

BILL HARRISON

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The History of Hand Surgery at St. John Hospital in Tulsa

An excerpt of a video recorded interview with William E. Harrison, Jr. conducted at his residence east of Owasso, OK, on 11 Jan 2007 by Jerry Sisler M.D. and Paul Patton, Executive Secretary of Tulsa County Medical Society conducted for the project to archive the history of medicine in Tulsa. Edited and transcribed by Dr. Sisler 26 Feb 2010. The Repository for video is TCMS.

INTRODUCTION: Bill recalled his first visit to Tulsa in 1966 a snowy day, 43 years ago, when he drove into Tulsa with his family and stayed with us in our home (Jerry Sisler) for a month until he secured housing for his family. He remembers the details of that first visit as if it had happened just yesterday. He had agreed to take over my orthopedic practice and office in the Ranch Acres Medical Building for a period of two years. On 2 Jan 1966, I had received notice from my draft board to report for duty with the U.S. Army at Fort Sam Houston on 1 Apr 1966. It seemed like a natural fit. Bill was getting out of the military and I was going in.

Bill remembers meeting Wade Sisler. I took Bill to meet him in 1966. Wade was still working at his clinic at 8th and Elgin at that time. He remembered that Wade Sisler had produced movies of operations which he performed in the late 1920s. Unfortunately these 16mm films had rapidly deteriorated and had to be thrown away. He was a man before his time.

Bill said "My Children grew up in Tulsa. They are all grown now. Julie lives in the DC area, Kathryn lives in Houston and Richard sort of commutes between LA and Dallas. All three have MBAs and are doing well.

Bill recalls how busy he was from the start. He practiced general orthopedics. He made rounds and operated at four hospitals, Hillcrest, St. John, Doctors and St. Francis. He usually started rounds at 6 AM and finished at 10 PM. In spite of the work load, life was good.

Bill was trained in General Orthopedics but had two areas of special interest within the realm of orthopedic surgery: Hand Surgery and Scoliosis. Dan Reardon, well known hand surgeon from New Orleans encouraged him to sub specialize in hand surgery. Paul Harrington M.D. a scoliosis specialist who resided in Houston, invited Bill to join his scoliosis program.

Bill and I (Sisler) recalled a scoliosis case we operated when stationed at Fort Leonard Wood Missouri. Bill flew his airplane from Tulsa to Fort Leonard Wood. He brought all the special instruments and hardware, and together we operated the patient. That was a "first" for the Fort Leonard Wood Army Hospital and a real boon for the patient and her family.

Bill was raised in Waco, Texas. He was an only child. His father a naval officer in WWII, was frequently away from home on military duty., His mother, a working mother, not knowing what to do with her active young son, enrolled him in school at an earlier than normal age This caused him to compete against classmates a year or more mature than he. Bill let it be known that he believed that deliberately accelerating a child, even a bright child, places the child in a stressful situation due to the developmental immaturity which exists relative to his older classmates into his college days. Bill had set his sights on attending the Naval Academy then becoming a navy pilot for his career choice. But, when confronted by his father on this question, he never contested his father's advice that there was limited future in the Navy, whereas a career as a physician/surgeon was wide open. His uncle, who was involved in higher education, redirected his choice of colleges from Texas A & M to Rice University in Houston where he graduated in 1954. He graduated from Baylor Medical School in 1958. At that time he had 3 children, a daughter, age 22 months and boy/girl twins. He served a surgical internship and first year general surgery residency at Baylor Hospitals. This included a rotation on the service of Dr. Michael Debakey. It was on Dr. DeBakey's service that he found what hard work and long hours really meant.

His orthopedic training was with the Baylor/Houston Group and included rotations of six months through the AFIP (Armed Forces Institute of Pathology), He got his idea of being a hand surgeon and, in fact, did a good deal of hand surgery on a 6 month hand service with Ben Fowler and Don Eyler both WWII hand surgeons at Vanderbilt (Nashville). The remainder of the residency time was at the Children's Hospital in Phoenix.

After finishing his residency he served for a year with the orthopedic service at Ft. Campbell, KY then finished his time in the Army at Sandia Base in Albuquerque, New Mexico where he once again concentrated his efforts on Hand Surgery. By that time it was apparent to him that Hand Surgery was the subspecialty of choice. He wanted to immediately limit his practice to hand surgery but financial pressures caused him to delay for six years. He inquired about a Hand Fellowship from Dr. Reardon who reported his fellowship program was full. Dr. Reardon suggested that Bill contact Dr. Eduardo Zancolli of Buenos Aires. Bill contacted Dr. Zancolli who graciously accepted him as a fellow on his hand service. After 4 months, Dr. Zancolli pronounced him "ready to go". Bill returned to Tulsa, resigned his shared office with Dr. Norman Dunitz and launched a hand service at St. John Hospital in 1972. He set up a separate ER call at St. John and invited would be competitors to join him in sharing ER hand call at St. John hospital. His office was located in St. John Doctor's Building.

