HISTORY OF MEDICINE IN OREGON PROJECT

ORAL HISTORY INTERVIEW

WITH

Marion L. Krippaehne

Interview conducted November 8, 2007

by

Richard Mullins

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Date: November 8, 2007

[Begin Track One.]

SIMEK: I think one of the things we'll want to try to learn from Dr. Marion Krippaehne is what it was like to be a medical student and a house officer. Kind of some details about classes and the educational process.

?: It's doing something with this computer over there.

?: I am rolling tape, if you want to read the slate.

SIMEK: Okay. This interview of Dr. Marion Krippaehne was conducted on November the eighth, 2007, at the Oregon Medical Association, Portland, Oregon. The interview was not, was made possible by a grant from the Oregon Medical Education Foundation. The interviewer is Dr. Richard Mullins, and this is tape number one.

Dr. Krippaehne, because your name is unusual, I would love to have you spell it for me, please.

KRIPPAEHNE: Marion is M-a-r-i-o-n. And I usually go by L., then Krippaehne is K-r-i-p-p-a-e-h-n-e.

?: The date is–

?: The eighth.

?: November eighth.

SIMEK: And I'm going to try to take some contemporary notes as we go along. So we'll start at 1.0.

?: And Dr. Mullins, take it away.

MULLINS: Good afternoon, Dr. Krippaehne.

KRIPPAEHNE: Good afternoon.

MULLINS: I thought we would begin by having you tell us about your upbringing. I understand your father worked for the Northern Pacific Railroad.

KRIPPAEHNE: Yes. He was a surveyor for forty-six years on the Northern Pacific.

MULLINS: What would he do as a surveyor?

KRIPPAEHNE: Well, he was out in the field early in his life. One of the things he did, which was interesting to me, is that he rip-rapped the Yellowstone River. Mother and I were fortunate enough to go along with him for part of that time, from place to place in the summertime, when the weather was okay.

MULLINS: So he was looking for places to build bridges?

KRIPPAEHNE: No. You know, rivers of that size meander. And it's a big river to meander. So the railroad was built along the river, and they had to protect it. So therefore, they had to bring in rock. And he had to, first of all, figure out how much rock they were going to need because of the washouts, or the potential washouts. And they could order the right amount to put in. And that, I think, went on for about six months. It was a long job.

MULLINS: Where did he get educated?

KRIPPAEHNE: He was self-educated by, in those days, what did they call it? correspondence lessons that he took. But interestingly enough, he had a mathematical mind, I think. Because he did help a couple of University of Minnesota guys get through engineering when he was living in Missoula.

MULLINS: So this must have been an extraordinarily challenging job, and important to the railroad, to know where to spend their money.

KRIPPAEHNE: Oh, it was essential, and it still is. Still is. They have to protect the roadway. But it was especially important in those days when the passenger trains were coming back and forth, several a day.

MULLINS: I think some of us today don't realize how big and important railroads were at the end of the nineteenth century, and the early decades of the twentieth century.

KRIPPAEHNE: Yes. I think he went into surveying after he was discharged from the war.

MULLINS: So tell us about you and your mother camping in the summer on this–

KRIPPAEHNE: We camped in the tiny hotels in the various towns that they were out of.

MULLINS: How old were you at that time?

KRIPPAEHNE: Oh, I was preschool. Four and five years old.

MULLINS: Can you tell us about your mother?

KRIPPAEHNE: My mother was born in Norway. She was born in the Arctic Circle in a very beautiful place. A huge fjord. And she, in those days, lived at home until after they were confirmed in their Lutheran Church. And at that time, she just went off to Kirkenes, which was clear around the northern peninsula. And became, worked in a coffee shop and became manager of that place.

MULLINS: When did she come to the United States?

KRIPPAEHNE: She came, I think, at the beginning of, about the time the U.S. entered World War I. It was kind of a precarious time to come, but there were two Norwegian people coming into the coffee shop a lot. And they said to her one day, "You know, Matilda, I think it would be wise for you to come with us to the U.S. now, while you can. We'll get you the money to go, and we'll pay you back. Because everybody wants Scandinavian help in their houses."

And so that's what she did. She went all the way to Minneapolis, and she got a wonderful job in Minneapolis.

MULLINS: When did she meet your father?

KRIPPAEHNE: On her way to Minneapolis. She stopped in Duluth and she got acquainted with my grandfather. And he decided one day it would be nice if she would marry his son. [laughter] They met, my grandfather and she met, in the Norwegian lodge. All Norwegians went immediately to the lodges so they could learn English.

MULLINS: I see.

KRIPPAEHNE: So there they were. And they were good friends forever, my grandfather and my mother.

MULLINS: Now you were born in Missoula.

KRIPPAEHNE: Mm hmm.

MULLINS: And when did you decide that you were interested in medicine?

KRIPPAEHNE: The upper grades of grade school in Missoula. I had a good friend who was my age whose father was chief surgeon of the Northern Pacific Hospital in Missoula. And he took care of my mother in the hospital at one time. And of course I was around and I got to looking at it. He was a wonderful man. And he seemed to be so in charge of things. People really respected him. The nurses worked well with him. And I thought, well I think medicine might be something very interesting to do. But I, and I

considered nursing. But I thought perhaps the doctors had more responsibility. I must have been about twelve at the time.

