

SUMMARY

The interview opens with Dr. Marion Krippaehne giving a short account of her early life and education. Having decided at age twelve to become a doctor, Dr. Krippaehne graduated with a bachelor's degree in chemistry from University of Washington before entering the University of Oregon Medical School in 1944. After earning her M.D. in 1948, she went on to an internship and residency at Emanuel Hospital; an invitation to join Dr. Edwin Osgood in the Division of Experimental Medicine brought her back to UOMS in 1950.

Dr. Krippaehne describes her experiences as a student at UOMS in the 1940's. At that time, courses were taught primarily by volunteer faculty—practitioners at hospitals and private practices in downtown Portland who would come up to the Hill to work in the county-funded Multnomah Hospital and outpatient clinics. Dr. Krippaehne names a few of the “fearsomely” respected faculty, and notes that their commitment to education and to the University was in no way diminished by their volunteer status.

One of four women in a class of sixty-eight students, Krippaehne mentions being teased by fellow male students in a brotherly fashion; she registers no complaints of sexism during her medical education or subsequent career. She describes being mentored by women physicians in Portland, who would invite the female students into their homes. Krippaehne went on to mentor students herself, becoming very active in the American Women's Medical Association and serving as Associate Dean for Women at UOMS. Krippaehne reflects on the changing role of women in medicine, noting that female practitioners now nearly outnumber men in certain specialties and subspecialties. As a result, the focus on mentoring women in medical education has decreased and specific administrative support for female students has declined.

Dr. Krippaehne also gives a sense of what campus life was like during her student days. Life revolved around the cafeteria and the registrar, Caroline Pommarane, who treated the students like family. Later, as a faculty member, Krippaehne was active in the Medical Faculty Auxiliary and helped organize social activities.

In addition to being a dedicated clinician and role model, Krippaehne is the mother of seven children. She talks about her husband, Dr. William W. Krippaehne, who served as chair of the Department of Surgery at UOMS. Their busy schedules made a long commute to work undesirable, so they bought a house on Marquam Hill. Dr. Krippaehne describes how university expansion led to growth in the neighborhood and a proliferation of services in the immediate vicinity of the campus—a bank, stores, a fire station—all now gone.

In closing, Krippaehne gives her advice to any student, male or female, considering a career in medicine. For women wanting a family as well as a career, the challenges may seem overwhelming—but Marion Krippaehne herself serves as a shining example of a successful balance between work and family.

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Interview with Marion Krippaehne
Interviewed by Linda Weimer
December 18, 1997
Site: History of Medicine Room, OHSU
Begin Tape 1, Side 1

WEIMER: This is the oral history interview of Dr. Marion Krippaehne. The date is December 18, 1997. We are in the History of Medicine Room in the old library auditorium.

One of the things we've been doing in the oral history project here at Oregon Health Sciences University is asking a little bit about the biography of everybody, so I would like to know where you were born and raised.

KRIPPAEHNE: I think you had that on my summary, didn't you?

WEIMER: Yes. Well, you can just do a few sentences about it.

KRIPPAEHNE: Okay. I was born in Missoula, Montana, and I have to say I was raised all the way from St. Paul to Seattle because my father was a civil engineer at Northern Pacific, and so we moved a great deal.

WEIMER: Was this all during your childhood?

KRIPPAEHNE: Six grade schools and two high schools.

WEIMER: That's all during your childhood [laughter]. Was it an exciting one for you, or was it one that you didn't care for all the moves?

KRIPPAEHNE: I think it was an interesting thing to do. I think it broadened me. I think the hardest thing was to change high schools.

WEIMER: Was that because of the social context?

KRIPPAEHNE: Yes. It happened my freshman year, so it took me a while to get used to the large Seattle high school.

WEIMER: Oh, so that's where you ended up, in Seattle?

KRIPPAEHNE: Yes.

WEIMER: After high school, where did you go?

KRIPPAEHNE: University of Washington.

WEIMER: And you majored in?

KRIPPAEHNE: Chemistry.

WEIMER: What made you decide on chemistry?

KRIPPAEHNE: Well, I thought it was a good thing to do before I went to medical school: to prepare me for the study of medicine.

WEIMER: When did you decide you wanted to become a doctor?

KRIPPAEHNE: When I was twelve.

