

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

Frances Storrs, M.D.

Interview conducted October 19, 2007

by

Matthew Simek

SUMMARY

In this interview, Professor Emerita Frances Jean Judy Storrs, M.D., talks with Matt Simek about her career in dermatology, her experiences as a woman in medicine, and her extensive involvement in professional and community activities.

The daughter of Frederick and Harriet Emigh Judy, both graduates of the University of Oregon Medical School, Storrs grew up in Spokane. She reminisces about her childhood and discusses her early perceptions of the culture of medicine. Intending at the first to study business, Storrs soon decided to follow in her parents' footsteps. Her application to medical schools was thwarted by a "de-mentor" at Carleton College, and Storrs got her first glimpse of gender discrimination in the sciences.

Undeterred, Storrs matriculated at Cornell University Medical College. In the interview, she talks about her education there and her decision to return to the West Coast for an internship at Good Samaritan Hospital in Portland. Having met Farrington Daniels at Cornell, Storrs decided to specialize in dermatology. She relates the story of her interview with department chair Walter Lobitz and her experiences as the first female resident in dermatology at the University of Oregon Medical School. Upon completing the program, she joined the department as its first female faculty member.

Storrs looks back on her forty-some years at OHSU, discussing issues such as pay equity, mentoring, medical education, and the shifts in medical culture as Gen Xers have entered the medical field. She talks at length about the "incident" at the Arlington Club, which brought home to her the incredible discrimination that women physicians often faced—and which made her something of a local celebrity.

In conclusion, Storrs describes a few of her most memorable cases and offers some advice to medical students who may be considering dermatology, noting that the specialty offers a rich environment for the application of both basic science and cutting-edge technology to a variety of problems in patients across the life span.

TABLE OF CONTENTS

Early Life in Spokane	1
Culture of Medicine	2
Early Education	5
Carleton College	7
De-Mentor: Thurlow B. Thomas	9
Medical School at Cornell	11
Coming to Oregon	14
Joining the University of Oregon Medical School	15
Walter Lobitz and Portland Dermatology	19
Pay Equity in Medicine	22
Incident at the Arlington Club	23
Dermatology Research	26
Mentoring	29
Generation Gap	30
Physician-Patient Relations	31
Medical Technology	32
Community Involvement	36
Looking Back on a Career	38
Advice to Students	40
Interesting Cases	41
Characters at the Medical School	42
Bing Crosby	44
Index	46

Interview with Frances Judy Storrs, M.D.

Interviewed by Matt Simek

October 19, 2007

Site: OHSU Vey Auditorium, Doernbecher Children's Hospital, Portland, Oregon

Begin Tape 1, Side 1

SIMEK: This interview with Dr. Frances Storrs was conducted on October 19, 2007 in the Vey Auditorium at Oregon Health & Science University, Doernbecher Children's Hospital. This interview was made possible by Oregon Health & Science University. And the interviewer is Matt Simek of Pacific Standard Television.

So good to see you. We've been eager to talk with you for, it's now more than two years since I think Joanne Jene first suggested you and Sara was able to make possible this interview. So it's really good to talk with you.

STORRS: Thank you.

SIMEK: We like to start off these interviews with a little review of your earliest days that you remember. So perhaps we won't go back to six months of age, but your earliest memories of life in Spokane and just what was life like back then.

STORRS: [laughs] Well, my life was very wonderful. And pretty privileged. I grew up in a very large house that was kind of a fully staffed house. My mother and father were both physicians. General practitioners. They both worked full time in the same office in Spokane. And I grew up with the emphasis on my life that I would certainly work, and that I could do whatever I liked. That my parents expected me to be educated and to do well while I was getting educated. And that I didn't have to be a physician, but I was going to have to certainly support myself. They would support me until I was educated, and then I was on my own.

And so I never felt any of the pressures of having to overcome something, and I never had to struggle to collect financial resources to be educated. So that gave me a life, at that time, of unusual privilege. I didn't feel, as a young woman, discriminated against in any way. And didn't feel I had any hurdle to crawl over except performing at the level that was demanded by my parents. [laughs] So that caused me stress. But I was able to do that and able to go through my high school and grade school years and had a wonderful, pleasant life.

SIMEK: What kind of town was Spokane then? What was the size, the principal industry?

STORRS: Well, Spokane was the so-called heart of the Inland Empire. So it was the receiving area for a lot of agricultural products. The wheat from the Palouse, and the beef from the Palouse. And then it was transported from there to the rest of the United

States. And some of it probably to the rest of the world. There was a strong professional component. There was a strong medical community.

Something that just springs to my mind, there was a very different attitude at that time. Abortion was illegal, and that played a role in my life because I can remember a parent of friends of mine going to jail for doing abortions.

I remember that Kaiser Hospital, one of the first Kaiser hospitals, was started in Spokane. The Bess Kaiser Hospital, and the Kaiser physicians were considered to be communists. And they were not allowed in the local medical societies. Socialized medicine was out there, as was McCarthy. And my mother was an outspoken person. She made a point of joining the Daughters of the American Revolution so that McCarthy would have a harder time putting his finger on her or other people in the community.

On the other hand, it was a time of great joy and lots of family activities, and lots of snow and lots of sun. For me, it was a very wonderful time. But I do remember those stresses in medicine.

SIMEK: What an interesting background, an interesting time to grow up. Not always positive, but interesting.

STORRS: It was nice. Yeah, very, very nice time. Plus, not always wonderful experiences. But I think when you think back on that part of your life, everything becomes more even. You don't have big, huge things standing out.

SIMEK: Other than the fact that your parents were both physicians, did you have an awareness of the medical community in Spokane at that time?

STORRS: Well, absolutely. Because in those days, it was unusual for doctors to socialize outside the medical community. So the vast majority of those people practicing medicine, those were friends, and those were the people who related to one another. So I mean, my parents had some non-medical friends who I do remember, but not very many. Most of their friends in our social group were medical. Is that what you mean?

SIMEK: Yeah. And what kind of healthcare provisions did Spokane have in terms of hospital? Would you say it was cutting-edge? Or it was average? Or it was rural?

STORRS: Well, you know, wherever you are feels cutting-edge. So I never heard anyone feel that the medical care that was given or received was anything but great. Both of my parents had very large practices and very loyal practices. My mother only looked after women, but she wasn't a gynecologist. She did family medicine, and that was quite unusual at the time.

They were both very fearful of socialized medicine, hence the concern about Kaiser. A lot of the time we were there, part of the time I was very young, was wartime. So I remember the exchange of ration books and food instead of money. There was a lot

of bartering of services, even later on after the war. Very different than you would see now. And there was a lot of collegiality throughout the community. I think the physicians really liked one another. They weren't divided so much into highly specialized groups at that time.

SIMEK: Just jumping ahead for a moment, do you see that that's changed quite a bit?

STORRS: Yeah, dramatically. Absolutely. I've thought about that a fair amount recently in terms of the isolation of different medical groups. And particularly the separation of people working in the community and people working at the medical school. Would you like me to comment about that?

SIMEK: So is that still an issue?

STORRS: Oh, yes.

SIMEK: We had planned to get into that in a little while. If you'd like to comment now, it's fine. Or later would be fine as well.

STORRS: Well, I think my feelings about it largely relate to when I came to Portland after I had been going to medical school in New York City. I don't know if you want me to, do you want me to do this now? I can.

SIMEK: Let's hold up on it for just a bit and go back to Spokane for a minute.

STORRS: Okay. All righty.

SIMEK: You indicated that there was a difference in the medicine then and now, and the practitioners of medicine then and now. What about the patients? Were the patients different? Either because of being Inland Empire kind of people, or because of the time, the wartime, or so forth? Did they have a different attitude about medicine?

STORRS: Well, I think they did indeed. They had no Internet. They knew very little about, they weren't sophisticated in terms of illness. So they tended to be totally dependent upon the knowledge that resided in their physicians. And by and large, they had total trust in them. The concept of patients being involved as a team with their physician in looking after their illness was not there. The doctors were in charge. And there wasn't a lot of reciprocity.

My mother and father did house calls, which is something that doesn't exist now. My standard Sunday behavior was to go to church, and then my brother would go with my father and I would go with my mother, and we would do all of their house calls in people's homes. And then after we did that, we would go and see patients in the hospital. When I was very young, my mother would put me on the bed or in the room of one of her

patients. And then she would come back and get me when she had done all of her other patients.

As I got older, I went around with her. So I think I really had a chance to observe. And I do remember what that patient/physician interaction was like. And I saw it with others as well. And then I worked in my parents' office when I was in high school and in medical school and, again, saw the same sort of thing.

My mother was not always a wonderful person in that she was so aggressive in terms of her children's behavior. But she was certainly accessible. And one of the things that she did in her office, again, something I think doesn't happen very much nowadays, but made her a good model for me, was she was very, very accessible. So she would be in her office. And if I was calling her as a child from the outside, I was always put through immediately. And in later life, I met her patients, who told me that she would be performing the most intimate of physical examinations, and the nurse would come and say, "Frances is on the phone," my mother would immediately get up and talk with me on the phone.

I think that kind of appreciation of the importance of family in the lives of working women and men was very, very unusual in the time that my parents were working. It was of enormous value to me, and made that kind of attitude towards family be a big part of my life as I was growing up as a physician.

SIMEK: Did you have the impression that she was sitting in her office just waiting for your call?

STORRS: I have said that exact thing many times. Perhaps you've heard me say that. [laughs] And I did feel that way. When I was very young I just thought well, she goes to work so she can sit by the phone, because I'm probably going to call her up. [laughs] Or ask to do something, and then she'd say, "No!"

SIMEK: Do you have a sense in your growing up at about what point you said, "Well, I'm going to be a professional, but now I think medicine is going to be it."

STORRS: I do. I did not want to be a doctor. I was very worried about being a doctor because I saw the impact of my parents' professional life on our family life. And I was fearful that if I became a doctor, I would marry a doctor. I thought that would be very difficult, especially in the evolving community. I think it is difficult for, especially people who practice medicine like my parents did, people in primary care today. So I mostly looked at other sorts of work. I became very interested in business for a long time. And the minute I said I wanted to consider business, my parents subscribed to *Barron's*, and the *Wall Street Journal*. I remember in college getting *Barron's* magazine, their news publication, and finally I just decided that I would do medicine. I liked science. I liked it a lot. But I think I mostly wanted to go into medicine because I knew what was involved, and I knew it wouldn't be very difficult.

I'm a little different from some people in not having to struggle to get there. There were no barriers put in my way. My way was paid, except when I had to perform, as I said before. And I knew what to do. So, to me, becoming a physician was not difficult. It was easy, fortunately. [laughs]

SIMEK: So many children of that age rebel. So if you had, you probably wouldn't say domineering patients, but certainly insistent parents, that many children would rebel against that and want to become the opposite. But you eventually adopted that because you saw the value of it.

STORRS: Well, yes and no. It probably wasn't that interesting or complicated. If you'd had my mother, you wouldn't have rebelled, either. She was an incredibly powerful person, and I think not performing at the level she required, and less so, my father, you would have been ridden with guilt. And also, in those days, I don't know how old you are, I'm sixty-eight. But in those days, people did not have the freedom in terms of expressing life experiences that they have now. And some of the things that I did, especially in college and medical school were very difficult and hard for my parents. And that was the only way I rebelled, was by doing things that they would not view as straight line experiences. And by that, I mean going right through college and then right through medical school.

Nowadays, most people don't take that kind of a trajectory. They tend to go up, and then even, and then up. The trajectory is very circuitous. In my day, you were expected to complete every process of your life, and then go onto the next. And not take a vacation from it. So that's what I did. I went right through college and right through medical school. And any unusual experiences I had were in the summertime. And I can tell you about those if you'd like, later on.

SIMEK: Well, moving on to question two.

STORRS: [laughing]

SIMEK: One of them was about your high school and college experience. And my assumption would be that you were not a shy wallflower. That you were probably pretty involved in student life and so forth, in addition to being a very good student. So what kind of activities did you get involved in high school, college. Let's hold medical school for now.

