

OU MEDICAL CENTER – A 100 YEAR HISTORY OF HEALTH AND HEALING.

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In a long, rich history this was, indeed, a historic moment.

On February 5, 1998, as the 20th century drew to a close, an agreement was completed that marked the beginning of a new era in the delivery of health care to the citizens of Oklahoma.

A Joint-Operating Agreement brought together three hospitals, each with its own impressive record serving the health needs of the state, to create a single entity unique in Oklahoma medical history.

This union of Presbyterian, University and Children's Hospitals represented a new level of coordination and cooperation between the public and private sectors – defining and better enabling a closer working relationship between the hospitals, their affiliate physicians, and the many other organizations that, together, form the Oklahoma Health Center.

Now able to look confidently into a financially-secure future, the stage was set for these three illustrious institutions to continue their work providing comprehensive, world-class patient care; to expand their research for new medical cures, techniques and procedures; and to play their important roles in providing the highest quality medical training and education to tomorrow's healthcare professionals.

What the next 100 years holds in store for the OU Medical Center will be written in the years to come. But if the past 100 years of history are an indication, it will be a fascinating story.

The Advance of Medicine: Background and Beginnings.

As the year 1900 arrived, American medicine had begun to move haltingly toward a higher level of professionalism. The fundamentals of human physiology were now

generally understood. The role that pathogens (germs) play in the spread of disease could be partially explained by science, though doctors were not in total agreement about the need for sanitary practices. The transition to new ideas was quickening and medicine was progressing from a more factual foundation, but quackery, miracle cures, patent medicines, and doctors of dubious distinction and uneven training were still a common feature of everyday life in what was then known as Oklahoma Territory.

In Oklahoma Territory, as in many other parts of the United States, hospitals had not begun to play any significant role in people's lives; few existed. Typically, the sick and injured received treatment and convalesced in the home. Babies were delivered at home, perhaps attended by a local doctor, but just as likely by a midwife. Surgery, when needed, might be performed in the doctor's cramped, unsanitary office, in the patient's kitchen or parlor, or even out of doors. A nurse was a luxury most doctors could not afford, so a family member might be enlisted to assist.

At the turn of the century, the vast majority of Oklahoma's physicians were "horse and buggy doctors", making house calls primarily and treating every ailment, injury and disease. Versatility and ingenuity were essential as they might see gun shot wounds, broken bones, and tuberculosis in the course of a single day.

A pioneer doctor's life was not an easy one. Nor, in many cases, a particularly prosperous one. Armed with a body of medical knowledge that was sometimes woefully inadequate, few effective medicines and little specialized equipment, doctors of the era might make a 30-mile ride, in bitter cold, to reach a patient and provide what care they could render. Then, often it was left to the natural defenses and restorative powers of the human body to bring healing, or not.

It was during this turbulent time that the University of Oklahoma, in existence only 10 years, established its first medical program.

The Year 1900 - University of Oklahoma College of Medicine Established.

Seven years before statehood, the first medical school in Oklahoma was officially

organized and established on the university campus in Norman. Dr. Lawrence N. Upjohn, later of the famous Upjohn pharmaceutical company, served as the first head of what was then called the “Premedical Course.”

The two-year curriculum required completion of approximately 70 credit hours. For acceptance into the class, students were required to present a high school diploma, a certificate of acceptance from a reputable college or university, or pass an entrance examination testing their knowledge of English, arithmetic, algebra, physics and Latin. Fees ranged from \$1.50 per semester for biology to a \$17.50 fee for chemistry. The first class numbered eight students. Completion of coursework would not lead to a degree in medicine but rather was intended to prepare students for advanced standing in accredited medical schools. Classes were conducted in the university's biology and chemistry departments and in a small wooden structure built for anatomy classes.

The Advance of Medicine: The Turn of the Century.

In the first years of the century, new medical therapies, technologies and drugs became more widely available. Improved X-ray equipment could make the skeletal system visible and also aid in the detection of some diseases and abnormalities in soft tissue. Scientific medicine was progressing and gaining wider acceptance from the public.

The public still viewed hospitals, however, with fear and suspicion; not as places of health and healing, but as squalid houses of death reserved principally for the homeless and the poor. A person who had a choice would not consider seeking treatment at a hospital. And, in truth, the few hospitals there were in newly settled Oklahoma Territory offered little that could not be provided as well, or better, in the home.

Over time, city doctors weary of endless house calls that wasted time and energy they felt could be better spent in the practice of medicine, began to favor hospitals as a way of bringing their patients to them. Physicians could, if they had the financial wherewithal, easily establish their own. Opening a private hospital was a straightforward undertaking at that time. With just a few alterations any reasonably-sized

apartment building or boarding house was quite suitable.

