ORTHOPEDIC MANPOWER IN THE EARLY DAYS (1924-1980) TULSA AND NORTHEAST OKLAHOMA

Written and Edited

Jerry Sisler MD

Read and Approved

Harry Livingston MD and Norman Dunitz MD

Final Edit 01/03/2012

Printed 01/03/2012

This Article is dedicated to the Tulsa County
Medical Society. Many thanks for your assistance and cooperation.

This is a compendium of practices and issues which were encountered during my years of training and practice in Tulsa, Oklahoma. It reviews many of the orthopedic surgeons with whom I practiced, side-by-side. It would be a shame to forget them, thus, this document about our specialty and the manpower that practiced it.

Table of Contents

INTRODUCTION, ORTHOPEDIC MANPOWER IN OKLAHOMA

This document was started with the intention of listing the early orthopedic surgeons that practiced at St. John and Hillcrest Hospitals in Tulsa, then briefly mentioning other early orthopedists in other locations in Northeast Oklahoma. As a youth, growing up in the Mercy Hospital environment and in my years of orthopedic training in Oklahoma City, then practice in Tulsa starting in 1963, I had personal contact with most of the doctors on the list. This information was not easy to come by. I used personal experiences, interviews with peers or the doctor himself, obituaries, city directories, the Oklahoma Board of Medical Licensure, Tulsa County Medical Society, and the internet as sources. Wikepedia was very helpful in regard to manpower statistics. This article focuses on orthopedic surgeons who practiced at St. John Hospital for at least a period of time during their careers. Some of them moved on to other venues and some eventually came together to form Tulsa Bone and Joint Associates (TBJA), Tulsa‘s third major orthopedic mega group, the first at St. John Hospital.

When I started practice at St. John Hospital, it was a bastion of solo private practice for orthopedists. The majority of us in solo practice believed the advantages outweighed the disadvantages. We could work as hard as we wished, pace fast or slow with patients, take off for long periods of time, have complete control of business decisions, retirement plans, medical insurance, etc. The overhead per active doctor was actually lower than large surgical subspecialty clinics. I also noticed that a few doctors in large clinics didn‘t have a clue what was/was not going on in the business aspect of their practice.
In July 2006, Harry Livingston, a semi-retired orthopedic surgeon and cofounder of CSOS, who, for many years concentrated his practice at Saint Francis Hospital (SFH), wrote an enlightening article on the comings and goings of the orthopedic surgeons affiliated with St. Francis Hospital. (This article can be located on the Tulsa County Medical Society‘s website under the ―History‖ category.) He discussed the various pathways (or workplaces) the orthopedic surgeons chose while on their way to their present workplace. Dr. Livingston‘s list of St Francis oriented orthopedic surgeons and this list which covers St. John and Hillcrest together, covers most of the early orthopedists in Tulsa.

In 2004, some doctors from CSOS and EOOC believed they could provide improved care of surgical patients in an environment controlled by the doctor. Fortunately for the doctors, the abandoned Oral Roberts City of Faith Hospital was available. A deal was closed and The Orthopedic Hospital of Oklahoma (OHOO) was born. Later, OHOO was expanded to include General Surgery, GU and GYN doctors and their name was changed to Oklahoma Surgical Hospital (OSH). Another specialty surgical

hospital was born about the same time. This was known as Tulsa Brain and Spine Hospital. This was spearheaded by neurosurgeons that were active on the staff of St. John Hospital and later included other surgical specialties. I have only heard good things about the conditions in surgery and patient care in this hospital. Proponents of these hospitals say that patients and their insurance companies get their money's worth since these hospitals are not saddled with money-losing services such as ER, radiation therapy, pediatric and neo-natal ICUs, HMOs, and Medicaid. Opponents say that selecting the short stay high-volume, well-insured cases amount to "skimming the cream off the top". The reaction of the large hospitals is not surprising. In the case of St. Francis Hospital, the Warren Clinic was formed, a team of surgical and medical specialists and primary care physicians was hired and now the hospital competes directly with the private physicians and surgeons. It seems like they have bitten the hand that fed them.

DEFINITION OF ORTHOPEDIC SURGERY

(also spelled orthopaedic surgery in British English) is the branch of surgery concerned with conditions involving the musculoskeletal system. Orthopedic surgeons use both surgical and nonsurgical means to treat musculoskeletal trauma, sports injuries, degenerative diseases, infections, tumors, and congenital disorders.

NICHOLAS ANDRY, A FRENCHMAN, COINED THE WORD ORTHOPAEDICS"

aka ~~–o~~rthopedics:" The word was derived from Greek words for orthos ("correct", "straight") and paideion ("child"). In 1741 he published Orthopaedia or the Art of Correcting and Preventing Deformities in Children. Correction of spinal and bony deformities became the cornerstone of orthopedic practice. This seems like a long time ago; however, in 1962 while in Jordan and in 1973 in northeast Brazil, I found the bonesetters and voodoo witches were hard at work giving traditional orthopedics a run for its money. In both places, there were serious complications from their treatment. By far the most common complications were infections from inadequate debridement of wounds, malalignment of fractures and evidence circulatory impairment which occurred from casts or dressings which were too tight. What I didn't see were the many people that were improved or healed by these bonesetters, although I knew they were out there.

SPELLING OF ORTHOPEDICS (ORTHOPAEDICS)

: In the United States **orthopedics** is the standard spelling, although the majority of colleges, universities and residency programs, and even the American Academy of **Orthopaedic** Surgeons, are still using the spelling with the Latinate digraph ae. Elsewhere, usage is not uniform; in Canada, both spellings are acceptable; *orthopaedics* usually prevails in the rest of the Commonwealth, especially in Britain.

ORTHOPEDIC TRAINING in the US:

Orthopedic surgeons have typically completed four years of undergraduate education and four years of medical school. Subsequently, these medical school graduates undergo residency training in orthopedic surgery. The five-year residency consists of one year of general surgery training followed by four years of training in orthopedic surgery. Selection for residency training in orthopedic surgery is very competitive. Today, over 6 months of training is dedicated to the treatment of the pediatric population.

Approximately 700 physicians complete orthopedic residency training per year in the United States. About 10 percent of current orthopedic surgery residents are women; about 20 percent are members of minority groups. There are approximately 20,400 actively practicing orthopedic surgeons and residents in the United States. According to the latest Occupational Outlook Handbook (2009–2010) published by the United States Department of Labor, between 3–4% of all practicing physicians are orthopedic surgeons.

FELLOWSHIP TRAINING Many orthopedic surgeons elect to do further training, or fellowship, after completing their residency training. Fellowship training in an orthopedic subspecialty is typically one year in duration (sometimes two) and sometimes has a research component involved with the clinical and operative training.

Examples of orthopedic subspecialty training fellowships in the United States are:

- Hand surgery
- Shoulder and elbow surgery
- Total joint reconstruction (also known as arthroplasty)
- Pediatric orthopedics
- Foot and ankle surgery
- Spine surgery
- Musculoskeletal oncology
- Surgical sports medicine
- Orthopedic trauma

These specialty areas of medicine are **NOT EXCLUSIVE** to orthopedic surgery. For example, hand surgery is practiced by some plastic surgeons and spine surgery is practiced by most neurosurgeons. Additionally, foot and ankle surgery is practiced by board-certified Doctors of Podiatric Medicine (D.P.M.) in the United States. Some family practice physicians practice sports medicine; however, their scope of practice is non-operative.