WEIMER: What made you decide so early?

KRIPPAEHNE: Well, I thought it would be good to be in some medical care profession. I thought of nursing as well as medicine, and then I thought, "I think I'd rather have more responsibility than nursing would provide," so I chose to go for medicine.

WEIMER: Did you have any role models at that early of an age of women going into the medical field?

KRIPPAEHNE: No.

WEIMER: It didn't alarm you at twelve?

KRIPPAEHNE: I gave it no thought whatsoever, and my parents never brought it up, which was unusual, I think.

WEIMER: You graduated from University of Washington in the early forties?

KRIPPAEHNE: 1944.

WEIMER: This was the beginning of World War II that...

KRIPPAEHNE: This was during World War II.

WEIMER: Did the war have any effect on your college days, the family life, at all?

KRIPPAEHNE: Most of the men at the University of Washington in those days were in uniform.

WEIMER: ROTC or...

KRIPPAEHNE: Navy, Army.

WEIMER: And after graduation from University of Washington, where did you go?

KRIPPAEHNE: It was known as University of Oregon Medical School.

WEIMER: At that time.

KRIPPAEHNE: Mm-hmm.

WEIMER: I wanted to ask you a little bit about your class, just generally the makeup of it. Were there a lot of students, men and women ratio?

KRIPPAEHNE: We had 68 students in our class. Four of them were women. There was one extra student who was a five-year student that was a woman, an older student who had been a teacher, and a very lovable person.

WEIMER: What was the training like at that time, in the mid-forties, at medical school?

KRIPPAEHNE: We had two years of basic science and two years of clinical work. The basic science was rather simplified compared to today, but much in depth. For instance, today, perhaps ten or twelve weeks of biochemistry, whereas in our time it was a whole year, and we had a whole year of anatomy, and we had a whole year of pathology. Nowadays those disciplines are broken up into sections of different disciplines.

WEIMER: Would it be fair to say that you had less subjects altogether but they were longer and, as you said, more in depth?

KRIPPAEHNE: True.

WEIMER: You learned the basics inside and out?

KRIPPAEHNE: A whole year of pathology, a whole year of anatomy. I think we knew anatomy pretty well [laughter].

WEIMER: After your graduation, what did you do?

KRIPPAEHNE: I took a rotating internship at Emanuel Hospital, and following that, I took a residency in internal medicine at the same hospital. And following that, I came over here to, I'll call it OHSU...

WEIMER: That's all right [laughter].

KRIPPAEHNE: ...and took the residency in Experimental Medicine.

WEIMER: What made you decide on internal medicine as a specialty?

KRIPPAEHNE: Well, it's a broad field, and I still felt that I wanted to accept more challenges. And the challenge of learning how to diagnose illness was important to me, and experiencing the ability to learn how to treat internal medicine ailments was a challenge.

WEIMER: You mentioned that after Emanuel Hospital you came up to the medical school at UOMS, I guess we'll say, in Experimental Medicine. Could you explain a little bit about that?

KRIPPAEHNE: That was headed by Dr. Edwin Osgood, who was a world-renowned hematologist at the time, who had written a textbook on laboratory diagnosis that we had all used in medical school. And I had an invitation to join his department as a resident, and I thought that was a great opportunity, so I jumped at the chance.

WEIMER: Could you tell me what you did after your residency in Experimental Medicine?

KRIPPAEHNE: After that I joined a division of the outpatient clinic that had to do with quality assurance.

WEIMER: Could you tell me a little bit about the outpatient clinic in those early days? That would be the early fifties?

KRIPPAEHNE: Yes. I imagine you have talked to people about what the clinic was like at that time?

WEIMER: Well, I've heard about the long lines, and I don't know if that was generally all over or...

KRIPPAEHNE: Patients came to the clinic as indigent care patients. The clinic at that time was supported mainly by the County. And I believe they came without appointment. So knowing that the clinic was open, say, from about 8:30 until afternoon, patients would come up and just sit in the admitting area waiting their turn to be seen, probably segregated into different clinics. And they did sit on hard benches, getting through the admitting area.

WEIMER: Was it just people generally from Multnomah County? I understand this was a County-supported...

KRIPPAEHNE: I think so. The County Physician had his office up here.

WEIMER: Could you tell me a little about clinical practices during that early time, in the fifties?

