

January 14, 2005

Interview with Dr. C.T. Thompson

By Dr. Gerald Gustafson, Dr. Houston Mount, Betty Mount and Mr. Lloyd Verret.

My name is Tommy Thompson, known professionally as C.T. Thompson because I wanted to hide the Clarence in my name and I did so successfully for many years.

It's a very interesting story how I came to be in Tulsa and one I've told many times. I'd had never been in Oklahoma until I got back from Korea and was stationed with the Marines in California. While awaiting discharge, I went to Chicago to take part two of the American Board of Surgery Examinations. I had a lead for establishing my practice in Memphis, TN with the medical school there. I ran across a guy who was right ahead of me in line at the boards and every time he would come out he would say something brilliant like "watch the guy with the glasses or watch the guy with the mustache because he'll ask you bad questions". He asked, "why don't we meet after the exams and have dinner?" Long story short, we did, we had way too much to drink, we discussed the fact that we'd probably flunk as almost everybody does after they take their boards. He said where are you going to practice? I told him I think I'm going to Memphis. He said, well, before you settle down take a look at Tulsa, Oklahoma. I asked him how long he had been practicing there and he said Oh, I don't practice there, my folks live in a little rural town close to Tulsa. Tulsa is the greatest place to practice, but I don't practice there because my wife can't stand my folks. She said we had to live over a day's drive away. He practiced in Miami, Florida.

I went to Memphis and talked to the guy that offered me the job and he told me because I had run off to Korea voluntarily, which is a lie, that the job was no longer open, but I could just hang around. I remembered what the other guy said about Tulsa thus I flew to Tulsa, then took a ride down to the Mayo Hotel because the guy I shared a taxi with said the Mayo was a good place to stay. This is hard to believe, the place was full, they had no room at the Mayo Hotel, when you think that now the place is decrepit and has been gone for so long, but they offered to send me down the street to the old Bliss Hotel. I went to the Bliss and got out the phone book to see if I knew anyone. I thought Houston (Dr. Houston Mount) and Jimmy (Dr. James Maddox) went to Oklahoma City. I was surprised when I found Houston's and Jim's name in the yellow pages, the yellow pages weren't so long then, I the Maddox number and Jimmy was on call and he said "I'll be right out to pick you up". We went out and had dinner at his house. I met with Houston, who was careful with his words, and if you knew Jim Maddox, he sounded so enthusiastic, he would say, "oh, come on in", meaning come on to Tulsa. I said "you guys must really be doing really well". He said "well, we hope to start making a living next year".

I had known them as residents at Charity Hospital in New Orleans. They were on ob-gyn and I was on general surgery, therefore we got to see a lot of each others complications and mistakes. I operated on a lot of gynecology patients. Their mentor was Dr. Conrad Collins and my mentor was Dr. Alton Ochsner. He said, "I was the best resident he ever trained". Jimmy loaned me an old Buick that smoked so bad; smoke just billowed out the back end of it. I drove up and down 31st Street and 21st Street. I didn't see much of west Tulsa or north Tulsa, but I thought this was the prettiest town I had ever seen. It was October, the leaves had turned. It was gorgeous, it was clean.

After meeting with Jimmy and Houston for awhile, they sent me around to various places, people to talk to in 1955 and nearly all of them said, "come on, if you have enough money to live on for

two years, there are too many general surgeons and blah, blah, blah". I said I've got my mustering out pay and that's all I've got. But I decided I would come to Tulsa and I did. It was a strange way to be introduced to a town. At the time I got here, it was a very cosmopolitan surgical site. As a matter of fact, there were no Oklahoma trained surgeons, there were a lot of guys who had been to the University of Oklahoma Medical School, but there were no doctors practicing in Tulsa who had trained in General Surgery in Oklahoma City. I liked it because they had people from all over the country, I felt this produced a diverse surgical group and generally very collegial.

