

Dr. John Coates

His talents took him all over the world, but he returned to Oklahoma to begin his medical practice and raise his family.

Chapter 1 – 0:56

Introduction

Announcer: Neurosurgeon Dr. John Coates was born in Geary, Oklahoma in 1925, where he graduated from high school. His mother purchased a coronet for John, when he was eight years old, which changed his life. It eventually led to his placement in the U.S. Navy Music Department until the end of WWII. John played lead trumpet and toured the South Pacific playing two USO shows daily. He then enrolled in pre-med at Oklahoma University where graduated in 1955. His residency work in neurology eventually took him to the National Hospital Queen Square in London and in 1961 he began practicing neurological surgery at saint Francis Hospital in Tulsa until his retirement in 1999. John has many stories to tell you, so listen now to one of the nation's foremost neurosurgeons on VoicesofOklahoma.com.

Chapter 2 – 11:00

Miracle Worker

John Erling: This is John Erling. Today's date is March 25, 2010. Dr. Coates if you will state your full name, your date of birth and your present age.

John Coates: My name is John Albert Coates. My date of birth is December 31, 1925.

JE: We are recording this interview in my home here in Tulsa. Where were you born?

JC: Geary, Oklahoma.

JE: Where is that?

JC: It's west of El Reno by about 30 miles, 60 miles west of Oklahoma City.

JE: Let's talk about your mother. What was your mother's maiden name and where she was from?

JC: Her name was Grace Blanche Spencer and she was born in Lamoni, Iowa in 1895.

JE: She grew up there then?

JC: Yes, she grew up there and then came to Oklahoma in her late teens.

JE: What brought her to Oklahoma?

JC: Her brother had moved out to this small town west of Oklahoma City and she followed her brother to work down there in this small town.

JE: What was your father's name?

JC: My father was Arthur Albert Coates. He was born in Madison, Wisconsin on October the 4th, 1878. He grew up in Madison and left there as a teenager to move to Rolla, Missouri where he opened a bakery. He built that bakery up into a prosperous business and then he sold it. He moved to Heavener, Oklahoma and did the same thing. He built that bakery up successfully and in 1901 he moved to Oklahoma City and did the same thing. His father was in business with him. His father died in 1910. So he left Oklahoma City and that bakery and moved to Geary, Oklahoma where he opened a fourth bakery. He had \$118,000 saved up, which he put in the Oklahoma City Saving & Loan. I remember when I was 5 years old, the great crash and he got 4 cents on the dollar from that investment, which sort of broke his heart.

JE: As a matter of fact, I want to come to that and visit with you about that but then obviously your father and your mother met in Geary then?

JC: Yes.

JE: Did she come into the bakery or how did they meet?

JC: He purchased a bakery where my mother worked.

JE: So that's how they met.

JC: Yes, they met and were married a year or two later.

JE: Did you have brothers and sisters?

JC: I had one half-sister who was a great fan of yours.

JE: Oh really?

JC: She has a picture signed by you on her dresser. She reminded me of that. She never missed your program. Her name was Mildred Owings.

JE: You married in what year?

JC: I was married October 20, 1956.

JE: Your wife's name?

JC: Mary Emma Dailey.

JE: Where was she from?

JC: She was born in Eddyville, Nebraska and moved to Oklahoma when she was a child with her parents. Her mother died when she was five, so she lived with her father then. There were three sisters, so the eldest sister raised her so to speak. She lived in Harrah, Oklahoma with her grandmother for a number of years. Harrah is east of Oklahoma City.

JE: How did you meet?

JC: She was a nurse at Saint Anthony Hospital in Oklahoma City, the prettiest one there by the way, and I was an intern there. We met about June or July of 1955.

JE: Do you have children from that marriage?

JC: Yes, I have five children. John Arthur Coates, Christopher Thomas Coates, Patrick Edward Coates, Stephen Michael Coates and Anne Elizabeth Coates – one girl. The eldest is 50 years old and the youngest is 38.

JE: Let's go back to when you were a child. Tell us about the first house you remember.

JC: I was born at home. Dr. John Browning came there and I was delivered on New Year's Eve, so everyone celebrates my birthday. His name was John Browning, so he asked my father, "Are you naming him after me?" My father said, "No, we are naming him for a brother named John who was killed in the Civil War." He said, "Oh, I am so sorry because if you name him for me there will be no charge for the delivery." So my dad paid cash \$25 for the delivery and the doctor said, "This is the first time in my life that I've ever been paid for my work on the day that I did it."

JE: So then you grew up in that house?

JC: I grew up in that house. We just had the one home that my father built there and it's still there.

JE: Do you have childhood memories of that house and things that you might have done or children that you played with?

JC: Oh yes. Most of the children in that particular neighborhood were friends of mine and we played all sorts of things out in our garden, which was north of the home. I recall walking to school when I was six years old and a man had been injured seriously and was lying on the street with his head caved in. I recall seeing that. I heard the family physician there in town say "send him to Oklahoma City to Dr. Harry Wilkins" who was a neurosurgeon. I thought, my, can you imagine repairing that? How difficult would that be and this local doctor can't do anything like that. So that fellow in Oklahoma City must really be a miracle worker. That stuck with me. I never dreamed at the moment that I would be studying with him later when I became a neurosurgeon in Oklahoma City.

JE: But at 6 years old the seed was planted wasn't it?

JC: Yes. I was six years old when that occurred.

JE: Did that stay with you?

JC: That sort of stayed with me, yes. It did and I thought it over. In World War II, when I was in the U.S. Navy, I met a dermatologist by the name of Silverstein, a Captain in the U.S. Navy. He invited me to come over and make rounds with him at the hospital and I took an interest there in the Philippine Islands in 1944.

JE: I'm going to come back to that too, but let's talk about your first school.

JC: It was called Willard Grade School in Geary, Oklahoma. I started there when I was five in kindergarten. I started a little early because I didn't turn six until December 31 of that school year, so I was five.

JE: So your experience in grade school—what was that like for you?

JC: Lillia Sisney was my first teacher there. She was a lovely lady who taught us well. It was a well-disciplined school. The superintendent was Mr. Ludwig Hove. The principal was a gentleman named Steigal. They were both wrestling coaches. So we had one of the finest wrestling teams in the country in Geary, Oklahoma. Many Olympic wrestlers came from there.

JE: So your elementary experience was good and you went on to junior high school all there in the same school system?

JC: Yes.

JE: You were a good student? Did you like school?

JC: Yes. I was always at least a B+ student. I often had A's. I was interested in music. We had a bandleader that came there in 1939 that taught me a great deal about playing the trumpet. A year or so after he came I entered the state contest playing the trumpet and won first in the state. I was a junior in high school at that time.

JE: Did you continue playing trumpet?

JC: Yes I continued playing the trumpet and I had a scholarship to the Cincinnati Conservatory of Music through the contest.

JE: You must have been pretty good and pretty accomplished at it?

JC: I had a scholarship there and I went there when I was 17. It was June of 1942. I was there until December 31, 1943 when I was drafted into the Armed Forces.

JE: You were an accomplished musician at that time?

JC: Well, yes. This particular bandleader, Mr. Don McCarter inspired us all to work hard and study and practice. I enjoyed it so I really thought about music as a profession.

JE: So in high school, this scene that you came upon when you were six years old and you saw that man's brain bashed in...did that linger with you? Did you think about that in high school?

JC: Yes, I've never forgotten it.

JE: So then you were thinking about what am I going to do with my life and you were leaning toward being a musician, were you weighing different professions? Or what were you doing?

JC: Well, when I got this scholarship to school, I thought I will go there and we will see how things go. During the summer of 1943 the Metropolitan Opera put on a nightly opera at the Cincinnati Zoo and we could go for the grand sum of 10 cents per night, so we went every night in the summer of '43 to the Metropolitan Opera productions. There, I met a conductor named Fausto Clewa with the Metropolitan Opera and he invited us to come to rehearsals. At these rehearsals he was singing in European solfege. This is very difficult. It's

called the movable do system. Normally if you are in the key of C, do is C and remains as such. In this particular European Solfege system, whatever key you are playing in, do is the key. So if you are in the key of F, F is do. If you are in the key of A Flat, A Flat is do. So you have got to alternate this and ascending the scale, there's a different syllable that you sing than when you are descending the scale. So C Sharp and D Flat are sung as two different syllables. This is a difficult system to sing in. I heard Fausta Cleve correcting them and singing in European solfeggio and I thought, my this is really something. So I got interested in that and I got interested in opera.

JE: Were you singing too?

JC: Yes, I was singing and in fact we sang on the weekends in the synagogue for \$50 every time we met. I enjoyed that immensely. That was like 50 days' pay in that particular time. We used to get a dollar a day when I was a boy working.

JE: So you were singing and playing the trumpet and you were having a good time weren't you?

JC: I was having a great time.

Chapter 3 – 7:15

Military

John Erling: And then you were drafted?

John Coates: I received a letter, greetings you are being drafted into the United States Armed Forces. So after receiving that letter on December 31, 1943 I went downtown and joined the Navy.

JE: You were 18?

JC: I turned 18 that day.

JE: Tell us about that experience and where you went for your training and that type of thing.