[Sidebar] “*The Flexner Report*”

In the late 19th and early 20th century, the education and training required to become a doctor in the U.S. was highly inconsistent from one medical school to the next. The result was a vast oversupply of poorly-trained and inexperienced physicians; doctors who were, themselves, a danger to their patients' health.

In 1910, the American Medical Association's Council on Medical Education surveyed 155 medical schools in the U.S. and Canada and published an eye-opening report that helped establish entrance requirements and graduation standards for medical education in North America. The study, conducted by Abraham Flexner, exerted such influence that it became known simply as “The Flexner Report.”

A few years prior to publication of the Flexner Report, the University of Oklahoma School of Medicine had been inspected by the Council on Medical Education and given a class A ranking. At that time, one-half of the medical schools in the U.S. received class B or C rankings, signifying probationary or unsatisfactory status. In a second inspection by Flexner in 1909, the OU School of Medicine's acceptable rating was confirmed. Receiving this class A rating was an important mark of progress and success for a very young medical program. Retaining that high ranking, however, would prove difficult in the years ahead.

The Year 1910 – Origins. Wesley Hospital Founded.

In early 1910, with its population nearing 65,000, Oklahoma City was home to a dozen hospitals ranging in size from the 130-bed St. Anthony Hospital to the 10-bed Infectious Diseases Hospital. Many citizens and civic leaders felt confident that the city was well-served by hospitals for the near-term. Dr. Foster Kendrick Camp was not among them. Even though his best friends in the medical community were pessimistic about the long-term success of yet another Oklahoma City hospital, Dr. Camp and his

wife Janet had their eyes set confidently on the future.

The Camps had relocated to Oklahoma City from Chicago to work as a team in the healing arts and together they set about establishing their new facility. On January 1, 1910, the couple finalized the purchase of St. Luke's Sanitarium located at 10 North Broadway on the ninth floor of the downtown Campbell Building. Mrs. Camp, a graduate of the Wesley Hospital Training School for Nurses in Chicago, named Oklahoma City's newest hospital after her alma mater, although there was never an affiliation with the namesake institution.

The Camps were undoubtedly delighted when, on June 11, 1910, with their hospital less than six months old, voters made Oklahoma City the new capital of the State of Oklahoma. With the temporary capitol of the state located immediately next door at the Lee-Huckins Hotel, it appeared the winds of good fortune were behind Dr. and Mrs. Camp and their new venture, Wesley Hospital.

[Sidebar] Wesley Mail Mix-up.

Wesley Hospital was a private institution with no religious affiliation. Many Oklahomans, however, wrongly assumed an association between the hospital and John Wesley and the Methodist Church – even addressing letters and packages to, simply, “The Methodist Hospital in Oklahoma City”. Until the practice finally tapered off in the 1950s, the Post Office obligingly delivered all mail to the proper place, Wesley Hospital.

The Year 1910 – University of Oklahoma School of Medicine Establishes a Four-Year Program of Study.

For Oklahoma, the year 1910 brought the end of one place of higher medical education and the development of another into a full four-year medical program.

In the latter part of the 19th century, America's medical schools produced some of the best doctors in the world, and some of the worst. The profusion of medical schools around the country ranged from respected institutions to inferior diploma mills that

offered a medical degree for cash and the completion of a curriculum that may have been little more than a series of lectures.

As the 20th century began, with laws and more stringent regulation and licensing by the states in place, private medical schools began to fade into history. By 1910, only a few remained in Oklahoma City – one was the Epworth College of Medicine.

The Epworth College of Medicine was founded in 1904 and stands as a noteworthy attempt by a group of fine physicians to establish a reputable medical school in Oklahoma. During this period it was the only medical school in Oklahoma offering a four-year medical course and graduating students with M.D. degrees.

By 1910, however, the business and economics of operating a private medical school had changed dramatically. The large capital investment needed to operate could no longer be met by tuitions alone. Medical schools, by financial necessity, were becoming state-run organizations.

Against this background the owners of the Epworth College of Medicine faced an unattractive set of options, and their medical school, most likely, faced a very short future. A committee was formed by the school and overtures were made to determine whether the University of Oklahoma would be interested in affiliating with – or taking over – Epworth. A unification of the two programs was studied by university regents and found to have merit. Negotiations followed and the proposal was endorsed. The agreement involved no financial payment.

Upon signing the agreement, the University of Oklahoma had a complete four-year medical program, with the first two years of study in Norman and the final two years of instruction and clinical work in Oklahoma City. The OU School of Medicine agreed to receive 47 Epworth students, boosting its enrollment to 72. Some of these Epworth students would be among the thirteen men and two women who received the first M.D. degrees granted by the University of Oklahoma School of Medicine in 1911.

