

Oral Memoirs
of
John D. Nettles, MD

An Interview
Conducted by
Clinton M. Thompson
May 8, 2016

Development of the Tulsa Medical College:
An Oral History Project

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The Development of the Tulsa Medical College Project was conducted by the Schusterman Library at the University of Oklahoma-Tulsa from January 2016 to June 2018. The project focused on the development of the Tulsa Medical College, which later became the OU-TU School of Community Medicine. The project consisted of 28 interviews with former and current employees of the University of Oklahoma-Tulsa.

John D. Nettles was the chairman of the Department of Obstetrics and Gynecology at the Tulsa Medical College.

Clinton M. Thompson was Director of the Tulsa Medical College Library and went on to become the Director of the Robert M. Bird Health Sciences Library at the University of Oklahoma Health Sciences Center.

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Jack D. Nettles, MD
Oral History Memoir
Interview Number 1

Interviewed by Marty Thompson
May 8, 2016
Tulsa, Oklahoma

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THOMPSON: This is May 8, 2016. Would you like to introduce yourself?

NETTLES: I'm John D. Nettles, Professor Emeritus of Obstetrics and Gynecology at OU-Tulsa. And—.

THOMPSON: Would you like to talk about your education?

NETTLES: Well, I had my undergraduate degree at the University of South Carolina at Columbia, and graduated in 1941. I actually entered the University at fifteen and had to get special permission from the Regents to do it. And because I was so young, instead of going to medical school after three years as you could do, I kept up for four years and had a few extra credit hours at the University. But in the fall of 1941, I entered the Medical College of the State of South Carolina, now called the Medical University of South Carolina, and began osteology, which was in the summer and hot and Charleston, and nearly flung me out, but I made it. Then in December 7 of 1941, which some people may remember the day, Pearl Harbor occurred. I was in the anatomy lab at that time and one of his students that came in—it was a Sunday morning—“Well, Pearl Harbor's been bombed.” “So, what's Pearl Harbor?” Very few people in the country then really knew much about Pearl Harbor. But anyhow, I graduated from the medical college in three years.

When the war started, they put us in medical school, and they changed the residency programs to nine months, three months for three times for nine months. At the medical school, they gave the same thirty-six months of education, but they did it for three years of, let's see, three years of twelve months for thirty-six months rather than four years of nine months, making thirty-six months, which got me even younger graduating from medical school. And when the war broke out, they had entered most of us rather than drafting us, entered us in as Private First Class or navy corpsmen, and we went to medical school as members of the armed forces. And I graduated in 1944 and interned at Garfield Memorial Hospital in Washington, D.C., which is now the Washington, D.C. Medical Center. And by then our internships were nine months, so we went

thirty-six hours on and twelve off. They cut our normal complement of interns enough to where we had to do that. And our vacation we had to make up out of whatever time came on. So, it was a harrowing experience in a way.

After the internship, I was in the Navy. Now, in spring of 1945, V-J Day—V-E Day came, and with the victory in Europe, watching—I remember Eisenhower’s plane coming over and landing in Washington, and everybody was very excited. Also, Roosevelt died, and when he died, nobody had ever known a president other than Roosevelt, and it just immobilized the town. But anyhow, the Army sent me—I had the reserve commission in the army then—and the army sent me a letter, “Within a few days, you’ll be offered a commission in the Navy with the same rank and privileges. It would be to your distinct advantage to accept this commission.” Well, even though they won the war in Europe, I knew the Army still had some positions you didn’t want to go to, so I accepted them. And this meant either the Marines storming the islands, or else the Navy being bombed by the Kamikaze. So, during my first few months in the Navy on active duty, I started at Charleston Naval Hospital. V-J Day came. And at that time, I had orders to go to Treasure Island, San Francisco for further transfer, which meant either the Marines or—because Marines receive medical care from the Navy. [I] Received orders for further transfer. So, I think dropping the bomb was a very good move on President Truman’s part because it did save me and a lot others, as well as saved a lot of lives of the people who were being bombed and so forth. Had he not done it, I don’t know what would have happened in World War II. But then having done that, I was sent to Treasure Island, and they put me on a PA, which is a transport ship and decided well, we’re not going out again, we’re going into mothballs. So, they put me on the ship and we were towed up to Stockton. Now you don’t think of Stockton as a seaport any more than you do Catoosa, but we did make it out and there, but I wanted more active duty, so I asked them, “Well, can’t you give something more active sea duty?” And they said, “Well, the Hornet’s down here, and it’s on magic carpet duty,” which is using Navy vessels to ferry the overseas people back to the states. So, I thought I’d get some active sea duty, but then they transferred me to the Hornet Carrier, which had had quite a good reputation during World War II, but then instead of going out again, they decided to put her on mothballs. So, I almost became a specialist at putting the medical department in mothballs.