JC: Yes. I joined the Navy in Cincinnati and I was sent to Farragut, Idaho in January of 1944 where there was 8 feet of snow on the ground. I inquired about how a person would get into the band. They asked me if I could type and read and write and I said, "yes." They said, "If you can do all those things you can't get into the band. It's for Italians who can't do anything else but play music." That was rather discouraging. So I went to the theater and asked to see the bandleader. He was the chief musician and he was named Hurt. They sent me in to see this fellow and he told me, "I have a 27-piece band. There are 250 trumpet players on this base. How in the world can I accommodate all those guys? Can you play the (indiscernible word) thing?" I said, "Yes sir." He said, "There's some music on that stand over there. Let's hear you play it." So I went over to the stand and opened

the music. It was the selection that I played when I won first in the state. When I was 15 years old. (Laughing) So I told him, "This is difficult music. I thought we played marches and things like that in the Navy Band?" He said, "Why don't you just shut up and start playing?" I could have closed the music and played it. It was called *The Carnival of Venice*. It was written in the 17th century and made popular by Paganini who played it on the fiddle. It's a very difficult piece to play. It's full of triple-tongue-ing. At the end of it, he said, "Have you ever seen that music before?" Is said, "No sir. I've never seen that music before in my life. I was sight reading." He said, "You're in the band." (Laughter) So I could have stayed for the remainder of the war in Farragut, Idaho, but a fellow came along and asked, "Who would like to go to the South Pacific? They are making a band in Washington, D.C. called the 7th Fleet Band. It's Admiral Kinkaid's band, who would like to go?" I was sitting there in snow up to my ears and I said, "I would like to go!" (Chuckle) So my next trek was to Washington, D.C. where I joined up with the 7th Fleet Band. We left there in early 1944 and the first stop was Camp Pendleton, California where we played The Danny Kaye Show. The next stop was Hollandia, New Guinea. We had learned by then that we were not going to be Admiral Kinkaid's band, but we were going to be the USO Touring Band. The USO had music, dancers, actors, conductors, but no bands—so they used the service bands—and once you get established with them, that's where you are liable to remain. We were supposed to be stationed on the San Clemente, Admiral Kinkaid's flagship in Manila Bay, but we toured the whole South pacific paying two shows a day, seven days a week for two and one half years.

JE: Did you enjoy that then?

JC: Well, of course, how lucky could a fellow be to do that? They called us warriors (chuckle) with derision. But yes, I enjoyed it and I decided that if I ever got out of there, I was going to go to medical school.

JE: Why did you think that?

JC: Two shows a day, seven days a week, two and one half years, moving all of that stuff...I thought, if this is the musician's life, it's not for me.

JE: Since you were weighing both professions that got it out of your mind didn't it?

JC: Yes. By making rounds with Captain Silverstein the dermatologist, we had a talk after seeing a Chief Petty Officer with blisters on both feet. Dr. Silverstein, while smoking, examined his feet carefully. His feet had blisters all over them, which puzzled me of course. I noticed his cigarette would often touch the foot as he smoked and I wondered I wouldn't do that—although I had no training, instinctively I wouldn't do that. But finally he asked me, "Have you ever seen anything like this?" I replied, "No sir, I've never seen anything like that in my life. Would it be his shoes or socks or something he has eaten? What in the world would do that?" He said, "Oh, no, no. Joe, would you please get a

dark field on this?" A medical tech came over and withdrew a small amount of fluid from one of these blisters and took it to the laboratory. We went on our way, seeing other patients. This technician came in about half an hour later and said, "Sir, that's loaded with TP," which again puzzled me. He said, "Oh, my." And he went over and took a bottle of absolute alcohol and started gargling and spitting it out in the sink, which again puzzled me. He told me, "This is syphilis." I replied, "On the feet?" It really puzzled me but they were secondary mucocutaneous lesions of syphilis. So he realized what he had been doing subconsciously, touching the cigarette to the foot and so he gargled absolute alcohol, which tickled me. We went in and visited then and he said, "When you get out of here, you ought to go to medical school." I said, "You know, I've been thinking more and more about that." He said, "Well, really for you it's the only thing for you to do."

JE: How is it that he invited you to go on a round with him in the first place? How did you know him?

JC: Well, rarely, our shows were cancelled—very rarely. I mean they would sit in rain. If the weather was just terrible, shockingly terrible, we would have a day off and I would head for the hospital.

JE: You would head for the hospital?

JC: Yes, alone.

JE: Just to hang around?

JC: Just to see what was going on. There I met Captain with four stripes (motioning) you know musicians have no rank. There were two officers in the Navy who were musicians. One, the conductor of the U.S. Navy Band in Washington, D.C., and his associate were officers. Everyone else enlisted as petty officers. So seeing an officer in the medical field and visiting with him, I was convinced that that was the thing to do.

JE: That incident when you were six was lingering in your mind even deeper than you knew?

JC: Yes, I think subconsciously it did.

Chapter 4 – 4:00

The Depression

John Erling: Let's talk about your childhood in the late '20s and the '30s and what you might have done for entertainment. Did you like movies or movie stars? Did you have childhood heroes? Were there books you may have read?

John Coates: I saw a lot of movies because a friend of mine operated the machines for the only movie house in town. He was the projectionist. He would invite me to come up

and see the movies and I would go up often and watch them from the projection booth. (Chuckle) So I saw many, many movies without any charge. I recall Wallace Barry and Al Jolson singing. Of course everyone recalls Clark Gable and all of those fellows—they were very glamorous stars at that time.

JE: The world events, you commented on them earlier, but let's pick up on it, the stock market crash in 1929 and the Depression set in and ends in 1932, how did that impact your family?

JC: Well, my father had invested the money that he had accumulated after selling three baking businesses that he owned. At the time, he had \$118,000 invested in the Oklahoma City Savings & Loan and I recall as a boy him telling me, "we have lost all our money." We carried right on working. We weren't affected very much. I recall thousands of people coming by that bakery asking for handouts and they never refused anyone. Anyone that came there got something to eat. My father would hear the train whistle and announced, "In about a quarter of an hour, they will be here." I said, "Who will be here?" He said, "the fellows coming by on the train going to California. They're hungry and they will be in here to get something to eat." They would always come to the back door of the bakery and he always handed them food. No one was ever turned down.

JE: That must have made a big impression on your young mind because you were about 8 years old about that time and I would imagine that was an impression that lingered with you the rest of your life.

JC: Yes. I've never forgotten that. I've never forgotten the men coming there and telling me they were hungry.

JE: So you saw them yourself and probably helped feed them?

JC: Yes, I was there and a lot of times I would help. My job was preparing the pans and things for the baking. I would wash those pans and apply grease to those pans for the baking process, so I was there a lot. I saw many of those people.

JE: So the bakery was able to thrive? I mean, if there's a Depression or not, we all have to eat, so...

JC: Yes. The bakery thrived. There wasn't much real change in his yearly income, because our business went right on through the whole Depression. The only thing, we just lost most of our capital at that time.

JE: Which was an enormous amount back then.

JC: It's the equivalent to a million buck or so now.

JE: Did you sense that that wore on his mind a lot? Was he able to get over that loss in a hurry? How did he handle it?

JC: He got over it, yes. He really didn't belabor the issue. He went right on working. He was always cheerful and helpful to me.

JE: There were other families you knew probably who lost money too?

JC: Yes. My mother's brothers were there and they were without work. He really kept them in food and clothing.

JE: What was the name of the bakery?

JC: The Geary Bakery.

JE: How long did he operate that bakery?

JC: Until he was 80 years old in the 1960s.

JE: So he supported the family throughout all of that time?

JC: Yes. He supported most of the members of his family and my mother's brothers also and their families through that Depression.

JE: Did you pick up on any culinary enjoyment as a result of that? Did you end up at home cooking and baking and those kinds of things?

JC: Yes, I became pretty good really by observing and helping. I was interested in it. I still am interested in gourmet food.

Chapter 5 – 7:45

War Years

John Erling: When you were in the service. You'd hear reports from the war I would imagine about what was going on? Even though you guys were in the band and traveling, you knew what was happening to the United States with Germany and all of that?

John Coats: Absolutely.

JE: Tell us about that a little bit.

JC: Every day we would be informed about what was going on. We toured from the southern tip of the Philippines to Manila. We played Army, Navy, Air Corps, CB and Marine bases—five different types of armed forces bases at that time. We always heard the latest developments. We all thought we were going to Japan, until the atomic bomb was dropped and we knew we were going home soon.

JE: Where were you when you heard the news about Pearl Harbor?

JC: I was working with my dad at the bakery that Sunday morning.

JE: December 7, 1941.

JC: Correct.

JE: Then the country went to war. Why was it that you thought you were going to Japan?

JC: We were playing in Manila when they dropped the atomic bomb on Hiroshima.

JE: How did you hear about that? Do you remember the moment?

JC: We were informed within a few minutes after it dropped that it had occurred. All of those men and women in that area in the Armed Forces were headed for Japan really, that would be the next stop, but fortunately we missed that.

JE: Yes. Other members of the Army, you were in the Navy, but members of the Army were over there just gutting it out in war and fielding the battles of war and all of that.

JC: Yes.

JE: Was it an every day thing, wow I can't believe I am over here doing this? How did you handle that or what did you think about that?

JC: Well, I just thought I sure must be one of the luckiest persons on earth to be doing this job while men are out there fighting this war and winning it. They were great—those fellows. I was just most fortunate to do what I did and was always grateful.

JE: The Navy obviously felt that that was an important position. You were out entertaining.

JC: Absolutely. The fellows really loved it because our shows were just jam-packed, standing room only for those shows. There were thousands and thousands of fellows in the audience wherever we were, regardless of the weather.

JE: That had to make you feel good to be able to entertain them and take their minds off of whatever they were thinking about.

JC: Well, we did and we felt privileged to be able to do it. The truth is they really enjoyed it.

JE: In 1941 and 42 do you remember rationing?

JC: I sure do. I remember gasoline rationing and some food rationing.

JE: Tell us about the gasoline rationing, how did that work?

JC: Well, you received an allotment for the given period of time for gasoline. We were allotted so many coupons to purchase gas, literally. If you used those up, you were just out of luck because that was your gasoline quota for that period of time. I remember people trading those stamps and so on. If someone was out of gas stamps they could maybe buy some from someone or whatever.

JE: Because there were stamps for other products?

JC: Yes there were. There were stamps for food.

JE: So someone might trade food for gas or something like that?

JC: That's right. I personally didn't do it, but I had friends that did.

JE: How did you get those ration stamps?

