

SUMMARY

In the first of two interviews, Gwynn Brice Dockery talks about her experiences in the 1930s and 1940s, first as a student at the London School of Economics in the years 1937-1939 and then as a member of the Administration at the University of Oregon Medical School. Dockery joined UOMS in 1943 as an administrative assistant to Ralf Couch, Business Manager and Administrator of Hospitals. After Couch's untimely death, Dockery continued in her position under his successor, William Zimmerman, and also worked closely with Dean David Baird and Dr. Charles Holman in hospital and clinic administration.

Dockery talks about campus life during the war years, and vividly recalls scenes of students marching out on the "back forty," performing drills under the supervision of Sarge Watts. She also discusses health services and patient care during the late 1940's, describing the long lines in the Outpatient Clinic and the health care costs associated with each patient. She talks about staffing, drug and supply purchasing, and available lab services. Outpatient Clinic patients, who came from all over the state, could only be admitted to Multnomah County Hospital if they were county residents. Dockery explains how clinic doctors would need to "shop around" for hospitals that would admit patients who needed additional care. Both the Tuberculosis Hospital and Doernbecher Memorial Hospital for Children were allowed to admit patients who resided outside of the county, and Dockery touches briefly on the administration of those two facilities. She also addresses the question of patient and student transportation to campus during the forties, noting that the students often chose skies as the quickest method in the winter months.

In the second interview, Dockery continues her discussion of the history and development of UOMS, moving on to post-war years. She talks about the development of postgraduate medical education geared toward practitioners returning from military service. The 1950s also saw the development of health care insurance provided by early companies such as Kaiser and OPS, and Dockery discusses the impact on hospital administration. She notes that the increasing pressure to maintain accurate records on patient care led to the first attempts at computerization of data in the hospitals and clinics. She again discusses the costs per patient and lab costs, noting that diagnostic technology had not progressed much beyond x-rays until the arrival of Dr. Charles Dotter.

As she recalls the names of other faculty members at UOMS during this time, she discusses the transition from volunteer to paid faculty. She talks briefly about the role of students in hospital staffing, and notes that the desire to increase student exposure to patients was a key factor in the building of the Medical School Hospital (later called Hospital South). Finally, she reminisces about Dean Baird and Dr. Holman, and the "pleasant triumvirate" they formed with William Zimmerman to run the school and the hospitals and clinics during the 1940s and 1950s.

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Interview with Gwynn Brice Dockery
Interviewed by Linda Weimer
December 3, 1997 and January 27, 1998
Site: History of Medicine Room
Begin Tape 1, Side 1

WEIMER: This is an oral history interview with Gwynn Brice Dockery, on December 3, 1997, in the History of Medicine Room. My name is Linda Weimer.

First of all, Gwynn, we would like to ask where you were born and where you were raised.

DOCKERY: I was born at St. Vincent's Hospital in Portland, and I lived in Portland, Oregon until I left, which was in 1937. I went to England to go to school at the University of London School of Economics, and then I came back to Portland for a short time and worked for the Camp Fire Girls Council. Then in 1940, I went to Great Falls, Montana, as a Camp Fire executive. Then, from Great Falls, Montana, I went in 1941 to Seattle, to work in establishing a special cooperative program with the Boy Scouts, Girl Scouts, and the Camp Fire Girls to provide activities for children of low-income families in the Seattle Georgetown district. Shortly thereafter, all that property was taken over by the Boeing Company, since it was pre-war time. When we discontinued that project, I went to work in the Seattle Camp Fire office, and I stayed there until I came to the medical school in December 1942.

WEIMER: When you were at the London School of Economics, what year was that?

DOCKERY: That was 1938 and the first part of '39. I came home because the war was about to start over there, and it didn't seem a feasible thing to stay much longer.

WEIMER: Were you studying economics?

DOCKERY: No. That's their school of economics and social science, and I was studying social science at the time.

WEIMER: So that would have been your undergraduate years?

DOCKERY: Yes. I didn't have graduate years.

WEIMER: Did you come back and finish?

DOCKERY: I came back to Oregon, by way of a scholarship for the summer session at New York University's Executive Training Program. I enrolled at Oregon State, but left for the position in Montana. I never did get my degree, which I have regretted. I was working for the Camp Fire Girls and going to school at the same time in Corvallis.

WEIMER: Did you find not getting a degree hampered your career in any way?

DOCKERY: As it happened, it didn't. I would have been more satisfied, myself, had I had it. At that time I thought I was going to be a group worker or social worker, but I didn't follow through on that career. I left college and came to the Medical School.

WEIMER: Well, let's backtrack just a few years. One of the questions we've been asking our interviewees is how the Depression affected them, whether their families, their schooling, or their education.

DOCKERY: That was part of my—actually, I got out of school, I suppose you'd say, almost at the height of the Depression, because I was out in '32. I went to school here at the U of O extension first—there was no University campus in Portland—and that was in '34. I had a part-time job at that time because there were not many people being hired. Then, that's when I started with the Camp Fire Girls. Later, I went on to take their training program for executives at NYU, so that's how I happened to stay in that field for a while. But I would say the Depression had something to do with my education, yes, because there were no scholarships. I had one short one, but—like, a hundred dollars in those days was pretty big money, and then, at that time, it was very difficult to get scholarship funds.

WEIMER: In that time period, or even a little bit later, it would have been unusual for a young woman to go off to school like you did in London. What led up to that?

DOCKERY: Well, I had relatives over there, which was part of the reason, and part of the reason was I was interested in their program, which was a little different. Actually, I was going to go over and be a dietician—that was my first love—but the course in dietetics over there was much different than here, and so my credits here and there would not work. The first year you spent your time learning to boil, and the second year you learned to fry, and the third year you learned to—finally you baked in the fourth, I think, something like that. So it was obvious that wasn't where I ought to be, so I switched to social work, and that's how I happened to end up at the London School of Economics.

But the reason was, I wanted to travel a little bit. My mother and dad had come from England, and we had lots of cousins over there, and so I thought it would be nice to go to school over there. I was a little bored with being in town, I guess, at that time, too. I was rather independent [laughter]. I didn't think so at the time, but, as you look at it now. Of course, people can do so much now that they didn't do then.

WEIMER: It's a big difference as time goes on.

DOCKERY: And the money was scarcer, too. You didn't have, you know, that to do on. But it was a good learning experience. I also worked, while I was over in England, in the county council for a small little town called Sidcup, and that was very educational because it was at that time they were preparing for war. I was working with the man who was in charge of the council, and he was, of course, responsible for setting up air raid precaution meetings and all this sort of activity, so I sort of had a little bit of that to do while I was there. And all these organizational things entered into my ability to do the job that I had when I came here, so I was very fortunate.

