

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

*Donald Porter, D.D.S.*

Interview conducted January 22, 1999

by

Linda Weimer

## SUMMARY

In this interview, Emeritus Professor Dr. Donald Porter looks back on his nearly forty-year career with the School of Dentistry, highlighting significant events and acknowledging his many distinguished colleagues.

Dr. Porter begins by discussing his early years and his military service. After being discharged from the Army, Porter enrolled in the University of Michigan School of Dentistry. At the examination for diplomates to the American Academy of Pedodontics, Porter met Dr. Ted Suher, a faculty member at the Oregon Dental School, who invited him out west. Porter describes his journey to Oregon, and the week he spent camped in the Columbia Gorge before finding housing in Portland.

When he joined the faculty in 1953, the Dental School was located in northeast Portland. Porter describes the facilities there, and gives a short summary of the history of the Dental School before it moved to Marquam Hill. He talks about Dean Harold Noyes and about the dental student curriculum in the 1950s.

For the majority of the interview, Dr. Porter concentrates on his many collaborative efforts with faculty from both the School of Medicine and the Crippled Children's Division. He mentions numerous colleagues with whom he conducted research, established clinics, or trained residents. He discusses how this collaboration was affected by the consolidation of the various schools into a university in 1974 and notes that more could have been done to consolidate certain areas of the curricula.

Porter also addresses the question of town-gown relations between the School of Dentistry and the local practitioners, concluding that the tensions were not as apparent in dentistry as in medicine. He comments on the self-image of the Dental School and notes that Oregon dental graduates were often sought after by residency programs at other schools.

In closing, Dr. Porter expresses his disappointment with the actions of recently retired SOD Dean Henry Van Hassel, and muses about the future of pediatric dentistry under the newly installed Dean, Sharon Turner. He reflects on his lengthy career here at OHSU and takes time to acknowledge the contributions of faculty members with whom he worked closely.

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Interview with Donald Porter, D.D.S.  
Interviewed by Linda Weimer  
January 22, 1999  
Site: History of Medicine Room  
Begin Tape 1, Side 1

WEIMER: This is January 22, 1999, and we are interviewing Dr. Donald Porter today, and it is a delight to have someone from the School of Dentistry here, interviewing you as part of our oral history project.

I would like to ask you, first, where you were born and raised.

PORTER: I was born and raised in Detroit, Michigan.

WEIMER: May I ask the year?

PORTER: Oh [laughter]. Nineteen twenty-five, April 28.

WEIMER: Did you go to school there?

PORTER: Yes. I was raised there, and I went through high school and then was drafted into the U.S. Army in the fall of the year following my graduation from high school in 1943. I spent thirty months in the service.

WEIMER: And this was World War II?

PORTER: World War II, where I got a liberal education.

WEIMER: Is this a liberal education in school or in the Army?

PORTER: No, I had a liberal education in my work with my Uncle Sam in the Army. I got to see a fair share of the world, or a little bit of the world, and I certainly got a chance to see a lot of human nature.

WEIMER: Did you see action at this time?

PORTER: No. I heard some off in the hills, but I didn't actually see action myself.

WEIMER: Well, you did this after high school?

PORTER: Yes.

WEIMER: And, then, you were in the service for thirty months?

PORTER: Um-hmm.

WEIMER: Then, what happened after your discharge?

PORTER: Well, after I was discharged, I came home—I was discharged in February of 1946—'46? Yes—I have to stop and think—'46, and I took a little vacation with the 52/20 Club, or whatever it was. At any rate, got bored and took a job at Chevy Gear and Axle and got a further education in what it was like, and also then took some classes at Wayne University. They at that time had short quarters or periods of time so they could get the veterans back into school, so I started taking two classes, English and sociology, I think it was, and decided that, you know, it was a little more fun following that course rather than the one at the University of Chevy Gear and Axle, so we put that aside and continued on with the university. Since tuition at the university was about fifty dollars a semester, I paid for all of that because I didn't want to use up my "G.I. Bill" until I had decided what I wanted to do exactly.

WEIMER: When you entered college, did you have any idea what you wanted to do?

PORTER: Honestly, no. I mean, I probably had something in the back of my head, but, no, I really hadn't had.

WEIMER: Had there been anybody in your family who had been in the medical or dental or health care field?

PORTER: No. My mother had been a dental assistant, where she met my father, and that's as close that I can remember. I had an uncle that had planned to go to medical school during the Depression years, and he had stayed at our house for a while, but he was working a full-time job at night at the foundry at Ford's, and I think he ended up going into drafting.

WEIMER: One of our themes is the Great Depression. How did that affect your family?

PORTER: I don't know that it had any great effect. We weren't poor, we just didn't have any money. My father worked for the railroad, he was working the railroad yards, and he was on what is called the 'extra board', so we had a telephone in our house because he was called as a fill-in if someone couldn't make the job. That's why it was an 'extra board.'

But we managed well. We had gardens on either side of the house, which were very effective, and we were allowed to go out and earn money doing odd jobs if we wanted, but there wasn't—things were tight. But I honestly can say I don't think we really noticed it was tight.

WEIMER: At the University, were there a lot of GIs there, veterans?

PORTER: Oh, yes, quite a few GIs were there, as you might have expected. I started in the summer with a full schedule, and taking as much as I could heap on, and very heavy into sciences, with the idea that if I wanted to go any particular direction, it might be in that direction.

WEIMER: What intrigued you about the sciences that made you major in them?

PORTER: Well, I think I probably was thinking about, you know, being a healthcare provider of some sort. I think in the—my memory is a little fuzzy, but I think in the fall semester—I was doing reasonably well—I went with some friends to Ann Arbor, and we put our applications in to the dental school; and then I came back and I put an application in to the University of Detroit, at their dental school. It was very early to be doing it because there wasn't anyway I could get all the credits in by the fall term if they were going to make a decision.

Fortunately, or unfortunately, they made the decision—well, let me put it a different way. The summer of 1947 a lot of my classmates had heard from the university that they had been accepted, and then I had not heard, and I wanted to do something with my father, who I hadn't really done anything with, at least that I can remember very well, so I took Dad and we went up fishing. And my mother came along also. And when we came back home, we had been home for several days and then we noticed that a telegram had been placed under the front door, which we never used, and, low and behold, I had been accepted. But when I called, of course, I was too late, they had already filled the position. So I registered for the fall term—we had sixteen-week semesters—and went to school the first couple of days, and I got another call from Ann Arbor that I had been accepted, so I rustled my things together and went up to Ann Arbor and signed in, and actually classes had already started. But I had figured, you know, last one in, first one out [laughter].

WEIMER: So it wasn't necessary to graduate from college before you were accepted into dental school?

PORTER: No. The requirement at that time was two years, and they were gracious enough to allow me six hours of credit for my liberal education courtesy of my Uncle.

WEIMER: How did you find dental school?

PORTER: I found dental school—well, the first—I found it challenging in terms of trying to make performance and had—my first quarter was in anatomy—I mean, I had anatomy in the first year. In fact, I entered class in the dissection room, where I joined a group, and the first—they had identifications examinations, where you go around and you identify the—it's in the lab, and they have little tags on them when they have their

examination, and you go around and study, and you mark down what the anatomical feature is that's there.

I remember I studied really hard, and I was a little concerned that I wasn't putting enough time in, so I took a stimulant which—I'm not sure what it is right at the moment. I would say an amphetamine (Dexedrine), but I'm not sure what it was. And, boy, when I went in to take that exam, I was so hyped up, it was just terrible, and I failed the exam. I mean, you know, I just thought I had everything right on top. But I managed to survive and pass the final with a good grade.

WEIMER: Tell me about your classmates. Were they generally veterans?

PORTER: We had quite a few veterans in there, quite a few. Many of them were veterans. In fact, I probably have to stretch a little bit to find those that were not veterans, but there were a few non-veterans.

WEIMER: How about women?

PORTER: Oh, yeah, we had one. But she got her D.D.S. by shortcut. She married one of our classmates.

WEIMER: And she didn't finish, she didn't become a dentist in her own right?

PORTER: No, she didn't. Unfortunately, because they broke up afterwards.

But, no, there were a wide range of people who had come from the service, from all branches: from the Air Corps, Navy, we had some naval—I know we had one naval commander, and there were pilots that had flown missions and all that sort of thing. I had heard—and I don't know how true it was, but the number sticks in my head—that there had been fifteen hundred applications for the ninety positions, or ninety-seven positions in the class.

Right after that first anatomy class we went over to the dental school where Dean Bunting met us and presented the encouraging little few comments, like "Look to your right and look to your left. One of you won't be here" [laughter].

WEIMER: How about minorities in your class?

PORTER: Julius Franks was in our class. Julius played in the Rose Bowl. And interesting enough to see, he's on the high honor roll of giving to the alumni faculty. But Julius was the only, well, black person, and I don't remember if we had any Asian people. I had a roommate who was Armenian. We spent our freshman year together. We lived in the same room in a dormitory kind of a place. There was a village outside of Ann Arbor, what is called Willow Run village, in the town of Ypsilanti, and the village was made of kind of

barracks-like places. They were for workers who were working in the Willow Run airplane plant, which was nearby, during the war, and these were converted into housing, and we lived in one of the dormitories that had a, you know, community john, and then the rest were all divided into rooms. And, then, in the following spring I married, and the following year we (my wife and I) found an apartment out there which we lived in until I finished dental school.

WEIMER: Was it a four-year dental program?

PORTER: It was. Then I was offered—and I'd used up all my GI Bill.

WEIMER: For dental school?