JC: As I recall they were mailed. You applied and you got your allotted stamps for gasoline purchases and food purchases.

JE: Did you always make it through the month?

JC: Yes we did. Everyone cut down on the amount of driving and so on, I recall that.

JE: Do you have any memories of hearing presidents on the radio? Like Herbert Hoover was your president from 1929 to 1933, so you were four years old when we entered office and 8 years old when he left office. I don't know if you remember hearing about him?

JC: Absolutely.

JE: You do? Tell us about that.

JC: I've heard him speak on the radio and I saw him on newsreel Fox Movietone News—always came up with the latest on all of the presidents, so he made those programs.

JE: Fox Movietone, you would see that in theaters?

JC: Surely we would.

JE: Would you also see these documentaries about the war?

JC: Yes sir, we would.

JE: Would that be before the main feature playing?

JC: Usually it would be following the feature.

JE: So that was put out by the government to keep the public informed?

JC: There was always an ad that said “Buy War Bonds” so most of us purchased war bonds.

JE: The next president was FDR, Franklin Delano Roosevelt, did you remember hearing him and his fireside chats?

JC: Yes, I remember hearing his fireside chats, et cetera and before our band pulled out, we were at a meeting where Roosevelt appeared and we had to go there. It was a combined band—we had about a 100-piece band that went there and we played four Ruffles and Flourishes and Hail to the Chief for Roosevelt.

JE: Where was that?

JC: In Washington, D.C., before we left to go to the West Coast.

JE: Do you remember seeing him there?

JC: Oh yes.

JE: Was the band close to him so you really had a good view of him?

JC: Oh yes. Any senior officer in the military, and of course the President is the Commander and Chief, they had a certain musical signature when they appeared and it's called Ruffles and Flourishes, are you familiar with that?

JE: Yes.

JC: Okay, so you play four Ruffles and Flourishes for a 4-star general. At that time there were no 5-star generals until McArthur came along. For the President you played four Ruffles and Flourishes and Hail to the Chief. For a general or an admiral you played four Ruffles and Flourishes and the Flag Officer's March, you probably don't know that one.

JE: Was Roosevelt in a wheelchair at that time? Do you remember?

JC: He would never appear. They would bring him to the meeting and he would stand up and usually hold onto or lean into the lectern and they would take the wheelchair away. It usually wasn't in evidence that he was in a wheelchair. He didn't like to be perceived as handicapped in any way.

JE: As a band member, sometimes beforehand you see things that go on. Did you see him roll the wheelchair in and then take it away?

JC: Yes.

JE: You did see that happen?

JC: Yes, we saw that happen.

JE: But it wasn't a surprise to you because you knew he had polio?

JC: Yes, everyone knew that because he was the hero of the March of Dimes for polio.

JE: It seemed for a long time they tried to keep the whole idea of polio away from the public.

JC: Yes. They just didn't want to talk about it.

JE: And then finally he admitted it didn't he?

JC: Yes. He had Poliomyelitis, which at that time was a scourge really. It left many people paraplegias.

JE: Did he speak that day?

JC: Yes, he spoke. He was a great speaker as you know. He spoke for 10 minutes.

JE: That must have been a special experience for you?

JC: Yes.

JE: Because that would have been the only time that you saw him up close like that probably.

JC: I saw him in a parade in Des Moines with Alf Landon. Alf Landon was in one open convertible and FDR was in another. This would have been in 1933 when I was there visiting some of my mother's relatives. We went to Des Moines to see the parade and I recall seeing Roosevelt and Alfred Landon who ran against him on the Republican team.

JE: And ran many, many times didn't he?

JC: Yes, he ran many times. He was from Kansas. He never won.

JE: You were just about 8 years old then?

JC: I was just a boy, but I recall seeing them.

JE: Do you remember seeing him with a cigarette in a holder?

JC: Yes, yes.

Chapter 6 – 6:30

OSU

John Erling: So you get out of the service in what year?

John Coates: In 1945, after the war was over we were several months getting deployed and getting back home. So late 1945 I got out.

JE: Then what was in the plan for John Coates?

JC: Well, I came home and made plans to start pre-medicine.

JE: Where?

JC: At OSU. My father and mother paid my initial tuition, which was \$48 a semester and you could take all of the hours you wished—compared to \$1,000 an hour now (chuckle) which is a drastic change isn't it?

JE: Yes.

JC: I was there for only a month or two when I applied for a job of counselor to the athletes. My home was under the north stadium, so I had the largest room on campus. I had to round up the athletes who weren't passing any given course and invite them to my room to study. These were giant guys you know, J.D. Cheek, Bob Fennimore, Gilbert Light...I had to round these fellows up and announce that if they didn't pass their exam on Thursday that they would be off the team. They would threaten me with my life, but then they had to come and do this.

JE: They were basketball players I think, weren't they?

JC: When I started at OSU, we were only national champions in football, basketball and wrestling. We were national champions in all three in 1946.

JE: National champions in all three in that year?

JC: Yes sir.

JE: Henry Iba was the basketball coach.

JC: he was there.

JE: So since you were helping the players study, were you around Henry Iba at all? Did you see him?

JC: Oh yes, I saw him often.

JE: Tell us about him. What was he like?

JC: He was a fine man. He was always helpful to all of his team members. They admired this fellow. He was a great coach, as you know. I would often have to go announce that so-and-so doesn't want to come and study.

JE: Announce it to him?

JC: Yes! And of course he would see immediately that yes, they were going to show up at a given time to study to pass their exam. Regardless of what it was, I had to go and find the courses they weren't doing well in and we would go over the material in my room. Then when I finished all of that, I had to do my work, because I was in pre-med at the time.

JE: How much were you being paid to do that?

JC: I made \$50/month and they picked up my tuition, which was \$48 a semester. My room was under the north stadium and I ate at Cordell Hall nearby. So it was room and board and \$50 a month.

JE: Are there any particular players that really stood out in your mind?

JC: Gilbert Light as a good friend and then he came to see me with a low back problem years later and I took care of that. Bob Fennimore the great quarterback up there who

won the national championship with that team. There were a bunch of good fellows and good athletes.

JE: How long were you at OSU?

JC: I was there four years earning a bachelor's degree in a pre-med program. I was a biochemistry major with a zoology minor.

JE: So you continued that job?

JC: I continued that job while I was there and saved my GI Bill of rights for medical school.

JE: You could have used it for college immediately but you were able to work and not have to use it.

JC: Yes. College was \$48 a semester and medical school was \$800 a semester and I thought, well, I am saving this.

JE: Why don't you explain to those that will be listening to this what was the GI Bill? What was that about?

JC: All members of the Armed Forces following WWII were entitled to a four-year college education paid for by the U.S. Government. You could take that for any training that you wish. I chose to pay my way through pre-medicine and save the GI Bill for medical school. I think it's a mere \$12,000 a semester now at OU, and that's one of the cheapest in the country.

JE: Are there any other particular highlights from OSU?

JC: I had good teachers as I recall. I had Robert McVicker in biochemistry. He was a Ph.D. in biochemistry and an excellent teacher. I recall Dr. Ore who taught us physiology. He also taught physiology for the School of Veterinary Medicine at OSU, which at that time was called Oklahoma A&M. I recall seeing Henry Bennett on the campus often times. I later got to know his son Henry Bennett, Jr. who was an obstetrician / gynecologist in Oklahoma City. I became friends with him when I was an intern at Saint Anthony Hospital in Oklahoma City. He was a fine man and fine fellow just like his father. I was there the day that he received the telegram that his mother and father had just been killed in an airplane crash returning from Ethiopia. President Harry Truman started a four-point program to teach agricultural programs to Ethiopians. At that time, Henry Bennett was president of OSU/Oklahoma A&M. He and his wife were both on the plane. Henry Bennett, Jr. was in surgery at Saint Anthony Hospital. That would have been 1956 when he got the telegram that his father and mother had just been killed in this air crash. I recall seeing him that day.

JE: So his dad, Henry Bennett Senior was the president of –

JC: The president of Oklahoma A&M College—a land grant college with 33,000 acres in Stillwater, Oklahoma.

JE: Oklahoma A&M was obviously an agricultural college.

JC: Yes it was.

JE: It must have been a tremendous shock then to that school to have their president and his wife killed?

JC: Yes it was. Killed at the same time—it was unfortunate accident. At that time I was an intern at Saint Anthony Hospital so it was in early 1956 that this occurred.

Chapter 7 – 10:00

OU Medical School

John Erling: After Oklahoma A&M, then you go on to medical school at the University of Oklahoma in 1951.

John Coates: Yes sir.

JE: Did you know going in what your specialty was going to be?

JC: I had no idea what I would really do. I think I had in the back of my mind neurological surgery since I was six, but didn't dream that I would ever do it. We met September 7th, 1951 in the large auditorium at the OU School of Medicine. The Dean, Dr. Mark Everett, who's real name was Ehrnberg, the name was changed when his father moved here from Germany. The name was changed the name from Ehrnberg to Everett, feeling that was more appropriate at the time with all of the sentiments of war and so on.

JE: Right.

JC: He was a brilliant man. He had a Ph D in bio-chemistry. He was the dean of the med school and a fine fellow. He spoke to us briefly in the auditorium and announced "you young men and women". There were very few women by the way. There were three girls in our class of mostly all-white males. It's just been reversed now. There are 55% ladies in the class and 25% foreign students and the remainder are white American males. He announced, "You men and women are going to become physicians and surgeons. Starting this day, there will be no plaid shirts, blue jeans or cowboy boots in this school." And we all slid down in our chairs because that's what we were all wearing. (Laughter) Everyone was attired in just that. I recall meeting my classmates and getting acquainted. We had wonderful teachers. We had a number of Jewish professors that had to leave Germany and the University of Oklahoma hired them. We had outstanding teachers from there. So it was our good fortune and their misfortune of course to be rooted up to leave their home and move to a foreign land. These were excellent teachers. I recall Ernest Lachman M.D. Ph.D. Professor of Anatomy was an excellent teacher. A number of them came and were all outstanding teachers. It was our good fortune.