STORRS: Okay. Well, while I was in high school, I was very involved in my church. I was a Congregationalist, and the Congregational life and the church life was a big part of my family life. My father actually was the child of a missionary, and he was born in Sierra Leone in Africa, and then came back as a very small child. He got malaria and came back. And then his father was kind of an itinerant pastor through the West Coast. And my parents had to work before they went to medical school. And so a lot of their influence on me had to do with how hard they worked to get where they were. And a lot of my mother's upset was that I had not had to work that hard.

But they both worked for a long period teaching in high schools in the Western part of the United States, Montana and in Alaska, and then came back here to Oregon. Went to medical school here. They both graduated from this medical school. And then went to Spokane. So with that background, their influence and their interest was in the community, as well as in education. So they always had strong ties to things in the community and felt that it was important that their children be involved in the community.

So that's why I had lots of involvement in the church. My father's background, and community interest of my parents. And then I had involvement in student life. I was president of different organizations. I was very tall. I mean, I still am tall, though I'm shrinking. But I was really tall. And there were only a couple of boys in my school taller than I was. So I would say my social life when I was in high school was grim. But my life was not grim. And I had a great time. Yeah, I would say I was real involved in clubs and all that kind of stuff, and in leadership positions. Both in church activities as well as, anyone who listens to this who knows me now would probably crack up to hear that. But in church activities as well as political activities at the school level.

SIMEK: So what did happen in that summer of '55? No, I'm just picking the date out of the air.

STORRS: [laughs]

SIMEK: What were your summers like?

STORRS: Well, they were heavenly. [laughs] When I was growing up, my parents had a lake cabin. And they hired people to take my brother and me to this lake cabin. And then we were also allowed to bring friends for long periods of time, couple of weeks, two or three weeks. My mother came to the lake cabin on Tuesday evenings and went back Thursday. And my dad usually came with her. And then they came out on a Saturday late and went back on Monday. So we saw them part of the summer. But most of the time, we just had an opportunity to enjoy a lake and all of the activities on the lake for the entire summer.

When I got into high school, I started working in hospitals and in my parents' office in jobs that they helped me get. I certainly didn't do anything in high school that I would view as particularly motivated on my own part. But it was a blissful time of life.

SIMEK: It's interesting that your parents would be disgruntled, let's say, that you didn't have an opportunity for you to work in between going to school, and yet they made it possible for you to have a linear education.

STORRS: Right.

SIMEK: So there must have been some amount of tearing at themselves about which way they would treat that.

STORRS: I don't think so.

SIMEK: Oh.

STORRS: [laughs] I think my parents had a very clear idea of what they expected from their children.

SIMEK: I was a graduate of Beloit College, Wisconsin. So I'm very familiar with Carleton, one of the same conference.

STORRS: Right.

SIMEK: So I'm curious as to how you went from Spokane to Minnesota.

STORRS: Well, I wanted to go away from home. And my parents told me they would pay for me to go to any college that I could get into in the United States except Bennington, Sarah Lawrence, Reed, and the University of Washington. The University of Washington, because it was too close. But the other three, because everyone knew they were communist schools. And all the women who went there, the young women, got pregnant and had abortions. So I was not going to be allowed to go to any of those schools: Reed, Sarah Lawrence, and Bennington. But I could go any other place I could get in.

My parents had both gone to Whitman, which they loved. That's where they met. And they would have loved me to go to Whitman, but they understood that I wanted to go a ways away from home.

My mother wanted me to join a sorority, and I didn't want to join a sorority. So that's one of the reasons I went to Carleton, because they did not have sororities. And also one of my cousins, one of my favorite cousins had gone there, he and his wife. And I thought they were superb people, so I thought that would be a good place to go. That's why I went.

In those days, it was cheaper to take a train than it was to fly in an airplane. And as a result, I went across the United States two or three times a year on a train, which was a heavenly experience. A fabulous experience. And it's probably the thing that most cemented in my being an interest in coming back to this part of the United States. Because every time we would leave Minneapolis and start coming west, and then freeze up in La Havre, in Montana, where the train was usually stuck for five or six hours while they unthawed all the connections in the winter; the minute we hit the mountains, I would just be thrilled. Thrilled! I haven't thought about it until just now, but I think those train trips on the ground cemented in me a love for this part of the United States.

And then when I went to medical school, which I did in New York City, it was still cheaper to travel by train. So then I traveled all across the whole United States by train two or three times a year until about my junior year, when it was finally cheaper to fly.

SIMEK: You have a couple of rail fans in the audience who completely identify with what you're saying.

STORRS: Well, I had a very good friend who was, our family friend who was the head of the Milwaukee Railroad for the West. And so he would personally with my parents come down. And a departure, in those days, on a train trip, was a major event. And my mother would always give me a huge bouquet of flowers that she had made. And then all through it she would put all kinds of little gifts and always a big roll of stamps. And then my brother and my friends would come. And they would run with the train as it went out of town.

And then my friend, who was the Milwaukee Railroad chief, would go up to the porter. And I was so sequestered in my life that I never thought of that whole situation as being overtly racist. I certainly do now. But would go up to the black porter and give him a chunk of change, and tell him to look after me, which he did. And then I'd sleep in the upper bunk at night. It was wonderful! It was wonderful. I feel so sorry for people who miss that experience.

SIMEK: Me, too. I had that experience as well. I share that with you.

STORRS: [laughs] And going to Carleton was very fun, in terms of going and traveling there, but being there was awful, and I absolutely hated Carleton. I went back to my forty-fifth college reunion last summer. About the second or third time I've been back since I graduated. And that's another thing that has to do with an era. In those days, Carleton College was a small, liberal arts college that protected its women students. So it protected them by making them stay on their side of campus, which was strictly the women's side of campus. They were not allowed to wear anything but a skirt unless the wind chill factor were minus thirty-five or greater. Other than that, we had to wear skirts at all time.

The men were allowed on our side of the campus and we on theirs three times a semester. The women students had to come home from the library at night. We had to check in at 7:30 when you were a first year student. Later on, you could stay out until 8:30 or nine. The men students had no restrictions whatsoever. They could stay in the library until it closed. Women students had to go home. We had compulsory chapel once a week and compulsory congregation once a week. I was miserable while I was there, and I didn't really know why until later on.

I graduated in 1960 from Carleton. I had a wonderful education. I still remember professors there who had a major impact on my life, some of whom are still alive and whom I've talked with recently. Totally influenced my life. But the whole time I was

there, I was unhappy. Very unhappy. And many women students in my class left. Because they were more swift than I, and able to figure out why they were so angry and unhappy, and they went to the University of Minnesota, where they didn't have those restrictions.

So I don't know when you graduated from college. By 1964 or five, all of those things had been changed. They had mixed dormitories. People who graduated from college after, say, 1966, even though they're pretty close to me in age, lived a totally different time in American education in small liberal arts colleges.

SIMEK: '66 was my year.

STORRS: That you graduated?

SIMEK: Yeah.

STORRS: Yeah. So by then they would have had mixed dorms, and gotten rid of all those things.

SIMEK: Not mixed dorms yet, but they had fraternities and sororities and social life and so forth.

STORRS: Right.

SIMEK: And I don't think there was discrimination in terms of hours at the library. But there was still compulsory chapel and that sort of thing.

STORRS: The kind of most adventurous thing that I ever did in college was go nude to chapel, which a lot of the women would do. We would take off all our clothes, and then we'd wear coats over the top of our bodies. And that was viewed as just wildly eccentric and incredibly adventurous. And sometimes we'd sneak out at night and take a jug of wine, which none of us even knew how to drink; a jug of wine and go out to the cemetery and sit in the cemetery and drink wine. That was also viewed as amazingly adventurous, incredibly adventurous. It was a horrible time! I hated it.

And then, to top it all off, to top it all off, I had an acutely discriminatory piece of behavior happen to me at that time. So up until that point, I had no sense whatsoever of being unusual as a woman about to go into medicine. So I decided not to go into business, I was going to go into medicine. Carleton, in those days, you had to have something like a chem-zoo major, a chemistry-zoology major to go into medicine.

And the head of the department, the biology department, was a very short man, Dr. Thurlow B. Thomas. And he absolutely hated women. And there were two women in the sciences who were going to go into medicine. And he was short; I'm tall. He came up to me when I announced I was going to go into medicine. He was the pre-med advisor, so he had to write the letters and get everybody ready to go to medical school. And he came

up to me, even though I'd had all As in all of his classes, and he looked up at me and he said, "Frances Judy—" my maiden name was Judy – "Frances Judy, I personally am going to see to it that you do not get into medical school."

So I then went to another man whom I had befriended and whom I still have contact with named Henry Van Dyke, who taught comparative anatomy. Incredible man, who in subsequent years moved to the West Coast. And his daughter, actually, he sent his daughter to be mentored by me. And she used to come when I was an intern and stay with me over night. And she now is an academic gastroenterologist in California at UCSF. And Dr. Van Dyke said, "Don't worry, Frances. Every time you decide where you want to apply to medical school, I will send a contradictory letter."

So Dr. Thomas wrote his letter, and then my friend, Dr. Van Dyke, wrote his letter. And I got into every medical school I applied to. And every time I would get in, I would take the letter of acceptance and run it across what's called the bald spot, where the men and the women were separated from one another, and throw it on his desk. Say, "Have a look at that, Dr. Thomas!" And then pick it up and walk out. [laughter]

I was talking at the Mayo Clinic about three weeks ago and giving a lecture. I was actually talking on mentoring. And I was talking about de-mentoring, how a person can be a de-mentor, and I was using Dr. Thomas as an example of a de-mentor. This was in Rochester, Minnesota, at the Mayo Clinic. Carleton is just up the road from there. When I told that story, which I did, I hadn't thought about it for a long time, I told that story about giving him these letters and being so happy, the whole room broke into applause. Screaming and applauding. I thought that was so fantastic! [laughs]

SIMEK: I did want to ask you about people at this point in your life who influence you, but I think you've just answered it.

STORRS: I did it! [laughs] Well, the person who really influenced me the most at Carleton was a man named Wayne Carver. And Mr. Carver was an English teacher, a very, very forceful English teacher. And I thought I was a pretty good writer. So it was the experience of many people when they go to college. My papers he gave Cs and Ds to, and I spent hours and hours in his office, learning how to write. And when I became an academic physician and had to do writing, I would send him lots of my things to look at so he could know that he'd had a good influence on me. I think he was the most powerful influence. And then Dr. Thomas, a negative one. And Dr. Van Dyke, a very positive one as well.

SIMEK: The power of communication is amazing, isn't it? And the ability to write is something that so many students just seem to pass over.

STORRS: Oh, especially nowadays, it's astonishing.

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

SIMEK: –professional letters from time to time with terrible misspellings–

STORRS: Right.

SIMEK: –and grammatical errors.

STORRS: Astounding grammatical errors.

SIMEK: Yeah. Yeah. So out of all of this, how did you happen to, you were accepted to all of the medical schools to which you applied. And here you're a four-point student.

STORRS: No, I wasn't a four point student. You know, I was a good student, but I wasn't a four point student.

SIMEK: And how did you happen to choose Cornell?

STORRS: I chose Cornell, again, for all kind of selfish reasons. I wanted to be a long way from home. I loved New York City. I'd gone there, traveled there a number of times when I was in college. During the time I was in college, I did a bicycle trip in Europe. A lot of it I did by myself, and had New York as a starting and stopping point. And I thought it would be neat to live in New York City.

And the other reason I chose Cornell was there was a time when I wanted to be a veterinarian. And at that time, the best veterinary school in the United States was Cornell. And I think that's what really put the seed in my mind.

And that was another time of discrimination that was interesting. None of those things bothered me. I mean, that thing with Dr. Thomas didn't bother me at the time. I think it was fun, because it was great to overcome him and to have a friend.

But when I applied to medical schools, there were two things that happened of great interest. One was I went down to the Mayo Clinic to be interviewed by a man for Stanford, a member of the Mayo Clinic faculty, to apply to Stanford for medical school. And he, we had a conversation, we talked about what we were reading and just kind of talked about life. And then he said well now, he was representing Stanford. He said, "Where would you really like to go to medical school?"

I said, "Well, I don't really want to go to Stanford. I want to go to Cornell."

And he said, "Well, that's okay." He said, "I'll take care of that."

So about a week after that, I got into Cornell. And when I went to Cornell, by then I had already interviewed at Cornell as part of a summer bicycle trip. During an interview, I was asked if I cried like other, like girls do. Do I cry. And this was by a very kind of nasty, famous guy on that campus. And I said, "Well, yeah, of course I do. I hope you do, too." You know. Men should cry just as much as women should cry!

