

History of the Department of Radiology at Baylor University Medical Center

HERBERT L. STEINBACH, MD

AUTHOR'S NOTE—Much of writing is in anecdotal form. Everyone loves a good story, and the history of radiology at Baylor University Medical Center is a good story. Many of my residents, past and present, have heard these stories, but with their encouragement, I have agreed—it is time to write these memories down. Having spent the last 40 years at Baylor, I have lived a good portion of its radiological history. This account is colored with time and my bias, but it will be an honest attempt to tell it as it was. As they tell us in medical records, “If you don’t write it down, it didn’t happen.”

Over the past 100 years, the radiology department has grown from a 1-man physician department to a department of 46 physicians, 28 residents, and 5 fellows (men and women); from 1-hour exposure time for a single film to total-body computed tomography (CT) scans in seconds; from photographic plates to high-resolution monitors.

However, much about the relationships among physicians and hospitals seems to repeat. This tendency will be evident as the history of radiology at Baylor University Medical Center (BUMC) is told through the stories of the 4 chiefs of service before me, all of them strong but with very different personalities. We look to the past for guidance to fulfill our mission to provide excellent and compassionate care for our patients.

JAMES MADISON MARTIN, MD

The history of radiology at Baylor, actually the history of radiology in Texas, began in the early 20th century. Two physicians, Dr. James M. Martin and Dr. George D. Bond, became interested in “X-ray and electrotherapies” and became the pioneers of radiology in Texas.

The grandson of Dr. James Madison Martin, Dr. Jim Martin, said that his grandfather and Dr. George Bond both practiced medicine in Hillsboro, a small, vigorous, independent Texas town. One summer day in 1903 they had a discussion while watering their horses on the town square. One doctor extended an invitation to the other to see his new x-ray machine; the other was leaving the

next day to take a 6-week course at the Illinois School of X-ray and Electrotherapeutics and had a new x-ray machine en route by water from New York. They were surprised to find they shared this mutual interest. After Dr. Bond left for Fort Worth and Dr. Martin left for Dallas, they joined forces to organize what would later be the Texas Radiology Society.

Dr. Martin acquired his first static x-ray machine in 1902, only 7 years after Roentgen made his first report of the new ray. This low-voltage unit was used primarily to treat skin cancer and to make “skiagraphs” of any part of the body. When Dr. Martin’s

work on skin cancer was reported at the Texas Medical Association, it caught the attention of physicians at Baylor University College of Medicine in Dallas, and he was offered a position on the faculty. He soon tired of making the 120-mile round trip from Hillsboro to Dallas to deliver his weekly lecture to the senior class, so in 1906 he moved to Dallas, arriving in his 2-cylinder Ford with \$200 in cash.

The 6’6” frame of Dr. James M. Martin must have been something to behold (*Figure 1*). It is said that he always wore a cutaway jacket and a string tie and always toted a six-gun. He was said to have always worn a hat because of his experience in treating skin cancer, and he advised everyone to wear a hat. Dr. Martin was a musician and once organized an 8-piece brass band. He was an avid woodworker. I personally saw a beautiful grandfather clock he had made. He crafted wooden x-ray tables. He was also a master at marketing. A pamphlet in 1912 portrayed the Dallas Roentgen Laboratory as having the ability to offer “x-ray examination at the patient’s house at reasonable terms” and “special terms to physicians wishing to do experimental skin cancer cures.” It listed physicians who had been his patrons.

There are many stories about James Madison Martin. His dominant piercing eyes, tall



Figure 1. Dr. James M. Martin.

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frame, and exceedingly self-confident demeanor must have made him something of a legend in his own time. Because of his height, he joked that he was the highest medical authority in the state. Another popular story described how Dr. Martin liked to show off his guns and that he had an encounter with a potential competitor from the East. Dr. Martin must have been convinced that Dallas was not big enough for a new roentgenologist and himself. After seeing this dominant man and his six-guns, the new arrival decided to leave.

