

SUMMARY

Over the course of three interviews, Dr. Herbert Griswold looks back on his fifty-five years in cardiology. In the first interview, conducted by fellow cardiologist Dr. Jack McAnulty, Griswold discusses the history of cardiology both nationally and locally. He talks about the growth of the Division of Cardiology at UOMS and about cardiac research conducted during his tenure in the Division. He discusses the Starr-Edwards heart valve and the development of the cardiac catheterization laboratory. He also talks about developing the faculty in the Division, noting that the majority of fellows trained in the cardiology program at UOMS went on to academic careers—some, like J. David Bristow and George Porter, within the Division itself. He tackles the question of town-gown relations, including the Medical School's relationship with the Portland Veterans Administration Hospital, and describes the changes in attitudes as the Medical School continued to expand.

The second and third interviews were conducted more than two years later, and focus more broadly on Dr. Griswold's life and career. We hear about his early life and upbringing in Portland; his mother, Zula Griswold, principal of Portland Public Schools night school program; and his education at Grant High School and Reed College. A student at UOMS in the period 1939-1943, he participated in military drills, taught physiology courses, and served as an extern at the Portland Medical Hospital (now known as Gaines Hall). He talks about influential faculty members at UOMS, including Bill Youmans, and discusses the particular challenges faced by women medical students in the thirties and forties. After completing his internship and residency at San Francisco's French Hospital, he served out his military obligation at a separation center at Fort Meade, Maryland. He then embarked upon a seventeen-month fellowship at Johns Hopkins Hospital with Dr. Helen Taussig, which was one of the first cardiology fellowships in the country.

Griswold returned to UOMS in 1949 as an assistant professor in physiology and cardiology. His salary was \$4,500 per year. He talks about what it meant to be "geographic full-time"—to be expected to supplement one's income with fees from private practice patients. Money was behind much of the tension in town-gown relations, but Griswold notes that the tension was not always, or not solely, between private practitioners and the Medical School faculty; jealousy was aroused by any clinic or hospital that seemed overly influential.

We hear more about the growth of the Division of Cardiology during Griswold's tenure, about faculty recruitment and training, and about grants and funding. He discusses the research of Albert Starr and Miles Edwards, Charlie Dotter, Richard Sleeter, and Jim Metcalfe. He also talks about the Division's efforts to train cardiologists from Portland-area hospitals in newly developed techniques; UOMS fellows went on to establish cardiac catheterization labs and cardiac surgery programs in many local hospitals.

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Interview with Dr. Herbert Griswold
Interviewed by Dr. Jack McAnulty
March 31, 1996 [Interview 1]
Site: OHSU Hospital
Begin Tape 1, Side 2

[Editor's Note: The interview began on Side 2 of tape.]

ASH: This is the tape that Dr. Jack McAnulty did with Dr. Griswold in March, I believe of this year. The beginning is a little soft, but then it gets better.

MCANULTY: We'll see if this works better on the thirty-first of March with Herb Griswold.

I'm sorry for any formality that that tends to give, but I was going to mention that the reason that I really was hoping to talk is, recognizing that this world of yours is fifty years in the making—and you said even a little longer?

GRISWOLD: Yeah [laughs]. As a medical student—and I entered medical school here in 1939—as a medical student I became interested in the cardiovascular system and cardiology. In fact, I worked in my last two years of medicine—it took two years to get a master's degree in physiology—I taught physiology.

MCANULTY: Did you do that here?

GRISWOLD: Here. And at the same time, I lived over in—what is now Gaines Hall, but it was the old Portland Medical Hospital, as an extern, where I got board and room; and when I say board, I mean all I could eat [laughing], and good food. Plus fifty dollars a month. But then Noble Jones had patients, and I became interested.

Probably the first patient in cardiology that really fascinated me was a chap who came in. He was in heart failure with atrial fibrillation, but he had congenital complete heart block, diagnosed in Berlin when he was a child. Well, when you go into atrial fibrillation he lost some of the atrial kick and went into heart failure. So here's a guy with complete heart block. And [several words unclear] converted him to atrial sinus rhythm, not his ventricle, and did better.

And there were interesting—like the first patient that ever got cured of bacterial endocarditis was done medically by Ed Osgood with nearsphenamine.

MCANULTY: With what?

GRISWOLD: Nearsphenamine. He found that nearsphenamine is also antibacterial as well as treating the spirochete of syphilis. In fact, one of the patients that I injected—I won't name her, because she's still living, a wonderful person here in

Portland—I gave her nearsphenamine over a sixty-day course, and it cured her bacterial endocarditis. Also in those times, a fascinating thing was the treatment of endocarditis when it was associated with the ductus, [several words unclear] the ductus to cure it. This is back in the early 1940s, which is going way back.

Also, I think you have to remember that I was a medical student. I read the British journal that first described the use of penicillin. That first report on the use of penicillin was fascinating. I took it in to Dr. Osgood. He says, “I’m ruined” [laughs]. He thought it was barbarous, the idea of penicillin. Here was something—which was really—we did have sulpha drugs and we did have things like nearsphenamine, a few antibacterial agents, but penicillin was [several words unclear].

MCANULTY: And that was the early 1940s?

GRISWOLD: That was ’41, ’42. And I graduated in ’43, of course, and interned in the Army at Johns Hopkins and came back to Portland in ’49.

MCANULTY: I’m trying to remember—you did cardiology back in Baltimore?

GRISWOLD: Yes. I was one of the early fellows during the blue baby period at Johns Hopkins—Harriet Lane, which is the children’s hospital—with Dr. Taussig. I was lucky enough to talk my way into a fellowship with her [laughs].

MCANULTY: Were there true cardiology fellowships then?

GRISWOLD: This was one of the first. There were only a few—Paul Dudley White, at the Massachusetts General, had a couple of people in cardiology; and, then, there were residents in cardiology at Henry Ford Hospital, very early; and Philadelphia had a few; New York, and, then, Johns Hopkins. There weren’t many around the country. In fact, the American Heart Association was started mostly by women and men who had practice in heart disease. And it really wasn’t expanded to become a voluntary health organization until the late 1940s. In fact, the first scientific program, broad scientific program, was 1947, when I was at Johns Hopkins that summer, in Atlantic City. So that was way back. See, that’s forty-nine years ago, in ’47.

MCANULTY: Actually, I had always thought the Heart Association was much older.

GRISWOLD: Well, it was older. It was established in the twenties. But there were very few people involved in it. Paul Dudley White, people like that in Boston, and mostly New York, and I think there were a couple of people in Chicago. But it was sort of like a club where you might get thirty or forty people together and talk about problems in cardiology [laughing].

MCANULTY: Kind of like what we think about. As you started here in ’49, what was other cardiology around the world at that time, or around the country? Who were

some of the names and what were true centers and—in your thoughts—what was meaningful cardiology? Obviously, Johns Hopkins with the congenital heart disease.

GRISWOLD: And, then, down at Emory there was Jim Warren and—I'll think of his name in a minute—who ended up professor of medicine at Duke University. Then, in Europe, in England and in France and Germany, there were leaders in cardiology. If you go back and look up some of the old literature in the 1980s, a lot of it was in France.

MCANULTY: Oh really?

GRISWOLD: Right. And, then, up at Montreal, the wonderful gal, a pathologist, who wasn't permitted to see patients officially, because they didn't feel women should practice medicine. She could be a pathologist.

There weren't too many. Of course, you have to remember, too, that the various boards really didn't come in until after World War II, after '45. And the reason was, those who had training in the Army, they went in as captains and majors and better, and everybody else—the practicing physician would go in as a first lieutenant. So there was an enormous stimulus to become a specialist.

So on the West Coast, here, there were Homer Rush here in Portland, and Marv Schwartz, who came out from Detroit, and a few other people who were interested in cardiology. In Seattle there were a few. Then you had to skip to San Francisco and the Los Angeles area.

And, of course, I think we had the first heart catheterization laboratory, which I helped establish here beginning in '49. It was completed early in 1950 over in the old Baird Hall, which was then the Department of Physiology. A little room, x-ray room, which—you get one patient [laughing] and one technician and one doctor in, literally. It was that small.

MCANULTY: So in '49, when you came back, there was no cardiology department or division?

GRISWOLD: Oh, yes—Homer Rush was head of the Division of Cardiology. All the heads of the various divisions, like chest diseases, gastroenterology, diabetes, cardiology, dermatology, and allergy were all practicing physicians in Portland. Many of them, very competent for that era, who were very devoted, gave an enormous amount of time to the Medical School and to teaching and training graduate students, as interns and residents. But Homer Rush was still head of the Division of Cardiology when I came back. Finally, in '55 Hod Lewis, with Homer's acquiescence [laughs], appointed me head of the division, so that was a transition period.

MCANULTY: When did Howard Lewis start as chief of medicine?

GRISWOLD: After the war, Dave Baird established Dr. Livingston as professor of surgery and Dr. Lewis as chairman of the Department of Medicine, and I think that was 1947 or '46. And, then, the other two very early on—Ken Swan in ophthalmology was about '47 or '48, and C.V. Hodges in urology, and Dan Labby was an early appointee. I was either the third or fourth person in the Department of Medicine. That's going back a long way.

MCANULTY: When you came back in '49, and maybe up through taking over the division, what building did you work in? You said you established a lab. Who else was here in cardiology?

GRISWOLD: Nobody.

MCANULTY: What kind of patients did you see?

GRISWOLD: I saw, initially, because of the cath lab—see, we weren't catheterizing rheumatic heart disease, but we were to tell heart disease. And so this is what I was saying, this is the type of patient that was being referred to me. It was primarily children or young people with congenital heart disease. You have to remember the hospital was the County Hospital, which is now University Hospital North. The Outpatient Clinic and our cath lab were in the Physiology Department over at Baird Hall. The South Hospital, which is University South now, opened in, I think it was, '56, and we did have a new room for catheterization at that time.

MCANULTY: That was on the ninth floor?

GRISWOLD: On the ninth floor here.

MCANULTY: Right down the hall?

GRISWOLD: Right down the hall.

MCANULTY: During those years was there not a lot of coronary disease?

GRISWOLD: Oh, there was an enormous amount of coronary disease—there were several things that changed. One, we still saw a lot of rheumatic fever. A lot of it; and the big argument was on how to treat it, should it be with cortisone or just aspirin, or both, or ACTH. Coronary artery disease, I know that, relatively speaking, it was maybe a third again as common as it is now, because things have changed, the incidence of death from coronary disease. There were no coronary care units. That was in the future, mostly coming out of New York.

Most of the men in the Division of Cardiology were practicing internists who were interested in heart disease and would come up and devote time to the cardiac clinic and the medical students.

MCANULTY: Do you remember some of the names from that early fifties era?

GRISWOLD: Well, of course, Marv Schwartz, as I mentioned, who really brought chest leads and modernized electrocardiography to the whole Pacific Northwest. He was really a great guy. And Dr. Coffen, Charles Coffen. These are some of the people who devoted a lot of time up here.

MCANULTY: And, then, when you took over in 1955, did Dr. Rush leave?

GRISWOLD: No, no. Homer only came up once after '49, because Homer got miffed when he wasn't appointed head of the Department of Medicine, Hod Lewis was. Those were the days when people, when they'd get miffed, why, they would react unfavorably. But Homer was devoted to the school, and he was actually instrumental in getting lots of money for the Division of Cardiology. The Irwin Fellowship program, he talked Mrs. Irwin and the daughters into giving funds for that. The Dant family, Mabel Dant and her three sons, contributed heavily for a number of years for equipment, known as the Dant Equipment Fund of the Oregon Heart Association. And their dollars were very key in really helping cardiology get going as far as equipment is concerned.

You also have to remember that Homer Rush was one of those—he and Frank Hunter one time, particularly, and Hod Lewis—met and talked about getting an Oregon heart research professorship in cardiology, which they did support. Jim Metcalfe was the first recipient of that, which was an extremely important appointment. Enormously productive.

MCANULTY: In '55, or thereabouts, and maybe for the next five-year period, what changed? Can you remember any of the major changes? Were there new people that started to come on? Were you still over in Hospital North? When South got built, you moved over here.

GRISWOLD: Yeah, I moved over here, and Hospital North had the first coronary care unit, right by the nurses' station [laughs], a two-bed ward unit. Then when this hospital was built, we had to put one over here, also. That was before they did the third floor in the old North Hospital, Multnomah County Hospital. They made a proper coronary care unit.

It's interesting that I had a fellow from the second year I was here, always somebody, because I believe strongly that you should have a fellowship program. And of all our grad applications or research applications, I only had one turned down over the years—because there was so much money [laughing]. If you wrote something up that made any sense at all, why, it was approved. They might cut you down in the budget; if you ask for forty thousand, they might cut you to thirty. But this was a part of the game everybody in the country played. [Laughing] You didn't ask for what you really needed, you asked for a little more and then maybe got what you really needed. And those times have changed, of course.

I think the other thing important about then, Hod Lewis was on what was then just the National Heart Institute, on the advisory council, and came back and said, “We’re having a program project grant,” and he told me all about it. So this is ’60, ’61, and I went around, and most heads of most departments didn’t have any semblance of interest in cardiovascular disease: Physiology, Pharmacology, Chest Diseases. Joe Matarazzo was particularly interested in medical psychology.

I went back and spent a whole day in Washington with the staff there, after I had written up a tentative proposal, because I wanted to do it as they were thinking—there was no point in trying to buck the staff. You find out how people think and see if their thinking, you can live with it, and if you do, why, you go ahead with it. So that first application, I think it was about seventy-five pages long, the whole thing, including all the curriculum vitae of all the chief people. And the chief people were Charlie Dotter, Al Starr, myself, plus others. So that wasn’t a very long application. I think we asked for \$1.2 million a year for seven years. Well, the two first big grants they gave were to us and Julius Comroe of the Cardiovascular Institute. They gave them both at the same time. Eight hundred thousand dollars a year for seven years. In those days, that was a lot of money.

MCANULTY: Huge money, yeah.

GRISWOLD: I don’t know what—\$800,000 now would be worth at least twice that much.

MCANULTY: What year was that?

GRISWOLD: Sixty-one. Al Starr had started to put in valves, and this was one of the real stimulants. I think the key was a visitor who thought we could improve, who was Dr. Louis Katz from Chicago. He came in, walked into the cath lab, which had a lot of jury-rigging of equipment there. He said, [laughing] “I like a lab like this. A lot of good work is done in here.” I said, “Yes. Sometimes it’s overwhelming.” Dr. Katz.

MCANULTY: Yes.

GRISWOLD: And, of course, Dr. Starr was very important. Bill Conklin inveigled him to come in 1957, here. In his first eight months, why, he lived in the animal laboratory and did all sorts of cardiovascular surgical procedures on dogs, and developed the techniques so that finally, in the spring of ’58, he started to do open-heart surgery.

MCANULTY: Before he came—and you were division head by ’55—was there any cardiac surgery being done here? Bill Conklin was here.

GRISWOLD: Yes, Bill...

MCANULTY: What was he doing? PDAs...

GRISWOLD: He was doing coarctation, PDAs. Then, Harkins and Bailey—Harkins at the Brigham and Bailey in Philadelphia—began doing mitral valve stenosis procedures and other procedures. Bill was one of the most skillful surgeons I've ever known, and I've seen a lot of them, including Blalock, of course, at Hopkins at that time, and he was enormous. So we did have cardiac surgery, and we did have early attempts to do open-heart surgery, but we realized we needed somebody who was going to be able to spend all his time on that. And Stan Bergquist, who was one of Bill Conklin's associates, had worked very hard, but he was a little bit overwhelmed because he didn't have time to devote total time to that. And it really takes somebody in cardiac surgery who's doing it twenty-four hours a day, seven days a week.