But that was in the interview process. When I went there to Cornell, a man who was very powerful in the admissions department (Dr. Haney, maybe?) and the administration came up to me and told me that he brought me personal greetings from the man at the Mayo Clinic. And then I knew how I'd gotten into Cornell. [laughs] Now none of that kind of, that sort of thing is pretty much prevented nowadays. And it could have been used against women, and I'm sure it was all the time. Because in my class at Cornell, I think there were about ninety people, and there were seven women at that time.

SIMEK: Already it was starting to increase.

STORRS: That's right.

SIMEK: Earlier classes had maybe one or two.

STORRS: My mother's medical school class had three, here in Oregon. However, the history of women in medicine is very different from that, as you probably know. There was a time when there were a lot of women in medicine. And then there was a real backlash in this country and they were prevented from either studying medicine or going up in the ranks.

SIMEK: Can you just elaborate on that a little bit before we move on?

STORRS: Well, I mean, that's a history of medicine issue. It's just a fact that in the United States, in the early part of the even twentieth century, there were a significant number of women in medical schools. Then there was, I mean, when you look at photographs, I have lots of books on the history of women in medicine. And when you look at some of them with photographs of classes from different parts of the United States, half the class or more is female.

Then even four or five years later, it just dropped to like nothing. Mostly it was felt that men became genuinely frightened that women would take over medicine. Just like physicians in my parents' era were afraid the Communists would take over. And those horrible doctors over at Kaiser they wouldn't let into their medical society.

I don't know. Medicine is still filled with a strong conservative political pulse that worries about that sort of thing. You see it even today.

SIMEK: Medicine, at that time, was already starting to change. The post-war changes and the improvements to medical technology—

STORRS: Right.

SIMEK: —and pharmacology and so forth. Who were you looking up to as you were going through medical school?

STORRS: Nobody. I was going to medical school to learn how to be a doctor. And selfishly, to live in New York. That was a wonderful time. I spent a huge amount of my time in New York City. I spent time in medical school, enough to be there and do well enough to keep going. But mostly I enjoyed New York. So I wasn't very, I wasn't thinking anything like I do now. I wasn't thinking about special people in medicine. I don't even know if I even thought about Osler. There certainly weren't ethics courses given. We didn't have humanities like those which I became very involved in in this medical school, once I came here. But as a medical student, I can't remember ever having a discussion in any kind of a small group about ethical issues. None of the sort of influence that you'd have now.

SIMEK: We don't have a lot of time to get into New York, but I'm curious in twenty-five words or less, what did you find most intriguing about your time in the city?

STORRS: Well, New York City.

SIMEK: Anything in particular? Just the whole thing?

STORRS: I just loved New York City. If I were an infinitely wealthy person, I think I would live there even today. And use all my enormous funds to go and live in other places. But you know, as I've gotten older, I'm not interested in that anymore. Now I want to have enough money that I can give as much money away as I possibly can. [laughs] And in those days, I just had a very different thrust. I spent time traveling. We didn't have to work during two summers. I spent four months in South Africa, which was a fabulous experience for a medical student, in a very, very primitive area where I worked with a family practitioner. And I spent another summer in Edinburgh, Scotland, at the hospital there, doing a cardiology rotation and traveling in Scandinavia. Then I would come back and study.

However, it is why I decided to be a dermatologist. So the medical school had that impact on me. And there was a famous pharmacologist there, actually the brother of Dr. Riker here. And there was a famous biochemist there, actually a Nobel Prize winner. And those people were impressive, incredibly impressive. But there was no one figure until I decided that I would have to figure out what I wanted to do eventually in my life. So while I was there, I was on an endocrinology rotation. And I asked the endocrinologist, "What would you like your wife to do, were you to marry a physician?" Because at that point, I was afraid I would marry a doctor. And at that time, I was kind of thinking about endocrinology. I thought that would be kind of fun. I still think it would be kind of fun.

He said, "If my wife were a physician, I think she should be a dermatologist." He says, "Women have just not even looked at dermatology." And at that particular time at that medical school, there was a woman dermatologist. A woman named Cookie [Henriette] Abel, whom I continued to know the rest of my life. So I was able to actually see a woman who had a family who was working at an academic medical center who was a dermatologist. So actually seeing that as a possibility, that's where people talk about the importance of that kind of mentoring. It isn't really mentoring, more of a role modeling

thing. But seeing that that was possible allowed me to decide I wanted to be a dermatologist.

So then I took the dermatology program, and met a guy named Farrington Daniels, who was the chief there. And I decided that's what I wanted to do.

SIMEK: Other factors about dermatology that made it attractive?

STORRS: Not at all. My big concern was I was afraid I would marry a doctor. And I wanted to be in a field where I could have a family and have, hopefully, a controlled professional life. That was not possible, as it turned out, in academics. It would have been more possible in a private practice. But that was the thing that drove me. Discovering how interesting dermatology was, and loving it as I still do, that was not on the board at all.

SIMEK: And so then you spent your time in New York and you finished up and you earned your MD degree. And then what was it that brought you to Oregon?

STORRS: Well, I wanted to come back to the West Coast, as I mentioned. Yeah. So by then I'd done a fair amount of traveling, and lived in a couple of parts of the United States. And I wanted to come back to the West. I didn't want to live in Spokane, where my parents were, because I knew that would be too potent of an influence. And so I came to Portland, where my brother was living at the time, and interned at Good Samaritan Hospital. Which I absolutely loved. Just loved.

And the people there were fantastic. The staff, the men, they were all men who looked after interns, became great friends. Many of them, one of them is my neighbor, who looked after me when I was an intern. Tremendous people. Huldrick Kammer was an incredible local endocrinologist who was my personal staff for my internal medicine rotation who gave me private lectures every morning. And it was just a thrilling thing. And it absolutely does not exist anymore. The faculty had us as guests in their homes often. I ate dinner in faculty members' homes, or clinical faculty from Good Sam, at least once a month, if not more. The hospital put on parties for the house staff. There was just a great sense of value and being part of the team, all the things people complain about now. They all existed then. It was terrific.

SIMEK: So the horror stories you hear about internships just didn't—

STORRS: Well, my internship, maybe, I'm not a Pollyanna at all. I must be sounding like a Pollyanna, I'm not sounding like a Pollyanna, I'm— [laughs] But I just had a great time. A lot of people didn't have a good time. And absolutely, you're right. At the same time I was having that great internship, people who interned at places like Johns Hopkins were told on the first day of their internship, "Welcome to the hospital. You will be leaving the hospital in a year." And they were not allowed to leave. They were on call for a year. And they lived in the hospital, and they worked continuously the whole time.

So that was ridiculous. And fortunately, that kind of behavior has ended. But that just happened not to be my experience. And as I said, on my way here today I ran into a man who works here now who was in my internship group. There was one other woman in the internship group. And I don't know where she is now, but it was a very exciting and wonderful time. So by the time I came to OHSU, I knew lots and lots of people in the community.

SIMEK: In the medical community.

STORRS: In the medical community. Only in the medical community.

SIMEK: What was Portland like at that time? Describe it.

STORRS: Well, I don't know. I mean, I was here, but, you know—

SIMEK: You just weren't part of it?

STORRS: Yeah. I was not doing anything in Portland. And I was really, really busy being an intern. And you were on call a lot more. We had to stay there at the hospital every second to third night. And when I wasn't on call, I was usually climbing mountains or hiking. So all of those things were still here, but I don't have any idea what was happening in Portland at that time. I didn't pay any attention to Portland. I do now. [laughs] But I didn't then.

SIMEK: The transition from Good Sam to OHSU, or at the time, University of Oregon Medical School—

STORRS: Uh huh.

SIMEK: How did that take place?

STORRS: Well, I decided, as I said while I was in medical school, I wanted to be a dermatologist. So while I was at Good Sam, I went over and worked, or participated, in the practice of Dr. Ted Kingery. And Ted Kingery is still kind of the senior dermatologist in Portland. He still comes to our conferences. And I worked in his office. So that would have been in 1964. [laughs] Long time ago! And Ted was just wonderful to me. And they'd never had a woman in this derm program at this medical school. And he arranged for me while I was still an intern to spend time up here and to meet people in the department at the medical school.

At that time, an extraordinary man, Walter Lobitz, was the chairman of the department, and he was to become my lifelong mentor. And my interest in mentoring is because of Dr. Lobitz. So Ted made sure that I met him when I was still an intern, and had a chance to be introduced to everybody here.

So in those days, there were no match programs. It was just like the story I told you about getting into medical school. So I came to be interviewed and Dr. Lobitz—I didn't apply anywhere else, because I wanted to come here. [laughs] So nowadays, applicants to dermatology programs apply to fifty or sixty programs. It's so incredibly competitive.

And Dr. Lobitz talked to me, and he wanted to know if I were AOA, Alpha Omega Alpha, which is a medical honorary group. Kind of like Phi Beta Kappa is. And I said no. For medical school. And for all the reasons I just told you. My interest in medical school was not in getting good grades. It was in enjoying New York City as much as I possibly could. I said no, but I wanted to be a dermatologist. He explained to me his wife was a doctor, and that she'd never had to work. And why did I need to work?

And then he had me talk to other members of the department. And one member of the department wanted to know if I came to that department as the first woman, would I be able to handle their dirty jokes. And I said, "Well, no, I don't think so. I don't particularly like dirty jokes." I said, "I don't care if you tell dirty jokes, but hopefully don't tell them to me. If I'm here, I don't particularly like dirty jokes."

So another member of the department, who later became a real mentor of mine, was a very short man, and he said, "Well, if we take her, I'm afraid she'll pick me up and carry me around on rounds." I'll never forget that. Ken Halprin.

And then I went back to Dr. Lobitz, and he said, "Well, you're not AOA. But you have a sparkle in your eye." He said, "I'll take you."

I said, "Thank you."

So then I became a resident. And I was the first woman they'd had, so they were worried, I think. My group I worked with became my dearest friends. One of the members of the group, Paul Russell, is very much alive and still probably my best friend. Lives here in Portland.

I finished the program in three years. And then they asked me to join the faculty. And I did. And I've just never left. [laughs]

SIMEK: As the first woman resident, did you sense at the time that you were carrying a banner for future women?

STORRS: No, no, not at all. Not until I had my big epiphany. No, I had no sense of that. Because I never had any bad experiences. And my bad experiences just melted in the background. That funny old Thurlow Thomas at Carleton, you know, that funny guy asking—you know, I never had any other experiences like that. The men I went to medical school with, they didn't express any difficulty in working with me and the other women in my class. None of us felt discriminated against. So no, I didn't have any sense of representing women.

I did, gradually, because of other things that happened. But while I was a resident, I would say definitely not. And the atmosphere at that time was totally different. And I do want to talk about it a little bit because I think the difference in the things that happened then to us explains a lot about what's happening now in modern medicine. At that time, the clinics that we ran—now this is dermatology, from my vantage point in dermatology—were staffed by people in the community. And no money changed hands. So the patients that we saw in the resident clinics were seen by us and then staffed by people who worked in the community, like Dr. Kingery. And they didn't have to write a note after our note. They just said whether or not what we were doing was good or not good. We didn't even have to pass every patient by them, that may be good, or may be not be good.

The whole department after every morning conference went and had coffee together. Incredible. Eating together is a fantastic thing. The medical school, at that time, gave free food to its house staff. So they bought all of our lunches and all of our dinners. And if you were in the hospital overnight, they gave you breakfast. As a result, the entire, the entire house staff ate together, and we knew everyone at the medical school. Which had a very, very positive impact on patient care because if you needed help with a patient, you called the person you knew that you just had dinner with, or you just had lunch with. Tremendous friendships and terrific bridges across disciplines developed because of that.

A little bit of that lasted longer up in the old cafeteria where faculty used to eat. But the faculty didn't necessarily eat with the house staff. The faculty ate in a back room. But they met with one another, and that allowed some bridge crossing as well. And the residents still ate with one another.