MULLINS: Did you talk about this with your mother and your father?

KRIPPAEHNE: I did.

MULLINS: What did they say?

KRIPPAEHNE: They didn't object at all. I had, prior to that, thought a little bit about wanting to be a forester. But my father said, "Oh, no. Women don't just go out in the woods and be foresters, Marion."

MULLINS: Did you have brothers and sisters?

KRIPPAEHNE: I only had a brother six years younger.

MULLINS: So you said that you wanted to be a doctor, and your parents thought this was a good thing.

KRIPPAEHNE: They never objected. Never. When I went into high school, which was in Seattle, and took math and science. I figured I was college bound. They knew what I was doing, and they never objected. They never deferred me from wanting to do that.

MULLINS: Some people have a mentor or someone who's influenced their decision to go into a career. And it sounds like the surgeon who worked for the Northern Pacific was that individual. And I know your husband reported in his own personal experience that he had medical issues that he was very impressed with. When he was sick and a doctor saved his life. Did you have other similar experiences, where you thought of medicine from a personal point of view, being a tremendous opportunity to help people?

KRIPPAEHNE: No. No.

MULLINS: You just saw that–

KRIPPAEHNE: I just, it was probably naïve of me to think that I should even consider it at twelve. But you know, there wasn't too many occupations that were available to anybody in that period of time.

MULLINS: Do you remember the Depression as being a particularly hard time for you and your family?

KRIPPAEHNE: Fortunately my father worked the entire time. He was a beautiful draftsman, and I have a feeling that helped a great deal. Because his maps were still used through the system, wherever he was, for years. And they kept transferring him further

east. And he ended up, during the Depression, in the Twin Cities, where the big office was. And when that got better, and the next war started, they started putting him back out on the different divisions of the Northern Pacific. He finally ended up in Seattle as chief engineer for the Northern Pacific in Seattle. And he had the two certificates to work with on the railroad, as well as the Seattle engineering department.

MULLINS: Now you attended the University of Washington. Can you tell us about the curriculum you had at the university as you were preparing yourself to go into medicine?

KRIPPAEHNE: Pre-med, of course. I majored in chemistry.

MULLINS: What sort of classes would you take as part of your pre-med curriculum? This would have been like ’38, ’39, ’40, or something?

KRIPPAEHNE: Let’s see. It was ’40 to ’44. The classes at that time were large. University of Washington had no night classes. So everything was occurring in the daytime. But I can remember classes of three hundred in chemistry, three hundred in physiology. Less were in zoology.

MULLINS: So, were you under a lot of pressure as a pre-med? Did you have to get excellent grades if you were going to go to medical school?

KRIPPAEHNE: Well, I decided that I better help out with working. So a job came along to be part time secretary of the pre-med department. So I applied and the gentleman who was in charge enjoyed to have me. so I was there for three years. And along with all of the other things that I did, I did office work for him, and then I also started the pre-med club.

MULLINS: You started the pre-med club. How did that come about?

KRIPPAEHNE: Well, you know, there was no medical school at the University of Oregon in those days.

MULLINS: No, University of Washington.

KRIPPAEHNE: University of Oregon Medical School. Oh, there was no medical school at Washington. So the University of Oregon took about one-third of their class from Washington. So many of the students that were filtering on through the pre-med department, which was in the anatomy building at that time, ended up going as a group to Oregon. And it was a great thing.

MULLINS: So the pre-med club, was it a social club? Or did you study together?

KRIPPAEHNE: No, it was an academic club. It was a club to keep the pre-meds together so that they would get into the right classes. I had to sign, and Dr. Wooster sign,

for their pre-med classes. No, the curriculum. And then we tried to get people to come and speak to us at times about what medicine was all about. And we did get a few people from Oregon come up there for a lecture.

MULLINS: Did you have to take a test, like the MCAT test that's administered today, to apply to medical school?

KRIPPAEHNE: No. No.

MULLINS: Do you remember how you actually applied to the University of Oregon Medical School?

KRIPPAEHNE: We had to come down on a train to Portland. And stay over night and make an application with Dr. West and Dr. Haney. Do you remember those people? I guess you don't.

MULLINS: No. No. What did Dr. West teach?

KRIPPAEHNE: Biochemistry. And Dr. Haney taught physiology.

MULLINS: So they had a lot to say about who got admitted to the medical school.

KRIPPAEHNE: Mm hmm. Mm hmm.

MULLINS: I think your class had sixty-eight?

KRIPPAEHNE: Sixty-eight. Mm hmm.

MULLINS: So how many would have applied for those sixty-eight positions, do you think?

KRIPPAEHNE: You know, I wasn't on the admissions committee at that time. I really think the committee was two people. Two of the, Dr. West and Dr. Haney. I think they were, they had the power. [laughs]

MULLINS: So would they interview several hundred people? Or would they get applicants from even hundreds more that they didn't invite down?