After completion of specialty residency/registrar training, an orthopedic surgeon is then eligible for **BOARD CERTIFICATION**. Certification by the American Board of Orthopaedic Surgery means that the orthopedic surgeon has met the specified educational, evaluation, and examination requirements of the Board. The process requires successful completion of a standardized written exam followed by an oral exam focused on the surgeon's clinical and surgical performance over a 6-month period. **RECERTIFICATION** is required every 5 years.

In the United States, specialists in hand surgery and sports medicine may obtain a **CERTIFICATE OF ADDED QUALIFICATIONS (CAQ)** in addition to their board certification by successfully completing a separate standardized examination. There is no additional certification process for the other subspecialties.

25 MOST COMMON PRACTICE PROCEDURES: According to applications for board certification from 1999 to 2003, the top 25 most common procedures (in order) performed by orthopedic surgeons are as follows:

1. Knee arthroscopy and meniscectomy
2. Shoulder arthroscopy and decompression
3. Carpal tunnel release
4. Knee arthroscopy and chondroplasty
5. Removal of support implant
6. Knee arthroscopy and anterior cruciate ligament reconstruction
7. Knee replacement
8. Repair of femoral neck fracture
9. Repair of trochanteric fracture

10. Debridement of skin/muscle/bone/fracture
11. Knee arthroscopy repair of both menisci
12. Hip replacement
13. Shoulder arthroscopy/distal clavicle excision
14. Repair of rotator cuff tendon
15. Repair fracture of radius (bone)/ulna
16. Laminectomy
17. Repair of ankle fracture (bimalleolar type)
18. Shoulder arthroscopy and debridement
19. Lumbar spinal fusion
20. 20. Repair fracture of the distal part of radius
21. 21. Low back intervertebral disc surgery
22. Incise finger tendon sheath
23. Repair of ankle fracture (fibula)
24. Repair of femoral shaft fracture
25. Repair of trochanteric fracture

A typical schedule for a practicing orthopedic surgeon involves 50–55 hours of work per week divided among clinic, surgery, various administrative duties and possibly teaching and/or research if in an academic setting.

History of Orthopedic Progress: **Wartime Medicine has taught us much about orthopedic surgery.** During the Civil war and WWI, general surgeons bore the brunt of orthopedic patient care. Principles of proper wound debridement and care learned during these conflicts were also applied in peacetime. With each war there has been improved statistics of limbs salvaged and diminished complications. The improvements which have occurred also reflect improvements in anesthesia, patient monitoring, antibiotic choices, blood supplies, emergency response time and helicopter transport—to mention only a few.

Jean-Andre Venel established the first orthopedic institute in 1780, which was the first hospital dedicated to the treatment of children's skeletal deformities. He is considered by some to be the father of orthopedics or the first true orthopedist in consideration of the establishment of his hospital and for his published methods.

Antonius Mathysen, a Dutch military surgeon, invented the **plaster of Paris cast** in 1851. Many developments in orthopedic surgery resulted from experiences during wartime. On the battlefields of the Middle Ages the injured were treated with bandages soaked in **horses' blood** which dried to form a stiff, but unsanitary, splint. Traction and splinting developed during World War I.

Gerhard Küntscher of Germany pioneered the use of **intramedullary rods** to treat fractures of the femur and tibia. This made a noticeable difference to the speed of recovery of injured German soldiers during World War II and led to more widespread adoption of **intramedullary** fixation of fractures in the rest of the world. However, traction was the standard method of treating thigh bone fractures until the late 1970s when the Harborview Medical Center in Seattle group popularized intramedullary fixation without opening up the fracture.

Gavril Abramovich Ilizarov, of the USSR made a major contribution to orthopedic techniques when he developed a technique for external fixation of fractures. when he was sent, without much orthopedic training, to look after injured Russian soldiers in Siberia in the 1950s. With no equipment he was confronted with crippling conditions of unhealed, infected, and malaligned fractures. With the help of the local bicycle shop he devised **ring external fixaters tensioned like the spokes of a bicycle**. With this equipment he achieved healing, realignment and lengthening to a degree unheard of elsewhere. This

technique was refined by American surgeons during the Vietnam War. The Ilizarov apparatus is still used today as one of the distraction osteogenesis methods.
Ruth Jackson became the first female Board-certified Orthopaedic Surgeon in the U.S in 1937. Orthopedics continues to be a male-dominated field. In 2006, 12.4% of orthopedics residents were women.
David L. MacIntosh pioneered the first successful surgery for the management of the torn anterior cruciate ligament (ACL) of the knee. This common and serious injury in skiers, field athletes, and dancers invariably brought an end to their athletics due to permanent joint instability. Working with injured football players, Dr MacIntosh devised a way to re-route viable ligament from adjacent structures to preserve the strong and complex mechanics of the knee joint and restore stability. The subsequent development of ACL reconstruction surgery has allowed numerous athletes to return to the demands of sports at all levels.
Dr. Masaki Watanabe of Japan performed minimally invasive cartilage surgery and reconstructions of torn ligaments utilizing the a**rthroscope** in the early 1950s. Arthroscopy is much less invasive and this helps patients recover from the surgery in a matter of days, rather than the weeks to months, which was required by conventional, 'open' surgery. Knee arthroscopy is now one of the most common operations performed by orthopedic surgeons, It is often combined with meniscectomy or chondroplasty.
Sir John Charnley pioneered arthroplasty of the Hip: He developed the modern total hip replacement in England in the 1960s. He found that joint surfaces could be replaced by metal or high density polyethylene implants cemented to the bone with methyl methacrylate bone cement. Since Charnley, there have been continuous improvements in the design and technique of joint replacement. Other contributors, include **W. H. Harris**, the son of R. I. Harris, whose team at Harvard pioneered uncemented arthroplasty techniques with the bone bonding directly to the implant.
Knee replacements using similar technology as the hip were started by **McIntosh** in rheumatoid arthritic patients and later by **Gunston** and **Marmor** for osteoarthritis in the 1970s. **Dr John Insall** developed a fixed bearing system for the knee and **Dr Frederick Buechel** and Dr **Michael Pappas** utilizing a mobile bearing system.
Uni-compartmental knee replacement, in which only one weight-bearing surface of an arthritic knee is replaced, is an alternative to a total knee replacement in a select patient population.
Joint replacements are available for other joints on a limited basis, most notably shoulder developed by **Charles Neer**. Joints are also available for the elbow, wrist, ankle, spine, and fingers.
Surface replacement of joints, in recent years, in particular the hip joint has become more popular amongst younger and more active patients. This type of operation delays the need for the more traditional and less bone-conserving total hip replacement, but carries significant risks of early failure from fracture and bone death.
One of the main problems with joint replacements is wear of the bearing surfaces of components. This can lead to damage to surrounding bone and contribute to eventual failure of the implant. Use of alternative bearing surfaces has increased in recent years, particularly in younger patients, in an attempt to improve the wear characteristics of joint replacement components. These include **ceramics** and **all-metal implants** (as opposed to the original metal-on-plastic). The plastic (actually ultra high-molecular-weight polyethylene) can also be altered in ways that may improve wear characteristics.

THE DOWNSIDE OF ORTHOPEDIC PROGRESS – THE "UNLEARNING PROCESS."

As orthopedic residents we were taught that a procedure should be performed in a specific way. For example, one of our instructors, a knee surgeon, told us not waste time with arthroscopy and when we found a torn meniscus we should remove the entire meniscus. When we attended courses on arthroscopy we were told that was all wrong – that total menisectomy had long term detrimental effects on knee joint function and that it set the stage for traumatic arthritis of the knee. Unfortunately we found this scenario repeating itself time and time again. I called this the **unlearning**

process. As we matured as surgeons we realized that change is the norm. Somewhere, somehow there is somebody out there with a better way. We must listen, weigh the problem in the light of our own skills experiences and reading then move on.