That just doesn't happen anymore. That is just gone. And it's gone for lots and lots of reasons. For money reasons, for time reasons. But I personally think a lot of that has changed because of Medicare reasons. And what has happened is there are laws now that every patient must be seen by, especially if they're going to be billed for, by a person who writes in the chart. So that exempted the community. So no longer do we have clinics where community doctors come in unless they're paid, like the V.A., on occasion. We don't have community doctors staffing anymore. So that has played a big role in creating a rift between the town and the gown. Far fewer people in the town come to our conferences anymore than used to in the past. They go to their own conferences, but they don't come up here and relate to the residents and the people in training. A few do. You know, a few do. But not very many. And now and then they'll come and do it as well.

Also because of the way medicine was funded then, when we wanted to go see a patient in the hospital, like in the old county hospital where there might be ten people in a ward and we had to go in with a flashlight in order to look at patients. So lighting was so bad that we all carried flashlights in order to get around in the wards and actually look at the patients. But if we saw an interesting person, we took everybody. All the residents would all go together and go and look at a patient.

Or the whole group, we used to take a whole group of residents up and down the old regular hospital south that still exists. The old building. None of the new buildings were there. We would go up and ask the staff that we knew, because we ate with them, “Do you have any dermatology patients that you’d like us to look at?”

And they’d say, “Oh, yeah, we can’t figure out what’s wrong with so and so.” There’s something you just might like to see. Provided a totally different attitude towards the sick, and towards learning. I think a lot of that has been dampened and changed. There are lots of other reasons.

SIMEK: Has HIPAA been a big factor in that?

STORRS: No, no, it happened long before that. No, I think HIPAA, I think there was more attention paid to patient privacy before HIPAA than there is now. Now with all the stickers and all the things, none of that was there. So if you really wanted to go find out about someone, you could go find out. If you have access to the computer system in the institution, you can access records with relative ease. I would say that, other people might disagree. From my vantage point, patient privacy was better respected before HIPAA than it is now.

SIMEK: Very interesting.

STORRS: Ask other people, you’ll get a different answer, I’m sure.

SIMEK: Yeah. Yeah. It sounded like curbstome consults and so forth, it was very easy when there was that—

STORRS: Yes! Right. Really don’t exist much anymore now, because of money. Now every time, kind of like the lawyer, you know, clocking up the minutes. Now if you see someone, it’s because of money and because of a litigious society where people are terribly worried that if they give an opinion and it’s not formal and it hasn’t been made into a business deal, then a liability exists.

When I was a resident, and young faculty member here, Mike Baird, who ran the risk management thing for years and years, all by himself, told me there had never been a lawsuit against a doctor in this medical school. And now they have a suite of lawyers dealing with hundreds of ongoing lawsuits that are happening all the time. So there’s no question that that has played a big role in creating a different atmosphere for people who are in medical centers.

And I don’t mean to say that it isn’t still fun and exciting and I wouldn’t be here if I didn’t feel like it. But there are some dramatic changes, and I think the attitude towards, the fun part, the really fun part of medical care has greatly diminished because of fears of the litigious state and some of the Medicare requirements for signing.

SIMEK: Now clearly medicine has improved in many, many ways. But you feel, or at least I think I'm inferring that you feel that it has been set back because of the reduced communication, the reduced freedom of communication among physicians due to various legal and economic—

STORRS: Absolutely. And Ralph Crawshaw, who you well know, would call that the “spirit of medicine.” And I think he's absolutely right. The spirit of medicine is very different now than it was in the past. I think, not amongst everybody, and there are certainly people who maintain a lot of the spirit that I felt I enjoyed when I was younger, but not a lot.

SIMEK: It's the impression, too, that the town/gown issues were something that happened a long time ago, and they were resolved. But I'm hearing different from you, that maybe they weren't solved?

STORRS: I think a lot of the town/gown issues have to do with the leadership in any one place. And again, I can't speak for other departments. But there have been famous leaders of other departments here who attracted the community. Bill Krippaehne in surgery did. I think Hod Lewis in medicine did. And my chair, Dr. Walter Lobitz absolutely did. I think he was probably the best example of a pure mentor that I've ever encountered in any part of my life, medical or personal.

SIMEK: Talk a little bit more about Lobitz. What was he like?

STORRS: Okay. But pertinent to the question you just asked, because of him, he was a very seductive person, and irresistible. Absolutely charismatic. And the community wanted to be where he was because his mind sparkled with ideas and interesting concepts. And people just wanted to be there to eat it up. So in the days when he was the chairman of the department, the conferences, especially the weekly morphology conferences, were heavily attended by community dermatologists. Heavily. Now there are maybe two or three at the most at any conference that we have.

Dr. Lobitz was an extraordinary man who came from the Middle West. He went to medical school in Cincinnati. And then he trained in dermatology at the Mayo Clinic, where he was influenced by a man named Paul O'Leary. I'm going to take a drink of water.

[tape change]

STORRS: Well, you know, I still have, it's so funny, I got a letter the other day from a man that I had written to who was sick. And it was typed on a typewriter. Ah! I was just so excited to get that letter! I couldn't believe it! I mean, it had all the little squiggles, the retypes on top. God, I couldn't believe it! I haven't gotten a letter that was typed in, I don't know, twenty years.

SIMEK: It's very interesting you should say that, because I get letters about once a week from my dad. At ninety-two, he always types. He cannot use a computer. He won't, you know. And he has a typewriter, and he makes little pen scratches and changes letters here and there and corrects spelling. And it's wonderful to see them. It really is.

STORRS: I have my old Underwood portable typewriter that I took to college and medical school in the front hall of my house, so that I see it every single day. I wrote all my papers on it, you know, all my theses were all typed on this thing in the middle of the night. Young people today haven't a clue what that was like. Carbon paper and erasing on that funny little onion skin paper. You could erase it a little more easily. And I have my father's typewriter that he typed on when he went to medical school, with little teensy weensy type.

SIMEK: Ten point.

STORRS: Yeah. [laughs]

SIMEK: I remember that. When you joined the department, who were the key people in dermatology?

STORRS: In Portland? Well, Dr. Lobitz was, yeah, and then Dr. Kingery that we mentioned. There was another person here named Richard Dobson who, when he left, went on to chair several other departments. One in Buffalo, New York, and then one in North Carolina. And then he became the editor of the journal in dermatology. One of the first journals for the Academy of Dermatology. So he became a very, and was, a very important American dermatologist.

Then there was another man here named Ken Halprin, who was brilliant. And he moved to Miami, joined the faculty there. There was a man named Robert Kellum, and he actually went to Saudi Arabia. And he was very religious, and he tried to convince Muslims they should be Christians. But he was very helpful. That was kind of the extent of the faculty, because the community was so heavily involved.

So Ted Kingery was very involved. A man named Sheldon Walker, heavily involved, wrote books on morphology, which is important to us in dermatology.

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

STORRS: This department had had some very famous chairs before Dr. Lobitz came here. A man named Tom Fitzpatrick was the chair here. And Dr. Fitzpatrick then became the chair at Harvard and wrote, at that time, the premiere text on general dermatology in America, known as Fitzpatrick, the textbook. And developed some of the original treatments for psoriasis here using a drug called psoralen, which was worked on in the labs of Howard Mason. And Dr. Mason, who died recently, was an outstanding biochemist at this medical school, who studied mostly mitochondrial processes. And he worked with a guy named Phatak, and they developed psoralens that were given to

people and then they were exposed to ultraviolet light of a certain wavelength. And it turned out to be incredibly helpful to treat psoriasis. A treatment we still use to this day.

But by and large, the most important person was Dr. Lobitz. And Dr. Lobitz did it all. And he was probably at that time the most significant dermatologist in America. He was president of every single organization, the Academy of Dermatology, the Society of Investigative Dermatology, the American Dermatology Association, an elite group of dermatologists. And he had a tremendous interest in basic science and in the importance of tying basic science to clinical medicine. And that interest just drove the educational spirit of the department and drove the quality of the patient care because the people who trained here were taught to rely on evidence. I mean, I think people who were trained here and in similar places have viewed this swing toward what's called evidence-based medicine, which I don't know if you encounter. That's kind of the hot approach in modern medicine where you weight every study before you decide what you're going to do in the clinic. And we always were told to do that. So we thought we were practicing evidence-based medicine back in those days as well.

But Dr. Lobitz drove that, and he was an absolute model of a physician and of a scientist. And he knew how to look after people's careers, and make certain that they did what they were supposed to do in order to advance. So he personally looked after my career after he asked me to be a member of the faculty. He would bring articles to me and tell me I had to read this article, read this journal, have this be my special interest. And then he would set up places for me to travel in different parts of the world to go study with somebody and learn a particular thing that I might be interested in. And he'd put me on committees, and he'd put me in charge of lectureships. Before he retired, he made certain that I was completely promoted, and fully promoted to professor. Which in those days, I was probably one of the only women dermatology professors in the country, because there were so few women in dermatology at that time. And certainly in this medical school, I think there were only a couple of us at the time. He arranged for me to be promoted!

So he was the central influence on dermatology in Oregon. And had a major national influence as well. Major. And I think people who trained under him still view him as the most important dermatologist who was ever in Oregon.

SIMEK: Obviously he had an influence on you.

STORRS: Enormous. He was a major mentor in my personal and professional life. And I met my husband through him, because he was one of, he was my husband's physician. So that was kind of fun, because my husband used to call that "splendor in the office." But viewed as very unethical to have any sort of relationship with patients, so it took me a long time to have any relationship with John.

And I can remember Dan Labby, whom you mentioned earlier asked me at one time if I would talk for medical students, I would give a talk for medical students on the seductive patient. And I'd had some experiences, some of which were kind of funny, that

I could share with them. But I said, “I don’t think I should do that, because I was “had”! I’m a victim of a seductive patient!” [laughs]

But fortunately, my husband was not a doctor. So my greatest fears were set aside. My husband was an architect in Oregon, a prominent architect who made lots and lots of great contributions to the state. So that is how I got to meet so many nonmedical people, and have a life in the community as well as in medicine.

SIMEK: Let’s back up a little bit. When you first came as the first female resident of the department, I can imagine you having just a glow about you. The excitement of a new posting, the enthusiasm, the wonderful things that you saw going on, and so forth. At what point did there seem to be—did there seem to be trouble in paradise?

STORRS: Well, I don’t think there was any trouble in paradise when I was a resident.

SIMEK: No, no, no. I mean as you progressed through.

STORRS: Oh, okay. I would say my residency was a really wonderful time. And then I stayed on and had a special interest in working with medical students, so that was terrific. There was a concern about a lack of equity in salaries. Is that the kind of trouble in paradise you’re—

SIMEK: Sure.

STORRS: Okay. [laughs]

SIMEK: Anything to disquiet you.

STORRS: [laughs] Well, after I’d been in the department for a while, one of my colleagues was hired from California, a man named Jon Hanifin, who’s still my colleague. And in fact, we have shared an office wall for probably forty years. Even when we’ve moved from place to place, we’ve always had the same office wall.

And when Jon came here, he came up from UCSF, and shortly after he arrived here, I learned that he was earning more money than I was earning, from Dr. Lobitz. His salary was bigger. And this was a big problem in this institution at that time. In fact, there was a suit that the women faculty here participated in with women faculty at other universities in the state, because of lack of equity in pay between men and women faculty.

SIMEK: I’m sorry, what, about what year?

STORRS: I don’t remember. [laughs]

SIMEK: '70s, sometime?

STORRS: It's just one of those things. I think it was probably later than that. I don't know. I can't remember. Maybe it happened later. I'm not good at that kind of thing. You know, I know when I was born. [laughs] But other than that, I don't know.

SIMEK: Right.

STORRS: And so anyway, I looked at my salary and saw that it was less than his. I found out through various ways. And this just bothered me enormously, as it does anybody who finds out that for equal work or work—my title was higher than my colleague's. I'd been here longer. And at the time, I was doing many more things than he was doing. His work was different, and I came to appreciate that. But we were very much, pretty equal in our status, and became, and still are, extremely close friends.

So I was so upset about this that I just festered over it. And I thought oh, I'm going to have to leave. This is such unequal treatment. And I talked with my men friends. And they helped me develop a strategy to go and talk to Dr. Lobitz. And I practiced this in front of them. I would write it out, then I'd say it in front of my husband and my friends, and they'd tell me how to change it.