JE: When did you begin to decide that you were leaning toward this specialty?

JC: Occasionally, Dr. Wilkins would come to lecture with his associate Dr. Jess Herrmann. That was the first time that I really met this fellow that I had first learned about when that man had his head caved in, in 1930. I was so fascinated by his teaching. He was a fine, fine gentleman. I didn't really dream at that time that I was going to apply for the program. Most of us hadn't exactly decided what we were going to do. After I finished medical school, having a year of general rotating internship at Saint Anthony Hospital, you get to work in each department for a few weeks and for the first time have patient care. For the first time you could write orders and examine patients, make diagnoses, order specific exams. It was nothing like today. There were no \$2,500 exams in those days. Having completed my rotation, I decided that I was going to apply for neurological surgery. I was told that they take one man a year and that there were 500 applicants for the job. Two hundred and fifty were from the United States and 250 were foreign applicants. So buddy, you better think long and hard about this. So, I had a year of general surgery, you have to have abdominal surgery and thoracic surgery before you can begin the neurosurgical program. I took that at the University of Oklahoma and then I applied and was accepted into the program in July of 1957.

JE: So were you the one out of 500?

JC: I was the one. Professor Wilkins would take the 250 foreign applicants and stuff them in the wastebasket. He would then take the 250 American applicants and go through each one carefully. As a rule, he didn't bother with the foreign applicants because there were just too many.

JE: How did you rise to the top?

JC: Well, I was again very lucky. I had done well in school and I had done well in my surgical year of abdominal and thoracic surgery and while I was an intern at Saint Anthony Hospital, I told Dr. Wilkins, "If there is anything I can do to help in the neurosurgical program, I would be glad to do so. If there is a history or a physical that needs to be done and you want me to do it, I would be happy to do it." So he knew me.

JE: It didn't hurt to have that bond?

JC: It didn't hurt to have that bond. Often times he would come by, like on OB-GYN, he would come by in the middle of the night and ask me, "do you want to scrub on a craniotomy?" And I would say, "Yes sir." So at 2am I would leave there and do that work in addition to the work on whatever rotation specialty I was on at the time.

JE: So you weren't afraid to work?

JC: No, I worked hard.

JE: You were there to learn?

JC: Yes.

JE: And sleep was not important.

- JC:** No. We didn't think anything about it at that time. It was so interesting, what we were doing, that we would work 18 hours a day and not think a thing about it.
- JE:** You said earlier you were lucky, but you earned your position of being selected. There was no question about that.
- JC:** Well, I worked hard, yes, I worked hard but I was indeed very lucky to be accepted because they took one a year at the University of Oklahoma.
- JE:** I would imagine that you told the good doctor that story about when you were six years old?
- JC:** You know, I never told him that story and I should have. I've gotten many letters from him and I have written him often.
- JE:** He has since passed now hasn't he?
- JC:** Yes, he's gone.
- JE:** So you complete your work at the OU Medical School and you need of course then, residency.
- JC:** Yes, and at that time, a year of general rotating internship, in which you rotate through every department in the hospital for a few weeks. For the first time in your life you're able to really do hands-on medicine in that particular field. So you can go through all of that and then decide what you like and what you really want to do. The program has changed now so that they are liable to come sophomore year and say to a good student, "would you be interested in an ophthalmology residency or an orthopedic residency?" Many of those kids will sign up as a sophomore in medical school, not realizing what is eye surgery or what is orthopedic surgery and what do they do? Many sign up for it and later find that they really didn't like it. That's really unfortunate. If you rotate through the hospital and spend a few weeks in each department, then you can really decide what you liked. You are liable to stick with that then and not decide in the middle of the program that you don't like it.
- JE:** So they have done a disservice to themselves and to the program and wasted time then haven't they?
- JC:** Yes, They really have. They've really done away with the general rotating internship. At that time, that was a mandatory thing—you had to go through that and that was excellent. The first two years were really basic sciences. The last two years of medical school was patient care and learning the practicalities of practicing medicine and examinations and all that goes with it. You really don't have any hands-on experience with any authority until you're an intern.
- JE:** So then you do a year of that and then they must have come to you and said, "all right, what do you want to do?" What did you say?
- JC:** I said, "I want to be in neurosurgeon." I was told, "Listen, this is a tough row to hoe. We only take on man a year at OU and there are 500 applicants." I was really discouraged

at the time, but I went ahead with my year of general surgery. I put my application in for neurological surgery. So I was accepted and started July 1, 1957.

JE: What is neurological surgery?

JC: Neurological surgery is the surgical treatment of the brain, spinal cord and the peripheral nerves.

JE: Do you recall the first surgery that you participated in?

JC: In those days, we, in carrying out a craniotomy, shaved the entire head with a straight razor like the barbers used to use. I recall an Indian man about 38 years old. They sent me to prepare him for the craniotomy, which was rather urgent. I had to shave his entire head. He had hair down to his waistline...thick, tough hair and I had to shave his entire head with a straight razor. It was the first time in my entire life that I ever had a straight razor in my hand. Dr. Wilkins came in and said, "You were supposed to let me make the incision." (Laughter) So I had nicked this fellow's scalp in several places. Then I became so good I could shave your entire head with a straight razor and never nick your scalp...with practice.

JE: You became quite good at shaving heads?

JC: Yes.

JE: You spend a year doing that internship and then what?

JC: I did a year of general surgery including abdominal and thoracic surgery.

JE: Then where did you go?

JC: Neurological surgery with Dr. Wilkins.

Chapter 8 – 4:10

Neurosurgeons

John Erling: Then you move on?

John Coates: When I finished that program in neurological surgery, when I finished all of that program, you have to have neuropathology, neurophysiology and clinical neurology. At that time OU didn't offer it. We had one of the best programs in neurological surgery in the country, and one of the oldest. Dr. Wilkins came there in 1931 from St. Louis where he trained with Ernest Sachs, a rather famous guy, the first professor of neurological surgery in the world from Washington University in Saint Louis in 1920. He didn't worry much about his salary there. If they needed some new equipment and they told him they didn't have it in the budget, the next day the equipment was there. His mother's name was Goldman, and his father's name was Sachs. His parents owned the largest investment bank in the world. He didn't tell anyone about this really. If they needed a new anesthetic

machine, the next week it was there. He just paid for it out of his pocket. But Ernest Sachs was the first professor of neurological surgery in the world—none in Europe. No chair in America until 1920 at Washington University. Dr. Wilkins studied with him. He was an excellent teacher and very fond of Dr. Wilkins. In fact, he asked Dr. Wilkins to stay there with him at Wash. U. But Dr. Wilkins thought he would like better to go out on his own, so he came to OU in 1931 as a professor of neurological surgery. The closest neurosurgeon south, there weren't any. The closest neurosurgeon southeast was Edgar Fincher in Atlanta. the closest neurosurgeon to the north was Ernest Sachs in Saint Louis. To the east, the closest was Harvey Cushing at John Hopkins in Boston and the closest to the west was Howard Naffziger in San Francisco. There were no neurosurgeons in LA in 1931. In 1934 Carl Rand came to LA and when Gershwin was operated in 1937 there, Naffziger came down from San Francisco and worked with Carl Rand. George Gershwin the great musical composer had a glioblastoma. He became ill with headaches and started losing memory, so these two neurosurgeons, the only two in the state, worked on Gershwin in that procedure in LA.

JE: Was that procedure successful?

JC: It was a successful procedure, but it's a highly malignant tumor. You cannot extirpate it all so you have to give radiotherapy. It's so invasive that it's almost impossible to completely remove a glioblastoma. Usually it's followed by X-ray therapy or chemotherapy. In those days, neither one was very well developed.

JE: This was in the '30s?

JC: It was 1937 when he was operated there.

JE: So was this a form of cancer?

JC: Yes sir. It's the most malignant form of cancer of the brain.

JE: How long did George Gershwin live beyond that?

JC: Just a few months and then he was gone.

JE: So when you made the decision to be a neurosurgeon, there were very few in the country at that time?

JC: At the first neurosurgical meeting in 1957 in Washington, D.C., all the neurosurgeons in the world were in the auditorium and there were 300.

JE: In the entire world?

JC: Yes, in 1957. Now there are 3,000 in California alone.

JE: You know...if somebody had come out of the University of Oklahoma Medical School to go into neurosurgery was a first?

JC: There weren't many. I was the eleventh one that Dr. Wilkins trained and in his whole lifetime he trained 20 men.

Chapter 9 – 11:26**Surgery at Queen Square**

John Erling: When is it that you take up residency in England?