And so, well, I remember one incident there that was rather amusing. We think of the narcotic problems we have today, but they—we had a whole drawer full of, large drawer full of these morphine syrettes. There’s a half gram of morphine in a, like a little miniature toothpaste tube with a needle on it, and they could just _____ (??) and put an X in red on the thing so that you knew how many doses they got. But I didn’t know what to do with all this morphine we had because they had told us just to ditch everything, except the medical instruments we did put in preservative and wrap up. But I called the narcotic people in San Francisco and “Hell, Doc, we don’t want them.” (laughs) “Dump them in the river. Dump them in the ocean.” So, I dumped them in the Bay. May have made the fish happy, but I don’t know whatever happened to them.

After eighteen months, they demobilized me and I went back into my residency. The residency wasn't to begin for nine months. So, through the Medical College of Georgia, which now has a new name, I'm not exactly sure what it is, but it's the University of Georgia Health Sciences Center or something of that sort, and there I took a fellowship in pathology. This was a time before the Pap smear had been accepted as a generalized procedure. Ironically, Pap [George Papanicolaou] had reported his smear back in 1920, or around 1920, and everybody poo-pooed it. So, he went back, as he told me once when he visited us at Georgia, "I went back to my guinea pigs." And he was an MD, but he was an anatomist, not a private practitioner. And he developed his Pap smear by getting smears from patients with cancer and looking at them and being able to see the difference in them from the regular smears. So, I had a fellowship under Dr. Ed Yapung at Georgia, and it was a very interesting thing because we chased down, one of my jobs was chasing down patients who had had early signs of abnormalities in their cervical cells and see what happened to them. Plus correlating the Pap smear for clinical work. So it was—was one of the few clinicians who were working on that. Of course, Papanicolaou and Traut had written a monograph around the same time on the Pap smear. But anyhow, got an interest very early in pathology and into Pap smear and cancer. So, this helped me later on.

After I finished that, and we had several publications out of this, which at that time were somewhat controversial, but later generally accepted as much more realistic. And I entered my residency at the University of Illinois Research and Educational Hospitals in Chicago under Dr. Frederick Falls, the chairman at that time. Dr. Falls had been very interested in the American Committee on Maternal Welfare, which is a large organization of both professionals and laymen on maternal healthcare. And they had quarters in Chicago, and I got involved in that a bit, too, which gave me a much broader interest in that, plus the Pap smear fit into that. My first year was mostly at a, the mental hospital, state hospital at Manteno, which was the largest mental hospital in the world at that time. We had over 7,000 patients. And I not only did the OB/GYN there under the faculty at Chicago, who'd come down for surgery and so forth, but this was a very interesting time because I took office of the day duty as the other physicians on the staff did, which gives me a lot of interest in seeing what happened in mental health. Some of it was very hard. They didn't always treat the patient well. They had _____ (??) to make them under control, which they later stopped. But it gave me an insight into the mental and emotional parts of gynecology. I remember one man that they kept sending in for examination because he claimed he was pregnant. And he'd been coming in for four years, and finally they said, "Look, you've been saying you're pregnant for four years, don't you realized that if you've been pregnant that you would have delivered at nine months and you wouldn't be pregnant?" He said, "No, Doctor, you don't realize. In men it's different." (laughs) And we had all sorts of experiences like that there.

But then the rest of the there, and I took five years total residency. The other four years was in Chicago at the _____. There we were affiliated with the Florence Crittenton Home for

the Pregnant People, and also with the State Reformatory for Girls, which gave another a broader aspect of how medicine and gynecology fits into the whole spectrum. At that time incidentally, I also met a bunch of general semantics. Most people don't know what general semantics is, but _____ (??), who later became senator from Hawaii, was big in it and on the faculty there at Northwestern. And that got me interested in the meaning of words and procedures and so forth, which has helped me in many things along the way. And this was in addition to anything I did at Illinois during the residency. But during this time, I also got involved in the American College of Obstetricians and Gynecology [ACOG], which began as the American Academy of Obstetrics and Gynecology; and there was a big argument about whether we should be an academy, or what name we should have to really define us. But anyhow, that got me involved in a lot. And also, I got involved a bit in the College of Surgeons at that time as—because gynecology was much more active in the College of Surgeons at that time than it is now. So, that sort of gave me an inkling into the working of a different organizations, and then got to know a lot of people in OB/GYN work worked in the AMA [American Medical Association], which later they put me on as program for OB/GYN in the AMA. And so, this got me further involved in organized medicine, which has always been a good thing for me to see the broader aspect of health and medicine.

