

History of the Medical Center:
An Oral History of the University of Utah Medical Center

By

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As told to Robert Archibald, Public Affairs Officer for the College of Medicine

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The History of the Medical Center

By Dr. Price

Narrator: This video tape is being recorded at the request of the University of Utah, Library of Medical Sciences for its historical use.

Dr. Price has a long and illustrious career. He took his medical training at Johns Hopkins Medical School and his internship and residency training at Baltimore Hospital. He then went to China as a medical missionary where he taught surgery at the Cheeloo University, an international and interdenominational university medical center. Dr. Price was responsible for teaching there for approximately twelve years, "Is that correct Dr. Price"?

Dr. Price: Yes.

Narrator: And his work was interrupted by the Sino-Japanese war, which forced his return to the United States. He then joined the staff of the Johns Hopkins Medical Center for five years prior to coming to the University of Utah. Dr. Price was Professor of Surgery from 1943 to 1955, Acting Dean from 1955 through 1956 and then Dean of the College of Medicine from 1956 to 1962.

Dr. Price, what considerations led to the reorganization of the University of Utah Medical School in 1943 and to the establishment of the school as a four year institution?

Dr. Price: Prior to the start of the four year school, there was a two year school here which had existed for something like thirty five years but this required all of its students to go elsewhere to complete their medical education. That two year school was doing a rather pedestrian job. It was not very progressive. No research was going on and the Council on Medical Education and

Hospitals of the AMA and the AAMC recommended improvement and reorganization and perhaps expansion of the school. So a number of local medical leaders took steps to bring this into effect. Also the intermountain area was the last portion of the United States which was very deficient in its own medical educational facilities and this was thought to be the logical place where this deficiency might be made up.

Narrator: You were one of the early and really first appointed faculty to come to this school and along with several other very reputable people came from large institutions. You left Johns Hopkins, for what purpose? What advantages did you see in coming to a place like Utah?

Dr. Price: Well, the new faculty for the school here was drawn from various big name prestigious schools of the country which were by and large conservative and tradition bound places and they contained naturally young idealists who were eager to try out their own ideas, new curricula, new methods of education and they were restive under the restraints of the old school organization. Here was an opportunity to build a new organization free from these restraints and traditions and inhibitions, building it from scratch. And a few bold ones jumped at the chance of taking all the risks involved. And they were willing to sacrifice the relatively fine facilities where they were and security there in order to take this opportunity to do a needed constructive job.

Narrator: Even though the University of Utah got some young and prestigious faculty, the first few years was a stormy period, was it not? Would you care to comment on that?

Dr. Price: Well, this was really quite true. The new medical school here had some strong support but it also met a lot of strong opposition. Partly from the state government and legislature because of the cost of the new school and

the necessity for ever larger appropriations. There was opposition from county officials because the medical school tried to take politics out of the county hospital and the patronage that was frequent there. There was opposition also from a large body of local physicians who were very much afraid that the new faculty would undertake competitive private practice. Students, medical students, the first medical students we had were restive because they were not at all sure that the new school was going to succeed in being established because of all the difficulties and indeed the rest of the university was unhappy because the medical school received an independent appropriation from the legislature and its salaries were higher than the rest of the university and it seemed to be getting the lions share of attention. In general, the presence of a vigorous growing young institution like this in this community upset the status quo in many ways and that always produces storms.

Narrator: In spite of the upset, the Medical Center developed an extraordinary early reputation and seemed to develop a lot of influence even for a young four year institution. What do you attribute to that early and rapid growth?

Dr. Price: I think it must be said that the secret of that rapid growth and extraordinarily rapid development of a reputation, national and international, was due to the quality of the first faculty drawn here. The school was very fortunate in getting a number of people who then were quite young and later turned out to be good choices. And they became leaders in their respective fields, not only in stature, as research workers and contributors to their own scientific fields but in as educators and as forward looking developers of medical schools. I think as you look on the schools in this country, and there have been a number of them that has started more or less from various humble beginnings to rapid development of a distinguished reputation. This has been the story. I think one has only to mention a few names to see how true this is. You take people like Dr. Wintrobe, Dr. Goodman, Dr. Dougherty,

Dr. Samuels, Dr. Branch and others that could be mentioned who very soon became known the world over and their text books became accepted as a standard text and so on. These were largely responsible for this growth.