KRIPPAEHNE: The clinics took place in the same building they're in now, and there was medicine, pediatrics, neurology; I think there was ophthalmology and surgery, orthopedics.

The patients somehow got up to the different clinics and again sat down on benches, and were brought into the little clinic rooms by nurse managers of the clinic. The people that saw the patients were third- and fourth-year medical students with staff people supervising. Many of the staff people—or let's say most of the staff people—were volunteer physicians from downtown.

WEIMER: How did that work, having a volunteer—or mainly a volunteer staff or faculty?

KRIPPAEHNE: As I remember it, the volunteers were very dedicated teachers, and very knowledgeable people.

We used to have what they called CPC, clinical pathology conferences, up here in the auditorium of the library, and they were extremely well attended by private practitioners who would come all the way up from downtown to attend those conferences. So you can see that they were dedicated to keeping learning and devoted to teaching.

Some of them were hard teachers. Some of them were teachers that the students really respected, fearsomely [laughter].

WEIMER: Could you give me some names of some of the more respected?

KRIPPAEHNE: Well, Dr. Dow was one in neurology. Dr. Noall in orthopedics.

WEIMER: Doernbecher at this time was here, obviously, on the Hill, and it was for children, but that wasn't supported by Multnomah County? Do you know how it was supported at that time?

KRIPPAEHNE: Are you sure it wasn't supported by Multnomah County?

WEIMER: I don't know.

KRIPPAEHNE: I think most of what went on up here was supported by the County.

WEIMER: Did all children go to Doernbecher at that time, or did you see them through the outpatient clinic?

KRIPPAEHNE: As medical students, we saw them in the clinic, and then we went into the hospital when we were in our third and fourth years, mostly as observers because even in those days children that were cared for in hospitals were pretty sick children. And remember now, I was focusing on adult medicine.

WEIMER: That's true. After your initial work in the outpatient clinic, what did you do?

KRIPPAEHNE: I transferred to seeing patients in the Division of General Medicine, and stayed there the rest of my life [laughter].

WEIMER: That's an excellent record. What interested you so much that you decided to stay that long in general medicine?

KRIPPAEHNE: Well, one of the factors of staying on the Hill was the fact that I was married to a surgeon who was associated with the Department of Surgery; and because it was so important for him to be able to get to the school in the middle of the night, we bought a house up here on the Hill; and then we were raising children of our own, so it was very convenient for me to work at the University.

WEIMER: You also taught during this time? Could you tell me a little bit about your teaching duties?

KRIPPAEHNE: Most of it was outpatient teaching of medical students that would rotate through the clinic in their junior year, and later on in their senior year.

WEIMER: How did the teaching change through your career here at the medical school? We've already mentioned the volunteer faculty, and obviously that changed during the years.

KRIPPAEHNE: Mm-hmm. That was the major change. It gradually became supported by faculty members who were paid through the medical school.

WEIMER: Did you notice any change in the quality?

KRIPPAEHNE: I think it's always improved. We began to get academicians from all over the United States who came here to take positions at the school, brought in their expertise, their research backgrounds, and added greatly to our faculty.

Our classes became bigger and bigger, too, so we needed a larger and larger faculty.

WEIMER: Did you find at all the changes you mentioned, the changes of faculty being brought from outside—I have heard one of the criticisms of the medical school in the early part was that it was too ingrown, that it was too much Oregon physicians, Pacific Northwest physicians. Did you notice that at all or any changes in that?

KRIPPAEHNE: Well, it's interesting that you mention that, Linda, because ultimately we were producing fine enough graduates and residents that they began to take part in national associations. And I can remember—and don't ask me which year it was—but we had presidents of four national medical associations from Oregon.

WEIMER: That's a very good record.

KRIPPAEHNE: So it grew in stature and capabilities to match the academic centers all over the country.

WEIMER: Talking a little bit about the organizational culture, there's always the formal method of communication, whether it is memo or letter. How did the school, the hospital, inform—what were the informal communication methods?

KRIPPAEHNE: Mostly by department heads down through faculty by means of weekly conferences or just paper memos to division heads, who would then have their own meetings.

WEIMER: Could you tell me a little bit about the social activities, let's say in the fifties?

