Medicine in Dallas 100 years ago

JOHN S. FORDTRAN, MD

INTRODUCTION

MARVIN J. STONE, MD: Good morning. Last month Dr. John Fordtran delivered the Alpha Omega Alpha lecture at Southwestern Medical School. For those of you who may not know, AOA is the national honor medical society to which top medical students are elected in recognition of superior scholarship. Many members of our own medical staff are members of AOA. In addition, some of the newly elected medical students will be joining our housestaff in July.

For a long time I've thought it interesting to observe the subjects selected by esteemed colleagues when they have the widest possible latitude, that is, the topic of their choice. John chose to speak about medicine in Dallas 100 years ago at the AOA banquet. We are fortunate that he has agreed to give this talk again at Baylor this morning. Now, do not think that the subject he selected was accidental. It was arrived at after much contemplation. Most of us know John as the chief of medicine at Baylor for 17 years and current president of the Baylor Research Institute. I shan't dwell on some of his other activities, such as being acknowledged as one of the leading investigators and educators in gastroenterology, or being one of the 2 founding editors of the best textbook on gastroenterology, or being awarded virtually every prize given in the field as well as several honorary degrees. During the past year, he was elected to fellowship in the Royal College of Physicians of London.

Despite these considerable accomplishments and worldwide recognition, I submit that John Fordtran's principal interest is medical history. Why? Not just because of the topic chosen for his AOA lecture, which you will hear this morning. There is in fact precedent for my claim. Twenty-one years ago, almost to the day, John delivered the presidential address at the annual meeting of the American Society for Clinical Investigation, another occasion when he could have spoken on any topic he wished. He chose to speak on the life and career of Samuel James Meltzer, founder and first president of that august organization, which was established in 1907. Ladies and gentlemen, the evidence is overwhelming. It is a pleasure to introduce John Fordtran, sometime gastroenterologist, but really eminent medical historian!

JOHN S. FORDTRAN, MD: Thank you, Marvin, for that wonderful introduction and for your own interest in medical history and for the effort you have made to teach the history of medicine to our students, residents, and staff. Today, I will try to describe what medicine was like in Dallas 100 years ago. Actually, the time frame to be discussed is from 1890 through 1920, and I

Figure 1. The population growth in Dallas, using a logarithmic scale. The figure also indicates developments that occurred over these years, from the bridge over the Trinity River and the first railroad to the first "paved" street.

will also say a few words about the removal of Baylor College of Medicine from Dallas to Houston in 1943.

THE CITY OF DALLAS 100 YEARS AGO

In 1850 the population of Dallas (originally called Peters' Colony) was about 400; by 1910 it was about 100,000. The growth was exponential (Figure 1). Some of the things that happened along the way are noted in the figure. In 1895, the *Dallas Morning News* conducted a survey to determine why Dallas had grown so much. The State Fair was mentioned prominently. The certainty of Trinity navigation was high on the list; that unfulfilled dream was one of the most important things that built this city. Other things mentioned included the Oriental Hotel, the railroads, the *Dallas Morning News* itself, the city's location and resources, the Commercial Club, low taxation, and manufacturing. The major need was thought to be good streets and sidewalks. The dirt of Dallas when it was wet was described as closer than

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Figure 2. An 1890 map of Dallas showing the relative proximity of the medical school at its 2 locations to area hospitals.

a brother, and it was simply impossible to do things well when the streets were wet.

In 1890, Dallas was roughly the size of present-day Park Cities (Figure 2). Oak Cliff existed, but it was not part of Dallas until 1903. If you do a blowup of any part of the map, you will see that the streets are almost identical to those of today. The major change is that most of the railroads have been replaced by freeways, with the exception of Pacific Avenue, where the Texas and Pacific Railroad has not been turned into a freeway. Figure 3 shows some scenes from this period.

MEDICINE IN THE USA

The “regular”—or predominant—doctors who practiced in the 19th century were followers of Benjamin Rush. He believed that all diseases were due to a morbid excitement induced by capillary tension. The one remedy was depletion of the body fluids by bloodletting to the point of unconsciousness, and calomel (mercurous chloride) to empty the stomach and the bowels. The resulting vascular collapse counteracted the presumed capillary hypertension. That’s why the name “allopathic” (“cure by opposites”) was applied to these physicians. There were some smaller groups of doctors—homeopaths and eclectics. They were called “sects” because they were fewer in number.

Figure 3. Scenes from Dallas in the late 1800s. Top: The McKinney Avenue and Akard streetcar, 1873. Electric streetcars replaced mule-drawn streetcars in 1889. Photo: The Collection of the Texas/Dallas History and Archives Division, Dallas Public Library (hereafter, Dallas Public Library). Middle: Elm Street in 1874. *Dallas Herald* called it “one snow-white sea of cotton.” Photo: Dallas Public Library. Bottom: The arrival of the H. A. Harvey, Jr. in 1893. This was a huge event proving that the Trinity River was someday going to be navigable. Photo: DeGolyer Library, Southern Methodist University, Dallas, Texas, *Dallas Morning News* Collection, Ag 294:10:59.