MCANULTY: So Starr came out and you said spent maybe the first part of his life here in the animal lab.

GRISWOLD: He came—let's see, I went on my first sabbatical then. It was summer of '57.

MCANULTY: Where did you go?

GRISWOLD: I went to London, National Heart Hospital, to see the cardiology of Paul Wood, which was a wonderful year, actually.

But Al was here, and when I came back, I think he'd done fourteen or fifteen patients, with about 40 percent mortality, but he was doing—patients were being selected that shouldn't have been done. They were enormous pulmonary vascular resistance, pulmonary hypertension.

MCANULTY: These were MS patients, or congenitals, you mean?

GRISWOLD: No, no. Say ventricular septal defect, which was really an [Eisenringer?] or a high pressure patent ductus, you know, which are—the last thing in the world you want to do is divide the ductus in those patients.

MCANULTY: You didn't have a cardiologist? Who was the cardiologist when you were gone that year?

GRISWOLD: Bill...

MCANULTY: The guy downtown, Bill Hurst?

GRISWOLD: Yeah. Bill Hurst stayed on. Only part time. So there really wasn't anybody full time in cardiology here at the school, because he had been drafted for Korea, and when he came back, he went into practice with Marv Schwartz downtown.

[Tape stopped.]

They struggled without me.

MCANULTY: Yeah. When you came back, Starr had done, you said, a number of cases.

GRISWOLD: About fourteen. So they had a little girl lined up, and this—finally they decided to call the newspaper in, and he had a little girl with a VSD with low pressure. Ideal candidate, if there ever was. He wanted to know what I think, and I said, “Go,” and he did. A big success. And it was all over the *Oregonian* and the *Oregon Journal* at that time, the two Portland newspapers.

MCANULTY: By the end of the sixties, did you have more faculty start with you at that time?

GRISWOLD: I think—well, the program project grant paid for six to eight fellows. We called them research assistants; we couldn’t call them fellows [laughs]. This was the language that the National Heart Institute required. But Dave Bristow, when he finished his fellowship here, he had a year at the Cardiovascular Institute with George Porter. Don Kassebaum went over to Salt Lake City and worked with Dr. Wintrobe and Dr. Hans Hecht’s lab, and they all came back. So we had—Dave Bristow was here and Kass and George Porter.

MCANULTY: George came back in cardiology for a while?

GRISWOLD: At that time the Division of Cardiology was known as the Division of Cardiovascular Hypertensive Renal Diseases. [Laughing] It included the whole thing. So George was really initially in the Division of Cardiology. He didn’t want to establish a Division of Renal Diseases. I finally made him, because his interests were such that he should have his own division, which he did. And he did very well, as you know.

MCANULTY: Yes, I’ll say.

GRISWOLD: The other thing that’s interesting, to go back—I forget when. It was in the late sixties. We analyzed all the fellows. Over 30 percent of them had stayed in academic medicine. Like yourself and others.

MCANULTY: It’s interesting at that time, though, isn’t it?

GRISWOLD: I always like people who say, “Well, I’m really not interested in academic medicine. I want to be a cardiologist.” One of the most marvelous persons on our faculty is George Pantely. [Laughing] He wasn’t interested in research or staying as an academician.

MCANULTY: Now, twenty-five years later...

GRISWOLD: [Laughing] He seduced himself. No one had to seduce him.

MCANULTY: That's well put, isn't it? It makes you wonder when we choose them in the beginning whether we really can pick...

GRISWOLD: You don't really know. And, you know, somebody says—this is like people who come for a two-year appointment. If somebody says, after one year, "Well, I really don't want another year," as far as I'm concerned, that's fine. There have been great discussions as to the responsibility of the appointee to fill out his contract, you might say. Nationally, it's been written about rather extensively. I always felt if a young woman or a young man wanted to change what he wanted to do, I'd do everything to help him change. He was more important than a pair of hands in the division, or she was more important.

MCANULTY: Herb, maybe thinking back to the sixties again, can you remember—you mentioned some obviously very influential people. Who else became involved in the sixties? And, of course, that's when the first valves were put in, so that made this kind of a center of national, worldwide notoriety.

GRISWOLD: Oh, no question about it. Al Starr had the ability and the genius to attract very competent people as residents in cardiovascular disease, and he was able to keep a number of them on for a year or two or three years after the residency, before they'd go away. But people here in the Division of Cardiology, as I've mentioned those: Jim Metcalfe, of course...

MCANULTY: When did Jim come?

GRISWOLD: He came in '61, I think, something like that. In fact, it's interesting, that job as Oregon Heart Association Professor of Cardiology, one of the candidates I had out here—and if we could have gotten his wife a job—was Gene Braunwald. This is when the hospital was first opened up, and he could have had the whole west side of the eleventh floor, which was not finished yet. But Nina, his wife and a good cardiac surgeon, I tried to get her a job over at the Portland VA, but it didn't work out. But we had quite a group of people over the years that we considered. We were lucky to get Jim Metcalfe.

MCANULTY: Yes. And, then, the home-grown crew, of course, were highly productive, Dave and all the others.

GRISWOLD: Oh yeah. And, well, the other thing I did, like sending Dave away for a year in San Francisco, George Porter, and Don Kassebaum, I feel very strongly about that. Gene Stead is the other one, at Emory and now at Duke, and I talked to Gene Stead one time when he was out here. He really had a great philosophy. I said, "How do you select your people at Duke to be head of this division or that division?" He says, "I train them" [laughter]. In other words, these are people that he knew and he trained, and he'd send them maybe for a year to Brigham or a year here or a year there or two years.

But that was a strong tradition, this matter of, after your residency, having a year or two of fellowship someplace. Blalock did this superbly with his residents.

MCANULTY: They influenced the cardiology world still, didn't they, by their umbrella?

GRISWOLD: Oh yeah.

MCANULTY: By the time of the sixties, in addition to the training, you actually started to build a faculty of those same people that you may have had as residents.

GRISWOLD: Yes.

MCANULTY: Of course, you mentioned Dave and Kass and George. Who else was on the faculty during that time, say the sixties years?

GRISWOLD: Well, now I'm going to get a little blurry, but...

MCANULTY: When did Louise come?

GRISWOLD: Louise Kremkau came in the late sixties. Dr. Lewis' son...

MCANULTY: Oh, Dick Lewis?

GRISWOLD: Dick Lewis was a fellow here, and I tried to inveigle him to come back, but he went to Ohio. Now, I just read—I think he's head of the Department of Medicine at Ohio.

MCANULTY: Yes.

GRISWOLD: He was a very productive person. His papers kept being accepted about five years after he left here. [Laughing] He was still writing papers.

MCANULTY: From here?

GRISWOLD: Yeah, from work he'd done here. A very productive guy.

[End of Tape 1, Side 2/Begin Tape 1, Side 1]

GRISWOLD: ...head of pediatrics. Wanted me to be full-time pediatric cardiologist. I didn't want that. I had a little broader interests than his. Anyway, so Martin Lees came out early. He was one of the early appointments, and another was Lucille...

MCANULTY: Cecile?

GRISWOLD: Cecile. So this was a period in which—of course, Frank Kloster came in the sixties.

MCANULTY: He came and trained and then stayed on?

GRISWOLD: Yes. The other thing, you know, is that Gene Stead asked me when Hod Lewis was going to retire. Now this is when Gene Stead was visiting. He said, “Well, I’m going to retire when I’m fifty-five or fifty-six” as head of the Department of Medicine.

[Tape stopped.]

GRISWOLD: Stead said, “Gene Stead at fifty-five is not Gene Stead at forty-five, and it’s certainly not Gene Stead at thirty-five.” And that’s the thing that put me into the idea of taking a look at retiring as Head of the Division, which I did at the age of fifty-six, in 1973. [Laughing] Which was a good thing, except Frank Kloster, who had been appointed, after being head of the division about a year, I came in one day and he looked real beat, and he said, “I didn’t know that you did so much work” [laughter].

MCANULTY: Yeah, I’ll say. Going back to the sixties for a moment, were the interactions with cardiac surgery good then? It was such an important time.

GRISWOLD: Yes. The reason Al Starr started doing cardiac surgery at the old St. Vincent’s Hospital—where he did the first patient, which I selected for him to do, a young girl with isolated pulmonary valve stenosis, and he did a nice job, as usual—was that the administration felt they didn’t want to get too much cardiac surgery at this hospital; therefore, they were limiting what Albert could do.

Well, we had an enormous backlog of patients with valvular heart disease. In fact, there were more people dying waiting for surgery with aortic stenosis than the mortality from surgery on the patients with aortic stenosis. Less than five percent died from surgery. So Al began doing those patients who had health insurance as a means for paying for it, or personal wealth—and there weren’t very many who had personal wealth—at St. Vincent’s Hospital. Otherwise, this hospital would have had about 90 percent of its surgery in cardiovascular surgery. Dr. Baird and...

MCANULTY: Charlie Holman?

GRISWOLD: Charlie Holman. Charlie Holman was particularly the one that really restricted what he could do. Bill Krippaehne had the same idea of restricting how much surgery could be done, cardiovascular surgery. That was a bad mistake. I told them both that at that time, quietly, in their office with nobody listening; because, you know, if you take things the way they are, the type of patients you may want, you may not be able to get.

MCANULTY: It was shortsighted, wasn’t it?

GRISWOLD: Oh yeah. Terribly. Al was an extremely highly productive person. I don't know how many papers he and his group were writing a year—eight, ten, twelve—and good papers.

MCANULTY: You, of course, were a part of that.

GRISWOLD: Oh yeah. I always liked to—some people write scientific papers with ease. I think Dave Bristow is one of them. Ninety percent of his papers never have an editor. They accept them, and they never make any suggestions of any change. Not a word. I don't know how he does it.

But those were exciting times. Now, of course, the matter of saphenous vein bypass transfer is most of the heart surgery.

MCANULTY: When did that begin here, do you remember?

GRISWOLD: That began here in '69 or '70, along in there. Albert Starr began doing it. A lot of papers came out of that, a lot of protocol. Big discussion. I remember Dave Bristow was instrumental in establishing a grant prospective study of surgery yes, surgery no, and see how they would compare. As you know, that went on for about twelve, thirteen years.

MCANULTY: And that carried over into the seventies, I know, that prospective study.

GRISWOLD: Oh yeah. That carried over until the seventies, and I think early eighties. In fact, at the American Heart Association meeting, when they had it down in Texas, DeBakey, Johnson from Wisconsin, myself, and a couple of others were asked to meet with the press, and I proposed this study. And everybody, Mike DeBakey and Johnson and everybody said it can't be done, and, of course, we did it. Because my point then, and it still is, that there are a lot of people who are having cardiovascular surgery. Maybe they did as well without it and got better without it, because you have that median 2- to 3-percent mortality, you know, which—[unclear] the medical group doesn't get; that takes a while to acquire.

MCANULTY: Still the same issues today.

GRISWOLD: I know. I read about it. I feel like it's déjà vu [laughs].

MCANULTY: [Laughing] All over again. Again, trying to think just from the history of this place, how about during the late fifties, sixties: can you remember the technical support, just some of the people? Maggie comes to mind as the most obvious; I remember when she began here.

GRISWOLD: Well, when I came back, I was able to get a very good technician, and I'm trying to think of her name. When Bill Youmans went back to be head of—he was head of the Department of Physiology, and he went back to Wisconsin to become head there. They talked him into it, and he took this technician, and she was awfully good. But we didn't have very many. EKG, I had very little to do with that clinic, initially, and I was grateful for not having that headache [laughs]. I was already spread real thin, you know.

I think the other thing was that Charlie Dotter was able to get some very good people, like Mel Judkins. Mel Judkins really put coronary arteriography and use of radiology for defining blood vessel disease on the map worldwide, because Mason Sones' technique was cut down, but Mel Judkins' technique was so superior.

MCANULTY: It was used around the world by everybody.

GRISWOLD: Everybody used it, yeah.

MCANULTY: When did Dotter come?

GRISWOLD: Charlie came after this hospital was first open, which would be, I think about '57 or '58. He had trained at New York Hospital, the Cornell Medical School hospital, and done a lot of work in angiocardiology. In fact, we were sort of divided: he did the angios and we did the cardiac cath and the hemodynamic studies. It isn't like it is now, where you do your own—cardiology now does most of the coronary arterial studies. And that was all right.

Charlie had more ideas than any man I've ever known. The problem for those associated with him, including Herbert Griswold, was that you had to go over all of his ideas and pick out the one in twenty that was worth pursuing [laughter]. Like the one with the peripheral arterial dilatation. Charlie was the one that dreamed this up. Putting a catheter down and opening up an obstructed artery. The first patient was a diabetic who refused to have her amputation, and Charlie had been after the surgeon to let him do something about it; so they gave her to him, and it was a big success. He saved her leg, for which she was grateful. I don't think she lived but a year, because she was quite elderly and had bad disease.

MCANULTY: And Judkins came in the sixties, to bring all the coronary...

GRISWOLD: Yes.

MCANULTY: When did Josef Rosch come in?

GRISWOLD: Joe came a little later. I don't know whether Joe came after Mel Judkins went down to Loma Linda as head of radiology, or about that time. That would have to be early seventies. Joe was an enormous addition. Charlie could get good people. He had that capacity.

MCANULTY: He sure was a dynamic guy. When did you get Rahimtoola to come, and how did you talk him into coming here?

GRISWOLD: Well, Dave Bristow was involved with that. They had this explosion in Chicago, there at Cook County, where Rahimtoola was; and everybody was leaving. Dave heard about that, so we invited Shahbudin out. We had the grant going, the coronary project grant, and had some money to pay him a salary. And he came, and he was highly productive.

The other person who came that Dave was involved with was Bill [Kadner?], who was at Iowa, and there were certain problems there at Iowa, and Bill was interested in moving someplace, and so—actually, Dave is the one who recruited him. I didn't have too much to do with it [laughing]—except approval of getting him to come here.

MCANULTY: Well, the willingness.

GRISWOLD: Yeah.

MCANULTY: How about the VA, Herb, in terms of your interaction? When did that begin and how did that affect cardiology when you were here?

GRISWOLD: Well, Leonard Ritzmann, who had some training in London at Hammersmith Hospital, which is the postgraduate hospital of London, in the cath lab, came back, I think in '50 or '51, and he was appointed there. At that time the Medical School was not heavily involved with the Portland VA. In fact, our residents didn't go over there and theirs didn't come over here.

Unfortunately, some of the people in the Department of Medicine—I probably shouldn't say this, but including Hod Lewis—looked upon them as second-rate citizens. But Leonard was very important. He got the cath lab going there. As you know, he was an extremely hard-working individual. And then in the late sixties, we had integration with the Portland VA. I remember both Dave Bristow and Frank Kloster had their intern residency training mostly at the VA. Hod once said, “Well, are you sure that you want those people here?” I said, “Because they're from the VA?” [Laughing] Don't tell them that. Hod was wonderful, but he had his prejudices, as we all do. So we had a real integration. I'm trying to think of the name of Bill...

MCANULTY: Bill Neill came.

