lot harder to do the things that most kids do when they are dealing with cancer. That's where M. D. Anderson's Children's Art Project steps in. The art project works to help add an element of normalcy to these young lives.

At The University of Texas M. D. Anderson Cancer Center, the Children's Art Project is a virtual Santa Claus, funding many programs that make life better for children living with cancer. The office of the art project is one of those places where it's Christmas all year long. Summer camps, college scholarships, ski trips, in-hospital classrooms, child life workers, exciting activities for young cancer patients—the Children's Art Project funds them all, treating the whole patient as well as the whole family. The process from a child's simple drawing to the marketable product sold by the Children's Art Project is a long journey. It all begins with the very art classes where the artwork is created—classes funded by proceeds from the project itself.

### That was then...

It began with a volunteer's wonderful idea—art deemed pretty enough to be put on a holiday greeting card. This idea was presented to the dynamic Director of Volunteer Services, Paige Lawson, and the program took off from there. The Children's Christmas Card Project, now called the Children's Art Project, was born from that inspiration in 1973 at The University of Texas M. D. Anderson Cancer Center.

Art has always been a diversion for pediatric patients at M. D. Anderson, but in the early 1970s, that diversion became serious business. The Department of Volunteer Services began looking at the artwork produced by these young patients in a whole different light.

What if, they wondered, they could use some of these creations to make Christmas cards? And, what if they could sell these cards and raise money to fund special programs for the children?

Turns out that they could and they did. Over thirty years later, this little idea

All photos in this article are courtesy The University of Texas M. D. Anderson Cancer Center

The M. D. Anderson Cancer Hospital, which was in temporary quarters when I arrived in Houston, was on Baldwin Street at "the Oaks," the old Baker residence. Dr. R. Lee Clark was the newly appointed director of the hospital. Since then, they have built a hospital in the Medical Center which is today, I believe, the largest cancer hospital in the world right here in Houston, along with the Medical Center, which is also said to be the largest medical center in the world.

Another important advance which is so dramatic is the use of hormones, especially treatment with the corticoadrenal hormone, adrenal steroid hormone, cortisone. This was one of the major advances in medicine. I know that Dr. Philip Hench at the Mayo Clinic first gave cortisone to patients with rheumatoid arthritis and they had remarkable improvement. But they found out the side effects from large doses of cortisone were harmful. But meanwhile, through the years, they developed many corticosteroid drugs which, when properly used, have been a great advance in medicine. And other drugs have been developed that are of a similar nature for treatment of arthritis and many diseases.

*WHK: What do you think about the tendency towards increased specialization in medicine as opposed to the family practitioner?*

MPK: The knowledge of medicine has expanded to such degree that no doctor can be a Renaissance Man, so to speak, and know all there is to know about medicine. The result has been specialization. There has been specialization for a long time but even those specialists had to have general training. But now, medicine represents such a vast field of knowledge that doctors have to divide their interests. There is still a place for the general practitioner who can take care of the usual events, health events, that people have, and can refer them to proper specialists when the time comes to do so.

When the specialists, starting in the 1950s and 1960s, started taking over medicine, the general practitioners fell way behind and their status was declining. Now, we have begun to realize the importance of having the people who do general practice, which today is different from general practice 100 years ago or even 75 years ago. Back then, a general practitioner tried to do all kinds of surgery; for gallbladders, appendix, thyroid while also delivering babies and doing general obstetrics, and being a psychiatrist and all. Today, they call this form of medicine primary care. And these doctors doing primary care usually do not do any surgery except for the very most minor things and seeing their patients.

When I started in practice, I did practically everything in medicine except major surgery while I was in the Air Force up at the Aleutian Isles during World War II. There were not any women there so I did not deliver any babies.

Now, the board of certification is another advance. When I first graduated from medical school, there were no boards for certification. And now, probably several dozen boards certify physicians for different specialties: internal medicine, all the branches of internal medicine and the subspecialties. The same is true for surgery, neurology, and psychiatry. And this has been a great help for medicine because we have raised the standards of practice by having these boards, which certify doctors to be qualified.

*WHK: Could you comment a little about space medicine? We have gone from the horse and buggy to being able to have medicine for astronauts in space.*

MPK: When they first started flying airplanes, we realized that the human body was subject to many changes from gravity, low oxygen at high altitudes, ear, nose, and throat symptoms from low atmospheric pressure. The specialty developed. It was first called aviation medicine. Now, we have the space program and there are many different challenges for people who travel in space and the whole system has now been called space medicine. And one of the most important things is the effect of the loss of gravity, which has caused innumerable changes in the human physiology. The space program is limited, of course, to very few doctors because the space program is such an expensive program with only a few space ships in action all over the world. However, a lot of doctors want to get into it but there is just not room for many of them. There are a lot of advances that have to be carried out in space medicine and the future of space medicine, the future of space travel and all, is yet to be determined.

*WHK: Did you think in the 1940s and early 1950s that a cure would be found for cancer within, say, a decade or so, especially after M. D. Anderson opened?*

MPK: Well, people have always searched for a cure for cancer. At first, the idea was that there would be one cure that would be found and, as time went on, we found out that there are many different types of cancer, many different causes of cancer, so this business of finding one cure for cancer has been relegated to the trash pile. We now are trying to find cures for the several hundred different cancers or varieties of cancer. The treatment for one is totally different than the treatment for another. So, the constant search for curing cancer goes in many, many lines—hundreds of different lines. Hematology—diseases of the blood. Neurology—cancer of the brain. Cancer of the gastrointestinal tract. These all have different causes.

We also have a lot more interest in preventing cancer today. We know, for example, a lot about the causes of cancer. We know that many environmental factors are causing cancer. At one time, we did not have any idea about the cause of cancer. We just said, the cause of cancer is unknown, and no one even expected to find a cause for cancer or causes for cancer like we found today. We continue to discover drugs and habits and foods and other things that influence the development of cancer or even the cure of cancer or the prevention of cancer. It has opened up a wide field of research, a wide field of treatment that I think no one ever suspected when I came to Houston in 1949.

*WHK: What about some of these diseases that seem to be new diseases like AIDS or things like this SARS virus?*

MPK: We have discovered new diseases. There had been a time when numerous birth defects, hereditary diseases, were all lumped together. We began to break down and find out these dozens of different diseases—many of them genetic in origin and hereditary—are due to mutations in the line. We also have new diseases from infectious origin that we did not have before. For example, AIDS—Acquired Immunodeficiency Syndrome. I can remember when the first one of these diseases was pointed out and at that time, we

*Continued on page 55*

cards in all bank branches. Texas Commerce Bank (Chase Bank in 1998) was first to send mini brochures in bank statements. Corporations licensed designs for corporate use—beginning with Scott Paper producing napkins and placemats. Pizza Hut sold cards in its restaurants and printed card coupons on boxes. Today, print partners, corporate shippers, retailers, and other community friends continue to support the Children's Art Project.

One of the most significant influences on the growth of the project, however, was the offer of donated floor space for holiday product sales by Randalls grocery stores in 1986. With the success of this program, CCCP applied to the University Cancer Foundation in 1990 for a $400,000 loan to hire a marketing consultant to help build the project's presence in the grocery industry.

Today, cards and gift items are sold in more than 2,500 retail outlets in Texas, Louisiana, Oklahoma, and Florida and a few locations in Colorado, Kansas, and New Mexico. Grocery stores, including Albertson's, Fiesta, HEB Grocery Company, Kroger, Publix Supermarkets, Randalls, Safeway, Texas CVS, and Vons chains, display fixtures stocked with cards and other paper products. Other types of retailers, including Foley's, Palais Royal, Bealls, and a number of area car washes, also have these fixtures. The fixtures are monitored through the Adopt-A-Store volunteer program, which helps to keep them tidy and stocked with products. Retailers who carry the Children's Art Project cards and products make no profit. Their store space is donated and they consider this a community service.

## Now it's the Children's Art Project—what's going on...

As the project grew, it naturally expanded into a year round program. In 1991, CCCP unveiled "Spring Things," the first everyday greetings collection. Art from pediatric patients at M. D. Anderson Orlando was introduced into the holiday collection in 1993 and retail and direct mail sales in Florida were launched. With the addition of the spring line, a new name was in order. The Children's Art Project (CAP), along with a brand new logo, was unveiled in 1995 in order to better reflect the year round nature of the project. The first Valentine collection followed in 1996.