KRIPPAEHNE: Yes. Yes, I'm sure they did. I'm sure they did. They must have had a certain grade level that they were looking at. And the personal statement that they were making, probably interviews.

MULLINS: So you remember writing a personal statement describing why you wanted to be a doctor.

KRIPPAEHNE: All in longhand. [laughter]

MULLINS: So then you would get an invitation, just to try to get the timeframe, you would have started medical school in September of '44?

KRIPPAEHNE: Yes.

MULLINS: So when would you have been interviewed? Come down in that train. In that spring?

KRIPPAEHNE: I think it was in spring. Mm hmm.

MULLINS: So it was sort of down to the wire as to whether–

KRIPPAEHNE: I think they were interviewing people that they thought could make it, and most of the interviewees were accepted. When I look at all of the people that came from Washington, they were good students.

MULLINS: How important do you think letters of recommendation were in those days? For instance, did the person you were working for, would they have written a letter to Dr. Haney or Dr. West saying, "This is an exceptional student."

KRIPPAEHNE: Being the admission officers that we invited to speak to the pre-med group, I think they had, they saw these people. They probably verbally interviewed them while they were there. I didn't have any special letter that anybody was writing for me.

MULLINS: Well, were you apprehensive or nervous that you weren't going to get into medical school?

KRIPPAEHNE: No. No. I thought if I didn't get in there, I'd try Minnesota. Because I had relatives in Minnesota.

MULLINS: So you had decided you were going to go to medical school. Had you thought about going back East?

KRIPPAEHNE: No further than Minnesota. But if I hadn't gotten into Oregon, I would have tried. But Oregon accepted me right away. Oregon accepted Bill right away, too.

MULLINS: He drove his car down, didn't he?

KRIPPAEHNE: Yeah, he did.

MULLINS: I think the other medical school was Stanford. Did you think of applying to Stanford?

KRIPPAEHNE: No. I felt that I had to have, I had to have, I was a little bit worried about who was going to pay for my board and room.

MULLINS: So that would have been 194_–

KRIPPAEHNE: ’44.

MULLINS: ’44 when you started, have you seen, recently, on OPB, the program about the second world war by Ken Burns, by any chance?

KRIPPAEHNE: No. No, no.

MULLINS: In which he sort of documents the impact of the war on people’s lives and how dramatically it changed. I mean, that’s what I’m getting out of it. In these cities, he picks four cities. Sacramento is one of them. And he goes there and interviews people, and shows how it was an enormous event in everyone’s lives, and changed things. Is that your recollection during that time?

KRIPPAEHNE: The way it changed our lives, my father, mother and mine, and later, my baby brother, we had to move. Because they transferred my father from one engineering section to another. And I’m not sure that they didn’t decrease the employees on those sections. And as I mentioned, I think my father’s good drafting allowed him to be kept on board and be brought clear to the East Coast. I mean, the Twin Cities. I think you had to be a performer.

I remember that there was a lot of poverty. I started school in Billings. There were people going down the alleyways, looking in the garbage cans for whatever food they could get out of them. And I know that they knocked on our back door, and my mother gave them food through the back door when they were asking. They were hungry. We didn’t have streets in the cities at that time where they could camp out in the town. But I know that, I remember people coming and looking in garbage cans.

MULLINS: And in Seattle, when you were attending the University of Washington, was the war something that was right there in your life? It must have been influencing the students.

KRIPPAEHNE: It was there in my life at the end of high school. Because my high school friends were leaving to go to war. And a number of them never came back. We lost airmen.

MULLINS: So you started at the University of Oregon Medical School – we want to get our terms straight here – in 1944.

KRIPPAEHNE: Mm hmm.

MULLINS: Can you tell us about the curriculum of how they taught medical school at that time?

KRIPPAEHNE: They were heavy on basic science in the first two years. A year's worth of anatomy, as I remember. And part of that, of course, was histology. And a great deal of pathology. Biochemistry.

MULLINS: Would you go to class at eight in the morning and have classroom work and lab work all day?

KRIPPAEHNE: Yes.

MULLINS: Did you do any clinical work in those first two years?

KRIPPAEHNE: No.

MULLINS: No exposure to patients?

KRIPPAEHNE: No.

MULLINS: What about nights and weekends? Is that when you studied?

KRIPPAEHNE: Not the first two years. I studied in the library from seven to 10:15 every day except Saturday and Sunday.

MULLINS: Where did you live?

KRIPPAEHNE: Marquam Manor. I subrented a room on the fourth floor of Marquam Manor. Do you know where that is?

MULLINS: I lived in Marquam Manor.

KRIPPAEHNE: Did you really? Which one did you live in?

MULLINS: Well, I lived on the fourth floor in the corner. It would have been the east, southeast corner.

KRIPPAEHNE: Okay. I lived in 410, which was on the north side. It's an apartment that had two bedrooms. And there were two elderly ladies living there. Did you know Mrs. (Macumber?)

MULLINS: I don't think so, no.