KRIPPAEHNE: With respect to students, I think we probably circulated around the registrar. Have you heard of Caroline Pommarane?

WEIMER: No.

KRIPPAEHNE: She was registrar when our class came in, and she had her office across the hall from the current cafeteria and Mackenzie Hall, where I guess the registrar still is.

WEIMER: Oh, I don't know, but I know where the cafeteria is.

KRIPPAEHNE: Anyway, with the cafeteria on that side of the hall and the registrar on the other, the students were centered, you know, in this part of the school. And she thoroughly loved the students, especially the women. Took very good care of students.

This was Christmas time, and at Christmas time she would even go out and purchase presents for busy students who couldn't go out and do anything for their families.

WEIMER: How nice.

KRIPPAEHNE: She's still living.

WEIMER: I didn't know that.

KRIPPAEHNE: She's in a nursing home now, and I'm not sure how mentally alert she is, but she might be someone that you should probably go to soon in case she remembers because people who are not remembering well in their older age sometimes remember many things when they were younger. And now that she's still alive, she'd be someone to go and find. Check with Gwynn Dockery and find out where she is. Have you met Gwynn?

WEIMER: Yes. So I can ask her.

KRIPPAEHNE: You'd have to go to her bedside, I think. But she was a wonderful registrar, with a lot of feeling for the students. She had no children, and I think that the medical students were her family. Her name was Hoopman at the time, Carolyn Hoopman Pommarane. If you run across any pictures of anybody named Hoopman, that would be that registrar at the time.

WEIMER: Did you ever find that there was an old boys' network up here?

KRIPPAEHNE: Well, you know, our class was sixty-eight, and although there were no female faculty at the time, except in obstetrics through the visiting instructors in clinical practice, we had no other women faculty; I don't think I was aware of the "old boy" attitude that people connote today. Being a small school at the time, I felt there was a lot of *esprit de corps* among students and faculty.

People have asked me, "Were you teased at the time about being a female medical student?" Well, there were four of us, and relatively strong people, I think, but I had the feeling that we were...we felt like we were a family in the class and that maybe we had about 64 brothers. Perhaps we were kidded sometimes, but, you know, we didn't take it seriously.

WEIMER: The role of women in medicine has changed over the years. I think Dr. Swan said even in his class there were women in it.

KRIPPAEHNE: There have always been women in the classes at this school. From what I understand, even the first class had a woman or two in it.

WEIMER: Did you find at all the acceptance of women change through the different eras?

KRIPPAEHNE: Change in general?

WEIMER: Right. Just generally change?

KRIPPAEHNE: Well, initially women going into practice were very diluted out because there were so few of them out there in practice. So as time has gone on, that dilution factor has changed a lot. There are many women out in practice today, particularly in some fields. As you probably know, OB-GYN has gotten maybe mostly women. A lot of them have gone into pediatrics, a lot of them into subspecialties like diabetology, dermatology, clinical laboratory fields.

WEIMER: Were you aware of the role of minorities on campus?

KRIPPAEHNE: I'm glad you brought that up because I remember that there was a very distinguished, somewhat older physician that would come and visit the clinics when we were in school. His name was Dr. Unthank. Have you heard of him?

WEIMER: There is a park named after him.

KRIPPAEHNE: Yes, there is, there is. He was a big man. And I remember seeing him on occasion working in the clinic. This was a very rare situation.

There was another doctor named Walt—what was his name? I'll think of it; I may have written it down for you—who graduated from the medical school a few years prior to our class coming to school. Dr. Unthank I don't think graduated from here, but he was interested in our...

Those are the only two physicians that I can think of that were associated with the school early on.

WEIMER: How about Japanese-Americans at the school?

KRIPPAEHNE: Well, we had them in my class.

WEIMER: Because of World War II, were there problems with relocation?

KRIPPAEHNE: I think some of them there were.

WEIMER: We talked a little bit about—well, you worked at Emanuel Hospital. How do you think the other hospitals saw the medical school up here? I guess what I'm trying to get a little bit into, not only their viewpoint, but the whole town and gown relationship.

KRIPPAEHNE: Well, many of us from my class went into internships and residencies at local hospitals, so we were very much accepted by them.

Early on, you know, we talked about most of the teaching done here in clinical subjects was done by people who would come up from downtown to volunteer as teachers, and I think they looked at the school as their school, their medical school. It was they who were a big part of the school.