And I was all ready to go in and tell Dr. Lobitz how I felt and how unfair this was, and he was going to have to pay me equally, when out of the blue, Jon Hanifin, my friend and colleague, found out what I was upset about. And so he said, "Well, that's terrible!" So he went in to see Dr. Lobitz. And he said, "You can't do that. You have to pay us equally."

So that was a big moment for me. And I would say in my life and my experience of having to tend to inequities in my field, that my biggest allies have always been my men friends. So I've never had any of these situations end with me not admiring and loving men even more than I did before I began. [laughs] Because none of them would have been solved without the men.

SIMEK: So was that more of a sensitizing influence for you?

STORRS: Yeah! That impressed me a lot. You bet. And knowing that I could be paid, you know, less than someone with the same credentials as I had, that was a big deal.

SIMEK: Or not even being admitted somewhere.

STORRS: [laughs] And then the next thing, and certainly the major epiphany in my life is my local fifteen minutes of fame thing. And I know exactly when this happened, because my son was six months old. And my son is now thirty-six. So he's probably thirty-six, yeah, so it would be exactly thirty-six years ago. And I was nursing him at the time. And I was invited to attend a meeting at a local club called the Arlington

Club. And I was asked to go by a friend in the community on the phone, Troy Rollins. There were really no women around at that time.

And Troy called me and said that he saw that my name had been left off the list of people to come to this dinner at the Arlington Club. And the dinner was to honor Dr. Blank, Harvey Blank, a very famous dermatologist. Jewish, I might say, because, as it turns out, the Arlington Club didn't have many, if any, Jews at that time either. And Dr. Blank was coming out from Florida to be what's called the Sommer Memorial lecturer. And the Sommer Memorial Lectures are famous lectures here in Oregon. And they're usually, or at least in the past, were always held in association with the Medical School's Alumni Association. So this was one of those instances.

So Troy called me up late in the afternoon and he says, "I see you're not on this list. I'm so embarrassed. You need to come to this. This is for 'prominent' local dermatologists to spend an evening with Dr. Blank."

And I said, "I don't think so, Troy. I don't want to do that." I said, "I've got my baby at home. Can I bring my husband?"

And, "No, no, no. This is just for doctors."

I said, "I don't think I want to do it."

And he said, "Oh, I want you to do it. Please come."

So I said, "Okay. Okay, Troy, I'll come."

So my friend Paul Russell, who was a resident with me, who's still a close friend, said, "Well, I'll take you." So Paul came to my house and picked me up.

And my husband came out and he said, "Fran, do you know where you're going?"

And I said, "Yeah, we're going to the Arlington Club."

He said, "They're not going to let you in there."

I said, "Well, sure they are. They invited me. Of course they're going to let me in. That's ridiculous."

He says, "Well, they won't let any women in there. So you're not going to get in. But good luck." And he went off to dinner with some other friends.

So Paul and I went down, and we went to the Arlington Club, which is down by the Park Blocks. In fact, closed the Park Blocks so they couldn't be extended all the way through Portland. Park block, park block, Arlington Club, and maybe a few beyond it.

And we went in. The man at the door let me in. His jaw kind of dropped. And as we went in, I saw lots and lots of men that I knew because of my internship, where I'd met all these people. These men in the community who were physicians. So they were all there, and they all came up to me and asked me how I was. We're chatting.

So then we all walked up the stairs together to the top floor of the Arlington Club. I thought nothing about it, because I had been in a hundred situations where I was the only woman up to that time. And all my friends, my medical friends, were all men. And most of the friends in my life were men. So I didn't think anything about it.

So I got up there. And pretty soon they came over and offered me a drink. And I took the drink that they brought me. And just as I'm holding this drink my boss, Dr. Lobitz, came up to me and said, "Fran, you need to leave. You need to leave right now. If you don't leave right now, they are going to stop this dinner and stop this cocktail hour, and we will all be thrown out of here. So you have to leave."

I was astounded. Absolutely astounded. So then Dr. Lobitz and Dick Dobson kind of tried to decide whose car I was going to take. And there was worry about that. Then my friend Paul Russell took my arm and said, "Let's go." So we turned around and walked out.

Well, this descent down the Arlington Club stairs was a life changing, wonderful experience for me. It was a window going up experience, a true epiphany. Because I couldn't be prominent because I didn't have the right anatomy. So that was not allowed. You have to have a certain anatomy or you couldn't be prominent. And it was really the first time in my life where my being a woman made a huge difference in terms of what my professional life might be. Something I'd never, ever thought of before. You know, I got to be black. I had a great sense of the absolute irrationality of segregation, discrimination. It was an incredible experience.

I went home. Paul took me home. And my husband was there. He was pretty upset. A friend called who said he'd been there and thought it was just hilarious. And John, my husband, got on the phone and yelled and screamed at this guy and called him names. And they didn't talk to one another for a few years.

And then there was a huge public interest in it. So there was a lot of kind of fifteen minutes of fame thing. Lots of articles in the paper. And misrepresentation that I'd been sent there to do this, and I was in there to try to change the Arlington Club. And the Arlington Club didn't change until about ten years ago. They continued on as they were.

But the men who I dealt with who the next year heard about the Arlington Club being used again for the Sommer Memorial Lectures quickly acted on it. I won't tell you all of those details. And the long and the short of it is it was changed literally overnight by men that I knew in the community. And the Sommer Memorial Lectures never met there again until they admitted both men and women.

SIMEK: Where were they moved to?

STORRS: Oh, all different places. Other discriminatory places. Waverly, and— [laughs] But it changed my life. So after that, I became very, very active in the American Civil Liberties Union. I became very involved in affirmative action at the Medical School. Very involved in that suit that had to do with unequal pay. And it continues to influence my life. You know, I think it was a great event. Whenever anyone comes up to me and says, "Oh, I remember when you were thrown out of the Arlington Club." Especially men from the Arlington Club, older men like to come up and say, "I remember..."

I always say, “Well, I want to thank you for that. That changed my life. Without my experience, I would never have understood life as I do. So you changed my life and my view for the best.” [laughs]

SIMEK: It’s really amazing that a club like that should have gone on so long. It was founded in 1867 and was an all male club for the next hundred and thirty years.

STORRS: Well, but the problem with it, I’m kind of a private elitist also, and I think people should be able to gather any way they wish, particularly if they’re private. But that club was used as a place for public influence. It was a meeting place for the heads of the law firms. It was a meeting place for the political leaders in the city. So that automatically exempted women from getting into a situation where they could have influence. I think if meetings that were important to the public hadn’t been held there, it would have been a non-issue. Or if they’d allowed women in for meetings. But they didn’t.

So they changed, eventually. They changed when women became more powerful. And they needed their power, and they needed their money.

SIMEK: Returning to the department, there were other problematic things, as I recall. When you first arrived here, research was very strong. And then something happened to that. What was the process by which research and clinical practice worked so well together, and then—

STORRS: Well, I think that was from Dr. Lobitz’ influence. Dr. Lobitz had a clear sense of the importance of basic research in terms of making excellent clinical medicine. And he was able to attract people, and to help them get funded so that we had a strong group of researchers who made people who were learning dermatology utilize all this basic research in how they solve clinical problems. So that was a very nourishing, very rich environment to be in.

As time went on, it became harder to fund departments, so there was less national money available for funding research. And at the level of the new chairs, there was less interest in research and more interest in expanding the clinical programs and making the clinical programs have greater volume and more money to help run the departments as well. So I think that’s what happened.

Now it’s swung back again. Right now our department has an incredibly strong research program. And Neil Swanson, the present chair of the department, has played a big role, a major role, actually, in helping to fund and attract excellent basic research people. And he’s attracted people strong enough that now they can attract other people who have tremendous talent. It’s just as hard, if not harder, to fund basic research now than it was in the past. But people of quality can get grants. And this department is increasingly successful at getting good grants. And more and more now, the people doing

basic research in dermatology are again meeting with clinicians and having a chance to influence them.

In fact, we have a conference once a month that is a shared conference, we just had it two days ago, where we have a discussion from the basic researcher and a discussion from the clinician, and an exchange between the two of them. So I think that research will play, yet again, as it did in the past, a strong role in dermatology. And that's due to Neil Swanson, and also to the people that he's been successful in bringing here.

SIMEK: Roughly how does OHSU stand in terms of the rest of the country in dermatology?

STORRS: Well, it tends to be amongst the top four or five programs that residents want to come to. Although that's hard to measure. There have actually been some studies done recently looking at that. And I can't remember. I think that the publication of the faculty is down lower than it is in terms of attracting residents. They've measured them on different levels. I'd say the program is, I would say, one of the most valued. Certainly amongst the top ten, and probably more like increasingly amongst the top four or five in the country. We have, at the present time, as do most of the really competitive programs, probably up to four hundred people apply. And then we interview about fifty people. And we take four.

So long gone are the days when someone like me ambled into the chair's office and had a little discussion and he said, "I'll hire you." It doesn't work like that anymore. Now they're very elaborate matches. And I don't know what I would be doing if I had to match nowadays. [laughs]

SIMEK: When did dermatology break out as a specialty?

STORRS: Gosh, you mean historically?

SIMEK: Yeah.

STORRS: I'm trying to think. The field, well, the American Dermatology Association, I'm pretty sure is more than a hundred years old. The American Academy of Dermatology is not quite a hundred years old. You know, gosh, I wish I'd known you were going to ask me that! I would have come with a specific date for you.

SIMEK: Well, it's not a new specialty.

STORRS: Oh, no, no. Dermatology years ago was called—the American Academy of Dermatology was the Academy of Dermatology and Syphilology. So the *Archives of Dermatology*—in our library we have all of the *Archives of Dermatology* journals. All of them from the first issue to the present one. Had I only known you were going to ask me, I would have looked at the exact date! [laughs] But I know I would get it wrong. But in the beginning, it was called the *Archives of Dermatology and Syphilology*.

So from the beginning, it looked after both skin diseases and venereal diseases. Then that has gradually changed. So now the venereal diseases are pretty much looked after by infectious diseases doctors. And we do much less of that. Almost none.

SIMEK: And by urology.

STORRS: Well, urology does some, but mostly infectious disease people. Yeah, like the HIV thing.

SIMEK: Sure.

STORRS: So we see those patients, but we don't usually have primary responsibility for them anymore. Which is too bad.

SIMEK: Yeah. The reason I was asking about that was because when you were saying that you were one of the few women nationally in dermatology in the '60s—

STORRS: Right.

SIMEK: Was that a reduction in the number of women? Or were there just never many women in—

STORRS: Oh, no, there have never been many women in dermatology. There are now. Now in dermatology residency programs all over the country there are more women than men. And by, oh, probably in the next eight to nine years at least 20 percent of America's dermatologists will be women, and then that will very quickly change. And now there are many women department chairs in the United States, and more all the time. And the most popular general textbook of dermatology now is written by a woman. And the present president of the American Academy of Dermatology is Diane Baker, a woman living here in Portland who was trained in our program.

And this particular state has had a huge influence on American dermatology. There are many presidents of the Academy here, and vice presidents. And presidents and board members of the national organization. Presidents of special interest groups nationally.

SIMEK: Now, you quickly worked your way up through national.

STORRS: I sat on the board, and I chaired their long range planning committee, and sat on their executive committee. And I've been president of the contact derm society. That's my special interest. And they have an education group called the Sulzberger Institute. I've been president of that. And I've really never wanted to be president of the national organization. I've been offered the opportunity to do that, but it didn't fit in with what I wanted to do in my family life and in my life in Portland.

SIMEK: You were the recipient of the first mentoring award of the Women's Dermatologic Society.

STORRS: I was. Because I started—you know, as you age, you start getting these awards. Kind of a certification of age, I think, is if someone gives you an award. But we started an organization called the Women's Derm Society. Specifically to try to get women involved in speaking and being department chairs and having a lot more visibility in the specialty. And I had thought it would be great if we could have some money to send women and men to go and work with another person someplace in the United States for a short period of time. The idea for sending men was that they would be sent to women. So part of the partnership had to be female. You couldn't send a man to work with a man. The man had to go work with a woman. But the women could go work with women. So at least one member of the partnership, as we set up this mentorship, had to be female. And by doing that, we were able to get young men to see that women are valuable, because they went to learn from them.