PORTER: Yeah. And, then, when I finished—well, in my final year I was offered a fellowship in pedodontics, or what is now pediatric dentistry. The specialty was called pedodontics at the time. And since it was going to double my pay—I think I got \$3,000 a year on my fellowship—it seemed like a good idea. And we didn't have roots, so we did that. It was a two-year program.

WEIMER: Where was the fellowship?

PORTER: In Ann Arbor, at the University of Michigan, the very best in the country, actually.

WEIMER: For dental schools?

PORTER: Well, I don't know about the other schools, but the dental school was, because they told us all the time that it was.

WEIMER: So what did you do after the fellowship?

PORTER: Well, when I was in the fellowship, in my last year, the American Academy of Pedodontics was conducting examinations for diplomates to the academy, and a gentleman from Oregon, Dr. Ted Suher, was there to take the exam. And he talked to my chief, the department head, and I suspect to a couple of instructors there, and then talked to me to see if I might be interested in coming west. I hadn't really thought about it at all. So my wife and I discussed it, and then we met in Chicago, Dean Harold J. Noyes, Harold Judd Noyes, and we met at the University Club—my first acquaintance with raw oysters—and it was a very warm sort of discussion with him.

I then went over to Madison, Wisconsin, and checked out a practice over there, and then when I got the letter from Dean Noyes with an offer, I wrote him and asked him if I could possibly come out and take a look and see what Oregon was like, and to which he said he didn't have funds for that. So my wife and I talked about it, and we figured, well, we've not had any acquaintance with it, and it was an opportunity to go over—because Dr. Suher



had to go into the service, he was called back into the service for two years, and so I took the job for a two-year period.

WEIMER: And what was that position that you took for two years?

PORTER: I was acting head of the department.

WEIMER: Of Pedodontics? Am I pronouncing that correctly?

PORTER: Right. I was acting head of the department, and I was acting head of the department for two years, until Dr. Suher got out of the service.

WEIMER: I was going to ask, what were your first impressions of Oregon?

PORTER: Oh, Oregon was—is a paradox in some ways. If you come down—we came across Montana, out of Yellowstone, across Montana and Idaho and then down through central Washington, and it's—you know, I mean, it's desert—I mean, it's no trees of any significance. And then, of course, we came along the Columbia. We had a trailer on the car, and I had two daughters with me, and we spent one night, after we got into Oregon, not far from the road, just camping out, and I just remember it was very dry. Then, of course, as you come through the Gorge, all of a sudden it brightens up and it's beautiful. It was a beautiful—they were working on the, I'm going to say, the McNary Dam at the time—1953, anyhow—and I kick myself for not stopping at Celilo Falls and seeing the falls, I mean looking at the falls more closely than we did. From the road you don't see anything.

WEIMER: Because it was later—because of one of the dams, the falls were destroyed or overrun with waters?

PORTER: No, no, they weren't yet. They were later, when they did The Dalles Dam.

WEIMER: Later on, right.

PORTER: And then we camped at—gee, the name escapes me, but the Benson state park there near Multnomah Falls. We had a tent, and so we put up our tent there, and we stayed there for maybe a week while I looked for housing in Portland. I have a colleague in Salem who swears he was there. He wasn't there yet, but, anyhow, he says he was there.

I went into the Dental School—it was the end of June—and Dean Noyes was in one of the clinics working with some patients, and we got to chatting, and he asked me where I was staying, and I says, “In the park.” This friend just chuckles. He says, “He thought you meant the Park Hotel” [laughter]. But I corrected him and let him know where we were staying. But it was very pleasant there. There was a train that goes by there daily, so it kept you wide awake, but it wasn't disturbing. It's a beautiful place to camp out.

WEIMER: This is 1953?

PORTER: Nineteen fifty-three.

WEIMER: The Dental School was in their old building on, I think it's Northeast Oregon Street?

PORTER: Right. It was 809 Northeast Sixth, between Oregon and Pacific.

WEIMER: What kind of building was it?

PORTER: Well, you know, when I was considering coming out for the job, I talked to the director of postdoc education at the Kellogg institute, or building, at the dental school, and he said, "Well," Dr. William Mann said, "You know," he said, "that's a very old building, and" he said, "they don't have any running water at the chairs, and their equipment is all very, very old." And he said, "Dean Noyes thinks he's going to get funding for it through the Legislature. There's not a chance, not a chance."

So I was pretty well prepared for what I encountered when I got to Portland. And, sure enough, he was exactly right. The building, which was built in 1910, probably hadn't been changed. It was supposed to be a fireproof building, and it sure looks like it. It looks like it's going to be there forever. I mean, it's all poured concrete. And they had chairs that were very close together, they had spittoons at each chair, and they had the little devices with one-way valves on them for the patients to squeeze them if they were getting too much saliva in their mouth. There was no running water at the chairs. You had to walk over to a sink. They had a series of sinks placed here and there about the clinic.

And the motors—the hand piece that was used for excavating the teeth, and so forth, was sort of what people buy today as a laboratory instrument, you know, for hobbies. It worked on a little foot-controlled rheostat. It was kind of interesting, and it was all workable.

WEIMER: How long did you stay in that building?

PORTER: Three years. Shortly after I had arrived we had heard—I arrived at the end of June and started the first of July, and we had heard that they had received the funding to build up here on the Hill. We moved up here in 1956, summer.

WEIMER: And that was the same time that the Medical School Hospital had just been built.

PORTER: Right. I have always thought—they didn't open till '56, but they might have opened in '55. I'm not just sure when South Hospital opened up.

WEIMER: The Dental School is celebrating its centennial this year, so it's had it's

own history before it became part of the University of Oregon.

PORTER: Oh, yeah [laughter]. Yeah, it was organized in 1899 by the union of two groups, or two groups that were teaching dentistry, one from Tacoma and one here from town, and it was called the North Pacific College, and then it was the School of Dentistry. And I think in '08 they established a school of pharmacy there.

In one of the write-ups in their catalogs they had mentioned something about seven hundred students, and I wondered what in the world they did with them. The building on Oregon was built specifically for them, and I learned recently that they'd had a fire in the building they had over on Fifteenth and Couch. So at any rate, they had a hundred students, they professed to have a hundred students per class, dental students, in 1925, and—meaning they had cut back. They only had eighteen students in '99.

WEIMER: In 1899.

PORTER: Eighteen ninety-nine. A hundred students is a lot of students, but on the other hand, see, they were located—centrally located in a very desirable spot. I don't think Sears was there when they located originally, but they may have been, a block away. But it was a good location. And I know that the students earned a good deal of the money that supported it. By doing services for patients was how they supported the place, and so you needed a lot of students to generate that income.

We're going back to that now, incidentally, it appears.

WEIMER: Oh, I should ask, why do you feel that way?

PORTER: Well, I just notice—how else do they keep faculty here?

WEIMER: Well, they have to support themselves in some way.

PORTER: Well, I can feel that way because they closed down our programs in 1993, because they weren't viable financially.

WEIMER: Oh, I didn't know that. So that is one of the benchmarks in whether a program continues, is if they're pulling in...

PORTER: Well, it certainly was. I think the new Dean has some different ideas. But, again, that's going to be part of it, I'm sure.

WEIMER: Well, a hundred students per class sounds like quite a few to me. Was there a need for that many dentists at that time?

PORTER: Well, yes. Short answer, yes. First of all, at that time there was no—the closest dental school was in San Francisco, and the closest one west was in Nebraska, so that's a big area. And nothing in Canada. Or Alaska, for that matter.

WEIMER: The school was training dentists for a very wide region, rather than just the local Oregon-southwest Washington area.

PORTER: Oh, yes, very much so. It's changed a whole lot, but in 1953, you know, almost any dentist you talked to had been a graduate from here. The University of Washington's program had only been going maybe five years, and the one in Alberta, it might have been—I don't know, it started someplace in the fifties, I think.

WEIMER: Was it a four-year program in the fifties?

PORTER: Oh, yes, oh yes.

WEIMER: And did it require a college degree to get in, do you remember?

PORTER: No, I don't, and I doubt that it did. Not in the fifties, no.

The American Dental Association's Council on Dental Education I think prompted—well, I had heard. I don't know how true it is—had prompted the Miller family to give up the Dental School as a business, and presumably—well, if it really was a business—because they had threatened them to take away their accreditation if they didn't have a university affiliation.

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

WEIMER: This is side two of tape one with our interview with Dr. Porter, and we were just talking about the American Dental Association putting pressure on the Millers to become university-affiliated.

PORTER: Right. And I think that's happened around the country. But there were a lot of—a number, I should say, of schools that were proprietary schools. There was one in San Francisco, Chicago—I don't know about the Loyolas.

WEIMER: It wasn't unusual at that particular time?

PORTER: No, no. I think there were several dental schools around the country.

WEIMER: I think that happened in the forties—I may be mistaken—that it became affiliated? Late forties?

PORTER: Well, I tried to ascertain whether it was '45 or '44 and when Dean Noyes

came out. Looking at the catalogs, it appears as though it might have been in 1945, but I'm not sure if it was '45 or '46. I know that he started to accumulate a faculty. I mean, as soon as he got affiliated with the University, then he was recruiting faculty for the science areas. When I arrived here, the school had had a very good reputation for the quality, the skills of its clinicians; and they had their own science department already at the old school, at the North Pacific, because they were teaching pharmacology. The person that had been teaching pharmacology, Nilkanth Phatak, came onto the Dental School faculty. And there were some others, and there was a—they were gradually—he brought in people, like he brought in Marshall Snyder from Michigan for the microbiologist, and he brought in Ellis Jump from Harvard in anatomy, and he brought in Keith Claycomb in biochemistry. Gradually, the picture changed.

WEIMER: Describe Dean Noyes for me. What kind of man was he?