If you're asking about what the attitude is of those outlying hospitals now, I don't know, I don't know. They have their own clinics and their own teaching programs now. They do open up their subspecialties to our students that go out. You'll be able to find that out through the Dean's Office.

WEIMER: Talking about deans: your career has spanned over several deans, different deans. Could you tell me a little bit about David Baird, Dean Baird?

KRIPPAEHNE: Oh, he was the builder of the school.

WEIMER: People hold him in such high esteem. Could you just tell me a little bit about his accomplishments?

KRIPPAEHNE: I think he initiated the expansion of the school. When we first came here, there was this library, Mackenzie Hall, Doernbecher, the outpatient clinic, and North Hospital. That's all there was. And when Dean Baird was here, he began to expand the building program. Nothing like it is now, of course [laughter], but that was the beginning.

WEIMER: Where did the funds come from? You didn't have paying patients, that was through the Multnomah Hospital.

KRIPPAEHNE: Well, I suppose federal grants helped, maybe the senators helped a lot in focusing on our school.

The veterans' hospital expanded, and that was the federal government, which became associated with our school as a teaching area.

WEIMER: What was Dean Baird's leadership style like?

KRIPPAEHNE: I think he worked behind the scenes. I think he accomplished things behind the scenes without a lot of fanfare.

WEIMER: After Dean Baird there was Dr. Charles Holman who became dean. Could you tell me a little bit about him?

KRIPPAEHNE: He was an internist. He made hospital rounds. So he was very, very knowledgeable about what was necessary to practice good medicine in a hospital, and I think his focus was on patient care.

WEIMER: There was a big change at the medical school when it became a university in the seventies. Could you tell me a little bit about that?

KRIPPAEHNE: Well, that was due to the expansion of the classes and the expansion of departments and divisions as new people came in. Probably had to do a great deal with getting funds for keeping the various members of the different departments and divisions.

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

WEIMER: We were just talking about the change when the medical school became part of a university. Were you aware of any changes in the administration of the medical school when we became a university and therefore the medical school was just a division or a department or a school, and had to share with the dental school and the nursing school. Was there a change in the administration, how things got done, at that time?

KRIPPAEHNE: It got bigger, much, much bigger, and it took a larger staff to oversee all the needs of the different schools. I think there was still autonomy in medicine, autonomy

in dentistry, autonomy in nursing, but it took a lot more people to run the school as it got bigger and bigger.

WEIMER: How did you see the growth of bureaucracy? Did it affect in any way clinical practices, the practice of medicine, teaching?

KRIPPAEHNE: Well, I think the department heads got stronger. One of the great things about this school is the fact that there was strength in the departments. The department heads had a lot of responsibility, and I would say that they, with the deans and the president, ran the school, as a group. The president was in charge, was supported by administration, but leaned heavily on department heads to keep the whole teaching program going.

And then ultimately private practice occurred, and funds became available through the different divisions and departments to support the school, which became very necessary because the County had left long before that, and state funds were becoming harder and harder to get, and diminishing in size and quantity. So the financial burden of running the school and taking care of patients fell hardly on the departments.

WEIMER: There had been quite a few committees. Could you tell me a little bit about the Executive Faculty Council. What was their role in the running of the school?

KRIPPAEHNE: Well, I think they had power in establishing with the president the policies that would prevail. They were a pretty powerful group, influential group.

WEIMER: Who determined who was a member?

KRIPPAEHNE: Oh, I'm sure the president did. Dr. Kohler will know more about that sort of thing.

WEIMER: Tell me a little bit about the growth of the campus. You mentioned that you were a resident of the neighborhood?

KRIPPAEHNE: Mm-hmm.

WEIMER: How did the growth of the university from just a few buildings to what it is now affect the neighborhood?

KRIPPAEHNE: It made the neighborhood grow. Departments were established. Students began to filter down the Hill looking for living places. Stores came up here. The bank came up here.

WEIMER: I wish it was still here [laughter].

KRIPPAEHNE: Do you live up here, Linda?

WEIMER: No.

KRIPPAEHNE: A church came up, a Catholic church came up, St. Elizabeth's. Fire station came up.

WEIMER: Where was the fire station? I have heard of it. It's not still here.