GRISWOLD: Bill Neill came with Jim Metcalfe. Jim Metcalfe inveigled him. And then, he said to Bill at an appropriate time, when Leonard Ritzmann didn't want to be head of the division over there anymore, to go over there and be head of the division. Then he went back—I know he was in Boston with the VA Hospital there.

MCANULTY: Brought Dick Selden out.

GRISWOLD: Dick Selden was as great tragedy, but he was an enormous person, a very good person. Of course, he died on Mt. Hood, climbing it.

MCANULTY: Were you still chief when he died there? Or was it the year after you retired?

GRISWOLD: Somewhere in there. I don't remember exactly.

But then they developed full-time people in cardiovascular surgery at the VA in the eighties, rather late.

It's also of interest that the cath lab at Providence, the cath lab at St. Vincent's, the cath lab at Emanuel, and the cath lab at Good Samaritan, were all established by people who had been fellows here in cardiology or had come up like Wayne Rogers, who was practicing, came up, spent a couple of half days for one or two years in the cath lab to learn technique. Gordon Maurice, Providence, same idea. He was in practice, came up, spent a lot of time. That was the cross fertilization. Also, Al Starr's people got increased training at Providence.

MCANULTY: Set up a program?

GRISWOLD: Set up a program. In fact, they were trying to do open-heart surgery at Good Sam, and they were killing people, and the chief of surgery and the head of the department invited me to lunch and wanted to know what they should do. I said, "Why don't you stop doing surgery? [Laughter] Now. Not tomorrow, now. Second thing, you get a well-trained young man, give him full financial support, but he is in charge of the open-heart surgical program, and the other surgeons are merely his assistants, and they're not to learn how to do the open-heart surgery unless he thinks they're capable." And they did it. Dr. Rogers went down and made it a big success.

And the same thing applied over at St. Vincent's—Al Starr had Jim Wood at St. Vincent's. You know, he went down to be in the Portland [unclear], but he and Al really started the open-heart surgical program at the old St. Vincent's. Of course, they have an enormous number of patients. I don't know how many people they have on their staff now.

You look around Portland, and most of them are retiring or about ready to retire, but people like Don Sutherland, who was a fellow here, was instrumental in getting the cath lab going at St. Vincent's. But we all talked then, and we didn't have any have any arguments.

MCANULTY: None of the battles. Now, when you stepped down as division chief in '73, you stayed on?

GRISWOLD: Yes.

MCANULTY: When did you retire officially? I've forgotten the year.

GRISWOLD: Eighty-three.

MCANULTY: Eighty-three?

GRISWOLD: Yes.

MCANULTY: Oh, gosh, it was ten full years, Herb? I didn't realize that.

GRISWOLD: Oh, yeah. I was fifty-six when I retired. I had this damn automobile accident and ended up with paralysis in my left arm from that. So I did a Gene Stead: I resigned. I didn't retire, really. Some people thought I retired, but I didn't.

I think that worked out definitely for the better. People who continue to come here long after retirement—there are a few of them—because they're just lost souls. They have no life. I won't name names [laughter]. It would be unfair.

MCANULTY: If you had to just think back and think where Oregon cardiology was during all that time, in balance in the world, as best as you could tell from your perspective, then versus now—what do you think?

GRISWOLD: Well, then, I would say for the western United States, cardiovascular hemodynamics and surgery, Oregon was ahead of most other places, with international recognition also. I remember the World College of Cardiology in London, I think in 1970, they had a program on valvular heart disease replacement, and Al Starr and I were both guest speakers. It was either '70 or '72. I don't remember. I'd say that in cardiology, Oregon has always been right up there. Today, I'm not close enough to the national scene to say, but my feeling is, knowing what's being done here—like McAnulty going away to do this and that and everything else—it's still doing this, it's still staying up ahead on the leading edge of cardiology.

MCANULTY: Yeah, I think so. In some big-ticket items we're suffering.

GRISWOLD: I don't know about congenital heart disease, but DeMots—I think that's what he's mostly interested in. Of course, he's a very competent surgeon.

MCANULTY: And they brought this fellow David Sahn in, who's the chief of pediatric cardiology now, and he's highly touted in echocardiography.

[Tape stopped.]

MCANULTY: Who were the secretaries?

GRISWOLD: I had Ann Koch and Elma Lehto. Actually, the first secretary I had was marvelous. She was about six feet tall, Finnish from Astoria. Mitzi [Wiitala?]. And Hod Lewis had a secretary who was about four-feet eleven. We'd go down the hall, and we said, [laughing] "Well, you have the wrong secretary." Hod was all of two feet over his secretary in height, and Mitzi a good six inches over me in height. It was sort of funny. Elma was great. You had to know how to handle Elma. [Laughter] She had her own ideas how to do things.

MCANULTY: And Ann was a character.

GRISWOLD: Oh, Ann was a character, yeah. You know, I didn't know it until she—she developed macular degeneration and got so that she was trying to type and look with peripheral vision. Finally she retired on disability. Then she told me she had never graduated from high school. And, of course, in her application—why, to be a secretary, you're supposed to be a high school graduate. So she lied about this. But she did a lot of work.

MCANULTY: I'm trying to think of who else, again—Maggie, of course, comes to mind. You hired her as a cath lab tech.

GRISWOLD: Yeah. Then she ended up being head of the cath lab. There were two girls before Maggie. One of them ended up at Honolulu as the chief technician at the cath lab; the other went down to the cardiovascular institute in San Francisco. And I cannot remember their names. If I see their faces, I know them. They were great.

MCANULTY: I'm just trying to think of the things that just from your discussion even this morning or from ours in the past, about if you could turn it around: would you have had Oregon do something differently? Clearly, the cardiac surgery decision in the sixties was a judgment error. Or, I guess it would be, to my mind.

GRISWOLD: I think two things. One, you're in phase five of cath labs now. See, the first one was in Baird Hall in the Department of Physiology; the second one was here on the ninth floor, which was, from the beginning, too small. In other words, cardiology never had adequate space until finally the eighth floor lab; and now you have one upstairs, I don't know where.

MCANULTY: A suite upstairs, yeah. I'll have to take you up there before you go.

GRISWOLD: But—oh, and the eleventh floor before this hospital. Now, that was done properly, the eleventh floor, and that was \$600,000 out of the program project grant over two years. One room for Charlie Dotter and the other for cardiology. But that was the first time there were rooms that were big enough to do proper studies.

MCANULTY: Yes. With the equipment and all those things, the exercise machine.

GRISWOLD: By the time you add all this junk in, you know, you'd need a lot of space. This is just like the coronary care unit down on the eighth floor, here. I had to fight the administration like hell to get rooms big enough so they could get enough equipment in that they could do research as well as take care of patients.

MCANULTY: So in essence, that's another error.

GRISWOLD: Yeah. In other words, I think the first administrative person who really supported cardiology was Don Kassebaum when he was in administration here. And he was the one who got the lab on the eighth floor.

MCANULTY: The Herbert Griswold Laboratory.

GRISWOLD: [Laughing] Which is now retired. But that was neat.

I would say the—of course, we weren't the only ones fighting for space and equipment, financial support for faculty and everything else. Which reminds me, you know, when I came back as assistant professor of medicine and physiology, both departments, my salary [laughing] was \$4,500 the first year. Norma and I said, "Well, we'll have to borrow some more from your folks."

MCANULTY: So even relatively, then, in those times, you weren't in this business for the profit.

GRISWOLD: [Laughing] Oh gosh no. After I'd been here about three months I saw my first private consultation. Norma and I, we were excited. I finally made an extra few bucks.

MCANULTY: How did your kids and Norma accept cardiology—that mistress in your world? Were they pretty good, in retrospect?

GRISWOLD: Oh yeah. Well, first of all, I think most of the time we always had our evening meal together as a family. I felt very strongly about that, so that was a chance to get everybody there.

MCANULTY: You lived in Eastmoreland?

GRISWOLD: Yes. So my route was to leave the house about five-thirty or six o'clock, go by Providence Hospital, where Bill Conklin was doing surgery on private patients, and those that I'd referred to him, I'd do follow-up; come up here, dictating until about eight, and you know how hell breaks loose about eight, eight-thirty; and then get home for dinner and then go by Providence again in the evening. It was a long day. C.V. Hodges—

[Tape stopped.]

We did some with children at the old Doernbecher, which is now the pathology lab. But all his other surgery was done down at Good Samaritan Hospital.

[Tape stopped.]

You were what's known as "geographic full time," in contrast to Johns Hopkins and many places where you're "full-time full time." In other words, you're not only full time physically, but all your income comes from the University. Here, they'd pay a little base salary, and then you had to go make a living [laughing] by doing all these other things. Like Dr. Hunter and Dr. Menne in clinical pathology were running laboratories at St. Vincent's and out at the Seventh Day Adventist Hospital and Portland [Sam?], and that's where the most income was from.

MCANULTY: You know, that surprises me. I didn't know that. It must have been when you started to get those grants that you could say, "Now there's enough salary here that I'm basically"—the concept of full time here, although you always had private patients.

GRISWOLD: Of course, I always—Hod Lewis was very interesting. The budget I had every year, I'd go over faculty salaries with him, and he always insisted on approving less than I wanted. So when it was all done, then I'd go over and sit down with Dr. David Baird and say, "Now, listen. This is what we need, and this is where the money's coming from." And he'd look at it and he'd say, "That's fine." And, like our first female faculty member in the division. Dr. Lewis wanted me to pay her less than I paid the men because, well, her husband's working and making income. This was a philosophy then at that time, and still is with a lot of people, unfortunately.

[End of Tape 1, Side 1/Begin Tape 2, Side 1]

ASH: This is tape two of Jack McAnulty's interview with Herb Griswold.

MCANULTY: When was it that you felt that you spent your full time up here, that you didn't have to go to Providence to make sure that you could support the household, or that kind of idea?

GRISWOLD: When the Department of Medicine integrated with the Department of Medicine at the Portland VA, I went over year around for a few years. And then in '76, when we established a practice plan in the Department of Medicine, at that time I said I'm going to it if I can go on a one-paycheck system. In other words, Medical School pay, plus what the Division would earn all would go to the Medical School and come back to me. Of course, that increased my retirement enormously, and that was really when I felt that—although I hadn't gone off-campus for several years. It was time consuming, because, of course, traffic in Portland is getting worse. I think that was about '76, '77.

MCANULTY: That you were more full time. I didn't realize it was that late.

GRISWOLD: Well, it was just a matter of not having enough money to pay people. And as I look now, I don't know in the Division of Cardiology how much comes from the state or Medical School and how much of it comes from what you are generating.

MCANULTY: The first is declining, as you might guess [laughs].

GRISWOLD: Yeah, and this is all medical schools now. The faculty, the clinical faculty, are obligated to practice medicine to generate income for themselves and their fellow faculty members. I've always felt that this Medical School—but the surgeons wouldn't permit it. I almost feel it should be—you know, when you get like Hopkins, where all the money goes in one big pot, and then it goes out, not dependent upon how much a person earns.

MCANULTY: Right, because some procedures just earn more than others.

GRISWOLD: You take a cardiovascular surgeon, he could do a few cases a week and have a very substantial income. A pediatrician has to see a lot of babies, a lot of children on an outpatient basis to equal that.

MCANULTY: Just to finish up, as you watch—just from reading in the newspaper about the various health businesses—what do you think that a place like this ought to do to maintain its integrity, its mission?

GRISWOLD: Well, of course, Dave Baird had me on the committee that established the—first with St. Vincent's, where they hired a full-time person to be integrated into the Department of Medicine and be a surgeon; and then Providence. I feel that the integration of the Medical School faculty in patient care with community health delivery systems is mandatory. It's just like the isolated practitioner. He's becoming nonexistent, the individual.

It's a tough question, because I think it has to be done well, it has to be done freely with both sides, the recognition of both sides. As you know, in the past the town and gown fight was enormous in the early fifties. Terrible. I always liked what Don said, "Well, you're in competition with the men downtown." I said, "Of course I'm in competition" [laughs]. I mean, we're all in competition. I don't know—when I look over at the Outpatient Clinic, it looks like you're busy enough.

MCANULTY: Yes. [Laughing] And I'm sorry about that.

GRISWOLD: Sorry about what? You're busy over there. I mean not just cardiology, but everybody else is busy. I would say the last five years, ten years, your outpatient business must have doubled, at least.

MCANULTY: Yeah, I think so, too. It's busy; I think everybody's just worried—more worried than the reality right now.

GRISWOLD: Well, you know what I'd say, I'd say if you do a hell of a good job and you work hard and you do it efficiently—now, maybe efficiently is so you do it competitively, be monetarily competitive—I don't think you have anything to worry about.

MCANULTY: And for the right reasons, yeah.

Okay. Thanks for taking a Sunday morning to do this.

GRISWOLD: It's been fun.

[Tape stopped.]

MCANULTY: This was a talk with Herb on March 31, 1996. I had asked him to come by with the thought of trying to capture a little bit of cardiology as it was and is in Oregon. He is still remarkable in his thought process and memory process, although there have been changes. He's had a series of small strokes, and, of course, he's been away from this for a while now.

[End of interview 1]

Interview with Dr. Herbert Griswold
Interviewed by Joan Ash
July 14, 1998 [Interview 2]
Site: Dr. Griswold's home
Begin Tape 1, Side 1

ASH: It's July 14th, 1998, and this is Joan Ash interviewing Dr. Herbert Griswold at his home. I'm going to go way back, and I'd like to start with where you were born and raised, if I might.

GRISWOLD: Fifteenth of April, 1917. It kept my father out of the draft in World War I. I was born just right [laughing]—in Kansas City, and then moved to Omaha when I was four, and we moved out here when I was about nine years old. So I've been a Portland, Oregonian, since 1926. I graduated from Rose City Park Grammar School, Grant High School, Reed College, University of Oregon Medical School, all in Portland. And then I had my postgraduate education—after interning and residency and a medical offer, I was at Johns Hopkins for seventeen months, in the days of Dr. Taussig and Dr. Blalock, the blue baby operation. Those were very exciting times. I just talked my way into a fellowship with her [laughing], cold turkey. I was the second fellow she ever had. But they were very interesting times.

ASH: I want to go back, though, because one of the items I found in my research was an article about your mother in the newspaper. She was an educator, here in Portland in fact.

GRISWOLD: Yes. My mother—during the Depression, and I think this would be about 1931, through the American Association of University Women—and people were poor then, and a lot of people couldn't go to college. Well, she started a voluntary school down at the main Portland Public Library for young men and women who couldn't go to college. She had volunteer teachers and everything. And from that she was selected to become principal of the Portland public evening schools, which she did for many years until she retired. She never told anybody her age until she retired. She had to then [laughs].

ASH: Now, was she trained as a teacher?

GRISWOLD: Yes. She had five brothers and she, and all of them graduated from college; and they were the first in their family to do that, through a little Methodist college in Kansas. But at least they got their degree.

In the Portland public evening schools they had a number of different classes, including cake decoration, Americanization, English for foreign students, as well as high school classes. And they had classes at the old Lincoln High and various other schools around the city of Portland, in the evening, because many of these were people who were working and then going to school to increase their education and experience.

ASH: And what was your father doing at this time?

GRISWOLD: My father was a businessman, an accountant. Never had a lot of money, but we were never starved, either [laughs]. That's like everybody then. We lived up in the old Rose City Park area of Portland. Then they moved—when I went to Reed College, they bought a house over in the Alameda district, in there.

ASH: And your siblings?