Keeping up with business trends, in 1997 CAP launched its Web site, www.childrensart.org, and established an online store. By 1998, the business generated a record $1 million in proceeds for allocation to M. D. Anderson patient programs. The same year, CAP published its first-ever children's book called *Bunnies in my Head.* Written and illustrated by award-winning author Tricia Tusa, the book features an afterward by Barbara Bush and was marketed as a special CAP 25th anniversary keepsake.

Though CAP staff members have increased from three in 1985 to the twenty-seven on staff today, volunteers are still the heart, soul, and backbone of the CAP work force. They are involved in every aspect of the project—from taking product orders, shipping packages, assisting with accounting, and taking inventory, to curling ribbons for special giveaway card packages. Some work almost full-time and have their own desks, offices, and telephone lines. This core group of volunteers is supplemented by corporate and community groups who come in to work on special projects during holidays. Across the country, volunteers deliver products to retail outlets, sell products at no profit at their stores, and promote the project through the media and word-of-mouth—all adding up to the fact that CAP volunteers are responsible for 90% of the work accomplished by the project. In 2003 alone, volunteers donated almost 505,794 hours to the project—the equivalent of more than 240 full-time employees.

In addition to retail outlets, the Children's Art Project attends off-site shows all over Texas, Louisiana, and Alabama to sell their cards and gifts. Here, too, volunteers are an important aspect of the success. Those who work the shows set up, sell and take down, and pack up the remaining products. The project also holds an increasing number of "Table Top" events—displays and sales in private homes to introduce a community to M. D. Anderson and the Children's Art Project.

In the project's own backyard, products are sold in all M. D. Anderson gift shops and through special employee task force sales—all staffed by volunteers. Consignees such as church groups, banks, gift shops, and individuals also take an assortment of inventory to sell and return all monies to the project.

The Children's Art Project opened its first full retail establishment in the fall of 2000. In space generously donated by Uptown Park Shopping Center, the art project sells its full line of products and inventory. The store, called the Children's Art Project Boutique, opens its doors from 10 a.m. to 6 p.m. Monday through Saturday.

From a community/professional/staff task force established in 1998, a strategic plan was developed for the art project. It was obvious to all involved that while CAP was holding on to its big heart, it had also become big business. Today, the Children's Art Project is known around the world as one of the oldest, largest, and most loved charitable card projects.

The spirit of giving has been the success of the Children's Art Project. As CAP has grown, so has the progress in treating pediatric cancer. Today some 70% of children with cancer will survive. That makes CAP's mission of providing emotional, educational, and social support even more important as these children grow up to lead productive adult lives.

Today, through worldwide sales of young cancer patients' original artwork featured on seasonal note cards and gift items, the project has funded millions of dollars of programs that benefit cancer patients and their families.

The Children's Art Project is still growing, still giving, and still all fired up. It is a celebration of volunteers, individuals, community partners, and corporations working together to make life better for children fighting cancer. ■

Gail Goodwin is a Senior Communications Specialist at The University of Texas M. D. Anderson Cancer Center where her primary responsibilities are with the Children's Art Project and the Department of Volunteer Services. Prior to her current position, Gail was the editor of two local parenting publications, *Our Kids Magazine* and *Houston Family Magazine*. She remains an involved community volunteer. A graduate of The University of Texas at Austin, Gail is married and has three grown children.

has grown into a full-fledged business that each year funds patient-focused programs at M. D. Anderson, most of them benefiting pediatric patients.

The volunteers from back in 1973 would be amazed to discover that the idea has grown into a more than $6 million, year-round business. Over the years, the art project has allocated more than $18.5 million to fund patient programs at M. D. Anderson. It helps keep up the spirits of pediatric patients as they undergo treatment, by providing a comprehensive psychosocial program. With funding from the project, M. D. Anderson is better able to offer programs that address the educational, recreational, and emotional aspects of treatment. They treat the whole child, not just the disease. Many of the children participating in the art project have grown up and gone on to lead healthy, active lives. Diagnosed with cancer at an early age, they have fought their battle and won.

### What came in between ...

For its first 26 years, the Children's Christmas Card Project (CCCP) operated under the umbrella of the Department of Volunteer Services at M. D. Anderson. However, in November 1999, the project became its own department under the Office of Public Affairs with its own executive director.

Twenty-seven full-time workers staff the project, but volunteers remain central to making this project so successful. This was certainly true in the early years. During the first holiday season, volunteers used hospital gurneys as work tables, hand-packaging Christmas cards with brown paper and string for sale to M. D. Anderson employees. From the beginning, these helpers had their hands in almost every element of the project, and were proud to sell 9,000 cards that first holiday season. They sold three different card designs in 1974. Although these simple cards used minimal color, they sold out within a week, returning $588 in profit to M. D. Anderson programs.

The project captured the imagination of everyone who learned about it, and sales quickly expanded beyond the institution walls. In fact, in 1976, President and Mrs. Gerald Ford's Christmas card came from CCCP. Support from other national figures such as President and Mrs. George H. W. Bush, Lady Bird Johnson, Houston Oiler Earl Campbell, dancer/choreographer Tommy Tune, baseball great Nolan Ryan, author Erma Bombeck, and actress Sissy Spacek continued to increase the visibility of the project in Houston, throughout Texas, and around the country.

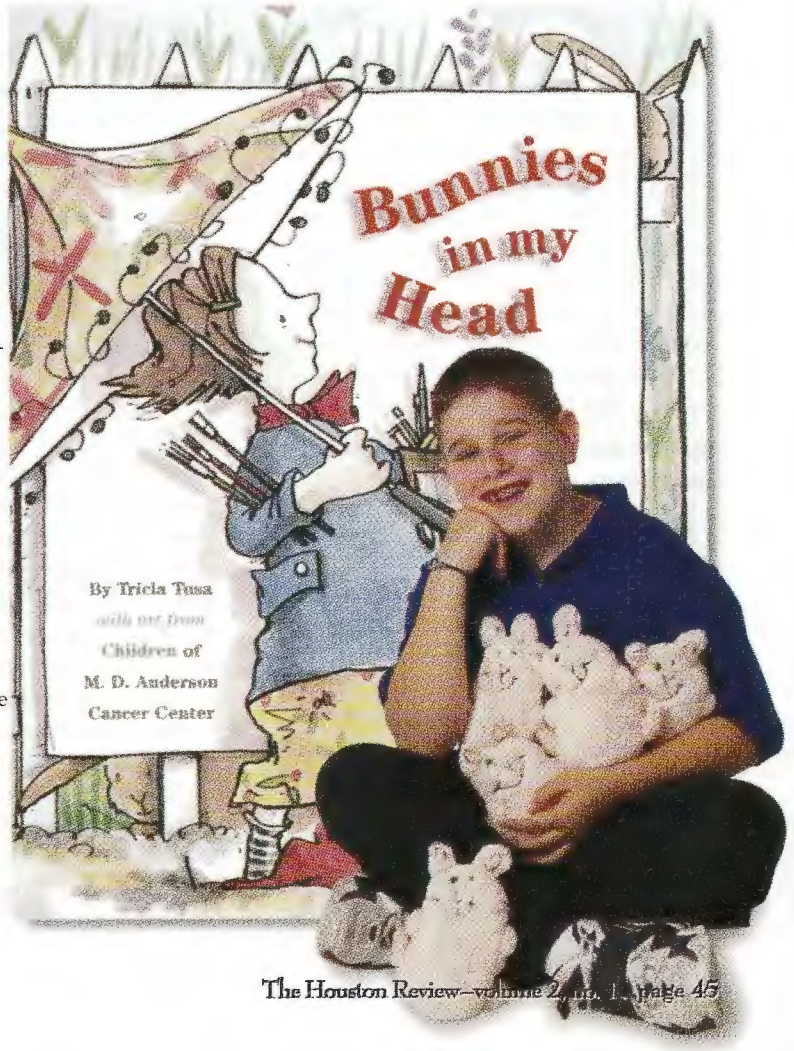
Along with its young artists, CCCP grew up, responding to ever-changing business trends. In 1977, the project funded an art teacher to direct the pediatric art program at M. D. Anderson. Under professional tutelage, the project's range of art mediums expanded. From simple crayon drawings, the children began to use watercolors, colored markers, tissue paper collages, and more. Hanukkah cards were added to the collection for the first time in 1978 and holiday ornaments were introduced as the first gift item a decade later.