In the 19th century physicians were generally held in low esteem. But between 1890 and 1910 there were impressive scientific advances. They included practical methods to measure blood pressure and temperature, standardized eye tests, electrocardiograms and x-rays, chemical and bacteriological tests, diphtheria antitoxin, vaccines for rabies and typhoid, the Wasserman test, and Salvarsan ("606") for syphilis (developed by Ehrlich). These scientific developments markedly advanced the practice of medicine as well as the standing of physicians, which reached its peak in the 1920s.

The American Medical Association (AMA) became all powerful between 1890 and 1920. It had a Council on Pharmacy and Chemistry, which regulated the pharmaceutical industry. It had a section for New and Official Remedies. The AMA also changed the focus of advertising. Earlier, companies advertised directly to the public. The AMA was able to stamp that out, allowing only advertising directly to physicians. The Council on Medical Education had the force of law, and the state licensing boards followed what the AMA wanted. The result was steadily rising standards.

MEDICINE IN TEXAS

A source of information about Texas medicine 100 years ago is Dr. Pat Nixon, who carefully analyzed everything that happened in the Texas Medical Association (TMA) from its founding in 1853 up to 1953. In a talk at the TMA in 1890, Dr. Ramsdale of Lampassas said, "The profession of medicine in the United States is sick." Among the "deforming growths upon the fair body of medicine," he mentioned homeopathy, eclecticism, so-called acupuncture, and "Wilford Hall's method of rectal irrigation." He thought better education of doctors was the cure. "The young man who left the plow or the yardstick and does not know Greek from Choctaw when he saw them in print" could not be expected to make a good doctor. His point was that Texas doctors were an uneducated lot, usually less educated than the patients they were treating.

In 3 Dallas meetings of the TMA held between 1886 and 1902, some of the highlights were as follows:

- Opposition to a bill proposing "regulation of the practice of medicine"
- Expulsion of Dr. M. Salm of Austin for gross plagiarism and seduction of a young lady under grave circumstances
- Defense of animal experimentation
- Dismissal of the teachings of Darwin and Huxley
- Papers, including Texas quackery, early blistering in pneumonia, prophylaxis in smallpox, malaria, typhoid, tuberculosis, insanity, enlarged prostate, glaucoma, and menstrual disorders in schoolgirls
- Antiseptics
- Diphtheria antitoxin, which had only recently been proposed in 1895

In 1886, the TMA's Special Committee on Surgery reported on the results of 4293 operations done in Texas. Mortality rates were as follows: trephining, 15%; splenectomy, 100%; herniotomy, 26%; hysterectomy, 92%; and transfusion, 75%. The committee concluded that these were excellent results, showing that Texas doctors could operate as well as anyone else in the country. Texas surgeons in this survey used chloroform over ether 35:1,

in spite of the fact that ether was discovered before chloroform. But ether had a bad smell. It was later found out that chloroform is a myocardial depressant, and some of the surgery-associated deaths in Texas at this time were probably due to toxicity from chloroform.

MEDICINE IN DALLAS

According to Giles, Dallas doctors in the 1890s had not accepted the germ theory, even though Lister had published an article in the *Lancet* 20 years earlier describing the value of antiseptic techniques in surgery. A Dallas doctor used the example of a person who survived a surgical procedure under contaminated conditions as evidence that the germ theory was just a fad. Quinine, the cupping glass, and strong emetics were the universal cures.

Requirements for practice were meager. All a person had to do was come to town, say he was a doctor, and register with a health officer, and he was allowed to practice medicine. No degree was needed.

Sanitation was poor but improving. Livestock were forbidden on the streets, except for milk cows, which were permitted from 8 AM to 6 PM. There were many fever scares but no recent epidemics of any significance.

Dallas had a City Hospital, which originally was on Wood and Houston Streets and in 1875 was moved to Columbia and South Lamar. A health officer visited patients there once a day. Patients with life-threatening illnesses who were about to die were in the same room or ward with people who were likely to live through their illness. These buildings were in terrible condition. They stood in water when it rained. They had no bathrooms and only a swinging light. Surgery was done right in the middle of the ward. They were in a very bad part of town. It was said that when a doctor visited the hospital he carried a large bag to let it be known that he was a doctor, and ministers going there carried an oversized Bible.

There were also pest houses, one on Main Street and another on Good Street. Any time a person was found with a contagious illness, like scarlet fever, the whole family would be forced to move into these pest houses. If a fever or an epidemic occurred somewhere else in the state, posses would ride out into the roads, intercept any incoming traffic, and quarantine people suspected of having the illness in the pest house until it was proved they didn't have the illness or until they died. There was absolutely no medical care in the pest houses.