After finishing the, really before finishing the residency at Illinois, no after finishing residency at Illinois I stayed on the faculty in OB/GYN at Illinois. And during this time there was a little unpleasantness in Korea, Vietnam, and so forth, and the Navy said, "Well, if you'd had eighteen months service before, we wouldn't call you back, but you had only seventeen, so you've got to come back for another eighteen months." When some who'd never gone didn't have to go. But anyhow you said, "Yes, sir, I will go." And so then I went on a second duty there, taking a leave of absence from the faculty, and spent most of the time out at Sangley Point in the Philippine Islands. They gave me a choice of Chincoteague, Virginia, or the Philippines, and I figured it'd be more fun and more education and did it. All I knew about Chincoteague were there are a lot of horses there. And Navy rip more horses rear ends(??). But anyhow, I went out the Philippines for that time, which was a good experience getting to know the Filipinos. In fact, I got to know the Minister of Health very well on a friendly basis. He had a program of liberty wells in the Philippines and wanted to put well drilling all over the Philippines, which did a lot in public health to reduce the bacterial diseases and so forth, so that was an interesting part of it, too. Also, there we got to visit Coregador and the ruins and the town and some of the other areas. Back then they still had ships sunken in Manila Bay, which had not been removed yet. And one experience I had was that of doing inspection aboard a concrete ship. Well, to me, can a concrete ship float? Well, steel ships float, too. But anyhow I learned a bit about the concrete ships, and they were nothing but a barge with the steering and motor and so forth, so if they lost the ship they didn't lose too much more than the oil aboard the ship. And they were in World War II.

After the Philippine duty, I was de-mobilized again. I went back to faculty position at the University. Stayed in the Navy, Naval Reserve, and I was in Natalie Stevenson's Navy Militia. You don't think of Chicago, Illinois as being a Navy outfit, but remember the Bainbridge training for the Navy, and remember Navy Pier is there, so once a week I'd go down to Navy Pier and while enlisted people looked at dirty movies, I could look at, study and so forth, and do a few physicals and things of that sort. But it was interesting to see how the civilian Navy did there.

And so after—while I was there I got involved in kidney biopsy and toxemia pregnancy. The, a group there of Kark and Pollack and a few others had brought in the kidney biopsy needle from Africa and England, and so I worked with them on the obstetric patients. And we did some basic research work on toxemia pregnancy and other kidney diseases and pregnancy. This got me a bit interested in this whole area. And there were many more patients with the disease and condition in Arkansas than there were in Chicago, and Dr. Willis Brown was looking for somebody and he talked with his good friend Bill Mingert, who was chair in the second go-round up at Illinois, and they convinced me to go down to Arkansas. And so, I went there in 1956. In Arkansas, we were heavily involved in the health department and a lot and by that time I'd become heavily involved in organized medicine, and was the chairman of a seven state and Mexico, District 7 of American College, and at this time my vice chair was Dr. Adolf Vernon of Tulsa, who a very prominent obstetrician here. And we worked together quite a while, and eventually by 1969 Adolf had been talking with Dr. Jim Arrows, chairman at Oklahoma City, and the provost, and they were having trouble with clerkships in obstetrics and gynecology as well as other things in finding enough in Oklahoma City. So, I'd been involved in the Council on Medical Education—CREOG, the Council on Resident Education in Obstetrics and Gynecology, and I'd, this had gotten me familiar with almost all of the programs in the country and so forth, and it seemed to me that the program—a number of good hospitals, like in Tulsa, we had St. John's, St. Francis, and Hillcrest, were not being used for education. And so, this seemed a challenge, and they convinced me to come to Tulsa to get the residency program in good shape to teach the medical students from Oklahoma City. The, I was given an unmodified appointment through Oklahoma City and stationed in Tulsa, and went to Oklahoma City one day a week and made rounds and went to the clinic and went to the departmental meetings and so forth, which gave a good relationship between Oklahoma City and Tulsa.

We then had two residency programs, one at Hillcrest and one at St. John, and each was a three-year program. One resident for each of the three years going up. They had problems because you can imagine if you have three residents and one of them gets sick or if you're down quota, the other people are working every other night. This wasn't too good. And this was happening at both St. John and Hillcrest. So, what we did was to combine the two programs into one program and added St. Francis, which gave us nine residents instead of three. I mean nine total rather than six. And with that we were able to not only do that, but we could get a good clerkship for the

OB/GYN. At that time, we had a number of good clinicians who could teach medical students, and quite willing to and interested in education. Bill Thomas was one, Adolf Vernon, so many of them, so that we were able to give a good basic educational program using the clinical faculty. We, our students over here, there were ten at a time and getting the same curriculum as at Oklahoma City. And they were examined at Oklahoma City, and we did as well as the students did over there. So, this convinced the University that maybe this is a good way to go. And at that time the same thing was beginning to happen in Pediatrics and Medicine, and to a less extent in Surgery, but later Surgery. And a Tulsa group formed the Tulsa Medical Education Foundation, which was partly financial to distribute funds to the hospitals for resident education, and also to do other things that had to be done to keep a good quality education. Anyhow, we developed a relationship between the hospitals. It was always a little competitive jealousy between the hospitals, even less so than today—even more so than today. But we—the clinical faculty were great. Tulsa hospitals were as good as any similar hospitals in the country, but were not being used in medical education. We had good clinicians, and so this worked out, we had a running clerkship.