KEEPING UP WITH CHANGES IS DIFFICULT PARTICULARLY FOR MATURE SURGEONS: This is a strong argument for subspecialization. The branches of orthopedics have grown and are changing rapidly. The general orthopedist finds himself in dilemmas. Shall he offer his patient a new technique which he only recently learned or go with the older techniques which his subspecialist colleagues gave up some time ago. Orthopedists in small and remote communities have no choice – they must serve their community but maintain referral lines to subspecialists for complex cases.

PARTIAL LIST OF ORGANIZATIONS WHICH REPRESENT AND EDUCATE ORTHOPEDIC SURGEONS

American Academy of Orthopaedic Surgeons
American Orthopedic Association
American Osteopathic Academy of Orthopedics
Arthroscopy Association of North America
European Federation of National Associations of Orthopaedics and Traumatology
American Orthopaedic Society for Sports Medicine
The International Society of Orthopaedic Surgery and Traumatology
American Board of Orthopedic Surgery

MAJOR BOOKS AND JOURNALS OF ORTHOPEDISTS

Campbell‘s Operative Orthopedics
Wheeless' Textbook of Orthopaedics
The Journal of Bone and Joint Surgery, American Volume
The Journal of Bone and Joint Surgery, British Volume
Arthroscopy: The Journal of Arthroscopic and Related Surgery

EARLY ORTHOPEDICS IN OKLAHOMA AND EARL MCBRIDE

Injured and crippled people looked to the capital city for relief and satisfaction of their orthopedic problems. One of the first trained orthopedists in the state, Dr. R. Hull, started practice in Oklahoma City in 1915. During WWI, he left his orthopedic practice and entered the army. Dr. Hull died of pneumonia while serving in the military. Dr. Earl McBride, a trained general surgeon, schooled in Oklahoma; entered the military in 1917 and was discharged from the military in 1919. After discharge from the Army, Dr. McBride was encouraged to take over the orthopedic practice of Dr. R. Hull. Reluctantly, Dr. McBride agreed but first he took an orthopedic fellowship under Dr. Royal Whitman. He limited his practice to orthopedic surgery in 1921. This dynamic man went on to establish the McBride Clinic and later added a reconstruction hospital, which became the Hospital for Ruptured and Crippled in 1938. One of his greatest assets was his ability to stimulate public enthusiasm for his projects. This included mainstream medicine as well as influential laymen, many who were fellow Rotarians.

THE BEGINNING OF THE ORTHOPEDIC DEPARTMENT OF THE UNIVERSITY OF OKLAHOMA was complex. In the beginning there were three training programs. One headed by Kelly West, one by Dr. McBride, and one by Dr. O'Donoghue. These were eventually merged into a single orthopedic residency program which was chaired by Dr. O'Donoghue (who was also the first resident). He held this position until 1965. Dr. Joseph Kopta assumed the leadership from 1974 through 1992. Dr. Andy Sullivan was chairman from 1992 to 2005. Dr. David Teague was interim chair from 2005 – 2007 and became chairman in February 2007 and holds this position at this time.

UNTIL 1974 THE DEPARTMENT TEACHING WAS ENTIRELY CLINICAL

(meaning the orthopedic teaching was entirely by private practitioners mostly in the Oklahoma City area). Thereafter teaching has been a medical school departmental responsibility; however, the clinical input remains important. A large number of orthopedists in this state were trained in the O.U. program. Drs. O'Donoghue, McBride, and others were responsible for putting Oklahoma in the forefront of sports medicine, Prosthetic replacement of hip joints and Disability Evaluation – to mention only a few.

ROSTER OF ORTHOPEDISTS WHO PRACTICED PRIMARILY AT ST. JOHN AT LEAST IN THEIR EARLY YEARS:

Wade Horton Sisler, MD (1897–1968) Graduated (MD degree) from Northwestern Medical School in 1920, Interned at Memphis General Hospital, Orthopedic Residency at the Campbell Clinic, Memphis, TN. The second resident to finish at the Campbell Clinic, Memphis, TN. Practiced in Bristow, OK 1924-25. Started practice of Orthopedic Surgery in Tulsa in 1926. Owner and operator of Mercy Hospital in Tulsa, OK. (See write up on MERCY HOSPITAL for details of the life of Wade Sisler and Mercy Hospital). Wife's name Augusta. 9 children.

John Edwin McDonald, MD (1903-1972) Born Markesan WS. . BS U Wisconsin. MD St. Louis U 1926. Internship St. John Hosp. St. Louis, MO 1926 – 1928. Surg and Orthopedic training at Mercy Hospital, Tulsa and St. John Hospital 1928-?? served in Army Air Corps from 1942-1945. He was-discharged with the rank of Lt. Col. He was TCMS President in 1949. The Tulsa City Directory of 1928-1929 identified him as a "preceptor" of Wade Sisler. He was the senior and founding partner of the "Orthopedic Clinic" in Tulsa. He was a member of the American Academy of Orthopedic Surgeons (AAOS) in 1936. Member of many local and state medical associations.

Frank A. Stuart, MD (1904-1964) Born in Jackson, MS, attended Central High School, Jackson, MS., Millsap College (B.A degree) then U of TN Med School Memphis (MD 1930). Internship at TN Coal & Iron Hosp. Fairfield, AL. Orthopedic Residency - Mayo Clinic (1931 -1934), entered private practice in Tulsa Jan. 1935 (in 311, Medical Arts Bldg.). Army Air Corps 1942-1946 (46 mos). Attained rank of Lt. Col. On return he joined "The Orthopedic Clinic" which was founded by John McDonald. He did mostly private work although the Orthopedic Clinic was known for industrial practice. In 1949, was selected by Surgeon Gen. to inspect Orthopedic facilities, education and manpower in Europe. Married to Katherine, family 1 son, Frank A. Stuart 3rd, MD, died 3/1/64, of cancer of the lung.

John Clair Dague, MD (1910-2001) Born Washington, PA, moved to Tulsa in 1919. Graduated Tulsa Central High School in 1928, BS TU 1934. MD degree U of TN. 1939. Interned St. John Hosp 1939-1940, Orthopedic residency at Children's Hosp, Denver CO 1940-1942. US Army, Capt 1942-1946; served in New Guinea and the Philippine Invasion; was overseas 2½ yrs. Started practice in Tulsa in 1946, when he joined John McDonald's orthopedic clinic. Preceptor trained (OTJ) by Dr. McDonald and Frank Stuart from 1946 - 1950 - did mostly industrial work; A quiet hard working gentleman worked mostly at SJH even when his boss had moved primarily to SFH., Married – had 2 children. Died 2 Dec 2001, age 91.

Ray Michaels, MD joined Dr. McDonald in the orthopedic clinic early in the 1960s. Soon left the orthopedic clinic and set up in private practice in Ranch Acres Medical Bldg. in Tulsa, OK in 1963. He stayed for about 1 year then gave up his space to Richard Tenney (Neurosurgeon) when he went to Los Vegas to practice orthopedics.