Through this merger, the University of Oklahoma School of Medicine obtained some of the most capable physicians in Oklahoma as instructors. Twenty Epworth physicians, approximately one-half of the Epworth faculty, joined the faculty of the new

four-year school, contributing their services free of charge. Of the school's 30 new clinical faculty members 12 remained in teaching positions for over 25 years. The Council on Medical Education approved the merger and the OU School of Medicine, thus, retained its class A ranking.

Laboratories, recitation rooms and a library were established for the new medical school in quarters at Tenth Street and North Dewey Avenue.

No property or medical equipment was transferred through the merger. The property of Epworth College of Medicine reverted to its original incorporators. The corporation then dissolved and the Epworth College of Medicine took its place as an important piece of the early history of the University of Oklahoma School of Medicine.

[Sidebar]: Headlines Shout, “Epworth Medics Strong for Union.”

*Brains, nerves, blood and pus, What in the deuce is the matter with us,
Long bones, short bones, bones we saw, Epworth Medics, Rah! Rah! Rah!*

With this playful – but rather disturbing – rhyme, students of the Epworth College of Medicine took to the streets on Saturday March 12, 1910 in support of the proposed merger of their school with the University of Oklahoma School of Medicine. Carrying placards, waving banners and shouting into megaphones, they criss-crossed the business and residential districts of Oklahoma City noisily making their support known. When their day's work was completed, as the *Daily Oklahoman* reported it, “the whole crowd made a raid on the playhouses and took in the shows.”

The Year 1910 – Wesley Hospital Locates to the Herskowitz Building.

With Wesley in operation for just 11 months, and with their confidence in the future of the bustling Oklahoma City high, Dr. and Mrs. Camp made arrangements to move

their new hospital into more spacious and upscale accommodations. They chose the Herskowitz Building, a handsome structure at the northeast corner of Broadway Avenue and Grand Boulevard, just two buildings south from their current location. The new situation on the 11th and 12th floors would allow the addition of 16 beds, bringing the hospital's total to 24.

According to an early advertisement, the new Wesley Hospital offered “an abundance of sunshine and pure air, up above the noise”. The “fireproof” hospital – an important selling point for a multi-story structure at that time – provided patients with modern equipment, an X-ray device, and the convenience of 24-hour elevator service.

On December 1, 1910, three patients, eight beds and the hospital's equipment made the short move to the new location. Now at 24 beds, Wesley Hospital was in position to benefit from the rapid growth that Oklahoma City was experiencing. New civic buildings like the City Auditorium were being erected. Streetcar lines extended more than 20 miles in several directions. An interurban rail line that stretched west to El Reno was nearing completion. Patient numbers grew steadily at Wesley. Physicians and surgeons in increasing numbers began to utilize the hospital's facilities for their patients. One of them, Dr. Abraham Lincoln Blesh, would figure prominently in the history of Wesley Hospital for decades to come.

The Year 1911 – Wesley Hospital Relocates and Expands.

Wesley Hospital's growth during its first year at the Herskowitz Building soon required that Dr. and Mrs. Camp start the search for yet another new location. This time they found it on the corner of Northwest 12th Street and Harvey Avenue – a large apartment building built on two lots. The property, purchased from Mrs. Marshall W. Weir, was soon undergoing renovations and remodeling.

On December 1, 1911, the move was completed and Wesley Hospital was, for the first time, situated in its own free-standing facility. Dr. Camp described it with flair in a pamphlet distributed to local doctors: “We have again increased the capacity of the hospital. The building is a two-story brick, elegant in design, with large, commodious,

well-lighted, well-ventilated and well-heated rooms. The location is ideal for hospital purposes, being especially favored with pure air and fresh breezes, thus affording the atmospheric purity and quiet of the country, free from the noises of the city, easily reached by streetcars and close in.”

Dr. and Mrs. Camp undoubtedly realized that the new location was most advantageous in that an upper-income residential area was growing just to the north – now known as Heritage Hills. The new Wesley Hospital would be well-positioned to serve it.

Now with 40 beds, well equipped, and staffed with well-qualified medical professionals, the reputation of Wesley Hospital continued on an upward trajectory. The hospital continued to attract physicians and surgeons from across the city and to receive referrals from around the state.

Despite the early pessimism of their peers, the Camps' vision had paid off. Their venture greatly affected and improved the lives and the health of many in their community, and they had done it together.

Wesley Hospital (later to become Presbyterian Hospital) would operate at this 12th Street location for 63 years, expanding to a 200-bed facility.

The new location also afforded Mrs. Camp a way to impact the future of the profession she so loved: nursing. A trained nurse herself, Mrs. Camp was well aware of the value of these skilled professionals in the delivery of quality medical services – an attitude shared by her husband.