Narrator: With incredible developments of the Medical Center or at the School of Medicine, what was happening to the university in general during that period?

Dr. Price: Well, the university as a whole, of course, developed rapidly, particularly with the advent of President Olpin's administration, larger student body, higher standards, larger and more distinguished faculty was drawn here. They developed new colleges in various types and post graduate courses in many fields and there was increasing emphasis on research. The medical school was a part of this general development and although it stood in the vanguard of it and I'm sure provided some irritating examples of rapid progress, this was a benefit to this university as a whole.

Narrator: What role did the Salt Lake County Hospital play in the development of the medical school, Dr. Price?

Dr. Price: Oh, a very important role. By a formal agreement between the county commissioners and the Board of Regents of the University, the County Hospital was placed as far as professional services, where patients were concerned under the control, direct control of the clinical members of the medical faculty and it became the main teaching hospital of the College of Medicine. Junior and senior medical students spent virtually all of their time during those two years at the county hospital. The chairman of the departments became the chiefs of the corresponding services at the hospital and appropriate clinical and research laboratories were established. These hospital facilities which were essential to the establishment and development of the expanded medical school were provided at no expense

to the University by the county, the county government. And it was a fine contribution and a greatly needed one. But of course on the other hand, the College of Medicine contributed a great deal to the county hospital, raised its standards a great deal and gave it a nationwide reputation.

Narrator: You commented that many faculty came to Utah because of their interest in innovating. What kinds of unusual policies or innovations were created at the Medical Center that weren't seen at other institutions?

Dr. Price: Um...I am not sure that I can say that they were not seen at other institutions, but certainly, present here was an early decision that the medical school would take its rather limited financial assets and invest them not in buildings or in fine equipment but in personnel. "Brains not Bricks", that was the motto. The result was that the school went for fifteen years or more with very poor facilities. But instead of that, they had a fine faculty, and I think that was really the most important feature, unique feature, if you want to call it that.

Narrator: I think that's very evident, based on the kind of faculty and the things that have developed subsequently, the reputations that they have developed and people like you have developed over the years. How do the students of the University of Utah compare with students at Johns Hopkins and at other major eastern institutions?

Dr. Price: Well, I think most of us were very pleased to find that we did have a relatively high quality of students, particularly in view of the fact that they were drawn; most of them were drawn from local sources. Ah...ah, you take the big name schools. They get very large numbers of applicants from all over the world. And they get their pick. They skim the cream off. But, I think when you want to compare students of our school, with those schools, the best students here compare very favorably with the best students at any

one of those schools but we do have to dip deeper into the barrel to fill up our classes than they do.

Narrator: After the initial years and finally getting the school and the hospital established, did county and state governmental officials then change their attitude? Did they become more interested in cooperating or did those years remain difficult ones with governmental people?

Dr. Price: Well, this was a slow process. I think both the government's concerned, governmental officials and the medical school faculty changed their attitudes and each came to respect the other more. And gradually the state became proud of its medical school, and its reputation. And, on the other hand the school began to appreciate what the state was trying to do for it. I think we have to remember that this is a relatively poor state, small population, small financial assets and so the contribution that it made, relative to its size and its wealth made to education in general and medical education in particular was very commendable. And I have already mentioned the big contribution that the county made to this school.

Narrator: Even though the faculty of the School of Medicine, the Clinical Faculty was responsible in running the Salt Lake County Hospital, is it true that some disaccreditation came to the hospital or there was there a stormy period with accreditation?