KRIPPAEHNE: She was the head of the (?) admitting. Anyway, one of my classmates, my Washington friends, was pretty upset that I had to find a place. He found

one for me. Because they were willing to sublet one of their bedrooms. So I stayed there all four years.

MULLINS: It must have been very convenient to be right there on the campus.

KRIPPAEHNE: It was. It was wonderful. So that allowed me to study in the library every day.

MULLINS: Was your mom and dad still up in Seattle?

KRIPPAEHNE: Mm hmm.

MULLINS: Would you take the train up to go there for the holidays?

KRIPPAEHNE: Yes.

MULLINS: So the first two years, a lot of basic science, long, hard days. And were the classes pretty close? Obviously people knew one another if there were sixty-eight.

KRIPPAEHNE: Sixty-eight, yes. They were wonderfully close. And there were four girls. And then there came another lady who was a teacher later. I think she came in our sophomore year. Mrs. (Barrs?). Of course she was, I think she was in her fifties. So she was a little bit–

MULLINS: Going back to medical school.

KRIPPAEHNE: A little bit different. But we had just a marvelous class. I mean, I felt like I had a bunch of brothers, because they were very good. Sometimes they were a little bit, they liked to tease a little bit. But nothing malicious.

MULLINS: So when did you then get involved in the clinical rotations?

KRIPPAEHNE: Junior year.

MULLINS: What was your first clinical rotation?

KRIPPAEHNE: I'll have to think about that. Medicine was a big one. Surgery was a big one. OB was a big one.

MULLINS: These were all up there at the Multnomah County Hospital?

KRIPPAEHNE: Mm hmm.

MULLINS: Did you go off the hill for any of your clinical rotation?

KRIPPAEHNE: The only thing we went off the hill was when we were seniors and they had what was called a junior internship in those days. And we could take, I think it was at least six weeks. Not a continuous work, but rotating days with our colleagues, and weekends. So the only clinical work that we couldn't show what we could do.

MULLINS: So if you were a third-year student on the medicine service, would you work up patients?

KRIPPAEHNE: Yes.

MULLINS: And write histories and physicals?

KRIPPAEHNE: Oh, yes. Oh, yes.

MULLINS: And then present them to the faculty? Or were the chief residents writing things?

KRIPPAEHNE: No. We discussed everything with faculty. And in those days, it was visiting faculty, mostly, from the downtown hospitals who got assistant professorships out of it.

MULLINS: For instance, Dr. Tom Joyce was the chairman of surgery.

KRIPPAEHNE: I think he was a paid, I think he was paid. He was one of the very first clinicians on the hill that was paid.

MULLINS: And Dr. Osgood was there?

KRIPPAEHNE: Osgood was there.

MULLINS: How about–

KRIPPAEHNE: Hance Haney was there. We had people in–

MULLINS: Dr. Lewis? I'm sorry?

KRIPPAEHNE: Oh, he was certainly there. Yes. Yes.

MULLINS: So you as a student would be on the medical service. And someone would be admitted to the hospital with pneumonia. You would work them up and then present them to–

KRIPPAEHNE: And together with the, I won't say that there weren't residents in the clinic, but together with the house staff that were available to carry the patient on into the hospital.

MULLINS: How about the pediatric rotations? Were you actively involved in the care of the children?

KRIPPAEHNE: Only as an outpatient.

MULLINS: So you would work in the clinic there. And would that be in the Dillehunt building?

KRIPPAEHNE: It was in the old clinic building.

MULLINS: Oh, yes.

KRIPPAEHNE: I think second floor, maybe.

MULLINS: I'm sort of interested. If someone, say, fell and broke their leg, would they come to Multnomah County Hospital?

KRIPPAEHNE: Yes.

MULLINS: What would they actually do? Would they come in the front door or would they come in an ambulance? Or how did that work? Was there an emergency department?

KRIPPAEHNE: I don't think so. I think– well, I'm not sure. I'm not sure.

MULLINS: I was told that you, some people would come in the front door there, and there would be that lobby. And a nurse would evaluate them, and call down a doctor if they needed it or something.

KRIPPAEHNE: Probably. Probably. That was the only hospital there was. And it was a county hospital.

MULLINS: How about OBG and obstetrics? Where did you do that?

KRIPPAEHNE: The most obstetrics of any note that I got was at Emmanuel, when I became an intern there.

MULLINS: So tell us about the transition. You graduated from medical school in '48, and then became an intern at Emmanuel. They called that a rotating internship?

KRIPPAEHNE: Yes. And was that a considerable change in terms of your level of responsibility?

MULLINS: Oh, yes. It certainly–

[End Track One. Begin Track Two.]

KRIPPAEHNE: –we were still working under competent visiting physicians, some of whom were teaching at the medical school as volunteers.

MULLINS: Where did you live during that period?

KRIPPAEHNE: Emmanuel was in the, way back then, was in the process of buying property as it became available. And I can remember, behind the hospital, they had bought up a whole group of little houses, which they were keeping up. So all the residents and interns were able to live there. We did not use the kitchens or anything, because we ate in the hospital proper. But that was the rooming place for the house staff.