The Camps' idea for a nursing school may have been formed in April 1908 by the actions of Kate Barnard, Oklahoma's first Director of Charities and Corrections and the first woman in America elected to public office (this, ten years before women won the right to vote).

After a visit to Oklahoma City's “pesthouse”, the uncharitable term for the dilapidated shack where smallpox and other contagious patients were isolated, Barnard filed an angry report with the city council on the horrific conditions she found there. The controversy her report created forced local authorities to improve conditions for

quarantined patients, including the hiring of female nurses to attend female patients.

The controversy may have highlighted in Dr. and Mrs. Camp's business-oriented minds Oklahoma City's urgent need for more trained nurses and, thus, more training schools. Wesley Hospital School of Nursing was founded soon after. It would operate for decades, training many hundreds of young women who would work and train in the hospital and live in the two houses immediately next door.

The Year 1912 – The First University Hospital Established.

The Council on Medical Education inspected the University of Oklahoma School of Medicine for the third time in 1911. It was declared acceptable and retained its prestigious class A ranking. But the time was coming when that ranking would be in jeopardy. Unlike many other medical schools, the OU School of Medicine did not control its own teaching hospital; instead conducting its clinical teaching at various hospitals around Oklahoma City.

In 1911, the Oklahoma State Medical Association recommended the establishment and maintenance of a state hospital for treatment of the Oklahoma's indigent sick to be operated under the authority of the University of Oklahoma School of Medicine. In the meeting minutes from May 11, 1911, the association stated “there exists an imperative need for an institution of state-wide importance for the proper medical treatment of indigent sick, thus relieving the various counties of a condition many of them are unable to meet, and at the same time affording the most advanced facilities for this work.” Endorsing the idea in an editorial, Dr. Archa K. West noted that the OU School of Medicine was one of only four or five four-year medical schools in the south to have obtained the class A ranking from the Council on Medical Education. For this ranking to be retained in the future, a teaching hospital controlled by the medical school was essential.

At a meeting of the State Board of Education, a committee was formed to lead negotiations. The committee weighed the possibilities of leasing or purchasing the city-owned City General Hospital, but agreement could not be reached. The former

Epworth College of Medicine's building was considered briefly but it was in foreclosure and not available. Amid this uncertainty, an offer came forward from local physician Dr. J. B. Rolater, the owner of the private Rolater's Hospital. Dr. Rolater proposed to enlarge his hospital to meet the university's requirements and then lease the hospital and the adjacent house (his personal residence at the time) for a ten-year term. His proposal was accepted and one of Oklahoma's earliest state-owned hospitals was founded.

The renovations to expand the hospital got underway quickly with plans to occupy the new facilities in early December 1911. The addition of three new wings increased the capacity of the hospital from 22 to 60 beds. The interior layout would include 26 ward beds with the balance planned for private rooms containing one or two beds each, eight with private bathrooms. As was standard in all parts of the country, if unfortunate in retrospect, white and "colored" patients were separated. Two new operating rooms were added and an out-patient department was established. The basement would house a free dispensary for walk-in patients.

Dr. Rolater's adjacent former residence would become the new medical school beginning in October 1911. As Dean Robert F. Williams eloquently described it, "The residence provides us with a beautiful school building which any medical school would be proud to occupy. The handsome exterior attracts immediate attention by its beauty and dignity. The interior is finished throughout in hard wood and has been handsomely equipped, in harmony with the building, in durable and serviceable furniture."

The first floor was planned to contain general offices, the dean's office, the medical library and a laboratory. Lecture rooms, a clinic room and a smoking room for students would be situated on the second floor. Dean Williams stated that the equipment would meet the highest standards in the country. All of this – a newly-renovated hospital and adjacent school building – for a monthly rent of \$500.00.

On October 12, 1911, the State Board of Education renamed the new hospital the *State University Hospital* and appointed Annette B. Cowles as superintendent. Cowles was an experienced hospital administrator, having formerly served as superintendent of

Colonia Hospital in Mexico City.

State University Hospital, at 325 Northeast Fourth Street, formally opened its doors and began receiving patients on January 17, 1912. The University of Oklahoma School of Medicine was now in control of its own teaching hospital and health care for Oklahomans would be far better for it for many decades to come.