Charles Rosser's description of medicine in Dallas in the 1890s is interesting. He said the city was taking on artificial airs. A silk top hat and a Prince Albert coat were everyday regalia for Dallas doctors. He was compelled to borrow money for a handsome horse and an elegant rig because a doctor without those wouldn't be appreciated. There was a lot of competition for the patients who could pay for a doctor's care. The few people who could pay wanted a doctor with a good horse and a good rig. He also bought a saddler, a good swimming horse that could cross creeks. His office was in a drug store. Surgery and deliveries were done in the home. There was no inkling that "childbirth fever" was introduced from without and that radical instrumentation was poisoning the patients. It was a common practice to radically instrument women about to undergo delivery, apparently

Figure 4. An ambulance—a horse and carriage—bringing patients to the new City Hospital. There was a large verandah around the 2-story frame building. Photo: Courtesy of Parkland Health and Hospital System.

Figure 5. St. Paul's Hospital on a snowy day. Photo: St. Paul Medical Center Archives.

to promote cervical dilatation. There was no washing of hands or cleaning of dirty fingernails prior to delivery or surgery. No rubber gloves were used. (These weren't described until about 1910 by Halsted at Johns Hopkins, who developed rubber gloves for a nurse who was allergic to powder used during surgery.) Rosser hadn't heard of appendicitis at the time he moved to Dallas, even though it had been described by Reginald Fitts in about 1885.

PARKLAND AND ST. PAUL'S HOSPITALS

A series of health officers complained about the terrible conditions of Dallas hospitals. One in particular, V. P. Armstrong, finally got the attention of the city council and other people in power, and a new hospital was built. It was opened and inspected by the mayor on May 16, 1894. The building was a modern one in all appointments and furnishings. It had private apartments, and it was built on a beautiful park. This was the new City Hospital. The city officials, from the mayor down, were at the opening. Dr. Armstrong was described as being prouder than a Spanish hidalgo. He led the way through the wards and explained the uses and conveniences of the appliances. There was champagne and there were many speeches. Dr. Armstrong said that he was not a pessimist. On the contrary, he "believed the world was growing better and that this building marked the progress of the city and the advance of charitable feelings." Because the hospital was on park land, it became known as Parkland Hospital (*Figure 4*).

Figure 6. Dr. Charles M. Rosser. Photo reprinted from Henderson L. *Baylor University Medical Center: Yesterday, Today and Tomorrow*.

Its first-class status did not last for long. In April 1910, the Dallas County Medical Society passed the following resolution:

The present site is so inaccessible that emergency care is jeopardized. The building is without modern construction, unsanitary and insecure against wind and fire. The dictates of humanity command that those unfortunates . . . required to accept charity at our hands, shall have as safe and as scientific care as more favored classes. . . .

The cornerstone for a new Parkland Hospital on Oak Lawn and Maple was laid on March 18, 1913, and the hospital was completed on February 1, 1914, with a capacity of 100 beds. The old frame hospital was used for isolation purposes until 1918, when it was destroyed by fire.

St. Paul's Hospital (*Figure 5*) was opened in 1897, and it is the oldest privately supported hospital in the city. It established a school for nursing in 1900. It offered "to care for the sick and indigent of all classes, races, and creeds . . . without prejudice." It was open to all physicians, and that was a significant departure from tradition because the small sanitariums around Dallas at the time were owned by individual doctors, and only the owners could use the facilities.

CHARLES ROSSER AND MEDICAL EDUCATION

Charles Rosser (*Figure 6*) was born in Georgia in 1862, went west with his family in 1865, and settled in what is now Pittsburg, Texas. He lived near the "Big Road," a highly commercial road between Dallas and Jefferson. As a boy he would hang around the road and talk to the people passing by. After finishing his education in the local schools, he "read medicine" with Dr. Edwin Becton of Sulphur Springs. This was a prerequisite for getting into the better medical schools. Rosser would see patients with Dr. Becton and read books that he'd been assigned. With his preceptorship certificate he was then allowed to attend the University of Louisville Medical Department for 2 terms. Two terms of medical school were required to get a degree, but the second year was a repeat of the same lectures heard the first year.

Figure 7. The first faculty and class of the University of Dallas Medical Department, 1900, outside of the temporary college building, which previously was Temple Emanu-el. Photo reprinted from Henderson L. *Baylor University Medical Center: Yesterday, Today and Tomorrow*.