And it has been valuable. It's been an incredibly successful program, the women's mentorship program. And the way I was able to start it was they gave me an award, another award. And when I got this award, it had a thousand dollars with it. So I gave, as I was getting it, I gave it back to the president of the society and said, "I want you to take this money and we need to start a women's derm mentorship."

Which was a great lesson to me. Because if you publicly give money to an organization and tell them what you want them to do with it, they have to do it. The board—it's very interesting. I've done that a number of other times. The board, then, is obligated to take that money and do that.

So they did. They started a mentorship. And the president, then president, a woman named June Robinson of the Women's Derm Society went out and got it very elaborately funded. Now we've had about 340 people do these mentorships in the United States. Usually about fifteen or twenty a year. Then two years ago they started the mentorship award, and that's how I got it. Long story. [laughs]

SIMEK: But interesting, though.

STORRS: But I'm really proud of that, I might say. I'm as proud of the mentorship program as of anything I've ever done. Because it has produced all kinds of relationships that have been long lasting. The women that have come to work with me, and the men who have become presidents of our national organization in contact dermatitis. They come to work in my area of special expertise, and have sat on the boards of those organizations and published in the field. And the same has been true of other people in other fields.

SIMEK: You've had a lot of contact with doctors, both male and female in your career here. And I'm curious as to the differences you see in doctors today than you did, say, thirty or forty years ago. I'm thinking in particular of a comment that you made

about the mystique of being a doctor has been reduced. And doctors are sort of wanting an ordinary life now.

STORRS: That's right.

SIMEK: What is the difference? How do you see the evolution of being a doctor?

STORRS: Well, I've developed the way I feel about it by reading, I guess, about it. And I think a lot of people feel that one of the situations we encounter right now in medicine has to do with the difference in the qualities that identify different generations. So the residents we work with are the so-called Gen Xers. And that group of people have a different set of requirements from their life that if we don't acknowledge—we may not like them, I don't like a lot of them—but if we don't acknowledge that that is the way they feel, we tend to do a bad job of attracting some of these people into academic medicine, which is a place where we badly need to have more people come.

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

STORRS: So I think some of the differences have to do with a genuine interest in personal lives, a genuine interest in not putting off reward. The idea of delayed gratification does not exist with Gen Xers. They are interested in gratification now, and they're getting it. So when they finish their residency, they take very, very high paid positions that other people would have worked into over the course of ten or fifteen years. They're much more willing to have a career with these different trajectories that we talked about earlier. And that must be accommodated, particularly for women, especially women who are going to have children.

Because they're not going to have children like I had children. My son, I've only grown one child, although I had three stepchildren when I got married. I overnight got a twelve-, a fourteen-year-old and a sixteen-year-old, and then three years later I had a baby. But that is not done that way anymore. So now people take off big pieces of time, two to three months. And then they expect to work a different set of hours and a different number of days to accommodate families. And that's probably good. But most people my age have difficulty accommodating it. So the non Gen-X people, the people in my generation were referred to as the Silent Generation, which I just love. No one ever would buy that.

But it's been very difficult to understand the difference in roles. People like me were taught to respect authority. The younger people don't necessarily. They doubt authority. They don't necessarily respect authority. It causes lots and lots of friction. They aren't going to stay late at night. They're going to go home and be with their families. And they don't view that as bad. Their supervisors do view that as bad. So there's lots of misunderstanding. And I think that the successful programs now will be those where the people in charge do a better job of understanding the different requirements in life from younger people. And it is very, very different. Suffering is not something that people do anymore. People my age kind of are proud of our suffering. We

like to tell how we stayed up all night preparing lectures. And these people, you know, wouldn't dream of doing that. And how we had to do it every week for a whole year. It's just a totally different attitude. It doesn't mean they don't work hard, and it certainly doesn't mean they're not good doctors. They are. But they're different.

SIMEK: I'm interested in how that parallels what you said earlier about how the patients have changed.

STORRS: Well, the patients are informed now. They now know what's going on.

SIMEK: And how do they relate to the new doctor?

STORRS: Well, now that's a good question, because the new doctor sometimes—again, money often gets in the way of it. These younger people tend to want to make more money now than people did in the past. And they view very often—and for good reason, because that's the reality—what happens in their office as a business. So they may have an attitude toward their patient as a customer or a client, where they try to maintain an attitude of respect and friendship. Although most of these young people have had enough discussion about ethics in medical school that that influences how they behave toward their patients as well.

I would say the relationship between the young doctors and their patients is good. And in many ways, it's probably better than it was between people my age. There are fewer people now who expect that they can have godlike features. That they can order patients what to do. Because they can't. The patients, particularly if they're their age, have the same kind of general personality traits for that population, and they don't particularly respect authority either. So that's part of the reason that the role of the doctor has been diminished.

I told you earlier that I'd been at the Mayo Clinic a few weeks ago. And one of the things that a doctor told me at the Mayo Clinic was that Rochester, Minnesota, was one of the few places left in the United States where the doctor was still God, and that that was one of the reasons why a lot of people were attracted to going there, so that they could still have high self esteem.

I think that's less the case. People challenge their doctors all the time. I think that's probably good. Medical care relies a lot more on hard science now than it did in the past. The doctor can't get away with just asking the patient to have faith in them. They actually have to produce and take care of them. Especially the patient who arrives with a sheaf of paper that they've just pulled off the Internet from their own search, and very often has a very clear idea of what's wrong with them. Or have been listening to advertisements on television. I think technology has had an enormous influence on that.

So while I think that young doctors are totally different with different expectations, I think they're just superb. They have so much information, and they are better equipped to look after people who have health problems now than they ever have

been before. Sick people may not like them as much. They may not want to bring them eggs, or an afghan, but they're going to get their problem solved with real expertise.

SIMEK: Do you think that with the amazing amount and variety of information that's now available with the human genome and I mean, it just goes on forever, that there's a dilution in any one person's ability to understand a comprehensive view of any particular medical field?

STORRS: Well, yes, absolutely. I think that's why specialty medicine has become so popular, and why people have very small areas of expertise. As I've gotten older, I've backed into a very small area of expertise. And done less and less and less general dermatology. People in general medicine very quickly refer patients with skin problems or ear problems or surgical problems or whatever to people who have that area of expertise. Thank heavens! Because, as you say, there's so much information, and so much special information, that in order to get the best care, you need to go where it's most appropriate to be.

SIMEK: And I think of technology, too, in a number of different ways. One of them is that our increasing technology just in our daily lives is maybe promoting more dermatological problems. Technology in medicine is providing more solutions, more diagnostics and more treatments. And it just seems like technology is advancing in so many different—you can only do so much with poison oak. So how do you see technology in dermatology?

STORRS: Well, dermatology probably has more useful, basic research attached to it than almost any other field. Because the organ is right there. And it can be measured, and it can be sampled, and it can be studied. And I've just come from a conference, a very rich basic science conference. It's actually run by this medical school, by Molly Kulesz-Martin, who's the head of our research section in our department now. She puts on a conference on the Oregon coast called the Montagna Symposium, after Bill Montagna, who was a man brought to Oregon by Dr. Lobitz, who was the head of the Primate Center. He had a special interest in skin problems, and started a conference that brought people in to study specific things in the skin. Like a whole conference that would deal with the keratinocyte, the cell that makes the outer covering of the body. Or a whole conference that would deal with the melanocyte, the cell that makes the pigment that is put into the skin. Or a whole conference on the immunology of the skin. Lymphocytes and macrophages and antigen presenting cells, which is pretty much what this most recent conference was.

Information that had come from that basic research has been the absolute genesis of a whole new group of drugs called biologics, which are now being used with astonishing efficacy to treat psoriasis in a way that it could never have been treated before. And other diseases, some of the chronic eczematous diseases like atopic dermatitis. So we're having a huge success in treating diseases that we never had before. But as you so accurately pointed out, it's very specialized knowledge. And it's so specialized that I don't do that at all. I just stay in my one area of contact dermatitis and

then other people with a broader knowledge that are able to use that are using those drugs in our department. But the technology has had a dramatic influence on all of medicine. Probably on my field as much as any.

SIMEK: I wonder, with the increase in the specialties, if there's also an increase in the layering. It used to be that the general practitioner could take care of most anything, including minor surgery.

STORRS: Right.

SIMEK: And then it became the family practitioner who would do a lot of treatment, but in many ways triaged to various specialists. And now I'm wondering if we're adding layers if the specialties are so specialized that a family practitioner might refer to a dermatologist who might refer to a subspecialist.

STORRS: Absolutely correct. My son recently had a very severe injury to his arm. And it was to a particular part of his arm. And I spent about three hours one day finding the orthopedist in Portland who specialized in that piece of the skeleton.

And then there are other specialists in orthopedics who specialize in the vertebral column from here to here. And there are other specialists who do nothing but hands and feet. There are other specialists who do mostly facial work, and nothing else. There are people who do only asthma.

SIMEK: Do you think we might be coming to a crisis point where a family practitioner might just no longer be able to get his arms around enough of it to be able to provide that triage?

STORRS: Well, they can still, you know, they still understand globally enough. And the big thing is what we had so nicely in the old days when we all were together all the time, talking and meeting and eating and running around in hospitals together, where those referrals are very easy. Now it's harder. You have to search. So if they go to meetings, they could find individual people who have that expertise.

But my field, yes. In my department, we have a person with special expertise in blistering diseases and autoimmune diseases. We have a person who does pretty much nothing but atopic dermatitis. Me, I just do contact dermatitis and occupational skin disease. There are two people who run a psoriasis center and do lots and lots of psoriasis. We have a person in Portland who does nothing but diseases of nails, and another person who's particularly interested in diseases of the hair. So if you don't know where they all are— [laughs]

SIMEK: Well, now, I saw—

STORRS: You're very right. It's very sad, but that's where we are. That's what technology has done. And information. There's so much information.

SIMEK: I saw you roll your eyes a little while ago about technology providing increased risk in dermatology. And I'm curious as to whether you think that's not true, that increasing industrial chemicals and so forth provide additional challenges? Or are they pretty much the same challenges that have always been?

STORRS: Well, just more. They're the same, but more. So yesterday I saw a person who has become allergic to an epoxy in a paint used in a workplace where they're making parts for airplanes. And now she's allergic to the chemical she's used to make these parts. Or I might find a cement worker who becomes allergic to chrome. Or now there are more complicated monomers and polymers, plastic monomers and polymers, and people get allergic to all of those things as well. So there's just more.

SIMEK: We can't send everything back to China.

STORRS: No. [laughs]

SIMEK: One of my interests has been how rural medicine differs from urban medicine.

STORRS: Uh huh.

SIMEK: And I would imagine that's particularly true, you don't find a lot of dermatologists in rural locations, do you?

STORRS: Well, depends. Do you think Bend is rural? Not anymore, is it?

SIMEK: No.

STORRS: There are a lot of dermatologists in Bend.

SIMEK: How about Enterprise?

STORRS: Yeah, no, there aren't going to be a lot of specialists in smaller areas. They tend to have trouble making it. You need to have a population of about fifty thousand people, probably, for each dermatologist.

SIMEK: Let's see. I want to be sure to cover all the questions here. Did you have any comments on some of the political battles that have shaped University of Oregon Medical School from the 1890s on?

STORRS: No. No, I don't really have any. No. The politics in this medical school have pretty much exclusively been in the field of men. So men have controlled all of the politics. And I think that's both good and bad. I was elected to the medical board of this hospital. And while I was there, there was one other woman, a dentist. And it was clear that they didn't want a woman there. It was pretty clear. And I don't know if there

are even any—well, now, there would be women on the medical board now, cause there's a few women department chairs. So those women sit on the board. But at the time I did, there weren't any.

And then I was elected to the board of the OHSU MG in the past. And again, it was very unpleasant. They clearly didn't want a woman there.

SIMEK: If I may say so, it's very clear that you have an outstanding national, international reputation. Has nothing been so attractive to you to draw you away from here? I mean, obviously it hasn't, because you're still here.

STORRS: Oh, no, no, no. But you see, the man I married, and to whom I was married for thirty-six years, he died four years ago, was a very prominent local architect. And he had designed Salishan Lodge on the coast, and this gave him a lot of regional notoriety. And then lots and lots of things in Portland: the forestry building, and Lakeridge High School, and many prominent local buildings. And many, many homes. And that reputation wouldn't transfer. So if I was going to stay married, and I decided I wanted to stay married, I needed to stay here. It didn't make me sad; I didn't want to go anyplace else.