The volume of hand surgery was good and Bill was busy from the inception of his new business. After about seven years in his first office he moved to St. John Wheeling Building where he had more space. In 1981 he took in a partner, Michael Clendenin, M.D., Fellowship trained at Harvard). He added an outpatient service to their office thereby increasing the efficiency of their work day. Soon, Dr. James Bischoff, a fellowship trained hand surgeon joined the practice. Later, he transferred his practice to EOOO (St. Francis Group).

In 1999, Bill fully retired but two years ago, fighting terminal boredom, returned to a part time practice and now enjoys the best of two worlds. Brent C. Nossaman, D.O., Fellowship trained hand surgeon joined Dr. Clendenin but left to join Tulsa Bone and Joint group when it formed.

In addition to the usual organizations of his specialty, Bill is a member of the Clinical Orthopedic Society, the American Society of Surgery of the Hand and the American College of Surgeons.

Paul Patton inquired how the practice of medicine now compares to 40 years ago. Bill replied there have been giant strides in all fields of surgery and some of the benefits across traditional specialty boundaries. For example a simple instrument, the endoscope, initially devised for intra-abdominal use, has morphed into a major instrument in GYN and GU surgery, General surgery and in Orthopedic surgery, particularly the knee. Think of ultrasound and its benefits in so many fields of surgery. How did we ever live without these tools? Think of the benefits of CT and MRI scans-- the list goes on and on. Sterile measures are vastly improved both in the OR and on the wards. Forty years ago, re-sterilization of needles and syringes was still being done in some hospitals. This practice has now ended. Once opened, the item is "used" and it cannot be re-sterilized—even if in perfect condition.

Bill said "In those days, we newer physicians on the staff had problems with our operating room supervisor, Sister Alfreda. She ruled that place with an iron fist. No employee and few doctors challenged her operating room attire (she wore her street habit) and at times she did not wear a mask. Doctors who didn't make waves certainly fared better in the OR. This was particularly true when it came to scheduling cases. Certain doctors, the well-known pets of Sister's, knew their cases would be at the best hour, in the best room and with the best help. That was the way she ran it. You couldn't change it, and it didn't do any good to run to Sister Superior. Most of us younger orthopedists took our emergency cases to other hospitals but there were times we were at the mercy of her scheduling. For example, having been assured the schedule was free, I had scheduled a big case for 7 AM the following morning. I went to bed that night, anticipating the next day would run smoothly. However, the following morning I found out that another office had been allowed to schedule two bunion cases, back to back ahead of mine. My day was a complete wreck. Comparison to the conditions now is like night and day. The likely reason is the staff is run in a more democratic manner. Bylaws have been rewritten, and in general, hospitals want and need our business. "

QUALITY OF CARE: Bill said: "During my residency, although the quality of care was essentially equal for rich or poor, the luxuries were not there for the poor. Whereas middle and upper class folks had access to private rooms, the poor were placed in 8 bed wards which were frequently very noisy, publically exposed and not at all restful. The wards are now long gone and rooms now are semi-private or private. Comparing to Argentina is a whole different story, said Bill. Down there, you've got no food if your family was not there to bring it". Jerry commented "the situation was much worse in Uganda, Africa," where he had recently visited. "If you had real money, you went to South Africa for your care. When a patient without means was admitted he had to bring his mattress, pharmaceuticals, cast materials and the family had to provide food and

laundry service. Without these items treatment was not possible. In America, we've gone the other direction; the folks with the resources are paying for everything. That is why medical care it is so expensive. Of course, everyone expects first class care, even if they can't pay their bill."