GRISWOLD: I have two younger brothers. One is a retired businessman, who, unfortunately, has had a severe stroke and is mentally incompetent. I have an attorney brother who still practices law because he says he's having too much fun [laughs]. No sisters. My two brothers, myself, and seven cousins were all in the war during World War II, and I was the only one who never saw any combat. And they all survived, luckily. So that's that family background.

ASH: Now, do you think that having a working mother, as you did, had some influence on your future?

GRISWOLD: Oh, of course, I was brought up where education was very important. And I went to Grant High School, and Grant High School at that time had a wonderful principal, [Adolph Bittner?], who was a very unique person, and they had a good faculty. And Dr. Bittner—there were a little over two thousand students there—he knew practically everybody in the school by name, and where they were [laughs]. This recent Grant High expedition to Mexico, it would not be tolerated if Adolph were principal. Literally, they all would be in jeopardy, all those students. But, going back a little bit, I think my mother knew a chap—a lady, actually, in New York City, so I got a first experiment in international living at the age of fifteen. That would be 1932. Donald B. Watt set this up, and I got half my way paid by Donald B. Watt and my folks, and I raised the money otherwise.

ASH: Where did you go?

GRISWOLD: We were in Paris for a few days with a French Boy Scout troop. There were nineteen of us Americans, all boys. This was before they had co-ed experiments. Mostly we were in Switzerland, in an old farmhouse that had a lot houses and barns and rooms, and we bicycled and hiked all over Switzerland for about four weeks. Then we went to Germany and then came home. So we were there about two months. A really unique experience.

Donald B. Watt had been with Wilson and the peace conference in Versailles and involved in the League of Nations, and he believed strongly that if you get the young together and know each other, maybe you could minimize the opportunities for war and conflict. And that was the original purpose of the “experiment in international living,” which he called it.

ASH: Were you interested in science at the time?

GRISWOLD: Well, I always liked science, and math, and I was good at both. In fact, after taking chemistry, I worked and did a bunch of experiments all on my own. I had time, I just made time to work with a chap by the name of Mr. [Farrier?], who was a chem teacher at Grant, and that's where I really got interested. And so when I went to Reed College, I was a chemistry major.

ASH: Had you thought about medicine at this time?

GRISWOLD: Before, yes. But then it was not until my junior year at Reed that I decided—I had some friends who came to Medical School—that I really thought of it. The thing I liked about science is I liked biology and I liked physics. Physics is an easy subject, unless you get into atomic energy. Chemistry. I always thought medicine really combined them all. I never had a desire, though, to practice medicine as a practitioner. You know, to say, “Well, I'm now going to get through medical school; I'm going to go out and hang up my shingle.” I was always interested in looking at it academically. Maybe that's the Reed College influence, because my professor there was Arthur Scott, who was a great teacher. I think he was disappointed I didn't become a chemist, [laughing] but he never said so.

ASH: I don't think he'd be disappointed now.

GRISWOLD: Well, when we came back, we had a lot of fun. We got to know him. He invited my wife and I over for dinner every once in a while, so I got to know him pretty well.

ASH: So what was it that made you decide on medicine?

GRISWOLD: Well, I looked at it, and I thought, well, I liked all the science too much to limit myself to one, say like a chemist would do, or one phase of chemistry, like organic chemistry or physical chemistry. It was more fun looking at, you might say, the spectrum of science. I don't think there's any profession that has the spectrum of science as much as medicine does. If you really look at medicine as I think that we should look at it, you have the joy of adapting your knowledge, at the bedside, to what is the patient's problem. I always like to quote Sir Thomas Lewis, who was a great British cardiologist, a great experimental physiologist. He said, “I wear two hats. When I make rounds I hope to be a good doctor; when I'm in the lab, I hope to be a good scientist.” And I think that's important.

ASH: Well, when you were at Reed, what caused you to decide to apply to the Medical School?

GRISWOLD: Here?

ASH: Um-hmm.

GRISWOLD: Money [laughter]. The president at Reed wanted me to go back to Cornell. I said, "I don't have any money." So I lived at home. In fact, my first year of college I lived at home. We were known as "day-dodgers" then at Reed College. Seventy percent, eighty percent of the class lived at home at that time. It was a poor time; there wasn't a lot of money. My whole tuition was only \$250 a year, and I got a scholarship my first year that paid my tuition, and still there wasn't money. Just to have the money to take a train back East would be impossible in my family.

ASH: You continued to live at home in medical school?

GRISWOLD: At the end of my sophomore year, now what's known as Gaines Hall—you know Gaines Hall?

ASH: Um-hmm.

GRISWOLD: At that time it was the Portland Medical Hospital. And they'd take a medical student in and give him board and room, and I think it was either fifty- or seventy-five dollars a month to be an extern. In other words, you live in, you did histories and physicals, you're there in case somebody got ill during the night and you were called, like an intern, although they called an extern. So I lived there for almost my last three years of medical school.

ASH: There were patients there?

GRISWOLD: Yeah, as many as thirty-five, forty patients. And most of the doctors were on the faculty at the Medical School, like Dr. Laurence Selling, who was chairman of the Department of Medicine, and Dr. Noble Wiley Jones; Hod Lewis at that time would occasionally have a patient there; Ed Osgood. So I learned very rapidly how to do histories and physicals, out of necessity. But it was fun. I could walk to my classes just over the Hill. And the food was terrific. It was really good food.

ASH: Where did you eat?

GRISWOLD: In the dining room at the hospital, the old Portland Medical Hospital, because that was part of it. And I did all the night lab work on emergency patients. I made all the lab chemistries for the Portland Clinic, because I'd been in biochemistry. And this was all the solutions, say, for doing the various tests, like your urea, nitrogen, or blood sugar or whatnot. I was responsible for making sure everything was done properly.

ASH: But when you were a medical student?

GRISWOLD: Yeah, here at Portland Medical.

ASH: So what was your day like when you were a medical student? You had a lot of responsibilities besides going to classes.

GRISWOLD: Well, physiology teaching: I gave a few lectures. Mostly I assisted in the labs, teaching medical students. And you just arranged your schedule. I was busy, yes.

ASH: Did you see patients right away when you were a first-year medical student?

GRISWOLD: At that time you didn't see patients as a freshman, as they do now; and so I hadn't had any clerkships when I got this job to be an extern at Portland Medical Hospital. So I took a clerkship in surgery and worked in the medicine clinic and learned how to do histories and physicals that summer, before any instruction on doing histories and physicals by the faculty. So I learned very rapidly how to do it.

ASH: What was your social life like?

GRISWOLD: Limited [laughter].

ASH: I can picture you in the lab every night.

GRISWOLD: No. Actually, going back to college, you know, I worked my way through college. I lived the last three years at the dormitory at Reed. I was up, doing janitor work, at 6:00 a.m., six days a week. But I'd cut off—I found it very important—I'd cut off all study or all work noon Saturday until noon Sunday. Twenty-four hours. I'd do something, I don't know what. Maybe I'd just sleep.

ASH: This was in both college and medical school?

GRISWOLD: Yeah. I found it very important just to walk away from things to get your batteries recharged.

ASH: So would you go home sometimes?

GRISWOLD: Rarely. [Laughing] I was too busy. Oh, I did have a car my senior year. Oh, at that time, too—this is a little aside, but most of the medical students were working in the shipyards.

ASH: Really?

GRISWOLD: Everything from electricians, or, like I was, working the first-aid station. You know, they had to have an aid station because of the work—people, men and women, both, would have all sorts of injuries and illnesses. You got twenty-five dollars for an eight-hour shift. That was a lot of money. I did that three days a week.

ASH: In the war years?

GRISWOLD: In the war years. Some of the faculty didn't like the fact that medical students were doing so much work, so they set up externships where we were required to go down and do histories and physicals in the private hospitals in Portland, [laughing] supposedly to keep us out of the shipyards. Well, it didn't keep us out of the shipyards.

ASH: Did you get paid for that?

GRISWOLD: No—oh, dinner [laughter].

ASH: Oh. Wonderful.

GRISWOLD: But that was just a requirement they put in.

ASH: So was there any dating? I'm trying to get a picture of what the Medical School was like during those years.

GRISWOLD: Oh sure. Well, very few of the students were married until the Army Specialized Training Program came in. They came in the summer of my last year. We were buck privates—privates first class—got our tuition paid, got private first class income. I won't call it salary. And I'd say half the senior class got married then [laughing] to all their live-ins, because they had money. It's something that the average person, unless they went through that, doesn't appreciate. Not that people were starving, but people were just poor. I don't want to go back to it.

ASH: So were they the ones who were marching in uniform on the campus?

GRISWOLD: Well, we had drill, and it was the funniest drill. We had a wonderful old colonel who was brought out of retirement, a medical officer. And we put in the drill, and he'd say, "Don't you guys know which is your right and your left foot," because we were deliberately bad [laughs].

ASH: You were deliberately bad?

GRISWOLD: [Laughing] Oh yeah, terrible. And he'd laugh, and after about five minutes, he'd say, "That's enough drill for this week" [laughter]. Well, that's true. You know, to put medical students in as buck privates is a wonderful idea, because—we couldn't volunteer for the Army or Navy for combat, because we were medical students. We had to finish medical school. And that was, I think, a wise decision that the powers that be made at the national level, because so many doctors had been taken into the armed services. I'd say three-fourths of them were in the armed services, so only a quarter were left to take care of the civilian population.

ASH: And what about at the Medical School? Were the faculty away?

GRISWOLD: A lot of them. A lot of the clinical faculty. Not the basic science faculty, but a lot of the clinical faculty. And I'm blocked on this, but they had a special army hospital unit.

ASH: Base Hospital 46.

GRISWOLD: That's right, Base Hospital 46. And a lot of them were practicing downtown or—see, everybody who was at the Medical School in the clinical years was practicing off campus.

ASH: Yes.

GRISWOLD: During the war, and before World War II. And the thing that really stimulated development of full-time faculty members in medical schools were a number of factors, one of them being that when family doctors went in, and they'd be captains, and anybody who had a specialty would be a major or lieutenant colonel. Well, the stimulus to go back and get training or continue to get training in a specialty was enormous, both in responsibility, type of practice, and income. And that's the thing that really changed medicine in the United States, was World War II. I think changed it for the better.

ASH: Well, during the war itself, then, as a medical student, did you take over some of the responsibilities that faculty normally would have had?

GRISWOLD: Well, they still had interns, a few, at the old Multnomah Hospital, which is Hospital South now. Medical students on the ward did histories and physicals, checked, some by residents, some by volunteer faculty who would come up. You assisted in surgery, everybody did; but as medical students you didn't make house calls, you didn't do that aspect of medicine. But like the shipyards, they had a few M.D.s in charge of each ship, maybe one or two, and a bunch of us would be seeing patients as a doctor, literally. And if we had a question, well, we had a doctor who could check us.

ASH: Can I ask you about some of the people you knew when you were a student? Did you know Weeks?

GRISWOLD: I met Dr. Weeks. I don't know how much story you know about him, but Noble Wiley Jones was one of the first internists in Portland and brought back an EKG from London, England, in the early twenties, and helped set up—he was one of the early founders of the Portland Clinic. He was on the library committee, and he knew Dr. Weeks. Dr. Weeks sent him a telegram when we were trying to get some money for the library, and Dr. Weeks said that he had \$150,000 donor—I think it was a hundred and fifty. Well, it was Dr. Weeks' money. And the WPA, Work Projects Administration, furnished labor, and this money furnished the bricks and mortar for the library.

But Dr. Weeks was a very, very eminent, famous ophthalmologist in New York City. In fact, he worked under Dr. Koch, and there's the Koch-Weeks' bacillus named after him, which is an eye infection.

ASH: But he moved out here?

GRISWOLD: No. I think when he retired he came out, but he never practiced in Portland.

ASH: I see.

GRISWOLD: But he always had a respect for the Medical School, and he and Dr. Noble Wiley Jones got along very well. Ken Swan can probably tell you a little more than that.

ASH: I have talked to him a little about it.

GRISWOLD: But I met Dr. Weeks. He wasn't a big man, and I'm not a big man, either, so that makes us both. But he was interested in Oregon.

ASH: It's always puzzled me that the library was never named after him.

GRISWOLD: Originally it was.

ASH: Was it?

GRISWOLD: Yeah.

ASH: I think that would be a nice name for a library.

GRISWOLD: Isn't there a plaque still in the Old Library showing Dr. Weeks?

ASH: Yes.

GRISWOLD: I don't know.

ASH: Well, some other people who were there, as you mentioned, when you were helping out in what's now Gaines Hall, can you tell me about some of the other faculty who may have had a special influence on you?

GRISWOLD: Oh, sure. In anatomy, Dr. Olof Larsell was very important. He was rather a rigid Swede, but a nice man [laughs]. And Dr. Allen in anatomy, who did some very basic neurophysiology. In fact, the reticular formation of the brain, at that time everybody called it Allen's Alley. It's very interesting.

ASH: You mean everybody at the School?

GRISWOLD: No, all the neurophysiologists in the world called it Allen's Alley, because he was the first one to really work on it and demonstrate it.

Dr. West and Dr. Todd in biochemistry were great people. Dr. Haney. And Bill Youmans: I worked with Bill Youmans in physiology.

ASH: Can I ask you about him? I'm interviewing him on Saturday.

GRISWOLD: Who?

ASH: Bill Youmans.

GRISWOLD: Oh, you're going up to Sequim? Bill Youmans asked me to come and do this five-year thing when I was a physiology student, which I liked. He got his Ph.D. at the University of Wisconsin, and Hance Haney, who was head of the Department of Physiology, hired him to come out to Portland to work in the Department of Physiology. While teaching as an associate—I think he was associate professor by then—he took Medical School classes, and he got his M.D. degree from Oregon, and he actually interned at the Henry Ford Hospital in Detroit.

He came back to Oregon, and I came back when I was still at Hopkins and talked to Dr. Youmans and talked to Dr. Hod Lewis, who was chairman of the Department of Medicine. Well, Hod got some money—and I can't remember her name—but \$4,500, and each offered me a salary of \$4,500 a year to come back as assistant professor of physiology and assistant professor of medicine. That's how I got back to the Medical School in '49.

But Dr. Youmans was a unique person. He was a hell of a good teacher. He loved to teach. We got along admirably.

ASH: Any anecdotes you can tell me about him?

GRISWOLD: Oh, I remember one thing he said. He never came in Monday mornings. He said, "Everybody has all weekend to think of things..."

[End of Tape 1, Side 1/Begin Tape 1, Side 2]

GRISWOLD: Now I lost track.

ASH: He never came in Monday morning, except for class.

GRISWOLD: Oh, because, he said, everybody had all weekend to think of everything they wanted you to do. So he'd come in about the middle of the afternoon to see his mail and what was important. And I remember one Tuesday, he said, "See, nobody wants to see me today." [Laughter] If he wasn't available, he wouldn't be

wanted. That was one of his tricks. You know, he liked to do research. He said, “What you want to do is figure out a subject or project that nobody else is working on. Then you can work on the problem at your own pace and as thoughtfully as you want to and not feel the pressure that you’ve got to get something published right now before Joe Blow does it.” That was characteristic of much of the research he did, and he did a lot of research. They talked him into going back to Wisconsin, but that was all right.

Oh, the other thing, to show you Bill Youmans, he wanted to get somebody in neurophysiology in the Department of Physiology, so he wrote to a series of the better-known chairmen of the departments of physiology at various medical schools and asked for a list of five names that they might suggest. And two men were on almost everybody’s list, not necessarily in the same order. One of them was Dr. Jack Brookhart, who became chairman of the department when Bill left; and the other was an Italian chap. I can’t think of his name. But both of them proved to be outstanding neurophysiologists.