CHARLES L. MARTIN, MD

By the time Dr. Charles Martin, the son of James Madison Martin, returned from Harvard Medical School and postgraduate training at the Massachusetts General Hospital, it was 1920 and radiology was undergoing significant changes. When his father had first started studying x-rays, other physicians did not readily accept this new specialty for diagnosis or therapy. Many doctors deplored the advent of the x-ray in the treatment of fractures, claiming that every doctor should acquire sufficient skill to diagnose fractures and ascertain the apposition and alignment of the fragments by touch. In their opinion, the use of x-rays would eventually cause medical men to lose this ability, and they would not always have access to x-rays for the diagnosis.

Charles Martin did not start out in medicine but was educated as an electrical engineer. After he graduated from Harvard, he became the third resident trained by Dr. George Holmes at the Massachusetts General Hospital. Much of early radiology was therapeutic radiology. In 1931, at the request of the American College of Surgeons, Dr. Martin organized the first accredited tumor clinic, which was staffed by 20 clinicians.

Times were changing in radiology. Cellulose film was replacing the glass plates. Some of the earliest images took hours to produce, but new film emulsions made exposure time shorter.

According to his son, Dr. Charles Martin was a man with an enormous ego that had to be fed at the expense of others, a "podium personality." Dr. Jim Martin wrote with wry humor, "He probably was a genius; he told me so and undoubtedly believed it himself."

From 1920 to 1940, Dr. Charles Martin was a radiologist at Baylor with his father (Figure 2). In 1925, he was named professor of radiology. He was nationally known and was elected chancellor of the American College of Radiology in 1951. He was president of the American Roentgen Ray Society. He published over 100 articles and coauthored a book, *Low Intensity Radiotherapy*, published in 1959.

He was a natural showman, a "ham." He loved debate in an open medical forum. He was abrasive without knowing it and would challenge anyone. As a young radiologist, I caught a dose of his abrasiveness when I presented a talk on nuclear medicine at the Doctors' Club. I was young and he was old, and his intentions of stimulating debate made me glad he was not toting a six-gun as his father had. I would have been dead!

Those who remember Dr. Martin particularly remember his clinicopathologic conferences (CPCs). He apparently took an active part in these conferences, drawing the pathological process on the blackboard with two hands.

The following letter was written on October 2, 1972, by Dr. Jim Martin, grandson of Dr. James Madison Martin and son of



Figure 2. Dr. Charles L. Martin.

Dr. Charles Martin, about his father. Jim's style of writing reflects his kind, thoughtful, gentle personality. Although Jim was never part of the radiology department at Baylor, no history about the practice of medicine in Dallas is complete without including these 3 outstanding men as a set. They were a force, and they never lost sight of the purpose of being a physician—to provide good medical care for patients. After Jim's death, his wife, Glenna, provided me with many of the papers that the

Martins had collected throughout their professional life, and for that I am very grateful.

Joseph P. McNeill, M.D.
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Dallas, Texas 75246

About a week ago you asked me to drop you a note and specify what might be considered my father's greatest contribution to medicine and the community. That which initially seemed simple became complex as I thought more about it. In the first place, you will understand that I am too an impartial observer; the first time I met the man I was impressed. In the second place, any long and busy life is likely to foster multiple contributions with relative importance depending largely on the observer.

I might say his most outstanding contribution has been in medical science, more specifically in radiology, where he developed a logical radium technique for European ideas and achieved a highly successful method for treating accessible cancer. A twin benefit has been his treatment philosophy which although deceptively simple turns out to be therapeutically unique; that treatment should make people better without making them worse. I might say instead that his contribution has been at the national level where his medical peers have regarded him as a leader in their specialty. I have heard him referred to nostalgically as the "last of the tigers."

He contributed an indelible something to the learning experiences of numerous medical classes. Many have told me that his part in the local CPCs provided a unique experience, beyond just teaching, to be forgotten only when the last student is all out of memories.