Later in 1912, the president of the University of Oklahoma, Stratton D. Brooks, initiated the concept of county reimbursement for indigent care when he outlined to Oklahoma county commissioners the benefits and requirements of utilizing the new state hospital for care of indigents. In a letter he wrote, "The State University Hospital in Oklahoma City will on request of the County Commissioners receive patients and furnish board, lodging, nursing and all necessary drugs and dressings at the rate of \$10 per week. No charge will be made for the professional services of doctors or surgeons." He explained that no case would be demonstrated before students without the consent of the patient. He stipulated, however, that, "Each patient of course must be properly certified to us by statement in advance or else accompanying the patient, that the county commissioners authorize the reception of the patient by the hospital and that they will be responsible for the charge of \$10 per week." He further noted that, "Each patient should be provided with a round trip ticket to and from Oklahoma City" and that "Patients will be met at the station with an ambulance when necessary, provided sufficient notice is given of the day and hour of arrival." The charges for private patients – those with the ability to pay – would range from \$12 to \$25 per week.

[Sidebar] Medical Education Not Fully Understood By The Public In 1911.

In September 1911, Oklahoma City's Commissioner of Public Welfare, J.T. Highly, put forward a plan to lease the City Hospital to the OU School of Medicine for use as a teaching hospital. The idea had merit for all parties. The School of Medicine needed patients and a facility for clinical teaching; Oklahoma City government needed medical services for the poor and a way to get the unprofitable hospital off its hands. But, surprisingly from today's perspective, there was public opposition to the plan.

When “A Citizen” penned a heartfelt, but slightly hysterical, letter to the editor of the *Daily Oklahoman* in 1911, he (or she) expressed the fears of a portion of the public. Would patients at the hospital become a “subject of experiment in the hands of the unskilled?” [meaning, medical students] Or be exhibited in lectures “while the patient writhes in pain”? In an era when there was still a lingering distrust of doctors and medicine, the letter provides a window into the attitudes of the public. In the early years of the 20th century, there was a wide gap between the public's perception of what medical training entailed and the reality of it.

The letter from “A Citizen” earned a quick response from 16 members of the faculty of the School of Medicine who made a strong case for the benefits that this arrangement would offer Oklahoma City. In their letter the doctors thoroughly renounced the possibility that patients would be used for experimentation and they made clear that patients would receive expert medical and surgical attention. Many of these same doctors would play major roles in the history of the OU School of Medicine in the years to come.

In time, public sentiment began to turn in favor of the deal. In the end, after a number of delays, Wesley Hospital was chosen to operate City Hospital under a three-year lease. Wesley would provide treatment to all patients for \$10 per week including a free dispensary, medicines, and other services.

The Year 1912 – Despite New State University Hospital, School of Medicine Loses Class “A” Rating.

On June 3, 1912, the Council on Medical Education lowered its rating of the OU School of Medicine to a class B, or probationary rating. The reason stated: the lack of adequate teaching hospital facilities. The demotion, indicating a need for improvement in a number of areas, was an embarrassment both to the hospital and the School of Medicine. It would be eight years before the class A ranking was restored.

The Year 1915 – New Dean Named: Dr. LeRoy Long.

By 1915, only 95 medical schools operated in the United States – far fewer than in previous years. Of these, 66 were class A rated; 17 schools, including the University of Oklahoma School of Medicine, were rated the “probationary” class B. The remaining schools were rated class C, or “unacceptable.” For Oklahoma Governor Robert L. Williams and President Brooks, the class B rating was itself unacceptable. It was clear to both men that Oklahoma would suffer if its top medical students left the state to attend a class A school elsewhere. New leadership was needed at the OU School of Medicine and the governor and university president found it in Dr. LeRoy Long. Dr. Long would soon find that, considering the scant state support for the hospital and medical school, regaining the class A ranking was only one of a long list of problems he would be faced with.

[Sidebar] Dr. Camp Re-Writes the Rulebook for Hospital Advertising.

Dr. F. K. Camp was more than a pioneer in the field of medicine in Oklahoma; he was recognized nationally as a pioneer in hospital advertising. His advertising methods, as he applied them to Wesley Hospital, were so effective and successful they were discussed by members of his profession throughout the country and copied by hospitals in much-larger cities. When Dr. Camp first began to advertise his new hospital with newspaper display ads, such advertising ran counter to the accepted ethics of the medical profession at the time. But Dr. Camp had a deft touch and innovative instincts. His advertising copy delicately and respectfully hit all the right emotional notes while subtly, and quite slyly, making powerful selling points about his hospital.

The Advance of Medicine: As The Twenties Near.

As the First World War and the 1920s drew near, the public's skeptical attitudes toward hospitals continued to soften. Many of the basic surgical procedures that are performed today had been developed by this time. X-ray technology continued to

improve. More sophisticated laboratory techniques for the evaluation of blood and urine greatly aided physicians' diagnoses. Effective sanitation, sterilization and isolation techniques were consistently practiced. Nursing schools had increased in number and professionally-trained nurses began to replace practical nurses, improving the quality of hospital care.

All these improvements gradually reshaped the image of the hospital from a grim place of poverty, disease and death to a preferred place of health and healing based upon modern scientific principles.