WEIMER: It must have been exciting times there. I mean, going to school and working part-time, and, then, the war preparations.

DOCKERY: Yes. When I came to the Medical School, everybody was leaving to go to the shipyards. Jobs at the Medical School did not pay as much, so they were very short of people here. Then, the government planned to put on a “victory tax” for all employers via their payroll. When I came back to Portland I was hired to figure the victory tax, and I'm no bookkeeper [laughter]. Well, I knew maybe a little bit of bookkeeping, but, I mean, it wasn't my dish.

I didn't stay at that particular task very long. The man I was working for was Mr. Ralf Couch, who at that time ran everything at the Medical School. He was the business manager; we had, at that time, a part-time dean, so he took care of all the dean's work; and he was the administrator of the outpatient services, because we just had a county hospital at that time, and the outpatient services were part of the Multnomah County and the city. And we didn't have welfare then, either.

So he ran everything, and he was a tremendous organizer and a hard, hard worker. And then he took on another job, which was to be the director of the medical emergency services for the state of Oregon. It was his job to line up the medical services available in Oregon, because the doctors were all going off to war. So that was part of what we were working with. He gave me that job to do: to work with organizing that program. So I spent the first part of my time trying to work that in with other duties of the Medical School that I assigned, which included some responsibilities in the outpatient services, clinic support, medical records, admitting, etc.

Oh, yes. We were also thinking about building the new hospital at that time—what I call the new hospital. Now it's the old one; it's the South Hospital. The dean and administrative staff were trying to get that program through the State Board of Higher Education and on to the Legislature. There were many conversations and some rather acrid feelings, I think, between what they called the “town and the gown” at that time because the downtown doctors and the other hospitals were not very happy with us for planning to build another hospital up here. They didn't think that we should offer that kind of service and take their patients. They would only send us the poor ones, and we couldn't support a statewide service on the poor ones only. We were all on state funds at that time, and so the Legislature didn't have too much money to allocate. We used very little money in those days. We provided all the services ourselves; we didn't ever get consultants or anything like that. So Mr. Couch decided that he would design the new hospital, before calling in architects and making a proposal to the State for funds. And so we drew plans and plans and plans. Just as he got started on this, he developed Hodgkin's Disease. At that time there wasn't the treatment for it that there is now, although he was one of the first people to have mustard-gas treatment, which was one of the first chemotherapy drugs they used. This was through Dr. Edwin Osgood's experimental medicine program. Unfortunately, he did not live very long. I think maybe five or six months, probably, not any more than that. During his illness, I used to go out to his house, and we would run business from his house, including drawing plans.

He had a secretary at the Medical School, and Mr. William Zimmerman, who was the assistant business manager, filled in for him on business affairs. Shortly before he died, Dr. Dillehunt, who had been ill, also resigned. Dr. Baird, our part-time assistant dean, then spent more time on the campus, though he was still coming up from his practice downtown. Dr. Charles Holman had taken over the administration and the medical directorship of the County Hospital, because Dr. Harry Cliff, the County Physician, was getting pretty old and decrepit. And so he was director of Multnomah Hospital, the medical director of Multnomah Hospital.

When Mr. Couch died, Holman took on the outpatient services administration, too. That's when I started to work with him and took over the nuts and bolts of the outpatient clinic management. It all happened because Mr. Couch was four people, and when he died we had to find four people [laughter].

At that time I was the token woman on the Hospitals and Clinics administrative staff. We had two directors of nursing, one in Doernbecher Hospital and Barbara Hiatt in the Tuberculosis Hospital.

WEIMER: Do you remember the name of the Doernbecher nursing director?

DOCKERY: Oh, yes. When I first came here, Grace Phelps was the superintendent, as they called them then, at Doernbecher Hospital. When she left, Eleanor Baird came. Then Eleanor went to work for the Shriners Hospital, and Shirley Thompson became superintendent of the Doernbecher Hospital, which is how it was organized then. We had a volunteer head of the Pediatrics Department, Dr. J.B. Bilderback, who was the chief pediatrician. You've probably heard his name mentioned a little earlier.

And when the new hospital opened, Shirley went over to be the director of nursing services for the South Hospital, and then, of course, Doernbecher was absorbed into the hospital, so that's how that happened.

But those were the people who were in charge of Medical School operations. It was pretty skimpy. We had a registrar, Lucy Phillips, who was followed by Caroline Pommarane—we'd always had a registrar with the Medical School, and Mr. Couch, of course, had supervised her, too. Since we had just a part-time dean, Mr. Zimmerman, the assistant business manager, became the Business Manager; and in 1949 Dr. Baird became full-time. We were the ones on this side of the Hill. Barbara was over at the TB Hospital. And, of course, over the years, we "cured" tuberculosis, and we didn't need the hospital there. Barbara moved down to Salem, and when they "cured" it in Salem—when we got the number of patients in Salem small enough to be accommodated in this hospital, then they were moved here. When we got them treated and out of this hospital, then we closed the hospital.

WEIMER: You've mentioned a couple of times a part-time dean.

DOCKERY: Yes. Dr. David Baird was only half-time here until, I think it was, 1948, maybe, and then he became full-time dean and he gave up his practice downtown.

WEIMER: Could you tell me a little bit about the man, Dean Baird?

DOCKERY: Oh, yes, I'd be happy to tell you about him. He was a great, great person. I learned a great deal from him, and I greatly admired his ability to maneuver people into his way of thinking without letting them know that that was the way he was thinking.

He was wonderful one-on-one, but he was a very bashful person. He didn't ever like to go out and make speeches, he didn't ever want to be, you know, in a crowd, but one-on-one he could get anything he wanted. And that's the reason we were able to do as well as we did, because he was personally "one-on-one"-ing with the State Board of Higher Education and the Legislature. He was really a remarkable person.

He knew everything that was going on, and he didn't need to leave his office. People just told him everything. It was amazing. If he wanted to know something, he'd call in one of his department heads—we started having full-time clinical people after the war. Before that, we didn't have any full-time staff here except in the basic sciences. Then we had two people in anatomy and two people in pathology. One pathologist was here full-time, the head of the department, and then the others—they worked up here full-time, but they weren't working for the school all the time. And, then, we had the head of anatomy, and we had a head of pharmacology and a head of biochemistry, physiology, and bacteriology; and I think that's all we had. Oh, we also had Dr. Edwin Osgood who was in charge of the laboratory, and headed the Department of Experimental Medicine, as we called it in those days.

WEIMER: Do you remember any of the other names of the full-time staff?

DOCKERY: Oh, yes. I'm afraid that my memory is still that good [laughing]. Do you want to know who they were?

WEIMER: Yes.