And at that time, there were so few women that I was put on lots and lots of national committees. When people, when women started to be included, they were included for political correctness. And then if they found a woman who was able to do something at that level, then they got over-utilized, which happened to me pretty quickly. So I would keep a list of other women that I could recommend that people would put on committees. And that's one of the ways that we succeeded in getting more and more women involved.

And then, good men understood that there was talent in that female reservoir, so they would tap it. I certainly wasn't involved in the medical school politics on any level. I had lots of fights. I engaged in lots of battles. When I was chairman of the affirmative action committee, and I was chairman of the ambulatory care committee here, I had lots and lots of battles. But at that time, the power was absolutely male. So it was a real difficult thing for a woman to do. I think now it would be much, much easier. In fact, I know it's much easier for women now who want to do that sort of thing.

SIMEK: Did you participate—

STORRS: And I never wanted to leave here.

SIMEK: I get the sense, too, that there is nothing that you could have done elsewhere that you couldn't do here.

STORRS: Well, as it turned out, my professional career has been incredibly satisfying to me. And it worked out well with my family life. And my family was premier to me. And I was able to—the academic life allows you to be more with your family, I

think. And I traveled a lot. And I always took my husband and my son with me. I did that so much, as a matter of fact, that when my son had graduated from grade school, it turned out we had taken him out of school for nine months to travel with him between the first and the eighth grade. It was great. I don't think they even let kids do that anymore. But he had to keep a journal. And it was an incredibly rich experience for him. He loved it.

SIMEK: What a wonderful opportunity for him.

STORRS: Yeah, it was great. And it was good for me. Because it allowed me to be with my family more. So I don't have any regrets about that part of my life. I don't feel that I didn't spend enough time with my family. I'm certainly not sorry that I didn't stay home. My son, on more than one occasion, has said to me how relieved he is that I did not stay home with him, that I worked. He said he's almost positive I would have driven him absolutely crazy. He's delighted that I worked outside the home.

SIMEK: So he doesn't have a vision that you're sitting in his office, waiting for him to call?

STORRS: Well, yes, he does. Because I did. I did do that same thing. I modeled that part of my life, absolutely, after my mother. I did exactly, I made myself available and accessible to my family and my stepchildren just as my mother did.

SIMEK: Now you didn't particularly get involved in politics at the school. How about state politics in terms of medical issues?

STORRS: No, never. I was never involved in general medical politics. Just dermatology politics. I was involved nationally and in many things nationally that had to do with dermatology. Many, many things. And for a time in my life, I was just traveling enormously. But if I had to travel to speak, that's when I would always take my husband with me, and/or my son. But I've never been involved in local medical politics.

SIMEK: But you have been involved in local politics. I'm thinking in particular of the City Club.

STORRS: Mostly community things. I've been involved in the City Club, the American Civil Liberties Union. I've sat on lots of boards, you know, of different organizations. [laughs]

SIMEK: How did you find the time to do that?

STORRS: I don't know. I honestly don't know. I was thinking about that the other day. When I was very young, I did a million things like that. And still I wrote and I was doing things professionally. And I did lots and lots of stuff with my family. I have absolutely no idea. Oh, when I was very young, or when my children were very young, my son, I used to, well, my husband used to get very angry that I came home late from work. So I didn't usually get home from work till about 6:30 or 7:00. So there was a

piece of time at night between, just when the patients were done, between about five and 6:30 when I could do some paperwork at the Medical School.

Then I came home, and then I stayed with my family until about ten. And then my son would be in bed, and my stepchildren. And then I would stay up and work. And I would work late. And if I were working on a paper or a presentation or I just had to do some reading, I would be up until, I don't know, 2:30 or 3:00. And I think probably in that part of my life I did a lot of things in a sleep deprived state, probably. But I don't remember it as being bad. And I did the things in the community, well, mostly because of my background, my family background where I was trained that that was an obligation.

And in addition, I really wanted to model community behavior because over the years I've had a huge relationship with medical students. So I've been the chairman of the curriculum committee of this medical school. I was for about five years. I've worked with medical students and run the medical student program for dermatology. And it became clear to me that medical students were isolating themselves more and more and more from the community. Dropping instruments. They'd play the violin before they got to medical school, and stop. They'd play the piano, and stop. They weren't reading, except in medicine. They weren't spending time with their friends who were non-medical friends.

Gradually, a lot of that is changing as well. But I wanted to model community involvement in taking the expertise that you learn as a physician into the community because it's so valuable in problem solving, particularly, at the board level of community organization. So that's one of the reasons I did it. I did it so I could attract medical students to that kind of life. I don't think I was very successful at it, but that's one of the reasons.

SIMEK: Well, that was going to be my next question.

[tape change]

STORRS: When the inclusion of women in activities, you know, happened with a velocity, at first, there were no women in any of these activities on committees and being in leadership roles. And then all of a sudden, that was the thing to do. It became a political correctness issue. Like the diversity today, people trying very, very hard to include women. I did so much of that for this medical school that finally one day I said to, I can't remember, somebody was asking me to do something or chair some committee or something. I said, "I'm not doing a single other thing for this medical school. I mean, you guys can drag me out and say, 'Look! Look! We've got one! Look! Look! We've got one!'" But I said, "I'm not talking to anyone else or doing anything else until I get a gold zone parking permit. I want to park right outside the door." Because up to that point—

SIMEK: There have got to be perks.

STORRS: [laughs] So they did. They gave me one. And I've parked in a really good place ever since.

Well, before that, I used to park wherever I wanted to. I'll never forget that. And I would just come up, and in fact, politically at this medical school they'd say if you want the whole faculty to gather at one time, just put parking on the agenda and everyone will be there. Because of that, I used to just park wherever I wanted to. We didn't have parking meters out here. And then they'd put a ticket on my car and I'd just collect them. I didn't do anything with them. I never paid them. I just completely ignored them.

One day I got a summons over to the parking office. And there was this woman in the parking office, and she looked at me and she said, "Do you know that you have more parking tickets than anybody in the entire medical school? There's no one who's ever had any more parking tickets! You must just be a horrible person!" I'll never forget that!

And I said, "I really am. I really am. And I'm never paying any of those parking tickets. Ever!" So that's when I got my gold zone parking. [laughs]

SIMEK: We're going to start wrapping up here pretty quick, but there were a few questions that we wanted to ask, and if any of these just don't apply, then we'll just move on. Let's see. One of the overarching questions is always looking back on your career to date, do you have any opinions on how you might have changed your course or your career or OHSU, or what you might have preferred if there were any disappointments, or if there were things that you might have changed to make it better?

STORRS: Thirty questions in one. Well, as I told you before, I don't have a lot of regrets. I sometimes say that the only thing that I, there are a couple of things I wish I'd done that I've never done. One is, and they're, you know, they're all silly, just to highlight that I have no regrets. I never learned to snap my fingers, which I can't, either one. There was a time I wanted to be a cocktail waitress, I couldn't do that. I don't know. Everything has just been, my career in dermatology has been just exactly the right choice for me. And I owe its direction to Dr. Lobitz. And he led me. And I am so grateful for that. Incredibly grateful. He told me what to do and where to go. And I just don't think there's much of anything I would have done differently.

I think the unequal treatment of women has been horrible. I think the opportunity for women to feel like they could take leadership positions with less pain to their families. I would like to have seen that be changed. And I think nowadays it is being changed, that men more and more and more take roles of responsibility in their family so their wives can do more things.

Men in my field, I'm sure in other fields in medicine, are working fewer hours, just like women are working fewer hours, so that they can have more time in their families, because it's such an interest to so many people. So I wish that that had been better when I was younger.

I was incredibly lucky to marry a man who, I was his second wife, was keen on playing a direct role in our life, and he did. And that made it possible for me to do what I did. And I've always hired a lot of help. I've hired childcare help and housekeepers. Even today, I don't know how to run the vacuum cleaner in my house. Don't even know how to turn it on. So I think there are different ways to run your life. And I was interested in my time more than money, so I was willing to take money and buy things that would allow me to spend more time doing maybe some of the civic things I've been able to do, as well as the national dermatology things. But it requires just the right kind of partnerships. And I think they are existing more now. When I was doing this, I was probably singular. There were other people who weren't nearly as fortunate as I in having the kind of support in their homes, and their children thinking that was an okay thing to do.

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

SIMEK: On a professional level, where do you see dermatology going in the near or distant future?

STORRS: Well I think dermatology has a big problem right now in my view. And I'm a strong critic of the emphasis, increasingly in dermatology, on cosmetics. So I feel that this has diluted our specialty in a terrible sort of way. And I'm very distressed when any of our graduates go out and do a lot of Botox work, or what's called filler work, where they're filling in the faces of aging people so that they look differently. And getting an increasing amount of their income from this kind of work. So I feel that is a big threat to our specialty. And I feel like it will dilute its value, in terms of other medical specialties. I think when we do more and more cosmetics we're seen less and less as being real physicians. That's one thing.

On the other hand, dermatology has expertise in other areas to offer that no one else has. So we have expertise now in looking after some of these unusual skin diseases that are increasingly being siphoned into this subspecialty, just as we were talking earlier. So people with difficult psoriasis, people with difficult contact dermatitis, get siphoned into places where they can get help, and in that regard, we're doing better than we've ever done before.

So if we keep focusing on our medical expertise, I think we'll be of more value. If we focus increasingly on cosmetics, we, in my opinion, will be of much less value. Dermatology also has a very strong arm in surgery, in dermatologic surgery. And that particular piece of dermatology has lots of use technologically, for example in laser technology. And there is lots of basic research being done on lasers. So lasers can be used increasingly to treat a vast collection of skin diseases. And the real expertise in that area is in the hands of dermatologists as well.

So I would say the field has the riches of basic science and many of the riches of technology, so it can do things they've never been able to do before. But they run the risk of falling off the log if those amongst us who are more needy of more money—read

“greed”—if that group of people does an increasing amount of cosmetics, I think in the eyes of particularly other physicians, we will be viewed as having less merit. Much less merit.

SIMEK: Granted you are a dermatologist, not a psychologist, but do you have any insight into why you think there is this shift toward cosmetic dermatology? And I’m wondering if it’s patient driven or doctor driven? Is it, we advertise on TV, “Ask your doctor if this is right for you,” and it plants the seed in people who might not otherwise think of it? Or do people just want more and more of it, and to be better looking?

STORRS: Well, it’s a youth driven society, so I think that the emphasis on youth as having value and age as not having value, particularly physically, has driven it. And there’s a huge demand for the service. And dermatologists, and many others, which is one of the reasons dermatologists are diluting the specialty, these things are not just done by dermatologists. So Botox injections are done by family practitioners, by surgeons, by ear, nose, and throat people, by plastic surgeons. And dermatologists. So that means that dermatology is less and less special when these kinds of things can be done by other people. And I think it’s driven, in some instances, by the doctors who advertise and have spas as well as opportunities to have injections with different things to get rid of facial folds. I think that’s driven by doctors. But not all doctors. And dermatologists that you talk to will tell you that there’s a huge demand, an enormous demand. And that their patients want that, and that that’s one of the reasons they do it, because they know they can. It’s very expensive.

SIMEK: Yeah. And you see more and more investigative reports, too, about surgery that’s gone wrong.

STORRS: That’s right. Anyway, I feel that’s a big problem for dermatology. And there are other people who feel the same way I do. And some people who just heartily disagree.

SIMEK: What would you advise to a young medical student who’s saying, “I’m just thinking maybe dermatology is for me. What do you think? Should I do that?”

STORRS: Well, I talk to a lot of people like that. And I always point out what a remarkable specialty it is. Dermatology is one of the specialties where people keep working even when they’re old. So I have, as I told you before, I’m sixty-eight and I work three days a week, mostly in my area of special interest, where I can still work with residents and medical students. And as I say, that way I don’t have to do the *New York Times* crossword puzzle. The residents pick on me enough. But that is one of the big values of dermatology. It’s still so interesting that people like to stay in it. So I point that out to a young person who might want to go into dermatology. Dermatology looks after people of all ages, and it now gives one an opportunity to apply all this basic science, which also is tremendously interesting. And it’s filled with areas of expertise, special areas of expertise. So you can choose all kinds of different places to go.