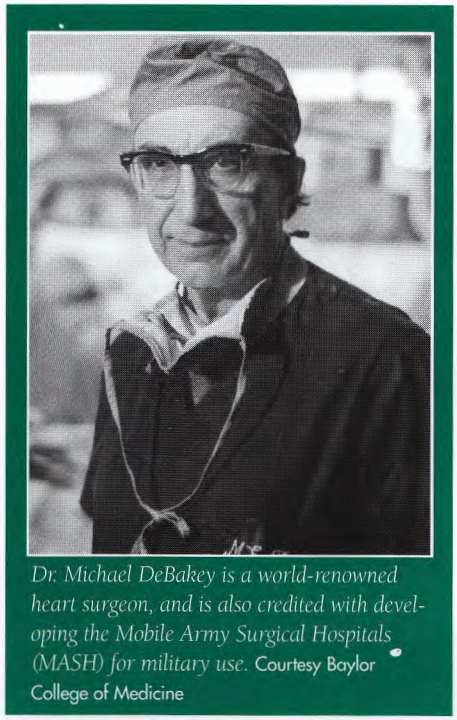
With its growing product line, the maturation of the business side of the project began. The first holiday brochure was printed in 1979. It was a far cry from the 36-page catalog now printed each year for the holidays, but it was a great start. CCCP graduated to mass marketing in 1980 when it produced its first television public service announcement, featuring Lady Bird Johnson.

A logo for the project, then still called the Children's Christmas Card Project, first appeared in 1981, but the appearance of computers in the office in 1983 really sent the project in a whole new direction. The donation by Arthur Andersen of five computers, staff training to use them, and a 1-800 phone number added for customer orders, brought CCCP into the twentieth century.

The project has always benefited from community support. In past years, the Sakowitz department stores donated space in four stores to sell cards, the Glassell School of the Museum of Fine Arts, Houston, provided art volunteers, and Ninfa's restaurant provided refreshments for kick-off parties.

Cards were sold in area banks with First Interstate Bank being the first to sell





*Dr. Michael DeBakey is a world-renowned heart surgeon, and is also credited with developing the Mobile Army Surgical Hospitals (MASH) for military use.* Courtesy Baylor College of Medicine

Center and it was managed by The University of Texas Health Science Center at Houston.

Texas Medical Center extended membership to the nearby Veterans Affairs Medical Center in the mid-1980s. Under Dr. DeBakey's leadership, this particular hospital was managed by a Dean's Council, which gave it a prestigious academic home in Baylor College of Medicine. Dr. DeBakey also invited the Houston Independent School District to establish a special high school where students could prepare for college work in the healthcare field. Recently renamed the Michael E. DeBakey High School for Health Professions, it ranks as one of the top high schools in the nation.

There are countless superlatives that can be used to describe the work going on daily in the Texas Medical Center. Dr. Richard E. Wainerdi, current president of the TMC, comments that people who come to the campus often remark, "I had no idea!" when they see its scale. Today, there are two medical schools, four schools of nursing, two colleges of pharmacy, affiliations with nine systems of higher education, thirteen hospitals, two specialized care facilities, the second largest medical library in the nation, its own laundry plant, its own newspaper, and everything else that can contribute to the steady growth and operation of such a campus.

There is a story about how each of the forty-plus member institutions began and how each came to join the Texas Medical Center.[15] Each story tells of hundreds of people who have devoted their lives to healthcare and have done so with distinction. Many institutional histories have been written about the schools and hospitals, and many personal journals have been recorded by doctors and others who have devoted their professional lives to patients, students, and research in the Texas Medical Center.[16]

A burst of activity in the Texas Medical Center began again in the mid-1980s with the naming of Dr. Wainerdi as president. When he came to the Texas Medical Center, he already had served in adjunct and advisory positions at both The University of Texas M. D. Anderson Cancer Center and Baylor College of Medicine. He had watched the Texas Medical Center grow and develop for about twenty-five years before he became head of the corporation.

Soon after he took office in 1984, the TMC had an opportunity to purchase the Shamrock Hilton Hotel from the Hilton Corporation. Dr. Wainerdi recognized that the Texas Medical Center would lose its campus-like environment if it continued to add facilities without adding more land. With the hotel came twenty-two acres of land, which Texas A&M and The University of Texas now use for research facilities. A few years later, TMC was offered at a favorable price some of the land held in the Bob and Vivien Smith Estate, south of the medical center. Today, Texas Children's Hospital has its support services building at that location, and some land is being used for parking. Recently, Nabisco—the cookie maker— decided to close its Houston plant on Holcombe Boulevard and Almeda Road, across from the Veterans Affairs Medical Center. TMC purchased the land and is renovating that beautiful industrial plant, maple floors and all, into a multi-use building that will be office and classroom space for at least five member institutions. There have been other smaller purchases and gifts of land by the Texas Medical Center and many assignments of building sites by the corporation as its member institutions have requested room for expansion.

Texas Medical Center took on a new role recently when it built on its most prominent vacant tract in the middle of the original campus. The John P. McGovern Texas Medical Center Commons opened in the fall of 2002 to give students, staff, visitors, and patients a much-needed place to have a quick, nutritious meal, or to bank, buy gifts and flowers, or hold a meeting. The stunning cream and ebony building is primarily a garage, but with two waterfalls cascading six floors on the exterior, it is a playful centerpiece for the campus. During the years that Dr. Wainerdi has been head of the Texas Medical Center, its member institutions have built an impressive skyline that is easily recognized today as Houston's second downtown.

## What If It Had Never Happened?

It is difficult to imagine Houston without the Texas Medical Center. Of course, there would have been new hospitals, but chances are they would have been scattered throughout town and that the medical staff of one would not necessarily know anyone at another facility. This condition does not favor research nor does it create a climate where the brightest students wish to come. The support that Houstonians have always given is a major reason to believe that the Texas Medical Center's establishment was part of the city's destiny.

All through the years, Houston's civic leaders have been involved. In the mid-1980s, Richard J. V. Johnson, then publisher of the *Houston Chronicle*, served as chairman of the TMC Board of Directors. Prominent Houston attorney William C. Harvin followed Johnson as chairman, and he too spent many years as a board member. When David M. Underwood became chairman in 1992—a post he continues to hold today—he was following a tradition of board service upheld by his father and by his grandmother Ella Fondren, who had given generously to several of the TMC member institutions. This same story of support can be found among the many members of the board.

What the original board members achieved, and what the subsequent boards continue to do, is to clear the path of obstacles and make it possible for the outstanding doctors, nurses, and other health professionals to concentrate on what they

ers have maintained their original names. The list has grown to over forty member institutions of the Texas Medical Center, but the mission has always been to provide the best in not-for-profit healthcare for patients, the best in academic training for health professionals at all levels, and to support medical research.

With its charter registered, the Texas Medical Center began making gifts of land from its original acreage. Often, recipients of the land found that the M. D. Anderson Foundation was ready to contribute substantial funds for their building programs. A major grant was even given to Hermann Hospital to support its expansion plans at the same time that other hospitals were given money to come build a facility nearby. From the beginning, Texas Medical Center member institutions had a spirit of competition and cooperation that worked hand-in-hand.

Growth continued through the 1950s, 1960s, and 1970s, with many organizations joining the Texas Medical Center. Perhaps the most unusual expansion came with the addition of a second medical school, this one being a public school owned by the State of Texas, the University of Texas Medical School at Houston.

National recognition came in great part because of the achievements of the doctors who had long distinguished careers at Texas Medical Center. Michael E. DeBakey, MD, who had arrived as a young doctor from Louisiana, became a household name around the world in part because he performed an aortal aneurysm surgical procedure, which was broadcast via television satellite all over the world. Then, there was Roger Guillemin, MD, PhD, winning the 1977 Nobel Prize in Medicine for work conducted while he was at Baylor College of Medicine. Many celebrities came to doctors in the Texas Medical Center with perhaps the first such incident being the Duke and Duchess of Windsor checking into The Methodist Hospital to receive care from Dr. DeBakey. Dr. William Spencer was already known nationally for work with polio victims when the institute he headed, TIRR (The Institute for Rehabilitation and Research), started a Spinal Cord Injury Program that became the model for the nation's disability centers.