DOCKERY: Okay. Well, the head of anatomy was Dr. "Pop" Allen, and he was succeeded by Dr. Olaf Larsell. They were such strong people. Then after Larsell, I believe it was Dr. Robert Bacon.

Anyway, then pharmacology was Dr. Norman David, and he was that, I think, until Dr. Gabourel came sometime later. Then, Dr. Edward West was the head of biochemistry, and his associate was Dr. Wilbert Todd. Mrs. Todd is still living, and she might be of interest to interview.

And, then, Dr. Hance Haney, who was the head of physiology, left in 1944 to go back to Wisconsin, which was his home and where he'd gone to school, and he was going to go into practice there; however, when he got back there, he decided that he didn't like that place nearly as well as Oregon. When we started getting full-time clinical faculty, he came back as

a full-time paid head of the General Medicine clinic. He was followed in physiology by Dr. William Youmans, and then Dr. John Brookhart; and, Dr. Brookhart was here until he retired. I guess it was in the sixties or seventies. My years have left me.

And, then, there was Dr. Edwin Osgood, who was chairman of the Experimental Medicine and head of laboratories. Dr. Frank Menne and Dr. Warren Hunter were the two pathologists. And let me see, what others have I missed? Oh, Dr. Harry Sears in bacteriology. Dr. Adolph Weinzirl was here with Public Health. He was part-time. At that time he was also serving at the county health department, I think, but he worked out of the basic science departments.

I think those are—anatomy and physiology, pharmacology, bacteriology, and biochemistry—that's about it. I think that was our full-time staff. I think we had in total fifteen or sixteen full-time people on the faculty when I first came. The rest of them were volunteers or part-timers from downtown and had their own practices and then came up here part-time.

WEIMER: You mentioned, when we were talking earlier about Dr. Baird, that he was able to manage people without letting them know that they were being managed. Could you give us an example of that, something that he might have done?

DOCKERY: It was just his everyday way of working. I can't think of anything. Dr. Kleinsorge, who was head of the Board of Higher Education for many years, and he would have many a chat together, and, I forgot—he used to call the governor or heads of the Legislature; Governor Snell was one for a while (his son was a medical student here). They'd come up to see him, or sometimes he'd go down there, but he'd just talk to them. I don't know—he was able to get the hospital approval through with all the money it took to get from the state system and Legislature. It was all state money. We didn't have any—well, we had a little bit of other money, but not anything like is available now. He was just remarkable in his ability, but I just can't think of any specific instance. He just ran the place that way.

WEIMER: That's fine. You came in 1943 here to OHSU, the war years. How did the war affect the hospital?

DOCKERY: Well, right after I got here - let's see. I came in the last week in December '42, I guess. (I have a hard time deciding whether I came in December of '42 or '43.) Between December and March 1943, we were working on an accelerated curriculum for the Medical School, to move the four-year program to a three-year program (year-round). The curriculum changes were the big thing at that time. We still had only a volunteer clinical staff.

When the students came in March, rather than September, they joined either the Army ROTC or the Navy ROTC; and they combined medicine with military practice out in the “back forty.” They wore their uniforms and got paid, which was very nice, because the students were all poor in those days. And then, when they were through with their training,

they put in their two years of service. The three-year program didn't finish until just at the end of the war. The class of '45 I think was the last accelerated class we had, and that was the end of the war, and '46 they would have gotten out. Students could still volunteer with the services, but no formal training in Military Affairs was on the campus.

When I first came we did have an ROTC program on the campus. We had a colonel, Bryan, a very interesting gentleman, and a sergeant; and the staff sergeant was more memorable than the colonel. The sergeant ran everything. His name was Sergeant Herbert Watts. He was the one who, when they became formally an active corps of trainees, took over the training of the Army students in the military matters and ways to go. He had a hard time. Medical students have never been—I don't know how they are now because I haven't seen them for a few years, but before that, they were not really gung ho for the marching and military decorum. They were more gung ho for the medical curriculum.

WEIMER: Did you ever watch them practice on the back forty?

DOCKERY: Oh, yes. Many, many times. You couldn't help it. They had to do so many hours a week. I've forgotten what it was.

WEIMER: What did it look like?

DOCKERY: Oh, they marched them up and they lined them up, and they wore their uniforms, and they marched. I don't know what good it did them, and they couldn't figure it out, either, but they did formations and what have you. They didn't ever shoot guns, that I know of, but they would be out there doing their—I don't think the old Sarge led them, maybe he did, in some calisthenics too, but I remember that they weren't very happy with the marching bit [laughter].

WEIMER: The back forty, you're going to have to tell me where that would be.

DOCKERY: Well, the back forty is now—it's going to be hard to tell you because it's all covered with buildings. But the old Medical Science Building, the back end of that—this is before the administration building, so that was an open space between the Medical Science Building and the old Doernbecher Hospital. It was that open space. And, then, from there, up behind the Library, there was no Research Building then, either, so it actually is where the Research Building and the Vollum are that they had open space. And then, of course, where the new basic science buildings are, that was just ravine and trees and underbrush. And we didn't have parking lots or anything like that in the space. We didn't have a real parking lot—I guess it had been blacktopped, maybe, for the marching groups. Maybe they were marching on just gravel.

Then, we used to have tables and chairs and a fireplace down on the sort of level where the back end of the Research Building is now. That was open space down there, so the students and the other employees could use that for picnics and whatever they wanted to do there. Students used to ski, when we had snow, between the Library and Doernbecher Hospital. It was very much no buildings [laughter].

WEIMER: Tell me a little bit about the colonel who ran—who *thought* he ran the program, perhaps.

DOCKERY: I'm trying to think of his name: Colonel Bryan. I can see him plain as day. I think he was slightly alcoholic, very corpulent, and he sat in his office—maybe he showed his face out with the students once in a while, but he was not a very active person, and, as I said, Sergeant Watts ran the place.

Sarge was really good friends with everyone on the campus. In those days everybody knew everybody, and you were all friends with everybody. It didn't make any difference, you know, what your rank was or anything else. And so Old Sarge was—well, he was a real part of the institution for many, many years.

I was very ill one Christmas, and we were having the dean's Christmas party, and you couldn't have alcohol on the campus at the time, and so we would have punch. We were always very particular that we didn't put any spirits in it. I wasn't there to sort of watch the situation. We had sort of a supply room in the basement of the old Medical Science Building, and they had stocks of grain alcohol in there, so Sarge went by and loaded up a little in the punch. I guess it was the best party they'd had for a long time. He really knew his way around.

WEIMER: We're just at the end of side one.

DOCKERY: I hope you're editing all this. I hope you don't do it verbatim.

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

WEIMER: Still in the same era, how was health care affected by the war, for the general population?