I tried to lease a downtown office at the Medical Arts Building but it was full. Utica Square had just opened their building and they were completely full. I traipsed up and down 15th street where people had offices. Finally, old Jake Jacobson who ran the Ranch Acres Center at 31st and Harvard, had a place by a coke machine and a vending machine. It was two hundred square feet. He said he would take out the coke machine and put in a door. It was next door to Jim and Houston. So my office girl had to sit out at a counter in the foyer and she was my receptionist and the building receptionist and all sorts of things. Given those conditions you stand around and hope a lot. I went to work for the jail as the jail physician and ran a county clinic. I think they paid me \$900 a month which was a very princely sum and it kept me alive for about six months. Making house calls on the Sand Springs Line was a little tough.

One of the most colorful things that ever happened in town was an encounter with J. Howard Edmondson who was District Attorney. We were both public servants because I was the county doctor. J. Howard Edmondson wanted to sort of make a name for himself. Every doctor in town gave their samples to the county clinic and I can't tell you how many medications showed up at the county clinic. We had a pharmacist named Willhauer who kind of sorted them out. We'd say what do you need today? We gave out drugs based on what we had, not particularly what we needed, but J. Howard raided the clinic and confiscated all the drugs because it was illegal. All this made the papers of course and I went to his office and he had his arm in a sling and I told him if he didn't have his arm in a sling I would knock his teeth down his throat. He said "be careful, be careful, I used to box" and I said your arm's in a sling what are you doing to do? At any rate, this was a very interesting incident. I had that job for six months by which time I was beginning to see a few patients and people in the building would send me an occasional case.

One of the more interesting things was, Dr. Loren Miller, a pediatrician asked me if I did tonsils. I said "listen, I'll do anything". I had done a bunch of tonsils in the military. I would do three or four tonsils and a gall bladder every now and then, but life was built to some extent on tonsil practice, which thankfully, by the time I got to a partnership with Surgical Associates, nobody wanted to take care of anybody's tonsils so I had to quit doing them basically. I remember Dr. Nienhuis saying I'm not going to take care of any tonsil patients.

In 1966, Dean Hidy, Les Nienhuis and myself, began talking about forming Surgical Associates. We were just operating at St. John one day and someone said "who would you like to work with if you could", and there were very few people working at that time in single specialty groups. Everybody was a soloist and there were people who may have an assistant, but there were very few real honest to goodness partnerships, working groups. This was a bunch of very independent characters and it was one of the things I liked about Tulsa was that there were some very independent guys. We started talking because Saint Francis was just beginning to open up a bit. It opened in 1960. We started talking in 1966 and we started practicing as a group on January 1, 1967. All based on a handshake or two. We didn't get attorneys, financial experts, etc. involved.

In the beginning we remained in our offices, I was in Ranch Acres, Les was in Utica Square, Dean Hidy and his partner Lowell Stokes were in, I forget where they were.

We moved our combined office out to the Warren Building Saint Francis on Halloween, 1968. Dean had most of his practice at the time at Hillcrest and was beginning to work a lot at Saint Francis. My practice was pretty evenly divided between Saint Francis and St. John, with still some work at Hillcrest. I ran the teaching service at Hillcrest for five years back in the olden days. We met and had some very serious discussions about what we wanted to do as a group and the one thing was that we made the decision that we wanted to work where we would have influence on the growth and development of the institution itself. The only place that fit that bill was Saint Francis. St. John was pretty entrenched, largely with internists and the power base at St. John was internists. You know, Goodman, Mulmed, Jacobs, a bunch of good guys, but they were the power and that didn't fit most of our personalities very well.

There was no medical school in town when I was teaching at Hillcrest. St. John and Hillcrest had, in surgery at least, a Type II program. After an internship, the resident in surgery would do three years of surgery and then two years practicing with a board certified surgeon. I was asked to run the Hillcrest program after I had been in town for two or three years. It was a volunteer program. The problem with that was that Hillcrest at the time sort of had an inferiority complex about St. John and they were reluctant to refer cases to the young Turks, as I was considered. As long as I was doing the free work I was very welcome, but I had very few, if any, patients that would pay me, so to make a living I couldn't continue to do that.