Charles Edwin Brighton, MD (1917 -_____) Born in Coffeeville, KS. Pre-Med U of Chicago Degree-S.B.Degree; Medical School – U of Chicago 1942. Internship University & Children's Hosp., OK City 1942-43. group Orthopedic Residences –Campbell Clinic 1943-45; W.M. Phelps Cerebral Palsy Center 1946. Joined Springer Clinic in 1946, left Springer Clinic for private practice in 1961. 2nd office in Columbia Bldg. Moved to his own office at the NW corner 21st and Troost. Moved to Santa Fe to semi-retire Aug. 1981. A pet of Sister Alfreda's. Known for his foot surgeries –particularly bunions. Also known for cuckoo clock collection. Married to Ruth Cleo Dawson -3 children. Member Boston Ave Meth. Church.

Jack L. Richardson, MD (1914-2004) Born in Boston, MA. Attended Tulsa schools including Central High School. He attended U of OK graduating in 1935. He attended Columbia Medical School College of Physicians and Surgeons (MD Degree in 1939), interned and 1 year surgical training at Charity Hospital (Tulane U). (1941) Orthopedic residency training at U of Illinois, Urbana (1944); Military service in US Navy (1944-1946); survived Kamikaze attack on the USS Pinckney 28 Apr 1945. Two years as Orthopedic Staff Surgeon at Memorial Hosp., Williamson, WV. Started practice at St. John Hosp 1948. Served as Chief of Staff SJH, Hospital for Convalescent Children, and president of Tulsa Surgical Society and president of the Oklahoma State Medical Association. Retired 1979; first wife Mary died; he remarried to Joni in later years. Joni established The Richardson Asian Art Museum. See interview by Worth Gross for details.

Robert H. Johnson, MD (1918-1971) born Elk, Washington, undergraduate school–Washington State College B.S. Medical Degree – Washington U St. Louis, MO 1940, Served in Army Air Force 1941 – 1946 Internship – De Paul Hosp., St. Louis; Orthopedic Residency – St. Louis U 1946 – 1949., started practice in Tulsa, OK 1949. Earned European Campaign Ribbon with 6 Stars; Rank at discharge – Major. Industrial Surgeon from the Glass Nelson, board qualified. Married Virginia Pedon, 3 children. Member – Christ The King Catholic Church. Developed angina and congestive heart failure. Became medically disabled 1970 and died Nov. 1971.

James Kalb, MD trained hand and upper extremity surgeon replaced Dr. Johnson at GNC. He remained in Tulsa about 1 year then returned to Russellville, Arkansas.

Worth Gross, MD (1916-_____) Born in Orr, OK. Father was a General Practitioner, a so-called ~~–h~~orse and buggy doctor". Raised in Lindsey, OK. BS U OK 1938. MD Northwestern U 1942. Next 2 years Battalion Surgeon, 1st Marine Division. Orthopedic Residency, U.S. Naval Hosp Houston, TX, McBride Clinic and U of OK, OK City. Practiced 1 year Iowa City with Dr.Chris O'Donoghue , 3 years Ft. Smith, AR. Began practicing in Tulsa in 1953; known for his orthopedic skills with difficult scoliosis cases and hunting prowess. He was a champion of organized medicine serving as President of the Tulsa County Medical Society & President of Clinical Orthopedic Society and many other medical organizations. He retired in 1983 and became CEO of _THE POTHOLE' his private hunting station populated by life-long friend, Dr. Fred Martin. Orthopedic Research Society. Married to Charlotte, 2 children; see interview for details.

Alfred Hiller Bungardt, MD (1913-2002) Born and raised in Cordell, OK, son of a wealthy doctor in Cordell, OK who invested in rural real estate during the depression years; an only child; attended schools in Cordell. Worked in a clothing store while in undergraduate school at 0U; B.A. from U of OK in 1935, a B.S. from O.U in 1937, & MD from O.U.1939. Internship at University of OK and Crippled Childrens' Hosp. OK City 1939 – 1941; served in Army Medical Corps 1941 – 1953, served in the military during WWII-attained rank of Lt. Col. He also served during the Korean conflicts (served in Japan as head of orthopedic department). He received the Army Commendation Medal, Bronze Star with Oak Leaf Cluster, The Purple Heart and Legion of Merit. He married Pauline Dunn in 1937 from OK City and had

one daughter. He did graduate work at U of OK and U Hospitals from Jul. 1947 to Aug. 1950. Then became Head of Children's Hosp. OK City for 3 years. Started practice in Tulsa 1954. He had a long and successful practice and was considered as one of Tulsa's Carriage Trade's Doctors. He practiced exclusively at SJH. A member of Kirk of the Hills Presbyterian Church. He retired in 1982, turning his practice to Dr. James Griffin, including long-time scrub nurse, Reba.

Norman Dunitz, MD (1927-_____). He was born and raised in Newton, Iowa. He spent two years in the military then U of Iowa, undergraduate school, then the U of Iowa Medical School graduating in 1953. He took a year of surgical training in Detroit and his orthopedic training was at the Mayo Clinic. He started practice in Tulsa in 1958. His practice grew quickly since he willingly took call at the major hospitals in Tulsa, including St. Francis after it opened in 1960. He developed a special interest in cervical radiculopathy and together with neurosurgical associate, Dr. Herman Flannigan they performed cervical discography and cervical fusion using the Cloward technique. He was a general orthopedist but in his later years of active practice gravitated toward total hip and knee replacement surgery.

He enjoyed and appreciated the value of organized medicine. He is a member of the Clinical Orthopedic Society and the American Association of Hip and Knee Surgeons. He has many friends in these organizations and enjoys attending these meetings. He was elected president of the Clinical Orthopedic Society. He arranged for Dr. Maurice Mueller of Switzerland as guest of honor and together they put on an unforgettable meeting. Although he is officially ~~–re~~tired~~–~~, he still covers for the orthopedic doctors in his office and still attends some meetings.

The following are the doctors who practiced in Dunitz's office before the formation of TBJA – marked with an asterisk (*).

***William Harrison, MD** (1934-_____) started practice in Tulsa in 1966 when he left the hand service at Sandia base in Albuquerque, NM. He took over the practice of Dr. Jerry Sisler who was drafted into the Army Medical Corps in 1966. After Sisler's return in 1968, Dr. Harrison joined Dr. Dunitz's office. Dr. Harrison left this practice in 1973 for a 6 month fellowship in hand surgery in Buenos Aires with Dr. Zancoli. Dr. Harrison opened his practice for hand surgery in 1974. Dr. Harrison commented that, to his knowledge, although there were several surgeons (including me) claiming they were hand surgeons, he was the first orthopedic surgeon in Tulsa to limit the practice exclusively to hand surgery. Harrison considered joining TBJA, but was so close to retirement that he opted out.

***Jesse DeLee, MD** (1945-_____) joined the practice from 1976-1978, then left to teach at U of TX. San Antonio. Jesse had many innovative ideas and a special interest in total joint replacement. He had just completed a 6 month total joint replacement fellowship with Professor John Charnley. He departed Dr. Dunitz to take a didactic position in the Orthopedic Department at U of Texas in San Antonio.

***Arthur Murphy, MD** (1947 -_____) joined the practice 1978 and stayed through 2000 when he started his solo practice in the annex bldg (located in a house north of SJ Doctor's Bldg) when he left to sub-specialize on arthritis surgery. He had painful traumatic arthroses of both knees which made it difficult to carry out all the duties of a general orthopedist. He was particularly interested in total joint replacements in rheumatoid arthritics. He left the practice in 2000 when he opened his own office in an annex building. He continued a joint replacement practice for several years until St. John shut it down in order to build a parkade. He then retired and underwent bilateral successful knee replacement surgeries.