Rosser set up practice in Waxahachie. From Waxahachie, he began to attend meetings in Dallas, and he moved here in 1889. Rosser was an outstanding orator. He moved to Dallas when he was 27, and he began to give talks, which often were quoted in newspapers. One of his talks was “the purchase of the West Indies as a sanitary measure.” He thought that the way to eliminate yellow fever was to buy the West Indies. I don’t know what he was going to do with it after he got it, perhaps a quarantine. He gave talks against cultism, chiropractors, and Christian Science. He gave a talk about overspecialization, which he delivered entirely in rhyme. He often wrote poetry related to medicine. These speeches made him famous around Texas and, later, elsewhere. He got many offers to move to other cities, including Denver, Louisville, and Galveston, to become a professor of medicine or surgery. But he wanted to stay in Dallas.

He decided it would be good to have a medical school in Dallas. He convinced the mayor, Ben E. Cabell, to put this notice in the *Dallas Morning News* on August 15, 1900:

At the request of a large number of the physicians of Dallas and Oak Cliff we respectfully announce that a meeting of physicians will be held in the Council Chamber of the city hall on Thursday, August 16, at 8:30 PM, for the purpose of taking the necessary preliminary steps to establish a medical college in Dallas. All regular physicians in good standing are invited to be present and to aid in organizing a college. It is the purpose to establish and maintain a college which will be a credit to the profession. To this end the active cooperation and advice of all the regular physicians in good standing is earnestly invited.

Seven people showed up at the meeting in favor of the medical college, but 47 showed up in staunch opposition. Many of those opposing the college were prominent Dallas doctors, older and more seasoned than Rosser himself at age 28. In the heat of the argument, Rosser made the following statement:

Medical students are bright fellows and one who assumes to teach them will have his measure taken. I tell you now, not as a threat but as a matter for information, there is going to be a medical college in Dallas. There are a number of ambitious and qualified doc-

tors variously located throughout the state who, if invited to faculty membership will come, and when you get more competition than you know what to do with, don’t blame me.

Dr. Henry Keirn Leake, who was the recognized premier surgeon in Dallas, had been well trained and set the standards for surgery all over North Texas. He had his own private hospital and he also worked at St. Paul’s. He signed a number of petitions against the college, but I could find no explanation of why he was against it. There have been arguments as to whether he was against it because he thought it would be a poor school and would turn out poorly trained doctors or because it would generate unwanted competition.

UNIVERSITY OF DALLAS MEDICAL DEPARTMENT

The minority prevailed, and they obtained a state charter for the University of Dallas Medical Department. This was a university in name only; the word “university” was apparently chosen to

enhance the image of the new school. The opening occurred on November 19, 1900, in the former and abandoned synagogue, Temple Emanu-el, located on Commerce Street directly across from what is now the Adolphus Hotel.

The animosity towards the medical school was fierce. Rosser had 3 problems: where to get students, how to get cadavers, and where to obtain patients for clinical teaching.

With regard to getting students, here was his dilemma. It was not expected that many students would be attracted to the new medical school. But what if, when the doors were thrown open, there were no students at all? The embarrassment and ridicule would be severe. As opening day approached, Rosser learned by long distance that a preceptored young man, William T. Dunn by name, living in Greenville, was to leave for Memphis College on the next morning’s Cotton Belt. So, Rosser went to Greenville and found Dunn in the train station before he boarded the train to Memphis. The new medical school needed a clerk and would exchange college tickets for Dunn’s services. When the train went north, the bird in the bush was in the hand. The first name recorded by registrar William T. Dunn was William T. Dunn, first matriculant to sign on the dotted line. Rosser gave him a job as the registrar, stole him from Memphis, and brought him back to Dallas as his first student.

The new medical school actually got quite a few students that first year (*Figure 7*). Fort Worth had a medical school and the students got mad at the faculty, and most of the Fort Worth graduating class transferred to the new Dallas school. Some of the students were “doctors” who had previously been practicing medicine in Dallas without a diploma.

The study of anatomy was all important for a good medical education 100 years ago, but getting cadavers for dissection was a problem. Rosser told the following story. Mr. M. V. Creagan was a medical student who was working his way through school. The streets were deserted at 11 PM. The specimen (a dead pauper), already in rigor mortis, bent in the shape of a half-closed jack-knife, sat beside Creagan in an open buggy, fully clothed. After they moved down Main Street and turned left on Akard, a hat

Figure 8. An artist's rendering of Good Samaritan Hospital, located almost exactly where the Roberts Building of Baylor University Medical Center stands today. Reprinted from Henderson L. *Baylor University Medical Center: Yesterday, Today and Tomorrow*.

Figure 9. Edward H. Cary, MD. Photo reprinted from Henderson L. *Baylor University Medical Center: Yesterday, Today and Tomorrow*.

from the lifeless companion "went with the winds," to be overtaken by a late straggler on the street. "Hello! You've lost your hat!" called the straggler. The driver, Creagan, yelled back to the straggler: "He says you can have it!" And Creagan drove on to the rear of the synagogue college building, where a janitor helped with the embalming.