*Since beginning in 1976, Memorial Hermann Life Flight has flown nearly 70,000 missions.* Courtesy Memorial Hermann Hospital

James H. "Red" Duke, MD, founded Memorial Hermann Hospital's Life Flight in 1976 as one of the first emergency medical air transport systems in the nation. He went on to become a radio and television celebrity with his excellent medical and health advice delivered with a dose of humor. Meanwhile, Texas Children's Hospital successfully used space technology to care for David, the "Bubble Boy," for over twelve years, inspiring many wonderful stories that featured Texas Children's Hospital and its doctors in national media. In 1969, Dr. Denton A. Cooley became the first heart surgeon to implant an artificial heart in man. Through the years, thousands of people worldwide came to him for cardiac care, and he was awarded the nation's highest civilian award, the Medal of Freedom.

Other distinguished doctors gained national and international reputation in their respective fields through the organizations they served. One example of many is Dr. Charles A. LeMaistre, who served as president of the American Cancer Society in addition to heading The University of Texas M. D. Anderson Cancer Center. Through the years, professionals in the Texas Medical Center have headed many national health organizations. In 1998, Ferid Murad, MD, PhD, chairman of Integrative Biology and Pharmacology at The University of Texas Health Science Center's Medical School, was awarded a Nobel Prize—the second one for a Texas Medical Center physician.

In addition to those in the medical and health profession, many civic and political leaders made significant contributions to the Texas Medical Center. In 1984, Harris County Judge Jon Lindsay and Lieutenant Governor Bill Hobby spearheaded the drive to establish the Harris County Psychiatric Center, a joint county/state facility. It not only would care for patients, but also was to house a county probate court so the patients would be spared having to be transported with heightened security to Houston's downtown courtrooms. From its beginning, the Harris County Psychiatric Center was a member institution of the Texas Medical

made her popular in the pediatric ward but often a spectacle in other settings. For all of Cobb's psychological training, she was blissfully ignorant of how others perceived her. In 1956, for example, she addressed a group of science writers that Ross Cumley had assembled in Houston. Intended as a serious presentation of current psychoanalytic theory, her speech dripped "Freudianisms" like a wet sponge, and the writers found it hilarious and impossible to suppress laughter. In the agony of stifling themselves, they grew red-faced and teary-eyed, emitting raspy, roof-of-the-palate nasal grunts. When Cobb finished, left the room, and was out of sight, they unleashed waves of spontaneous, uproarious guffaws that rippled down the hall. Cobb heard the noise, misinterpreted it as applause, and returned for an encore.[8]

Although Cobb was well meaning and big-hearted, sincere as well as silly, floating through the corridors looking for good deeds to perform, she also possessed an innate, unintentional talent for annoying some people. Like a schoolgirl with a crush, she buried Clark in letters, memos, and requests, demanding more and more of what little time he owned. She showered him in praise, earning a reputation among the staff for syrupy sycophancy. In a 1951 memo, Cobb told Clark, "I do wonder if you realize just how deep and sincere is the love and reverence with which the people of M. D. Anderson regard you and your leadership...You have the very rare ability of inspiring people by just being yourself." Clark had little need for ego transfusions, and her excesses soon wore thin. "A little bit of Beatrix went a long way," remembered a colleague. In October 1954, when Marion Wall, Clark's executive assistant, passed on the latest of Cobb's requests for an appointment, Clark curtly noted, "Make it pertain to cancer." At first, Clark and the staff tolerated Cobb's idiosyncracies; some even found them endearing, affectionately referring to her as "Bizz" or "Beazy." And the training program she envisioned for psychologists seemed pregnant with potential.[9]

Soon, however, Cobb lost political traction. A frustrated Clark told her to "show a good performance of activity under the present administration [and] complete [your] old research projects." Clark loathed the jargon in her proposals, complaining on one occasion that "the language and viewpoint is that of psychology rather than medicine, biochemistry or physiology. As a matter of general reaction it is too much so! With excess 'wordiness' and verbiage that seems to be an attempt at elaborateness rather than a simple explanation of what is proposed. The [proposals] are obscure and the definite goals remote." Eleanor Macdonald, head of epidemiology at the hospital, complained that some of the proposals coming out of medical psychology suffered from serious design flaws. Edna Wagner claimed that Cobb had mastered "the psychological phrases and terminology, but applying them is a very different proposition." Not surprisingly, when Cobb scored with an article in *The Journal of Pediatrics*, she left no stone unturned making sure Clark knew about it.[10]

In addition to research shortcomings, Cobb's medical training program for psychologists never blossomed. She failed to secure final approval from the psychology department at UT Austin. Widely known across campus as a political quagmire, the UT psychology department would have tested the skills of the most consummate politician, and if anything, Beatrix Cobb was not a politician. She had made enemies there over the years, not the least of whom was Carson McGuire, her thin-skinned PhD advisor who had tired of her and concluded that the physicians at M. D. Anderson had treated him badly during his service on the advisory council. Cobb told Clark that McGuire's opinion of M. D. Anderson had degenerated into a combination of "wounded innocence and biting hostility." To salvage the program, she tried to work out an arrangement with the University of Houston, even though she knew that there was a "time when we were opposed to aligning ourselves with the University of Houston because of the newness of our own program and the caliber of work there." Nothing came of the proposal, and in her 1957–1958 report to Clark, Cobb confessed that only one post-doctoral fellow had participated in the educational program, bringing the seven-year total to three pre-doctoral and two post-doctoral fellows, hardly enough, in Clark's opinion, to even justify use of the term "program."[11]

In other ways, Cobb's hobby horses struck Clark as lunacy. In December 1955, she urged on him an "executive development program"—weekly Cobb-led group therapy sessions for the hospital's leading physicians. She wanted Clark, Cliff Howe, Gilbert Fletcher, Bill Russell, J. B. Trunnell, Ed White, and Grant Taylor to constitute the first group, with Clark taking the lead: "You are strong enough and well adjusted enough to start the ball rolling by accepting some responsibility for the situations which have caused some frustration...with the leadership of a skilled group therapist, you would very soon get to the reasons that underlay the excuses often given for failure to cooperate or follow through." Clark could think of better ways to kill a few hours a week than plumbing the catacombs of Ed White's Id and uncoiling the tangles in Gilbert Fletcher's Superego. He rejected the proposal.[12]

Cobb also promoted the virtues of psychotherapy and psychoanalysis in clinical settings. Cancer patients, she was convinced, suffered from a variety of emotional maladies, including a "loss of self-respect," "self-pity," "fear of death," and the anxiety disorders and depression accompanying them. All but peripatetic in her clinical energies, Cobb would, in Edna Wagner's words, "lie in wait for new patients that are admitted...[she] goes to see them immediately, although she has no idea what plans have been made." Without addressing psyches, Cobb insisted, the hospital would never fulfill its mission of treating the whole patient. In 1954 and 1955, as patient loads increased, Clark acknowledged her as the hospital's chief psychologist and hired new professionals to augment the staff. He even permitted some initial forays into clinical, in-house psychotherapy.

Complaints from clinicians soon derailed the program. Sigmund Freud, after all, had spent nearly a decade in weekly sessions psychoanalyzing his own daughter, Anna. Weekly psychoanalytic sessions for thousands of patients would overwhelm institutional resources. Clinicians also complained that the psychologists were consuming too much of

## TEXAS MEDICAL CENTER GROWTH 1963-2002

| | 1963 | 1973 | 1983 | 1993 | 2002 |
|---|---|---|---|---|---|
| Patient Visits | 806,656 | 1,252,268 | 2,200,000 | 3,087,664 | 5,100,000 |
| Licensed Beds | 2,641 | 3,486 | 4,520 | 6,694 | 6,176 |
| Students | 2,011 | 5,002 | 4,520 | 11,200 | 19,332 |
| Employees | 9,031 | 17,586 | 28,633 | 54,774 | 61,030 |

*Source: Texas Medical Center Public Affairs*

do best. From the beginning, all board members for the Texas Medical Center served without remuneration and most of them served for many years. The names on the buildings throughout the Texas Medical Center campus often reflect major contributions in both time and money by men and women who were, and are, on the board.