PORTER: Dean Noyes was a very quiet, thoughtful person. I thought that he—in retrospect, he was very much an open person in terms of being flexible. He came from a family with two—his father and I think his grandfather had both been in dental education at Northwestern University in Chicago, and I think that he had very advanced ideas about education.

For example, he brought about curriculum changes at the Dental School which brought the students—the old line in many dental schools is you take your basic sciences all in the first two years, and then you have a chance to work with patients. They developed a curriculum under his direction which brought the student to have experience—contact with patients I think in their freshman year, certainly in their sophomore year.

And, in fact, when I was a senior at the University of Michigan, I got to see my first child in the dental chair, whereas the first year I was here I was handed a curriculum that was enormous, absolutely enormous. Well, I had 77 hours of lectures for the year, I had 44 hours of laboratory, the students had 99 hours of patient contact in the junior and 99 hours in their senior years, and that's an enormous responsibility, whereas at Michigan we had six weeks. We had some lectures beforehand, but then we had six weeks of patient experience, and that was laboratory and in the chair. And it was—I mean, it was very well done, very well done, highly organized, but it still was—it was very late experience. I mean, you might have been, you know, six weeks before graduation you had your first contact with a child.

And Dean Noyes was dedicated to understanding children. He had dental and medical degrees, and he also had had a residency—in my understanding, he had a residency in pediatrics as well, and he also had a certificate in orthodontics. So he had a very broad background coming here.

He allowed—I mean, you had a budget and you had a curriculum to fulfill, and that to fill, and that was it. He left his hands off. You had to—[laughing] that's what you had to work with. Not anymore. But he was always open to discussion.

When I arrived here in '53, they were keeping track of the students' activities, I mean the various services that they provided patients, on IBM cards.

WEIMER: Oh, the old IBM cards, what we consider old IBM cards now?

PORTER: Sure, sure. Well, I mean, that's a very interesting way, you know. At Michigan they wrote them all down, you know. Anyhow, I was really impressed by the fact that they had instituted that modern—it was modern at that time—little way of auditing what activities—one of the ways in which students were sort of assessed in terms of whether they were competent or not was keeping track of how many procedures they did. Now, I don't know whether that was arrived at because there was so much money generated that way, but it wasn't unique here. It was also at Michigan and many other schools. It was just a matter of keeping—you had so many requirements to do, certain procedures, and if you could do those favorably well, well, then, you were ready for graduation.

WEIMER: So in other words they had to do so many teeth extractions, so many root canals before...

PORTER: That's right. And I'm sure that—I don't know how they keep track of it now, but I'm sure that one is expected to have a broad experience in these various procedures to show that they have some competence, because, virtually, when they leave, other than they have an examination to do for the state board, they go out into their little boxes, offices, and patients come in, and they have to be able to provide these services, or at least make the judgment to send them to somebody who can do the services, which is really what you'd like them to do.

When I came here—and, of course, as I had mentioned, when you come from Michigan, you know you've had the best. You are absolutely the top. I came here, and I found that, you know, they had all this old equipment and this old building, which in '53 it was over forty years old and probably hadn't changed much in that forty years. And, yet, they were doing some very nice work. I mean, very, very well trained. But they seemed like they had no experience with any of the allied sciences.

After my first year, which was very traumatic, I got to looking at what I thought my responsibilities were, and then I was a little bit angry that at Michigan I really didn't have any experience in the hospital. Well, I walked through it, and my wife had two children in the hospital, so I had some experience in the hospital, but very limited, and I had no experience with any cerebral palsy children. I had seen some cleft palate patients, I had seen one or two. I don't know if I treated any of them, but I might have. I certainly didn't have any hemophiliac patients. I mean, there's a whole—patients with congenital heart disease, all of these things, were not anything that I had had any experience with. And I thought that it was very, very important that dentists who were at least doing pediatric dentistry as a specialty, that they have a broad experience and they know how they can—they know how to manage certain

problems or they know where to refer them.

So that was something that probably affected me in the years that I was on the faculty.

WEIMER: How did you go about trying to change that?

PORTER: After I had—as I said, I was here—I think in 1954—Dean Noyes, of course, with his background, would be very understanding, and, indeed, he had been working, seeing patients with cleft palate in the clinic. On the north side of the building there was a special clinic. It was very well equipped. It happened to be an orthodontic clinic, the dean's specialty. But Walt Lindsey was his name. He was a graduate of the University of Detroit, was seeing some cleft palate patients. I'm not sure what Walt was doing with them.

A man by the name of Dr. Oscar Baeder, from the University of Washington, came down for a continuing ed course, or whatever you want to call it, and I signed up to take it, and it was on preparation of obturators for cleft palate patients. And there was a young man on the faculty, I guess you might call it, of CCD [Crippled Children's Division] and the state who had had some training in speech pathology. His name was Robert Blakeley. Bob and I took the course together. We had a four-year-old child, Carolyn Watts. We made an obturator for the child and found that with his speech training and my adjusting the obturator, eventually we were able to remove it. In short, the child was able to compensate through muscular activity to create the sounds that she was taught to make with the obturator in.

Well, that was a great encouragement in spirit for Bob, and also for myself. So I did work with cleft palate kids until I left the school completely, and with people having other abnormalities in their oral cavity that would make it difficult for them to speak. So that was my first venture off the standard diet.

And then I had learned that Dr. Suher had set up a couple of—had two people, at least two, residencies for two fellows with the Departments of Pediatrics. So I came up to Doernbecher, the old Doernbecher, and met the chairman, Dr. Allan Hill. Allan was another one of these people—he was from Minnesota, but he was one of these people with a very broad perspective. When they built the South Hospital, the upper two floors and part of the third floor, twelve, thirteen, and fourteen were pediatrics. Anyway, up on 14-A he dedicated space for a dental unit.

WEIMER: And this would be the Doernbecher now that has switched...

PORTER: Well, it was the South Hospital, University South, fourteenth floor. It was still called Doernbecher. I think there was an old furniture company that donated for it from way back.

WEIMER: Right.

PORTER: So I talked with Allan, and he invited me to sit in on his residents' seminars, and that way I met a number of pediatricians that used to practice in town, or are practicing in town. But two of the fellows that—and this had started in 1950. Ted had started—had a residency for a man by the name of Dr. John Dixon, and then the following year he had one for this fellow, Dr. Walt Lindsey, who graduated the same year I did, he from the University of Detroit. So that was something entirely new to me, too.

So when we moved up on the Hill, I went about getting that room on 14-A equipped with dental equipment, and I think the hospital came through with it. I don't think Hal Noyes had to cough it up. But I would come up and do rounds.

And then in '57, I had advertised in our catalog that we were going to offer a postdoctoral program in pediatric dentistry—well, pedodontics at that time. And the following year I had three residents, three people applying for residencies. It was designed for a two-year program, and we had to do hospital rounds. None of the three of them finished. They all—one left and went back East; one went up to British Columbia, where he did a degree in public health; and the third one, who was very talented, stayed on another year and worked, but he didn't work on finishing up his work with me.

Then, the next year I had a man, Dr. Richard M. Adams, trained at Tufts, who had been in practice for a number of years, and he came here and was dedicated, and a very good clinician and very much a student. And he stayed with us and actually earned a master's degree also, in work with the Oral Pathology Department.

Dr. Adams stayed on with me and worked across the hall from our clinic in the Dental School. We had a nine-chair clinic on the ground floor, and, then, across the hall from it was a dental office—a dental operatory, an office for a secretary, and a laboratory. We had set up a cleft palate clinic there so that cleft palate patients could be seen here for obturators.

And, then, Blakeley, who I mentioned earlier, had gone back to Michigan, did his Ph.D. in speech pathology, came back, and was on CCD's cadre. He would come over, and we'd do cleft palate patients. Well, then, as my residents would get further on in their work, we could have them also working with cleft palate patients, which was a way of spreading the information out. So that got me off into that direction.

Doing rounds up in the hospital on 14-A I would see some of these children that were in for heart surgery, and I found that quite a few of them had a lot of oral infection, which we all thought was a really bad thing to have if you were going to have heart surgery. So I talked to Dr. Dick Sleeter, director of CCD. Sleeter had come in '54 when CCD's building was completed. I talked to Dick about the fact that they had these kids up there, and, lo and behold, pretty soon he came around with a half-time budget for me, so I was able to bring on a half-time person for their heart clinic. And, of course, he was providing me with a budget for the cleft palate clinic. We were providing space and equipment and—the Dental School



was. Well, Dean Noyes had that interest.

Dean Noyes also had interest in—I might have mentioned it—child study, and he had set up a Child Study Clinic about, well, '48, '49, someplace in there. I don't know what it was doing, but, anyhow, he had it then, and a man by the name of Dr. Bhim Savara came to the University of Oregon Dental School from the University of Illinois. Bhim was made director of the Child Study Clinic, and he directed activities in that clinic until his death—which was in the eighties, I think. The early eighties. He had had a lot of grant support over the years.

The second active group of residents was two fellows, one from Tennessee and the other one from Ohio—I have to stop and think. The one from Tennessee, Dr. Bill Tracey, continued, after he had finished his program with us, working with Dr. Savara on research projects for the Child Study Clinic. The other, Dr. Carl Newbern, returned to Cincinnati. My six children enrolled in that clinic, and it was of interest to me to see the changes that take place in children with time, and certainly in young dentition, and it's an educational process.

So CCD was providing us with some funds for our faculty as we—and as you start doing all these things, you start to require some help with it. So in that way we started to broaden out.

In 1955, one of Dr. Hill's residents—no, no, much later than that. Probably about '64, '63. Anyhow, one of the residents that was there took an interest in the fact that our residents were out doing rounds, and, of course, what I was trying to do was get them hooked up with the pediatric residents because they can do a much better job of orienting them to the patient.