Clinical material for teaching was also necessary for the training of medical students. In 1903 the city council decreed that the medical college would have access to the charity wards and clinics of the City Hospital. Since Oak Lawn had no

street cars, the students had to be transported to the hospital clinic once or twice a week by a horse-drawn hack over sometimes impassable roads. The students were also able to attend weekly clinics at the Buckner House Annex (Children's Hospital), located on Worth Street.

Rosser also wanted to use St. Paul's Hospital. He went to the sister in charge and asked if he could have the students do clinical training there. She said absolutely not, since the St. Paul doctors were violently opposed to the medical school.

Apparently in order to provide more convenient clinical material for teaching purposes, Rosser opened his own private hospital on Junius Street, 4 to 5 blocks from St. Paul's, which was located near the corner of Hall and Bryan streets. He named it the Good Samaritan Hospital (Figure 8). It is uncertain how much the patients in Good Samaritan were actually used to teach medical students.

EDWARD H. CARY

The University of Dallas Medical Department awarded diplomas to 15 men on May 18, 1901. The opposition of leading doctors had not subsided, and there were major conflicts among different factions of the faculty. Rosser was the focal point of

Figure 10. Dr. Adolf Lorenz operating on a patient with clubfoot at the Good Samaritan Hospital. Photo reprinted from Rosser CM. *Doctors and Doctors. Wise and Otherwise*.

much of the antagonism. To hopefully mitigate these internal and external problems, Rosser resigned as dean and appointed Edward H. Cary as his successor.

Cary (Figure 9) was born in 1872 and was therefore 10 years younger than Rosser. He first came to Dallas in 1890 at the age of 18 and fell in love with the city. He said the sidewalks were crowded, there were imposing houses, and the city had a friendliness and a breezy and casual air that were unique. He grew a mustache and gained confidence as a salesman. In 1901, after graduating from medical school and obtaining training in ophthalmology at Bellevue, he returned to Dallas to practice medicine.

As dean of the medical school, Cary made some changes. The synagogue burned, and he bought a new building directly across from Old City Park. He divided the 120 students into separate classes. He pruned the senior class. He thought most of the students weren't up to being a good doctor, and he graduated only 4 students in 1903. He was a tough man, and he was determined to make this a better medical school. He did a lot to accomplish that.

DR. ADOLF LORENZ

In spite of Cary's dedication, the school probably wouldn't have survived had it not been for Dr. Adolf Lorenz, the "bloodless surgeon of Vienna." Lorenz was famous for his nonoperative method of treating hip dislocations, clubfoot, and other orthopedic deformities. He would forcefully break the cartilages and then set the joint in plaster of paris for a few weeks. It was said that after his treatment the patients could walk and even dance. He had treated Philip Armour's son in Chicago. Armour had given him \$30,000, and this spread his fame in the USA.

Lorenz was scheduled to visit New Orleans. Rosser and Cary convinced him to also visit Dallas. Starting on May 20, 1903, he held 2 clinics daily, alternating between Good Samaritan Hospital on Junius Street (Figure 10) and the college building on Ervay Street across from Old City Park. Doctors from all over Texas came to watch this great man. Lorenz gave credibility to the new medical school. He was so popular and so many patients wanted his help that he extended his stay. There was a big ban-

Figure 11. George Truett. Photo: The Texas Collection, Baylor University, Waco, Texas.

Figure 12. Texas Baptist Memorial Sanitarium. Photo reprinted from Henderson L. *Baylor University Medical Center: Yesterday, Today and Tomorrow*.

quiet the night before he was to leave, with many speeches. The mayor gave a speech, and then Cary and Rosser gave speeches, and each one was trying to outdo the other. Then it was Lorenz's turn, and Lorenz made a wonderful toast to Dallas and said how much he loved the city, how he had been stimulated as a boy by reading stories about Texas, and that this was his second home. George Truett (*Figure 11*) was so moved by these events that he gave his famous speech: "Is it not now time to begin the erection of a great humanitarian hospital?" This is how Truett got involved with the building of a new hospital. Truett was a pastor at the First Baptist Church. He was extremely handsome and a wonderful speaker.

In June 1903 negotiations began in the hope of establishing affiliation of the medical school with Baylor University in Waco. These negotiations were successful, and the sponsorship provided added prestige to the school. Unfortunately, it carried no financial support from the university. Construction on Texas Baptist Memorial Sanitarium began in the fall of 1904 and was completed on November 13, 1909 (*Figure 12*). Rosser transferred the Good Samaritan Hospital to the board of directors of the new sanitarium.

OTHER MEDICAL SCHOOLS IN DALLAS

The University of Dallas Medical Department was the first but not the only medical school in Dallas in the first part of the 1900s (*Table 1*). Of note was Southwestern University Medical Department, from 1903 to 1911. This was organized by Dr. Leake, Dr. McReynolds, and other St. Paul physicians and was associated with Southwestern College in Georgetown for awhile and then later with Southern Methodist University in Dallas. The others were not very important, but Gate City Medical College was interesting. The dean, Dr. John William Decker, was caught selling diplomas for \$50. Decker would, on request, predate a diploma so that it would look like the "graduate" had had years of experience. He was sentenced to 15 months of prison at Fort Leavenworth.