But I think the greatest contribution is to his patients, those who now see me in his place with reluctance because they will remember his forceful compassion and devotion to solving their problems. They have been close to a rare man who not only ministered to their ailments but also cured their emotional despair, because he was and is their kind of doctor. If there is just one answer other than the matter of his contribution I believe it must be that his place of excellence is in the hearts and minds of those he has called "my patients."

Sincerely,
James A. Martin, M.D.

In 1940, James and Charles Martin had a falling out with Baylor. The reason had to do with money. The Martins owned the x-ray equipment and billed for the entire procedure. Space was rented from Baylor. Baylor wanted to own the equipment and have the radiologists on salary. The Martins were asked to leave and sever all connections with the hospital by September 1 of that year. By that time the Martins were well respected, and



Figure 3. Dr. James M. Martin in his office at the Wilson Building in downtown Dallas.

they had a national reputation in radiology (*Figure 3*). Their practice included teaching and research, and they had established a radiology residency program. Not only that, they had organized and funded a charity tumor clinic in the hospital. They moved across the street to Gaston Episcopal Hospital and began the Martin x-ray and radium treatment wing and continued their busy practices.

Almost a decade is lost in the history of radiology at Baylor. It was during World War II; no records are available at Baylor covering that period, but some of the practicing physicians think that radiologists came and went. One could surmise that salaried radiologists were given a try. Who knows?

JARRELL E. MILLER, MD

Professor Charles Martin had recruited Dr. Jarrell E. Miller, an army physician and the “best in the state,” to become a full-time professor at Southwestern Medical School. Dr. Miller



Figure 4. Dr. Jarrell E. Miller.

later resigned to become the chief of radiology at Baylor University Hospital in 1949 (*Figure 4*). Dr. Miller, affectionately called “Jerry” by his peers, was still the chief of radiology when I started my residency in 1964. Dr. Miller had both diagnostic and therapeutic training and skills. He was a talented leader, charismatic, staccato, always moving, witty, and playful. He was always to be found. He would dominate any conversation and was a stickler for correct English. No man could ever say “I can’t conceive of” without being

reminded that men can’t conceive. No one could say “air-fluid level” because “fluid level” would suffice. With a twinkle in his eye, he would remind us that we were not seeing air anyway, it was gas. His residents were required to read films upside down and sideways without looking at the hints that were on the nameplates. Although Dr. Miller overrode conversations, he listened better than most people, took words seriously, and had the memory of an elephant. He taught medical ethics through



Figure 5. Ronald Reagan, arms folded, listens to Boone Powell, Sr., at the dedication of a new 2-million-electron-volt x-ray unit in the radiation therapy department.

his behavior and not so much with lectures or words. Dr. Miller had no need for personal glory, and that is one reason there is no plaque or monument to his extraordinary presence at Baylor.

During Dr. Miller’s days at Baylor, a new 2-million-electron-volt resonant transformer was installed. This unit was made by General Electric and was dedicated by the not-yet-president, actor Ronald Reagan (*Figure 5*). Before Ronald Reagan launched his career in politics, he was well known as the Sunday night host of the top-rated television show, General Electric Theater. He was certainly a star, and his visit to Baylor was an exciting event. This unit along with the cobalt 60 unit made Baylor dominant in radiology at a national level.

Dr. John Mallams was appointed chief of radiation therapy, and Dr. Richard E. Collier and Dr. Jess Tomme made up the rest of the radiation therapy staff. Nuclear imaging was under the umbrella of the radiation therapy department and took up space in only one long hall. In 1963, there were 9 radiologists at Baylor, 50 pediatricians, and 19 psychiatrists. The administrative staff was made up of Boone Powell, Sr., administrator; David Hitt, associate administrator; and only 2 other assistants.

The installation of the first automatic processor was a major breakthrough in radiology, although it did take a full 13 minutes for a film to develop. Films no longer had confusing processing artifacts, and the films came out dry! “Wet reading” doesn’t mean anything to young residents.