KRIPPAEHNE: No. How do you go home? Do you go the back way?

WEIMER: No, I go down to Broadway.

KRIPPAEHNE: Okay. If you go down Gaines Street past the CDRC, you'll pass two parking lots on the right. Sixth Avenue goes between them. The one on the left was the fire station.

WEIMER: Oh. Was that run by the school or...

KRIPPAEHNE: No, that was a city fire station.

WEIMER: You were talking about committees, Faculty Council. Were you a member of the Faculty Council?

KRIPPAEHNE: I don't think so. I can't remember for sure. I listed something down there; I don't recall what.

WEIMER: Well, I've got Committee of Women Faculty.

KRIPPAEHNE: That was established by one of the deans because, as the women's numbers grew in the classes, it was felt that with special needs and problems that it would be wise to have a group of women that women students could turn to.

WEIMER: You mentioned that you got married?

KRIPPAEHNE: Yes.

WEIMER: You were both medical students at the time?

KRIPPAEHNE: Not at the time we got married. We were residents.

WEIMER: But you met...

KRIPPAEHNE: Yes, we met in medical school.

WEIMER: Could you tell me a little bit about Dr. William Krippaehne?

KRIPPAEHNE: Yes. Well, he was two years ahead of our class. He was in the class of '46, and at the time his class was in uniform, mostly. You've probably heard about the marching out in the back of Mackenzie Hall at seven o'clock in the morning?

WEIMER: Oh, it was at seven in the morning [laughter]?

KRIPPAEHNE: Yes. Run by a lieutenant who got them to march back and forth between classes.

WEIMER: Was the lieutenant regular Army?

KRIPPAEHNE: Yes, yes.

WEIMER: The young men who were in the ROTC, did most of them go off for military duty?

KRIPPAEHNE: They had to. If they were in uniform, they had to give time into the service they had selected. And whatever time was committed to the service, it depended on how much time they had been given here at the medical school for their education.

My husband went over after he finished his internship here to be in the Army of Occupation in Europe, and he ended up being in charge of an attachment of Army independents east of Munich. He was the only doctor caring for several thousand people, just after an internship.

WEIMER: That's quite a responsibility.

KRIPPAEHNE: It was.

WEIMER: He came back here...

KRIPPAEHNE: He came back here to be a resident in surgery.

WEIMER: And he ended up, as I understand, a department chair?

KRIPPAEHNE: Yes, Department of Surgery.

WEIMER: I have to ask you, how did you combine two medical careers and raising a family at the same time?

KRIPPAEHNE: Well, everyone asks me that, and sometimes I say, "Well, I really don't know [laughter], but we did it." But I had a good partner, and I had help at home. I had family support with my parents, who would sometimes come up when we needed, you know, to get away on vacation. And I had good kids.

WEIMER: Helps, doesn't it?

KRIPPAEHNE: Oh, yes. We also lived up here, which was on a bus line that took them right to Ainsworth School on the top of the Hill. One reason we stayed in this neighborhood: it was very convenient for us.

WEIMER: Did your careers ever come into conflict at all?

KRIPPAEHNE: No, because we were in different fields.

WEIMER: And were you full time?

KRIPPAEHNE: I was not full time until—now Linda, I'm just not sure when I went onto full time, but I stayed half time for a long time. On paper I was half time, but I was much more, really—because when you do clinical work, you know, you come in at 8:30 and you stay until the last patient is gone, and so I did stay until sometimes 2:30 after coming in at 8:30, not infrequently. But I think I was paid till 12:30 [laughter].

WEIMER: We've mentioned a little bit about your work on medical school committees. I'd like to ask about your other professional activities outside the school. I understand that you're involved with the American Medical Women's Association. Could you tell me a little bit about that involvement?

KRIPPAEHNE: Well, early on much of it was involving the women practitioners in Portland because we didn't have a lot of women faculty members on the Hill, and we didn't have a lot of women students, either. So we were fortunate to have the interest of many, many practicing women in town. One of them was even a practicing dentist by the name of Gladys Underwood, who is another person you might contact sometime. She had some medical schoolwork in her background, I think maybe even two years, possibly right at this school, but she went into dentistry and became the first woman dentist here in Portland.