Hillcrest Surgery was really controlled at that time by the old General Practice surgeons, A.B. Carney and some others. Joe Spann was one of the younger Turks, because he was even younger than I and he was a trained surgeon. So about four or five of us, Don Brawner, Joe Spann, Hal Neal and I ran the surgical service there and we did free work basically. As time went on you couldn't make a living doing that and so I got more and more work to do at St. John. We did teaching service there also. You would also take your turn on the teaching service. So it was a natural outgrowth that you moved to where your practice is. After five years I quit simply because it got to be very unrewarding for one thing. Saint Francis opened in 1960 and changed the dynamics of practice in Tulsa enormously. In the first place it was way out and we heard lots of complaints as "my God, going out on those blacktop roads and four way stop signs to go to Saint Francis". It was out in the country and very pleasant.

This was before the days of Mediacall. We used to have to call 584-something. There was a call service that Hillcrest ran and you would get to one place and you'd call in and tell them where you were and they would say we need you back here, so we ran back and forth. It was one very inefficient way to practice. Saint Francis brought in the call system. They had internal call systems at St. John. It was a light system. You pressed a light to let them know if you were in or you were out. Saint Francis had an internal call system. You could tell them when you were there and they could page you. At one time Saint Francis had a system with a two by four block and you would pull it out, call the operator and say this is Dr. Thompson, I'm 82. Then as you would work around the building, this voice would say 82, call the operator. Most people didn't want anyone to know they were there so they would leave the blocks in.

The call system was just awful and every surgeon in town was scared to death he was missing a call and I think I could say that for certain. One incident I can tell you about. One Sunday morning there were four or five young surgeons who had just finished rounds at Saint Francis

and put the blocks back in and one made the comment, you know that it was good that all the calls we got didn't come from the bad telephone exchanges. Circle was one and Riverside and Temple and all the prefixes for the telephone. There were some numbers that weren't the best letters in the world. I said it's great to be getting some calls. We were all lying to each other.

Regarding the growth of medical schools in Oklahoma, it was extraordinarily interesting because we started and one of the things that brought on the medical school business was that, and I can't remember what year it was, but the American Board of Surgery said that Type II programs would no longer be approved. It had to be a full four year service with graduated experience. A group of young surgeons got together and formed the Tulsa Surgical Education Trust. They received grant money from all three hospitals, Saint Francis included, to start a surgical education program based on the old Type II programs and got it approved. I was the first chairman of the Surgical Education Trust and about two years later the internists came along and formed a similar trust and this was all combined into the Tulsa Medical Education Foundation. When that occurred, the hospitals all ponied up to run those programs. This was before the medical schools. The medical school came here and the early studies that were done by Booz Allen Hamilton, or the various groups said this would be that you had to keep the programs approved in order for there to be any reasonable chance of any type of medical education type of system. It became a political football because Finis Smith and Gene Stipe formed, they didn't just bring a branch medical school from OU, they also formed the osteopathic school at the same time as a sock to whatever the political winds were blowing at the time. According to Dr. Gustafson, the orange people wanted what the red people wanted. At any rate, long story short, that was kind of a bitter thing. We ran the Tulsa Surgical Educational Trust for lord knows how long. That formed the foundation for virtually all medical education in the Tulsa area, and it started with the surgeons. Surgeons are generally movers and shakers. Sometimes they don't move and shake right, but they are movers and shakers.

Finishing my anecdote about where we practiced. Some of the guys said I get a lot of calls now from National and Riverside and I said me too and just about that time my beeper went off—"Dr. Thompson, Dr. Thompson, call the matron at the city jail." This was long after I had anything to do with the jail. The lady from the jail saw my name on her sister's prescription and thought she would give me a call.

There were some interesting facets of the decision that we as a group, Surgical Associates, made to grow with the institution that we chose, which was Saint Francis. I kind of developed as the spokesman for the group if you'd call it that. We literally made our bed at Saint Francis. Over the years we had some service obligations and stuff at St. John and Hillcrest. We couldn't quite get out of being on call at the burn center and a whole bunch of stuff like that. As soon as we practically could, we resigned from St. John and Hillcrest and did only work at Saint Francis. As such, I guess we moved completely out there in the fall of 1968. Jerry (Dr. Gerald Gustafson) was brand new with us I think at that time.