John Coates: Most of the residents went to Chicago. I went up there to speak with Percival Bailey, who was Harvey Cushing's right-hand man for 14 years then he wound up professor of neurological surgery at The University of Illinois. I learned that he was retiring and that Dr. Wilkins was going to lose the relationship that we had. Automatically, all of the residents we had went to Chicago to finish up. So I told Dr. Wilkins about this and Dr. Eric Oldberg had taken over the chair of neurosurgery at Illinois and I spoke with him. He said that I was welcome to come and study, but there was no stipend associated with the residency. I inquired how does one live in Chicago without some income? I went back to tell Dr. Wilkins about this and he said, "You go ahead and study in Illinois and I will send you the money to live on." I told him, "You know, this is un-American. To train us is one matter and to support us when we leave I think is another. I think it's un-American. Let me ring around and see if I can find a residency in neuropathology." He said, "if you wish, that's fine, but I would be happy to send you the money to study in Illinois." So I rang around and found a place at the University of Texas with Kenneth Earle, a neuropathologist and fine man. He said, "I have a new laboratory that's just opened and we are looking for residents." I said, "Sign me up. I'll be there." My income went up. I went from \$75 a month to \$400 a month at UT. And as I finished my work there with Dr. Earle I told him I was in need on one year of clinical neurology. I asked him where I should go and he said there was only one place to go in the world for that and it was London. I told him that I thought that it would just be impossible. He said, "If you go and tell them that you need help, they will help you." I asked about him recommending something in Houston or on the West Coast or East Coast and said didn't they have good programs? He told me that really the only place to go and study neurology was London. I later learned that at Queen Square in London, the first neurological Hospital in the world, the hospital is divided into 36 bed wards. Each ward is dedicated to a given illness or disease. So there are 36 patients in bed with multiple sclerosis and 36 patients in bed with amyotrophic lateral sclerosis and 36 in bed with brain tumors, and 36 in bed with spinal cord injuries. So the whole hospital, 17 wards with 36 beds per ward dedicated to each disease, you can get a great deal of information in a short time. Many neurologists have never seen 36 patients with MS. Now, this is terrible for the patient...there's not much privacy in a 36-bed ward. For the doctors and nurses it's wonderful. The head nurse can survey the whole 36-bed ward in one minute and see if anyone needs help or is in any distress or is in need

of any assistance. For teaching, you can't beat it because you can go and examine the patients and their records and you can see this illness in every phase...early, late, relapsing, remitting. You can see it in every phase and gain a great deal of knowledge in a short time by that method of teaching. So I entered the hospital there in 1960.

JE: What was the name of that school?

JC: The National Hospital Queen Square London. It was all neurology and neurological surgery.

JE: When you walked in there the first time, what was your impression when you came in?

JC: I walked in that front door in that beautiful lobby and there's a statue in white marble of Hughlings Jackson. He was probably the greatest neurologist that ever lived. As you walk through the halls there, the ghosts of all these greats. They've had the greatest group of neurologists in the world. The Paris School would be second. The whole atmosphere was wonderful. I talked to the head, teaching neurologist at the time, Dr. Dennis Williams. I was informed that as a foreigner it would be very difficult to get a job at Queen Square because all British applicants took precedence. Any foreign applicant would go at the bottom of the list. He said the only way that we could possibly do it would be to post the list in the basements of all of the hospitals where no one would read them (chuckle)... but he said, "It's almost impossible Coates to get a job." My wife was an RN and I told her she may have to go to work because it was so hard to get a residency post there. They call the registrars there and residents here. I was feeling badly about this. I ran into a little fellow named Jason Brice. He said, "is your name Coates?" I said, "Yes sir." He said I heard you were coming. You're a neurosurgeon aren't you?" I said, "Well, I've finished my neurosurgical training, but I am here to study neurology." He said, "Would you cover for me this weekend because I've just got to get away from here." He was one of the five neurosurgeons at Queen Square. I said I would be happy to cover for him, but that I had a problem because I did not have a license to practice medicine in Great Britain and I don't have any malpractice insurance. It was Friday afternoon when he approached me. He said, "no problem, we'll go down to the general medical council and we'll get the license and the insurance this afternoon. I said, "Now Doctor Brice, how much would that cost?" He said, "Don't bother—I'll pay for it." We went to the General Medical Council and I filled out half a sheet of paper. Of course, I was with Jason Brice, whom they knew well. Upon receiving this, the charge was \$5—a few pounds and a few shillings for the malpractice insurance and the licensure. So I went to work that weekend. Saturday night around 11 o'clock I got a phone call from Brighton. They said, "We've got an 18-year-old boy who's bent a Bentley around a steel telephone pole. He's got a rather bad head injury and we'd like to send him there at once by helicopter." I said, "We are here and we are ready. What's his name?" They said, "His name is Christopher Wood." I jotted that down and said that we would be looking for him. When Christopher Wood arrived I examined him in the outpatient

department and we got him in. He had an epidural hematoma—that's the same lesion that killed the lady skier recently, the actress. It's a neurosurgical emergency.

JE: And what is it?

JC: Okay it's a blood clot upon the outer covering of the brain between the skull and the dura. It's an arterial bleeding. It usually occurs from a skull fracture in the temporal region—just a hairline fracture can tear the little artery that lies right in the bone literally. That bleeds epidurally and can kill you in a matter of a few hours. So I examined him and realized that he had a dilated, fixed pupil on one side and some weakness on the other side. I said, "Oh dear, this guy has got to go to surgery." I rang up to surgery and got everything ready and ordered lab work and ordered a unit of blood to be prepared and so on. Within a half an hour, Sir Charles Symonds arrived. Sir Charles Symonds was the number one neurologist in London and probably the number one neurologist in the world, literally. He was the first man to diagnose an aneurysm in a living, human being—an aneurysm of the brain that is. He arrived and he said, "I came to see the Woods boy. Where is he?" I said, "Right now we are transferring him to a room near surgery." He went there and examined the patient and came back and I told him, "He's got an epidural hematoma." He said, "Yes, you've got to go to surgery." I said, "Yes sir, we are preparing things right now and we are going right away." He no sooner left than Lord Russell Brain, editor of the journal *Brain*, the premier neurological journal in the world—his name, the same as the journal, but that was coincidental—Lord Brain arrived and said, "I want to see the Woods boy and I said, "Sir Charles Symonds was just here and examined him." He said, "Yes I know, I want to examine him also." I said, "Tell me now, it's the middle of the night and you two gentlemen are here?" He said, "You don't know who this is Coates?" I said, "No sir, I don't know." He said, "Well, his father is Sir John Wood, chairman of the board of governors of Queen Square." So I was working on the boss's son. And when I saw the patient I removed the epidural hematoma and the patient recovered and by Monday morning was asking to go home. I saw Dennis Williams in the hall that day and he said, "Coates, I believe if you apply for that job now, you won't have any problem." (Chuckle) So I became registrar in neurology at Queen Square—again, luck.

JE: How old are you when you went into that surgery?

JC: I was thirty-two.

JE: But it wasn't your first surgery?

JC: Oh no sir.

JE: You had performed many of those in Texas?

JC: Yes and at OU. I did 65 craniotomies at OU my last year there and one hundred laminectomies.

JE: So by the time you got there...

JC: I'd been trained in the neurological surgery. I had my full training and everything except the neuropathology, neurophysiology and I was there studying practical bedside

neurology—diagnostic neurology in other words. I wanted to be able to learn to diagnose my own cases.

JE: So when the Woods boy recovered, did the Woods family contact you and thank you?

JC: Yes. And of course Sir John Wood, I had to give him my application for registrar in neurology, which, came through right promptly.

JE: I don't know if I would call it a star—but the whole hospital knew that this Coates guy had operated on the boss's son, didn't they?

JC: They all knew it by Monday.

JE: Did it put you under any strain? I mean, you knew what you were doing.

JC: Well, I knew what I was doing, but it always crosses your mind that you are working on the boss's son.

JE: Did that change things for you other than the fact that you got that job?

JC: Number one, my wife didn't have to go to work. She was able to stay with our first son, who was just 13 months old. It provided us about \$400 a month income while I was there.

JE: Yes.

JC: We lived on that in London. Can you believe it?

Chapter 10 – 6:00

Roger Bannister

John Erling: There was another famous name that you met while you were in England. Wasn't it known as St. Mary's Hospital Medical School?

John Coates: That's where Roger Bannister trained, was at St. Mary's. Queen Square is a separate, neurological specialty hospital. The only thing within the walls there is neurology and neurosurgery. Unlike our hospitals, which are usually general hospitals with specialists in every department within Saint Francis St. John—these are general hospitals. In England, there's a tendency to have more specialized hospitals from the beginning. Queen Square was the first neurological hospital in the world. It was the first hospital strictly devoted to neurology and neurosurgery. So, Bannister, I think trained at St. Mary's.

JE: Roger Bannister, tell us why he was famous.

JC: Well, he was famous for the four-minute mile at Oxford.

JE: The first man in history to run the mile in less than 4 four minutes.

JC: Yes. He was a medical student at Oxford and he got interested in muscle physiology as a medical student. And, studying muscle physiology, he got interested in athletics and sports and began running and working out. He didn't dream at the time that he was

going to wind up a record breaker, but when he broke the four-minute mile at Oxford he became world-famous.

JE: It was May 6, 1954.

JC: My first job at Queen Square was on the Elkington Ward, and he was senior registrar. I came on that as junior registrar, so we worked together for a year.

JE: So he had already become famous and you knew that.

JC: Oh. Every patient that entered the hospital that saw Roger Bannister would say, "Look! There's Roger Bannister!"

JE: Of course, because you were there in 1960 and this happened in 1954.

JC: Yes sir.

JE: It was a thrill for you too, to meet this man.

JC: Oh, absolutely! He was a fine man and a fine fellow. He studied neurology at Queen Square after leaving St. Mary's and pre-medicine at Oxford. His specialty training was done right there at Queen Square and he stayed on as resident in neurology. Senior registrar in neurology was his title at the time.

JE: Were you back and forth with him much at all?

JC: Oh, we were together all the time. We ate lunch together and we ate dinner together at Queen Square every day. He was just a fine man and a lot of help to me because things are so different there and the terminology is quite different. Roger and I were working in the outpatients department and Roger was working at a desk doing some paperwork. A lady approached me in the outpatients department and said, "Doctor, I think I've fallen." Roger was within hearing distance and I replied, "Well, I hope you didn't hurt yourself." Well, with this, Bannister nearly fell out of his chair laughing. I, at the time, didn't get it at all. I think I've fallen means, I think I'm pregnant. She asked me, "Could you send me water to the toad?" She wanted a frog test, a chorionic gonadotropin frog test for pregnancy. I said, "Madam, you want the urology clinic, not the neurology clinic. You've come to the wrong place. (Chuckle) But Bannister never let me forget that. (Laughter)

JE: He was a neurologist.