DOCKERY: Well, now I can tell you about what happened in the clinic in those days. This was in the old clinic before it was revised or remodeled; it adjoined Doernbecher Hospital and Multnomah Hospital. Down where the present waiting room is—or in that area; it wasn't really quite on the same level—we had the admitting department, and it consisted of two or three interviewers, if I remember. People would come in and line up to register, after an initial interview and assignment of “unit numbers.” We had sort of a serpentine kind of thing because we had more patients than there was sitting room for. Our appointment time was 8:00 to 9:00 a.m. If you got in the building before 9:00, you were seen that day by somebody.

WEIMER: So they had to line up very early in the morning.

DOCKERY: They would come up before 9:00, usually. Some would come in later, but, I mean, you weren't guaranteed that you would be seen. Some of these arrivals might not get seen till 3:00, 3:40, 4:00 in the evening. It was very bad. But there was no charge. We

asked for twenty-five cents, if a patient had it. There was no welfare at that time, so they came in for what they needed medically. We took an interview to determine what their financial status was. If you had any money, you couldn't be accepted. We had several people who tried very hard to get their care up here, but if we knew that they were well able to pay for it, they didn't ever get to come in. This was long ago. Now it's the other way around.

However, they would then be sorted out as to what their complaints were for the day. And, of course, some of them had return appointments, you know—or, not return appointments, but had to come back in two weeks or one week or whatever. We didn't give appointments in those days. It was very, very awful, when you stop to think about it now. People wouldn't want to do that. But they had excellent care from our doctors and the medical students. We had all volunteer staff, as I've mentioned. The heads of the divisions or the departments would be responsible for lining up the doctors to come up from downtown, and what they couldn't do, we did. The dean's office made the assignments to staff the clinics.

We always had two staff people, or mostly had two staff people, and then the medical students were used, and the medical students provided the main—primary care, let's say. But they worked with the volunteer clinicians, so it was a slow process, because the student would see the patient, and then the staff man would have to go see the patient after the student brought him the information that he needed. Then the doctor would see the patient, and so it took, you know, a lot of time and people.

At that time, also, we didn't have interns and residents in any quantity—if I remember rightly, we had twelve interns at the time, and they served in Multnomah Hospital, and in the clinic part-time. And we had, I think, three residents in medicine, three residents in OB, two residents in pediatrics, three residents in surgery, and one resident or two residents in clinical pathology—actually, I have the resident list back to 1943.

WEIMER: Oh. I would like to have a copy of that.

DOCKERY: If I haven't thrown it out. I will look in my files. I still think I kept it, because I knew so many people over so many years. We used to issue an administrative bulletin when a new class came in, and so that's what I kept. But, yes, I'll dig that out for you, if I have it, because there are many "famous" people who went through here during those years.

I think—well anyway, to staff the clinic, then. Oh, we had a radiologist part-time who came up from downtown, and Dr. Osgood supervised the laboratory, and we did have a training program for technicians at that time. We had—let's see, what other support services? Well, we had a record librarian who was a very fascinating lady and had a reputation for being rather difficult. One of our doctors used to call her the Green Dragon. She was here many, many, many years. Her name was Laura Martin. Prior to that she had been a nurse at Doernbecher, but she was one of the first registered record librarians in Oregon, actually, and we had her here. So she ran the record room; we sent our records up to the floors by pneumatic tube. We didn't have as many floors then as we have now, we had

four floors. The charts were called after the patient came, because we weren't sure who was coming that day, so it was a slow process to get the chart so the doctor could treat the patient.

The pharmacy had two pharmacists. One went to war and came back to us after the war. His name was Mr. James Shirley, and then we had one who was here during the war, and his name was Bob Barkman, and they were both just really nice people. But we used to buy our generic drugs from a man named Mr. Boucher, who had a manufacturing lab company here. We used to buy aspirin in big containers of five thousand, probably. They filled about 150 prescriptions or more every day.

WEIMER: Almost like a five-gallon jug of aspirin, or something like that?

DOCKERY: Oh, yes. Easily that big. And all the drugs that were possible that we could buy in quantity we bought that way because we gave our drugs free.

WEIMER: Oh, all the prescriptions were free?

DOCKERY: Everything here was free. They didn't pay for anything. If they paid twenty-five cents to get in the door, that was it. The state or county paid for the operation of the clinic and, later, the South Hospital, and we had to, you know, give them a budget and have them approve it annually. The county paid for the operation of Multnomah Hospital, but we provided the medical services there and the support services to the hospital, and they paid us so much for doing the x-rays and doing the lab work and other services.

WEIMER: Did you have any shortage of supplies or medicine during that time?

DOCKERY: Not particularly. X-ray film got a bit tight once, and I remember Mr. Couch sending out an edict that said they could only take so many x-rays a week, or whatever it was. The doctors threw up their hands in horror and said, "You can't tell us how to practice medicine. If we have to take x-rays, we're going to take 'em!" So they did.

I was just thinking now, in today's light with most of the hospitals being run from the bottom line, it's very different than it was then. But we used to figure that we could bring a patient in to the clinic, give them medical care, all the prescriptions, all their x-rays, laboratory and everything, and when I first came here, I think it was about \$1.12 a person. When I left, of course, it was more than that. But it was just amazing, really, how little, you know, we did operate on.

They could have all kinds of x-rays. I mean, of course, they didn't have the state-of-the-art they have now, but it didn't make any difference what it was. If you needed twenty x-rays or if you needed a special procedure or anything, it was just all included.

WEIMER: The hospital or the staff did not economize, apparently, in measures just because you only accepted indigent patients?

DOCKERY: No. We budgeted on the basis of so many patients, and we tried to give them whatever they needed within that range. And, of course, blood tests or urine tests at that time were all done by hand, and we didn't have these nice machines we have now. But we used to do our lab procedures, and they did all kinds of them, even what we'd call expensive now, but, I mean, they did all kinds of diagnostic studies, and it didn't make any difference what it was, if the patient needed it. The average per patient cost was \$25 per procedure.

We had very little research money at that time. In fact, the basic science departments had very little research money, and that also came out of the state. It wasn't until sometime later that people started to get some grants—really, it was late in the war years. Companies asked if we would do some studies for them, and, then, they would give us the money. The pharmacology department did some things, and—I'm trying to think of the first ones. Pharmacology, physiology, and biochemistry; pathology took in some private work, too. They used to help the coroner out. But it was that kind of thing.