As a little time went on, we got a new administration at Saint Francis. Sister Blandine and Lloyd Verret came in and basically they needed voices from the medical staff, if you'd call it that, to help in the growth and development of the institution. One of my jobs was to sort of articulate some of the dreams I guess that we all had of what we thought the institution ought to be. I recall very vividly Mr. Warren saying he wanted a *great hospital*. Sister, Lloyd, myself and four or five other people sat around and said what on earth is a great hospital? Maybe we should ask him—well he didn't know. Mr. Warren thought the Mayo Clinic was a great hospital. I said that's not a

hospital. So we began to articulate with some of the medical staff the various and sundry things we wanted to do. We thought that a great hospital ought to be an institution that had regional and national recognition in certain areas, not all areas, but it ought to be within the context of an acute care general hospital. At that time we chose neonatal work, cancer, heart and trauma as a basic emphasis that we would be in to one extent or another. We moved in that direction and as such we got involved in building bigger emergency rooms, because the front door to a lot of our admissions was the emergency department and the trauma services.

Carl Lindstrom (ob/gyn) was the first president of the medical staff and he was a tough guy, a good guy doing a lot of things institutionally that were very good. Over the years, I developed a relationship with the administration at Saint Francis and to some extent the Warren Foundation and they would ask me for advice. I succeeded Carl as the chairman of the executive committee of the board at Saint Francis. Doctors were chosen to administratively relate to the medical development of the institution and trying to figure out where we were going to put our money and where we were going to put our efforts, and where to make very centric commitments. That is how I got involved in administration. I never pretended that I was much of an administrator, I remained a physician in my estimation. It was very interesting, but I did serve a year later in my career, much later in my career, as an interim administrator which was very interesting.

When asked if he would encourage young people, his children or grandchildren to be doctors, Dr. Thompson said there are all kinds of younger generations out there and sometimes we communicate with them well and sometimes we don't. I would not change anything about my career of choice. It had its ups and downs; it had times when you get tired, a whole host of things. It was a career that I could stay medically interested in. It keeps your intellectual curiosity going so that you certainly don't wither on the vine so to speak. I can't envision doing something else, so I think that to some extent I was always steered toward medicine. It's kind of interesting; you don't know why you say I want to be a doctor. Ever since I was little I wanted to be a doctor. My Dad wanted me to be a doctor, so he probably planted it in my head. The reason I knew there was a lot of money in it because I learned the bones of the body. That was a little book he had and every time I recited them he would give me a nickel. That's the reason I knew there was a lot of money in medicine.

My medical education was accomplished in several different ways. In everyone's life are a whole number of events that one has no control over. I started college when I was sixteen, in 1941 after I had been there three or four months the war came along and it became even more interesting. In the fall of 1942, I'm seventeen, I'm still in school. I'd gone to summer school because I thought "man, I'd better get all I can get behind me". The draft laws changed as many of you may or may not remember; from being age eligible from twenty-one to thirty-five to eighteen to forty-two or something like that. All the boys left in the school were called together and told we don't know how many of you are eighteen, but they just changed the draft laws. The war is not going very well and unless you are accepted to some kind of graduate school you will be drafted.

My roommate and I decided we wanted to do something else because we didn't want to get drafted. I joined the Navy and he joined the Navy and I had my eighteenth birthday in boot camp. It was a very interesting birthday because nobody made me a cake and my mother was very upset. At any rate, I went to Corps School to become a medical corpsman and I had done very well on the exams they give you. After a short period of time I landed in California with a Marine outfit as a corpsman. I was sent back to Southwestern Louisiana Institute in Lafayette,

Louisiana. I had a semester there. I got the measles and in the Navy you're either on active duty or on sick bay and when the list came out for medical school I had sixty four or five hours was all I had by this time. The list came out because I was on sick bay a guy came and said you can either get your rate back, I was a Pharmacist's Mate Third Class and which is just what you would expect, it was fairly third class, or I could be a dentist which had no appeal whatsoever, or I could go to midshipman school. I went to Plattsburgh, New York by train I might add, to be a student in a ninety day wonder school. In ninety days, you could become an officer. I was there about a month and they called and said there's been a terrible mistake. I spent half my life in the military. That was a terrible mistake I might add. I was always some place I shouldn't be. I said what do you mean, and he said you're a pre med student and your country needs doctors. So they put me back on a damn train and I was sent to the New Orleans Naval Hospital. You don't fit the T/O & E (Table of Operations and Equipment). I was a midshipman and the guy said you're not supposed to be here, you have to be a patient or you have to fit in my T/O & E.