MULLINS: Did you work nights and weekends?

KRIPPAEHNE: Mm hmm.

MULLINS: Could you tell us a little bit about that? Would you be up all night as an intern?

KRIPPAEHNE: Well, I remember the emergency room was a great deal of fun, and was run by a very efficient nurse who was good enough to prep the patients and everything before she even called us out of bed at night.

MULLINS: So if they had lacerations or a broken leg or something–

KRIPPAEHNE: She was so competent.

MULLINS: Yes. And what other memories do you have of your internship? Your rotating internship?

KRIPPAEHNE: Well, we had a huge number of obstetrical cases.

MULLINS: Right after the second world war, right?

KRIPPAEHNE: Right. And it was so heavy that beds were put out for delivery in the hallways up there. They didn't have enough room for them.

MULLINS: It must have been very hard on the obstetricians, the staff obstetricians.

KRIPPAEHNE: I imagine it was. Although there were some outstanding obstetricians working there. They were well trained. Some of them, well, most of them in the East.

MULLINS: Were many of the doctors back from the war? Do you remember that as being part of it?

KRIPPAEHNE: I don't remember any of the competent people that I'm thinking of at Emmanuel were back from the war. But they were all also staffing the OB department in the medical school. So they were really working back and forth.

MULLINS: So when you started your internship, did you know what kind of a medical practice you wanted to–

KRIPPAEHNE: No. I wasn't quite sure. But after I got working with the internist, I very rapidly decided I would like to do diagnosis and treatment. I enjoyed surgery, too. But I really admired the internists.

MULLINS: Can you tell us about your first impressions, maybe, of Hod Lewis, a brilliant diagnostician?

KRIPPAEHNE: Well, he was a wonderful physical diagnostic teacher. I've never seen anyone better. And he emphasized the need for really knowing how to percuss everything. And being, looking at patients in detail, after you do a detailed history, of course. And it was a real advantage to have a man like that looking over your shoulder.

MULLINS: So you did your residency in internal medicine at Emmanuel, as well?

KRIPPAEHNE: Yes. I did a year after my internship. And then I came over to the university, and took on another year in what was called the resident in experimental medicine, under Osgood.

MULLINS: Can you tell us about your recollections of Dr. Osgood?

KRIPPAEHNE: He was a scholar. You got the impression that he was thinking about his challenges in hematology all the time. He'd walk down the hall and walk right by you. If he knew you really well or not, he wouldn't say hello because he was thinking of something. It was fascinating. He was a one-track mind when he got to thinking about how he was going to solve culturing hematological cells, for instance.

MULLINS: He seemed to have been very successful in a field where there weren't many others to kind of guide him. He had to figure these things out himself. Is that your–

KRIPPAEHNE: Yes, he was a pioneer. And he was world-renowned. His book on hematological diagnosis was outstanding. It was an atlas of the different cell types. And he got a very fine artist to do all the drawings for him. You may have seen that book.

MULLINS: I think I may have used it when I was in medical school.

KRIPPAEHNE: Mm hmm. Yeah.

MULLINS: Frankly, he was a world class hematologist at the University of Oregon, which was not at that time a world class medical school. How did he accomplish that? Was he a pioneer who was self-driven, or what do you think was the key to his success?

KRIPPAEHNE: His knowledge. First of all, he made the atlas to identify cells. And he also wrote the clinical diagnosis book that we all had to go by. It was only about an inch and a half thick. But everything that we clinically had to know was in there. And I look at my book, and I have writing all over it. That was all we had.

MULLINS: Did a lot of patients get sent to him from around the region with malignancies? Was he the regional expert?

KRIPPAEHNE: Hematological problems. Hematological problems. Malignancies, they were discovered by internists and surgeons.

MULLINS: Did he have his own clinic that he ran?

KRIPPAEHNE: Hematology.

MULLINS: And did you work in that clinic?

KRIPPAEHNE: Mm hmm.

MULLINS: What was that like? Would he see the patients and organize the care?

KRIPPAEHNE: Mostly his residents and his staff would see them. And he spent, but he did spend a lot of time in pediatric hematology. Because in those times, these anemic youngsters would come in and there was nothing much to do except try to diagnose them. It was kind of a futile time. But it fascinated him, the blood findings, and the hope that he had of finding something to assist them. P-32 was about the only thing we had.

MULLINS: Yeah, I read one of his papers where he talked about treating, with some success, malignancy, lymphoma, with P-32. And it must have, he was a radiologist, a radio chemist, and very sophisticated. Did you ever write a manuscript with him?

KRIPPAEHNE: I wrote a blood culture paper with him. He wanted badly to learn how to culture blood so he could then carry on therapies. But I think his culturing was too basic. It wasn't, it didn't have the proteins. It wasn't blood, you know.

MULLINS: So how did, I'm interested, how did it go working with him as a resident writing a paper? Did he say, "Go out and find this and come back with the answer?"