Then in 1972 or so, the legislature decided to start, extend OU into Tulsa in a more formal way, and their medical school was to be set up, with each department was to be a chairman and a secretary, plus the clinical volunteer faculty. And surprisingly we did pretty good at first. Then specialization came along, sub-specialization, which the editor added to the obstetrics and gynecology journal. He didn't like the term. He wanted super-specialization rather than sub-specialization, which _____ (??), but he never got his point accepted, and we still have sub-specialists rather than super-specialists. But anyhow, with that we needed to have more involvement, and, of course, with this and with the University need for more students and so forth, the departments evolved into more than just a chairman and a secretary, and today you can see, like in Obstetrics and Gynecology, where the sub-specialty is working some in-house and some using outside people. But with the medical school starting, it began as this, but quickly it evolved into the expansion of the school.

And in the expansion, it has been progressive over the years, there's one person who really has done a yeoman's work and been responsible for so many things and never gotten any credit, and that is Leeland Alexander. Everybody knows he's a whiz at finances, but they don't realize the basic progress of the University getting buildings, getting people in the community involved from the beginning of the school—Leeland has done so much and has received so little recognition. Also, from the beginning, even though we're a little country town, we had a lot of people who were involved heavily in organized medicine. Dan Plunket, who came in as chairman of Pediatrics, had been very active in the Navy and so forth. Burr Lewis, an internist, was very active in the College of Physicians and some other medical things. C.T. Thompson was head of the Committee on Trauma of the American College of Surgeons. And others were involved. So, we weren't just an isolated area. We had people who were active in organized

medicine and so forth were bringing all of the ideas back here. And, of course, everybody knows Dan Duffy, who has been involved in so many things, too; that has brought back to Tulsa so much. And at this time, we knew Oral Roberts was building it [a medical school], and this was always an interesting thing even though the school didn't last. I remember one session of a national group we brought through here in OB/GYN, and I was the program chairman, and we had a panel from people from Osteopathic, from Oral Roberts, and from OU. And this was a very interesting panel, and those people were talking about it for several years later about what Tulsa is doing and how much we involve the community facilities, the health department, all these other, the genetics out at the Children's end, _____ (??) was a very big thing. He did a lot nationally that people locally don't know about at all. So, that we weren't—and the AMA, we've had so many people, there are too many names to mention, who were delegates to the AMA from Tulsa. And we've always had from Tulsa and Muskogee—Muskogee's also been very active and we work together. And so, Tulsa was not the small, country town that most people thought. And the visiting professors that came through here were always surprised. One thing is that Tulsa was a very cosmopolitan community. Two, that we had hills and trees. They were very surprised about that. And one I took out to Catoosa to see the port, that ocean going barges could come into Tulsa. So, the medical community did a lot to spread throughout the country, acknowledge Tulsa does have a lot to offer in so many areas.

But anyhow, the school—also, Tulsa was unusual in that the money community, and there are a number of them, gave back to the community. If they needed a bridge, three or four of them would get together at lunch, and they could start the bridge the next week rather than going through all the things if they needed anything else. And they'd build a hospital or anything else. But that hurt us back in the seventies when things began expanding much because it cost \$40 a day more per bad day in Tulsa than in Oklahoma City because we didn't have all the government support that they did. This has improved over the years as we've become more influential, or maybe more aggressive or something, I don't know. But anyhow, the Tulsa community supported the medical school very well, even though many of them don't know it was here for the first fifteen, twenty years. You mean OU has a—? In fact, I had, went over to Oklahoma City, I used the University car sometimes, and one time it broke down on the expressway, and a patrolman stopped, and we finally called Leeland Alexander, he said, "Well, if the patrolman can take you into Midway, we'll come and get you and you can leave the car there." Well, the policeman, he made me keep my hands in sight the whole time because he didn't—"OU in Tulsa?" (laughs) But anyhow, gradually we've gotten to be known better, and it's partly because of this corner here where we're having the interview that we have a big sign of OU and a Boren Boulevard and things of that sort that people realized that OU is a permanent presence in Tulsa. Well, we've expanded more and more and you see today what we are, and we've not only expanded in medicine, which was the main thing; we have now many of the other disciplines involved outside the health field. And the thing we still don't all understand is the relationship between TU and OU; and we're still looking at it in medicine, but progress is being made. But

throughout, the point I'm trying to make, is the community. Tulsa was a can-do community that when they agreed on something they could get together and have it done and not go through all the red tape that needed to get it done. Sometimes costly because they lost out on the government funds, but here again Leeland helped out a bit. I forget his name, the head of the welfare that was essentially one of the tsars of the state. And Leeland needed some work done rapidly, and you couldn't go through all the government things, so he arranged with the welfare director to do the work and pay some kind of trade deal where he did something for them, and Leeland was very good at this sort of thing. And we've got a much more campus here than the state has for the money, and it's still growing.