CHANGES IN ORTHOPEDIC SURGERY: Orthopedic surgery has changed considerably with each new generation of doctors. The orthopedist is caught in the middle of the battle for quick discharge of the patient from in-hospital care, which is a major factor in holding down costs. Using procedure codes, insurance companies can track expenses for each diagnostic code and score the doctors on their ability to hold down overall expenses, cut complication rates. etc. These comparisons can become a public record and stimulates physicians and surgeons who desire to look good to improve their scores. Shortening the hospital stay is paramount in this matter and is a key factor in decision making for the fracture treatment. Doctors are much more willing to perform risky open reductions of complex fractures and joint reconstruction procedures with early mobilization while employing prophylactic use of antibiotics, improved internal fixation devices, the availability of bone cement, local and block anesthesia techniques, and fluoroscopically controlled blind intramedullary rodding techniques for long bone fractures

ADMINISTRATIVE MEDICINE:" I was chief of staff of Saint John Hospital in 1983-1984, a two year job. I didn't like the job the first year because I didn't understand it too well. It took a year to learn it. I really enjoyed it in the second year because I knew the people and the job. It was a busy job with a lot of responsibilities and duties. I met a lot of nice people.

"I was president of the Tulsa County Medical Society in 1988. I was the 3rd president to serve with Paul Patton. This too was a fun job and I enjoyed being involved in Tulsa County Medicine political problems. They asked me to run for the office of President of the Oklahoma State Medical Association however, it's a different world in Oklahoma City. You hear all the stories about it. I turned that one down. Sometimes I'm impressed that people involved with controlling what other people do have trouble controlling what they themselves do.

"My major accomplishment and greatest effort was the citywide credentialing service which was implemented and executed by Paul, Tanya and myself. We also devoted time and energy for providing medical care to the underprivileged and elderly. The job also required attendance to many meetings; some ad hoc and others such as the regular staff meetings were scheduled far in advance.

WHO WAS THE FIRST HAND SURGEON IN TOWN?: This is a murky subject the answer of which depends on how to define "Hand Surgeon." there is no clear answer and it is not really important. In 1971, When Dr. Harrison returned from Argentina, he gave up practicing general orthopedics and let it be known that he was no longer an orthopedic surgeon doing some orthopedics and some hand work on the side, he broadened the scope of required surgical skills to cross the traditional borders of surgical specialists. Not only did he care for fractures of the hand, wrist, and forearm, and offer his skills and experiences in hand and finger joint replacement, and various

skin grafting techniques, he needed the ability to use the operating microscope in order to perform neurotaphies, micro vascular repairs, and digit and limb reimplantations. At that time there were plenty of surgeons who could treat hand injuries and diseases. These included Dr. Jack Newport who practiced at Hillcrest, Dr. John McDonald (or one of his associates) who had a large industrial practice, Drs. Worth Gross and Dr. Jerry Sisler and several industrial surgeons from the Glass Nelson Clinic. None of these doctors gave up general orthopedics however.

St. Francis hospital had three strong orthopedic groups all of which could offer excellent hand care. The earliest declared Hand Surgeon was Dr. John Smith who came in 1966 and joined James White, and Jim Winslow in forming the group EEOC. EEOC was focused on Sports Medicine and to what extent Dr. Smith had to share in this goal I do not know.

Jerry:” We are out here at your house. You recently built the house. It is sited at Gundy’s airport – a small co-op airport surrounded by about 70 houses. The majority of residents is likewise aviation nuts and keeps their aircraft nearby.

Bill:”We built this house and Charlotte did most of the planning. We followed the philosophy of planning it 3 times before you cut. That certainly paid off because we got a lot more right than wrong. Since there are just the two of us that live here, it is a small house with a large master bedroom, one guest room, a combined kitchen/breakfast nook/living /and dining areas. It has an attached 3 car garage. The piece de resistance of the place is the airplane hanger. It can hold up to five planes. It contains a bathroom, large rolling doors giving access to all corners of the hanger. It is heated with natural gas. This place is an amateur pilot’s heaven.

The room where this is being filmed is my office, you can see you are surrounded by aviation memorabilia because I’m an aviation nut. Aviation has been my lifetime hobby. I have flown every type of aircraft in all parts of the world. This includes flying B-17 and B-25 Bombers. I have owned and flown a German Messerschmitt and P-51 Mustang, fighter planes. I participated in the Pylon races in Reno and survived.

There is a large back yard which is securely fenced and a tunnel that allows our 5 adopted homeless dogs free access from the back yard into the house. Since the dogs have free access to the house they always wipe their feet before entering the house. Bill commented that he loves dogs in fact he says he can’t imagine life without them. The boss dog of this pack is referred to as the “queen” is also known as “Missy”.

I mentioned before that I enjoyed playing competitive tennis. I enjoyed playing father/son and father/daughter doubles in tournaments. I didn’t win anything—I was so happy just be there with my kids. That was enough for me.