KRIPPAEHNE: Well, what he was interested in was summarizing the culture and experiences that we'd had. I think I must have done about, oh, a dozen or more, fourteen cultures, to get that paper out. But we'd end up with the myelocytes at the end, and the white cells were practically gone by the time, I can't remember how many weeks we kept them. But it just didn't work out. It was up to somebody else, I guess, later, to do it.

MULLINS: But he was the kind of man who had hope.

KRIPPAEHNE: Yes, yes, he did.

MULLINS: And he kept working at it, didn't he?

KRIPPAEHNE: And he kept up with the diagnoses that were coming available in the world, and going to conferences and bringing it back.

MULLINS: So at the end of your year of experimental medicine with Dr. Osgood, what did you do?

KRIPPAEHNE: Well, I stayed on for three years with him, doing research and helping with what he directed. But (?) work was getting boring.

MULLINS: That was about the time you got married, wasn't it?

KRIPPAEHNE: We were married in 1949.

MULLINS: When did you meet Dr. William Krippaehne?

KRIPPAEHNE: In medical school.

MULLINS: When you were a medical student, he was a medical student as well? I think he graduated in '46.

KRIPPAEHNE: He was two years ahead of our class.

MULLINS: When he went to Germany after his internship, did he ever come home in those two years?

KRIPPAEHNE: No. No.

MULLINS: Did you correspond?

KRIPPAEHNE: Oh, yes. Yeah.

MULLINS: What did he have to say about his experiences in post-war–

KRIPPAEHNE: I've never reread his letters. I've always thought maybe I should, but I never have. He would talk about, let's see. He would talk about the winters. He was down in southern Germany. He would talk about going skiing in Switzerland. He would talk about raising dogs. He would talk about the other people he was working with. It must have been a very collegiate group. He would talk about checking the food supply for the outfits that were further up the line from him. Because he had to okay the food source and the water source.

MULLINS: I think he was there during the Berlin Airlift. Did he ever give you the sense that he was worried that there was going to be another war?

KRIPPAEHNE: Well, the Russians did make advances towards the United States for a while, and it was a little bit scary. But I don't think it lasted more than a few months.

MULLINS: And during this time, you were an intern and doing your residency.

KRIPPAEHNE: A junior. And a senior. And an intern.

MULLINS: So you got married and did you live up on the hill, then? Marquam Manor?

KRIPPAEHNE: Mm hmm. Marquam Manor. [laughter]

MULLINS: The same, one of the bigger rooms?

KRIPPAEHNE: No. We took a, we were able to get a bachelor apartment across the hall. And then we, Bill had been living with a classmate and his wife on Gaines Street. And I think the three of them decided that they would go ahead and try to buy a house. And we could buy the little house on Gaines Street from them. So we didn't stay in the apartment much more than about six months.

MULLINS: And then you did move into the Gaines Street house?

KRIPPAEHNE: Mm hmm. Mm hmm.

MULLINS: Is it still there?

KRIPPAEHNE: No, it's across the street from where it was. Because we held onto this property all this time. I inherited it, of course. Two old houses on the property. And so I got rid of the houses. One of them across the street, because somebody dearly wanted it. And another one up the street, because the same person wanted to, he had designs on repairing it and so on. And I had designs on the ground. A hundred by a hundred. So I told him well, you can have it for a dollar, each house, if you'll just insure me off that property all the way until there's nothing left of those buildings on my property. It was a good deal for both of us.

MULLINS: It sort of captures the fact that people who lived and worked at the university, the medical school there, lived in the neighborhood, and it was a community. People all knew one another.

KRIPPAEHNE: Mm hmm. Did you know Joseph Trainor?

MULLINS: Uh, just by name.

KRIPPAEHNE: Yeah, he was a–

MULLINS: Family practice physician?

KRIPPAEHNE: Yeah. He came down from Washington. He was in zoology up there. And Bill had been working with him in his old department up there. And then he came down into Bill's class. So they got together and bought this little house on Gaines Street. And as I say, they eventually sold it to us when they got a regular house. And he stayed on with the medical school and the Portland clinic.

MULLINS: So after you, it would have been the early '50s that you stopped working for Osgood, then? And I assume you started working for the department of medicine. Is that what happened?

KRIPPAEHNE: Yes. Yes, I did. And it was the early '50s.

MULLINS: Can you tell us about that first job with the department of medicine? What was that like?

KRIPPAEHNE: More of the same. I had worked in the clinic and was a student. And so I was very familiar with the process, and how it worked. And I was working under (?) Haney, who was a physiologist and an MD. Working for the physiology department and Hod Lewis. So I just went back to my teachers in the clinic.

MULLINS: So can you tell us about like a routine day in the clinic? What would happen?

KRIPPAEHNE: The patients would come in the door and file through rows of seats. And would be without appointments. Go up to a window and get an appointment to whatever clinic they wanted to go to. It was a very simple process. But it was a lot of waiting for patients.

MULLINS: So if you went into a clinic examining room, would a patient be there saying, "I'm here because I've got abdominal pain," or, "I'm coughing," or something like that?

KRIPPAEHNE: Mm hmm. If they told somebody on the first floor that they had an internal medicine problem, they would be then sent up to the third floor. Again, to wait on more benches. And then until the nurses were able to fill the rooms.