Mirror optic image intensifiers were brought in, and radiologists no longer had to wait until their eyes accommodated to the dark before they could do fluoroscopy. The images were so bright that they could be viewed in an undarkened room, so seeing radiologists wearing red goggles at lunch or on coffee breaks was no longer common in hospitals. Ask any old radiologist, and you will find we cannot throw away our red goggles. There may be a fluoroscopy room somewhere in the world that does not have an image intensifier!

Next came the beginning of arteriography along with linear tomography. Study of the brain was done through arteriography and the cruel pneumoencephalogram. Carotid arteriography was performed by neurosurgeons by direct carotid puncture, and around this time, vascular surgeons performed aortography through the back (translumbar aortogram). Scrub clothes were not yet part of the radiologist’s wardrobe.

The standard radiology residency at that time was 3 years in most places, but Dr. Miller's program required 4 years (although it was possible to take board exams after the third year). There were a total of 8 residents. Today there are 28 residents and 5 fellows. The residency is 5 years, and most radiologists do a 1-year fellowship.

Many of the radiological technicians in this area were trained on campus at Baylor's school for x-ray technologists. This program is an integral part of the department and has been in existence for 53 years.

Dr. Miller was politically active in radiology and was elected chairman of the board of chancellors of the American College of Radiology. He realized that the new Medicare legislation was designed to pay physicians separately, and he considered it extremely important for the radiologist to be included at that same level of professionalism. Dr. Miller led a crusade to have all radiologists bill separately. This was a top-down decision; most radiologists were very happy with the "percentage" contract of gross billing. The hospital did all the billing and the radiologists received their checks each month. This shift abruptly changed the relationship of the doctors with the hospital administrators, and Dr. Miller decreed that anyone not doing separate billing was unethical. Dr. Miller was chairman of the board of the American College of Radiology and chief of radiology at Baylor, and Boone Powell, Sr., was president of the board of the American Hospital Association and executive director of Baylor University Hospital. The lines being drawn by these 2 powerful men were of national importance, but the shoot-out itself was to be held in the old Baylor corral. After the smoke had cleared, Dr. Miller had won the war but lost the battle, and he took a bullet through the heart, so to speak.

When Dr. Miller issued an ultimatum—initiate separate billing immediately or he would resign—Baylor University Hospital answered, in an oblique fashion, of course, "You can get your way, but you are out of here." Dr. Miller was not fired from the staff, but his resignation as chief was accepted (although Dr. Miller did like to announce that he had been fired by Baylor, sort of like a badge of courage). Dr. Miller's ego would not allow him to stay on, so he left. He packed up his things and went on with his life, continuing to be an excellent doctor and an excellent radiologist but in other pastures. While he was our chief he taught us, "You are a physician first and radiology is your field." He taught us that everything we did, even the way we handled ourselves on the elevator or on the phone, reflected on Baylor. He loved Baylor, and we can thank him every day for his fight to keep the freedom we enjoy from our professional status. Wounded, Dr. Miller lived the advice in Rudyard Kipling's poem "If." He did indeed "watch the things he gave his life to broken and stooped and built 'em up with worn out tools." He worked briefly at Parkland Hospital and then became chief of radiology at St. Paul Hospital until retirement.

ALVIN DOYLE SEARS, MD

The board appointed Dr. A. D. Sears the new chief in 1966 (Figure 6). At this transition time, Dr. Mallams left to be a professor at Yale, Dr. Bassett Kilgore left to train in neuroradiology at St. Louis under Dr. Taveras, and Dr. Perry Soder accepted a position as chief of radiology at St. Joseph's Hospital in Atlanta, Geor-

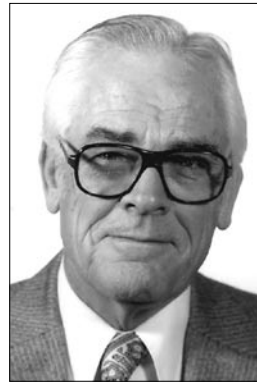


Figure 6. Dr. Alvin D. Sears.

gia. Dr. Richard Collier became the head of radiation therapy at Baylor. Suddenly there was a shortage of radiologists. At this point, the group asked me if I would consider joining when I completed my third year of residency, instead of doing a fourth year. It took me about 10 seconds to make that decision.