***Scott Dunitz, MD (1956-_____) I**n 1988, Norman's son, joined the practice then known as the Orthopedic Associates. He had completed orthopedic training at Mayo Clinic. He became active in the formation and operation of TBJA, otherwise known as Tulsa Bone and Joint Associates in the year 2000. Nearly every practicing orthopedist based in St. John gave up private or small group practice and joined the mega group. This group included Drs. Slater, Griffin, Marberry, Simmons, Bazih, Dukes, Josephson, Nossaman, Stamile, Jabbour, and Hood.

***Jerry Sisler, MD** (1934-_____) BS U of Tulsa; MD Washington U, St Louis 1958, Surg Intern & res Barnes Hosp, 3 years Ortho U of OK, OK City Started Practice Tulsa, 1963 General Orthopedics, office in Ranch Acres Medical Bldg. Consultant at Hissom Medical Center-three years. Drafted in Dec 66, 1

year at Ft. Leonard Wood, MO, 1 year at 67th Evac Hosp in Qui Nhon, Viet Nam. After return to practice in April 1968, worked at St. John. Retired 1990 due to Parkinson's Disease symptoms. Worked with Orthopedics Overseas and Project HOPE in Jordon, Maceo Brazil, Malawi, Ethiopia, Transkei, Viet Nam & Uganda. Dr. Harrison covered the office 2 years 1966 – 68. Dr. Vosburgh covered in 1970 for 3 months (circle Pacific excursion) Dr. Simmons covered on several occasions.

***John Vosburgh, MD** (1938-_____) MD U OF KS 1964, 2 Yrs Int Med at KU (internship and 1st year Int Med Res); was drafted into U.S. Army and served 1 year GMO at Ft. Leonard Wood 1966, 1year GMO Turkey 1967, (John's favorite trick in his dispensary, which he ran every morning; was to refer his acute back ache patients to the ~~–s~~pecialist in the orthopedic clinic." That afternoon, when the patient met the specialist, he was surprised to find they were one and the same.) Ortho Res. U of OK, OK City, The fickle finger of fate played a role in his destiny to be a doctor. He developed an unstable knee diagnosed as osteochondritis dissecans with a large loose body within the bone fragment from the defect. John said his knee problem was an answer to his grandmother's prayer – like the million dollar wound of the military. Dr. O'Donoghue removed the large bone fragment from the defect but he never regained even a near normal knee. This caused him to quit athletics and start a medical career. He had increasing pain in his knee relieved later in life by total knee replacement. He started practice in Tulsa in 1970 when covering for J Sisler when Sisler went to Brazil with Project HOPE. In 1994 he joined the practice of Drs Dunitz (Norman and Scott), Jim Slater et al. Practiced Gen. Orthopedics based in St. John until retirement Dec. 2004. Married to Patsy, 3 sons. Son Craig is an orthopedist in Topeka, KS.

ORTHOPEDIC SURGEONS WORKING AT ST. JOHN, HILLCREST AND DOCTORS HOSPITALS WHO PARTICIPATED IN THE "COMING TOGETHER" TO FORM TULSA BONE AND JOINT ASSOCIATES (TBJA):

The original participants of TBJA negotiations were Jim Griffin, Ron Hood, Norman Dunitz, Scott Dunitz, Jim Slater, Tony Jabbour, John Vosburgh, Jaafer Bazih, Kevin Dukes, Tom Marberry, John Josephson, Brent Nossamen, Terrill Simmons and Richard Stamile. Art Murphy and Michael Clendenin also participated but for various reasons they did not join. Meetings were held at Stillwater Bank. The negotiations were said to have lasted for over a year. They have accomplished something that was thought to be nearly impossible, but it appears the climate was ripe for this change to have occurred. Once they reached agreement to merge, they had no place to practice as a large group. Starting in 1999, they merged on paper but continued to practice in their respective offices. They purchased land at 4802 South 109th in Tulsa, OK. Rapid growth of services offered quickly overcrowded the new facility and now TBJA occupies four buildings and also have satellite facilities in Broken Arrow and Owasso, OK.

***James C. Slater, MD** (1961-_____) MD U of OK 1986; Orthopedic Residency at U of OK 1986-1991; started practice at Tulsa Orthopedic Associates in 1991. Practiced General Orthopedics with emphasis on surgery of the spine, total hip and knee replacement. Joined TBJA when the mega group formed in 1999 or 2000. Wife's name Andrea, 5 Children.

***Tony Jabbour, MD** (1963-_____) MD degree University of Oklahoma, College of Medicine 1990; orthopedic residency University of Oklahoma 1995; Sports Medicine Fellowship, University of Chicago Medical Center 1996; started practice in 1996. He is a general orthopedist with an emphasis in sports medicine and arthroscopy.

Michael Clendenin, **MD** (1948 -_____) Came to Tulsa in 1981 to join William Harrison in his hand surgery practice. He was raised in Lubbock, TX. Graduated from Tulane School of Medicine in 1975. 4 years of Orthopedic Residency at U of TX, San Antonio under Rockwood & Green; with encouragement of Jesse Delee took 1 year Hand Fellowship at Mass. General Hosp.; participated in the talks of

organizing TBJA but in the end, he opted out, citing a conflict of interest since he had been appointed Chief of Staff at St. John Hospital.
James Griffin, MD (1950-_____) Trained at U of TX, San Antonio, under Rockwood and Green. Dr. Griffin started practice in Tulsa in 1982 concentrated his practice on joint arthroscopy and total joint replacement surgery. In 1999, he joined with other St. John based orthopedists to form ―Tulsa Bone & Joint Associates", the organization that was formed by the ―coming together" of many of the St. John-based orthopedic surgeons.
Jaafer Bazih, MD (1948-_____) Ein Shams U Medical School, Cairo 1966-1974; Medical education Univ. of Okla., Health Sciences Center-MD degree 1981. Orthopedic residency Univ. of Okla. Health Sciences Center. Practiced in Muskogee, OK for several years.
Kevin M. Dukes, MD (1963-_____) MD degree University of Oklahoma, College of Medicine; attended Tulsa Memorial H.S.; orthopedic residency Ft. Worth Affiliated Hospital, Fellowship, American Sports Medicine Institute 1994-1995, Birmingham, AL.
Ron Hood, MD (1959-_____) MD degree U of Oklahoma, College of Medicine 1987; residency San Francisco Orthopedic Residency Program 1992; started practice in 1992.
Tom Marberry, MD (1948-_____) Raised in OK City. Father an oil and gas attorney, attended private schools – Cassidy HS, played sports but had problems with osteochondritis dissecans of his knees and a chronic dislocating shoulder. The knee and shoulder were repaired by Jim Bell at the McBride Clinic with a good result when he was an undergraduate at Vanderbilt., Grad. U OK Med School 1975, interned St. Anthony Hosp, OK City; 3 yrs Orthopedic Residency U of OK, OK City, 6 months Visiting Fellowship Shoulder with Dr Charles Neer. He met wife-to-be, Mary Anne, a medical tech, at Vanderbilt. Started practice SJH in Aug. 1980. In 1992, Utica Square medical offices were torn down. Framjee, Josephson and Marberry bought a building on Terrace Drive. Joined TBJA in year 2000
John F. Josephson, MD (1947-_____) Med School at U of Bologna, Italy. Graduated in 1975. Residency at Catholic Medical Center; St. Francis 1980; took call at HMC and SJH. In 1992 shared office space on Terrace Drive with Marberry and Framjee. Wife Kathie.
Terrill Simmons, MD (1943-_____) grew up in Tonkawa, attended U of OK med school grad. 1969 Ortho res at Emery U. Started solo practice at SJH 1976; office 1705 E 19th then joined Griffin and Hood in Wheeling Medical Bldg in 1992. Member TBJA. Appointed head of Orthopedic Service, St. John Owasso Hospital, 2008.
Richard Stamile, MD (1942-_____), Attended State U of NY, Buffalo, NY attaining MD degree in 1968. Residency State U of NY Buffalo 1973. In practice since 1975. His office was in the professional annex building of Doctors Hosp. For years, he was the mainstay of orthopedic treatment at Doctors Hospital. He had an excellent general orthopedic practice based in Doctors Hospital. One by one, the family practitioner referral base dropped out and the hospital closed. By that time he had developed a good referral base which he took to SJH or HMC.
Brent C. Nossaman, DO (1962-_____) DO degree OSU, College of Osteopathic Medicine 1991; residency OSU, College of Osteopathic Medicine 1996 and fellowship in Hand Surgery Baptist Medical Center. Started practice in 1997. Joined TBJA at inception.