Dr. Wainerdi, who has watched the Texas Medical Center during its extended growth, makes dozens of speeches every year to groups wanting to know more about the Texas Medical Center. After perhaps thirty minutes of facts and figures to bring alive the story of the Texas Medical Center, he often ends his remarks by quoting the former First Lady Barbara Bush, who called the Texas Medical Center "Houston's gift to the world." It is a gift that was made possible first by the selfless dedication of Monroe D. Anderson and Dr. Ernst Bertner, and then by those who followed them in building Houston's second downtown. ■

*Aerial view of Texas Medical Center, with the Shamrock Hotel in the bottom left corner, ca. 1950s.* Courtesy Houston Metropolitan Reseorch Center, Houston Public Library

*Dr. R. Lee Clark, President, M. D. Anderson Cancer Center and W. Leland Anderson, M.D. Anderson Foundation* Courtesy McGovern Historical Collections, Houston Academy of Medicine-Texas Medical Center Library

plasms." McGuire graciously offered co-authorship to Trunnel and Howe, but they begged off, wanting nothing to do with what they considered to be a hodge-podge of clinically unsupportable jargon. Clark too backed away and left to Cobb the dirty business of mending fences with her mentor. "The consensus of opinion [at M. D. Anderson] is against release of the paper, or any other promulgation of theory at this time," she wrote. Clark then made his feelings about cancer personality theory abundantly clear, telling Cobb to change the name of her section, dumping the title "Section of Psychosomatic Medicine" for "Section of Medical Psychology."[18]

Early in 1957, Clark began sorting out the relationship between the section of medical psychology and the Department of Medicine, and in June he issued a blunt memo to the hospital's professional staff. Psychiatric or psychological evaluation of patients would take place only at the request of a referring physician; psychologists would confine themselves to testing and evaluation, not diagnosis, and would only treat patients under the direct supervision of a psychiatrist. "Intensive long-term psychotherapy," Clark continued, "is not considered appropriate in this setting." Patients needing long-term psychotherapy would be referred to "appropriate individuals or agencies as recommended by the Psychiatrist." Finally, he set new limits on medical psychology; henceforth, staff psychologists would help patients adjust emotionally to their illness and its treatment and manage "immediate personal problems arising from, or complicated by, one or both of the above," but nothing more. Finally, he insisted, to the delight of clinicians, that "medical diagnosis, final disposition and management remain the responsibility of the referring physician."[19]

Both Dr. Dorothy Cato and Cobb chaffed at being part of the Department of Medicine and yearned for independent status. Psychiatry, they recommended to Clark, should be liberated from medicine and given its own departmental status, equal to medicine, surgery, and radiology. Psychology too should secede and enjoy autonomous departmental status as a basic science, on a par with physics, biochemistry, and biology. "I would not continue to request this status with the knowledge that you do not want to grant it," Cobb said, "if I could see any way at all of operating an effective program the way it is...physics, biochemistry, and just recently biology operate with administrative autonomy, not under clinical supervision."[20]

The proposal collided head-on with a brick wall of entrenched attitudes among scientists and clinicians, and Cobb knew it. "I am aware of your administrative problems in making a decision on this score," she wrote Clark. In the eyes of M. D. Anderson's most influential physicians, especially the surgeons, the only thing worse than a psychiatrist, or a cockroach, was a psychologist. At Clark's request, surgeon Ed White minced few words expressing his disdain. "It has been well stated," he told Clark, "that ten minutes of the treating physician's time spent in answering the patient's questions and bringing assurance to him is worth more than hours of psychiatric study or psychological testing." M. D. Anderson's "money, time, personnel, and space would better be devoted to other fields." Finally, he contemptuously dismissed psychology and psychiatry, citing the "wholly unsatisfactory position of this field as a science and as an art in medicine to-day."[21]

Weary of the bickering, in July 1958 Clark delivered a death sentence to medical psychology and psychiatry, terminating hospital services in both areas. In a damage control letter to Robert Sutherland of the Hogg Foundation, he explained the decision, citing Cobb's failure to secure backing for the medical training program in Austin and the fact that "support from our own medical staff, which would have made Cobb's program productive in spite of the lack of graduate affiliation, began to decline, due perhaps, most of all, to personality differences." Ever the optimist, Cobb's last letter to Clark expressed "appreciation for your many courtesies during the seven years we have worked together... especially your backing during the past two stormy years." She then left Houston for the psychology department at Texas Tech. Other members of the staff landed on their feet as well. Robert Lansing joined the psychology faculty at UT-Austin; Fred Damarin headed off to the University of Illinois; and Alan Krasnoff accepted an appointment at the Washington University School of Medicine in St. Louis.[22]

Annihilating the program, however, did not mean that Clark had abandoned interest in the emotional needs of cancer patients. "We believe," he wrote in 1958, "that the cancer patient must be considered in his entirety, and the impact on the mental attitudes of both patient and family...We would be most remiss if we did not consider that the patient had a mind, as well as the possibility of fatal disease." What he had done was eliminate a dysfunctional department. Clark promised the Hogg Foundation that he would eventually jumpstart the program, this time under the supervision of a medical doctor trained in psychiatry and neurophysiology. "We could then obtain the necessary cooperation from the clinicians to re-implement our program gradually, bringing in the psychologists as the need developed."[23]

A generation would pass before anybody at M. D. Anderson again perceived the need. Not until the 1970s, when improved cancer survival rates left many people with full lives to live, did Lee Clark and his successor Charles LeMaistre reconsider the merits of medical psychology as a significant component of patient care, and then only in the context of rehabilitative medicine—how, for example, a child with an amputated limb or a woman with a mastectomy could restore a sense of normalcy to their lives. In the 1980s and 1990s, medical psychology at M. D. Anderson would reemerge, focusing not on mystical notions of cancer-prone, debilitated personalities, but on the behavioral dimensions of cancer prevention, rehabilitation, and improved survival time. ■

their time trying to get an emotional handle on patients, exacerbating the traditionally strained relations between the two disciplines. Finally, to many it appeared that Cobb was trespassing on sacred ground, blurring the fault line dividing psychologists and physicians; some even accused her of masquerading as a "real" doctor. "Miss Cobb has consistently and grossly misinterpreted her role," complained Edna Wagner.[13]

Cancer personality theory, however, drove the real wedge between clinicians and psychologists, revealing the true source of Carson McGuire's animosity and spelling doom for Beatrix Cobb's career at M. D. Anderson. In the 1940s and early 1950s, the rage in psychotherapy circles was the New York-based, Austrian-born, and Sigmund Freud-trained Wilhelm Reich, who claimed to have identified a link between "orgastic potency" and personality disorders. Men and women who had experienced difficulty moving through the "genital stage" of childhood, Reich claimed, were more likely to find themselves deficient sexually, unable to achieve "orgastic potency." After immigrating to the United States, Reich claimed to have discovered "orgone energy," an ethereal force in the universe that animated the movement of subatomic particles and manifested itself in human beings by controlling sexual drives and governing "orgastic potency." Such sexual forces, if lost, could trigger chronic illnesses; healing could only come through Reichian therapy, which restored orgone energy. Conveniently for Reich's pocketbook, patients had to purchase time in his "orgone accumulator," a simple, cardboard contraption that looked more like a rickety outhouse than a laboratory.

Cancer patients occupied center stage in Reichian theory. Cancer appeared, he claimed, in the lives of people experiencing "deep anxiety, deferred hope, and disappointment." Cancer patients had a "bio-emotional disposition to cancer" because of "orgone depletions." They possessed mild emotions and lived in a state of perpetual resignation and "painful acquiescence." They had no hope about life. At the core of their being, they suffered from "chronic emotional calm," which depleted orgone from their cells and triggered malignancies. They were sexually repressed and dysfunctional, unable to

*Edna Wagner, director of social work, at the annual research conference dinner, ca. 1958.* Courtesy Historical Resources Center, The University of Texas M. D. Anderson Cancer Center

achieve normal orgasm. Aversion to sex, he argued, was carcinogenic. Reichian psychotherapy would liberate cancer patients from the bondage of sexual repression, and orgone-replacing stints in his accumulators would help cure them. Most physicians considered Reich a nut, labeling him the "prophet of the better orgasm" and the "founder of the genital utopia."[14]

In 1954, the Food and Drug Administration went after Reich. When FDA scientists asked him to explain the biology and physics of orgone energy, he petulantly responded that they were not sophisticated enough to understand his work. He refused to defend his treatments or provide data proving their efficacy. The FDA secured a court order prohibiting Reich from selling accumulators, but he ignored the injunction. Federal courts found him in contempt and sentenced Reich to two years in the federal penitentiary in Lewisburg, Pennsylvania, where he died in 1957.[15]