So they sent me up to Eighth Naval District Headquarters for a solution, where a doctor offered me a drink about nine o'clock in the morning. I thought that was an interesting experience when some yeoman came in and said I know the Admiral, he and I went down on some ship together. I talked to him and there was a guy, an Admiral Powers who ran the Eighth Naval District. He said "listen son, you've got to do something so have your sea bag packed and Monday at 0700 I'm going to pick you up" and on the way to the train station I was looking at stuff to see where I was going and I was being sent to University of Mississippi Medical School and I didn't even know they had a medical school. It was a two year school in Oxford, Mississippi. They didn't have a real medical school. It was a little two year school with twenty nine students. I was told I didn't qualify because I only had sixty four hours. I had only had eight hours of the biologic sciences is what they said, so anyway I went to Ole Miss.

After sixteen months I had two years of medical school and about that time the war ended—they kicked us all out and I transferred up to Harvard and finished medical school in 1948. I was up there on the G.I. Bill thank goodness. It was very interesting. I had a personal experience with Dr. Paul Dudley White, President Dwight Eisenhower's cardiologist, an intern and myself were on his service at Massachusetts General Hospital. A lady came in with acute congestive failure, she was bubbling pink stuff and we were giving her Quabain, they don't even give anymore and rotating tourniquets, but as the junior guy I was the leg guy and I would rotate the tourniquets all around. The next day on rounds, she was out of failure and doing well and Dr. White was advising her about something. He had this retinue of people and had this little white mustache, his retinue and visitors from afar. He was telling her what to do and she said, "well, let me talk to my doctors". That was the intern and me, I wish I could think of his name. So, we go slinking up there and we said, you know Dr. White's our senior professor and we think you ought to do what he suggests. I spent a month on P.D. White's service and I thought I did very well. I got an A as it turns out. At Harvard they didn't give you grades, they never told you what you were doing, they just told you which third of the class you were in. You had an interview with the Dean and the Dean would look at all this stuff and some said you did okay and whatever, some orthoped said I was very bright but I slept a lot when they turned off the lights for x-rays. These are things that come out on your record.

As I finished the fourth year of the general surgery residency at Charity Hospital in New Orleans, Dr. Alton Ochsner asked me to be his chief resident. He never asked, he told, he called me over and he said I want to talk to you about being my chief resident. For the resident, it's a great honor as you fall down and kiss his feet and do whatever you need to do because he was

the big wheel. He said "I've been saving something for four years and do you know Dr. Paul Dudley White" and I said "oh yes everybody knows him" and he said "do you know he's a friend of mine?" I said no sir I didn't. He said he is and I've saved your letter of recommendation from the Dean before you came here from internship. I'd like to read something P.D. White had written about you, "C.T. Thompson seems bright enough, seems to have a good fund of knowledge, gets along well with patients, gets along well with house staff, has a good fund of knowledge, not as much as he thinks he does. Some would call him confident, others overconfident, I would call him arrogant, perhaps he should be a surgeon". Dr. Ochsner kept that damn thing and he said, "I used to look at you and think P.D. was pretty close". That's my P.D. White story.

Dr. Ochsner was in Tulsa for the dedication of the Saint Francis Hospital Tower. He said, "Dr. Thompson was one of my residents. Dr. Thompson is an unusual person. Some people think with their brains, some people think with their heart, but he thinks with his glands".

He told me one time that he watched residents come and he watched residents go, but he knew that I was a quick study because I found out if they ever started beating around the bush with him he was absolutely merciless and he would ask them about something and they hadn't done it and he would just nail them to the cross. Some of them never learned so they stayed petrified all the time. He said the one thing I noticed about you was that even though you had nothing to do with it you would jump up and say it's all my fault. I said "you bet, I had seen people nailed to the cross and I didn't want any part of that".