ORTHOPEDIC SURGEONS WHO STARTED AT ST. JOHN HOSPITAL BUT LATER MOVED TO SAINT FRANCIS HOSPITAL:

James White, MD (1929-_____) MD from U of OK 1954. Ortho Res at U of MN Hospitals, this included Internship at Anchor Hospital , 1 year Gen Surg at MN General and 3 year Orthopedic Res at VA Ortho program in Minneapolis. In Tulsa, came first to Springer Clinic when Brighton left in 1961. He stayed with Springer Clinic 16 months then went into private practice with offices in the Columbia Bldg.

John Smith, MD (1929-_____) Joined Dr. White in the Columbia Bldg in 1964, then they moved to the Warren Bldg in 1968. He was General Orthopedist later to declare hand surgeon; interned Brooke Army Hosp; Ortho Res, Brooke Army Hosp, 1 year at Sandia Base as Chief of Hand Surg. Retired 1995.
James Winslow, MD (C 1934-_____) MD degree U of TN in 1959. Ortho training at the Campbell Clinic. Came to Tulsa in 1967 from the Air Force to join with Dr. McDonald at his –Orthopedic Clinic". In 1969 Winslow switched from the Orthopedic Clinic to Dr. White's clinic. They formed a Group known as E.O.O.C. –Eastern Oklahoma Orthopedic Center" which grew to a multi-subspecialty group with offices in the Warren Bldg. with an emphasis on sports medicine. Winslow sponsored ORU's basketball team for several years then resigned his position in EOOC and became CEO of Oral Roberts World Wide Outreach Medical Program. When City of Faith folded, he took a position as a staff orthopedist at the Chickasha Clinic until his retirement
George Mauerman, MD (1937-_____) Well known sports medicine physician and surgeon, recently honored by University of Tulsa athletic department. Attended Vanderbilt for undergraduate studies on football scholarship. MD 1963 Columbia U New York. Ortho residency at Campbell Clinic. Recruited by Dr. Winslow to join EOOC in 1970. He supervised the start up of a primary care medicine fellowship in sports medicine managed by Jeff Emil. Dr. Mauerman is the team physician for the TU football and basketball teams. A strong family man, he lost his wife to cancer but treats his TU teams as if they are family.
Harry Livingston, MD (1934-_____) MD Emory 1957. Started practice in Tulsa in 1965 when he joined with Drs. McDonald and Dague for about one year. After he left the Orthopedic clinic, he concentrated his solo practice at SFH in the Warren Building. He served as a consultant at Hissom Medical Center for twenty-three years. He quit in frustration due to bureaucratic involvement in patient care. In 1972, he was joined by Dr. James Donald Keenan and together they started Orthopedic Specialists of Tulsa. In 1973, they were joined by Dr. Eugene Feild and in 1974, Dr. David Bell, hand surgeon. Over the next 22 years many other orthopedic surgeons joined Orthopedic Specialists of Tulsa. Eventually several orthopedic groups merged to form Central States Orthopedic Specialists in 1995. The details of the merger are detailed nicely in Harry Livingston's paper dated July 2006, written for Tulsa County Medical Society.

ORTHOPEDIC SURGEONS WHO WORKED AT HILLCREST HOSPITAL AT LEAST PART TIME.

Ian Mackenzie, MD: (1903-1952) born New Brunswick, Canada; premed McGill, U MD 1927, McGill Med. School, Montreal, Canada; Interned at NY Post Grad. Hosp and Shriners Hosp, Montreal, Canada; Orthopedic Residency Mercy Hosp, Tulsa, OK- 1932, took Polio Refresher Courses. Practiced at Hillcrest, St. John H, Byrnes H & Salvation Army H; entered practice Tulsa 1931. Known for his successful treatment of Polio. Director of Polio unit at Hillcrest. Died in an auto accident in 1952. Member Trinity Episcopalian Church. Wife – Margaret Bartlett, 5 children. Deceased son, David, was a noted fine arts critic and editor for the *Tulsa World*.
Myra Peters, MD (1925–2008) born and raised in Sheffield, AL. had 8 siblings, 2 sisters, 6 bros. One sister, Boots, married to accountant, Richard Greenwood; attended U of AL undergraduate and MD at U of AL Med College in Birmingham in 1949. She took orthopedic residency at the Mayo Clinic and with encouragement of some influential friends started practicing in Tulsa in 1954. She was 1st female Orthopedic surgeon in Tulsa, also 1st female physician to become president of Tulsa County Medical Association. Orthopedic residency at the Mayo Clinic and started practicing in Tulsa in 1954. (See interview conducted by Gross and Livingston for details). She was the dominant orthopedic surgeon practicing at Hillcrest Medical Center for many years. She developed disabling arthritis of the knee, but practiced several more years by using a scooter to get around the long hallways of the hospital and finally

a total knee replacement. She did not marry and kept herself busy with her hobbies of woodworking, ranching and flying.

Jack Newport, MD (1923-2007) Born in Buffalo, MO. Pre-med at William Jewell College, Liberty, MO. Washington U Med. School, St. Louis (MD 1947). Interned, Cincinnati Gen. Hosp. (1947-48) Resident, Gen Surg. HMC Jul 48 – Oct 49. U.S. Army, Captain, Oct. 49 -Dec 51. Orthopedic resident, V.A. Hosp. New Orleans, Jan 52 – Jan 54 and Charity Hosp Jan 54 – Jan 55. Instructor Ortho. Surg. Tulane Med. School. Practiced New Orleans Jan 55 – Jan 59. Started practice Tulsa 1959. Hand surgeon and general orthopedist who practiced at Hillcrest. First office in Columbia Bldg. Married Patsy Perry daughter of John Perry, a Tulsa GP. They had 2 sons. In 1988, he retired to Naples, FL to play tennis and golf.

Sami Framjee, MD (1951-_____) Born and raised in Pakistan. Attended medical school at Khyber Medical School graduating in 1973. Internship and residency in orthopedic surgery at U of Hawaii. One year fellowship in spine surgery at U of Hawaii. Took over the practice of Dr. Worth Gross when he retired in 1983. When Utica Square Bldg was torn down, he partnered with Josephson and Marberry in a building on Terrace Drive. Offered a position in TBJA but opted to practice solo. Wife‘s name is Naomi. Has two children.

James Mayoza, MD (1935-_____) Graduated U of Mississippi in 1961; Ortho. Res at Campbell Clinic. Joined McDonald and Dague 1966 – 1968. 1968 started private practice Ortho Surg at SFH until 1973 when joined by Henry Modrak to form Tulsa Orthopedic Associates Originally, Modrak came to Springer Clinic in 1965.