JC: Yes. He was a fully trained neurologist. He finished really his neurological training, but was working as you might say a resident medical officer. This is when you have finished all your neurological training and you are working as a senior member of the team. We were on the Elkington Ward. J.C. Elkington was a neurologist in charge of the Ward.

JE: But then you're a surgeon, so that was an area that he was not part—

JC: That's right. The only surgery that I did there was that one case. I was studying bedside clinical diagnostic neurology.

JE: Somehow the two of you hit it off?

JC: We were good friends and I learned a great deal from him.

JE: Was he running just for pleasure at that time?

JC: He was running every morning. He would get up every morning and run until he had an automobile accident and broke his ankle. After that, he had to give up the running and I don't ever believe he really got back into it. He used to get up early every morning at Queen Square and run (chuckle).

JE: Did you ask him much about that day that he broke the four-minute mile? Did you question him about it?

JC: I didn't question him a great deal about it. Of course, everyone in the world knew about this and he had told the story so many times, you know. But he did tell me that he was a medical student at Oxford particularly interested in muscle physiology and that's how he got interested in running.

JE: He told you that?

JC: He was telling this to me. One evening he asked me if I wanted to go and see the play *Oliver*, which was just opening in London. He had tickets and couldn't go. So I rang my wife and she came in with my little boy who at that time was 17 months old. We had a visiting pediatric neurologist from Edinburgh that Roger invited to dinner and Bannister and Mary and I, and our son was there...So we were talking to the visiting pediatric neurologist from Edinburgh and the subject came up how old is he? Mary told him he was 17 months old. He said, "It's very interesting. They can't do (pronounce) L's at that age. They just can't do them at that age. And my son replied, "L's? L's? See the clock!" And Roger Bannister hoorayed this guy (laughter) 'til he left the dinner. He went away.

JE: That's funny. That's great. By the way we should say that Roger Bannister is still living today isn't he?

JC: Roger is still alive. He was warden of Pembroke College—Oxford. Warden would be like a dean. He was warden there for a number of years and now I believe he's fully retired—I don't believe he's at that job anymore.

Chapter 11 – 6:04

Coates to Tulsa

John Erling: Your career then, after you finish your residency there? Where do you go then?

John Coates: Tulsa, Oklahoma to start surgery at Hillcrest Hospital.

JE: Why did you pick Tulsa and Hillcrest? We're you invited? How does that work?

JC: I was invited by a fellow named Herman Flanagan who was a neurosurgeon here in town who later went to Little Rock to work at the Veterans Hospital there and then to Augusta,

Georgia and now he's retired. But I joined him in June 1961 and I had finished all of my training then.

JE: So you come to Tulsa and to Hillcrest. We're you putting out the word that you wanted to come here?

JC: No, this fellow wrote me and said he heard I was finishing up my training there and said why don't you join me. I didn't know anything about Tulsa, but I said fine and I came here and joined him in June 1961.

JE: Would we know the number of neurosurgeons in town at that time?

JC: There were five neurosurgeons in Tulsa at that time. I was the sixth.

JE: Can you tell us about some difficult cases?

JC: Well, I recall a family physician at Hillcrest asked me to go by and see a certain patient. Going to the room, I learned this fellow was one of the top executives at Price Pipeline and he had a whole entourage of people in the room and so on and I had to invite them to please wait and let me examine him. Upon examining this fellow, I had him undressed in this rather cool room and I could see fasciculations of the muscles. This is a man in his 40s.

JE: What does that mean?

JC: Muscle twitching going on sporadically in the legs arms and so on. So I asked him, "let me see you tongue." When I examined his tongue he had little fasciculations—little wormlike movements of the tongue. He had amyotrophic lateral sclerosis, which is a motor neuron disease and always fatal. So I had to sit down and talk with him and tell him to get everything in order and explain to him what this really is. And returned about 18 months later and died at Hillcrest. When he came back, you could hardly recognize that this was the gentleman that I had examined 18 months previously. He had changed so much with atrophy of the muscles and so on. I recall that case vividly. I remember Dr. Shapiro saying to me, "How in the world did you know what this fellow had?" Of course, I had a ward of people with this at Queen Square. I had seen 36 people with this there. I told him, "Oh, I went to school." (Chuckle) He enjoyed that. He was a fellow with a great sense of humor.

JE: That was a case where you diagnosed it early on.

JC: Yes.

JE: But there was nothing you could do for him.

JC: Yes. There wasn't anything that anybody could do to help and I might add that there isn't anything that anybody can do to this day to help and that was 1961.

JE: He might have gone on to several doctors perhaps undiagnosed.

JC: Yes. That's why I wanted the year of diagnostic neurology.

JE: Do you have a case then that was difficult that you thought maybe I don't know if I can do anything for this person?

JC: Sure. We had an internist named Tom Fair. His second wife was one of the LaFortune ladies. He was a friend of mine and he asked me one morning to go by the intensive care unit and see this patient, a rather large man. He told me he was dying. He wanted me to see him and confirm everything and talk with his family. I told him that I surely would do that. I went there and examined this man. His name was Virgil Reece. His father was a pediatrician at St. John Hospital. I went to his bedside and I examined this large man, who was almost 300 pounds. He had dilated fixed pupils. He was gasping about eight times per minute. It was an ominous situation. I then went to talk with his wife and explained that he has a large clot in his brain about the size of a baseball and it occupies both frontal lobes and I don't think he has long to live. Dr. Fair has talked to them about this. She said, "Can you remove the clot?" I said, "Yes ma'am. I can remove the clot, but I am afraid that we are awfully late. We are probably too late. He probably won't recover if I remove that clot." "She said, "Well, if you can remove that clot, I want it removed." So I rang Tom Fair and he was really nonplussed about all of this and he said, "Go ahead and get the clot removed if that's what she wants." So I took him to surgery and made a bi-frontal opening, sort of an ear-to-ear opening behind the hairline and I removed this huge clot. His respiration became normal and his vital signs became normal. When Tom Fair came to make funds the next morning, Virgil Reese said, "Tom, there's no way I can have Jell-O for breakfast. I eat steak and eggs for breakfast. Would you please tell them?"

JE: Wow.

JC: Virgil made a complete recovery. He was a stockbroker and as he left the hospital he told me, "I've made enough money on the telephone doing stock exchanges to pay my hospital bill and to pay you." He was a fine fellow and that operation was 25 or more years ago. He died within the last year or so.

JE: So you saved his life, but his wife saved his life too.

JC: Actually she did, because I would not have really recommended the surgery considering he was just an extremist with dilated fixed pupils and respirations that were labored. Tom Fair had already written on the chart "no code blue" meaning no extraneous measures to keep him alive.

JE: How many surgeries do you think you have performed in this town?

JC: Thirty-five hundred craniotomies and 10,000 laminectomies cervical lumbar and a few thoracic.

Chapter 12 – 2:40**Erling Surgery**

John Erling: Did you include my surgery?

John Coates: Yes, that's in there.

JE: (Chuckle) We should say that Dr. Coates in 1993 on New Year's Eve, performed a surgery on me. Tell them what it was.

JC: Well, you had a ruptured disk between the 6th and 7th vertebra on the right side. It was an acutely large herniated disc compressing the 7th nerve root, causing severe pain. This was on my birthday, by the way.

JE: I didn't know that. (Chuckle)

JC: You were in such terrible pain. It was on a Friday, so the surgery scheduling gals told me that I could do you on Monday morning and I said, "Oh, no, no, no. We are not going to wait. He is in really terrible pain and I won't be able to control this well even with strong narcotic agents. I don't want to wait over till Monday—we are going to do this in the morning.

JE: Which would have been New Year's Day 1994.

JC: Yes, New Year's Day 1994. They said surgery would be closed. I said, "No, you are going to open surgery."

JE: So this was a holiday weekend and most everyone wants to be off?

JC: It's a holiday weekend and they said surgery is closed until Monday and you can do it Monday morning. I said, "No, there is just no way." So I rang Lloyd Verret, he was the administrator of the hospital and a fine fellow. I said, "I've got a fellow here and his name is John Erling." He recognized that name immediately. I said, "He has a large herniated disc in his neck at C-6-7 and I want to do this in the morning because he's in severe pain and we just can't leave him over until Monday." He said, "You get ready, and we'll get everything ready and we'll do it in the morning." So he rang surgery and got it on the schedule and we did this on Saturday morning.

JE: New Year's Day 1994.

JC: Yes.

JE: And I am sitting here to say it's 2010 and it was a complete success and I've never had a problem since.

JC: Well, I thank you so much.

JE: In fact, I continued with my running career and ran many, many Tulsa Runs and all of that kind of thing—yeah.

JC: I'm so glad. I'm so glad it worked that way. I remember moving your recurrent laryngeal

nerve—the nerve to your vocal cords—very gently, because if you damage that nerve I would give you bad hoarseness perhaps for the rest of your life.

JE: I remember the night before, they told me that. But you distinctly remember moving the vocal cord?

JC: I sure do! I sure do remember removing the recurrent laryngeal nerve—

JE: Knowing—this guy needs this back!

JC: In order to protect it, I put a protective, moist sheath over it to protect the recurrent laryngeal nerve as we worked, because I knew it was this man's livelihood that we are working on here.

JE: (Laughter)

Chapter 13 – 3:50

Medical World Changes

John Coates: I've also done opera stars.

John Erling: Really?

JC: Yes I have and they would of course ask me if there was anyway that I would damage their ability to sing. I would tell them that I would do my very best not to.

JE: You've had patients fly in from all parts of the country to see you.

JC: I've had patients come see from all sorts of surrounding states and so on.

JE: Generally, how if the medical world changed since you were practicing?