Dr. Price: Yes. This did happen. It happened in fact to all of the hospitals both the Salt Lake County Hospital and all the private hospitals of Salt Lake City. This happened because there was a newly established Joint Commission on Hospital Accreditation set up by a number of organizations including the AMA and the AAMC and other organizations. This new committee, commission felt took its purgatives very seriously and flexed its muscles and sent out some very critical surveyors. Unfortunately, for the county hospital, this was a time of political turnover. When one party, the

Republican Party took over from the Democratic Party and they eliminated most of the Democrats and brought in Republicans and the hospital superintendent, who was a trained superintendent from out of the state happened to be a Democrat, so he was thrown out. And temporally a politician was put in as superintendent. His administration which was a difficult period for us happened to coincide with a visit of one of these surveyors who didn't trouble to interview any of the professional staff but only the superintendent, who couldn't answer his questions. And for example, the one question he asked was "Do you have CPC's, Clinical Pathological Conference?" And his answer was "Oh no, we never have anything like that". (Laughter) He thought it was something bad. (Laughter) This led to our disaccreditation and then we had visits from this commission on hospital accreditation and we went through a period where we had to conform to some of there requirements and then we got our accreditation back.

Narrator: So, what was the period of disaccreditation?

Dr. Price: About six months.

Narrator: I see...

Dr. Price: This was true of the other hospitals here. We all had some very unhappy discussions about it. (Laughter)

Narrator: In terms of public acceptance and public relations for the hospital and Medical Center, what was this early, what kind of problems did this early period bring in the public realm?

Dr. Price: Well, most of the beginning faculty, what you might call the founding faculty of the medical school, the four year medical school came from

private institutions and as a result they had no background of the need for public relations because most private institutions did not care much about public relations. They went there own sweet way. And so the new faculty had to learn that being in the state institution, they had to have good public relations and this was a hard lesson to learn. On the other hand, the public and the public officials here also had to learn their lesson of getting along with the medical school. There were serious problems but over the years there was great improvement as time went on and this was particularly true, I think in the matter of good relations with the medical profession of the state. Whereas, originally there was a great deal of opposition and criticism, towards the end there was tremendous support, from that group.

Narrator: What do you, what do you account, or to what do you attribute the change in the public relations. Did the faculty finally come to the point where they were communicating better with the public?

Dr. Price: That was part of it. But I think part of it were important steps that were taken. For example, the medical faculty on its own initiative made a rule for itself that it would accept no private patients except from referral from practicing physicians. This took away all fear then of competition, you see with private practitioners. This policy was adopted officially by the Board of Regents and so this saved us from a great deal of the difficulty that some of our sister institutions and others in neighboring states had in public relations. Then, some of these strong people in the community became supporters and defenders of the medical school with the state officials, with the legislature, and so on. We invited them to come up and see the University and so on. All of these were a great help.

Narrator: Many times with all of us I'm sure and with institutions, problems turn out to be really blessings in disguise. With this institution, can you think of significant examples where the highly stormy periods were perhaps the greatest advantage in later years?

Dr. Price: Well, I am sure that this is true. Challenge always makes people rise to the occasion. But there were other things too. For example, I've already mentioned the decision to, because of our small income to run the school on; we decided to put it into people rather than into buildings. But there were other things too. The small circus load of patients was really far too few patients for ideal teaching purposes. This was turned to our advantage because it meant that we had to study each patient much more carefully and so very high degrees of professional competence arose and this transferred to teaching of students. It also meant that the faculty had less distraction and more opportunity to spend on research. Even though a fair amount of travel was done our isolation, a geographic isolation meant that there was much less travel than in the case of the crowded eastern seaboard or pacific institutions. The small student body meant individual attention for students, which is something that was a very great handicap and deficit for the big schools where students often go through virtually unknown to the faculty. And it also meant that our small staff, meant that the people at the top, the head of departments and the associate professors and so on, would do a lot of the teaching themselves, and not leave it all to multitude of instructors and residents to do.

Narrator: For most of your years with the School of Medicine it was necessary to refer to the school and the hospital as really separate institutions and now we can make reference to a Medical Center. Can you describe the inception of the medical center idea and what happened through those years and what prompted the idea of constructive multimillion dollar Medical Center at the University of Utah?