Oh, I wanted to show you what kind of a person he is. He said, “Why don’t you go up to Sequim?” He says, “It doesn’t rain.” You know where it is? This little, micro area has its own special limited type of climate. It’s a microclimate: it rains at Port Angeles, it rains at Victoria, it rains in Vancouver, it rains in Seattle, but it doesn’t rain in Sequim because it’s right in the shadow of Mt. Olympus.

ASH: I can look forward to sunshine on Saturday.

GRISWOLD: Yeah.

ASH: Anybody else who really influenced you in Medical School?

GRISWOLD: [Laughs] Oh, everybody in school, some of them adversely. I think in pathology Dr. Warren Hunter and Dr. Frank Menne, who gave most of the lectures. Frank Menne’s were the most interesting. His lectures were usually two hours.

ASH: Did he give you a break?

GRISWOLD: He’d give you a break. And all, he says, all of them caused excruciating pain. [Laughing] And the way he’d purse his lips and talk about excruciating pain.

Well, those are the basic science people. Of course, in clinical medicine, Hod Lewis was very important, because he gave the physical diagnosis. I’m trying to think who was the—I’m blocking for the moment, but the Department of Surgery head [Dr. Thomas Joyce]. I’ll think of it in a minute. Really a great teacher and a good surgeon.

You’ve got to remember the clinical faculty heads of the departments, most of them were down in the Portland Clinic. Dr. Laurence Selling was at Portland Clinic; the ear, nose and throat head [Ralph Fenton] was from the Portland Clinic; then, there was

eye, ear, nose, and throat. I think Ken Swan was one of the first people who was strictly an ophthalmologist. I'm trying to think.

ASH: Now, it sounds like there was not town-gown animosity at that time.

GRISWOLD: Not at that time. It was all Portland Clinic and the rest of the town. [Laughing] I'm serious.

ASH: And you just had the Multnomah Hospital.

GRISWOLD: Just the Multnomah Hospital. And the University Hospital South, now, that was opened, I think, in '55 or '56.

ASH: Fifty-six. But at that time, when you were in Medical School, you had the Multnomah County Hospital, and that was it.

GRISWOLD: That was it. A big outpatient department. Oh, Doernbecher. I think the County was put up just before Doernbecher. Doernbecher, which is now where some of the clinical labs are. Otolaryngology is all at the old Doernbecher.

ASH: Were there women in your class?

GRISWOLD: Three. See, women were not accepted in medical schools. Dr. Taussig, whom I worked with, whose father established the Harvard School of Business and wrote *the* book on economics, was told by the dean of the Harvard Medical School, "We'll admit you, but we won't graduate you, since you're a lady." And Johns Hopkins was interesting, because it needed some money, and so they went to two sisters of Johns Hopkins, who were also quite wealthy, and they gave the money on condition—because the hospital was built first, before the Medical School—on condition that women be admitted with no bias. So Johns Hopkins has always had a large contingency; even before the war 30, 40 percent of the medical students were ladies.

ASH: I didn't realize that.

GRISWOLD: It was really—of course, they had the Women's Medical College in Philadelphia, but the real push to get women beyond just nursing in the health sciences field was at Johns Hopkins.

ASH: Well, there were three in your class, though.

GRISWOLD: Yeah.

ASH: How did they do it?

GRISWOLD: Oh, [laughing] they were wonderful. They took a beating. But, actually, nobody really picked on them, not in a nasty sort of way. I think two of them

graduated, but I just don't remember. They were not harassed by faculty or students in a malicious way, none of them. They might have been teased a little bit, but that's no more than a fifth-grade teasing.

ASH: Well, let's say you're graduated from Medical School now. You did an internship.

GRISWOLD: This was during the war, and I had been accepted for an internship by several places, accepted at all of them. I was supposed to go back to Henry Ford Hospital. Well, they came out with a quota system, the armed services did, of how many interns could be in which hospital and where; and suddenly, because Ohio and Michigan were graduating their seniors three months before we did, they had more interns than they were supposed to, so I was suddenly without an internship. There were others in my class, there were about six of us, or eight of us, I don't know. Anyway, I ended up at San Francisco's French Hospital. I worked like a dog. It was a good exposure to the broad spectrum of medicine. And we had doctors on the faculty at both UC and Stanford who brought patients over, so it was not a bad teaching hospital.

ASH: That was one year?

GRISWOLD: Nine months. There was nine, nine, nine. Then I had a second nine months as a general residency there, and then the armed services. Then time at Johns Hopkins and then back for a year at Henry Ford Hospital. So that was my training.

ASH: When you say the armed services, what do you mean?

GRISWOLD: Medical officer, captain.

ASH: Where was that?

GRISWOLD: I ended up at Fort Meade Maryland [laughs] in the separation center, and I ended up as chief medical examiner of the separation center, and we were separating 2,500 men a day, because this was after V-J day.

ASH: Separating meaning they were going home?

GRISWOLD: Yeah. And that's a lot of men to run through. We had 110 doctors. All they did was—five days a week for eight hours a day, they were doing some part of a physical exam. We had one requirement. [Laughing] They all had to have a shower and clean clothes before they came for their physical, because they were off boats, you know, they hadn't had a shower for maybe nine or ten days coming back from Europe or wherever.

ASH: Still, the atmosphere must have been fairly upbeat?

GRISWOLD: Oh yeah. [Laughing] I remember the psychiatry units asked a very interesting question. They [fussed?] around, so they had a couple of bright, young men, and they came up with, “Soldier, have you got any nervous problems?” If the soldier said “No,” [demonstrates]. Yeah, that’s true.

ASH: That was the psychiatric exam?

GRISWOLD: They did all sorts of things, trying to bring out the anxieties. A lot of the men had anxieties, coming back, of all sorts. “What can I tell my wife?” A lot of things like that. Anyway, that was the exam—they finally ended up with that question as the single, most effective way to really find out. It sounds silly, but actually, they did a little study; and finally it ended up that that was what most separation centers were doing.

ASH: Then, after that?

GRISWOLD: Well, while I was out there, the blue baby operation of Blalock and Taussig was published, and so the chief of medicine ended up being Eisenhower’s cardiologist, Colonel Mattingly. He was our CO in the Department of Medicine. He said, “Dr. Taussig is going to give us a talk on the blue baby operation. I got her to come out.” He says, “You live in Baltimore. Would you mind driving her home after the talk?” So on the way home, why, she wanted to know what I was interested in, and I told her I was interested in physiology and I was interested in the cardiovascular system, and she invited me to come in and talk to her some more, so I did, and applied for a fellowship, cold turkey, and she says, “When can you come?” Because they were busier than the devil. We were seeing twenty to twenty-five new patients a week. Most of them were very sick young children, most of them cyanotic blue, and the whole thing was diagnosis and possible surgery. So we had a lot of fun. In fact, Dr. Schwentker who was a professor of pediatrics said, “You don’t want your fellowship in cardiology.” He said, “I’ll make you an intern or resident; be a pediatrician first.” And I told him that sounds like another year. He says, “I’ll make you a pediatrician” [laughs].

ASH: How many of you were there?

GRISWOLD: We had ten fellows at the maximum at the time. That’s why one of the first things I did when I came back to Oregon, I immediately got some money for some fellows, and had fellows in cardiology from ’50 on.

ASH: You came back in ’49.

GRISWOLD: July.

ASH: When you were at Hopkins, did you know you’d be coming back here?

GRISWOLD: No. No, I just decided—actually, I went up to the University of Washington. And I came down here, and Bill Youmans, I think he and Hod, they got this money and offered me this magnificent salary of \$4,500 a year [laughs]. We got a special

grant from NIH that summer, so I raised my salary to six thousand. With my wife and three children, we could live on that.

ASH: So they wooed you back with this wonderful salary. At what point had you met your wife?

GRISWOLD: When I was in medical school. She went through the one year— at that time it was a one-year program of medical technology. She went to the University of Colorado and then came back, and I met her. The day after I graduated we got married. She said, “I’d rather marry a doctor than a medical student” [laughter].

ASH: So was she able to be back with you in Maryland when you were doing that stint?

GRISWOLD: Oh yeah. Our first child was born in San Francisco, our second in Baltimore, third in Detroit, and the fourth in Portland, Oregon. She laughed and said, “Every time we move, I’m pregnant” [laughter]. I have a good friend who recently died. He had seven or eight children. And he was going someplace, and I said to his wife, “Well, are you going with him?” She said, “No. Every time I go traveling with him, I get pregnant” [laughter].

ASH: Well, it sounds like you had an excellent experience at Hopkins.

GRISWOLD: I did. I was the first—Richard Bing was brought in by Blalock to set up the cath lab, heart catheterization lab, and he had a couple of fellows, and when I was there with Dr. Taussig, I said, “I’d like to work in the lab.” She said, “Well, how long do you want to work there?” I said, “Well, how about six months?” She said, “Fine,” and set it up. So I was, I think, the fourth fellow he ever had to teach how to do heart catheterization. When I came back to Oregon in ’49, I set up the first full-time cath lab north of Los Angeles here, in the old Baird Hall in the Department of Physiology. We had a little, dinky x-ray room, and that was it. That was the cath lab. Not very big. You could get a patient, a technician, an EKG machine and a pressure gadget in, and that’s about it.

ASH: How many people did you have working with you?

GRISWOLD: Initially? One technician.

ASH: So tell me what your day was like when you first came back. You were an assistant professor.

GRISWOLD: In physiology, and assistant professor of medicine in cardiology. I was made head of cardiology in 1955, because Homer Rush, who was practicing downtown, had been head of cardiology since before the war, World War II. I was busy. The only other true cardiologist in Portland was a fellow by the name of Dr. Marvin

Schwartz, and he was downtown. And others worked in the Division as volunteer faculty members. So we had that.

And I remember when I came back and it came time to do the lectures on the cardiovascular system, Dr. Youmans says, "Well, you're giving all the lectures." [Laughing] So I worked like a dog. But that was a very good thing he did, because I really had to go through and do a lot of thinking and a lot of synthesizing, and nothing makes your brain work better than if you're forced to do something.

ASH: How much time did you have to plan your courses?

GRISWOLD: Oh, my typical day, I was up here at six o'clock in the morning. I always did that. Nobody could tolerate me, because I would come in here, even in the clinic, even when I was in cardiology and not in physiology, I'd be working and dictating, because I'd have a day's work done by the time everybody showed up. So I really had two days. I had six to about eight, and then people started bothering you and would keep you from doing things [laughter]. It's true.

Dave Bristow, he said, "I can't see how you could tolerate coming in so early." He had a different time clock, time sequence.

ASH: When you came back in '49, then David Baird was dean?

GRISWOLD: Yes.

ASH: Did you know him?

GRISWOLD: Very well, extremely well. I knew him as a medical student. In fact, he admitted me to the Medical School. When I was at Reed and applied in, I think, January of '39, I had an interview with him on a Saturday, and Monday I had a letter of acceptance [laughs].

ASH: Tell me what the interview was like. What was an interview like for medical school?

GRISWOLD: Dr. Baird was a very quiet, thoughtful person. It wasn't a long interview. Half an hour. He wanted to know what I was doing and why I was doing it and why I wanted to be a medical student, and I told him. He shook my hand, and that was it.

ASH: He was the only one who interviewed you?

GRISWOLD: Yeah. [Laughing] Who else was there? Like they have these big committees and whatnot, all the criteria; a lot of it I wonder about. You know, you take 500 applicants to medical school, and the top 400 you could make four different classes by lot, and they'd all come out the same. There isn't that much difference between the brain bar. In other words, to say, well, we're only going to get the very best, well, I'm not

so certain you always want the very best, because the very best in medical school may be the worst doctor in the world. How many times does a patient ask, “Now, what was your class ranking when you graduated from school?” How many times have you ever asked a doctor that, who you’ve personally seen as a doctor?

ASH: That doesn’t matter.

GRISWOLD: You know, this is like this pie of brain, you know. I always look upon the top 5 percent, and that’s what we’re talking about, the brain pie. You can split it any way you want to, and it always comes out the same.

ASH: You’ve seen a lot of students.

GRISWOLD: Yes.

ASH: Were you ever on the admissions committee?

GRISWOLD: No. But, like, as a member of the Department of Medicine, we had to evaluate medical students. I was one of those people who usually was in opposition to, “Well, maybe he shouldn’t be permitted to go on.” I’d say, “Why not?”

ASH: You were the questioner, huh?

GRISWOLD: Well, you know, if somebody gets their dander up, then you wonder what they think they’re doing now, you know. It’s not all that easy to judge people. I think Cardiology, the Division, has been fortunate over the years that it isn’t what we’ve done as faculty, it’s the fact that it’s some very bright women and men, both, have wanted to become cardiologists. In fact, J. David Bristow, he entered medical school when I came back. I said, “We’re the class of beginners of ’49.” Vic Menashe was in the same class. I always asked Gene Stead, who was chairman of the department of medicine at Duke, really a national figure in internal medicine, I said, “Gene, how do you get people to be trained in various specialties?” He said, “I train them.” In other words, he’d take his own residents and make sure they’d go through gastroenterology, endocrinology, chest diseases, cardiology, whatever. At that time, that era—and I did this, too, with some of our residents or fellows—you get somebody who’s bright and capable and say, “Well, I think maybe you should go to work with such and such for a year.” Like J. David Bristow, I said, “How’d you like to go down to the University of Cal for a year with Julius Comroe’s group?” I called Julius Comroe up and said, “I’ve got a fellow for you.” He says, “Fine. Send me his name, and I’ll send him an application. When can he be here?” [laughter] That’s it. And George Porter, same way.

ASH: It’s interesting because Dr. Bristow said the same thing, and I was just trying to find in his transcript, here, where he said it. He said, “Selecting for young people, it must be quite difficult. You have to achieve before you get money, but you can’t get money until you achieve. I contrast that with Herb Griswold asking what I wanted to do and then bringing home the bacon with a program project grant of hundreds

of thousands of dollars a year. I had it pretty easy by comparison.” This is the transcript of his interview.

GRISWOLD: I know. I have it here.

ASH: Well, no, this is different. This is what I just did with him in October. I think what you have there is what he wrote himself in 1975 or '76. So it's less personal than the interview I did with him, where he says you guided him.

So you started the fellowship program in cardiology. Now, you had to recruit both faculty and residents when you came back to build the area.

GRISWOLD: With a few exceptions, most of the people on the faculty in cardiology were trainees. One of the few exceptions was that—I was on the Oregon Heart Association branch of the American Heart Association, and we established a research professorship in cardiology, supported by the Oregon Heart Association. And I had a number of people over about three or four years visit campus; but Jim Metcalfe, fortunately, came out here to lecture, and I talked to him and I persuaded him to come as the first research professor of the Oregon Heart Association.

ASH: Now, talking to, for example, Mike Baird, he said that when his father was trying to recruit faculty, he would take them down to the coast and they would walk on the beach [laughter]. So I wanted to ask you what you did to woo new faculty?

GRISWOLD: I did most of the wooing of the faculty with my own fellows. In other words, I was fortunate, and the Medical School was fortunate, that we had good people, and as they were finishing their fellowship, why, I'd offer them an assistant professorship. Once in a while instructor, but usually assistant professorship. I fought with Hod Lewis over two ladies who got faculty appointments, because he didn't want to pay them the same salary because their husbands were working. You've heard this. And I'd just say, “Hod, you don't do it that way.” Because I was raised by a mother as a principal, and Dr. Taussig...

