

**THE HISTORY OF OTOLARYNGOLOGY IN
TULSA, OKLAHOMA
1950 - 1970**

COLLECTED AND EDITED

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EARLY HISTORY OF OTOLARYNGOLOGY AND OPHTHALMOLOGY

Those physicians trained in the late 19th and early 20th centuries had dual training and practices in Ophthalmology as well as Otolaryngology. Following World War II most dual residencies were terminated and separate residencies in Ophthalmology and Otolaryngology evolved.

The specialities were still closely associated and functioned under one name, The Academy of Ophthalmology and Otolaryngology. They continued to have combined meetings. However, each speciality had its own agenda and instruction courses. The Ophthalmologists had increased in number far faster than the Otolaryngologists due to the fact that most of those who had been dual trained elected to limit their practices to the eye. In the early 1970's rumors began circulating to the effect that the specialities should split and have separate meetings. They had grown too large for all but a few meeting sites, and each specialty had their own issues and agenda. The majority of the Ophthalmologists were in favor of the separation. However, there was fear and trepidation among the Otolaryngologists that the loss of the large number of eye men would leave the Otolaryngology Academy with insufficient membership to obtain desirable meeting sites. Following a vote of the members it was decided that the last combined meeting would be in 1978, after which each academy would select its own meeting city and agenda. Another problem was the American Council of Otolaryngology which had been formed by some members of the Academy as well as Otolaryngologists who were not board certified. This organization had been formed primarily as a political organization. The Academy of Otolaryngology decided to merge with the Council and grant full membership to all its members even those who were not board certified. This also included the Osteopathic physicians. There was also a renewed interest from the grass roots of practitioners of ENT who had previously felt

left out by the huge combined meeting, and who now began to attend as never before. These measures worked well and in a very few years the attending numbers at the Academy of Otolaryngology were exceeding those when the two Academies had been combined.

OTOLARYNGOLOGY IN TULSA, OKLAHOMA 1950 to 1970

The early practitioners of Otolaryngology in Tulsa also practiced Ophthalmology. Most of these men worked under a preceptor or were self trained by limiting their general practices to the speciality. One such man was John Gorrell. He also trained his son Ben in the specialty. Both were excellent physicians, and supported a thriving practice. Although Ben had never had formal residency training, he was an excellent physician.. He was honest, high principled and keenly aware of his limitations in surgical expertise. He exhibited a quick mind and good ethics and never hesitated to refer his problem patients to his better trained colleagues. Several of these pioneer physicians had their offices in the Medical Arts Building at Fifth and Main in downtown Tulsa. They included Arthur Davis, Hugh Evans, Marvin Henley, Chester Pavy and Ruric Smith as well as John Gorrell and his son Ben. Another early practitioner was W.O Smith whose office was in the Utica Square medical building. He practiced mainly at St. John Hospital.

One physician, Donald Mishler had received excellent training in both Otolaryngology and Ophthalmology, at the University of Iowa. He practiced both specialities in the beginning but gradually limited his practice to patients with diseases of the ear nose and throat. He joined the Springer clinic faculty early in his career and continued with them for many years but eventually changed to private solo practice.

Royal Stuart who had completed an Otolaryngology residency in St. Louis was also a board certified Otolaryngologist and practiced at St. John's from an office in Utica Square.

The Antibiotic Era

With the introduction of first sulfonamide and then penicillin the speciality of Otorhinolaryngology underwent a tremendous change. Whereas the only treatment for infections of the ear nose and throat had been incision and drainage now there was a dramatic cure early in the disease and before complications could develop. These drugs almost eliminated the bacterial infections such as scarlet fever, strep throat and diphtheria. However, the most dramatic effects were seen in infections of the ear. Before antibiotics a bacterial infection would ascend from the nasopharynx to the middle ear. . The mastoid cells were often large with the bony covering over them very thin. The infection would then break through the bony capsule and accumulate beneath the soft tissues behind the ear thus forming a postauricular abscess. The accepted treatment for this complication was incision and drainage which in those days was labeled as a mastoidectomy.