So, as we began developing, we started out where the whole school was in a little suite at different places. I had about five different offices the first five years I was here. First I had, I was just between Hillcrest and St. John, and the office was at Hillcrest and they didn't have one ready for me, so Jim Harvey, who was head of it was going on vacation, so I used his office for the two weeks he was on vacation and when he came back there's Ken Wallace, who was the assistant administrator, so I used his for three or four weeks, and finally they gave me one in the building. And then later in the Hillcrest Physician Building, which at that time was only half as tall as it is now; they built up after that time. And then for a while the school was on Harvard there at about 29th or so. And then again on the corner across the street in a building there. And then we began going different places, and you see what we have today. But again, I like to give Leeland credit because he's done so much and made all of this possible.

THOMPSON: Question for you. Early faculty that you brought in? You mentioned that that began because of the sub-specialties.

NETTLES: Yeah.

THOMPSON: You want to mention any of those early faculty that you brought here?

NETTLES: Well, the earlier ones are just the primary specialties, because Dan Plunket was the first pediatrician in. And we had Dan Duffy, who's been a stalwart person here for all these years. And we had the surgeons and were slow getting a full-time surgeon in here, but they made out with the clinical faculty as I recall. And there was, of course, we had early deans. We had Martin Fitzpatrick. We had Bill Thurman and Ed Tomsovic and others, but we always were able to get good deans, very competent deans. And then we—there was not as much town and gown, some town and gown. In fact, at one time at one of the hospitals, I won't mention, but they signed a petition with about thirty or forty names on it that there should not be a medical school in Tulsa. And so forth. And a lot of it was an economic, as well as ego threat, and so forth, and this is not just Tulsa, it's a lot of it all over the country, town and gown. Most decide to go their own separate ways eventually, but this is their entertainment to see all this interplay that went on.

But the medical school was sponsored, to a great extent, by the Tulsa Medical Education Foundation, made up of the individual foundations for the specialties, so that it was a cooperation of the community that has permitted Tulsa to grow.

THOMPSON: In your department?

NETTLES: In all departments.

THOMPSON: Well, how about in OB/GYN, what faculty did you bring in to enhance the—?

NETTLES: Well, in the early days we had Bill Kecaca. He had, Don Treadway was here for a while. And Saltzman. And, oh, I'm having a hard time thinking—.

THOMPSON: That's all right. That's fine.

NETTLES: I have trouble with names I know so well. I can't remember; it'll come to me later.

THOMPSON: That's fine. That's fine.

NETTLES: No, we did have a good faculty that would really contribute. And they were all, it was not—we didn't do research much. We were involved in research, but it was done, the genetics was done by Burr Ensythe(??) for instance, and so forth. So, a lot was coordinated with the groups outside the University.

THOMPSON: Was it difficult? I mean you were the first as far as we can determine in bringing residents into the Tulsa area. Did you find it difficult to bring young residents here to do their residency?

NETTLES: No. Actually, I had pretty good contacts, but we got a lot from Georgia and from Arkansas. And let's see, I was there from '56 to '69, so that a lot of them, in fact, Bo Farmer, who is head of emergency room services at St. John I've tried to get in, and it didn't work out, but he says he wished he had in a way. When I had my arm problems recently we talked for a long time, but we've never had trouble getting enough residents in OB/GYN.

THOMPSON: Any of the residents—because now you span a long period of time—but any of those young residents that stand out in your mind?

NETTLES: Oh, a lot of them. One of them is Richard Jennings, and he was interested in respiratory physiology, so he had a reserve flight surgeon, and he went with NASA, and he is the gynecologist for the women astronauts, which is a little different from the usual residents. Grant

Cox, who is a present District 7 ACOG officer going up the ranks, has been very active in ACOG. Well, we had Pat Gideon I sort of have to mention. He's good. He had one of the noted, some obligation to service, and he went up to Claremore as head of OB/GYN at Claremore and in a short time reduced maternal problems by 50 percent; and he later became regional, multi-state regional director, and then retired and went to the veteran's home at Oklahoma. And although he's retired, he still goes to a lot of the functions of the OU and Oklahoma City, and is very active. So, there's been a number of people like that that have done a lot more than just do well in OB/GYN. And of course, some of the leading OB/GYN people in Tulsa are former residents. In fact, we have supplied many of the residents who went into practice in Tulsa.

THOMPSON: Because of other comments that you've made—groups that you were involved in Tulsa outside the school, like the Department of Public Health or other agencies that you worked with during the long span that you were here.