Robert Rounsaville, MD (1928–2008) Died at age 80. Moved to Woodlands, TX after retirement in 1988. Born Shreveport, TX. Pre Med at Louisiana State U; Med School –LSU MD degree 1953; Internship at Confederate Memorial Med Cntr, Shreveport, LA 1953-1954. Military; US Navy (Lt.(MC) USNR – 1955-1957. Ortho Residency Confederate Mem Med Ctr. 1957 – 1960; Orthopedic Surg Basic Science course at Tulane U; Practices: Topeka KS, Jan 61 – May 62; Shreveport LA, Jun 62 – Jul 64. 1st Practice in Tulsa - 1964-65 Orthopedic Clinic; 2nd practice - Jim White and John Smith 1965-1966; 3rd practice - Private practice – last office Saint John Doctor‘s Bldg 1966 – 1988. Married Betty Cheshler, 1 child who had a tragic death.

Milton Workman, MD (1930-2004) Residency, Univ. of Okla.; worked primarily at HMC. Retired from practice due to Hepatitis C, then worked as a Man Friday (cashier and delivery man) for Miss Jackson‘s; he commented to me that his job with Miss Jackson‘s was more fun than practicing orthopedics.

Allen Holderness, MD: (1934-_____) MD degree Univ. of Illinois 1960; moved to Tulsa to work at City of Faith. When hospital failed he relocated practice to Hillcrest. Also practices in Claremore Hospitals.

ORTHOPEDIC SURGEONS IN NORTHEAST OKLAHOMA:

Bartlesville OK: Jerry Bryngleson, MD; Jim Zeiders, MD; Jay Bryngleson, Jr., MD
Miami OK: Howard Condrin, MD

Muskogee OK: Pat Fite, Sr., MD; Port Johnson, MD; Richard Storts, MD; Richard Pentacost, MD; Fred Reufer, MD

ROSTER OF THE OKLAHOMA STATE ORTHOPAEDIC SOCIETY (1949):

Oklahoma City: Samuel T. Moore, Elias Margo, Howard B. Shorbe, Robert L. Noell, L. Stanley Sell, D. H. O'Donoghue, Charles Rountree, W. K. West, William L. Waldrop, James C. Amspacher, J. R. Stacy, Robert Holt, John Florence, John Dague, Russell D. Harris
Tulsa: Frank Stuart, Ian MacKenzie, Wade Sisler, John E. McDonald, Charles Brighton
Muskogee, OK: Pat Fite and P. E. Johnson
Lawton, OK: Charles Graybill
McAlester, OK: L. S. Willour

OSTEOPATHIC DOCTORS IN ORTHOPEDIC SURGERY

When I started practice in Tulsa in 1963, there were few, if any, Osteopathic physicians practicing in St. John or Hillcrest, the major hospitals of Tulsa. When St. Francis came on line in 1970, it too was all MD. In the intervening time, changes have occurred. Walk on to any ward in any Tulsa hospital and you will see MDs, DOs, white, black, Asian, Latino, Native American, female and male doctors working side by side.

The field of medicine has always had sharp divisions between certain groups of doctors. I am referring to osteopathic doctors/allopathic doctors; black doctors/white doctors; chiropractor doctors/traditional doctors; podiatric doctors/orthopedic foot surgeons; sub-specialty orthopedic doctors/general orthopedic doctors; optometric physicians /ophthalmologists; and otolaryngology/audiometry.

In the case of MD orthopedic surgeons/osteopathic orthopedic surgeons, the division seemed the result of mere tradition. Tulsa, and, in fact nearly all of Oklahoma had grown up under Jim Crow laws and racism existed in all of the hospitals, schools and public buildings. In 1963, Tulsa had a large Osteopathic Hospital, a good number of practicing Osteopathic primary care doctors, their own Board of Medical Licensure. The licensing exams were equally challenging for the DOs as were the MD‘s. Most squabbling among MDs and DOs probably stemmed from the atavistic drive to protect one‘s turf. It never occurred to me that a subtle form of racism was operating below the radar, and I don‘t believe the Orthopedic Resident Selection Committee was aware of it either. My orthopedic class of 1963 was 100% white male, all Anglo. How else but racism can one explain the purity of the orthopedic residents?

In 1954, the Supreme Court had ruled on *Brown v. Board of Education* but as late as 1963 segregation of schools and public places still existed. Judgments had come down in favor of the chiropractors and osteopaths licensed by the state in respect to staff privileges in hospitals using public funds. Doctors acting in good faith, who attempted to protect a hospital and staff from an errant doctor by denying privileges, were faced with the possibility of an expensive lawsuit if privileges were denied to various medical groups attempting to practice medicine in the State of OK. Through time and the gradual acceptance of minorities, changes that seemed impossible in the 1960‘s have gradually occurred. Osteopathic manpower in Northeastern Oklahoma has been augmented considerably by the presence of the Osteopathic Medical School in Tulsa. A glimpse at the directory of osteopathic physicians practicing in small towns in Eastern OK has shown a marked increase in osteopathic primary care physicians as each year goes by. In the orthopedic offices of all the major medical mega groups in Tulsa, Osteopathic physicians have taken their place in the rosters of subspecialty orthopedics.

MALPRACTICE, THE SCOURGE OF OUR EXISTENCE

Almost every surgeon who completes a lifetime of service will experience the threat of a medical liability lawsuit. This was the case of my father who, in retrospect, made mistakes and, I am sure, shortened his life as a result. Briefly the plaintiff was age 2 on September 2, 1940 when he fell and injured his arm. He was taken to the clinic of Wade Sisler and was treated by the staff physician, an employee of Wade Sisler. The case was filed just before the statute of limitations expired and came to trial in November 1962 – 22 years after the event. The trial resulted in a plaintiff's verdict and a large monetary judgment against my father. Wade Sisler was age 65 at the time of trial and quite typical of physicians of that era, had no formal retirement plan or fund. He was the sole proprietor of a small hospital and cash for operating expenses and capital needs usually was in short supply. In that pre-war era, records were scanty and those that existed were damaged in a flooded basement. The insurance carrier had long since disappeared. Unable to come up with the cash judgment, his personal property, including his small ranch and a couple of pieces of rental property adjacent to his hospital, were placed in receivership. There were no reserve funds for retirement.

The focus of the battle moved into the arena of hate and delaying tactics which dragged on until his death from a heart attack on March 19, 1968. A release from judgment did not come until June, 1969. But the battle didn't end with his death. The family was drawn into 3 yrs. more of ugly vindictive litigation over defense attorney's fees even though there were signed checks stating "paid in full." All of this heartache in the name of justice when, in reality, he was a plum ripe for plucking by an aggressive members of the legal profession.

TULSA ORTHOPEDIC SOCIETY

In a recent telephone conversation, Jim White recalled the year was about 1970. He and Norman Dunitz had attended an orthopedic seminar in Minneapolis. They also attended a very stimulating tri-city orthopedic conference which was well attended by the local orthopedists. This was the model for our society. After several months of study and discussion, the Tulsa Orthopedic Society held its first meeting and elected Worth Gross as the first chairman, Myra Peters was the permanent secretary-treasurer and Norman Dunitz was the permanent social chairman. Meetings were held once a month at the Candlewood Club. Once a year, usually near Christmas time, Norman Dunitz sponsored a party at the Summit Club. Attendance at these events was excellent and avenues of friendship and orthopedic experiences opened up. Whereas there had been very little interchange between doctors working at various hospitals, suddenly we were talking and discussing our orthopedic problems in a more open manner.