MULLINS: And how many patients would you see in a day?

KRIPPAEHNE: Oh, we'd start work at 8:30. And I can remember being there until after 1:30 in the afternoon, without lunch.

MULLINS: Would you see ten patients? Or–

KRIPPAEHNE: Oh, thirty was, thirty was frequent.

MULLINS: And did you sort of establish a clinic where you followed up on these patients?

KRIPPAEHNE: Yes.

MULLINS: And were many of them from indigent patients?

KRIPPAEHNE: They were all indigent. They were all indigent.

MULLINS: So how would they get up to the top of the hill? Take a bus?

KRIPPAEHNE: Yes.

MULLINS: And would they come from all over Portland?

KRIPPAEHNE: Yes.

MULLINS: If they had money, would–

KRIPPAEHNE: A lot of them from skid row.

MULLINS: If the patients had money, would they go to Good Sam, or one of the–

KRIPPAEHNE: They wouldn't come to our clinic.

MULLINS: I see. So that must have been a challenging time. A lot of patients, a lot of serious disease.

KRIPPAEHNE: A lot of responsibility in trying to ferret out, really, what's wrong.

MULLINS: Were your therapeutic options very good in those days?

KRIPPAEHNE: Well, our armamentarium was small. But we had all the cardiac therapies to work with. And analgesics.

MULLINS: But tuberculosis. Did you see a lot of tuberculosis?

KRIPPAEHNE: Yes, we did.

MULLINS: And what would you do if someone had–

KRIPPAEHNE: We had a pulmonary disease clinic. We would get X-rays, and we would look at them right away if we thought it was an active case. And then we would get pulmonary disease people in on it, and they would take over. Many of those patients went into the hospitals.

MULLINS: Now if you admitted somebody, say a patient came in and you suspected they had acute appendicitis, how would you manage that in your clinic?

KRIPPAEHNE: You'd call in a surgeon, or bring, I would bring many of the patients up to the surgical clinic and say, "I think this is acute. I think somebody ought to see it." So the staff would see that that patient was seen.

This is also what we would do in orthopedics. I learned a lot of orthopedics that way.

MULLINS: Yes, I suspect.

KRIPPAEHNE: Or dermatology.

MULLINS: So if the patients needed to be hospitalized, would you follow them in the hospital if they got admitted to Multnomah County Hospital?

KRIPPAEHNE: No. No. If we sent them to a different level, or a different, like something acute that was definitely needed by another skill, they could take over on that. In medicine, we followed a lot of patients for diabetes, hypertension, cardiac disease. Some dermatology. Whatever we could handle, we could follow, if it wasn't acute.

MULLINS: And you would have a group of patients that you saw over years. How many years did you work in that clinic?

KRIPPAEHNE: Well, I think it was about thirty, thirty-three.

MULLINS: Into the 1980s, you were seeing patients.

KRIPPAEHNE: 1985.

MULLINS: Was it hard to give it up when you retired?

KRIPPAEHNE: Well, I decided that I better get into something quickly, because I knew I'd miss the patients. So I signed up to go to Samoa for a year. And I took care of the Samoans.

MULLINS: And how was that experience? The same or different from what you–

KRIPPAEHNE: Well, it was the same kind of cases, but different culture. It was very interesting, and I really enjoyed the Samoans.

MULLINS: Had you ever done anything like that in your life before?

KRIPPAEHNE: No.

MULLINS: I mean basically, you had worked hard and raised your family here in Oregon. Did you travel, you and Dr. Krippaehne, very much?

KRIPPAEHNE: No. Except to surgical conferences.

MULLINS: I saw that when he graduated, or finished the residency, he talked to Dr. Livingston about going to New York. He wanted to go to Memorial.

KRIPPAEHNE: Memorial. He did. He really did.

MULLINS: What happened?

KRIPPAEHNE: Well, I think Hod Lewis was partly to blame for that. He said, "We just don't want to lose you here. You better think about it. Think it over." And they became fast friends for the rest of the time, their lives together.

MULLINS: Dr. Krippaehne and Hod Lewis?

KRIPPAEHNE: Yeah. I can remember Hod Lewis coming to me in the cafeteria one morning when we were having coffee. It must have been about six months after we were married. And he sat down with me and he said, "Marion, I want you to know that your husband Bill is mature far beyond his years." And I mean, that was a compliment that he gave him. And what I felt then was that he respected him totally. I don't think he wanted to lose him.

MULLINS: How about Dr. Livingston? Did he have something to do with it as well? The chief of surgery?

KRIPPAEHNE: Well, Bill had been pretty well set into the surgery by that time. An operating surgeon. Livingston was a desk surgeon.

MULLINS: But he gave Dr. Krippaehne his job, as it were, in the department of surgery? Or was he the one that decided to–

KRIPPAEHNE: Oh, yes. He had–

MULLINS: Was there ever any doubt that Dr. Krippaehne was going to stay on the faculty as he went through his residency? Didn't look at a job at the Portland clinic?