For the next 25 years, the department would be blessed with the leadership and wisdom of Dr. A. D. Sears, a true benevolent dictator of sorts.

His peers called Dr. Sears "Ziggy," a nickname that came from a famous Fort Worth Cats baseball player. He would ask the group's opinion, going around the room. No six-shooter in sight. No showdowns. After all opinions were expressed, he did what he wanted to do, which was usually the right thing. Dr. Sears is probably the most Baylor-loyal physician I have ever known. Blue Baylor blood runs through his veins.

Although Dr. Sears is one of the best radiologists I have ever known, his true genius was in his ability to see the future. He told me to look into ultrasound; at the time, I thought the images looked like the renowned weatherman Harold Taft's weather charts. Dr. Sears quickly realized the potential of CT, and the department had the first EMI head scanner (made by Electric Musical Instruments of England) in the state by October 1974 and the first fast body scanner by July 1976. These decisions focusing on excellent patient care developed a very strong bond of trust between the administration and the radiologists.

In 1967, Dr. Sears realized the need for arteriography and brought in Dr. Bill Greenough, who had special training in this modality in St. Paul, Minnesota. Dr. Greenough developed angiography at BUMC. We had done some angiography before, but he was so much better that we hung up our catheters and let him lead.

Dr. Roger Rian was recruited from Henry Ford Hospital for angiography. Dr. Rian's fame, however, would be in conventional x-ray readings. He would arrive at 5:30 AM and read all the diagnostic films. He read twice as many films as anyone else. He was the recipient of the first best teacher award bestowed by the residents. He would "Rianize" the residents, quizzing and drilling them on a single film for at least an hour. His knowledge of conventional films and arteriography is unsurpassed. Dr. Rian became the city's uroangiography expert.

Dr. George Plum, Mayo trained, left a staff position at Mayo Clinic to become chief of radiology at St. Paul Hospital in Dallas before joining our group in 1966 during the early years of Dr. Sears' tenure. Dr. Plum's expertise was in neuroradiology. His conservative, meticulous approach to films was so strong and solid that when he made a definitive diagnosis from films, I said it was as good as a pathology report. Dr. Plum read the new EMI scans; this CT scanner revolutionized neuroradiographic diagnosis and made the nuclear brain scan obsolete.

Dr. Joe Hawkins came from Methodist Hospital and was one of the best teachers we had.

Dr. Jerry Arndt had been a radiology resident at Baylor 3 years ahead of me and came back from St. Paul Hospital to join

the staff. The radiology residency at Baylor dates back to the Martin era, but it was Dr. Arndt's passion for teaching that made the residency program grow. Teaching residents was Dr. Arndt's number one priority, and under his leadership BUMC became one of the leading training centers for diagnostic radiology in the nation.

Dr. Mark Zibilich followed him, carrying the program forward. (Dr. Zibilich has the quickest and best radiographic eye I have ever seen, and that opinion is shared by most of his peers.) Today Dr. Ken Ford directs this outstanding residency program. Dr. Ford has written a book, *Aunt Minnie's Atlas and Imaging-Specific Diagnosis*, published in 1997. Baylor's radiology residency is nationally recognized and attracts applicants from across the nation. Our residents typically have some of the highest scores on the board exams. Teaching residents has been the glue that held this large group of radiologists together. In my opinion, our dedication to the training and teaching of bright young physicians is critical for the integrity of our group.

Dr. Sears also recognized the future of mammography early on and conceived the idea of the breast center, which Dr. Phil Evans headed and developed.

In 1983, magnetic resonance imaging (MRI) arrived on the scene, and Dr. Steve Harms was recruited. MRI was new across the nation, and few physicians were trained in this modality. Dr. Harms had been with Dr. Paul Lauterbur in Stonybrook, New York, when the concept of imaging with radio waves in a magnetic field was developed. Dr. Lauterbur later shared the Nobel Prize for this discovery.