NETTLES: Well, we've been involved in many. Planned Parenthood is one; and Planned Parenthood has gotten a lot of bad publicity because they do a lot more good than they get credit for. We worked a lot with the Health Department, especially when George Prothro was there. We worked with Children's in the genetics and Burr Ensythe a lot. We've now a lot with the Tahlequah hospital, and the Muskogee Veteran's Hospital we've worked a lot with. So, the list could go on very big. We've worked with the cancer society. I was twice president of the Tulsa unit of the American Cancer Society; and we used to be much more active with them than we are now. We worked a lot with TU with the scientific order of Sigma Xi, and got involved with it over the years; haven't done much for a number of years. And I don't know; it just grows. And Tulsa's been that way. People work together. I was just talking with my wife about she's gotten involved with some of the non-profits and how they work together. In fact, soon after I came here I went on the board of Margaret Hudson program and have been on the board since that time. And, of course, back in the early days Margaret Hudson the pregnant students weren't treated the same way they are now. But I've seen Margaret Hudson grow, and we've worked with them a lot. Bob Block was president of Margaret Hudson for a while. And some of the other people have been involved in it. So, Tulsa just has that thing where everybody seems to work together despite the—they're like children, they'll fight among themselves occasionally, but then when the chips are down they'll work together. And if anybody outside tries to get them, they'll chip in against them.

THOMPSON: Now, you mentioned some, but were there any research projects that you were involved in over the years that you'd want to comment on?

NETTLES: In Tulsa we did some work with family planning and we did some work in the breast self-examination. In fact, with the Cancer Society put on a clinic at the fair during that where we offered free breast examination, screening examinations. So, we worked a lot with a number of

different groups. We worked with some of the churches. And I think we're going to see more of that. And I'm just trying to get Margaret Hudson interested in a lullaby program. You think of lullabies as nice, sweet, gentle things, but really there's a lot in lullabies that's really protection theme. Rock-a-bye baby falling the treetop is not exactly something that makes someone fall asleep quietly. And the history of lullabies is what I'm getting interested in right now. And there are a lot, the Tulsa schools are working a lot with TU and with the Carnegie Institute and involving OU and the Tulsa Symphony, and they're all beginning to work together. So that again, that's like Tulsa, everybody seems to work together, joint things.

THOMPSON: How many years were you chair? Do you remember?

NETTLES: From '69, I think it was '82. But I may be wrong.

THOMPSON: Well, no. That's pretty good. That's a long time. Now you know that. In academics that's a long time to be chair of a department, you know that.

NETTLES: Yeah. Well, I've seen a number since then. They're like deans you know, but deans seem to be kind of stabilizing a little bit more except they go up now rather than being, go to another place. They go up in the hierarchy in the administrative positions in education has skyrocketed so much. It's causing a problem now of financing them all, but.

THOMPSON: Now, I would like to ask you about one person because we won't have an opportunity to interview that individual. A couple of the other people we've interviewed have talked about him. Is there anything you'd like to say about Dr. Tomsovic?

NETTLES: Yeah. Tomsovic is a very interesting person. In fact, my wife is still a good friend of Jackie Tomsovic. In fact, in my office I have his desk and bookcases that I still use. An interesting thing about him, in his early days here he said, "Why are you spending so much time out here? Why don't you do like Bob Block and stay here and teach the students?" Well, we were teaching the students, but we were also getting involved. But strangely, he later got involved in some medical society and he was traveling as much then as I was before. But he was a good guy. And very interested in the school and he did a lot for the school.

THOMPSON: Okay. Now, I'll ask this question, although I think you've covered some of it: what do you think the major issues were for the development of Tulsa's Medical College into the College of Medicine at OU-Tulsa?

NETTLES: There were several. One, there's always a little Oklahoma City versus Tulsa thing. And there was also the issue of whether the osteopathic school should come in. And this was the same time that Tulsa OU was developing. There was also a little bit of the town gown, though

I've seen it much worse in other places. The participation of OU physicians in the medical societies always been a touchy issue. There've been who have been very active in the city, county, state medical society, AMA, and others who could care less. And it goes like a roller coaster, sometimes good, sometimes bad. But it's always sort of an issue. Whether the residents should get free meals at the medical societies always been a little bit. We had few residents actually I paid for them at one time, but then they figured that that maybe wasn't quite right. The, let's see the other issues? The issue of indigent care has always been a hot issue in Tulsa. Who does what to whom? The participation in the drugs, and the relationship, there's a program of the county medical society where unused, not outdated drugs, and in the millions of dollars they have distributed to the indigent in Tulsa through that program, which some of the people in the University have worked with. I don't know. Issues are not unique to Tulsa.

THOMPSON: Would you like—you've talked about a lot of people already, but would you like to mention those people that you really truly considered to be mentors during your entire career?