Dr. Price: Of course this was in mind from the start. In fact, one of the conditions that I laid down for accepting the job out here was that I'd be permitted to work toward the establishment in time of a Medical Center. This however went

for a great many years without any tangible steps with two exceptions: One was the allocation of land where the Medical Center ultimately would be put and this was put on the Fort Douglas property that was turned over to the University; the location of the present Medical Center. The other was the building about fifteen years ago, of the Cancer Wing which stood there as the lone representative of the Medical, future Medical Center for many years. But most of the planning was just talk until 1955 when definite steps began to be taken and this built up slowly with increasing momentum until it finally got down into the form of actually making plans and raising money and so on.

Narrator: Well this was during the plans and raising money really started during your time of your deanship, did it not?

Dr. Price: Yes. This is when it all started.

Narrator: What were the more specific steps required for that sort of a project? That's a pretty major undertaking.

Dr. Price: Well, it was a major undertaking. Perhaps the initial step was securing the support and setting up a citizens committee on the construction of a Medical Center and we drew in the leading citizens of the community on this. Another major step was the contribution made by the Federal Government and our initial contribution, which was given with no strings attached or matching or anything else, contribution over two million dollars was really a shot in the arm that helped us to get started. Then, it was also necessary to start on a shoestring, developing plans and we owe a great deal to Bud Brazier the architect, who for many years worked with us without a cent of pay, helping to begin initial plans which eventually developed into the present Medical Center. But the number of steps that had to be taken, the

length of time that went into all of this development is just incredible to somebody who hasn't been through it.

Narrator: I am sure that's true. How did the University of Utah Medical Center, that you were then planning, that you were hoping would someday be a reality, compare with other medical centers in the nation? That were then being constructed? Or that had recently been constructed?

Dr. Price: Well, this was right in a period when new medical centers were being constructed in many places. I think we were fortunate in that we were able to plan this more or less from scratch. Instead of building just a medical school, then waiting years to build a hospital, then waiting more years to build a research laboratory, as many schools had to do, we planned the whole thing as a unit and we indeed held out strongly against those who wished to build it a step at a time because we had seen how other schools had suffered from that. We also had the advantage of visiting many other medical centers and we visited them in teams and we would ask them first "What things do you like about your own medical center?" And then "What things do you not like about your own medical center?" I think perhaps the most important thing we did was to ask each department to offer its own plans as to what it would like to have, because each of them asked for much more than they really expected to get. Then we had to collect all of those things and contract them down and develop the ultimate plan. I think this Medical Center was unique in one or two ways. It uses democratic methods, which was a slower method but by far the better method because it meant that the people who would ultimately use the space, were the ones who helped plan it. It was not as large as many of the medical centers but it was a good deal more carefully planned. So the planning really took a number of years and then construction additional years.

Narrator: Did Mr. Brazier along with you and your staff really form the central planning core or central planning committee for the Medical Center:

Dr. Price: Yes. In addition, we had a very interested fellow. We hired him for the purpose. He came here from California and he was by training an architect but he'd also had experience in building university hospitals and he had the ability, which none of the rest of us had, ordinary architects don't have, of taking the functions that the various departments needed to do and translated that into space so that the architects which interested in space could go by that. And he bridged the gap between the two and that has been a great difficulty in so many buildings, not only medical centers but other buildings where the people who use them can't talk the architect's language or the architects don't have any concept of what the users are going to need. This was a great advantage for us.

Narrator: I can imagine. For a place like Salt Lake City, the Medical Center seems very large and really quite imposing upon the hill and yet in many ways institutions have a, have kind of a tradition of by the time a large building is constructed, the institution is grown out of that building. Has the University suffered from that kind of a problem?

Dr. Price: Well, it at least it countered that problem. This is the reason. Somewhere along the line, plans have to be frozen so that they can be drawn up into working plans, preliminary plans, and blueprints and so on. This meant that about three or four years before the plans were completed they were frozen at a certain size and during that, at that time, centers, I mean departments were not permitted to ask for space beyond their present needs. They couldn't anticipate future needs. Simply because we didn't have enough money to build that. Then you take the period of completing the plans and then the years spent in building the center so that by the time the center was actually occupied, the school had grown. Its needs had grown. So you had

a period of eight or ten years of growth that by the time the center was occupied, represented unmet needs, so no wonder the center seemed to be too small, when they moved into it.

Narrator: Even though it was a vast improvement over what was ...