And Dr. Don Kelly, a resident, seemed to be very interested in the students, and later he joined our faculty, and we had a weekly seminar with them on various diseases. Dr. Noyes had a division of dental and oral medicine in the hospital from the early '50s. That other program that I told you about that had two pedodontic residents within the hospital before I got here was attached to this division. They had other residents who I think were primarily interested in doing exodontia and oral surgery sort of things. And they had twenty-five, twenty-seven faculty people, clinical faculty people, listed. I used to go up there and couldn't find a one [laughter]. But their names were all in the catalogue. That was something he wanted to have up there. During this time, Dean Noyes taught a course called Dental Medicine to the senior medical students, and it was only one hour, and it was required. Dr. Chris Williams, a physician over at CDRC [Child Development and Rehabilitation Center], remembers it very well, because we've talked about it, and he remarked it was worthwhile. At any rate, you see that there were continuing touches with the rest of the units of the center.

I have a patient [L.L.] that I've been following—he came to the Dental School about 1952 and saw our oral pathologist. I've got one of his slides, taken of this patient. But the patient had Epidermolysis Bullosa (EB). I saw the patient first in 1959, and Dr. Adams, our resident at the time, worked with L.L. I had a practice to have the residents do the treatment. I'd just as soon they have that experience.

But anyhow, this patient, L.L., has this terrible disease, and we brought him in and worked with the Anesthesia people. We didn't want to pass a tube because you could have so many complications with it. Eventually, they used an insufflator, just a hook in the mouth passing gas. But we took care of him. Then his folks lived in The Dalles, and they would drive over, and we kept track of him. This disease was just one of the most horrible diseases that I can think of, because all of his epithelial tissues are so fragile that any kind of a rub results in a blister, whether it's in the oral cavity or in his esophagus. He can't eat harsh foods. So we kept track of him and worked with him, and Adams followed him until he left for a chairmanship at UOP, University of the Pacific.

Because of our work with L.L., a close relationship worked out with Dermatology and Dr. Fran Storrs, on the faculty for years. And I had lunch with L.L. last summer. Probably the oldest person in the country with EB. He's forty-nine years old.

WEIMER: It sounds like you've been taking good care of him.

PORTER: Yeah. I've passed it off to somebody else now, but, yes, we did. And the Derm people. He can't work because—he can't afford to make money because he has to have medical care. He is seen by physiotherapy three times a week. He graduated from Portland State. He's very active in downtown community. He lives downtown, and he's a very active person with that.

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

WEIMER: This is tape two, side one of our continuing interview with Dr. Porter.

PORTER: In the early sixties, '60, '63, someplace in there, we had a patient referred to us who had hemophilia, and so I started looking around for some help. I don't remember exactly when it was. Anyway, it was someplace in there, and it really stimulated our attention, and so I checked it out with CCD and found that there was a clinic formed in 1966, something like that, with Dr. George Dana, who was in Pediatrics and who had been off someplace doing a residency in hematology. George was running a clinic over at the Gaines Hall, and so I started going over to attend that clinic.

I can still remember a lot of people that were there. I mean, you know, a lot of the staff that were there. I remember Dr. Bob Boyd one time standing in the doorway while I was examining a patient from Cottage Grove. And this mother was really hyper. You know, jumping up and down. And, of course, he was jumping up and down. He was about eight or nine, and his teeth—his mouth was just absolutely a disaster, just a real disaster. Bob was a psychologist, and he had just—he'd watch all this activity going on and just chuckle, and it was very funny.

Anyway, that patient was—I don't know whether he's still alive or not, but I know

one of our residents who moved to Roseburg. And so I sent this patient over to him, because there wasn't any way they were going to come all the way up here for all the care he needed. Dr. Bill Schuyler took care of him. I don't think he ever got paid [laughter], but he took care of him. The patient—I mean, he was a very nice person, a very nice man. I don't mean Bill. Bill is too, but this young man. He ended up—he got married, had a child, and they were living in a trailer up in the mountains someplace. Interesting.

At any rate, I worked with that clinic for quite a while, and then Dana left the clinic, and Dr. Everett Lovrien took it over. Ev had applied for—well, they'd applied for a grant from the federal government. I'll think of it in a minute. Child and Maternal Health—you know, maternal health care. Anyhow, they got a grant to provide comprehensive care for hemophiliacs, and that was around 1970, someplace in there. It provided funding for a half-time dentist, some more money for that department, and they had a psychologist and a physical therapist and a couple of nurses, and they had a hematologist. Lovrien is a pediatrician and a geneticist, he's not a hematologist, but Dr. Larry Wolff, a pediatric hematologist and oncologist, was on that grant; might still be on it, for that matter.

We would have weekly meetings, and that was a wonderful experience, truly wonderful experience, because Ev would encourage people to talk about the patient's problems, I mean, a social worker. He'd drag the social worker into the conversation, or the psychologist, like Dr. Jim Lindemann. He didn't have to work hard to get him into it. But everyone was encouraged to make a contribution to what would be best for this patient, and that was just a wonderful—a truly wonderful experience. I really tried to get my residents up into those conferences because I thought it was such a good experience.

I had one resident—one of my residents, Dr. Ray Stewart, was interested in genetics, and I didn't have any way of helping him out, so I talked with Dr. Koler, Bob Koler, about it, and he talked to him, and he found grant money for him. He did a nice piece of research, published it, and left here and went down to UCLA, at Harbor General Hospital, where they had set up a residency program in pediatric dentistry. Dr. Bob Neerhout from Harbor General came to chair the Department of Pediatrics here.

I had mentioned Dr. Adams went from our program to one down at Physicians and Surgeons, which later became affiliated with the University of the Pacific.

I had a fellow from the University of Detroit who actually came from—he was trained at U of D in pediatric dentistry with Dr. Al Syler and then went to Mott Children's Hospital to finish his training in Flint, at their center there. Then he came out with us and spent a couple of years, and he took care of the cleft palate patients for a couple of years and then went to—was recruited—you don't like people to come through your place if you've got nice people. Anyhow, he was recruited, and he went to Oklahoma and ran the department there until his retirement. That's how you tell you're getting old, when all your people are retiring.

We had one gentleman on our faculty who was with us for a couple of years, directed

research by one of our students from Damascus, Syria. His name was Dr. Jim Rule, and Jim was actually—he was from Philadelphia and had worked at St. Christopher, where Dr. Richard Olmsted had been; and then went to the University of Chicago and did a master's in anatomy and was with the anatomy department; and then joined our department and then left us and went to Ohio State; to U Conn, University of Connecticut; and then ended up at Baltimore, where he chaired the department there for the University of Maryland Dental School. He's just retired this summer.

And then we had another fellow who I had chased for years to try to get him to come with us who was—I chased him in Indianapolis, and then he went to Alberta, and then he went to Winnipeg, and then he came down and joined us. But he was only with us for a year, and then he was recruited over to Connecticut, where he chaired the department and has retired about eleven years ago.

So we've been fortunate in having people who have gone out and at least had had some experience with what we were doing. And it's always interesting to get other people from other institutions, and that was—of course, that used to be our—that was one of my principal criticisms of the University of Michigan, is that they hired from within because, I mean, how can you get any better if you've got the best [laughter]. That's changed somewhat, but that was kind of interesting.

I'm trying to remember—oh. There was a man in pediatrics, pediatric radiology. His name was Blank, Dr. Eugene Blank. What a wonderful guy. You can take a film up that you see something really strange in it, something peculiar about it, he always had time. He'd stop, introduce you to the resident that he had with him at the time, and then he'd go into his files and bring out something and show you, "See this right there?" But it was always done in—it was always so informative and so pleasant to see him and to talk to him when you had a problem.

And, of course, there was Dr. Bob Meechan, who ran the outpatient pediatrics clinic. He was a prince of a person, and very much interested.

We had a dental student who was a real bright guy. In fact, I think he spent a year with us as an instructor. I know we had him sometime on our payroll. And then he—oh, he did an M.D., he went and did an M.D. Bob used to just love to have him around because Ken Keyes would bring up all kinds of information about the oral problems that the kids might have. Ken eventually ended up doing oral maxillofacial surgery. He's over in North Carolina someplace. But Bob Meechan was always very helpful.

We had this unit up on 14-A, and we, of course, got to be somewhat familiar with the residents in Pediatrics, but it was not unusual for some resident from another service would come by and wanted us to see some adults, and we tried to discourage that very much. It became evident to me that it was very important that the hospital have a general dental division. Although there had been this program in perpetuity, almost, from the middle '40s

with the name up there, it wasn't doing anything. I mean, there wasn't anything going on. The only thing that was going on is the people in oral surgery, or oral maxillofacial surgery, were looking for something to hang onto in the hospital. And we were relatively independent because we were working with Pediatrics, and so we—I mean, it wasn't a big thing, but the facility was limited, and the better solution would have been to have a real facility that would have general dentists there, and you could have the advantage of having consultants come up from the Dental School if you had problems.

So we pursued establishing such a unit for quite a while. I don't think we really got anywhere with that. Well, there was this unit that the old dental medicine had, or they call it oral and dental medicine. They had a couple of operatories, very dingy places, over in the old hospital, or someplace that was close to otolaryngology. And, of course, I mean, people—people in some of the medical services wanted some help occasionally.