I believe that's right, Linda; I think she was the first woman dentist in Portland. She was married to a Dr. Underwood. There were many Underwoods in the city at that time that were physicians, and were very, very active at the medical school.

So I think she took an interest in the school and the women, along with the other practicing women downtown, and supported us beautifully in the American Women Medical Association.

Ultimately I became state president, and in that position went to some of the national meetings, met other women in the United States, which was really a great deal of fun.

WEIMER: We mentioned mentoring women medical students. One way was through the American Medical Women's Association. What were other ways?

KRIPPAEHNE: The women in the city would invite the women at the school to their homes, which was very, very nice. It was one of the things that we as medical students in

those days really looked forward to. If they wouldn't have them in their homes, they would come up here to this library and use that kitchen downstairs in the basement. And we'd have our get-togethers down in the basement of this building.

WEIMER: When you talked about women in the city, were you talking medical...

KRIPPAEHNE: Practitioners.

WEIMER: So there was a little bit of an old girls' network, or young girls' network?

KRIPPAEHNE: [Laughter] Whatever you want to call it.

I think the older physicians really felt obliged to support the young medical students, knowing, you know, from their point of view how few women that they had dealt with in their own medical training; they probably were a lot more obliged from their point of view to support the women in the school than anybody is doing now—because there are so many women out there and so many women in school, the need doesn't seem to be as obvious.

There is an American Medical Women's Association still in existence in this country now, but I don't think it's as well supported as it used to be, because I don't think the women feel that they need it.

WEIMER: Do you think that's mainly because of the numbers of women now?

KRIPPAEHNE: The numbers and also women are just as—I don't want to use the word “oppressed”—but they're involved with so much to do. It's like you talk to men working in medicine, there's so much to do, and they're trying to raise families, and the pressures of their work and home more or less keep them away from social activities, I think.

WEIMER: You were also involved with the medical faculty auxiliary?

KRIPPAEHNE: Mm-hmm.

WEIMER: Could you tell me a little bit about your work with them?

KRIPPAEHNE: Oh, that was quite a while ago. I think it was in the seventies; I can't remember whether I put when I was president...

WEIMER: Right, 1970.

KRIPPAEHNE: At that time the activities were generally social; but I can remember we tried to have three or four very social activities each year, which was kind of challenging because we had to organize dinners in homes or we had to organize dinners in restaurants, and we tried to organize entertainment. It was a different world. I was kind of happy with it because it was different from, you know, the demands of medicine.

WEIMER: You've had a very long and illustrious medical career. Could you tell me what you're most proud of?

KRIPPAEHNE: Well, Linda, I don't know that I want to use the word "proud." I'm very thankful that I've been able to do both.

If one chooses medicine as a woman, I think you're obliged to stick with it, particularly these days when the information, medical information, is expanding so rapidly that to drop out for even five years would put you so far behind you may not catch up. And this was true even when we were younger; it was expanding tremendously. And I felt that I needed to keep my ear to the ground with respect to attending clinics and seeing patients and cross-fertilizing with other practitioners in order to keep current. You couldn't do that if you didn't stick with it.

So I felt thankful that I could be at the medical school in spite of raising seven children.

WEIMER: That's quite an accomplishment.

KRIPPAEHNE: One has to maybe forego a lot of social things to do that, but I think that we managed to get the basics in both our careers and our child rearing.

WEIMER: Well, I know we have a short hour interviewing, so I will have only one more question.

You are on the admissions committee; I think this might be a good question to ask you. What advice do you have to give to young people wanting to enter the medical field?

KRIPPAEHNE: I think they have to examine their reasons for wanting to go into medicine. It can't be selfish. They have to understand that medicine is a career for service for humanity, and that it makes many, many demands. And they need to investigate what kind of demands there are before they settle themselves to the idea that they want to study medicine or want to perform in medicine, because it is demanding, and you have to have your eyes wide open to make the decision, especially if you're a woman and want to have a home, too.

WEIMER: There are some difficult choices.

KRIPPAEHNE: It can be done, but again, a person has to know what they're in for in all phases of preparing themselves for a medical education, going through a residency program and establishing a practice.

WEIMER: I want to thank you for sharing your memories for this last hour.

KRIPPAEHNE: You're welcome.

WEIMER: I appreciate it very much, and this is the end of our Tape 1.

[End of interview]

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