The rest of it was all on a budget, so many hundred thousand for the year, and we had to keep within that with what we did. But we did not economize on patient care; we economized on the kind of place they were treated in, unfortunately, because in Multnomah Hospital we had eight-bed wards and twelve-bed wards. I think twelve was the most we had, and I think we had one or two of those, maybe. But eight-bed wards were common for many years; and the four-bed and two-bed wards in the South Hospital, we thought was getting pretty elegant. We used to use tuna fish cans for their ashtrays and fold up newspapers for their bedside bags. Everything we used, even rubber gloves, was washed and sterilized by hand. We didn't use any throwaway materials.

WEIMER: You had true recycling.

DOCKERY: [Laughing] By force. And, of course, we didn't really have throwaways at that time. That was an after-the-war development, or quite a bit after-the-war development up here. Other hospitals started using throwaways much sooner than we did. But we ran a very tight ship, a very economical operation—I think the medical care was just super good, but I think that the patients had to sit on very hard benches and they had to put up with a lot of waiting time and things that, you know, you don't like to have people do anymore.

WEIMER: You mentioned the long lines that they had to wait in to make an appointment or even to register.

DOCKERY: Yeah.

WEIMER: Where did they wait after that?

DOCKERY: Then they would go up to the floor, and they would wait on the floor. We took only so many—we knew what the staffing was going to be for that clinic for that day, so, you know, we couldn't take anymore people than what we thought normally could be cared for.

WEIMER: Where did the patients come from?

DOCKERY: They came from the community. We used to have a Multnomah County welfare department, I suppose you'd call it, who took care of county indigents. There was a "poor farm" out where Edgefield is now, and the farm used to supply Multnomah Hospital with all their fruits and vegetables and everything they could, but they were separate from us. And, of course, we didn't have a hospital until '56 to buy supplies for, except Doernbecher, which was a small operation and part of our operating budget; but we didn't have the kind of food service that was needed when we opened the South Hospital.

In the clinic, patients sat on just wooden benches, rows of benches. It was not very attractive.

WEIMER: All the patients were only from Multnomah County? Were you able to accept others from out of the area?

DOCKERY: Not out of the state. Doernbecher had permission to accept them from outside Portland, but you couldn't go to the County Hospital unless you resided in the county. In the Outpatient Clinic we could take you if you were from any county in the state. But, of course, there wasn't a lot of transportation, so a lot of our patients didn't come from very far. But we took care of anybody in the city who didn't have any means, and, of course, there were a lot of people at that time who didn't, until the shipyards opened up; and then, of course, people stayed here, and for a while after the war was over we had a lot of people who didn't have resources.

We used to have a lot of trouble because the doctors would see some patients in the Outpatient Clinic who came from Salem or from Oregon City, even; and the doctor would like to put them in the hospital, and they couldn't do it because we didn't have a hospital to put them in. So, then, he would shop around and see if he could get one of the hospitals to take them, or where the doctors who were volunteers were practicing and had admitting privileges. But, of course, those hospitals were not very happy to take free patients at that time because they were struggling, too, and they were having to, you know, support themselves then. So there was some animosity at that time because of the feeling that our patients didn't have to pay, and so it wasn't fair for them to have to collect, and that kind of thing.

WEIMER: What were the other major hospitals at that time?

DOCKERY: St. Vincent, Good Samaritan, Providence, Oregon City Hospital. Let's see, there were five hospitals. Our hospital and four others.

WEIMER: Was Emanuel in that time period?

DOCKERY: There was one called Physicians and Surgeons Hospital, and that was over on Lovejoy Street, too, sort of by Good Samaritan. Then we had this hospital up here

which was called Portland Medical. I guess it's where the current lab tech training program is housed; it's now called Gaines Hall.

WEIMER: Gaines Hall on the other side of the campus?

DOCKERY: Yes. That was the hospital. It was run mostly by the doctors from the Portland Clinic downtown, which included Dr. Joyce, Dr. Dillehunt, Dr. Baird, Dr. Laurence Selling and the OB man, Dr. Howard Stearns. They didn't have OB over there, but they did have GYN patients they put over there. They didn't have a surgery over there, it was more like a skilled nursing facility. They could admit patients there, and those were pay-patients.

We didn't run that hospital; it was run by the Portland Clinic or the board of the hospital. They decided to get out of the hospital business after we had the South Hospital, and so they closed their hospital, and we took over their building and used it as a nurses' dorm for a while.

WEIMER: What was the relationship between the school and the Tuberculosis Hospital?

DOCKERY: Well, the Tuberculosis Hospital was supported by the state, just as we were, and the medical supervision was out by the Medical School faculty. The chairman of our thoracic surgery department was in charge, because it was a surgical TB hospital, it wasn't a custodial hospital. If they had to be custodial TB patients, they went to Salem. There was also a residential hospital out in Milwaukie where Dr. William Conklin, who was the head of our department of thoracic surgery and lung and chest diseases, accepted custodial-type patients, both indigent and pay.

So the budget and everything for the Tuberculosis Hospital was supervised through the Medical School and the Board of Higher Education; however, it also had some support from the communicable diseases program of the state. They accepted patients from throughout the state there, and the state paid for those people on a special rate. I'm just not sure what it was, but mostly they were free patients too.

WEIMER: Also during this time we had the VA Hospital on Marquam Hill.

DOCKERY: It was there, but it wasn't as closely allied with us then. We had always rotated staff—I mean, our downtown staff had appointments here and some of them had appointments over there, too. Students didn't use the VA Hospital at that time as a training program, and their resident program was separate from our resident program. They had a head of surgery over there who ran their surgical resident program, and they had a head of medicine that ran their medical resident program. But then they finally decided that it was kind of silly to do that, so then they combined the two services and provided the medical services both directions. I guess they still do it that way, too.

WEIMER: Tell me a little bit about Doernbecher, because it was here at that particular time.

DOCKERY: I'm trying to think whether it was a sixty-bed hospital at that time or forty-eight beds or fifty beds. I can't remember. But we had two floors of patients over there in what is now the lab building, right next to the clinic, and, in fact, our office used to be over there, and the main entrance as you came in was the administrative office for the hospitals and clinics.

The early management of that hospital was very interesting, because Dr. Bilderback, who was chairman of the department of pediatrics, sort of operated that as his little private operation—not private like private people, but he was responsible for everything that went on in that hospital except what the nurse superintendent did, which was to keep the machinery moving. He trained the residents who served there, and he did his teaching mostly with the resident group, although he was also in the Outpatient Clinic. The pediatric residents worked in the Outpatient Clinic, too, in the pediatric department.

It seemed to me we had eight cribs in some of the rooms, and I know we had four, and we had only a couple of isolation rooms with one or two beds in them.