So anyhow, after the transition from the individual units being separate, that is, U of O Medical School and University of Oregon Dental School—you know, the Dental School was an independent unit. It had no budgetary ties to the Medical School, or to the University for that matter. It had an independent line, I understand. That's what I was led to believe. At any rate, when Dr. Bluemle arrived here from New York, Syracuse, where they had had a dental service, we talked to him, and he asked me to go ahead and lay out a plan for it. So I did. I went over to the—I think it's the third floor of the North unit and laid out a unit that I thought would really do a nice job. Well, when I showed it to him, he about dropped through the floor and thought I was absolutely out of my mind with what I was trying to do with such a big unit. Eventually we did manage to get two rooms with—we had three chairs in an oral surgery unit, and, then, we had four chairs in which we had general dentistry and children's dentistry. The general dentists don't like children's dentistry.

WEIMER: They don't?

PORTER: Oh, no, they don't like to be around all that noise. It's just terrible.

At any rate—and we had a laboratory there and a dark room and x-ray machines, and a room for eating lunch or having little seminars, and some offices. And it's still there, intact. We had some budget—and, you know, it just escapes me—for residents, and I can't remember where it came from. But I had—oh, I was taking part on a grant that CCD had prepared (which changed to CDRC), with maternal and child care (MCH) funding, and it was a big project across the—it was done across the country on—called Affiliated Universities Project, which was aimed at bringing together comprehensive care for handicapped children.

They had a lot of children with neurological problems, cerebral palsy; not cleft palate patients, and I don't remember whether—and heart patients was a different group. Retarded, impaired. But they had a facility there they could handle a project like this. They had speech people in this, social workers, psychology people, dentists, physicians, all in this grant. And we had a resident on that, so we rotated our residents through it every year. That was another

source of money.

And then we had—I had gotten some money from the county and city. You know, before the—when the county handed it over to the University, that is the North Hospital, [laughing] they were happy to be without it. I don't know—anyhow, we got it some way or other through justification of that, and we got some money from them.

So when we got this other project going with the facilities, we had some money we picked up along the way for residents, and that was when we were looking for resident money. And I know that we had money for a couple of general dental residents, and I usually—and we had at least one pediatric dentistry resident and one of the oral surgery residents. And that eventually got into the hospital's residency management, so they were all sort of handled in the same way. And so that let us get that program going, and it was a wonderful program for our residents, anyhow, because about fifty yards down the hall was the pediatrics outpatient clinic, and they had—I mean, they had regular, general patients coming in there, but then they had an oncology—they had a big oncology program going at one time. It's probably bigger now. But I know that Neerhout was an oncologist. Dr. Neerhout came up after President Laster left. Well, I'm not quite sure when Neerhout came at this moment, but I can tell you very quickly.

At any rate, he worked with us, and not really—I mean, he always wanted you to touch your mark. But nevertheless, he was just really kind of pleasant to work with.

Anyhow, we had some very interesting patients who were in the oncology clinic who really had terrible dental problems. I don't know how they get along now without it, without some dental help available. But that clinic was very handy.

We found the people in Anesthesiology very helpful, and we were doing a fair amount of work in the ORs over there, and much to the chagrin, sometimes, of Anesthesiology, because they somehow or other didn't really think, you know, that it would take so much time. I mean, when you take a young child in, if he has rampant caries, it would take a lot of time. But that, again, was an excellent experience for our residents.

I know that residents that we've trained are now working out of Emanuel. Emanuel has set up a special clinic for dentists, for the pediatric dentists here in town, and I know several of them work over there quite regularly. Some of them still are occasionally seeing patients here. It costs more money to come here, though.

WEIMER: Oh, it does?

PORTER: Yeah.

I know that I have worked at Good Sam, but not often; I worked at Kaiser Sunnyside several times; I worked at Emanuel. In fact, they have a burn unit over at Emanuel, and they

had called on me for a couple of patients that they had in for burns. If they have oral burns, they get so much constriction it's just—they have a terrible job trying to get into their mouths. So we were working in the operating room over there.

I know that the fellows down in Salem, and I suspect—I haven't talked to Bill in Roseburg, but I know that out of town in many of the other communities they are using the ORs, which is good, because—I don't know whether you watched *60 Minutes* last week.

WEIMER: No, I missed that.

PORTER: Well, unfortunately, I was very, very sleepy, and so I didn't follow it very closely. I've got to get a copy of it, because I had a friend call, and he thought I ought to be jumping up and down and writing letters. So...

WEIMER: It was derogatory or...

PORTER: Oh, yeah. What they presented was a three- or four-year-old child who had been taken to the dentists, where the dentist had an oral surgeon in who gave the anesthetic to the child, and they lost the child. So they made such comments as, "What did you think when they said, 'Better you should just shoot him with a bullet as to put him through getting his teeth filled?'" and such comments like that. I guess I was too sleepy.

When we were over there, in Hospital North, trying to get that unit established, the Robert Wood Johnson Foundation had put out an invitation for people to apply if they had a program that was a comprehensive program. It was made to order, absolutely made to order. So I prepared a grant request, and—I just saw Dr. Don Kassebaum. Don Kassebaum was then medical Director of the Hospitals and Clinics, and I talked to him about it, and he—as I may have mentioned, he was one of the greatest people to work with on a project like that because he had positive suggestions, and it was a very nice experience I had with him. Unfortunately, I made the ridiculous, naive mistake—when they told me who was coming out to do the site visit, they told me that it was a man from UW, who also had a grant request in, and would you believe it, he got the money, and I didn't.

WEIMER: That doesn't seem quite fair from this end, but...

PORTER: That didn't seem like it was very smart on my part, but—it wasn't very smart on my part, but there it goes.

WEIMER: But you didn't make that decision to send him out.

PORTER: Oh, I should have protested.

WEIMER: At that time.

PORTER: Very definitely.

Dr. Neerhout came about 1976, '75, someplace in there, about the same time Dr. Bluemle arrived.

WEIMER: Well, this is a good time to ask about becoming a university, because Dr. Bluemle was our first president. How did that change, or did you notice a change for the Dental School at that time?

PORTER: No, I can't say that I did. I don't know. I was very optimistic about it because I have this interest, as I've been talking about, in trying to diversify our professional resources, and it seemed to me like a wonderful idea, because at the Dental School—I mean, I might have been doing this, but it wasn't happening in any other areas, I can assure you, although, you know, we did have a—well, that's begging the question. But anyway, we did have a program in the curriculum on medicine, and we had a physician, Dr. Woodworth, on our faculty who conducted it. And, in fact, he was a very generous person with his time.

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

WEIMER: This is side two of our tape two, and we were just discussing, I believe it was, Dr. Woodworth and his course that he was teaching.

PORTER: Well, yes. He had a course in medicine. We had on our faculty in the Department of Pathology, oral pathology, a faculty that was directed toward students understanding what disease was all about, how it influenced them physiologically, and, in short, it sort of was directed at medicine. And, then, Woodworth had this course where he would do rounds up at the hospital with the students, take the dental students up to the hospital for rounds. And I had the program going in our department where we would have them in the hospital for rounds with—I had three different pediatricians over the years: Dr. Don Kelly, the second one was Dr. Rich Cavalli, and, then, Dr. Mary Urry, who is practicing and threatening to retire.

So we had this one course where we were allowed some time to have the undergraduate students do rounds in Pediatrics, and then these same people also worked with our postdocs so we had some input on them.

But Woodworth was involved with the undergraduate students for quite a long time until he retired. And he was an internist. I owe him a dinner [laughter].

At any rate, that was—but you asked about the University of Oregon Health Sciences Center. And, of course, to me, I thought, “Wonderful! What a wonderful opportunity.” But I must say that I have difficulty in seeing that it made any difference, other than—well, I was going to say—no, there were some things. I mean, the fact that we had a little more of a chance to get our dental unit going over in North Hospital, which our Dean, our last Dean,



who retired last year...

WEIMER: Dean Henry Van Hassel?

PORTER: I think that's his name, yes, uh-huh. He managed to decimate it by—he canceled all the programs that had to do with it and even canceled—tried to cancel the Hospital Dental Service itself. And fortunately the American Dental Association pressured the Dean to honor already obligated general dental residents they had taken to pay for their stipends, which was good. I was glad to see that happen to him.

The staff person over there, who actually went through a residency up there, Dr. Eigner, Toni Eigner, approached the hospital people about maintaining the facility and apparently is doing quite well with it. She has—I don't know whether she has one or two residents. I know she's got at least one resident, and she has a part-time staff person in there also. And I think she's been accredited recently. She's independent from the Dental School; she's not part of the Dental School, she's part of the hospital, which is fine. It's a safe place to be, at least during the reign of our last czar.

But I—that was where I guess—that was the place where I could see some significant difference, is that I thought there was a little more receptiveness to it. I don't know whether—I doubt it was necessarily related to the fact that there had been some changes in a few department chairmen and administrators along with that declaration of a center.

WEIMER: Well, you obviously got involved with some of the clinics and some of the—I don't know if you want to call them departments, but CCD, and Doernbecher. Were other dentists that outgoing in getting involved with the other units up here?

PORTER: Well, yeah. Yes. There are some—the oral path people certainly were. I just had lunch with one of them this week.

One of the advantages of not being in a box in the community is, if I see a problem, I can go see someone and talk to him. Or I could. And I very frequently would go up and see Norm Rickles, who was chair of Oral Pathology. They had a very aggressive, comprehensive program going at that time trying to integrate with one of his—one of Norm's little kinks was he wanted to be seen down on the clinic floor. He wanted to have the oral pathology people down there so that problems could get attention, like lab tests and that sort of thing.

In fact, one of the first—well, I don't know when it was, but I ran into a problem where two brothers were losing teeth early, primary teeth real early; and the first time I didn't pay too much attention to it, but then the second time I did, and there was no evidence of trauma. So I went up and talked with one of the oral path people, Bob Bruckner. He got very interested in it, and then we sent up for some lab tests and found out that their alkaline phosphatase levels were abnormal, and one thing and another, and there was a good explanation for the exfoliations. Bob put together a very nice paper. Fortunately, he put my

name on it. It was a nice experience.