NETTLES: Well, there are a lot of them. Of course, there are a lot that you had before you went into medicine. Your parents, your relatives, your friends, you professors, and so forth before you went into medicine. But in medicine, the Dr. Edgar Pund who was chairman of pediatrics at Georgia that had, got me very interested in pathology and the Pap smear and the correlation of clinical and pathologic material. He was a fellow who was clinically oriented. He'd spend about half of his mornings in the operating room consulting with surgeons on gross specimens. In fact, when he processed his specimens, he would tend to make a diagnosis from the gross tentative and see if it was confirmed by the microscopic later on. But he was so interested in bridging the gap between the basic sciences and the clinician, and I remember that. Willis Brown at Arkansas was chairman, taught me a lot about a lot of different things and got me involved in the College of Surgeons. He appointed me to the board of governors of the College of Surgeon, and did, at that time gynecology's a big, much bigger organized part of the College of Surgeons. And I was on the national program committee for them, on advisory councils for obstetrics and gynecology on investigative program, and a lot of other areas as well. Got involved locally in Oklahoma with the College of Surgeons. Now, this is fifty years ago, and not there's not much OB/GYN there. So, this is evolved, and well, with the growth of the American College of OB/GYN and the subspecialty societies in OB/GYN. We don't have the same relationships, but some who are still very active, especially in the field of oncology.

There was Woody Beacham, who was first president of American College, and I were very good friends. And he was very active in the AMA, and he got me involved in the AMA as a national program chairman, and over the years with other activities. I was in the section council of OB/GYN, and eventually in the house of delegates of the AMA, and through that I got involved in the ACGME, American Council on Accreditation. And there so a seven-year period got involved several times all of the GME programs in the country, which gave good breadth of

knowledge on continuing medical education. In later years, I got involved in the senior physicians group in the AMA, and saw what could be done for retired and older physicians. Through the American College got to be on the board of directors, the executive board, and also was a representative of the American College of Nursing, I was on their governing board of examiners. And I was involved through them and their early nurses association of college, which until, eventually they wanted more than one organization, but had a lot to do of working with nurses with that. We just saw one group began, and then for a while I was involved in the Public Health Association, especially for teenage pregnancy and the Margaret Hudson program we had here. Were involved—these just ones sort of filtered into the other to where once you work with one group, you can give some help to another group and exchange these ideas. And actually more is going on behind the scenes than on your committees and formal offices, casual conversations at cocktail parties or receptions and discussing. I was president of one group, the Central Travel Association of Obstetricians and Gynecologists [ed. note: the association is the Central Association of Obstetricians and Gynecologists], which to mainly academic institutions, and both social and seeing how their departments are set up and run. So, it just all these sort of fit in together pretty well. And in Tulsa it crosses not only your medical groups, you cross into your non-profits and your other groups. And just one fits into the other so much. And in all these you make your contacts. When I first started out in medicine, the sub-specialties were very scant. The numbers involved in academic were small. So, everybody got to know each other, and you could be with one person on a site review committee or something, and another one on a resident education committee, on a nurse committee, on another council committee. And you sort of, in the early days you got to know everybody. Well, today it's also impossible. The numbers are proliferated so much that, in fact, so many of the younger have come in and have been out of the central thing enough to where most of the younger people I don't know. It used to be you know all the authors practically, and you knew a lot between the lines when you read the article. Today, it's not that way exactly.

THOMPSON: Now, I'm going to deviate from what I said I was going to do. I'm going to ask you another question. What have you see as the major changes in healthcare during your career?

NETTLES: Okay. Well, one, of course, is antibiotics, the treatment of infections. I came on board in medicine right around the time penicillin was discovered. And in the early days we had, penicillin could cure practically anything, until they got desensitization. The nurses who had to mix it would get little dermatology on their fingers a lot. We had the different kinds of penicillin, penicillin beeswax, which wasn't very comfortable. And so then streptomycin came in and that was good. But in medical school for the treatment of syphilis for instance, it was eighteen months' course of bizamus and myfarcin in the vein, and if that stuff got out of the vein, it really was irritating. And the medical students did a lot of the things. I remember some of those swollen arms were quite bad. They also began, I remember, five days' treatment of syphilis that was a much easier thing to take. And for the first time I remember in medical school some acute

bacteria endocarditis was cured for the first time with penicillin. And then your sulfa drugs came in and they were very important during World War II. Each, they had these little waterproof packets of sulfadiazine, I think; it may have been thizal, that they had. And they had these morphine syrettes that they could give automatically.

And over, they think many of the progress in medicine has been from the government things: war wounds has been a lot, the progress in blood transfusion much is done to the massive transfusion because much of our instrumentation was made from NASA that has permitted us to have very small instruments, much of this was from NASA and their work. So, there's always been a good cooperation between private and government in these areas. They've worked out. Malaria has not been conquered in some areas, but we've done pretty well here. Of course, everybody knows polio. I can remember iron lungs and I still remember one kid back from 1944 that had a bloody belly and was dying, still gives me a pang of horror. And then we didn't have any of the steroids that we had back then that has come along. In fact, I remember in my endocrinology book, the first chapter said in, on the uncharted seas of endocrinology. When I first started out you could practice good obstetrics with just a microscope and a bottle of saline solution to test for sugar and sulfosalicylic to test for urine and pelvimeters to measure the pelvis; and you could carry everything you needed practically in one little bag because it was available. And all these have done—progress in ultrasound is really doing great.