For me, it's been a superb career choice. And my recommendations to medical students are usually pretty enthusiastic and try to highlight all those things.

SIMEK: Have you ever had a most perplexing case? Or one that just stands out in your mind as being the most innovative solution or the most intriguing or the most incredible case?

STORRS: Well, in the contact dermatitis work that I do, I see, you know, lots and lots of fun and interesting cases. They're almost all things that we can solve. But I've had a couple of patients who I remember dramatically. One of them is, well, I guess three. One of them is a young man who is still alive who has a severe blistering disease. A horrible blistering disease where his hands look like this, they're totally in a glove shape. And he has just a little tiny movement of his thumb. He has blisters all over his body, and he has to come here two or three times a week for dressings and physical therapy. And then his whole body is covered in dressings. And he has difficulty eating. So any mucosal surface of his body is in terrible straits. The inside of his mouth is filled with blisters.

And he told me once, he said, "The one thing that bothers me the most about this disease—" he's managed, he's lived a long while and he's done some wonderful things. He's a great inspiration. He says, "The thing that bothers me the most about this disease is it never goes away. I never get a holiday from this disease." And many of the other diseases that we have, we can in fact treat people and give them holidays from it. They can have a vacation. He can never have a vacation.

So that's one of the horrors of genetic diseases, certain genetic diseases. And it makes us be very excited about the new basic research that's being done in genetics. Because some of those things have potential for solution in the future.

The second patient I had that I can remember very well is a woman with horrible psoriasis. Arthritic psoriasis of all of her joints and her wrist. And the only place she didn't have psoriasis was where she wore rings and bracelets. Copper bracelets and rings on her fingers. And those fingers were perfect. And all the other fingers were misshapen from psoriatic arthritic changes. So that made me mindful of the role that alternative medicine and faith and the patient and placebos, that all those things can play in medicine.

And the third patient is one, another person with a genetic disease who had numerous, numerous skin cancers on his body, and eventually became very misshapen and eventually died. And watching him from his childhood until he died, and looking after him during that period of time, punctuated, for me, the role that really awful skin disease can play in families. Because his disease had a catastrophic effect on his family. And there are many, many other skin diseases that do the same thing.

As I tell people all the time, lots of people think that dermatology is acne. The people that we really look after, the population never sees. Because what they have is so awful and so difficult for them until we can look after them and make them better that

they're home. They're covered up. They're home, they're in their houses, and they're not out where you can see them. So we have a chance to really, maybe more than any other specialty, make really dramatic, visible changes in people's lives so they're able to regain control of their lives in a way that they wouldn't be able to do if we weren't able to look after them. So that's cool.

SIMEK: It's so interesting that people see other people's skin every day.

STORRS: Right.

SIMEK: They don't think of it as an organ.

STORRS: Yeah.

SIMEK: And the largest organ of the body, if I'm not mistaken.

STORRS: That's right. That's right.

SIMEK: Intriguing. Just a couple of other people I want to ask you about, because you've been here thirty-six years to date. And you've probably known more interesting people here than just about anybody else.

STORRS: Thirty-six. I bet I've been here more than that. Almost forty.

SIMEK: Probably be forty, yeah.

STORRS: Because I started here in '64. '65. I started my residency in '65.

SIMEK: Yeah. That would be true, then. So let me just put it on you for a moment and say, of the people you've known here, who are some of those outstanding people who have set new standards and made new benchmarks for this place or in their particular specialty, or faculty members or politicians or what have you?

STORRS: Well, you know what I'm going to say.

SIMEK: Well, aside from him.

STORRS: [laughs]

SIMEK: Aside from your alter father.

STORRS: Yeah, Dr. Lobitz just always comes back.

SIMEK: Yes. You mentioned Dan Labby a little while ago.

STORRS: Yeah, Dan has had a big influence because he was probably the first faculty person who insisted that ethics be part of the medical school curriculum. And that issues of humanism be part of the medical school curriculum. Gosh, see, I'm horrible on names. I can see people's faces.

SIMEK: John Stull?

STORRS: You mean in public health? He's pretty young.

SIMEK: Oh. Okay. I was just looking from the list that we had before. Paul Hull.

STORRS: No. Those are all the people who meet in our collegium. And they're younger.

SIMEK: James Rasmussen.

STORRS: Well, he was a resident of ours. He's a good friend of mine.

SIMEK: I've seen him published as Dr. Rasmussen. So I didn't know where he fit in there.

STORRS: Now you're talking about non-dermatologists. Well, you know, a person who had a huge effect on the medical school in terms of its medical students was the man whose name I'm blocking on who died a couple of years ago from a leukemia, in the Dean's Office, who worked on the curriculum with Ed Keenan. Yeah, Dutch Reinschmidt, thank you. And Dutch Reinschmidt—

SIMEK: Big in rural health.

STORRS: Yeah. So he set up a lot of those programs, the rural programs for medical students. But probably the biggest contribution he made was in totally revamping the curriculum of the Medical School. He worked with people like Ed Keenan and Walt McDonald. I think Walt, when he was the head of the student group, had a big influence. Again, because of his integrity and his interest in ethical standards.

But changing the curriculum of the Medical School, by Dutch, I think was a really big contribution. And very, very difficult. Very hard work. It took years and years to do it. But it has really changed the way medical students are treated and trained, and has put more and more emphasis on humanism and ethics. I think some of the programs that changed the relationship between the Dean's Office and the President's Office have caused lots of difficulty in this medical school. But because I've never been involved intimately with those, I'm not the one to ask. But I've certainly sat on lots of faculty councils, and I know that conflicts between the Dean's Office and the President's Office have often been problems. But there have been presidents who've emphasized research more than clinical medicine.

And I just, you know, I think Dr. Krippaehne in Surgery was a big influence. No question that Hod Lewis had a huge influence on this place when he was chairman of Medicine. I don't know.

SIMEK: I hear of Dean Baird?

STORRS: Well, Mike Baird, his father was a dean here. And I don't think of him as having that much influence.

SIMEK: Maybe it was a different dean I was thinking of.

STORRS: Uh huh.

SIMEK: But you've answered the question.

STORRS: I was really focused on my own field, I think. I mean, even though I sat on a lot of these committees, they weren't very interesting to me. So I'm probably the wrong person to ask about that.

SIMEK: Okay. Anyone in your own department who stands out? No, I'm just kidding. Any questions I have neglected to ask?

STORRS: [laughs] Let me see. I can't think of anything in particular. I guess all in all, when I think back over what I've done here, I guess I'm more pleased than anything that I've been able to have a professional life that worked well with my private life. And I'm more happy about that than anything. So it's given me a chance to really put my family first. And they remain central to my life. I spend a lot of time daily or weekly dealing with them intimately. And I feel incredibly fortunate that I had a husband who usually, not always, supported me. Sometimes was infuriated by how much I worked and how much I liked to do, because I worked a lot. And I'm incredibly fortunate that I've been able to do lots of things in the community. Knowing lots of people who weren't doctors has been a pretty nifty thing.

SIMEK: The community is fortunate, too. Sara, have we missed anything? Can I ask my question now? Did you ever know Bing Crosby?

STORRS: Well, how funny you would ask that. He grew up in Spokane. And he went to Gonzaga. And that lake cabin I told you about was next door to two women who for some reason were important in his life. I don't know why. I think they were old maids. They lived together. I'm trying to remember their name. I can't remember. And one day, and we had a phone at our house. I don't think anyone else at the lake had a phone. But we had to have a phone because of my parents. Sometimes patients had to call them.

One day my brother answered the phone and the man on the other end of the phone said, "This is Bing Crosby. Would you go next door and get so and so?"

And my brother came and told me, he said, “Bing Crosby’s on the phone, if you want to go talk to Bing Crosby.” [laughs]

So I went and picked up the phone and said hello. And he asked if I’d go next door and get these women and bring them over so he could talk to them on the phone. So, yeah, I knew him really well. [laughs]

So why do you want to ask that question?

SIMEK: Oh, I just love that music. That genre. And knew he was from Spokane, and the Rhythm Boys started there.

STORRS: Right, right, right.

SIMEK: And all that.

STORRS: Yeah, but even before me.

SIMEK: Oh, of course it was before you. You must have been barely born yet.

STORRS: Just barely born! [laughs]

SIMEK: Oh, yeah. Thank you so very much. What a delight this has been. And this has been an interview with Dr. Frances Storrs, conducted on October 19, 2007, in the Vey Auditorium at Oregon Health and Science University. Made possible by OHSU. The interviewer was Matt Simek of Pacific Standard Television, the videographer Ralph Cunningham, Vista Film and Video. Thank you. Thank you. Thank you.

[End Interview.]

INDEX

A

Abel, Henriette (Cookie), 13
abortion, induced, 2
Arlington Club (Portland, Or.), 23-26

B

Baker, Diane R., 28
Baird, David W.E., 44
Baird, Michael David, 18
Bess Kaiser Hospital (Spokane, Wash.), 2
Blank, Harvey, 24

C

Carleton College (Northfield, Minn.), 7, 8-10
Carver, Wayne, 10
Cornell University Medical College, 11-13
cosmetic techniques, 39-40
Crawshaw, Ralph, 19
Crosby, Bing, 44-45

D

Daniels, Farrington, 14
Department of Dermatology,
administration, 19
clinics, 17
funding, 26-27
image, 27
research, 21, 26-27
dermatology, 27-28, 32, 33-34, 39-42
Dobson, Richard L., 20, 25

E

ethics, medical, 43
evidence-based medicine, 21

F

faculty, volunteer, 17
fees for service, 17-18
Fitzpatrick, Thomas B. (Thomas Bernard), 20

G

Good Samaritan Hospital (Portland, Or.), 14

H

Halprin, Kenneth M., 16, 20
Hanifin, Jon, 22-23
Health Insurance Portability and Accountability
Act, 18

I

intergenerational relations, 30-32

J

Judy, Frederick Riebel, 5-7
Judy, Harriet, 2, 3-4, 5-7

K

Kaiser Permanente, 2
Kammer, Huldrick, 14
Kellum, Robert E., 20
Kingery, Frederick (Ted), 15, 20
Krippaehne, William W., 19, 44
Kulesz-Martin, Molly F., 32

L

Labby, Daniel H., 21, 43
Lewis, Howard P., 19, 44
liability, legal, 18
Lobitz, Walter C. (Walter Charles), 15-16, 19, 21,
25, 42

M

Mason, Howard S., 20-21
McCarthy, Joseph, 2
McDonald, Walter, 43
Medicare, 17
medicine, 2-3, 12, 17-19, 29-32
mentors, 10, 21, 29, 37
Montagna, William, 32
Multnomah County Hospital, 17

INDEX

O

O'Leary, Paul A., 19
Oregon Health Sciences University
curriculum reform, 43
town-gown relationships, 3, 17, 19

P

parking, 37-38
Phatak, Nilkanth M., 20-21
physician-patient relations, 3-4, 31-32
physicians' role, 29-32, 36-37
Portland (Or.), 26

R

railroad travel, 7-8
Reinschmidt, J. S. (Julian S.), 43
Robinson, June K., 29
Rollins, Troy G., 24
rural health services, 34
Russell, Paul S., 16, 24-25

S

salaries and fringe benefits, 22-23
skin diseases, 41
Sommer Memorial Lectures, 24-25
specialties, medical, 32-33
Spokane (Wash.), 1-4
state medicine, 2
Storrs, Frances,
biographical information, 1-6
career, 4, 13-14, 21, 26, 28-29, 34-36, 38-39, 44
education, 5, 6, 7, 8-13
family, 1-7, 30, 35-37, 39
internship, 14-15
residency, 14-18, 22
Storrs, John, 21-22, 24-25, 35
Swanson, Neil A. (Neil Axel), 26-27

T

technology, information, 31
technology, medical, 32-33
Thomas, Thurlow B., 9-10

U

university consolidation, 43
University Medical Group, 34-35
University of Oregon Medical School, 15, 17, 19

V

Van Dyke, Henry, 10

W

Walker, Sheldon Allen, 20
women, as students, 8-10, 11-12
women, in medicine, 2, 12, 15, 16-17, 22-26, 28,
30, 34-35, 37
Women's Dermatologic Society, 29