The people in Orthodontics I know have used various people up in the house, certainly Gene Blank, he was familiar to them. I had with—well, as to the—you know, people in the departments change, and then you get a little different feeling.

Now, the people in—in 1969, 1970, '71, in there, I was on a cloud, I was really on a cloud, because the School of Dentistry had the oral path people, our Crown and Bridge Department had—they had brought a new chair in who could see out beyond his nose; and so he was—it was interesting, because I had a young—I had a patient in the clinic, or one of my residents did, and the patient had a missing tooth or something, you know, a congenitally missing tooth, and he was trying to plan treatment for him. And, of course, that's one of the things that we had always stressed—and I'll come back to that in a minute—that you don't do things for today, we want to do things for next year, the year after, and whatever. So he talked—and I said, “Well, why don't you call one of the periodontists in?” Well, the periodontist took one look at him, and he said, “What you've got to do is put a bridge in there and do this, because that's going to—you're going to have all these things happen, and eventually end up in death.” So I said, “Well, good. Now you've got an opinion. Now, why don't you call down Bill Richter,” who was chairman of the Crown and Bridge Department where they'd be doing the bridge. He came down and took a look at it, and he says, “Damn it, that tissue is—everything's healthy.” He says, “I wouldn't do a thing to it” [laughter].

So, anyhow—but that's one of the advantages of having people who can give you a different sort of philosophy about things. Anyhow, at that time I was very excited about the faculty.

We had—oh, I had managed to recruit some people from Winnipeg, University of Manitoba, because they were exiting Canada—we still have one of them here—and they were people that were really into the sciences. I mean, they were—and, then, their chief was interested in moving, and he came down, and, then, we've gotten a fellow onto the staff who had a Ph.D. in physiology, I think. He was from Argentina, an oral surgeon. Very flamboyant guy, but, nevertheless, stimulating. And he was interested in hemophilia also. And he was there, and then we had Ernie Hixon, a new person in the Orthodontic Department next door when we had—he'd been there for about eight or nine years. Very bright, very provocative—well, I mean, not—well he wouldn't rub your person, but he had lots of different ideas about it. He had a paper that was—what was his paper called? *Lighthouse or Lurelei*.

But you have that sort of atmosphere, and it's really kind of challenging. You want to pick their brains apart, and you want to learn a little more and get in there. Anyhow, it was very, very exciting. Very, very exciting. Oh, and a young man in periodontology, Dick Ranney, who's left us, went to Medical College of Virginia, now he's dean at Baltimore College of Dentistry. He's had all kinds of NIH grants.

And, then, we had a department that had been up in Microbiology at—working in

conjunction with another department, clinical department, and they had a big grant they put together. It was really—you know, just really exciting. You felt like, “Oh, I can hardly wait to get down there!”

But that had nothing to do with the center, of course, and that’s what you look for—I mean, I would tend to look for it in the center. But it was—and it was something of a different feeling.

Talking about people that had the interest, we had a man who was interested in gerodontology. Jim Bennett was interested in gerodontology before people knew how to spell it, and he’s retired. He retired in ’89. It’ll be ten years next year. And he’s still working with older folks in nursing homes and that sort of thing. He’s always very concerned about people being able to pay for the care, and their financial straits, and trying to figure out what kind of treatment is suitable for the people. And he’s trained in oral pathology. He disclaims it, I think, now, but he was.

And he was involved in heading up our general dental residency when we were setting that up and was director of their programs, and, in fact, would take the residents out—drag them out to some of these facilities like Terwilliger Plaza. They have a lot of elderly people there. And he has one out on Holgate, and wherever else he found a care facility for the elderly. So he had—yeah, he very much had an interest in some of the people on the other side.

You know, one of the interesting things, when I first got here and made a connection with Pediatrics and—you know, they had three people on their staff at that time: Dr. Hill was chair; and then they added Dr. Robert Aldrich who was, I think, a biochemist and later on went up to the University of Washington; and then a fellow by the name of Charles Bradley, a physician who was a psychiatrist, child psychiatrist. After I got to know him, he came down and lectured to our dental students, a couple of lectures. And it was—well, a very, very nice man. I had a real fine friendship with him. Regrettably, I don’t know what happened to him. And I know that he was up on the Hill for a long time.

WEIMER: People talk about research up here on the Hill, Medical School and Dental School, and mainly, of course, what we’ve gotten from physicians on the state of research is that there wasn’t enough for quite some time. How about the Dental School? You’ve mentioned a few grants that you got, but, overall, what was research like?

PORTER: Well, research was for the scientists; dentists are clinicians. They don’t—I mean, they have no experience with—generally speaking. Now, they might—in some institutions they might—I mean, I had to do a thesis, a master’s degree, at Michigan before I finished my program, and I found a project and did it, and even published the paper. It was a clinical study, and clinical studies are all right, but, you know, there isn’t—if you’re going to do that sort of thing, you have to have some imagination, and maybe some experience at it.

When I came—I didn't even think about that, and thank you for asking. When I came, and I hadn't been here too long, a man by the name of Marshall Snyder—I mentioned his name—who was a microbiologist from Michigan, had a big project he was working on, and he was looking for a clinician, and I volunteered to help. I've forgotten how many years that thing went. But Mike had a question he was asking, and that was—it had to do with whether or not a salivary test could be used to predict the amount of cavities one might get. He had a test, which was called—guess what?—the “Snyder Test,” and the long and the short of it is, the study showed that the Snyder Test couldn't predict a thing from it [laughter]. Among other tests. We ran a bunch of tests, and they were collecting saliva specimens, I think monthly, from a group of children. We had a group over in Vancouver at the deaf school, and I would go over and examine them, I think every six months, and then we had a group down at Chemawa, which I think Dave Witter, who was the state public health officer, examined. And then we cranked the numbers in.

And it was kind of an interesting study. Of course, you do something like that, and you start to get some perspective about, you know, how good does this measure—is this measure going to be of any value at all, and that sort of thing, and how do you measure changes. And, then, how do you measure changes when your children are young, you know, because they're losing teeth, they get new teeth in, and how do you calculate that all in. And so I got interested in that, and so I—you know, I worked out—we worked out some methods of managing the data. And, then, I got acquainted with the statistician from Reed College, Jack Dudman; he was in mathematics, but also he was dean of men. A nice man. Gee, how nice he was. Anyway, he was statistician, and he worked with us on that project.

And then I was invited by the American Dental Association to evaluate a dentifrice, and so I called Jack, and we cranked through the data and all that sort of thing, you know, and the index that we were using looked like it had some use. In fact, I was delighted that some guy in central Europe was using it [laughter]. That was really a boost for the ego, you know.

At any rate, then the Dean hired a biostatistician, Dr. K.H. Lu, a very intelligent guy, he was very bright, and he was an artistic and poetic person. It was just fun to be around him. I used to eat lunch with him quite often, and always interested in talking politics with him. But anyway, he was from China, from Beijing, and worked at the University of Minnesota, got his Ph.D. there in genetics, and then worked in Moscow, Idaho, and then was hired here.

I had another invitation from the American Dental Association to do another evaluation of a dentifrice. On the other one we—you know, Jack said, “If you're going to do this kind of work, what you want to do is do the evaluation once. You don't want to do it twice, because the second time it's going to change” [laughter]. So, of course, the real question is, over time how are things going to change.

So I invited Kuo Hwa to work with us on this project. He took the index I had and expanded it. Of course, I didn't know what was going on with it, but he did multiple

regressions with it and all kinds of things, and we took the data sent to us, and we wrote to the person whose data it was and asked him if he would mind if we reanalyzed it in a certain way, because we couldn't find anything effectual. And we did, and again, no doubts.

Well, at the time—I don't know how we got involved with Procter & Gamble, but we were involved with Procter & Gamble some way or other. And I was on sabbatical in Europe, and I was at a meeting in Holland, and one of the people from Procter & Gamble came up, and he just really kind of chewed me out a little bit about our discussion about—you know, this paper about Crest and how it interfered with all their studies. Well, in fact, I said, "It wasn't your data, it was somebody else's" [laughter]. I didn't tell him whose it was, but, in fact, it wasn't.

Well, anyhow, what Kuo Hwa's approach did is just upset the apple cart all over because people had a certain way, a nice canned way, that they were handling the data, and if it showed something good, well, then, it was great, and if didn't, well, that's the way it goes. But his was a very sophisticated method, and I really—I mean, I know what he was doing with it, and that was trying to get rid of a lot of the variables, but how he was doing it, and so forth, was beyond me. And it wasn't very many years later Procter & Gamble approached him to work with them on some of their work. Well, there you go.

But anyhow, Kuo Hwa was very, very bright, and he couldn't understand that dental students don't speak the language. I mean, this matter of you can talk numbers and formulae and that sort of thing to people, and they don't really know where you're going with it or what it's all about, and pretty soon they don't want to understand it.

On the plus side, I had two residents who worked with him on their research. The one was the ultimate politician. He knew where all the hot spots were and how to touch them. But he did a project—we had a dentist, public health dentist, on our faculty who came and helped me out, and, then, there was one working for the state, and the two of them were hardly—I mean, I don't think they really had any regard for each other. And this fellow stepped in between here, and he did some work in the other one's area but under the assistant who helped with the other one in working with Kuo Hwa, and he pulled it all off in time to go back to Curaçao [laughter].

The other person was a woman I had who was from the Philippines, Rose Potter, and she had a project that she did with Kuo Hwa, and she left here and went to Indiana University and went to the University of Chicago and made a presentation of her paper, and they were so impressed by it that they tried to snag her into a program, which she did, and she worked at Indiana University as an adviser in biostatistics. Well, she's just retired last year. But she really got something out of it from K.H. Lu. But I had other people that came in, and it was just—it was a total bust. That was too bad.