So, it's almost in every field. There's brain scans that we're seeing today and you're seeing real time what happens in, under various circumstances in the brain. The cardiology, I mean, recent Hillcrest rounds where they talked of taking, through the vessels go into the aortic valve and cut it and put another one in all without an incision in the chest. You can just go one thing after another where they've made progress: genetics, what you can tell from genetics; the progress in diabetes, Banting discovered insulin the same year I was born, but now we have several different types of insulin. And unfortunately, I think they are all more, put more into trying to get a, what do you call it, a drug that's like, a like drug rather than finding out new drugs because that's where the money is. I remember seeing a leprosy colony out when I was out in the Philippines, and then I, in fact, we got a number of lepers in the United States, but they are under control and treatment and not going to pose a problem at all. TB is one I can remember. In fact, during my internship one of the thoracic surgeons tried to say I'll get you a deferment for military if you'll come with me with a residency in chest surgery because that was the main thing for TB, not heart and so forth. Small pox, of course, has been eradicated practically, in most of what we see it's brought in from outside. How are we going to handle this new virus zika thing I don't know, but we've got a tiger by the tail there because it's like German measles used to cause anomalies, and this thing's going to be in spades compared to what the German measles we had.

And in education we've done a lot, too. You know, back in the early days of the last century, Oklahoma was a class B medical school, as were so many other, nearly five or six class A

medical schools, and medical schools have really come—. We've got now the progress in, what d'ya call it, send a cardiogram from a rural area and on a satellite they can send it back to Earth and be treated on a satellite. And I don't know, there's just been so many things. And education methodology has changed a lot. The thing we haven't done too well is advance in evaluation to do what is reasonable without doing too much testing _____ (??). We see that in the schools, the whole testing not of just the students, but the teachers and principals, and everything but the government, we don't test the government very well. And, oh, let's see, ultrasound and well, all the steroids; well, the birth control pill was a big thing back in the seventies, early seventies and so forth. The attitudes towards abortion when one, even though I've been involved for fifty years, more than fifty years, I still haven't got it solved; and the only thing I can say is to accept the American College policy that is between a physician, the patient, and the patient's religious advisor, and everybody else should stay out of it because I've seen the other side of it, the harm where there weren't, wasn't birth control, and even birth control was almost a capital crime. In fact, a half-brother who's a lawyer told me of a person who got convicted of rape and I think sentenced to death because he used a condom, not because he raped. These ideas have changed a lot over the years, and they're still not settled.

Telemedicine was the term I was thinking of on the other thing.

The thing we haven't really settled and still going through are the relationship between the various disciplines, not only the chiropractor, osteopathic, some of these we've solved, but ones between the nurses and the PAs and the physicians, who does what to whom and who gets paid for what and so forth. These are still issues that are going, but have evolved a lot over the time. The house call went away and is beginning to come back again, so the pendulum does go back and forth. The government, what the government does in health is a controversial issue right now. And the VA has always been a problem. After World War II, the veterans' system was in very bad shape, and Omar Bradley, who'd been a general in the war, had good administrative, came in, and really cleared up the veterans' healthcare affiliated with medical schools and so forth, and today they're still arguing about equality of care and health, which is pretty damn good at lower levels, but like in all organizations, the higher you go up, the more people who are searching for their own selves rather than what's best for the people. It's true in government, it's true in religion, it's true in everything else. And I don't—I'm rambling a lot.

THOMPSON: You're doing fine. Is there anything else you would like to tell us about Tulsa Medical College or the College of Medicine at OU-Tulsa as your closing remarks? Either I haven't asked, or you've thought about stuff while you've been talking.

NETTLES: Well, I think one thing; we've had good people, unusually good people. Two is, I think we've mixed with the community pretty well. And even more so, I think Dr. Clancy has done so much and I'm glad to see he's going to be president of the University of Tulsa and relate

to us that he's a critical role in a lot of these common activities. I think we've still got room on the campus for expansion as I look out there's a lot of green area, I don't know if it's good to replace it with buildings, but we've done a lot of expansion, and we're still involved in many of the issues. One thing I wish we'd done at one time, but it never came to fruition, and that was to have one building on the campus that was headquarters for the various, the counselor's society, the polio society, the March of Dimes, have all of these right on the campus where they could all relate to one another and work together, but I don't know. I think the Kaiser Foundation has done so much in Tulsa to improve things in so many ways, different ways. And the University seems to work with everybody.

THOMPSON: Well, we appreciate your time. We appreciate your expertise. And I am just amazed at what you remember, and how well you remember it. We greatly appreciate it.

NETTLES: Well, I remember the recent things more than I do the more distant, but if I think long enough it comes to me.

THOMPSON: Well, we appreciate it, and thank you for coming today.

End of interview.