[End of Tape 1, Side 2/Begin Tape 2, Side 1]

ASH: It is July 14, 1998, and this is Joan Ash, interviewing Dr. Griswold at his home. This is tape two.

We were just talking about recruiting faculty, and fellows becoming faculty, and discrepancies in salaries between men and women.

GRISWOLD: Bill Hurst worked with a chap up in Montana doing some very basic work, and Hod Lewis met him and said we should get him down here on the faculty, so we did. This was before Korea. So Bill came down very early on as assistant professor of medicine, but then he was drafted into Korea; and the small amount of

money I had for him dried up, so he ended up going downtown and doing cardiology with Dr. Marvin Schwartz. That was the first person who was outside faculty.

Fellows, Dr. Gordon Haynie went over to kidney diseases at the Veterans Hospital; Dr. Ralph Reaume, he went into the cardiology group at Providence Hospital. Although I offered him a job, he wanted to go out and practice medicine, which was fine. And, then, J. David Bristow, George Porter, a chap by the name of—I don't know if he's come up to you—Don Kassebaum.

ASH: I've interviewed him, actually.

GRISWOLD: Have you?

ASH: Yes.

GRISWOLD: Where is he now?

ASH: He's at the AANC in Washington, D.C.

GRISWOLD: Don was one of my favorite people. He wanted to do electrophysiology, so he looked at Seattle and then he went over to Salt Lake and looked at Hans Hecht, but I had already called Hans and I said, "Hans, you've got to get him over there some way."

ASH: And he did?

GRISWOLD: He did.

The other thing I did, which was interesting in cardiology—whenever a man came back, I always asked, "Well, what do you want to do?" Like when J. David came back, I said, "What do you want to do, David?" He said, "I'd like to run the cath lab." I said, "Fine. You're director of the cath lab." [Laughing] I got out of it real quick. When Don Kassebaum came back, Hans said, "Well, don't put him into any clinical work, let him run the lab." So he came back, he had a lab and he had a technician, he had a little money for stuff. George Porter was the same way when he came back, because then it was the Division of Cardiovascular Renal Diseases, which was a big division: high blood pressure, kidney, and cardiovascular.

ASH: Well, resources were pretty scarce back then. How did you dredge up the funding?

GRISWOLD: Well, we got it all sorts of ways. I helped establish a philosophy or policy at Oregon Heart Association to give research money primarily as initial starter grants; in other words, not great big grants. Maybe to a young man, assistant professor, \$5,000 a year to support for two or three years to get him going. The National Heart and

Lung Institute—of all the grants I personally have been responsible for applying for, I've only been turned down once [laughs]. We got every one of them.

And one of the things that gave us, really, an impetus was—I don't know whether J. David ever—we got this—Hod Lewis was on the council of the National Heart and Lung Institute, and he came back and said, "We have a program grant started." And so we sat down, and he talked for about an hour about cardiovascular program grants. Then I went over and talked to Dr. Baird and Charlie Holman; then I went around to talk to physiology; microbiology; pathology; psychology, Dr. Joe Matarazzo; pediatrics; whatnot, telling about this. Then I went back and spent a full day in Bethesda and went over it with the full-time people there, who I knew well, and we had a lot of wonderful arguments that day. So I think it was about seventy-four pages; we put this grant together.

And Charlie Holman, who was assistant dean, Dave wanted to make him the chief investigator. The reason was we had had some problems with the Primate Center, because the Director of the Primate Center, a brilliant person, actually was a bipolar manic-depressive person and had spent money which I won't say was improper, but not done in the best sense. So Dave Baird and Charlie and Hod Lewis and I felt it would be better to make the administration be the chief investigator.

So we applied for a grant of 1.3 million a year for seven years, and they gave two grants, one to Julius Comroe in San Francisco and one here—and I think this was '61—of \$800,000 a year for seven years. That's \$5.6 million. That was a lot of money. And the three people primarily involved in clinical cardiology, the most of it was Charlie Dotter in radiology; and Albert Starr, who was then doing a lot of research. Actually, Starr was a brilliant man. He was known as the great kid surgeon in Korea, because he was young and had his training at Hopkins and then Columbia. And the three of us, we were the, you might say the triumvirate, who got most of the money and put it mostly together. But physiology, they got money, and Joe Matarazzo was able to hire a person doing basic research in experimental psychology.

ASH: Did you write that grant?

GRISWOLD: I wrote it, and Charlie Holman rewrote it, and I approved it. But I knew how to do the grants. I had been on some of the national committees. The thing about a grant is, first of all, you don't pad it. You don't put everything into it. But you have enough information and enough data so you know that what you're going to do can be accomplished. There's gamesmanship in grantsmanship, as there is in most life.

ASH: But this was a milestone grant, though, not just because it was so large, but also there was so much collaboration involved.

GRISWOLD: First two in the country. Pathology, physiology—Dr. Saslow never really got interested. I couldn't get him. But Joe Matarazzo, we got him interested, very much so; chest diseases, Don Pitcairn; Jim Metcalfe got some money.

But the key to it all was the cardiovascular surgery and the evaluation of patients for selection, because Dr. Starr and Mr. Edwards had worked on this valve, and it was going pretty well by the time that grant was applied for. Louis Katz from Chicago was the chairman of the site evaluation committee. He walked in the cath lab we had down on the ninth floor, he looked around, and everything was jury-rigged. He said, "I like this lab. A lot of good work is done here." And he walked out. And the other thing he asked, he said, "Who selects the patients?" Dr. Starr was on one side of him and I was on the other. I said, "Well, we just have a mutual understanding."

ASH: How did you hear that your grant was being funded?

GRISWOLD: A letter.

ASH: So there wasn't any phone call?

GRISWOLD: Not that I remember.

ASH: So what was your reaction?

GRISWOLD: I said, "Hell, they cut us from \$1.3 million to \$800,000 a year. They cut \$500,000 out of it" [laughter]. I didn't expect to get \$1.3 million. It wasn't padded, but I had everything in it that I thought I'd be needing to make the kitchen sink work.

ASH: So did you celebrate?

GRISWOLD: Oh, I don't know. I didn't get drunk [laughter].

ASH: How did you tell everybody else who was involved?

GRISWOLD: I'd call them up or see them in the hall. I think Charlie Holman got the letter, because he was the director, and I was supposedly the research administrator, whatever that means [laughs].

ASH: So were you the first to know after him?

GRISWOLD: Yeah, he called, and that's fine. It was a lot of money.

ASH: That was a milestone grant. Well, I understand after that you applied for a grant to do some clinical trials, and that, again, was a milestone grant, in that this kind of thing was fairly new.

[tape stopped]

[End of interview 2]

Interview with Dr. Herbert Griswold
Interviewed by Joan Ash
July 21, 1998 [Interview 3]
Site: Dr. Griswold's home.
Begin Tape 2, Side 1

[Editor's note: Interview begins midway through the first side of Tape 2, Side 1]

ASH: I'm once again talking to Dr. Griswold, and this time it's July 21, 1998, and we're talking about the renewal of the program project grant.

GRISWOLD: There were two renewals. The first one was I think 1966, because at the end of five years you had to renew, even though it was a seven-year grant—the first grant was seven years, \$800,000 a year, \$5.6 million. Dr. Bristow didn't know why Dr. Holman was the principal investigator. I think we've already discussed this a little bit, but there were some problems with the Director of the Primate Center, and Dr. Dave Baird and Charlie—and I agreed with it—decided it would be best to put it at a high administrative level, since it was such a big grant.

Now, for the renewal, which was in '66, and which was renewed for five years, Dave Bristow was made principal investigator. Dr. Holman and I talked it over. Charlie Holman had ended up Dean—David Baird had retired—and thought David should be the one. Dave and I talked about what should be in the—one of the key things was this matter of cardiac surgery versus medical management of coronary artery disease. That's where I had the big argument with Mike DeBakey and that group.

ASH: That was in a meeting, you said?

GRISWOLD: Way back in the mid- to late sixties.

And that was renewed, and then it was renewed one more time, so there were two renewals.

ASH: So the argument you had with—not argument, but...

GRISWOLD: Well, it wasn't an argument, it was a discussion. It was interesting. I was chairman of the Scientific Program Committee of the American Heart Association.

[tape stopped]

This was putting together a program out of about 1,200-1,400 abstracts. It was big job, because it was a five-day scientific meeting. And anyway, I went into the committee on cardiac surgery, and they had a small pile, and then they had a big one. And I said, "Gee, you've got a big pile there. What's that?" He said, "We do coronary artery bypass

graft surgery, too” [laughs]—which was interesting, because everybody wanted to get on the scientific program.

There was an old saying, you know, “Have grant, will travel.” [Laughing] You’ve probably never heard that, but it was true. Well, the other one was, “The full-time chairman of the Department of Medicine, he’s full-time away.” All sorts of jokes about that.

Anyway, at this particular scientific meeting, which was—I think it was in Dallas. Anyway, we had this special meeting with a group of people, Dr. DeBakey and Dr. Gorlin and Johnson and a couple of others and myself, and I was chairman of this press conference, is what it was. There were about two hundred people, from everything from TV to radio to magazines at the conference. I said that there has to be—I posed the question to each member of the panel—a scientific evaluation of whether or not surgery is any better than medical management. And Mike DeBakey said, “Oh, you can’t do that. That’s malpractice.” I said, “Dr. DeBakey, that’s science” [laughs].

Anyway, we did do this, and Dave Bristow had already given me the idea. This went on for, I think, ten years at Oregon. And it came out over a period of time that we found, and others confirmed, that there are a few instances where surgery is much better, no question about it. Most of the patients, though, with tight medical management, diet, weight control, exercise, drugs—people live just as long and do just as well. In other words, life is not necessarily prolonged nor is the quality of life any better. Anyway, that was that study.

ASH: Was that the gist of the third renewal as well, or was there a different direction?

GRISWOLD: Well, Dr. Rahimtoola, who was at Cook County [Illinois]—and they were having a lot of problems there with the county commissioners—Dave Bristow persuaded him to come out, as a member of the faculty in cardiology, which he did, and he became a director of the program project grant.

And the fourth renewal didn’t occur, so that’s all right; we had about fifteen years of financial support from NIH.

ASH: You said in the beginning that Dr. Starr was doing a lot of research when you first applied.

GRISWOLD: Dr. Starr was a very skillful, very knowledgeable person, and he was doing a lot of research, both in cardiac surgery in congenital heart disease, and, of course, he developed the artificial valve with Mr. Lowell Edwards. Ever visit Edwards Laboratories, which is now down in southern California? They had over, I’d say, several hundred different types of valves that they had worked with in their lab, that Mr. Lowell Edwards worked with. And the one that they finally found and used in humans—and it was for replacing a mitral valve—had a ball; it was sort of a ball valve prosthesis. And

the first patient at Oregon, I remember her because she was a very bright, *very* sick Afro-American young lady, and after six months in the hospital, her failure was controlled, and Dr. Starr did surgery on her; which was a big success until that evening when they sat her up in bed to take a chest x-ray. Well, she had such a huge chamber in her heart, she had, still, air in her heart, and she died just suddenly of an air embolus; and it was a tragedy, because from a surgical standpoint, it was a superb success.

Well anyway, that started it off. We were overwhelmed by so many patients. Dr. Starr, in 1965, set up an open-heart surgical procedure at the old St. Vincent's Hospital, and I helped select the first young girl for him to do, who had isolated pulmonary valve stenosis. And everything went beautifully, and he was off and running.

We were overwhelmed with patients from all over the world, though, very early on, with mitral valve disease. Some of them he had to do triple valve replacement, and that's no mean surgical pass.

ASH: When you say you were overwhelmed with patients, all of the cardiac surgeons were overwhelmed with patients?

GRISWOLD: We were the only place doing them. No place else in the country was doing artificial valve replacement with success. So that was the first, really—there had been artificial valves before. Hufnagel, way back in the fifties, and a few other people, but none as successful as the valve which Mr. Edwards and Dr. Starr developed.

I remember Albert worked a year in the dog lab, and I don't know many operations he did in the dog lab with different valves. Finally he came to me and he said, "Well, we've got one which doesn't clot so commonly and works very well," and that's when we did the first patient, which would be about 1960, '59 or '60. Because in our first program project grant we were doing valve replacements, and I think that's one of the reasons why we secured that bigger grant.

ASH: When you say you had so many patients that he started doing surgery at St. Vincent's, I think you told me before that there was some feeling at the Medical School that—

GRISWOLD: Well, Dr. Holman felt that we shouldn't saturate the University Hospital with open-heart surgery patients.

ASH: You could have filled the hospital?

GRISWOLD: Which I felt was all wrong, and told him so, but I was just a voice in the wilderness. So the patients who had insurance or private means, they could be done at St. Vincent's Hospital. We had a waiting list, like with patients with aortic valve problems, in which more patients were dying waiting for surgery than died during surgery, by far. There was a huge national backlog of patients with valvular heart disease,

because surgery had been indirect and opening the stenotic or narrowed valve by finger or by instrument, which was a partial success, not necessarily a great success.

It's just like [laughs]—I was on a panel looking at the societal, ethical, medical, and religious implications of a totally implantable artificial heart in 1973; and the question was, well, suddenly you have this artificial heart that works. How are you going to take care of all these patients? Well, you don't. You can't take care of all of them immediately. The logistics are enormous.

ASH: And so that was what you were facing?

GRISWOLD: That's what we were facing here. We had a waiting period that was just almost as bad as the transplant program. You know, you wait two years for surgery [laughs]. So even though you were trying to select those who were the sickest and do them the first, you can't always predict for people with serious heart disease, how long they're going to live or who needs surgery the most.

ASH: Was he training others to do the surgery?

GRISWOLD: Yes. Well, that was the other thing. Very important. In cardiology, when I came back, I felt very strongly that training people and cardiologists in Portland was an important part of the Medical School; so laboratories at Providence Hospital, the Cardiac Cath Lab, St. Vincent's Hospital, Good Samaritan Hospital, Emanuel Hospital, were all set up by people trained in the division of cardiology at the Medical School and the VA Hospital. And Dr. Starr, people who he trained, and he had a superb training program from early on, ended up being the cardiac surgeons at Providence, St. Vincent's, Good Samaritan, Emanuel. And, then, some of his surgeons established programs in Boise, Idaho; Eugene, Oregon; Medford; Seattle.

And in cardiology we had a number of people from the hospitals in Portland come up and work in the cath lab, say one day a week, and so I was involved in teaching them. I would do the various procedures, and then they'd go back to their hospitals and set it up. But we also had people who ended up directing cath labs at McGill University, Vancouver, B.C., Victoria, B.C., Spokane, Boise, you name it.

Of all the trainees we had—we looked at this one time several years ago, about fifteen years ago—thirty percent of all the people we trained in clinical cardiology—medical cardiology, not surgical—ended up in full-time medicine. Like Dick Lewis is now chairman of the Department of Medicine at the University of Ohio, [Derek Marple?] is running the cath lab at McGill University. You could go on and on like this. In Oregon Dave Bristow, Don Kassebaum, George Porter were all at one time fellows in the Division.