The interesting thing about it was that the treatment of patients in those days was quite different than it is now, because I remember in those days the parents could come up to see their kids on Sunday afternoon for one hour, or from 3:00 to 5:00—a couple of hours on a Sunday afternoon. That's the only time they could come into the hospital. After they would go home, the nurses would have a stressful time because all the kids were upset, and they had a terrible time getting them back to reality, or to take care of whatever they needed to have done. It was so different then. When you went through the door of that hospital, you just became a hospital patient with a unit number, and you had no connection with your family.

Social services were provided minimally by the Medical School as, of course, Doernbecher used all our support services; I mean x-ray, lab and the pharmacy and medical records and all that sort of thing. So it was a nice, little, quietly-run hospital. It just sat there. It didn't have much fanfare, but they took care of a lot of kids, and they took care of them very well. My brother tells the story that he was one of their first patients, I think, who came up. In 1929, he broke his arm, and so he came up here to have his arm set, and he didn't have to stay, which was nice. But in that time, that was the only real treatment center especially for kids.

WEIMER: The Multnomah County Hospital did not take children?

DOCKERY: No children, no.

WEIMER: They'd have to go to Doernbecher?

DOCKERY: Yes. And, then, when the South Hospital opened, we didn't have any obstetrical beds or newborn nursery there, because that service stayed in Multnomah Hospital. Of course, we haven't had that in the South Hospital until they remodeled a year or

two ago. All the patients delivered over in Multnomah Hospital, even if they were from some other place.

WEIMER: How did people get up to the Hill in the forties?

DOCKERY: [Laughing] Same way they do now, on a bus, or by car. Some of them walked. But when the snow was on the ground, it was often pretty hard to get up here, and the ambulances didn't like it very well because the county didn't do much about keeping the roads open in those days, so it was pretty tough. But the students mostly lived on the Hill in rooms. We had no student dormitories; student nurses and interns lived in Multnomah Hospital's nurses' dorm. We didn't have a dormitory until we had what we called the nurses dormitory on Campus Drive. I guess it is for everybody now.

I've talked too long. It's after...

WEIMER: We'll just finish this getting up on the Hill.

DOCKERY: Okay. And so they would come up by car and bus. The students, as I say, mostly lived on the Hill, so there wasn't that much traffic. After the war more students were married. So at that time there were more people who couldn't find housing on the Hill, so they lived off the Hill. Then I would say most people rode the bus or drove a car. I happened to drive a car, but the buses were very popular.

WEIMER: One last question. I heard that there were steps coming up the Hill at one time?

DOCKERY: There are. Like going up to the VA Hospital. They came up Barbur Boulevard near the nurses' dormitory. But mostly they came by bus—of course, students skied down occasionally, too, and they also skied up occasionally. The buses would be very crowded with patients. Of course, bus fares weren't very much then, either. I know kids rode for a nickel, and I think adults rode for ten or fifteen cents. Then maybe it went to a quarter; I'm not too sure.

WEIMER: Well, I've kept you long enough for this first interview.

DOCKERY: I probably wandered greatly.

WEIMER: Oh, no. It's been enjoyable, and I thank you very much.

DOCKERY: Oh, you're very welcome.

[End of Interview 1]

Interview with Gwynn Brice Dockery
Interviewed by Linda Weimer
January 27, 1998 [Interview 2]
Site: History of Medicine Room, OHSU
Begin Tape 2, Side 1

WEIMER: This is our second oral history interview with Gwynn Brice Dockery. The date is January 27, 1998. We're in the History of Medicine Room, and my name is Linda Weimer.

Last time we talked we concentrated mainly on your personal biography, how you got here to OHSU, and the Medical School in the forties. I'd like to bring us out of the war years, postwar years just a little bit. We have the returning physicians from the war. Did that make any difference at all in the hospital?

DOCKERY: Yes, it made a great deal of difference in the medical school program because we received a large grant from the Kellogg Foundation to establish—what do I want to call it?—follow-up postgraduate education for physicians who had been serving in the armed forces and needed to upgrade their medical skills for the return to practices. So our departments put on postgraduate courses for physicians in the state, and we seemed to put on a lot of them.

I think we had a program going at least every month, and sometimes two close together, and we retrained a great many physicians from the Portland area and from the state. We used to get a lot from Canada. At that time, they didn't have a medical school in Washington—they were building one at the time—so we used to get Washington physicians, too. Every course had a syllabus prepared for it, and it was put together by the department chief and his helpers, and, then, the physicians paid a fee—and I can't remember; it wasn't very much; I mean, it was a very reasonable fee—and came for a week, usually.

And, then, we were qualified to grant credit hours for these courses to those who attended. About this time, the general practice physicians were actively organizing and joined with the Academy of General Practice. At that time, in order to be qualified for membership in that program, you had to have so many hours of postgraduate education every year, and since we were approved for that, we had quite a great number of general practice men here for each course.

And, then, we'd also do specialty programs; each of the specialties would do a program. That was sort of to open up a broader range of medicine for these people. We had some really good programs. We usually provided most of the faculty from the Medical School. We had very few guest lecturers for those programs; they were just part of everyday activity here.

Dr. Holman was in charge of this program, and our first administrative assistant in charge was Kay Hill. She was here for about, I think, a year and a half or two years, and worked out of the Multnomah Hospital with Dr. Holman. When she left, we brought it over

to the administration building, and then I worked with it. Dr. Grover, Dr. Holman's assistant administrator, was the interim director. That was the way it stood until Dr. Reinschmidt came on the faculty and postgraduate education became part of his assignment.

WEIMER: Dr. Dutch Reinschmidt?

DOCKERY: Yes. It gradually diminished in its usefulness on the campus here because the doctors in the state were having lots of opportunities for special courses, and so forth. We did some programs that were drug-company sponsored, maybe to be held on the campus here, but would be arranged by them and their particular department that they were working with. So that went on for all of the fifties, and into the sixties, I guess.

WEIMER: Also during the war years there were shipyards here in Portland, and Kaiser was in charge of that, the Kaiser Plan; and I understand that after the war the first prepaid health plan, OPS, started. Did that make any difference up here on the Hill at that particular time?

DOCKERY: No, it didn't. We didn't have anything to do much with the Kaiser program, except since one of our former medical students, Forrest Rieke, went to head it. There was some relationship; I mean, if he needed some assistance with some medical problem or other, why, he had his contacts here. But we didn't have any shipyard patients, as such, who were on their program. Kaiser was seen as industrial medicine rather than general medicine like they are now. I mean, they took care of the people who were in the program. And most of the people who were employed in the shipyard made too much money to be eligible to come here, so we didn't see their families. They went to private hospitals.