Table 1. Medical colleges in Dallas, early 1900s*

1. University of Dallas, 1900–1903; Baylor, 1903–1943.
2. Dallas Medical College, 1900–1904. Associated with Trinity University, then at Tehuacana. The staff members of St. Paul's Hospital were on the faculty.
3. Physio-Medical College of Texas, 1901–1908. For a time associated with College of Medicine and Surgery in Chicago.
4. Southwestern University Medical Department, 1903–1911 (associated with Southwestern University in Georgetown); Southern Methodist University Medical Department, 1911–1915. Associated with St. Paul's Hospital.
5. Bell's Medical College, 1903–1905; College of Physicians and Surgeons of Dallas, 1905–1908.
6. Eclectic Medical University of Texas, 1905. Apparently lasted only 1 year.
7. University of Medicine and Surgery, 1906. Held no sessions.
8. Dallas Post-Graduate Medical School and Hospital, 1910. Held no sessions.
9. Gate City Medical College (Texarkana), 1902–1908. Gate City Medical College (Dallas), 1910.

*From Geiser SW.

There was one other medical school in North Texas, the Medical Department of Fort Worth University. It began in 1894, affiliated with Texas Christian University in 1911, and closed in 1917.

THE FLEXNER REPORT

In 1906, the AMA Council on Medical Education inspected and graded medical schools in the USA. They found that most medical schools were so bad that they were afraid to publish the results. Instead, they invited the Carnegie Foundation for the Advancement of Teaching to conduct an independent investi-

Table 2. Comparison of 4 Texas schools in 1909 (Flexner)

	Full-time instructors	Resources	Entrance requirements
Baylor	0	\$7,735	3 yr HS or equivalent
Southwestern	0	\$7,150	3 yr HS or equivalent
Fort Worth	0	\$10,500	3 yr HS or equivalent
Galveston	10	\$109,453	4 yr HS*

*Approved by state university. HS indicates high school.

gation, under the direction of Abraham Flexner. The AMA was therefore responsible for the Flexner Report.

Flexner evaluated 4 Texas medical schools, and the results are summarized in *Table 2*. Flexner's comments on medical education in Texas in 1910 were as follows.

There is now only one educational institution in the state capable of maintaining a medical school whose graduates deserve the right to practice. . . . That institution . . . is the medical school . . . at Galveston. The other three schools are without resources, without ideals, without facilities, though at Baylor the conjunction of hospital and laboratory might be made effective if large sums, specifically applicable to medical education, were at hand—which is not, however, the case. There is no indication on the face of things that any of the three inferior schools can live through the dry period to the opportunities of the future. . . . The state is badly overcrowded with just the kind of doctor that they are engaged in producing. Should the loopholes in the present state standard be stopped up, all three would quickly disappear.

The consequences of the Flexner Report were many. There was a marked improvement in medical education. Flexner wanted to make all medical schools like Johns Hopkins, and he turned medical education in that direction. Teaching was taken away from private practitioners and was given to full-time clinical professors. There was an increase in the cost of medical education. Only the wealthy could attend. This created a shortage of physicians in rural areas because many of the schools that were producing the kind of doctors who would go to a small town were closed down. And this made an opening for osteopathic and chiropractic practitioners to fill in the gap.

PROGRESS AT BAYLOR MEDICAL COLLEGE FROM 1910 TO 1920

Baylor Medical College made progress in spite of Flexner's predictions, but there were many problems. The faculty was often in turmoil. Many doctors in the city remained absolutely antagonistic to the school. The AMA Council on Medical Education gave it a ranking of "B," meaning it was not fully accredited. In 1911 a new college building, Ramseur Hall, was built, and in 1916 the AMA council gave Baylor class A status. Between 1915 and 1917, Southwestern Medical College (later Southern Methodist University Medical Department) and the Fort Worth University Medical Department were merged with Baylor. Baylor offered degrees to all of their earlier graduates. Thus, in North Texas, there was only one medical school after 1917.

Dr. Clarence Manning Grigsby, who received his medical degree in 1883 from the College of Physicians and Surgeons in Baltimore, was appointed associate professor of medicine in 1911.

The next year he was appointed professor of medicine. I believe that Dr. Grigsby was the first chief of internal medicine at Baylor Hospital. In 1928, Dr. Henry Morgan Winans became the second chief of internal medicine. He had graduated from Johns Hopkins University in 1919.

In 1917 a military hospital unit was organized at Baylor and was in active service in France until 1919. The State Dental College, which had been in Dallas since 1904, was taken over by Baylor University in 1918 and became the Baylor University College of Dentistry. It graduated its first class in 1919.