The other thing I learned very early was how to recognize bright young men and women. One thing that's very interesting, if you find that while they are a resident they're doing research and they have an inquiring mind, you ought to grab them. And Dave

Bristow, Frank Kloster, George Porter were all like that; they were doing research while they were still residents and interested in it.

Another thing, in the Division, is that if you can find somebody who's very good, where do they need to go to get some additional training? Like Frank Kloster was interested in using radioactive material for studying the cardiovascular system. So to get a proper license from the Atomic Energy Committee, I sent him back—I think it was three months or four months—to get a special training program at the Atomic Energy Commission. So he got his licensure, to use it on humans.

ASH: You did this with a number of people, and one of the questions I had planned to ask you was, how did you know where to send them? Did you have a network of friends?

GRISWOLD: Well, I grew up in cardiology in the forties and early fifties, and everybody knew everybody else. You knew where the good people were and you knew where the bad people were. And the good people, like Julius Comroe, who was chairman of the department of physiology at the graduate school of medicine at the University of Pennsylvania Medical School at the University of Pennsylvania, he came out and set up the Cardiovascular Research Institute at UC in San Francisco. Dave Bristow and I had a discussion one time, and I said, "Well, would you like to go there?" He said, "Well, it would be very worthwhile." I said, "It would." So I picked up the telephone and I called Julius and I said, "Dr. Comroe, I have a bright young man who would like a fellowship with you. He'd like to begin such and such a time." He says, "Fine. I'll send an application he can fill out so we can make it formal, but he's coming." That was it. No letter, no nothing.

ASH: But he trusted you.

GRISWOLD: Well, he knew you.

ASH: He knew you and he trusted you.

GRISWOLD: Just like, you know, you develop certain recognition, whether you seek it or not.

[End of Tape 2, Side 1/Begin Tape 2, Side 2]

GRISWOLD: Don Kassebaum went over to the University of Utah, where Hans Hecht was. I'd already talked to Dr. Hecht, and he went over and worked there doing some very fundamental, basic electrophysiology with the scientists from Trautwein. I don't know whether Trautwein was in Heidelberg or where in Germany, but anyway. So that's where Don Kassebaum did his; this is after he finished his residency and fellowship training program at Oregon.

ASH: Did you act as more or less a matchmaker, trying to find personalities that would match?

GRISWOLD: Well, first of all, I was interested in what *they* were interested in.

ASH: Their special interests.

GRISWOLD: What their special interests were. Dave Bristow quotes this: when he came back from San Francisco, I asked him what he wanted to do. Well, he knew exactly, you know. He said, "Well, I'd like to run the cath lab." I said, "Fine, you're the director of the cath lab." [Laughs] That simple.

ASH: You needed a director of the cath lab at that time?

GRISWOLD: I was tired [laughter]. I think a good administrator keeps giving jobs away until he has nothing to do. [Laughter] No, I'm serious.

ASH: A word to the wise, there.

GRISWOLD: And like George Porter was always interested in hypertension and renal function, and he worked with Dr. Berliner at the NIH and then went down to San Francisco again. One of the hard jobs I had was George Porter was making him take over the Department of Nephrology, because at that time it was the Division of Cardiovascular Renal Diseases.

ASH: Everything.

GRISWOLD: Everything: high blood pressure, kidney.

ASH: This was your department?

GRISWOLD: This was my Division, yes. We had the biggest Division in the Department of Medicine, by far. Also the most money and the most grants.

ASH: That's an amazing accomplishment.

GRISWOLD: Oh, no. It wasn't hard. I remember one time Don Kassebaum was trying to set up a coronary care unit in the North Hospital, and he was having lots of trouble with space and whatnot. I said, "Well, Donald, let's just start over. Use your imagination. What do you really think you'll need to put in it? Come back in a couple of days and tell me." So he went off and looked at it, and he came back and said, "Fine, we can get it done." And we did, up on the fourth floor of the South Hospital.

The coronary care units made a lot of difference, when people would have acute heart attacks, in evaluating and caring for them.

ASH: Can you tell me something about Dr. Dotter?

GRISWOLD: Dr. Dan Labby—who you must interview—after medical school he'd had his residency program with Cornell in New York Hospital, and he met Charlie Dotter, before Dan came back to Portland, I think in 1948 or '47, I don't know which. Anyway, I knew of Dr. Dotter by his scientific papers, because he worked with Steinberg, who was one of the early people in angiocardiology. They were having a devilish time trying to get a full-time head of the radiology department, and Charlie—we didn't have to talk him into it. He thought it would be a great opportunity. So he was a very important addition. Charlie Dotter had thirty brilliant ideas a day. It took the rest of us to figure out which one was really worthwhile [laughs].

ASH: Were you the one who recruited him?

GRISWOLD: No, he'd already been recruited, but I helped persuade him to come out. He was great. A most unusual person. Brilliant, absolutely brilliant.

ASH: Was he part of the continuation grants or just the first one?

GRISWOLD: Well, I didn't remember this. I don't have this information, but Dave Bristow said that he was not part of the renewal, and I don't remember that. But the first grant, the one that was \$800,000 a year, included physiology; pharmacology, a little bit; pathology; pediatric cardiology; adult cardiology; cardiac surgery; clinical medical psychology, not psychiatry but psychology; chest diseases. I mean, a lot of people were supported. Faculty technicians, supplies, equipment.

ASH: You mentioned that you had a hard time getting George Porter to take over.

GRISWOLD: Well, you know, [laughing] I love George. I really do. He's a great guy. But I said, "George, you've got to be head of the Division." He says, "I don't want that administration. I just want you to solve all my problems" [laughs]. That's about what he said. I'm paraphrasing it.

ASH: Well, when did he finally take over?

GRISWOLD: Oh, I think—really, the thing that stimulated it was the renal transplant program and the need for chronic failure patients. And it was obvious to set that up—I mean to expand it and do it properly. And also by then he'd had enough trainees in nephrology to expand the faculty in nephrology and become a more or less independent unit. Dr. Bennett was one of the key people. And the chap who was head of medicine for a while at the VA Hospital—anyway, he was one of Dr. Porter's trainees.

ASH: So his unit became another division?

GRISWOLD: Within the Department of Medicine. George was a really unique person because even as a resident he did a lot of research. And he was particularly

interested in evaluation of drug therapy in hypertension and kidney disease. He's a prolific worker.

ASH: Since we're on the topic of administrative duties, you had a large amount of administrative duties. You must have, with such a large department. How many faculty did you have?

GRISWOLD: Well, between the VA—it varied. See, in 1973, I resigned as head of the division of cardiology. This was stimulated by Dr. Gene Stead, who was professor of medicine at Duke, who was probably one of the finest chief residents at the Brigham at Harvard Medical School in Boston before he ended up at Duke. He was visiting with me. He said, "When is Dr. Lewis going to retire?" I said, "When he gets old enough, I guess." Because I think Hod then was over sixty-five. He said, "Well, I'm going to resign as chairman of the department of medicine when I'm fifty-five." I said, "Why?" He said, "Well, Gene Stead at fifty-five is certainly not the Gene Stead at age forty-five, and far from the Gene Stead at the age of thirty-five." And that made me think a bit. So in '73, which would be the age of fifty-six, I resigned as head of the division, which I did not regret. You need new people, new ideas, new ways of doing things. Frank Kloster agreed to be chairman of the Division.

ASH: Were you still faculty then?

GRISWOLD: Oh yeah. I still did a lot of practice and teaching, rounds, and everything else. But I remember Frank Kloster, after he'd been head of the Division of Cardiology for about nine months, I went in and I said, "You look beat, Frank." He said, "You're a nasty man." I said, "What do you mean?" He said, "I never had any idea how much work you did, what it meant to be a division chief." And it is a big job. You take the VA—I once figured out between the VA and the Medical School, and all the grants, all the people and everything, the budget was over a million dollars. It was close to two million. That's a lot of money. Of course, there's a lot of lab work in there, a lot of technicians.

ASH: It's also a lot of people.

GRISWOLD: Oh, a lot of people. You take EKG: we had six or eight technicians; the lab at the VA had four technicians—the lab, plus EKG technicians. Faculty: three or four at the VA and four or five at the Medical School, and then, at one time we had as many, I think, as twelve fellows. So there were a lot of people, but the main problem was getting money for them.

ASH: And keeping it.

GRISWOLD: I had a peculiar habit. We needed something, and I would order it, and we'd be over budget, and I'd go in to Charlie Holman, when he was head of the Hospital. He'd say, "Herbert, you overspent." I'd say, "I know, and I need another \$50,000."

ASH: And you got it?

GRISWOLD: Yeah. [Laughing] The thing is, the administration always trusted me. There was no frivolity in the money we used and spent.

ASH: Two things in particular I want to ask you about that time. One was building up to become a university. You retired just before the three schools became a university. And the other is the town-gown relationship.

GRISWOLD: Oh. Well, the town-gown, let me say that in the modern town-gown relationship, there is one thing that disturbs me no end, and that is the effort by—and this is for the record.

ASH: Good.

GRISWOLD: The effort of Good Samaritan Hospital to start doing renal transplants and their effort two or three years ago to start doing cardiac transplants. This type of surgery demands exquisite knowledge of about patient care, not just surgery, and it demands a team which has a high volume of patients so they have a high volume of experience so they end up with extremely low mortality and morbidity. And I would certainly hate to be the first patient, or have anything to do with the first patient, to have renal transplantation at Good Samaritan Hospital.

I don't know why, but Good Samaritan also—this was a number of years ago. They were trying to do open-heart surgery, and their patients were dying, literally. And the chief of surgery in the hospital invited me to lunch, and he said, "What can we do?" I said, "Well, first, you stop all open-heart surgery, bang. And you don't stop it tomorrow, you stop it today. Second, you recruit a well-trained young man or woman out of a good training program, such as Dr. Starr's or wherever it may be, to come in and set up the program. Three, you have the present chest surgeons be assistants, but they're not to learn to do the procedure or to do a procedure until that younger man or woman you brought in says they're ready to do it." So they stopped the surgery. They recruited a chap who was in training under Dr. Starr to set that up, and after he was there, it was just a few months—bang, and they're off, they're doing superb open-heart surgery.

That's the way you spread medicine. Do it logically and thoughtfully, not out of—well, I really don't understand why, other than a matter of feeling inadequate. They need to think they could do these procedures at Good Sam.

ASH: A little competition?

GRISWOLD: Well, it will dilute—experiments dilute the kidneys, the hearts, and lungs and pancreas that are available for transplantation, and that means that the only person who's going to benefit are the people doing the surgery, to the detriment of the population.

ASH: Doesn't it all come down to finances?

GRISWOLD: Oh, I won't go into that.

ASH: Well, it's on my list. I'm supposed to ask you about that, about the payment for services aspect of the town-gown relations.

GRISWOLD: Oh, it was money, jealousy—greed most of it. A lot of them are honorable men who believe that; but it was mainly directed against the high money earners at the Medical School. Like down at Good Samaritan Hospital, Dr. Ken Swan was obligated to go down because—Dr. Swan, Dr. Lewis, and myself, all the people who came here early, we were what was known as “geographic full-time.” Like my salary, \$4,500 a year; I was supposed to raise, by seeing private patients, my income. And Ken Swan had that obligation. Clarence Hodges in kidney disease: Clarence went over to Emanuel Hospital.

ASH: We had no hospital then, correct?

GRISWOLD: Yes. Not initially. Now, see, the old Doernbecher, which was converted to the clinical lab, they had a different setup before the University Hospital. Like Dr. Bilderback and people in surgery and Dr. Swan and myself, you have a private patient, and you billed the patient and collected the fees, period. That had been going on since the late twenties, early thirties when Doernbecher had gone up. It wasn't just suddenly developed.

Then they were going to start the University Hospital, which opened in '56, and there was a terrific stink again by certain people, and it was mostly jealousy. And so they set up a practice ban whereby if I saw a patient in the hospital, the hospital billed for me and collected the fee.

ASH: Then did you get it back?

GRISWOLD: You might get it back in an increase in salary, you might not. It depended. But, see, we're not unique in that. There's been town and gown tension at every medical school in the country, to varying degrees. This is among doctors, and between *this* private hospital and *that* private hospital. Like, there was this great feeling when Emanuel Hospital was made a quaternary or fourth-level emergency service—doctors at some of the other hospitals in town were miffed to beat the devil about that. They thought, “Why didn't we get it?” Well, Emanuel had a good show they put on, they put a lot of money into it in the way of equipment, area, and whatnot, and they'd done a superb job.

So it was not limited to the Medical School. But certain things—like the burn unit at Emanuel Hospital has done a great job for a long time. Well, there are not enough burn patients in the state of Oregon to justify more than one good burn unit. I don't know

about the Medical School, if they handle burn patients now, but a long time ago, if we got a burn patient, we'd just shoot him over there, because they were set up and they did a good job. They're difficult patients to take care of, multiple skin transplants, infections, everything else going on. You just don't take care of burn patients in an ordinary hospital setting.

ASH: One of the things we talked about before that I think was lost on the tape was, there was an effort at one point by the community to remove Dean Baird?

GRISWOLD: No. I mean, he argued with them. Now, Dean Baird was a visionary. See, before World War II, the only full-time clinical faculty member at the Medical School was Ed Osgood, and he was geographic full-time in hematology. After the war, then, they established, initially, Dr. Livingston in cardiac surgery and Hod Lewis in internal medicine. By that time, Dean Dillehunt had a medical student to help take care of him. He had a heart attack in '42 or '41, and Dave Baird had been made Acting Dean, because he was Assistant Dean, then Dean. And his idea was that it's important to develop the physical plant, the buildings, the laboratories so then you can attract faculty. And that's what he did. There was antagonism, but the antagonism against Dean Baird—it wasn't against him, it was against the Medical School.

ASH: The other thing we should talk about is becoming a university. Were you a part of any of the planning for that?

GRISWOLD: Well, they were discussing it. See, we had three deans: School of Nursing, School of Dentistry, and School of Medicine. And, then, the national scene was, well, we need a president who's over all these three. And Charlie Holman, who was Dean of the Medical School at that time, was the first president, and he was only president a few short years before he retired, and, unfortunately, died of cancer within a couple of years after retiring. But the Oregon Health Sciences University went through, I think, three different names [laughs] before they settled on that one.

Then Laster was brought in. He had certain problems with the faculty, but actually he was a visionary and became a good spokesman for the University with our senator, Mark Hatfield, who, as you know, supported the Medical School enormously in the way of physical plant.

ASH: Did you ever know Dr. Bluemle? Yes, you must have as a faculty member, but you weren't Division head then?

GRISWOLD: Dr. Bluemle.

ASH: Bluemle was the president in 1974, before Laster.

GRISWOLD: Oh, he took Dr. Holman's place.

ASH: Right.

GRISWOLD: I knew him. I didn't have too much to do with him.

[tape stopped]

ASH: So when you were a division head, did Dr. Holman have any committees that you served on? Did he have a council of department heads and division heads? What was the administrative decision-making structure?

GRISWOLD: Let's go back to Dr. Baird.

ASH: All right, good.

GRISWOLD: Dr. Baird didn't believe in committees. Dr. Baird would have lunch—first over at the Basic Science building—and he'd have a table, he'd sit at the head, and others would join him. That's where the business of the Medical School went on. Seriously. He'd have a problem, and he'd say, "Well, we've got this problem. Herbert, I want you to think about it and come see what you think we should do about it." Or he'd tell somebody else. I wasn't the only one. He said, "You go off and think and talk to people, and after two or three days, you get back to me." "Well, what about this?" That's the way decisions were made, and usually they were pretty wise decisions, because he'd modify it or change it.