[Sidebar] The Saga of City General Hospital.

To what must have been their great dismay, Oklahoma City's Commissioners of Public Welfare found out soon after building, equipping, and staffing the 50-bed Oklahoma City General Hospital that they could not operate it profitably. In 1911, in an effort to make the charity hospital self supporting, an outside operator was sought. The OU School of Medicine was considered, but the contract was awarded to Dr. F.K. Camp of Wesley Hospital who operated the institution as the Southwest Post-Graduate Hospital (or Wesley Post-Graduate Hospital). Dr. Camp agreed to pay rent of \$3000 per year to Oklahoma City, on a three-year lease, and provide treatment to charity patients for \$10 per week with a free dispensary, medicines, and other services. The dean and doctors of the OU School of Medicine were decidedly displeased when their offer of \$4000 per year rent, on a five-year lease, and \$8 per week per patient was not accepted. The reasoning behind the commissioners' decision seems to have been based on assurances from Wesley doctors that affiliating with Wesley would make City General self sustaining. It is not known whether the arrangement was profitable for Dr. Camp, but he did not retain the lease for another term. In 1915 the university took over City General Hospital, operating a dispensary and using it as an emergency department until the new University Hospital was completed. A proviso of the 1917 legislation that funded construction of the new University Hospital stipulated that Oklahoma City would lease City General Hospital (by then called Emergency Hospital) to the University for a period of 99 years at \$1 per year.

The Year 1917 – “Old Main” Authorized.

If there was a defining moment in the early history of the State University Hospital and OU School of Medicine that signified a statewide commitment to better medical care and medical education, it was House Bill No. 366 of the Session Laws of 1917. In this bill, the sixth Oklahoma legislature provided for the construction of a new hospital and for a branch campus of the medical school in Oklahoma City.

Initially, the Oklahoma State Senate had misgivings and the bill died in committee. But after Governor Robert L. Williams and supporters within the Senate brought their influence to bear, another meeting was scheduled. Word spread that Dean LeRoy Long would speak and the Senate chamber overflowed, with the entire medical school faculty and student body in attendance. Around noon, Dean Long, known as a fine orator, addressed the body. His passion came through as he spoke of the “odious stigma” of the class B ranking, and by meeting's end he had won the support of many. As *Harlow's Weekly*, an influential Oklahoma City publication reported shortly after: “Dr. Long convinced his hearers of the necessity for a hospital building and, though his bill continued to have opposition, it was finally passed by a good majority. He did not give up the fight for it until the last vote had been cast and it was safe.”

Perhaps not surprisingly, those opposing the bill included Dr. J. B. Rolater, landlord of the State University Hospital. Dr. Rolater agreed to stop lobbying against the bill if his lease was kept in force. It was, and he did.

Approved on March 21, 1917, House Bill 366 designated a 15.64-acre portion of the Capitol lands as the site of the new hospital and campus. There were a number of stipulations attached. One provided that any resident of the state could become a patient in the University Hospital by paying the charge for room and board. There was to be no charge for attendance by doctors and nurses or for drugs and medicines. The appropriation was also conditioned on the City of Oklahoma City conveying to the state its Emergency Hospital (formerly called City General Hospital), located at Northeast

Second Street.

Robert L. Williams was the first Oklahoma governor to occupy the new Capitol, moving into the not-yet-completed structure early so as to be better able to keep its progress under his watchful eye. The governor's unwavering support of the hospital bill is perhaps best illustrated by his veto of a bill that would have capped the new Capitol with a dome. According to William's sister, the governor said "it would be possible to build the University of Oklahoma a hospital for what the dome would cost." The young State of Oklahoma, he thought, needed a hospital "worse than it needed a dome for people to look at." The Oklahoma State Capitol would remain domeless for 85 years, until 2002, when a dome was added at a cost of \$21 million.

[Sidebar] Spanish Influenza Pandemic of 1918.

In 1918, a pandemic swept the globe that has since been called "the greatest medical holocaust in history." The Spanish Flu pandemic lasted from 1918 to 1919 and may have killed 50 million people worldwide or more. No exact figure exists.

The Spanish Flu arrived on Oklahoma's doorstep in September 1918. Young people, normally less affected by these types of infectious diseases, were among the hardest hit. Some victims died within a few hours, others after a few days. The sufferers of this deadly strain of influenza might run fevers reaching 104 degrees, with severe body aches. For many of those unfortunate enough to succumb to the pneumonia that accompanied the disease, Spanish Influenza left a frightening calling card – cyanosis, a blueish-black tint to the face and skin caused by the lack of oxygen.

Immediately, Oklahoma City's hospitals were strained to capacity and beyond as 1,000 cases were reported in one single 24-hour period. Schools and theaters were ordered closed. Churches canceled services and public gatherings were forbidden. Medical professionals were at a loss as to how to treat such an overwhelming number of patients.