The notion of a "cancer personality," however, survived in Beatrix Cobb's medical psychology section. "In her neurotic desire to please," argued one staff member, "she has a tendency to make patients fit the theory." Following the trend like a true believer, Cobb had moved beyond assessing the emotional impact of cancer patients to divining the psychological etiology of neoplasms. If the causes of cancer were emotional, Cobb had concluded, then every M. D. Anderson patient needed psychotherapy, a prospect that terrified Edna Wagner. "The fact that a patient comes to Anderson Hospital for medical care," she complained to Clark, "does not assure he has an emotional conflict or that he wants to discuss it with anyone. In fact, he will be prone to resent the idea that he must turn himself inside out and discuss the intimidate [sic] details of his life, as the price of medical care."[16]

Cobb and her staff pursued cancer personality theories relentlessly. At an advisory council meeting on April 9, 1953, they raised the possibility of studying "precursor psychological stimuli" to cancer. In another memo, Cobb talked of the need to explore the "interaction between the psychological aspects and physiological aspects of an individual which might give a clue to the instigation of cancer growth." She circulated claims that "stress and separation anxiety," along with feelings of "hopelessness," "helplessness," and feeling "lost" triggered leukemias and lymphomas, and that cancer patients in general appeared to possess personalities that "thrive on dependency."[17]

Smoldering tensions ignited in 1953. Cobb had organized a session—"Medical Psychological Study of the Cancer Patient"—for the San Antonio meetings of the Southwestern Psychological Association. McGuire delivered a paper entitled "Behavior Research Theory and Investigations Under Way." John B. Trunnell, head of experimental medicine at M. D. Anderson, also presented at the session, as did Dorothy Cato, an Anderson psychiatrist. Both knew McGuire well because they had served together on the advisory council, but they took exception to his cancer personality theories.

Later in the year, McGuire turned his presentation into a prospective article and grant proposal, listing R. Lee Clark as second author and Beatrix Cobb as third. Trunnel, Cato, and Cliff Howe warned Clark about the paper's weak, controversial hypotheses. McGuire suggested that "overt 'personality patterns' appear in set[s] of patients with a common cancer syndrome... For instance, some men hospitalized with cancer of the prostate seem to be non-aggressive, compliant, co-operative, almost effeminate." Melanoma patients, he elaborated, tend to be "hyperactive people either emotionally or mentally." He argued that "precipitating factors which bring about a neoplastic transformation involve psychological processes as well as phenomena usually studied by experimental and clinical medicine." He even postulated that "repressed emotionality and its concomitants encountered among cancer patients could be one of the elements underlying the self-propagation of neo-

As design on the new hospitals began, the district was notified of an existing, relatively new facility, just east of Ben Taub that might help alleviate some of that hospital's over-crowding. Just a few years before, the Central Church of Christ had built a four-story facility as a home for the aged, but with declining revenues, the church was forced to close the facility. The building would require little remodeling because it was essentially a health care facility.

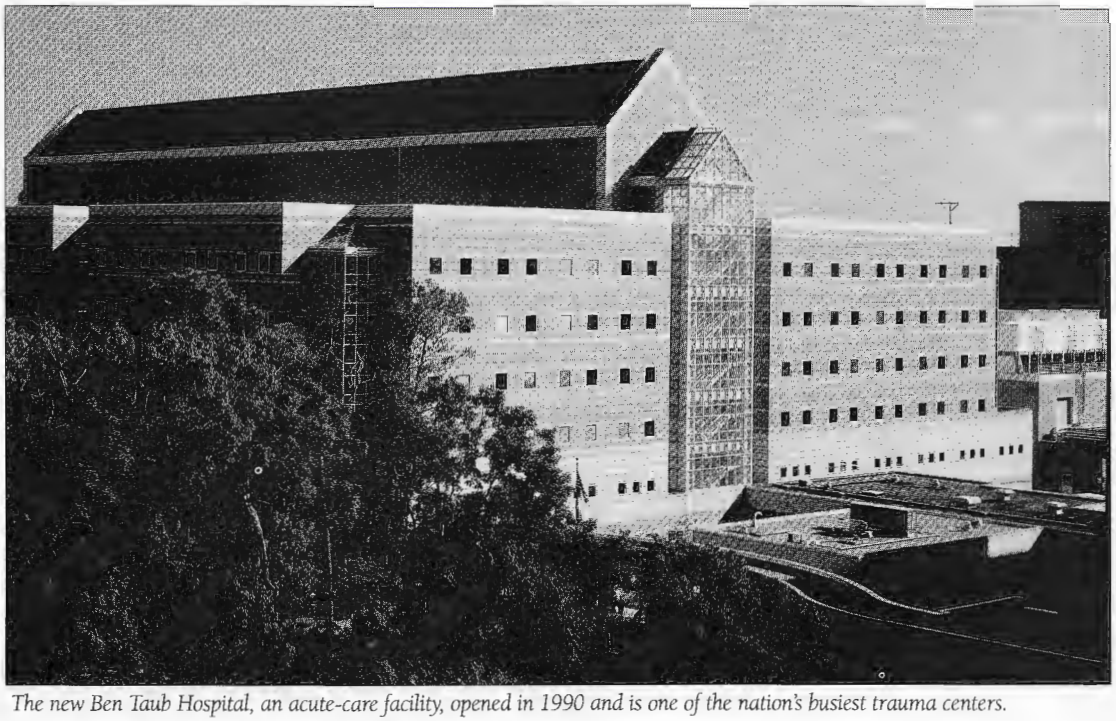
Mease's colleagues on the hospital district board surprised him with the suggestion that the new facility be named after him. Mease pointed out that he understood naming a building after someone usually happened following that person's death—so he was opposed to this idea. The other members insisted, however, because their board chairman had ushered the district through trying times and challenges. Quentin Mease Community Hospital opened in 1983 and became primarily a geriatric and psychiatric facility. It also houses the district's Martin Luther King Health Center, which provides health care services to its neighborhood residents. The new affiliation the district had with the two medical schools would impact the new hospitals. For over a decade, Jeff Davis had been the district's maternity hospital, staffed by Baylor physicians; all the district's OB patients went there to have their babies. Most of the staff spoke of the hospital as a wonderful place to work, full of babies and happy families. In the early 1980s, between 17,000-18,000 births occurred at Jeff Davis annually.

But the two new hospitals, each staffed by a different medical school, would require OB services. In addition, Ben Taub had served as the district's primary emergency center and surgical facility. That, too, would have to change in order to accommodate the teaching programs of both medical schools. The separation of services under Baylor—maternity services at Jeff Davis, surgical services at Ben Taub—proved to be financially wise. Now, with the two new hospitals, there would be a duplication of services. But it could not be helped.

There was little chance in 1990 that the replacement hospital for Jeff Davis would carry the name of the Confederacy's president—even though a vocal contingent of the Daughters of the Confederacy addressed the board on several occasions. Because of his dedication to civil rights and endorsement of Medicare, President Lyndon Johnson's name was chosen for the new hospital. Most importantly, the Lyndon Johnson General Hospital would be located in the north part of the city, close to the crossroads of Highway 59 and the North Loop 610. It was an area that for years had been medically underserved.

On the morning of June 2, 1989, the move of more than three hundred patients—including one hundred newborns—from Jefferson Davis Hospital to the new 324-bed Lyndon Johnson General Hospital began. Ambulances traversed the eleven miles throughout the day. A mixture of excitement and sadness filled the hospital staff. A very new chapter had opened. Barely six months later, on January 12, 1990, the new 578-bed Ben Taub General Hospital opened in the Texas Medical Center.

On the evening of January 13, 1990, Quentin Mease sat back and breathed a sigh of relief and satisfaction. One of the largest building campaigns in the history of U.S. public health care was completed. During the course of the next few months, the "bugs were worked out." U.S. Interstate Highway 10 served as a basic line of demarcation: residents north of I-10 would utilize LBJ Hospital and the community health clinics in the north part of the county, and residents south of I-10 would utilize Ben Taub and the remaining clinics.



*The new Ben Taub Hospital, an acute-care facility, opened in 1990 and is one of the nation's busiest trauma centers.*

Hospital district staff at LBJ worked alongside the doctors and residents of The University of Texas Medical School with just as much vigor and camaraderie as they had with the Baylor medical staff. LBJ's emergency center opened and promptly became the second busiest ER in the county, just behind Ben Taub in number of emergency visits.