Dr. Price: Yes because previously, the school had to occupy temporary buildings, actually we were housed in twenty five different buildings, scattered over the city, wooden shacks, old stables, all sorts of places that we could find to live and work and teach in. Now, we could all come together in one unified center. But we did plan the center from the start so that it was capable of expansion. And those plans are being put into effect now.

Narrator: Yes, there certainly have been some fine improvements even in the recent past since the main building was put up. Dr. Price, Can you kind of capsule for us or put in capsule form the rate of growth, or the kind of growth of this medical school has seen over the past quarter century?

Dr. Price: Well, this could be viewed in various ways. The school has of course has increase in size, when I first came here; I remember we had our first meeting of the faculty in private homes and we could house the whole faculty in one living room. All sat at one table to eat. Now the faculty numbers hundreds. When I started here, the surgical department, there were two people, myself and an assistant resident, Dr. Brook, here in town. And recently I was invited to attend a surgical departmental picnic up one of the canyons and I wasn't able to go but I understand that department staff and the families, family members numbered over two hundred and fifty. This is some indication of the growth. The size of the student body has increased. We started off with about twenty-five to thirty. Now we are up to sixty-four, members of the class. The budget has increased tremendously from something like sixty thousand dollars a year to I don't know what it is,

several million dollars now a year. The house staff which is interns and residents, which at the start were, you could number on your fingers of your two hands, now come up into something like one hundred and fifty or two hundred. The production of research has increased enormously but of course we have the federal government grants to credit to a large extent with that, so in reputation, in any way you want to look at it the growth has been really extraordinary.

Narrator: Not a lot of the surrounding states, that is surrounding the state of Utah, have medical schools or really major teaching hospitals. Has the University of Utah been able to serve the region adequately?

Dr. Price: I'll have to make a lot of correction to that. Arizona now has a medical school,

Narrator: Yes, that's true.

Dr. Price: and New Mexico has one under way. The University of Colorado has always served the inter-mountain states to some extent, particularly Wyoming, but others too. But the University has tried through the years to serve. For example, a moderate proportion of our class has always been students from Idaho that has no medical school. We have a long way to go in this yet, however. The University of Utah should by virtue of its central location as well as its facilities, it should really be a regional medical center and the states, surrounding states which it serves, really should contribute not only students but financial support to this center here. The WICHE Program, the Western Interstate Commission on Higher Education is a step in this direction and it is working toward this. But I think this is one of the future developments of the medical school, of the medical center here.

Narrator: What would you say has been the spark that has in just a few years allowed this school to become a highly reputable strong institution for medical education?

Dr. Price: Well, if I had to put my name on this spark, I would say it is the joint cooperative effort of the leading members of the faculty. We had here an organization which is known as the Executive Committee which has been a sort of a powerful, guiding force for the medical school and although technically the dean was in control, the process was always a democratic one and the dean worked through the Executive Committee and this helped to coordinate the faculty and each department was represented by its own departmental chief. So, the school worked together and this committee which was so influential, started as a group of relatively young idealistic people who from the start were interested more in really, in the welfare of the school than their own department and it helped to avoid a lot of the interdepartmental conflicts and lack of communication which plagued so many schools. I think if you had to mention one factor that would be it. Also, there were many other factors that entered into it.

Narrator: I have heard comments recently that that same interdepartmental cooperation still exists in the school and of course many of the original people are still here and still responsible in some departments.

Dr. Price: Well, I think it's going to be very important that this be continued. The original members of the faculty who came here at the beginning of the four year school are now passing out of the picture. A number of us are gone. Others will be retiring shortly and new people ought to be brought in to fill their places who don't have the background of all that has gone on and it would be very easy for them to fall into the usual isolated department, interdepartmental conflict type of organization. I think one important reason for this sort of a historical survey and collection of historical background

will be to emphasize the importance of maintaining some of these important forward steps that the school has attained at the outset and has continued through the years.

Narrator: Looking back on your career at The University of Utah from the perspective of a retired person now, you looked at the deanship; you undertook the responsibility with no doubts and major problems. Could you tell us of about those problems and describe what steps you took to cope with them?