Then, Blue Cross was a regular insurance program. I can't remember how that got started—oh, yes, I can, too. There was an Oregon Association of Hospitals, and all the hospitals in the state were members—well, actually, it was started as a hospital-sponsored program. Mr. Frank Dixon, I think, was the person who organized it, but it was an offshoot of the Oregon Association of Hospitals. They started insuring people who were using the hospitals, primarily. I think that was one of the first reasons for it, was to get some sort of prepayment for hospitalizations, and Blue Cross was started at that time. They affiliated with the national Blue Cross, but it started as a local program.

At that time, we received from the state of Oregon the total operating costs for the outpatient services, and a portion was paid by Multnomah County, too, to the clinic; and Multnomah County supported the Multnomah Hospital patients, and we provided the medical services for the hospital. So we saw only indigents, and we didn't do any billing or anything like that. They paid twenty-five cents if they could pay it; if they didn't, that was it. We had this big National cash register that recorded everything with keys. It told what clinic the patients were going to, or what we thought they might be going to, and recorded the number of visits and the number of departments to which they went. But it was a very minimal identification of patients, and we assumed that all the kids who went to pediatrics were under fourteen, and that sort of thing, but it was not very much defined.

Then the welfare program was started, and I can't remember for sure when that really came into major being, but it was when the Legislature decided that they would pay for their welfare patients on the basis of the number of visits that those people made, as opposed to the indigent who were not on welfare. And as a result of that, we had to establish some sort of a payment system, which was a pain.

About that time, computers began to be talked about, and Gene Bauer, who was at the Dental School, was enamored with the possibilities of computerizing this activity; and so when we got a computer, we decided that we would put the welfare patients on the computer, at that time. We had to punch a card for every person, then it went to the mainframe computer. It was really primitive. Each month, the hundred of cards would be balanced, and it was just a headache. A very time consuming process in order to bill on the basis of the number of patient visits and the services they received. It took hours to justify the number of people and where they went and that sort of thing. At that time, then, they started to pay us on the basis of fees for the number of welfare patients that were seen. Then, that amount was subtracted from the welfare allocation by the Legislature and paid to us as part of our payment. That's how they started to do that.

Well, this, then, posed a problem, because shortly thereafter Medicare came on the scene. They decided that Medicare wouldn't pay for anything more than anybody else was charged. So that, then, meant that we had to start billing for services as well as for attendance. That created a difficult problem with the hospital because Medicaid, which was part of the welfare thing for the hospital, then went under Medicare, and they decided that if Medicare wouldn't pay anymore than that, then welfare wasn't going to pay anymore. So then you had to start service charges for what was done for them. So then we started billing from the hospital chart.

All of this became very cumbersome, and was for many years. Now, of course, it's on computer and it's still messed up, but it works [laughter].

WEIMER: That's true. So you went from basically your old cash register—and I remember you told me about pneumatic tubes for charts—to a computer system. So when was the first—it had to be a mainframe computer.

DOCKERY: Yes, it was.

WEIMER: Because it would come in with the old punch cards.

DOCKERY: Punch cards, yes. And it was done in—years just don't mean very much. I have to sort of figure back because too many went by. It was in the sixties, I would think.

WEIMER: So all during the fifties you were just using the cash register?

DOCKERY: We were cash-registering and starting to have to be more specific about who we were treating, because somewhere in that time Oregon State established its welfare program, and I don't know when that was. But that was...

WEIMER: The general time period.

DOCKERY: Yes, because prior to that, we didn't have welfare in the state, as such. We had indigent care, supplied by Multnomah County for their residents; and we had the Outpatient Clinic, which was sort of assisted in its free program by the Junior League early in the days. They established the first free clinic here, which was moved up to this hospital. And, then, Doernbecher had some separate funding, but the hospital funding and the pediatrics funding were separate. In other words, the patients that were treated in the clinic were not related to the payments for patients in the hospital. And, of course, Doernbecher didn't charge, either, at that time. So our method of figuring out how much it cost per patient visit was to just take everything it cost to operate the hospital and divide it by the number of patient days to find out how much it cost a day to keep a patient in the hospital, or how much it cost a visit by dividing into the cost of the total clinic operation. That's when we established that it cost us between twelve-and-a-half cents to twenty-five cents for a lab test [laughter], which included anything. Of course, we didn't have quite as fancy lab service. I mean, they weren't able to do as many things as they do now, and the same thing with x-ray. The x-rays were about seventy cents, too.

We started to pick up more advanced machinery when Dr. Charles Dotter came as head of the department of radiology. Up until that time, we had a part-time head of the department. Dr. William Burton was his name. Then, when Dr. Dotter came—and that was during the late fifties—that was one of the departments that had full-time clinical direction. And the clinic pathology at that time had a full-time head, and that was Dr. Raymond Grondahl. In 1944, Dr. Swan in ophthalmology was the first full-time department head to come, followed by Dr. Howard Lewis in clinical medicine.

And, then, we didn't have a full-time head of otolaryngology until much later. Our first full-time head of surgery I think was Dr. Livingston; and, then, we had a full-time head of obstetrics when Dr. Ralph Benson came; and a full-time head of pediatrics when Dr. Allan Hill came. Let's see, what do we have, medicine, pediatrics, surgery, obstetrics—oh, orthopedics. We didn't have a full-time man in orthopedics until quite late, and then it was Bill Snell. Up until that time, Dr. Dillehunt had been the head by name, but he actually wasn't operating much in that field. And then Dr. Leo Lucas was the volunteer head. We didn't start having specialty heads until much later—I would say in the sixties.

WEIMER: There was a gradual change from part-time volunteer faculty to full time. Could you explain a little bit about that process or what brought that about?

DOCKERY: Well, prior to full-time head of a department, the department heads were volunteer physicians who came up from town and organized their helpers, who were other physicians in the city in that specialty. Then, the registrar's office used to work with the head of the department to determine how many classes the curriculum required that they have teachers for; and, of course, we didn't have an extensive resident or intern staff at that time, so they did not depend upon those people for help in the clinic. The hospital used the residents for that, but the clinic didn't use very many residents or interns.

And, then, the students were assigned—I'm not just too sure how. It related to the curriculum. Then, the curriculum was changed to a block system. They began to need teachers who were available greater numbers of hours of the day. That's when they started to get more people and started to have some full-time assistant professors and instructors employed. Mostly instructors. And they were sort of added as they needed it to meet the curriculum needs, because the medical school curriculum guided the program in the clinic and the hospital.

And the students were very important in the treatment of patients. They were each assigned time in the clinic and in the hospital and were responsible for patients, with the staff supervising or overseeing what they were doing. But we were totally dependent upon the students at that time. And part of the intern rotation through the hospital put them in the clinic for a certain period of time, like a month or something like that.

WEIMER: Could you explain a little bit about this block time? I have not heard about it before. I mean, what was different about block time than before?