They developed various committees later on, and I avoided them. I think if you get a committee going, it takes a year before everybody is comfortable with each other, before you can talk to somebody, disagree with them without them feeling a sense of paranoia. Well, that's a waste of time, mostly. I don't like to function that way. I don't like committees. The one committee I did like was the Scientific Program Committee of the American Heart Association, but that was science.

ASH: As far as faculty involvement in decision-making, do you recall any instances? This was before the Faculty Senate.

GRISWOLD: Good question. Well, on the faculty we had this horrendous amount of discussion, argumentation and disagreement on how to establish private-practice plans. That was a fight, in which the surgeons wanted to do this—I don't know about today, but there was a period several years ago, you'd have a patient coming in, he could get billed by ten, eleven, twelve different doctors, all separate, bookkeeping separate, billing to the insurance company separate. Absolutely a waste of time. I always liked what they did down at the University of Arizona, Tucson. You had a patient; no matter who saw him, what member of the faculty, all this was accumulated, collated, documented, and then one bill went out to the insurance company, with a copy to the patient. I don't know how it is now.

ASH: I think it's more like that now. There's a practice plan.

GRISWOLD: Yeah. But there was that period in which the Department of Surgery was arguing about this and that and everything else, and somebody decided they weren't going to go into this because they couldn't control it. Oh, it was a bunch of ridiculous things. And the reason was, there was nobody in administration who would lay it out. Other medical schools had our problem, and they established a practice plan by fiat, by the administration. They would lose a number of the clinical faculty. Maybe—Rand Corporation did a study on this—I think about a quarter of them quit. Well, analyzing it, they're easily replaced by other as good and sometimes better women and men, and everything would be nice. But it took a lot of courage and guts.

[End of Tape 2, Side 2/Begin Tape 3, Side 1]

ASH: It's July 21, 1998, and this is Joan Ash, interviewing Dr. Griswold. This is tape three.

We were just talking about the practice plan.

GRISWOLD: And Dr. Holman and Dr. Bluemle, Dr. Laster sort of made a feeble effort, but I don't—well, it's what, fourteen years, so I don't know how Dr. Kohler is doing. I just don't know. I can't comment on it.

ASH: Well, we're more interested in history anyway. I wasn't aware that there was this faculty discussion at the time.

GRISWOLD: Oh, it was enormous. What a waste of time.

ASH: Now, at this time was Dr. Starr still doing surgery here?

GRISWOLD: Dr. Starr started doing it at St. Vincent's in '65. He still does surgery, although I heard through the grapevine that he's thinking of retiring. I don't remember the date Dr. Henry DeMots was made head of the Division of Cardiac Surgery, but that would be about the time the cardiac transplant program started here. Albert wanted to establish a cardiac transplant program way back, because everybody else was trying and killing people. And I was one of the few people who blocked it. I mean, I told him he was all wrong [laughs], I told the administration, we had meetings, and whatnot—because the matter of rejection had not been solved in cardiac rejection. It had been mostly solved in kidney transplant. That was one of the reasons we had such a good renal transplant program. But I would say it's been fifteen, sixteen years since Dr. Starr was very active at the Medical School. Most of his surgery has been at St. Vincent's Hospital and Emanuel Hospital. Big surgical program. Well done.

ASH: He has trainees all over now.

GRISWOLD: Through, I think, the American College of Cardiology he had trainees, physicians from foreign countries who would come and train under him, mostly at St. Vincent's. And they were well trained. I mean, he was a superb trainer.

ASH: Can I ask you what you're most proud of in what you did at the Medical School?

GRISWOLD: I think it really was really training young men and women. The research, that comes automatically. The recognition of young men and women, and scrounging for funds, [laughing] which I was very good at, I must say. And I think a good example of that, in 1961, a \$5.6 million program project grant. I told you the history of that; I don't need to repeat it.

ASH: So what would you say if I asked you what was the most fun about your work?

GRISWOLD: Oh, I'd say there were several things. There was nothing "most" fun, there were several things that were fun. One of them I always enjoyed—Dave Bristow says I'd make the diagnosis as I walked into the door of the room [laughs]. But, when everybody else would be puzzled about something, I could, not infrequently, figure it out.

ASH: That would be fun.

GRISWOLD: Yeah. I'd say the other thing that was fun was to see J. David Bristow become Chairman of the Department of Medicine and George Porter Chairman of the Department of Medicine, Don Kassebaum become—I don't know, associate dean or dean I think it was, at Arkansas.

ASH: Vice president? I think he was the dean after he was vice president.

GRISWOLD: Yes.

ASH: And now he's in charge of accrediting all medical schools.

GRISWOLD: I know. A terrible job [laughter].

ASH: He likes it.

GRISWOLD: Well, Don is a hell of a good administrator, and this is something he'd love.

ASH: He's also consulting all over the world about that kind of thing, too.

GRISWOLD: That's good. I remember when Don Kassebaum came back from this year with Trautwein and Hans Hecht's laboratory. Hans Hecht called me up and said, "I don't want him doing clinical work. Just keep him in the lab." We got a little lab technician and got him equipment, and that was it.

ASH: Perfect for him.

GRISWOLD: And he worked very hard for two or three years. Then he came to me one day, and he said, "I'd like to get into the clinical EKG lab." And I said, "Well, you're the director of it" [laughter].

ASH: When I talk to George Porter, is there anything in particular you think I should ask him about?

GRISWOLD: Ask him what he's had the most fun at. When George became Chairman of the Department of Medicine, he came up here, and we talked for a couple of hours. I said, "George, do it for five years. At the end of five years, if you don't like it, quit." Well, he didn't quit, because he got so he liked it.

It's not an easy job, being an administrator like that. Everybody thinks they know the answers. I always loved—talk about committee meetings, we had a weekly Department of Medicine meeting, and we might as well have had about ten or twelve tapes, because you knew what each individual faculty member was going to say about something. Most of the time, it was a waste of time. I told him about that, and he said, "Well, it's important to get people together." [Laughing] I said, "I'm better on the golf course."

ASH: Did you play golf?

GRISWOLD: Oh yeah, I played golf. I was a good golfer.

ASH: Is there anything I've neglected to ask that you think might be important for history's sake?

GRISWOLD: Oh, I want to emphasize one thing. It wasn't really spelled out very clearly. That is when Dick Sleeter, Dr. Richard Sleeter, came—he was a practicing pediatrician—to be head of the Crippled Children's Division in 1953, I think it was. After he'd been here a while and I got to know him very well, I said, "We've got to set up a congenital heart program," because at that time the Crippled Children's Division was orthopedic problems, cleft roof and palate, neurological problems, congenital neurological problems, spina bifida, things like this. And the congenital heart disease in other crippled children's divisions in other states was an important part of the program. He said, "I agree." So we set up a congenital heart clinic. One patient. I think that was December of '55. I said, "Richard, you don't know what you're getting into, but you're going to be busy as the devil within three years."

You want to talk to Vic Menashe. He's very important in this, because Vic, after he finished his residency—in pediatric residence—became Assistant Director of the Crippled Children's Division and was very much interested in heart disease. I got him to come over to the cath lab a day a week and taught him how to do heart catheterization. So he was really the person who really maintained that aspect, both in the Hospital and in

pediatrics. Dave Bristow talks about Dr. Martin Lees. Well, Dr. Martin Lees was important. He came from Boston, the Children's Hospital in Boston, and he set it up. That was a blessing, because we were relieved of a lot of the cath lab work.

There's one more thing I wanted to mention. I don't know how much I talked about the heart research lab and Dr. Metcalfe.

ASH: Not very much at all.

GRISWOLD: Oh. Well, this is rather important.

The Division of Cardiology, the funding—this is before the program project grant. Oregon Heart Association was very important. The Dant Equipment Fund—there was the Dant family, who were very wealthy, who sold out to Georgia Pacific. There was his widow, Mrs. Mabel Dant, and Tom and two other sons. There were four of them.

Homer Rush was a good fundraiser, among other things. He was a great fundraiser. He talked them into giving money to the Oregon Heart Association for equipment for medical cardiology research. Then, the Irwin family, which, again, had a lot of money, they set up an Irwin fellowship program, for some of the early people that were scholars. Then Mr. Brown, who was president of Standard Insurance set up the Brown Fellowship, which Dave Bristow talks about a little bit.

And then in, I don't know, '56 or '57 Homer Rush, Hod Lewis, Frank Hunter and I discussed having Oregon Heart Association establish a research professorship chair in clinical cardiology, giving financial support for a period of five years. And we were the first Heart Association affiliate to do this in the country. Now Oregon Heart has a number of them.

But Jim Metcalfe—I had several people I was trying to recruit; even when I was in England I was trying to recruit. I visited schools. I told him about this, and he was very much interested, so we offered him this chair. I got all this space up on the ninth floor of the Research Building—part of it from Charlie Dotter, much to his disgust, but it wasn't being used. And Jim Metcalfe established the heart research lab up there, which was astoundingly productive and very important. And it was really an autonomous portion. He was in the Division, came to our Division weekly meetings, in which he would always make some major contribution to the discussion. But that was really a plum in the Division to get that established in the Oregon Heart Association and then to get the money.

ASH: Now, did you say five years?

GRISWOLD: Initially, but it was continued.

I remember Jim was doing some research in Germany after he'd accepted this. He said, "I need some pigmy goats as a research animal." Fine. So I got the money from the

Dant Equipment Fund from Oregon Heart Association to get six pigmy goats, which I think came from Sweden; they originally came from Africa, and then they went to Switzerland, and then they went to Germany. Each one, why, they had longer and longer incubation period, so by the time we got them to Sweden—and they'd only sell pairs. [Laughing] We had to get three little male pigmy goats and three female. We only needed one male, but—and Jim Metcalfe, when he bought his house, he had those pigmy goats out there, initially, raising them and whatnot, out there on his property.

But they were a wonderful research program. Jim Metcalfe was unique. I said the only research he could do is if it involves the letter "P". He was interested in porcupines; poultry, the fertilized chicken egg; the platypus. [Laughing] I'm serious. I said, "Jim, it's got to be a 'P'." And he'd done a lot of them, because he was interested in the adaptation, during pregnancy, of the cardiovascular system. But, like he went down to Australia to get blood from the platypus.

But he was an extremely important addition to the Division of Cardiology. He got a lot of his own funds. He had carte blanche freedom. He was his own boss. That's what you have to do, you give people space—back away from them and leave them alone.

ASH: You mentioned England. In the late fifties, you took your sabbatical.

GRISWOLD: In '57. Dr. Arthur Seaman, who was in hematology, was the first clinical faculty member to take a sabbatical. He was there, I think, in '55 with Dr. Owren in Oslo, working on anticoagulants. So that gave me the idea. At that time in the scientific program of Oregon Heart Association we'd have speakers. They'd go to Seattle, Portland, San Francisco, Los Angeles. And one group that came through had Dr. Paul Wood, who was director of the Institute of Cardiology at the National Heart Hospital, London. I think this was '55. Anyway, I said, "I'd like to come over and spend a year with you." He said, "Fine. I won't let you work in the lab. But come over and we'll teach you all about clinical cardiology." So I applied and got the first international fellowship that American Heart Association ever gave anybody; they gave it to me to start my sabbatical in '57; July '57 to July '58. That was a good year. I had a lot of fun.

Arnold Johnson, who had been with me at Hopkins and then was up at McGill, by sheer serendipity, was there the same year I was. We were good friends before, and we did a lot together.

English are very fascinating. The first three or four months, I didn't feel they were cold; they were very nice, very pleasant—I'm talking about the high-level people—and suddenly they accept you. Well, when they accept you, there isn't anything they won't do for you.

ASH: You were part of them?

GRISWOLD: I was finally accepted and Arnold was accepted. So there was Paul Wood, Evan Bedford at the Middlesex, Willie Evans and [Brigdon?] at the London,

[Graham Hayward?], who was at another medical school. See, there were eleven medical schools in London, but the chiefs of these various schools were the consultants in cardiology. They were also at the National Heart Hospital and Institute of Cardiology. So we had that exposure to them. And you'd meet with them in their own hospital, up in the doctor's room, where you'd have a bit of port with your lunch. [Laughing] Very different than in the United States.

ASH: And then when you came back?

GRISWOLD: Well, when I came back—I really had this, I'd say, this super training in physical diagnosis of the cardiovascular system, and came back and introduced all this. I remember Hod had me—one time they had their Tuesday morning conference in the Department of Medicine, for which not just faculty members, but men from downtown would come up. They'd bring in these unknown patients, and I'd go through the diagnosis at the bedside, which was fun, you know. Easy work.

ASH: You mean you were put to the test in front of everyone?

GRISWOLD: Oh yeah, everyone. No problem. [Laughing] If you know what you're doing, why, there's no problem at all. And this had been drilled and drilled and drilled over there, working with them.

ASH: Did you ever take another sabbatical?

GRISWOLD: Yes. The Fulbright International Senior Fellowship Program. I heard about it. And Harold Paxton had had a year at Nairobi University, University of Kenyatta, Kenya Medical School and the Kenyatta National Hospital, and had a wonderful time. So Norma and I talked, and so I applied. I think I had four weeks to make the deadline of when the applications had to come in, and somebody from Washington called and said, "Well, you can't possibly get it in time." I said, "It'll be there," and it was. And I got that fellowship—you had to be proposed by the Medical School for it, you just didn't do it as an individual, so I had to get the Dean to propose me in a letter [laughs].

An enormous amount of rheumatic heart disease in sub-Saharan Africa.

ASH: Where did you go?

GRISWOLD: In Nairobi, in Kenya. The chairman of the department was Hillary [Ogeabo?]. They were trying to Africanize all the faculty at that time. But Yale University originally set up, I think, a seven-year program with them to establish a good medical school. They had a good medical school. These African men and women were bright, capable, worked very hard. And the exam for foreign medical graduates' certificate, a lot of them took that exam, not necessarily to move to the United States, but over three-fourths of them would pass it.

ASH: Did you teach when you were there?

GRISWOLD: Oh yeah. Made rounds, learned a bit about tropical disease, and saw a patient which we now know was suffering from AIDS.

ASH: When was that?

GRISWOLD: This was 1976-77. And they had these terrible cachectic or negative starving patients come in, and they all called it “slim disease,” because they were so thin; the dying AIDS patients, they become very, very malnourished. And I knew it was slim disease, because they had all the complications of AIDS, secondary infections and whatnot. But nobody knew what it was. It was something we had just seen for a couple of years then, clinically.

ASH: When did you finally retire?

GRISWOLD: Eighty-three; July '83.

ASH: And what have you been doing in your retirement?

GRISWOLD: Surviving, [laughing] trying to keep vertical, not horizontal. I've had lots of problems. We won't go into those. I still get out and try to play a little golf, very badly. I used to be a good golfer, three to five handicap. I won't tell you my handicap now.

I really don't miss the Medical School. It's interesting. I think some people cannot walk away from it. We have two faculty members who'd die if they couldn't come to the Medical School. George Saslow in psychiatry is one of them. Another is Dr. Swan. Dr. Swan tried to retire a couple times—he has to come back. In other words, they have so much blood from the Medical School in them that they'd bleed to death if they were separated from the Medical School. I'm not like that.

ASH: Well, if there's nothing else you think I neglected to ask, I'm going to say thank you and turn off the tape.

GRISWOLD: Okay.

[End of interview 3]

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