I never had as much power in my life as I had as chief resident. I was answerable to one guy and that was Alton Ochsner and he was out of town most of the time. We scheduled cases for our attendings and they'd give us trouble and they'd get on the amputation list you know and they'd get to help the interns do amputations so we had power over the schedules. Obviously you didn't mess with them too bad, but if they gave you any static that was complete power. We ran the whole surgical schedule and the call schedule and everything. As the chief resident the only guy you have to report to is Dr. Ochsner. If he liked you and told you everything was all right then life was good, he backed you, he backed you one hundred percent.

The residency program was like most of the charity hospitals and the training in that day was that it was a resident run organization. By and large, you learned from the residents above you. Then it was "see one, do one, teach one. In the seventies, we had rotating meetings from St. John, to Hillcrest, to Saint Francis. Everybody made rounds and then went to this meeting from 8:30 to 10:00, on Saturday mornings. Example, at Hillcrest Dr. Leo Lowbeer would show up and present gross and microscopic material from cases and we discussed the cases. These were excellent. Later, we combined the program agendas, and rotating hospitals and most of the surgeons in town came. The Tulsa Surgical Society started to learn too. They met and discussed surgery, now they meet and discuss football programs.

One of the things that I got involved in was doing work with the American College of Surgeons. You know you kind of pick and choose where you expend whatever energies you have outside of the actual practice of surgery. One of the things that I decided early in my career was that I wanted to focus on the hospital in my community to some extent and then work with the American College of Surgeons. Very early in my career I was elected president of the Oklahoma chapter which was very strange. I think they were trying to move past the old General Practice surgeons many of whom were in the College of Surgeons. So gosh I had been in town maybe

five years, I was president of the chapter so I got involved in 1966. I was appointed the chairman of the Committee on Trauma and we were in the business of trying to promote emergency medical services and get the state of Oklahoma up to snuff in terms of pre-hospital medical care. Jerry came and got heavily involved in communications and ambulance training programs and through the old Regional Medical program, which was a Lyndon Johnson sponsored thing. Then, the Department of Transportation gave some money to the states to come up with medical emergency plans and most of those just gathered dust, but we got involved in that fairly early with the Oklahoma Trauma Research Society. We trained Emergency Medical Technicians using volunteer doctors and all that good stuff.

Maddox was deep into that. One time the Maddox's and Gustafson's went to the Pump Pond at Stilwell for the graduation program for a bunch of Native Americans who had just become ambulance drivers, they really weren't EMTs. The head of the ambulance service's name was funny. They called him Wonder Bread. On the radio, the message, "Wonder Bread come in, come in Wonder Bread". I said why in the world do they call him Wonder Bread and they said "because he's the eight hour loaf".

Actually you know, in working with the American College of Surgeons and all, Jerry and I were involved very closely with all of this, but in the development of the training programs we actually made two movies. One was motivational, portraying transporting a cardiac patient from Bell's Amusement Park to Saint Francis. All plans were approved and "action" followed. There was an L.P.N. "In Charge" of the emergency room who knew all about the movie, but she went to dinner and didn't tell anyone about the movie. The ambulance was brightly lit in the back, and it appeared that actual CPR was going on, noted by the Saint Francis Chief of Security as it rounded a driveway curve. He rushed to the ER door to help. There was a camera by the back door of the ambulance inside and had oxygen going. One huge mistake, was this was a movie, and they knew when the ambulance drives up, it backs around to the hospital to unload, the people outside open the ambulance doors. Thus, the cameramen fell out on their rears, and bystanders thought this was the real thing.

Grey makeup on this actor made it look like he was really in shock. We had trained the actor how to ground out the electrodes on his wrist to the gurney he was on, so all of a sudden he just went straight line. We almost put the paddles on the guy.

As we came into the emergency room, all the staff there was uninformed and really amazed because there was a film crew and when he grounded the electrodes, someone said "Oh my God, his heart has stopped". The real staff stuck a needle in his arm and they were getting ready to shock him when the actor said, "no, no, I'm alive!" Ted Wenger was the anesthesiologist on call and he walked in the room, examined the patient, then proclaimed "That's the pinkest dead man I've ever seen".