Compounding the emergency, hospital nurses were stricken by the disease at an

alarming rate. At one time, one-half of University Hospital's nurses were confined to isolation wards within the hospital itself. Oklahoma City's Emergency Hospital notified authorities that it could not take emergency cases because so many nurses were ill and unable to attend patients. A plea went out to the public asking for laywomen volunteers to assist at temporary clinics set up at churches, community houses, the armory and even a country club.

By early November 1918, city health officials cautiously lifted the quarantines and declared the worst of the crisis over. This unusually virulent strain of influenza had killed more than 5,000 Oklahomans, with more than ten times that number made seriously ill.

Later flu pandemics were not so devastating to human life. But in 1918, antibiotics were still decades away and, thus, not available to control the secondary infections, such as pneumonia, which killed so many Oklahoma victims of Spanish Influenza.

The Year 1919 – State University Hospital, A Model of Modernity, Opened.

House Bill No. 366 initially appropriated \$200,000 for construction and outfitting of the new hospital. It would be the state's largest and most modern.

Standing at 800 Northeast 13th Street, four stories in height, the new facility would accommodate 176 patients in wards and 25 private rooms. Fire-proof, it would be constructed of reinforced concrete with a brick exterior and accents of stone. It would feature five large sun porches and eight wards, separated by gender and race. Architectural plans called for it to be built in a U-shape with each side being 156 feet in length, for a total area of 57,000 square feet.

Inside, five operating rooms, a modern laboratory, a diet kitchen, and every modern convenience of the time were planned. The most modern hospitals in the country were studied in an effort to adopt their best features and eliminate their shortcomings.

Each ward would be a self-contained unit with all toilets, baths, telephones and cap nurses' offices complete in each ward – a modern concept at the time. This

arrangement would enhance patient comfort by reducing extraneous noise. Administrative offices would be located on the ground floor.

Another groundbreaking technology was the “silent signaler”. The *Daily Oklahoman* reported that “the signalers are so arranged that when a patient needs the nurse, the pressing of a button turns on the light above the bed, and at the same time lights a lamp in the office. The nurse reads the number above the lamp in her office and knows where she is wanted.”

The maternity and children's wards were to be equipped for the best possible care, comfort and convenience.

Though there were three classes of patients: charity cases; those able to pay some costs; and those able to pay both hospital and physician costs, it was the stated aim of hospital administrators that private patients would have no better care than those in the free wards, other than in privacy.

Superintendent Paul Fesler's pride in the new facility was evident when the *Daily Oklahoman* reported “Fesler has set his heart on having the whole fifteen acres of ground on which the building stands set out in a park. Fesler is a believer in the beneficial effects of pleasant surroundings upon patients and he is sure that when convalescents can come out in the wide sun porches or the roof-garden and look over a beautifully treed, well laid out park, they are going to feel a lot better for it.”

Fesler's plans went even further, according to the *Daily Oklahoman*. “In his plans for a greater hospital, Fesler includes a dairy and poultry farm. The state owns a forty-acre tract just north of the building and Fesler has cast covetous eyes in this direction. He says he wants cows and chickens and feed crops on this land and then the hospital will be sure of supplies. These things are for future development he says.” The farm on adjacent lands never became a reality. The University Hospital did, however, operate its own dairy farm in Oklahoma County until 1939.

The new University Hospital was formally dedicated on November 13, 1919 at 2 p.m. A banquet celebrating the occasion was held that evening at the Lee-Huckins Hotel.

At a total cost of \$276,000 to build and equip, the State of Oklahoma had a monument to modern medicine in its new institution. The new University Hospital represented progress that citizens of Oklahoma could justifiably take pride in. The structure, stately but absent any unnecessary architectural frills, would later be given the not-always-so-affectionate nickname “Old Main.”

The Year 1919 – Wesley Hospital Purchased by Physicians Group.

When the armistice was signed ending World War One, American troops returned home to their former lives. When the physicians and medical personnel returned from military service they brought back experience with new medical concepts, techniques and treatments.

Soon after Dr. Abraham L. Blesh – Wesley Hospital's former chief of surgery – and Dr. W. W. Rucks Sr. completed their military service, they set about rebuilding their practices. During the war Blesh and Rucks, serving together at Fort Sam Houston in Texas, had seen the advantages of “group practice” – a multi-disciplined medical practice in which physicians with different specialties work together supporting and consulting with each other. After enlisting four other like-minded physicians: Dr. D.D. Paulus, Dr. M.E. Stout, Dr. W.H. Bailey, and Dr. J. Z. Mraz, Dr. Blesh and Dr. Rucks founded the Oklahoma City Clinic in 1919.