The following stories about the installation of the first MRI unit left us with 3 lessons:

1. MEDCO construction worked frantically night and day to complete the site. Baylor wanted to be the first in the city, and the unit at the University of Texas Southwestern Medical School was going in at the same time. I don't know who was first. Lesson: What is important was Baylor's desire to be first.
2. When the unit was installed, the radio shield was built around the magnet. During the installation the magnet failed and had to be replaced, and the elaborate shielding had to be torn down. Lesson: If you put something in, be prepared to take it out.
3. The floor had to be excavated to make enough vertical space for the unit, making this spot the lowest place in Hoblitzelle Hospital. When the sewage system partially failed, the room flooded and Baylor's \$1.6 million magnet was sitting in 2 feet of sewer water. Lesson: The lowest places in the hospital will flood.

The 25 years under Dr. Sears were truly the golden years of radiology. During this time there was a close relationship between the radiologists and the hospital administration. Each group trusted the other, and a strong bond resulted. The two were partners in a symbiotic relationship. Other radiologists who were often fighting with their hospital administration were amazed. For example, the decision to purchase the first body CT scanner was made in 1 hour by Mr. Powell after calling the board. Boone Powell, Sr., and Boone Powell, Jr., were committed to the finest and first in radiology. The radiology group was reciprocally generous to BUMC, giving \$250,000 for the new Roberts Building.

This subspecialty group of radiologists at Baylor was equal to the best in the nation, and the department was significantly ahead of other departments in this area. Dr. Sears' calm and fatherly leadership permeated the department. The group was stable, and there was no turnover. Everyone stayed because this was radiology practice at its best.

Dr. Sears, seeing the need for interventional radiology, recruited Dr. Norman Diamond from New York in 1982. Dr. Diamond's arrival marked the beginning of the interventional radiology department. In the future came abscess drainage, angioplasty, biliary stents, vascular stents, thrombolysis, and transhepatic portosystemic shunts. (The latter replaced high-risk surgical procedures done in advanced cirrhosis.)

Pressure to obtain a fully trained neuroradiologist who could perform angiography brought us Dr. Paul Siemers from San Diego in 1978. Dr. Peter Hildenbrand followed him in 1983. The distinctive talents of Drs. Plum, Siemers, and Hildenbrand led to the evolution of neuroradiology into a specialized unit of diagnostic radiology.

Dr. Siemers' connection to San Diego brought his colleague, Dr. Guerdon Greenway, to BUMC in 1983. Now we had an expert musculoskeletal radiologist on staff. Orthopaedic surgeons, most of whom could have done without radiologists' reports in earlier days, lined up outside his office for consultation. Dr. Greenway also became the Dallas Cowboys' consultant and is the authority in sports medicine radiology in Dallas. Dr. Greenway's daughter, Kate, was the first child of any of the partners to enter the radiology residency program.

In 1989, Dr. Weisbruch brought the tools necessary to fill in the gap for pediatric radiology after he finished a pediatric fellowship at Children's Medical Center of Dallas.

HERBERT LOUIS STEINBACH, MD

My story in the department dates back to Dr. Tomme's departure. Realizing that therapy had always interested me, I moved across the hall and became a radiation therapist with Dr. Collier. Shortly after that, the late Dr. Felix Vendrell joined us.

I had to learn to read the nuclear medicine images, which I thought looked like sand in Petri dishes. Since I had to read the studies, I thought I had better learn about them. This was a time when nuclear medicine mushroomed. Technetium 99m became available and new uses were rapidly expanding. The old mercury brain scan that took 1 hour per view and was viewed through a "fogged" glass to smooth the image was gone—obsolete.