Out of this chaos, our volunteer, NGO, was able to set up all the ambulance training in the state of Oklahoma, for which we never got a whole heck of a lot of credit for I might add.

As I moved on in the American College of Surgeons, they made me the Chairman of all the State Committees all over the United States and then I became the Chairman of the National Committee on trauma for the College and as such we developed two or three things, one was an ATLS course which was an Advanced Trauma and Life Support course which became not just national but international, teaching life support early in significant trauma and the second thing

that we did was to develop the trauma center concept with our optimal care documents, which became the national standard for the development of trauma centers through the emergency systems. That's still going on, we developed the verification program and that's still the standard, we revise them from time to time. That was a significant accomplishment as far as my career is concerned.

Dr. Gustafson noted that Dr. Thompson was recognized by the American College of Surgeons as a distinguished surgeon and Alistair Cook gave the award in Atlanta and a whole bunch of Tulsans went down there and watched and had dinner and it was great. While CT was succeeding, he had to put up with his friend Jerry. They went to Charleston, South Carolina for the Fiftieth Anniversary of the Committee on Trauma during a beautiful spring month, the ACS women were wearing the big formal dresses and hats and the men were in tuxedos. There was CT in charge of just about the most wonderful thing the ACS ever developed and he was a rising star.

The college was very worried about liability about everything Jerry was saying. Support ambulance to hospital radios? Do you realize the liability? Helicopters! Do you realize the liability of that? Dr. Thompson said, Dr. Gustafson's opportunity to speak came, and he gave a new, modified speech saying there are three things wrong with trauma care in America, one is the American College of Surgeons, second is the American College of Surgeons and third is the American College of Surgeons.

At any rate the American College of Surgeons did give me the Distinguished Service Award which was their highest honor and to my total and one hundred percent surprise, gosh how many people fooled me and you had to call the college and make arrangements to get in. I had no idea. It doubled the honor. It was one of those things.

Then from a career standpoint, I was a guest examiner for the American Board of Surgery, but actually the formation of the board is by and large purely academic. Community surgeons, and again one of the things I've done at the American college level has been to make the case for the college to represent the community surgeons. Academic surgeons have all kinds of organizations that support them and deal with their problems and the American college is the only one that is for the practicing guy. It's been very interesting from that standpoint. I've enjoyed working with and made lifelong friends in terms of my work at the college of surgeons.

The development of the hospital has been my pride and joy and the development of Surgical Associates. Per Dr. Mount, Dr. Thompson made a great contribution to the development of Saint Francis. They are indebted to you for that. Dr. Thompson said thanks for saying that, I couldn't say it myself.

We are going to Virgin Gorda in the British Virgin Islands for a vacation and have gone there for several years. I don't stay in town for my birthday, February 2. I'm always out of town for my birthday so I don't have to put up with any crap.

I guess the more interesting thing was since they wouldn't let me in the Medical Arts Building when I came to town, I was there when they imploded the building. I went down just to see it. I was a little mad about it yeah, because the story I got when I first came was if you're going to be a specialist, you're going to have to be in the Medical Arts Building. Of course I was at Ranch

Ares which was considered the outer limits of the world at that time. We were considered practically out of town.

One of the other interesting things was the certificates of need, and planning committees. A committees and B committees. That was all part of our big deal and I can still remember going to one of those and I think I was asked to leave by Ira Schlesinger because they were arguing interminably about needing a hospital on the north side. I listened to this and I was tired and had been on call the night before. I said why don't we just settle the issue by making the dividing line of north Tulsa and south Tulsa 21st Street. I said then you've got three hospitals. That did not go over very well. I thought you've got all the damn hospitals and everybody's happy. So it's been interesting.

The upshot of all of that regarding the certificate of need is one of the things that we got heavily involved in controversy with was Oral Roberts. Jim Harvey and I were to be the representatives of the Tulsa Hospital Council, but Jim got told by his board he shouldn't be too upfront with it, so I got stuck with more of the being upfront which was interesting. Other than death threats it wasn't too bad. I used to get those about two o'clock in the morning. They'd say you're certainly going to Hell and we'd like to help you. It was probably a couple of internists.

End of interview