DOCKERY: Well, I can't tell you too much about that, but I think, if Carolyn remembers, she could tell you that. And I think Joe Adams would, too. I think Joe was here when that curriculum change was made.

WEIMER: And that was in the fifties?

DOCKERY: That was in the fifties. I'm sure that he can tell you exactly. I know what it did was change the assignments of the students and the times that they were used, and, then, it changed their lecture hours, and it changed their rotation through basic sciences, but I can't remember—they didn't start tying basic science to clinical practice until in the seventies.

WEIMER: What was the patient load like? It must have increased.

DOCKERY: It was big. I wonder where those statistics are. We used to put out an annual report every year on the number of patient visits and the number of hospital days and all that stuff. I wonder where that would be? I had that in those files that I know didn't stay, but I wonder where we could get that?

WEIMER: We'll have to solve that mystery.

DOCKERY: Yes. I can't remember for sure, but we used to see a couple hundred patients—I wonder if that's right. Maybe I could find out from Ms. Marjorie Merrick, who was our admissions lady in the clinic, how many patients a day we used to see in the clinic. For a long time, we saw everybody who walked in the door in the morning; and they could walk in the door in the afternoon, too, for other clinics. Then when Dr. Saslow came, we started to try doing clinic appointments, which he thought would be a snap, but it didn't turn

out to be that way [laughter]. So at that time we changed a little bit. But it was still related to the students at that time. We were still dependent upon student assignments in the clinic.

I know that we used to run a full census in Multnomah Hospital, and I know when we opened the new hospital we ran an 80 percent census right from the beginning. How many beds did we have in that hospital? I hate to tell you this, I've forgotten now. But it seems to me that we had six hundred-plus beds available, with Multnomah Hospital (285 beds), the Medical School Hospital (230 beds), and Doernbecher Hospital (95 beds).

WEIMER: That's quite a few beds.

When you talk about the new hospital, you're talking about what was called then the Medical School Hospital, and that was built when?

DOCKERY: Fifty-six.

WEIMER: What were some of the reasons that made the School finally decide they had to have their own hospital?

DOCKERY: Well, we were seeing all these patients from the state of Oregon, and when they needed to be hospitalized, there was no place to put them. That was the primary reason that we didn't feel that our teaching program was properly integrated. If we didn't have patients from other places that needed to be hospitalized, if we couldn't put them in the hospital, then the student lost the teaching value of the patient. And, also, we were getting many requests for referrals of patients who were having big problems, who needed to be hospitalized, and they would be referred to our physicians here, and our physicians would have to put them in Good Sam or someplace else, which was not good for our teaching program. So that's a primary reason that we had the new hospital. Also, we needed more space.

WEIMER: And, of course, Multnomah County Hospital was continuing during this time only accepting indigent patients?

DOCKERY: That's right. And you had to get an act of Congress or the county commissioners to get anybody else in [laughter]. In the forties, we had some people who lived in the hospital that were, I don't know, sort of gratuitous friends of the county commissioners, and they decided they needed to be in the hospital. We had some of them living here for a long time [laughter]; this was their home. And the county, of course, was paying the bills for the hospital, but it didn't bother them any. And these would be people that the county commissioners wanted to get off their backs or something [laughter]. It was very interesting in those days, because this was very much a small town, and this was very much a neighborhood hospital arrangement.

But when Dr. Holman became the full-time director of the Multnomah Hospital—prior to that, we had a county physician who was the so-called head of the hospital, and it

was Dr. Harry Cliff. After Dr. Holman assumed the position as director, why, then they started to sort of clean out some of the patients who were in that “small town” [laughter]!

WEIMER: Who funded the building of the new hospital?

DOCKERY: The state of Oregon, plus I think we got some Hill-Burton funds and some federal funds with that at the time, that were available for hospital expansions. But most of the money came from the state, and that’s why we had a lot of public relations work to do with the legislators. And the Board of Higher Education was just not horribly enthusiastic, either, when we wanted to do that.

WEIMER: How about the town-gown issues around the building of the new hospital?

DOCKERY: It was pretty stiff, and as I said, Joe would be able to tell you that.

WEIMER: We’ve talked previously about Dean Baird, and you’ve just mentioned Dr. Holman, who later became dean. Could you tell me a little bit about him?

DOCKERY: Well, he was a very outstanding person, an able administrator, and a wonderful doctor, and I think that he was one of the kindest, most thoughtful people. He could see, you know, all sides of a question, and he was very deliberate in his thinking and a very fine person. He was educated here at the Medical School, and I think he was an intern here, too. Then he went to California as, I think, director of a sort of—I don’t know, maybe in a farm area, or something, in northern California. This was before the war. Then he came here as assistant director to Dr. Cliff in Multnomah County, and then he served as director of Multnomah Hospital for some time.

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

WEIMER: We are now on side two, and we were just talking about Dr. Holman and that he was assistant director of Multnomah County Hospital.

DOCKERY: Then director.

WEIMER: And then he became director?

DOCKERY: Yes. And, then, when Mr. Couch died, then he became medical director of the outpatient services as well. That’s the time that we started building the hospital, because Mr. Couch had started on that before he died. When we got the hospital, then Dr. Holman became administrator of Hospitals and Clinics and was in charge of all services related to the Medical School and the hospitals and clinics. Dr. Jarvis Gould became the director of Multnomah Hospital. And, then, we also later added an assistant in the University Hospital, and that was Gary Rood.

When Dr. Holman became the administrator of the hospital, I assumed the duties in the Outpatient Clinic. But I think he served in that capacity for the rest of his career here until

Dr. Baird retired, and then they needed a dean until they decided whether they were going to try to be a university. So that's when Dr. Holman took over for a five-year period.

WEIMER: One last question. What was the relationship between the director of the Hospitals and Clinics and the School of Medicine dean?

DOCKERY: They were very close [laughter]. They were so close that they functioned almost interchangeably. Well, very much, I would say: Dr. Holman represented Dr. Baird in many Medical School functions, and Dr. Baird was Dr. Holman's mentor in the hospital administration. I mean, this was a very small organization. Mr. Zimmerman, the business manager, functioned in both the Medical School and hospital administration business affairs.

WEIMER: I have to keep remembering that.

DOCKERY: It was very tiny. The three of them were absolutely in charge of the institution, its educational and its research and its patient services. Bill took care of all the money; Dr. Holman took care of all the medical problems; and Dr. Baird took care of all the important contacts that were necessary. It was a very pleasant triumvirate. They all appreciated each other and respected each other very much.

WEIMER: Well, I want to thank you for another interview. It's been much appreciated.

DOCKERY: Well, I hope that it hasn't been too full of "ums" and "uhs" and "I can't remember."

WEIMER: We can fill out those details later.

[End of Interview 2]

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