MINUTES OF THE DALLAS COUNTY MEDICAL SOCIETY AND A FATEFUL DECISION BY BAYLOR

To learn more about medicine in Dallas 100 years ago, I reviewed the minutes of the Dallas County Medical Society. Its very first meeting was in 1876. Minutes are available for 1876 to 1877, but they are handwritten and I couldn't read them. Minutes from 1877 to 1909 are missing. After 1910, legible minutes are available. The society met monthly, first in doctors' offices and later in hospitals. The agenda included an essay, case reports, discussion, and routine business. Quite often, though, these agendas would fail. The physician who was supposed to do the report would not show up or would show up but not do the report. Special problems, relating mainly to illegal practitioners, division of fees, and advertising were handled in called meetings.

A remarkable meeting occurred on Friday, May 17, 1920. This was about the first time that a typewriter was used to record the minutes. The purpose of the meeting was to discuss 2 proposed changes at Baptist Memorial Sanitarium. First, the Baptist Memorial Sanitarium was to be renamed Baylor Hospital. Second, the hospital was to be closed to all physicians who were not members of the faculty of Baylor College of Medicine, apparently in order to improve teaching. The medical society found out about this by reading a brochure from Baylor University in Waco. No one had told them what was going to happen. Only about one fourth of the physicians in Dallas were members of the Baylor faculty. So, three fourths of Dallas physicians would no longer be eligible to use the facilities at the newly named Baylor Hospital. The only other hospital they had was St. Paul's.

These decisions created renewed antagonism toward the medical school and towards Baylor Hospital. The physicians at-

Figure 13. The original Methodist Hospital, started in 1924 and completed in 1927. Photo: Methodist Hospitals of Dallas Archives.

Figure 14. African American patients seeking treatment in a segregated waiting room in the 1930s. Photo: Baylor Public Relations Department Historical Files.

Figure 15. Walter H. Moursund, MD. Photo: Baylor University Archives, Waco, Texas.

Figure 16. A medical school laboratory in the 1920s. Photo reprinted from Henderson L. *Baylor University Medical Center: Yesterday, Today and Tomorrow*.

tending this meeting of the Dallas County Medical Society were furious. They decided it would not be feasible for the society to have future meetings at Baylor because nonschool members would not feel welcome. Future meetings were to be held at Parkland Hospital. They also voted unanimously to do everything possible to obtain the removal of Galveston Medical School to Dallas, in order to make Baylor College of Medicine obsolete.

Rosser tried to defend Baylor's decision and suggested that the society should try to get some additional medical facilities in Dallas, but he wasn't very sympathetic to the needs of those physicians who were not going to be able to use Baylor Hospital. In response to the turmoil, this "closed staff" policy was eased slightly in 1921 but, nevertheless, Dallas physicians who were not members of the medical school faculty essentially stopped using Baylor Hospital after 1920. It seems likely that Methodist Hospital was built in part because of Baylor's decision to restrict its staff. Planning for Methodist began in 1920; the building was started in 1924 and completed in 1927 (*Figure 13*).

DIFFERENT NAMES FOR BAYLOR HOSPITAL

Baylor Hospital has had a lot of different names. It was the Good Samaritan Hospital in 1901, the Texas Baptist Memorial Sanitarium in 1904, Baylor Hospital in 1920, Baylor University Hospital in 1936, and Baylor University Medical Center in 1959. At the same time that the name changed to Baylor University Medical Center, the original Texas Baptist Memorial Sanitarium building was renamed the Minnie S. Veal Teaching and Research Hospital.

AN UGLY SIDE OF DALLAS AND DALLAS MEDICINE

During the time period covered in this article, Dallas was a racist city. According to Payne, the Ku Klux Klan (KKK) had enormous influence, and its members included chiefs of police, mayors and other city officials, and ministers. "White supremacy" and "pure womanhood" were 2 of its themes, and membership was restricted to "native-born Americans." The Dallas KKK had a women's drum corps and a junior auxiliary, and there was a KKK day at the State Fair. The KKK claimed that its creed was opposed to lynching but that it was even more strongly opposed to the things that caused lynchings. In 1912 Allen Brooks was forced from a courtroom by a lynch mob and hanged at Akard and Commerce Streets. Hundreds of people are recorded in a picture from the Dallas Public Library, watching as the hanging occurred. The

Figure 17. Ben Merrick with his OB bag, ready to deliver a baby in "Little Mexico," 1938. Photo: a gift to the author from Ben Merrick.

grip of the KKK subsided in the late 1920s, but intolerable and humiliating treatment of minorities continued for many years—made "legal" by Jim Crow laws, which were upheld in the US Supreme Court, as described by Curriden and Phillips.