Quentin Mease remained chairman of the board of the "new" Harris County Hospital District for several more months. After serving the district for twenty-four years, on October 29, 1990, he formally retired. ■

## Quentin Mease & The Establishment *continued from page 40*

Winifred Wallace—both members of the district's clinic committee—were approached by the residents of the Settegast community in far north Houston. People in the community had long felt medically underserved. Getting to the outpatient clinics at Ben Taub required a fairly lengthy bus trip, with two transfers. The Settegast representatives proposed a clinic in their community that would handle much of the outpatient needs. To Mease, it was a wonderful idea, but the district had no funds for a free-standing clinic. However, they were determined to make it happen.

With the help of an Office of Economic Opportunity grant and a fund-raising effort by the Settegast community, the first of the district's Community Health Program clinics opened in a store-front location on Old Settegast Road in the spring of 1967. Over the next fifteen years, ten more clinics were opened at strategic locations throughout the county, including Acres Home, Baytown, Pasadena, and Humble.

By the early 1970s, it was clear that "fixing up" Jefferson Davis and Ben Taub hospitals was no longer feasible. Neither hospital could meet Joint Commission on Hospital Accreditation standards. Additionally, Houston Fire Marshall Eddie Corral had threatened to close down the hospitals because of numerous violations, the most serious being accessible fire escapes. In 1971, a majority of the board of managers approached Mease and asked him to consider accepting their election of him as chairman. They felt the board needed his leadership for the coming building campaign.

With his election as chairman of the hospital district board, Mease was automatically appointed to the board of the Texas Medical Center. A few years later, Dr. Michael DeBakey called Mease and asked if he would become a member of the Baylor College of Medicine board. "Baylor had an aggressive and highly successful fund-raising operation by then," says Mease. "I told DeBakey that I knew being on the Baylor board meant either you had money to give or you knew where to get the money! He laughed and said, 'Quentin, your service to the hospital district has been outstanding, and that is the reason we want you on the Baylor board.' I've remained on it since then."

During Quentin Mease's first ten years as the board chairman, talk continued about building replacement hospitals. Nearly everyone understood the need to replace Jeff Davis; it was fifty years old—ancient by hospital standards. There was considerable questioning of replacing Ben Taub. Built in 1963, most people still considered it a fairly new facility—even though it did not meet hospital code standards on the day it opened. Another thought was that when one hospital in the medical center had an abundance of vacant beds, the hospital district should contract with that hospital for inpatient service. Within days, other hospitals proposed contracting with the district for inpatient care.

This was soon recognized as a bad idea. It would wreak havoc on the teaching mission of the hospital district and Baylor. Doing such a thing would never allow the real issue to be addressed—replacing the out-of-code hospitals. It would have to be done sooner or later.

Mease and the board worked with the Harris County Commissioners Court on a plan to float bonds that would pay for the construction and new state-of-the-art medical equipment—estimated to be around $240 million for both hospitals. Board member and banker Marc Shapiro designed a bond package that won approval.

In 1972, The University of Texas established a health science center in Houston, comprised of the dental school, nursing school, and school of medicine. Now, Houston had two medical schools. UT established an affiliation for teaching purposes with Hermann Hospital, but the school needed the clinical training facilities that a public hospital could provide. There was intense pressure on both the hospital district and Baylor to include UT in the district's future. A proposal was put forth that would form an "affiliated medical services," a single unit representing both medical schools' clinical teaching practices for the district to contract with.

Years before, Mease had put together the original Baylor-hospital district agreement, free of charge. This new agreement outlining the obligations of UT and Baylor—in the end, a document the size of a telephone book—cost the district $200,000 in lawyers' fees.

*Quentin Mease Community Hospital became part of the Hospital District system in 1983. The facility was named to honor Mease for 25 years of service as a member of the Board of Managers.* Courtesy Harris County Hospital District

# ENDNOTES

## The Second Downtown

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2 "The Town that Built a Port that Built a City" was a comment first heard by the author in the late 1970s in a talk given by Floyd Martin, then director of public relations for the Houston Chamber of Commerce. He referred to it as an early Houston slogan. An extensive search by the research staff at the Greater Houston Partnership, which absorbed the Chamber of Commerce, at the Houston Public Library and at the Port of Houston Authority have not turned up the name of the person who coined the phrase.

3 Gordon Turrentine, "Cavalcade of Main Street—or the Years Bump On; New Pavement's a Marvel—But That Was Back in 1916," *Houston Press*, December 7, 1939. A more extensive narration (accompanied by numerous photographs) of early downtown Houston is by John L. Davis, *Houston: A Historical Portrait* (Austin: The Encino Press, 1983), 5.

4 Information about the beginning of Hermann Park is based on documents from the office of the Friends of Hermann Park, 6201-A Golf Course Drive, Houston, Texas 77030. The request from George Hermann that some of his estate be used to create a city park and to build a hospital was verified by information checked by Beth Satori, director of public relations for Memorial Hermann Healthcare System.

5 N. Don Macon, *South from Flower Mountain: A Conversation With William B. Bates* (Houston: Texas Medical Center, 1975), 62; N. Don Macon, *Monroe Dunaway Anderson, His Legacy: A History of the Texas Medical Center* (Houston: Texas Medical Center, 1994), 88-90.

6 Biographical information about Monroe Dunaway Anderson and Dr. Ernst W. Bertner is based on archival files housed in the public affairs office of the Texas Medical Center.

7 "...Monroe Dunaway Anderson's foremost concern..." is a quotation from an interview with John H. Freeman conducted by N. Don Macon in preparation for a book titled *John H. Freeman and Friends*, published by Texas Medical Center in 1974. Macon wrote several book-length biographical accounts of the lives of those who were the early pioneers in the Texas Medical Center. Other titles include *Clark and The Anderson, A Personal Profile* (Houston: Texas Medical Center, 1976); and two already referenced, *South from Flower Mountain* and *Monroe Dunaway Anderson, His Legacy*.

8 Biographical information about Colonel William B. Bates, John H. Freeman, and Horace M. Wilkins is based on archival files housed in the public affairs office of the Texas Medical Center.

9 Macon, *South from Flower Mountain*, 61-62.

10 Macon, *Monroe Dunaway Anderson*, 87.

11 Macon, *South from Flower Mountain*, 63-64.

12 The selection of the early directors and the decisions made during the first few meetings of the Board of Directors for the Texas Medical Center corporation are found in the Minutes of those meetings. The complete Minutes of all Board of Directors' meetings are retained in the Executive Offices of the Texas Medical Center corporation.

13 Macon, *South from Flower Mountain*, 65-66.

14 Archival information retained by Texas Medical Center corporation.

15 More information about the member institutions and a brief account of how each became a part of the Texas Medical Center may be found in the chronology section of *Monroe Dunaway Anderson, His Legacy*, 137-241. This part covers many events, year by year from 1936–1993, and was prepared by Mary Schiflett. It serves as the second half of the book by N. Don Macon to celebrate the 50th anniversary of the Texas Medical Center.

16 Current information about the entire Texas Medical Center campus and about each of the member institutions is included in two publications, "Facts & Figures of the Texas Medical Center" and "Brief Descriptions," which are issued each year by the public affairs office of the Texas Medical Center. Both items may be requested without charge by contacting the public affairs office of the Texas Medical Center.

## Dr. Benjy Brooks

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2 "50 Years: Texas Children's Hospital," http://www.tex-aschildrenshospital.org/Web/50years/patients.htm.

3 "Benjy Frances Brooks," Changing the Face of Medicine online exhibition, National Library of Medicine, http://www.nlm.nih.gov/changingtheface-ofmedicine/physicians/biography_44.html.

4 "Pediatric surgeon Brooks dies at 79; she was a leader in the field," *Houston Chronicle*, April 4, 1998, sec. A, 32.

## Two Bachelors

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2 Ibid., 1.

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4 Gretchen E. Weis, "George H. Hermann, A Profile," *Horizons*, 1980, 4.

5 Foster, *A Factual History*, 3.

6 Ibid., 5.

7 Gail Rickey, "The Legacy of George Hermann," *Houston Business Journal*, September 2, 1985, 16.

8 Weis, "George H. Hermann", 4.

9 George Hermann Papers, Hermann Hospital Estate Archives, Hermann Professional Building, Houston, Texas. In 1998 these archives were closed and placed into storage when Hermann Hospital became part of the Memorial Hermann Health Care System. The future home of this archive has yet to be determined.