In 1974, I began doing ultrasound at the urging of Dr. Sears, and for 6 months we struggled with the bi-stable unit until we had enough expertise to make reasonable diagnoses. The only other physician in this area doing ultrasound was Dr. Santos in the obstetrics and gynecology department at the University of Texas Southwestern Medical School. Dr. Mark Hamilton, a Baylor-trained radiologist, then joined me in nuclear medicine and ultrasound. Again I changed directions, and my focus was on nuclear medicine, ultrasound, and CT.

Since we were used to doing cross-sectional imaging, we put ourselves in charge of reading the new body CT images. I traveled to the Mayo Clinic in the winter of 1975 to see the first 99 body cases that were performed, and it was obvious that this technology was a major breakthrough in body imaging.

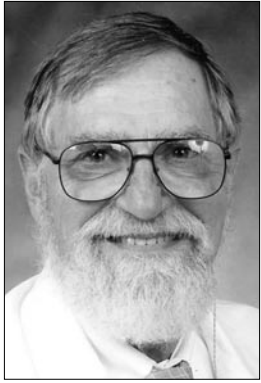


Figure 7. Dr. Herbert L. Steinbach.

Nuclear medicine, ultrasound, and CT were separate from diagnostic radiology in an administrative unit called special imaging, which I headed for some time. Boone Powell, Sr., wanted to keep the name “nuclear medicine,” but I finally convinced him that “nuclear” implied “radiation,” a confusing connotation. Logically, this department later fused with diagnostic x-ray.

The third physician in this unit was the late Dr. Robert Burpo, who was a genius. I taught him ultrasound

and then he taught me. He was the best physician with an ultrasound probe that I have ever known. Sonograms performed by him were called “Burpograms.” He was relentless, not quitting until he had the clinical answer. Of course this didn’t help with the throughput of the department.

After Dr. Sears’ retirement, Radiology Associates asked me to be the chief of radiology. This met with the approval of the board of trustees and on January 1, 1992, I became chief, a position I held for 8 years (Figure 7). Being the chief of radiology was not the highlight of my career. I served in that position with my white beard and with the respect that I had earned from my partners and residents. The physicians at BUMC have depended on the radiology department to function much like a country store where they could bring their films in, get personal attention on the spot, and receive excellent radiological consultations. Much of that has been my doing. Having been a board examiner for 30 years made it easy for me to pick up the phone and call chiefs of other departments all over the country for whatever reason. I was always willing to step into the empty spot where I was needed and was never afraid to “not know.” My being willing to “not know” made it possible for me to be on the cutting edge of new modalities, whether it be nuclear medicine, CT, or ultrasound.

Landis Griffeth, MD, PhD, came to BUMC in 1993 from Mallinckrodt Institute of Radiology and has developed an outstanding nuclear medicine department. He loves to tell the story that when I called him, in a recruiting state of mind, I had told him that we were looking for someone with a hammer. We wanted to build something. “I’ve got to meet that guy!” he thought, and he did indeed bring his hammer and he did build something.

The first 2 years of my 8-year tenure as chief were smooth sailing, but the climate abruptly changed when Dr. Merrick Reese, the president of Texas Oncology at that time, demanded that Dr. Phil Evans, who headed the Komen Breast Center, leave our group and join him in Texas Oncology. BUMC had leased much of the Collins Hospital and radiation therapy facility to Texas Oncology. The late Bill Carter and Tim Parris of the Baylor administration negotiated this deal to prevent the planned Texas Oncology cancer center from being built down the street. The breast center was sold at that time. Texas Oncology claimed CT for the cancer center.

This move would create a major break in the unity of the radiology department. Boone Powell, Jr., came to one of the Radiology Associates meetings and advised us that primary care was going to replace much of specialized medicine and that we had to

take care of ourselves. There was a stunned silence. By this time the group was feeling little support from BUMC and in a move for self-preservation, Radiology Associates of Dallas, PA, was dissolved and the 21 radiologists joined with Texas Oncology.