Following the successful control of most ENT diseases by the new found antibiotics, the speciality of Otolaryngology languished. The ear infections were controlled early by antibiotic treatment, and the horrible and often fatal complications of otological infections were not seen, and mastoidectomies were rarely performed. The residency programs were all but discontinued, and it was a black time for our speciality. Then, a new and wonderful thing happened in Germany. At the request of Dr. Horst Wullstein, the Zeiss binocular operating microscope was developed. Up until this time surgery of the hearing mechanism and the delicate structures of the middle ear and eardrum had not been possible due to a lack of magnification and a reliable

light source. Some innovative otologists such as Holgren in Sweden, Souril in France and Shambaugh in the United States had attempted surgery with the existing monocular microscopes and were partially successful. However, these early microscope models lacked not only binocular vision, but the working distance between the operative field and the objective lens was not adequate to insert and use instruments. This new Zeiss operating microscope had a working distance of 10.5 inches as well as a bright reliable light source and a binocular lens assembly. An added feature was an adjustment for five different powers of magnification with the same working distance. Thus, for the first time the otologic surgeon had binocular vision, magnification and adequate light to perform surgical procedures through an opening less than 1/4 inch in diameter and 1.5 inches deep. This revolutionized ear surgery and led to the development of new operations to remove disease and restore hearing. These early procedures were perfected in Germany by Dr. Wullstein as well as Dr. Fritz Zollner.

The antibiotic era that began in the late 1940's and early 1950's changed many diseases of the nose and throat as well as the ear. Now they could be treated by medical means whereas before the only hope of a cure had been surgical intervention. This changed the climate of otolaryngological practice dramatically. Whereas, the previous treatment was surgical incision and drainage, these cases were successfully cured by antibiotic medical therapy. Also, these new measures were now carried out by the general medical practitioners and pediatricians as well as the ENT physicians. This produced a marked change for the speciality, and rumors spread that Otolaryngology was a dying speciality and would soon cease to exist. A few years later however, this was proven not be the case as diseases which had in the preantibiotic era been

only seen in the acute stage now began to evolve in the chronic form of the disease. This turn of events now required that newly innovative measures be undertaken by Otolaryngologists to combat these changed disease entities. This happened slowly and over a number of years. Another complicating factor was the lack of young and newly trained otolaryngologists as the ENT residencies had almost ceased to exist when the speciality was thought to becoming extinct. An example of this was experienced by the army medical corp in Germany in 1953. At that time there was a doctor draft and all able bodied physicians were called on to serve a two-year tour of duty. An example of the specialty shortage in Ear, Nose and Throat was a curious situation in that an Otolaryngological resident with only one year of training was assigned as chief of service at the Ninety Eighth Army Hospital in Frankfurt, Germany, the largest hospital in that command. Where as many physicians who were board certified in surgery or internal medicine were assigned as general medical officers to field artillery or infantry battalions.

In 1955, the Zeiss operating microscope was introduced in America and would forever change the way ear surgery was done. Stapes mobilization and later stapedectomy were introduced for otosclerosis and replaced the complicated and mutilating operation of fenestration. The acute cases of mastoiditis were now rarely seen. However, chronic cases of mastoiditis and cholesteatoma began to emerge. There was also a backlog of draining ears, the result of perforations or surgery in the preantibiotic era.

In 1956, at a historic meeting in Montreal, Canada, Dr. Horst Wullstein, presented his new concept of ear surgery, the goal of which was not only to remove disease but to restore hearing.

It was a radical departure from the established concept of disease removal first with no regard for the hearing. However, it was embraced by many forward thinking ear surgeons and was instituted by some ENT residency programs.

In addition to the otologic surgery there were marked strides made in nose, sinus and throat surgery. As infection could now be controlled with antibiotics, there emerged new and extensive surgery that could be carried out on these structures. Magnification, utilizing the Zeiss operating microscope and lens of long focal length, the armamentarium of instruments to treat diseases and surgery of the larynx and even the nose and sinus were developed. It was this atmosphere that enabled the residents at that time to experience extensive and valuable training in the changing field of ENT surgery.

The Zeiss operating microscopes arrived in Tulsa in 1958. Three microscopes appeared almost simultaneously. St. John hospital purchased one at the urging of Dr. Mishler. Dr. Stuart and Dr. Wehrs each purchased one for their personal use. Thus, Tulsa entered the age of modern otologic surgery. The microscope was of benefit for far more than the operation for otosclerosis, it had been developed primarily for surgery of the chronic ear. For many years there had been no surgery available for patients with eardrum perforations, draining ears, cholesteatoma and chronic mastoiditis. Therefore, there was a considerable backlog of patients requiring modern ear surgery.