The partners, however, needed a well-equipped hospital in which to practice. The pieces came together when they negotiated a purported \$85,000 price with Dr. F. K. Camp and, on October 6, 1919, purchased Wesley Hospital and the Wesley Training School for Nurses.

The partners, soon numbering nine, went to work. Wesley Hospital was open under new ownership and new management. The hospital would operate under the ownership of Clinic partners for nearly half a century.

Although it was sometimes described derogatorily as a “remodeled apartment house” (which, of course, it was), Wesley Hospital was an up-to-date facility, thanks to

Dr. Camp's efforts to stay current with new advances in technology and equipment. The medical and surgical staff was respected professionally and the reputation of the hospital was high. Operating rooms and instruments were good for that era. The hospital had a capacity of 65 beds and, as the economy in Oklahoma City came back to life in the 1920s, business at Wesley Hospital steadily improved.

[Sidebar:] Profile: Dr. Abraham Lincoln Blesh

One of the two doctors most instrumental in founding the Oklahoma City Clinic and purchasing Wesley Hospital in 1919, Dr. Blesh had an illustrious and enormously influential career in early Oklahoma medicine.

Born in Pennsylvania and raised in Kansas, Dr. Blesh credited the opportunity to make rounds with a kindly country doctor for his early interest in medicine. After graduating from Campbell Normal School in Halton, Kansas, the determined Blesh completed the 3-year graduate course in medicine at Northwestern University in only 2 years. He continued his studies in Europe and, returning home, practiced in Kansas before relocating to Guthrie in 1893.

After additional study at Johns Hopkins University, Dr. Blesh returned to practice in Oklahoma City where he was a faculty member at the Epworth College of Medicine and the OU School of Medicine, later becoming chief of surgery at Wesley Hospital.

His involvement and leadership in professional medical, as well as community, organizations was an ongoing part of his life that earned him the gratitude and respect of his colleagues.

A passionate belief in the efficacy of the group medical practice led him to be one of the first physicians in Oklahoma City to turn that concept into a successful reality – to the improved health of many.

Dr. Blesh was diagnosed with lung cancer in the autumn of 1933. Undoubtedly knowing his condition was terminal, but apparently feeling his work unfinished, he continued performing surgery and carrying out his medical duties. When he felt his end

drawing near, Dr. Blesh retired to room 320 at his own Wesley Hospital and there, on February 20, 1934, at age 68, he died.

(The rest of text cut here – the following section closes the book.)

The Year 2011 – Epilogue: A Milestone Is Marked, The Next 100 Years Begins.

For the OU Medical Center, the narrative of the last 100 years is one of an unbroken chain of dedicated men and women committed to the pursuit of medical excellence and medical education. At each important juncture in its history, strong leaders have stepped forward at crucial times to accept the torch, carry it, and pass it on.

These important personalities – physicians, healthcare professionals, administrators, bureaucrats and politicians – labored not because of what they saw in the present, but because of the great potential they could envision for the future. To call them gallant men and women would not be overstatement in light of the courage and self-sacrifice that was often asked of them.

Decade after decade, they pushed for progress in the face of changing political winds, a sometimes indifferent public, and almost chronic underfunding – always balancing and furthering the dual responsibility to render outstanding medical care to patients at all economic levels while providing a first-class medical education and training to Oklahoma's future physicians.

The steep path to the excellent reputation that the OU Medical Center now enjoys has been a long and challenging one.

From the top two floors of a downtown Oklahoma City building, the OU Medical Center has become a premier center of health services that provides a comprehensive list of advanced technologies and houses Oklahoma's only Level 1 trauma center.

From a modest, leased building on Northeast Fourth Street, the OU Medical Center has become Oklahoma's largest and most comprehensive medical facility. One that is capable of rendering sophisticated life-saving care and treatment to the most severely injured and the most critically ill.

From a hospital where craftsmen labored in a basement workshop producing one-of-a-kind appliances for its young, crippled patients, the Children's Hospital at the OU Medical Center has become a world-class institution offering comprehensive services to all sick and injured children including the highest-level neonatal intensive care unit in Oklahoma.

One can only imagine the pride that all those who labored so long in the pursuit of medical and educational excellence would feel to see what has arisen from the original 15.64 acre plot south of the Capitol.

Where will the journey lead now?

With 100 years of excellence forming a solid foundation; with an innovative operating agreement in place; with a one-half billion dollar expansion program changing the face of the campus; and with the commitment to quality medical training and education never stronger, the OU Medical Center is poised to reach for heights undreamed of only a few short decades past.

The 100-year mark is a milestone for the OU Medical Center, but not a resting place. After a moment of reflection, the work continues – for the good that can be done in the practice of the healing arts is boundless.