How many times through the years have the radiology department and BUMC been to this point of “divorce”? I remember, as a resident, my anxiety when I saw the long faces of Dr. Miller, Boone Powell, Sr., and the powers that be emerging from their long, sad meetings. I have seen the same anxiety on the faces of our residents. The feeling is, “Are our parents getting a divorce?” Dr. Martin and Dr. Miller left at such times. Dr. Sears never got into a fight with Baylor. I led the group off on a detour that eventually circled round, and under the leadership of Dr. Mark Fulmer, by then the president of our radiology group, we left Texas Oncology and reemerged as American Radiology Associates. No divorce.

As chief I did what I could in a time of turmoil and change and desired more than anything to hold our group together. At the end of that time, I felt clear-eyed about the fact that I wanted to be a radiologist again—an Indian and not a chief. When I resigned as chief there was some confusion. Some asked, “How can you not be the chief and not be retiring and not be dead?” I am proud of the wisdom to return to what I do best and turn the reins over to the younger partners.

MICHAEL J. SMERUD, MD

Dr. Michael J. Smerud joined the group in 1989. He had trained in radiology at BUMC and then did a fellowship in gastrointestinal radiology at the Mayo Clinic. I had appreciated his good judgment and strong leadership abilities during the time he served as my assistant. After my resignation, the group selected him as chief, and he was appointed by the board of trustees of BUMC and has served in that position since 2000 (Figure 8). He chose as his assistant



Figure 8. Dr. Michael J. Smerud.

Dr. Samuel H. Cade, who has been with the group since 1972. Dr. Cade is one of those solid long-term pillars of our organization whose short reports are always correct. When you see a report with the initial SHC, you have a lot of confidence.

Since 1980, Don Allen has been the administrative director of the radiology department. As a Baylor employee, he has the difficult job of managing this large department, preparing the budgets, and keeping the peace with the independent, headstrong radiologists. His is not an easy task, and his long tenure confirms that he has done the job skillfully.

Computers and technology have changed the department. Baylor’s ongoing need to get reports typed more rapidly resulted in the acquisition of the radiology telephone access system in 1981, which allowed doctors to call in and listen to the dictation. In February 2004, a voice recognition system was installed. Now reports are transcribed almost instantaneously.

Computerized radiography, which is a digital image of a routine x-ray, was begun in the 1980s. In 1993, the radiology information system called RadNet was installed. In 2003, the

department became filmless, with all images viewed on monitors and stored electronically. This technology enables rapid retrieval of old images. The handling and storage of volumes of x-ray films, which are bulky, heavy, and flammable, are things of the past.

PHILANTHROPIC SUPPORT

No history of Baylor's radiology department is complete without acknowledging the contributions made by generous donors. These include donations by Charles A. Sammons for the Department of Therapeutic Radiology and by Will and Mabel Caruth for the Department of Medical Imaging. Robert Gilbert of Gilbert X-Ray gave the funds for the Gilbert Symposium, which enabled nationally prominent speakers in radiology to present to Baylor staff. Due to the additional endowment of Bob and Lola Sanford, this lecture series has evolved into the Sears Seminar, which continues to this day. Dr. Stan Grossman, who joined the nuclear medicine department in 1997, heads this seminar. Another gift came from Dr. and Mrs. Al Baldwin, Jr., and made possible the radiology library that opened in 1987. Other large

donations for the diagnostic department were made by Herman Lay for the diagnostic radiology department and by Jim Sowell for cardiac MRI.

CLOSING THOUGHTS

The story of radiology at Baylor is filled with remarkable achievements and interspersed with periods of turmoil. I have told this story largely through the personalities of the people who made the decisions and made Baylor the strong institution that it is. Like in a marriage, when the hospital administration and the medical departments are pulling together, it is a golden time; when they are not, the patients suffer along with us, like children do when parents are fighting. We all need to get along. Patients depend on us and need our care.

Once while I was a resident, frantically arranging a work schedule, Dr. Sears, in his unruffled state of mind, said, "Strive not thy earthen pot, the wall to break. Baylor will be here in the morning." Yes. That is true. I dearly hope it will be true. I do expect that Baylor will be here in the morning.