I worked with Kuo Hwa on another project with him and worked with another person who was a state dental health officer, Tom Pickles, on fluorides. We did a study over a

couple of years, a fluoride rinse study out in Hillsboro and up in Sandy, on the kids in their middle schools, and that worked out fine. It wasn't the kind of work that I really wanted to do, though, but, I mean, I know people that do it as a lifetime occupation. My friend at Baltimore was doing it, a former staff person doing that kind of work.

When Kuo Hwa went over—working on a project with P&G, this is where he got into a big problem with Dean Van Hassel. He had been working with them, they were—with P&G, they were very tight with the overhead add-ons or whatever they call it, the extra money that you can tack on the top of your grant; and the Dean was going to deny Kuo Hwa the chance of working with them because he couldn't get enough—you know, it wasn't a high enough percentage, which—anyhow. And I don't know how that ever was resolved. And, interestingly enough, Van Hassel was working on a project with P&G before he left here.

WEIMER: Well, I see that we're almost out of this tape, so I'm going to shut this one off.

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

WEIMER: This is tape three, side one, of our continuing interview with Dr. Donald Porter, and this is Linda Weimer interviewing.

You were mentioning that you wanted to talk about something that...

PORTER: Well, I just wanted to mention a couple of things that I thought were very positive. When Dr. Allan Hill left the chairmanship, and he passed away shortly thereafter, that was a real blow, because he was such a broad-based person. One of his staff took over the department for a short period of time, Pickering, and I didn't know Dr. Pickering at all. I mean, I'm sure I'd met him, and so forth. But I understand that Pickering was very much involved in the setup and establishment of the Primate Center. I was talking to Bob Campbell, who was the pediatric nephrologist. I don't know whether you've talked with Bob or not.

WEIMER: I've talked to him, but we haven't set up the interview yet.

PORTER: Anyhow, Bob was working on—he's still working on catecholamines and breakdown products of cells and so forth, and although he's retired, he said he's got fifty-seven, something like that, file cabinets full of data and articles that he's going to have to move [laughter].

At any rate, in talking to him just recently at the faculty Christmas party, he said that Pickering was the most brilliant person he's ever met, which very well could be true. I didn't even know him.

Campbell I did get to know because he was up on the Doernbecher floors, and he

worked with one of our residents, Dr. Murray Dickson, on a project. I have sent Campbell an article or two now and then, if I run across something that I think is right down his alley. So that's always fun, and that was an interesting sort of relationship.

But when Dr. Olmsted came in following Dr. Pickering—Pickering wasn't here for long—and Olmsted was probably the broadest, most widely spread out pediatrician I'd ever met. I mean, he had a lot of breadth. He came here from Philadelphia. He was at Children's Hospital there. And he left here and went—I think he was editor of the *Journal of Pediatrics* or something when he left here.

But while he was here, we participated with the Pediatrics Department in setting up a clinic in Albina, over on the east side. It was the Albina Multi Service Center for Comprehensive Care. And the idea was, I thought, is that your dentist and the health people—and the social workers had these people who have been on welfare would be coming there, so that the dentists would have a chance to work with them and to see what some of their problems are. And he's got good, handy referral people. And so we set up a three-chair clinic out there. It was kind of a nice clinic. One of our residents went out and staffed it for quite a while. And Larry Wolff, who is still on the faculty here, was also—he staffed it from the Pediatrics Department. Anyhow, that was a nice experience.

I had looked for the Dental School to say, "Great, let's send the dental students over there and rotate them through."

WEIMER: Oh, no.

PORTER: No, no. So what we did is, we rotated them through at night. They would come over at night. They could sign up and volunteer to come over there, and they did. And that worked out all right. But I was really kind of disappointed, because I expected the school to be a little more enthusiastic about it and maybe rotate the students out there. That was—you know, that's baseball.

And then I worked with Bill Clark, who was in the Pediatrics Department. Actually, he was acting chair at one time, but just for—in between people. We prepared a grant, a "Children and Youth" grant, for out in—and it was going to be something like this one, Albina Multi Service Center, over here, only it was going to be out in southeast Portland, but it didn't get funded.

And again, that was the fun about working in it.

WEIMER: We've mentioned talking about Dean Noyes, and, briefly, a few comments about Dean Van Hassel, but I'd like to talk a little bit just about Lou Terkla, Dean Terkla. Since our time isn't unlimited, what do you think his changes were, the changes at the Dental School under his administration?

PORTER: Well, Lou was assistant Dean or associate Dean for a long time, and it was through the failing—through the failing years of Dean Noyes. The Dean had severe diabetes, and probably had some neurological changes, and I think Lou was carrying a lot of that load in his later years.

I can remember feeling, you know, very bad about the students who didn't know him and made judgments about him, maybe when he might have wanted to be a good guy but lacked the stamina, and then had a couple of quick drinks, and that was it. And that really kind of hurt me. But, you know, you can't get everybody to love you. I know that Jim Bennett—have I mentioned him? He's interested in aging people—ran into Hal when he was out in a convalescent home, and he was in very bad shape.

So this—Lou was fairly liberal about—I mean, he didn't make demands on you in terms of wanting you to do, you know, his way, or what it was. So I don't feel like he provided constraints on the department chairmen. I mean, we were still given the liberty of making our own decisions, and so forth. I mean, you had to account for them, but—and Lou is a very, very precise guy. I mean, he does things very accurately, and so forth, and so you'd like to have it reasonably in shape before you give it to him, whatever it is you're doing. But he was a very good dentist and had a great deal of respect and rapport with most of the faculty in the clinical departments.

There might have been some resentment from some of the people about the old guard and, you know, how Louis really let them go, and so forth, but I don't know that I really had much complaint with him as a dean. And I know that if you had something that you wanted to be pushed and needed his help, he would be there to do it. I mean, he was up here on the Hill, trying to get—we wanted to get a dental clinic up here on the hospital. He was out there pushing to see that it happened.

Dean Noyes would push also, but I don't know how real it was, but I think it was real that he and Dean Baird just had a lot of conflict, so you couldn't get much help. And then—and, of course, the various departments—I don't know if people ever talk about this, but the various departments, you know, they have their own axe to grind, particularly if you get into the surgeries, where the line between here and there, it starts to fade. And so—I can remember I held meetings with the Department of Otolaryngology, and I would prepare agendas and give them to them so they could think about it before we'd get together, and they would bring their agendas with them and drop it on you. We were trying to negotiate some space, and that sort of thing, and we never really got anywhere with them at all. And I don't think that Noyes could get Baird to move anything.

And I think Dr. DeWeese, who was the chairman at that time—my understanding is that he was very much influential with the speech and hearing clinics building [Hearing and Speech Institute] over here on the drive to Veterans Hospital.

WEIMER: Oh, yes, on the other side of the campus.



PORTER: Uh-huh. That high building that went up there, you know? Right in front of my view of the city [laughter].

WEIMER: The Casey Eye Institute, yes.

PORTER: If you've got it, there's nothing like money.

So I don't know if I've answered your question or not, but Lou had very good rapport with the faculty and was very democratic.

WEIMER: One thing I do need to talk to you about, because you had told me previously that dentists were clinicians, how did clinical practice change? We talked about it a little bit when you got here in the '50s, but technology then came in.

PORTER: Well, I think there have been some changes, first in—well, a lot of changes in the technology. I mean, if you were, as I was, raised on a hand piece that would turn up 3000 RPM, and hand pieces are running, you know, like 350,000 RPM, that's a big difference. So, I mean, it—but those are things that you can adjust to if you just take a little time on the way to do it. But it was a different instrumentation, too, and you had to adjust to that.

And, of course, it's a far gentler—I mean, I can still be in a building and have somebody two floors away, or someplace else, running an air hammer, and I can just feel it in my head, like, uh-huh, that's what it was [laughter], because I remember going through all that as a young person.

New materials have come out, and so there are some changes in that, and some very good changes. I think the new instrumentation allows some very desirable changes in techniques and procedures.

WEIMER: One of our themes is the town-gown relationship. How do the dentists at the school—what is their relationship to the dentists in the medical healthcare community at large in Portland? Are there any conflicts at all?

PORTER: Well, I would say virtually no. That may vary with some of the specialties, and I don't know about that. I know that the orthodontists in the community had been very negative about—I don't know about where they are right now, but had been very negative about the postdoc program that was going on here because they thought we've got more orthodontists than we need.

Since Van Hassel came in, and they disposed of our department, the Orthodontic Department has absorbed all of that space and has increased the number of students that they're taking. And for good reason, because every patient that they treat brings a pretty good size fee, and they can increase their income.

But I don't know—I haven't heard any. I really haven't heard complaints from the orthodontic community, and I've had some contact with them, with a few of them, and they have—I know that the chairman of the Department of Orthodontics, Jan Kronmiller, was one of our residents, a hundred years ago, and he went bad. He bumped his head and went into orthodontics and got a Ph.D. and all that sort of thing. A very nice man. At any rate, he has quite a few of the orthodontists in town up here doing the clinical training, so, you know, people don't come up.

You know, when I came here, I didn't know from nothin'. I didn't know anybody here, and I didn't know what happened here or what was going on, and I don't know—I mean, I just found that there were two people here who had been here the year before, and they were willing to stay to help me with the clinics, because if you have four clinics a week, and each clinic requires—should have at least three, that's a lot of manpower. Well, anyhow—and so I was trying to do this whole thing, you know, by myself with these two fellows, who then quit at Christmastime, and then a young man who had finished up at Northwestern early, and he came and helped me with the next two quarters. And then I had to recruit a couple of fellows out of the graduating class for a couple of quarters to help me with the students. And that leaves a lot to be desired, because, you know, when a student finishes his dental training, he really doesn't have much experience, and his outlook can be pretty narrow. So anyhow.