For several decades, interest and participation in this organization prospered. Thereafter there were problems with attendance. The downward slide could not be arrested, even with complete sponsorship from various commercial interests. In the year 2010, the organization was declared unsaveable and pronounced dead. Between the inception and demise, some radical changes had occurred in the makeup of the membership . Whereas at inception, most of us were solo practitioners and general orthopedists, at the demise the majority of the membership was in "mega groups" with sub-specialty interest taking precedence. It seemed impossible to arrange a relevant program but for a fraction of the membership. The mega groups had become very competitive losing some of the spirit of brotherhood along the way.

ADVERTISING IN ORTHOPEDIC SURGERY

This is a fact of life now. There is little or no benefit to discuss it because it is already an event which has happened and there is no going back. Advertising does get the word out what providers have to offer; but beware the buyer, there is very little to constrain the seller from outrageous claims of successes and results. My advice to the buyer - ~~"b~~beware the provider who uses excessive advertising. It can be a mine field of dangers which could very well introduce you to inexperienced doctors and fee structures which are out of control."

THE FIVE ORTHOPEDIC MEGA GROUPS IN TULSA

The longest in duration is **EOOC (Eastern Oklahoma Orthopedic Center).** Next was **CSOS (Central States Orthopedic Specialists).** Warren Clinic now has **"Orthopedic Institute"** which must be considered a mega group when considering Orthopedic manpower." At **St John, Tulsa Bone and Joint Associates (TBJA)** has grown significantly and probably has the most physicians. They have maintained a dialog with the mother ship in hope of giving some reassurance they have no intention of running off with their loyal patients. Finally **Tulsa Orthopedic Center (TOC)** which is a group consisting of about 50% MDs and 50% DOs. They owe their allegiance to Hillcrest Medical Center. It has grown significantly probably by virtue of its Osteopathic connections.

SPORTS MEDICINE IN TULSA OKLAHOMA

Accolades go to Dr. O'Donoghue as the father of sports medicine in Oklahoma. He studied and wrote about a variety of sport injuries but acute and chronic cruciate ligament injuries of the knee joint and the instability problems that result from these injuries got his greatest attention. His interest literally put him on the map in the sports medicine world. Many of us who trained under O'Donoghue inherited an affection for sports medicine but as solo practitioners we couldn't compete with large groups which focused on these problems.

In the early 1960s, Jim White in Tulsa was enamored with sports medicine and took the ball and ran with it. He volunteered his services to coach Jim Sellers, head coach of the Edison football team. Dr. White dedicated his Friday afternoon office hours as an open clinic for Edison athletes and their various sports medicine problems. As new men joined Dr. White's organization (known as EOOC – Eastern Oklahoma Orthopedic Center), he encouraged their participation with other local schools. John Smith joined EOOC in 1964 and took on Memorial High School football team. Jim Winslow joined EOOC in 1969 when he left John McDonald's "~~O~~rthopedic Clinic". He became the team physician for ORU basketball teams and brought with him his own experiences in college basketball. Winslow knew George Mauerman from their residency training days at the Campbell Clinic and recruited him to join EOOC in 1970. Mauerman had attended Vanderbilt undergraduate school on a football scholarship. Soon after starting at EOOC, he became the TU team physician for the football and basketball programs and continues in this capacity at this time.

In spite of all of this surgical horsepower there was a great need for the services of a sports medicine primary care physician. Jeff Emil filled this slot and EOOC launched a series of lectures on all aspects of sports medicine ranging from heat stroke to knee reconstruction. These early lectures were aimed at coaches and trainers. He supervised the start up of a primary care medicine fellowship in sports medicine. Competition for sports medicine problems among the orthopedic mega groups in Tulsa is keen. EOOC got in on the ground floor although the members will admit that they must work hard to stay there.

MEDICAL EXAMINATION AND REPORT FOR THIRD PARTY

This was a bone of contention in the orthopedic community. When a person is injured due to negligence of another person, there are grounds for a potential lawsuit to recover damages from the injuring person or his insurance company. Most of these are legitimate and straight-forward and suitable settlement is made without litigation. Still, there are numerous cases whereas the claimant makes outlandish complaints and his representative steers him to a doctor known to have liberal opinions regarding permanent damages and disability. These cases can drag on for years and become extremely expensive from ongoing treatments, diagnostic and therapeutic procedures. These cases are difficult to manage and require far more time and study. For this reason, orthopedic doctors are reluctant to take on this type of case. Some doctors refused to become entangled with such cases. The public pays the price for these third-party cases through increased cost of liability insurance.

Dr. John McDonald and Dr. Jack Richardson were known in the community as ―insurance doctors". They would usually rate the amount of disability based on ―objective" physical and neurological findings that can be seen or measured. The claimant's doctor would usually rate the disability based on what the claimant said he could do or not do. Therein lies the conundrum—sometimes these decisions came down to a jury or Judge to decide.

It was my belief we orthopedists owed to our community the duty of shouldering some of the burden of these cases. I instructed my staff to accept no more than one case per week. It doesn't sound like much, but given the long period of time that the case stays active, the numbers build and when the Court docket opens up, it makes for a very busy time.

ORTHOPEDICS OVERSEAS

One of my greatest enjoyments in the practice of orthopedic surgery was participation in overseas orthopedics projects. It was a time warp experience – just like turning the clocks back 50 years or so. The problems that I faced were similar to those faced by my father when he first started in Tulsa in 1926. These were numerous cases of untreated poliomyelitis deformities, cerebral palsy, osteomyelitis (acute and chronic), malunion of fractures, congenital deformities, untreated bone tumors and club feet to mention only a few. Proper treatment of a simple fracture of an extremity that might produce a month off of work could result in a lifetime of disability and unemployment in an overseas setting. In theory one has the opportunity to change a life for a lifetime although there were some caveats.

We hear a lot about infrastructure and this is true in orthopedics. It is necessary to have a functioning operating room and a hospital setting with the ability to deliver pre and post operative care. For example, overseas, operating room personnel depend on public transportation. If the city buses don't run (for any number of reasons) the operating room help can not get there and no operations can be performed on that day. One discovers there are reasons that so many things are untreated. In countries where poverty abounds medical care was out-of-reach of the common man. In parts of Uganda, patients were required to bring a mattress to the hospital when admitted. If a cast was planned he had to bring the cast materials. There was no food or laundry service. The family was required to do the laundry and cook the meals – else the patient would have to lie on dirty sheets and starve to death. There are numerous places where the systems can break down and always the patients suffer. I'm convinced that good health care starts in top layers of the government and trickles down to well motivated doctors who are only a small part of the equation.

In these overseas programs there is also a need for a place to stay, transportation, recreation, security for the person as well as ones personal belongings. Finally, personal health issues are another big factor

when considering the success or failure of a mission. A serious case of diarrhea could result in a total loss of time commitment to the project. What's more, a serious medical problem can be extremely expensive, particularly if medical evacuation is needed.

MEDICAL TRIPS I HAVE MADE:

Jordan (Palestine) 8 weeks (1962); Maceio, Brazil; Project Hope, 6 weeks (1973); Malawi, Ethiopia, Uganda 4 months (1991); Zimbabwe, Uganda, Transkei, South Africa 4 months (1992); Viet Nam, Israel, Somalia 4 months (1993); Viet Nam 5 weeks (1994).

SUMMARY

I have discussed orthopedic manpower in the early days in Northeastern Oklahoma. It has grown from the first Orthopedists in 1924 to several hundred MDs and DOs in five mega groups with strong referral sources. An assortment of practice related issues is also discussed. ssssCompetition between orthopedic groups is keen but with aging population there seems to be plenty of work for all.