When I was an intern in Dallas in 1956, hospital wards were strictly segregated, as were hospital waiting rooms, water fountains, rest rooms, and dining rooms (*Figure 14*). I never spoke out against such atrocious and demeaning policies. The worst part is, I never thought they were wrong—and if I had, at that time I probably would not have had the courage to object because of my need to conform. I include these remarks because I think that even today we need to be acutely aware about how our senses can be dulled to unjust treatment of other people.

BAYLOR COLLEGE OF MEDICINE AFTER 1920 AND ITS MOVE TO HOUSTON IN 1943

Walter H. Moursund, MD, replaced Cary as dean of the medical school in 1920 (*Figure 15*). By this time, the medical school was beginning to look more modern (*Figure 16*). You can look hard but won't find many women. I don't know if it was true of this medical school, but Starr says that medical schools throughout the country had an unspoken quota on the number of women who could be enrolled in medicine and it was 5%. Moursund makes it clear that, in spite of the distance between the 2 institutions, Parkland was the main teaching facility for inpatients. Graduates from the late 1930s and early 1940s have confirmed that inpatient teaching was mainly at Parkland but occurred also

Figure 18. Some graduates of Baylor College of Medicine when it was in Dallas.

Top row, left to right: Billie L. Aronoff, Charles T. Ashworth, Dale Austin, Allen Crenshaw, Jabez Galt, Arvel Haley.

Center row, left to right: Ben Harrison, E. R. Hayes, J. B. Howell, George M. Jones, Jr., Frank H. Kidd, Jr., Oscar M. Marchman.

Bottom row, left to right: Ben Merrick, J. E. Miller, E. E. Muirhead, C. O. Patterson, Robert S. Sparkman, Paul Thomas.

Photos: Baylor University Archives, Waco, Texas.

on wards for indigent inpatients in Baylor Hospital. There was a substantial outpatient clinic at Baylor, and the students were actively involved in this facility. Students also made house calls regularly (*Figure 17*).

After Cary resigned, he became busy with a lot of other things. He built the Medical Arts building, and he was president of the AMA. Not all of his accomplishments were admirable (in my opinion), but his energy, enthusiasm, toughness, determination, and personality were outstanding.

In 1939, after being away from the medical school for 19 years, he formed the Southwestern Medical Foundation. He said that the purpose of the foundation was “to support research in medicine, to bring Dallas and Texas to the stature enjoyed by Johns Hopkins, Cornell, Northwestern, and Mayo Foundation.” He thought that Baylor University College of Medicine under the present arrangement would never get much research accomplished. The foundation tried to raise money for an endowment for research at the medical school, but the response to this effort was not encouraging.

Several issues were involved in the move of Baylor University College of Medicine from Dallas to Houston in 1943. Cary thought that Baylor was a “sectarian” institution and that this impeded philanthropic giving. He thought, and he was right, that there was minimal financial support from Baylor University in Waco. He criticized a lack of research by the faculty.

The Southwestern Medical Foundation initially proposed that the school be moved to the Parkland campus. An agreement was actually signed with Waco to do just that. But there were more serious differences related to who was going to control the faculty, the medical school and the university or the Southwestern Medical Foundation. The dispute became bitter. The timing during World War II was probably significant. Many of the physicians of the Baylor staff were in the Second World War and were not available to give their input. And then the closure of

the Baylor Hospital staff in 1920 was still having repercussions, and many if not most doctors in town were apparently happy to have the school leave Dallas. I could find no record of anything Rosser said about the move. He was 82 and died 2 years later.

Although several people have told me, with near absolute authority, that wealthy men in Houston essentially bought the school and moved it to Houston, I can find no evidence that Houston money played any role until after negotiations between Baylor Waco and the Southwestern Foundation were at a complete impasse. At that point, Baylor contacted the M. D. Anderson Foundation, and a deal to move the medical school was quickly made.

CLOSING THOUGHTS

I believe I learned a few things in preparing this talk, and I will try to briefly list some of them. First, starting in the 1890s, Dallas provided better medical care to indigent people than did most other Texas cities and counties, primarily because a few Dallas doctors fought for it. Second, Dallas had great medical leaders 100 years ago. As they practiced medicine they reached out across the state and nation to represent Dallas. They also brought an early medical school to Dallas, they made it good, and it graduated many excellent doctors. *Figure 18* shows some of its outstanding graduates whom I was privileged to know. The presence of the school undoubtedly helped the city progress during the first half of the 20th century. Third, the rules of professionalism, ethics, and etiquette are transient. Fourth, medical institutions and their medical staffs should do all they can to avoid making enemies of sister institutions and fellow physicians. The animosities last for a long, long time. Fifth, although there were many problems and disagreements along the way, no one could argue with the end result. Both Houston and Dallas have excellent medical schools. Baylor University Medical Center has prospered and become an outstanding teaching hospital; both its private

and its indigent patients enjoy the enormous benefits of having medical students and houseofficers assigned to their cases.

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