JC: Well, you know technologically we've gone through the roof. It seems, in many ways that we've lost track of our patients. We were taught in my day to thoroughly examine the patient, make a diagnosis, then order the minimum tests that you can order—the least expensive test that you can order to verify your diagnosis, etc. The examination of the patient was the main thing. Doctors are so busy now with all the rules and regulations and paperwork etc. that it seems that they have no time really to thoroughly examine the patient. They do a cursory exam and then order a very expensive test, perhaps a \$2,500 test or more. We've lost so much of the doctor-patient relationship in this process. Many would say, well, I can diagnose this with a CT Scan or an MRI scan. No one ever thinks well, that's a very expensive test and if you don't have to do it, why do it? We do a mere \$50 million of them at Saint Francis Hospital. Now here's the thing I hate to say...95 percent of those tests come out normal, which means that really we could have gotten by without 95 percent of those tests being done. They are done for diagnostic reasons and they are done sometimes for protection. If I miss this lesion, I'm going to wind up in court. I'll just order a test to prove

that he doesn't have a metastatic disease to the brain or spinal cord or what have you. So technologically it's been a miraculous thing. Neurosurgery has changed with lighting and anesthesia and with the dissecting microscope. All of those have been advances. But sociologically it seems we've regressed. The doctor doesn't have time for his patients and that's terrible. Or the physician works for a group and they say you have to see a new patient every 15 minutes. This is terrible because you just can't really examine someone in that brief period of time. But if you know your patient and if you know your patient well and if you examine that patient well, you are way ahead of the game. It seems we've lost that.

JE: New technology today in neurosurgery. Would it have made your job a lot easier back when you were practicing? Or do you wish that you could have been able to use some of those tools?

JC: We had good lighting and we wore magnifying loops. So we wore lighting as a headlight, which was a bright light that we could adjust and focus. We wore loops, much like jewelers' loops that magnified six to eight times. That's all the magnification you need. It's so much easier to have this equipment on your head to work. You bring in this big dissecting microscope and it's cumbersome. You have to drape this entire microscope out for sterile purposes. It's easier and simpler to do it the old way. Some say it brings lighting and magnification and it's true. Some have grown so used to it that they would be lost if they did it by the old method.

Chapter 14 – 7:40

National Health Service

John Erling: Students who want to enter the medical profession—talk to these students.

John Coates: If you love people and you have a keen desire to become a physician or surgeon, go ahead and do it. Go ahead and do it. We are rapidly approaching a time when we are going to be working for the government. Some say that's going to be a plus and some say that's going to be a minus. Great Britain has had it since 1948. Lord George the Prime Minister got this program established. In the beginning they were all against it literally. The British medical association voted 95 percent against it. Now, everyone there has become accustomed to it. They have all joined the bandwagon.

JE: When you say, eventually they'll all be working for the government...

JC: Yes.

JE: Why do you say that? Is that because, here we are in 2010 and this health reform bill has just passed?

JC: Yes. I think it's going to be the beginning of a long process where we'll have a national health service and they will be in charge of all of the medicine in America.

JE: Everybody has an opinion and let's have one here in 2010, because students will listen to this 50 years from now.

JC: Yes.

JE: What is your view of this health reform bill? Do you think it was good?

JC: I think this—we need to do a couple or three things. Insurance company regulations, fee regulation for major surgical illness, not complete control. If you destroy the doctor patient relationship...I think we've done great harm. Certainly we don't want to go to our physician and get all the care that we might get at the Post Office. I don't think we want that. If that student really has a strong desire to become a physician or a surgeon I would say go ahead and study and do it. Go ahead and do it if that's what you want. I think it will be different in the future. It's going to be different. It probably won't be as lucrative to be a surgeon. Whether that will discourage men and women from going into it, I don't know, but it may. It may.

JE: Yes. Back again to our new law, a \$250 rebate to Medicare prescription drug beneficiaries who've reached the coverage gap called the donut hole, provide immediate access to high-risk pools for people with no insurance because of pre-existing conditions, bars insurers from denying people coverage when they get sick, denying coverage to children with pre-existing conditions, imposing lifetime caps on coverage...it bars insurers from that. It requires insurers to allow young people to stay on their parent's policies until they turn 26. So maybe 50 years from now, people will look at this and they will either say, that program worked or it didn't work.

JC: Yes.

JE: Or I can't believe these people weren't covered before and we are finally now taking care of it in 2010.

JC: Right.

JE: So, I don't know if you have any view on what the bill does...not talking about what it will cost, but I'm just talking about the face value of the bill.

JC: Well you can just say on those points that you've mentioned that those are all good things. I have always felt that no one should charge a patient excessively. My professor was keen on that—not charging a great deal. He mentioned that our specialty is absolutely essential. If you are with a neurological problem that's life endangering that's absolutely essential to have that help and absolutely you cannot price your work out of the range of the average person. He was keen on that, on teaching us that. We never charged exorbitant fees. I hear of \$50,000 surgeries for a knee replacement...that would be all foreign to doctors in my era.

JE: I might add that this bill extends health insurance coverage to 32 million people. Now the cost over 10 years is \$938 billion dollars, and so for the people who are listening 25 years from now...that might seem like a small number 25 or 50 years from now, but it's a huge number right now.

JC: It's a huge number and we have got to get our economy back on its feet in order to pay for this. I think everyone means well by what they are doing, but will it be the best in the end? I'm not sure. It's hard to beat a free enterprise system. It depends upon how much freedom will the physician or surgeon have in his practice. The insurance companies and the drug companies, they've really not been as helpful as I think they should be.

JE: I had a well-known man in the hospital field tell me that he thought in years to come that hospitals would become just like utilities like Public Service Company of Oklahoma and that those who run hospitals would go to research and maybe clinics, referring probably to what you just said. It would almost be government like or like a utility for a hospital.

JC: Yes. If they can eliminate some of the middle management expense...we are to a time when the CEO of a hospital might have a salary in the millions. I don't believe they are going to be able to continue to do that. Their salaries are going to have to be commensurate with their work, but not excessive like they've been getting.

JE: It seems like if a doctor saves a person's life, that family would be willing to give him millions of dollars because he saved their loved one. Some people begrudge doctors and some of their money, but I'm on the other side of that. I think, what have they done here? They have prolonged a person's life and certainly improved the quality of his life and how can you put a price tag on that?

JC: Yes. I agree. I think that the whole administrative costs have just gotten out of hand. A hospital administrator needs a good salary. I don't know what Lloyd Verret made, but he was an excellent administrator. I'm just guessing that his salary was \$200,000 a year perhaps. Sister Blandine, an excellent manager over there at Saint Francis Hospital, had no salary that I am aware of because she was in an Order of Sisters. She was an excellent manager. As far as I am aware, Mr. Warren Senior didn't have any salary. Saint Francis Hospital during that era was well run with Mr. Verret and Sister Blandine and Mr. Warren Senior. They could run the whole thing well and without many problems, but things have become much more complicated since those days. But we've got executives over there with salaries in the millions and we don't have any physicians over there with salaries like that. Now it's the physician that has to go in and see the child with that meningococcal meningitis and take care of them. The administrator is not going to be there. That's our job, and of course most of us love the work that we were doing and are doing. I think in the beginning a good surgeon could make a good living and everyone else sort of came along and usurped that power. The surgeon was in charge of that operating room—

there's no doubt about it. Today, perhaps a senior nurse is in charge of that operating room really. We've lost authority. The hospitals envision all doctors on salary all working for the hospital. With one large check coming from the government to top administrative officials who will take off their millions. What's left will be divided up among the doctors. Now, just how that will go, I am not certain, but I don't think it's going to work very well.

Chapter 15 – 6:54

W.K. Warren Sr.

John Erling: We were talking about W.K. Warren Senior who came here from Tennessee as Bill Warren Junior has told his life story he came here of course and opened up Saint Francis Hospital. And now you, since you practiced at Saint Francis Dr. Coates, you remember Bill Warren Senior?

John Coates: Yes, very well.

JE: First of all, what kind of a person was he?

JC: He was an extraordinary man. As you recall, he came here as a boy and I believe he is selling papers on the train. He got off the train in Tulsa and went to work in the bookkeeping department of an oil firm. He saw how much money they were making and immediately decided that he was going to be an oilman and it was a great decision. He was a fine man and a complex person. He would argue with you over 25 cents and the next day give away \$1 million. He had a telescope in his office on the 10th Floor on the West of the Warren Building and he would watch the workers working on the additions to his hospital. If he saw a person leaning on a shovel and smoking a cigarette and not working, he could tell Bill Lissau his right-hand man, to go down there and tell this fellow we don't do that. He would tell them were not paying guys to lean on shovels and smoke, we are paying them to work. So, Bill Lissau would go down and talk to this fellow and shake his finger in his face and tell him, "please don't stand down here and smoke and lean on that shovel—he's watching you from a telescope on the 10th floor. When you want to smoke, go around to the back of the building where he can't see you." When he came back, Mr. Warren would say, "Boy, I watched you and you really told him off! You really told him!" (Laughter) Now, that's what I liked and he won't do that anymore. He would read in the paper that Joe Blows home had burned and he had lost everything and he would tell Bill Lissau, "Go cut a cashier's check for \$25,000 and take it over and give it to that fellow. Don't tell him where it came from." His friend, W.G. Skelly was a millionaire Monday and then by Wednesday broke, and by Friday was a millionaire and by Monday, broke. He ran

in these zigzags all of his life. When it came time to pay for Skelly Stadium at TU, he was in one of those troughs. Mr. Warren heard that he owned all of this money for Skelly Stadium and didn't have any money and he told Lissau, "Go cut a check for Skelly Stadium and take it over to them and tell them it's from W.G. Skelly." So he paid for Skelly Stadium and everyone else in town thinks that Skelly paid for it.

JE: And that's a story that most people do not know.