Roger Wehrs began his practice in Tulsa with an office in the Medical Arts Building in July of

1958. The 1960's saw additional Otolaryngologists come to the Tulsa area. One of the first was David Merifield who elected to practice with Don Mishler. He was soon followed by Rollie Rhodes who joined the Springer Clinic staff in 1965. Dr. Rhodes invited Munson Fuller to join him at the Springer clinic.. All of these men had excellent training in residency programs and were board certified. Munson Fuller, soon joined Drs. Mishler and Merifield in their practice. Rollie Rhodes was joined by Charles Heinberg in 1973. They established a group speciality practice in 1975 at the Kelley building and practiced at St Francis hospital. Subsequently they added Anthony Lohr and Robert Nelson to their group. Also, choosing Tulsa as a practice location were Jack Preston, John Campbell, Thomas Dodson, Richard Brownson, William Zollinger and Richard Freeman . Thus, by the 1970's Tulsa was adequately covered by an excellent staff of ENT physicians. Jack Preston was educated as a petroleum engineer as well as a physician. He had oil interests through his brothers and soon found the oil fields more to his liking than the practice of medicine. He retired early to immerse himself full time in the oil business.

John Campbell distinguished himself in the field of medical administration as well as a successful clinical career. After being graduated from the Oklahoma College of Medicine in 1966, he enrolled in an Otolaryngology residency at that institution and subsequently entered into private practice in Tulsa with Jack Preston, followed by Thomas Dodson. He retained his ties with the University of Oklahoma and was active in the residency programs, as well as continuing an active practice in Otolaryngology. He became involved with the administration of the American Academy of Otolaryngology-Head and Neck Surgery. In 1998 he became a candidate for

President of the Academy. Being successful, he served distinguished terms as president elect, president and immediate past president. He did much to further medical education and the practice of otolaryngology in Oklahoma and through his influence the state gained national recognition.

Rollie Rhodes also had a distinguished career not only as an excellent Ear Nose and Throat physician but as a medical and community leader. He served terms as chief of staff at St. Francis hospital, president of the Tulsa County Medical Society and on the board of governors to the Academy of Otolaryngology- H/N Surgery. As a clinical professor at the University of Oklahoma college of medicine, he was also appointed Allergy Education Director.

Roger Wehrs began his practice in Tulsa in 1958. In 1960 he limited his practice to diseases and surgery of the ear. He, as well as other Tulsa otolaryngologists served as clinical professors on the staff of the University of Oklahoma College of Medicine. In this capacity they went to Oklahoma City once a month and supervised the residents in clinics as well as surgery. From 1967 to 1998 Roger Wehrs served as an instructor at the annual meetings of the Academy of Otolaryngology HNS. In 1969 he was elected a Fellow in The American Laryngological, Rhinological and Otological Society Inc., also known as the Triological Society.. Subsequently in 1975 he was elected an Active Member of the Otological Society. He was elected Vice President of the Middle Section of the Triological Society in 1990. As it was the custom of this organization to hold the Section meeting in the city where the Vice President resided, the spring meeting in January of 1990 was held in Tulsa, Oklahoma...

An early example of camaraderie between the Tulsa practitioners of ear nose and throat was the formation of The Tulsa Otolaryngology Society. This organization was formed for social, as well as medical reasons. The members would meet at each others homes every month or two. After some drinks and hors d'oeuvres, one of the group would present a review of an interesting case or a summation of an article from a medical journal. One of the beneficial aspects of this society was that it brought together all the Tulsa otolaryngologists, who because of their different hospital affiliation rarely encountered each others company. This organization eventually evolved into a regional and state society, The Oklahoma Academy of Otolaryngology-HNS.

Tulsa Hospitals

In the early days (1940's & 50's) there were two competing hospitals in Tulsa. Hillcrest hospital at Eleventh and Utica had evolved from the earlier Morning Side hospital and served mainly general practitioners, however they also served many early and excellent specialists. St. John Hospital was located just a mile south on Utica Ave. and catered mainly to specialists but also was home to many excellent general practitioners. There was good-natured competition between the two hospitals with solidarity of both groups and fierce loyalty to their home hospital.

However there were also many physicians who elected to practice at both hospitals.

The Osteopathic hospital in downtown Tulsa had a loyal cadre of osteopathic physicians as well as a college of osteopathic medicine to graduate and train their physicians. In those days there was very little contact either medical or social between the MD's and the Osteopaths. Dr. Dushay was one of the prominent Osteopathic Otolaryngologists, who along with several colleagues supported the hospital as well as an ENT residency program.

Saint Francis hospital opened its doors in 1960. It was a private hospital conceived and totally financed by oilman W.K. Warren and the Warren Foundation. When this hospital first opened it was embraced by most of the practicing MD's in the city. They of course retained their practice and privileges at their home hospital, St. John or Hillcrest. After a few years however, polarization began to occur and most physicians dropped the dual practice and again limited their practice to one hospital. This time, however, there were three choices rather than two, and while many practitioners returned to support their previous hospital exclusively, St. Francis also acquired its own core of loyal and dedicated physicians.