On the other hand, most of the departments have a lot of people from town working with the clinics. And, indeed, the department right now is very heavily staffed by pediatric dentists from the community and the dentists in the community are very, very anxious to get a program going again here.

WEIMER: Another one of our themes is image, image of the institution, OHSU, or the various schools. At first you mentioned that your alma mater dental school thought of themselves as the best. What does the School of Dentistry at OHSU think of itself? What is its image?

PORTER: I think that—the town's, the staff's, or whose?

WEIMER: Let's do the internal image of the school itself, of the faculty and the staff.

PORTER: I think that they—well, I don't know. I mean, I can only make a judgment of it. I think that we turn out—that we have a lot of students that are very good, that would be people that we would willingly refer to. We also have some that we wouldn't refer to. And that's—I mean, I can think of—in my first ten years or so I can think of such friction that arose between the departments when it came time to say up or down, you know. I mean, you'd have students who people in some of the departments would say, "This guy is just terrible. He has lousy judgment and he can't do anything with his hands," and that sort of thing. Come to their final decision, and all up [laughter]. You come out of there thinking, boy,

that person should never have made it. What a nice man, I'd love to have him for a neighbor, but, boy.

But I don't know. I can tell you that I—you know, when I came, I was impressed with the level of dentistry, and I still think it's—I don't know what it's like in pediatric dentistry. I know that—well, I don't know what it's like. When you're on the floor doing it, you get various feelings. Sometimes you're just really delighted with how well they're doing.

I had a man with me for a year from Winnipeg, University of Manitoba, who was—he's a nut. If he needs any dentistry, he comes to Seattle because there's a man in Seattle who has the crown and bridge department there, and he wants him to do his work. And he had a man on the faculty at the University of Manitoba that—George Brass, his name was—and he used to say George—well, George, he was a wonderful dentist.

And, you know, I mean, you run into these people, and they can really do wonderful things. Lou Terkla was very good, very good. Anyhow, to make the story a little shorter, Castaldi was here with me this whole year, and he said, "No wonder you guys can do such nice work with the kids." He says, "You've got all these other departments training them so they know which end of the hand piece to hold," and so forth. He says, "No wonder." Then he says, "Yeah, but see them on the East Coast. God, it's just terrible. It's atrocious." And, I mean, he goes through this every time we meet. He is about this high and he's about—I mean, he's got big shoulders. He's seventy-five, seventy-six, still playing hockey. But he goes into these expletives about how poor technical skills are in the East.

Well, he thinks that we were doing an outstanding job here, and he just says, you know, it just comes—you've got one big department that has a lot of student time and are somewhat demanding. We never thought that they might have been great. They weren't nearly as good as we were. But anyhow, I think they do a reasonable job.

WEIMER: Well, it sounds like, from this gentleman's comments, that the School of Dentistry has a good reputation outside of the area.

PORTER: Oh, yes. That's one of our, you know, eye rollers. You say—you know, you get somebody interviewing, and you say—a lot of the fellows had to go into the service, and when they got into the service, of course, they—and the service had people from all different schools, and so you get some guy that's interviewing, and he's coming in from the service, he's retiring out of the service, and he'll say, "Boy, I'll tell you, when we ever got students from Oregon, we all tried to reach them and grab them for our clinics" [laughter]. So anyhow, on that score they had a very good rep.

WEIMER: My last question, and we ask this of all our interviewees—I think this is a good question for you since you've had such a long, good career—is, what are you most proud of?

PORTER: Where'd I have the most fun?

WEIMER: No, well, you can say the most fun, but I asked the most proud of, what are you the most proud of, in your career?

PORTER: [Pause] I'm most proud of some of the people that I worked with. They're doing something exceptional, they're thinking things through; I'm thinking that maybe I had something to do with their questioning things. I got a little—I don't know if you look at this as a dig—I got a little address folder from the Oregon Academy of Pediatric Dentists, and they have little drawings on it for each one, and mine's a guy with a hat on and a rope. Now, I'm not sure what it means, but I'll look at it as favorable. We trained over one hundred pediatric dentists. Ten members of our staff and residents left to chair departments. Another ten assumed major roles in public service for training programs.

WEIMER: I should give you an opportunity to add something if we haven't mentioned it and you wanted to say something.

PORTER: With Van Hassel, I was very disappointed. First of all, I was very enthusiastic about his coming, and I could kill my friend back in Baltimore for not telling us what was really the situation there.

He met with our department after a few years—he ran his meetings in the most autocratic way I've ever seen. I mean, he'd tell you what he was going to talk about, he'd talk about it, and [pounding the table] it's closed, that's it. Anyhow, we met with him. He had these little meetings with the departments, "Feel good department, this will make you feel good." He always told people how good you were. He told everybody, "Oh, what a wonderful job you're doing." So after he had talked and told us what a wonderful job we were doing, and he said, "Are there any questions?" And I just raised my hand, and I said, "Well, you've been here for four or five years," or whatever it was. I said, "I haven't seen any progress in the clinical departments. All I can see is that the clinical departments are going down. I mean, their work is going down. Things just aren't"—well, I mean, we didn't even get that far into it, and he said, "You obviously have your head in the sand," slapped his book on the table, and he walked off. I heard later that he wanted to deny my emeritus status and whatever.

He was an autocrat, and he robbed our department of its department chair, gave him lots of opportunity, and so forth, but I thought it was a crime. He did not allow people to make decisions for themselves: he made the decisions about who they hired, what they were paid, and what they did with their budget. I just did not have that kind of experience. I had a good time.

The next department chair resigned, and the other full-time person that had been on the staff for years resigned, and these were very intelligent people. Dean Van Hassel certainly had bright people with him. He took Art Retzlaff out of the department to replace Art Brown,

who was his administrative assistant and was with him for years. He very carefully and meticulously went around the state...

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

WEIMER: And we are on side two of tape three.

PORTER: We were talking about Dean Van Hassel, and I was commenting about how intelligent he was in building up cooperation and rapport with the people, dentists in the state of Oregon. And he visited—I bet he visited every dental society in the state, and I'm sure he told them what a wonderful school we have, what a wonderful job we're doing, and he just made you feel good. And they supported him. They gave him a car and sent him off [laughter]. They could have done it without the car.

WEIMER: And he—well, for the record, he retired this last summer, 1998.

PORTER: Yes. I think June 30.

WEIMER: And you have a new Dean [Sharon Turner] coming on board.

PORTER: We have a new Dean on board. She's going to be meeting with—and purportedly one of her first goals is to get a new program in pediatric dentistry, postdoc, a residency program of some sort going, and she certainly has the interest of all the pediatric dentists in the state. She's going to be meeting with us on the twenty-ninth of January, and I got a call from Art Retzlaff today, and he said that she'd be calling me before she goes to the meeting. That will be interesting. I'll be interested in talking to her.

WEIMER: It must make you feel good that it looks like your old department will be back in operation again.

PORTER: If they can find a budget for it and get it going, that's—well, I don't know how—I don't know what's happening to the kids in the state. I mean, seriously. We used to have kids referred to us from Prairie City and Pendleton and Ontario, and they can't send them to us. I mean, I welcomed them because I would share them with our residents. But the fellows out in the practice are very capable of handling most of those things, if they do.

WEIMER: But some of those towns you talked about are rural areas.

PORTER: Oh, no, no, no, no, they are rural areas. They have, I understand, recruited a full-time person for the department, who is practicing in Hood River, which is great. Hood River has needed a pediatric dentist for years, and this person has only been there for a couple of years, and I know that people are just in love with him, because I've met some people up skiing who told me what a great job he's doing. And that's good. He'll do a good job here.

But they're searching in journals for people to come here to work in practices here. I know that—my son-in-law recruits for Kaiser, and I know that he's been looking for a pediatric dentist for over a year. I don't know whether he got one or not. I have to check with him. And Willamette has been searching for a dentist. And the fellows who are in private practice who want to retire, they're anxious to get people in, get people who might be able to make that transition.

WEIMER: I want to say, if there's nothing else...

PORTER: Linda, I want to tell you, this was wonderful talking to you.

Your interview brought to mind the marvelous experiences I have had on the Hill. Our department was blessed with many wonderful, loyal people who took pride in training dentists in the care of children as well as preparing pediatric dentists for community and foreign service, for education and for research. Duane Paulson, D.D.S. Northwestern and Michigan certification. Evelyn Strange, D.M.D. University of Oregon Dental School, Washington University certification, strengthened the department in 1956 and enabled initiation of our postdoctoral program. Arthur Retzlaff, D.D.S. Alberta, University of Manitoba and OHSU certification, joined us in 1968 enabling expansion of our hospital activities. Roger Lunt, D.D.S. University of California at San Francisco and University of Washington certification, joined us about 1972. He and Harold Howard, D.D.S. Emory and University of Oregon Dental School certification, were able to focus on reorganization of our undergraduate programs in 1975. These are the people to whom I am indebted for implementing the department's activities. Peter Lax, D.M.D. Tufts and University of Oregon Dental School certification, assumed responsibilities later at CDRC for programs which played an important role in our training program. All of these people were active in the department's programs at my retirement. There were many others who participated in our programs who are not mentioned but are remembered as they pursued various professional activities elsewhere.

WEIMER: Well, I've enjoyed the interview, and it's been very good. Thank you.

PORTER: Well, I appreciate the—it was just fun doing it. I'll put the word in for you so that you can tell me what you'd like to have, and I'll help you find it.

WEIMER: All right. Thank you very much.

[End of Interview]

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