JC: Bill Lissau told me this story, the fellow that took the check. So he was a complex fellow. He would argue over peanuts and give away millions. Deep inside he was a very kind gentleman with a lot of concern for others. He ran the hospital with Lloyd Verret's help, who was a superb manager—and Sister Blandine, who was an excellent Head Sister there. It was very well run at the time. We had the best hospital in Oklahoma for years. We've lost ground—it's true. Things are much more complex now. It's much more difficult to manage now. I think Bill Warren Junior has done a good job. He's done his very best to make the thing work, but it's rapidly becoming sort of unmanageable. It's so big now with the big new Children's Hospital, which is a big, new, \$50-million Children's Hospital addition, as you know, and they take care of all sorts of indigent patients. They really do a good job. So the hospital has done a great deal of good for Tulsa, there isn't any question about that. But Bill Warren Senior was the top fellow. He told me one day as I left the office, he was in the elevator and he said, "Are you going to move to the new Kelly Building when it's finished?" His name was William Kelly Warren and there was eventually a building for all three of his names. I told him, "No, I'm not going to move to the Kelly Building sir, I am going to wait for the William Building." It was sort of in jest because I didn't dream he would build a third and he would name it that. (Chuckle) Down in the businessmen's association downtown, they sort of made fun of him for naming the building after his first name. He told them, "I didn't name it, Dr. Coates did." (Laughter) This was written up in one of the Tulsa business journals and I've got a copy of it at home.

JE: Do you think that when he was running the hospital that the surgeons and doctors were really the stars? Has that attitude kind of changed and they are not so much held in that regard? Or do you think it's the same?

JC: I think it's changed quite a lot. He knew, and particularly Lloyd Verret...every day Lloyd Verret came to the surgical suite where the surgeons all gathered in between cases and he would sit down with them and ask them, "are you having any problems? Is there anything we can do to help?" He knew them all on a first name basis. He was very concerned with how things were working and how things were going. Mr. Warren too was interested in the day-by-day workings of that hospital. He was very concerned with that and did a lot more work in that than he did in his oil company. Like everything else, it's changed and whether it's for the better or for the good, I'm undecided.

JE: All you know is what it was with you back then and it was a good time.

JC: Yes it was. We had a fine hospital and it was well run and the infection rate was practically zero.

JE: Henry Zarrow has been a member of the board for all these years. Did you have any interaction with Henry? He was not a hospital person, but he was a friend of the Warrens and he was a trusted man in this town.

JC: I know Mr. Zarrow well and he is one fine fellow. I talked with him the night before last at the temple. I am not a member but I was invited to a party there and we had a nice visit just the night before last with Henry Zarrow. He's a tremendous manager. He's been on the board over there I think since it started really. He has added a great deal to the running of that entire establishment. He's a tremendous leader and a tremendous businessman and has done an awful lot of good for Tulsa and Tulsa people.

JE: Yes he has. What a sweet man.

JC: He's a very fine person. I just think the world of him. It was at the temple at Dr. Leonard Kishner and Mrs. Kishner's 91st birthday party. And although Mrs. Kishner is 91, I told her, "happy birthday! I was here at your 90th birthday party." She said, "Oh dear, don't tell my age to anyone!" (Laughter)

JE: That's cute.

Chapter 16 – 8:00

Reflection Time

John Erling: You moved from Hillcrest to Saint Francis?

John Coates: I did in 1967.

JE: So you were at Saint Francis from 1967 until you retired?

JC: Yes sir.

JE: What year was that?

JC: 2001. I was also on staff at Saint John. I didn't do a great deal of work there, but I was a neurosurgeon on the staff at Saint John for all of those years too. I was a staff member of all three hospitals, Hillcrest, Saint John and Saint Francis.

JE: So I guess if you were going to say that if you were going to be a neurosurgeon, you were in it at the best of times for neurosurgery?

JC: Yes! I was there at the best of times—absolutely that's true. I don't think that we will ever be quite like that again. I think that we are going to move on and things are going to change, but I think we were there at the best time.

JE: So the person right now who is about to step out and become a neurosurgeon is going to face many more challenges than you ever faced beyond the surgical room?

JC: That's correct. They are going to face more challenges. It's a difficult field. I was just talking with Robert Mackey the night before last.

JE: And he is...

JC: He is a retired pediatrician here in town. He told me that in his class at Tulane, the number one student in the class and the number two student in the class became neurosurgeons. What happened to them? One of them practiced a few years and became disenchanted with it and went back to Tulane and majored in pediatrics and he is now a pediatrician in New Orleans—this neurosurgeon. The other fellow had health problems, moved to California and quit doing neurosurgery all together and opened a winery. So we've got two men there that for some reason just didn't stick with the job.

JE: Is that because of the system?

JC: I was just wondering what all factors are there. There are all sorts of problems I know, but to go through all of that training and then to not continue with your work is to me a big waste.

JE: And that's a whole other interview then—to ask that man why.

JC: Yes, many questions arise.

JE: So how many years did you practice?

JC: 40 years, 1961 to 2000.

JE: Look how many lives you've saved and how many lives were improved because of what you did. It's got to bring you a great deal of satisfaction out of all of those thousands of procedures that you performed as you mentioned earlier.

JC: It's been a very satisfying profession. I really enjoyed what I did. I love neurology and neurosurgery. I still read it all the time. I've been studying the brain since 1956. The more I study, the more complex it gets.

JE: How would you like to be remembered?

JC: Oh, as someone who always did his best to help someone else.

JE: And it sounds to me like even as a young man and older, you would step out and say, sure, I'll pitch in, I'll get this job done. I'll do it, regardless of your current schedule or how many hours you worked, you said, the job needs to get done and I'll do it. Is that true?

JC: That's true. That's absolutely true. I worked all day and I was on emergency room call at night. After 1967 I was alone, so God was my co-pilot and I called on Him often.

JE: You say after '67 you were alone?

JC: Yes, alone in neurosurgery. When I came to town I had joined Herman Flanagan. He left town and went to Little Rock. After that I practiced alone.

JE: And then God was your co-pilot as you said.

JC: God was my co-pilot, right and my associate. There's a tendency now to have groups. You've got to be a member of a group. Why? When you leave neurological surgery training today you owe \$250,000 or \$300,000 in government loans and other loans. They weren't all government loans, but student loans, but you owe this with interest and you've got to pay this money back. If you join a group, they will pay your \$100,000-a-year malpractice insurance—the group pays it. If you are with a group, you just have the emergency room call, in a group of 14, one night out of every two weeks. There are very few groups in this world with 14 neurosurgeons, but 2 or 3 or 4 or 5, that's not uncommon. I was alone so I had my own emergency calls and I was on-call all of the time.

JE: And your own insurance premium?

JC: Yes, I paid my own. In those days, up until the time I retired it was still fairly reasonable. But since I've retired it's tripled. In Tulsa, it's about \$100,00 a year. But let's take East Coast and West Coast and Florida and it's about \$250,000 a year for malpractice insurance in neurological surgery. Starting out in practice, there is no way that a surgeon can do that, unless you are independently wealthy like Ernest Sachs. (Laughter)

JE: So then a doctor who goes to work today, because of our litigious society, he goes to work with a fear that you never felt back then—would that be accurate?

JC: That's absolutely true. When I started, my malpractice insurance was \$800 for the year. That has risen now to \$100,000 now in this city and it's still cheap compared to the East Coast and West Coast and Florida, and it's true, it's cheaper here. But we have now come to a time when to start practicing neurological surgery alone is just unheard of—there's no way to do it.

JE: And then all of this fear drives up costs because as you said earlier, the cat-scans and all that get ordered.

JC: Yes.

JE: We find out that 95% of them are normal.

JC: Yes. No one wants to talk about that of course.

JE: And so we are really ordering those to cover ourselves.

JC: Absolutely.

JE: That all spins out from it's really easy to file a lawsuit and so what that does is just keep driving up the costs.

JC: Yes.

JE: It's a round robin that will never stop now—it's out of order now.

JC: It's out of order now and we need some sort of tort reform. They always mention that this is just a small part of the medical costs, but it's really not when you consider that say Saint Francis Hospital spends \$50 million a year in CT and MR scans. I'm sure if we say to Saint Francis, we don't believe you should do so many of these, I am sure we would be talking to deaf ears. The physician-surgeon will order the tests to protect themselves. This lady

is in here and I believe that it's migraine, but if it's an aneurysm that ruptures and bleeds as soon as she walks out of here, I am going to be sued. And being sued, you say, well, I'm covered with insurance but just to go through it is a nightmare.

JE: And who wants to have it on your record?

JC: You don't want to have it on your record. I had one in my 40 years—I had one lawsuit and I won it 12 to nothing. That's about as well as you can win it. I only had one. And in neurological surgery that's sort of unheard of because on the East Coast and West Coast and so on they have several lawsuits each year brought against them. It's time-consuming and it's very distasteful.

JE: Well, we sure covered a lot of territory here.

JC: Yes, from Geary to...Russell Brain said to me, "Where are you from Coates?" I said, "I'm from Armpit, Oklahoma sir." He said, "Oh, no, no, Armpit, Oklahoma?" (Laughter) He was taken aghast.

JE: It could have easily been the name of a town in Oklahoma.

JC: Sure. But I came a long way from there.

JE: You sure did. Tulsa and Oklahoma are both fortunate to have you living in our community.

JC: Well, I thank you sir.

JE: You could have been living in many communities, but it puts many of us in direct contact with a well-respected neurosurgeon and people probably didn't have to travel to find someone as good as you.

JC: Well, I thank you.

JE: I want to thank you for this time that you've given us here today. Students listening to this can listen back to the way it was and compare it to the way it is now, and probably will wish, you know, I wish I was practicing back then.

JC: Yes, the golden era.

Chapter 17 – 0:29

Conclusion

Announcer: This oral history presentation has been made possible through the support of our generous founding sponsors. We encourage you to join them by making your donation, which will allow us to record future stories. Students, teachers and librarians are using this website for research and the general public is listening everyday to these great Oklahomans share their life experience. Thank you for your support as we preserve Oklahoma's legacy one voice at a time on VoicesofOklahoma.com.