Dr. Price: As it happened, when I became dean, there were some major problems. One of these was low morale of the faculty. This was due largely I believe to the fact that the faculty had to work for so many years with extremely meager facilities, scattered buildings all over the city and one can put up with these things for a certain time but after a while it wears thin. And our faculty was being invited at higher salaries and far better facilities to other places. So, I felt that it was very important that a new medical center be initiated, be built, be occupied if possible in order to combat this problem and this turned out to be the needed stimulus and return to morale that faculty received. Another major problem was bad, bad public relations. Many reasons for this but this required a special effort on the part of many people. It certainly was a major emphasis in my own efforts and as like an example of how the improvement that took place in the ensuing few years was that when the Medical Center was first proposed seriously that a storm of opposition arouse from the medical profession of the whole state. On the other hand, by the time the drive for the Medical Center, for funds for the Medical Center got well under way, the physicians, practicing physicians of the state and the members of the medical faculty, a total of something like a thousand doctors, they showed their support and their pride in the school by personal contributions which averaged approximately a thousand dollars each. Even though very few of these practitioners could anticipate any kind of personal immediate return from this contribution, when I mentioned this drive, the

contribution that was made was evidence of strong support for the school. I mention this simply to show how greatly the public relations improved. There were other problems but those were the two major ones.

Narrator: Well, perhaps the major or at least the most obvious development during your reign as dean was this Medical Center and its development and some of the things you have already mentioned. Visiting other medical centers, planning, preparing, making decisions, which must have been a long and tedious process, now that it is finished, now that it's constructed and has been in use for approximately three and a half years, how does it differ, how is the Medical Center unique from other centers in the nation?

Dr. Price: One, one way I think is in its uniqueness is something that I have already mentioned, the rather democratic method of planning for it. But included in that plan was a great effort to make maximum use of the space that we could build by saving waste space. One only has to go to some schools; Stanford is a good example at Palo Alto, where one sees enormous amounts of waste space. The architects call this "efficiency" of a building and a building is suppose to have a certain percentage of waste space, under stairways and unused corridors and all sorts of things of this sort. This building was so carefully planned that there is virtually very little waste space. As you go through it, you'll notice that. Corridors are built just wide enough to accommodate the crowds the flow of traffic and so on and so on. Another feature which I think makes it rather unique is a corollary of that and that is that the building is relatively inexpensive. The cost of this building per square foot of usable space is only a fraction of that which many other medical centers cost and this is due in part to careful work of the architects, builders and but part of it also in this planning to save space. Another feature, which I think is interesting, is that we adopted here after a long discussion the double corridor method of construction. Where instead of having a single corridor with rooms on each side and then windows on

outside of those, opening to the outside we in effect put two wings together and so you have double corridors with a central core of rooms and then the rooms on the outside being those with the windows. The result is that it's greatly shortened the distance one has to travel and instead of walking miles to get from one end of the building to the other as some medical centers do, and scattering it in buildings around, one doesn't have to go very far on foot, take an elevator and then a little more distance to get to almost any part of it you want. Still another interesting feature is that of relationship between departments. This was very carefully planned. The Clinical facilities were stacked, one above the other. The pre-clinical likewise stacked, but then horizontally. The one pre-clinical department, one or more is associated with the related clinical department and that in turn with its own hospital beds. So that the communications and coordination between departments was greatly facilitated in that way. I think another thing that seemed sort of new at the time but which now of course is accepted is almost inevitable is that we insisted to the great opposition of some influential people, including the Board of Regents that we air condition the entire building. But this was made necessary by the central core of inside rooms but it meant that instead of the summer being a period when everyone sort of works at half speed because of the heat, why, work can go on here at full blast the year round.

Narrator: Thank you for your comments. Your description of history and of the current facility has been highly informative and you're much appreciated. Thank you for your time for describing for us and for this oral history some of the very colorful experiences you've had with the Medical Center bringing it through a period of amazing growth and development, significant problems but seemingly those problems have been coped with and we are on our way to maintaining the reputation that you and others like yourself have established for the Medical Center. Thank you very much.

Dr. Price: Thank you.