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11 "Who was George Hermann?" Watchem Column, *Houston Chronicle*, May 14, 1967.

12 George Hermann Papers, Hermann Hospital Estate Archives.

13 Sigmand Byod, "Relative Remembers George Hermann," *Houston Chronicle*, October 12, 1962, 12. Mr. Byod's article features Chris Landi, grand nephew of George H. Hermann, who among other Swiss relatives of Hermann, unsuccessfully contested the will for nearly a decade.

14 N. Don Macon, *Monroe Dunaway Anderson, His Legacy: A History of the Texas Medical Center* (Houston: Texas Medical Center, 1994), 3.

15 W. Bryant Boutwell and John P. McGovern, *Conversation with a Medical School: The University of Texas–Houston Medical School 1970–2000* (Houston: The University of Texas Health Science Center at Houston, 1999), 71.

16 Macon, *Monroe Dunaway Anderson*, 25.

17 Ray Miller, *Ray Miller's Houston* (Austin: Cordovan Press, 1982), 114. Congress voted in 1910 to approve a Houston plan for completing and maintaining the Houston Ship Channel.

18 N. Don Macon, *Mr. John H. Freeman and Friends: A Story of the Texas Medical Center and How It Began* (Houston: Texas Medical Center, 1973), 19. Mr. Ben Clayton had joined the firm in 1905 making four partners. By the 1930s, the firm would have 800 employees.

19 Macon, *Monroe Dunaway Anderson*, 34.

20 T.V. Thompson and Burt Schorr, "The Story of M. D. Anderson," *Houston Press*, June 24, 1958, 7.

21 Susan Thompson, "The Man Behind the Name," *Anderson Messenger*, 1980, 1.

22 William B. Bates, "History and Development of the Texas Medical Center," in *Proceedings of the Texas Gulf Coast Historical Association's First Annual Meeting*, Houston, Texas, 1956, 3.

23 Ibid., 4.

24 N. Don Macon, *South from Flower Mountain: A Conversation with William B. Bates* (Houston: Texas Medical Center, 1975), 37; John H. Crooker, Jr., *Fulbright & Jaworski: 75 years, 1919–1994* (Houston: Fulbright & Jaworski, 1994).

25 Macon, *Mr. John H. Freeman and Friends*, 16.

26 Ibid., 17. William B. Bates was called "Colonel" out of affection and respect and not for his military service. John Freeman recounted that Bates had been in law school at The University of Texas with Dan Moody who ran for governor in 1926 and won. Upon taking office, Governor Moody conferred upon William B. Bates (who had served as his campaign manager) the honorary title of "Colonel" as a token of honor and appreciation.

27 Bates, "History and Development of the Texas Medical Center," 14.

28 Ibid., 24. Mr. Bates recalled in this address on November 20, 1956, that "He [Mr. Anderson] did not believe in personal charity for the individual except for those that are afflicted. In his opinion, an individual sound in body and mind who sought or accepted charity was not worthy of it. But he did believe in improving the opportunity of the unfortunate to help himself, and in giving comfort and remedial relief to the sick and afflicted...It was these simple rules of conduct and thought that guided his life and enabled him to create his great fortune and motivated him in establishing the M. D. Anderson Foundation..."

29 James Greenwood, "Monroe Dunaway Anderson: Benefactor of Medicine and Mankind," *Texas State Journal of Medicine* 61 (1965): 416.

30 Ibid., 5.

31 Boutwell and McGovern, *Conversation with a Medical School*, 73.

32 Macon, *South from Flower Mountain*, 27. The University of Texas Board of Regents accepted the proposal of the M. D. Anderson Foundation in August 1942.

33 Boutwell and McGovern, *Conversation with a Medical*

thought that this was a limited number of cases. There are some of those first AIDS diseases that were not related to the AIDS virus, and we thought that was all we would find. But we had discovered what AIDS was. And then, all of a sudden, we began to see it spreading around and we found out that it is also being caused by a virus and this started to overwhelm us because a virus infection, the HIV virus, started spreading and we started learning more about it.

It really overwhelmed the medical system. It is still overwhelming it. There are millions of people with it. We still have not found a cure for it. The virus apparently alters itself and is very hard to control and, as everyone knows, there are certain parts of the world—Africa and Asia, for example—where millions of people are now ill with AIDS. And in this country, we have treatments that reduce the seriousness of the disease and let people live a lot longer and probably not spread the disease as much. And we have, to some degree, some control of AIDS in this country.

For the world in general, it is still a runaway situation. Some people think that AIDS came about when some people were exposed by some way to a virus that involved apes or monkeys or something that got into man. Other people believe and I believe that AIDS is an ancient disease of humans. I think it has occurred repeatedly in the history of the world. When you study the different epidemics in the world, some of them fit very well with AIDS. Then, they would finally run their course. Let's hope that that will be what will happen with AIDS. At least, if we cannot find a cure for it, we had better hope that it is a virus that will run its course.

*WHK: In your long career, is there something that you find now, as you look back, that maybe was the biggest surprise to you in medicine?*

MPK: I have been asked that question before in different ways. I cannot answer it because I cannot say one thing that is more dramatic than others. I think probably the thing that has been the most dramatic for saving lives is the advent of the antibiotics.

Another great thing that has happened is vascular surgery. I can remember that during my medical education, especially in surgery, the professors would talk about things that we could never do anything about. And one of them was the heart. They said, "Nobody is ever going to be able to operate on the heart. It is in constant motion and you cannot do anything about it." They were curing stab wounds if it was not too bad and it did not have too much blood loss and shock. Surgeons, many times, would go in and sew up stab wounds while the heart was pulsating. As a matter of fact, I saw Dr. Albert Singleton do that in Galveston while I was a medical student. People thought that would be the limit of heart surgery. But we all know what has happened since then. We have been able to have artificial circulation and also bring the heart to a stop and do surgery on it and repair arteries or even repair the muscular structure or valve problems, and have the heart beating again, restore the circulation. There have been literally millions of people operated on. When I was in medical school, this was said to be impossible. I remember some doctor saying we had reached the limit of what we could do in surgery. This has turned out to be totally untrue. We keep developing things every day that we could not do before. I am not a surgeon, and things have advanced so much that I am not very well qualified to tell you much about it.

New technology has also brought many changes. Now they are doing virtual surgery, they call it. They are doing remote surgery. They are manipulating a view they have on a screen to operate on the patient. And they are not even at the patient's bed. A robot is doing the surgery, in a sense that they are controlling it with the hands on a panel or something like a computer panel and doing surgery. Apparently, some surgery done that way is a lot more effective because they operate using small incisions, so there is less morbidity and less time for recovery.

*WHK: How has medical education changed?*

MPK: Well, I am not in touch with medical schools like I should be, but earlier I was mentioning physical diagnosis and doing a careful examination. In medical school, they teach it but they do not have any professors that can show them how to do it. And now, they are using actors. I do not know whether you saw that recently. They hire actors to go in for medical students to examine instead of having actual patients with disease or going in with a physician who carries the medical student down the ward and picks out patients. And we are doing it on mannequins of different forms and do all kinds of examinations on them, do all kinds of treatments on them. Like, they teach people how to do emergency CPR.

All that is so much more expensive. I was told that it costs $200,000 a year per student in medical school at The University of Texas at Galveston. When we were in medical school, I know I did some research on it—the budget for the medical school in Galveston—during the depths of the Depression, during one year when I was there, was a little over one-half million dollars. I mean, $500,000 or so was the appropriation from the state to run the medical schools. Now, they are asking for billions of dollars. You can see what has happened. It is just absolutely mind boggling to see the tremendous changes that are taking place. ■

Dr. Kelsey retired from his medical practice in 1986 at age seventy-three. He had practiced medicine for fifty years and co-founded Houston's first multi-specialty clinic, the Kelsey-Seybold Clinic. He once told me that he felt that the years of his practice had also been the "golden age" of medicine. It had been a time of great advance in medical science and also a time when doctors could still do their "doctoring" based upon their patients' needs. Medicine has changed greatly since Dr. Kelsey first rode with his grandfather to make house calls. Today, with so much emphasis on technology and on the "business" of medicine, perhaps it is useful to recall the words of the famed medical educator, Sir William Osler: "The practice of medicine calls equally for the exercise of the heart and the head."

# ENDNOTES

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## Quentin Mease

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*School*, 68.

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