KRIPPAEHNE: Well, the residency was extremely active, rich. You know, it was day and night. And in those days, they got a bleeder in the night, we lived within five minutes of the hospital. So he could get there. He was too young, really, to feel that he could shunt the responsibility of the huge bleeding cases at night to just a first-year or second-year resident. He just couldn't do that. So until he got used to how much he could pass over, or therapies got better at handling that sort of thing, he was there.

MULLINS: There was him and Dr. –

KRIPPAEHNE: Clare.

MULLINS: Clare Peterson. And the desk surgeon, Dr. Livingston. They say Dr. Livingston had health problems. Was he a frail man?

KRIPPAEHNE: No, he wasn't. But I don't think he was, he was not an operative surgeon. He was definitely not an operative. He would come to work at about three o'clock in the morning. And he'd leave early afternoon. He was his reading and his writing. And I don't remember, maybe he did make rounds and Joe didn't mention it.

MULLINS: So you were working, you got yourself, were you working five days a week, Monday through Friday?

KRIPPAEHNE: Yes.

MULLINS: And come in in the morning, see patients, twenty, thirty patients, and then go home? You were having a family at that time.

KRIPPAEHNE: Yes.

MULLINS: It must have been a very busy time for you.

KRIPPAEHNE: It was. I always felt that I was standing up from seven o'clock in the morning until ten o'clock at night at one thing or another. You know, we stood up a lot in the clinic.

MULLINS: Did it take you a while to get into how to do that efficiently in the clinic? Or were you pretty well adept at it right from the start, Dr. Krippaehne? I'm sort of interested in how–

KRIPPAEHNE: I was pretty decisive about what, you learn decision making when you're giving them in an internship or a residency. You have to make decisions in OB/GYN. I delivered thirty babies one year. You just learn to take responsibilities.

MULLINS: Were your children born at–

KRIPPAEHNE: Mostly at Emmanuel.

MULLINS: Ah. So you were there during the '50s. Things must have been happening quickly. Your husband was moving forward in his career. And then Dr. Livingston left. And I'm sort of interested in to what extent the chairmanship of Dr. Dunphy was a transition point. Whether you think that was in fact the case, or–

KRIPPAEHNE: You mean, each one of the heads of department had a different personality and a different process. Different interests. I think Dr. Dunphy had a national interest. And he was a member of so many different societies that called him to meetings and speaking and so on. So he had to have somebody in his department who could go ahead and be the operating surgeon and teaching person. I think he depended on Bill a lot. I mean, he didn't worry that it was not going to be done while he was gone. I mean, he as much as said so.

MULLINS: Did you get many vacations in those years?

KRIPPAEHNE: We took two weeks camping vacations with the children. And we took the major meetings on the West Coast.

MULLINS: Now were your parents still living in Seattle at that time?

KRIPPAEHNE: Yes.

MULLINS: And would you go up and visit them?

KRIPPAEHNE: We'd go up, both. Mother couldn't stay away from the grandchildren too long. But it was only a four-hour ride on the train. My father was, of course, still working.

[End Track Two. Begin Track Three.]

KRIPPAEHNE: –until he was sixty-five.

MULLINS: So, Dr. Dunphy left sort of suddenly, I guess, in I think '63. And your husband became chairman. What were your recollections of those events, when that happened?

KRIPPAEHNE: Well, I think the main thing was Bill's need to probably redefine what the surgical residency was all about. And not only that, how broad the department of surgery should actually be administering. And it got to the point where when specialties became very active. For instance, urology. Urology might have been one of the first ones. It was better to see that there was a division that could handle itself. And when they began hiring people who were willing to work in that capacity, they became more and more desirous of having their own department, so they were split off. And this happened over and over again, as you know. I don't know what it was like when you came there.

SIMEK: I'm going to need to stop you here for a tape end.

MULLINS: Ran out of ammunition, huh?

SIMEK: We'll just be a minute and load up another one.

[End Track Three. Begin Track Four]

MULLINS: –to the name changed, they got bigger and more buildings. But interested to know how that came about, and who do you think were the driving forces. It's interesting that Dr. Krippaehne and Dr. Lewis were, they probably talked a lot about this.

KRIPPAEHNE: Oh, I'm sure they did. I'm sure they did. And I think the deans, before they were presidents, independent of a lot of, his point of view–

SIMEK: Don't go too far into stuff that you want to get recorded. [laughter] Okay. We're rolling. If you would like to care to slate again, please.

MULLINS: This interview of Dr. Marion Krippaehne, Marion L. Krippaehne, was conducted on November 8, 2007, at the Oregon Medical Association, Portland, Oregon. The interview was made possible by a grant from the Oregon Medical Education Foundation. The interviewer is Richard Mullins, and this is tape number two. We were talking about the early '60s, and the transition that was occurring in the training of residents in the department of surgery. Your husband was obviously a driving force for this. Who were some of the other people that wanted to bring about changes at the medical school?

KRIPPAEHNE: I think one of the big things that happened in the department of surgery was probably the emphasis on oncology, with Dr. William Fletcher coming along. And also the input from–

MULLINS: Well, one of the individuals that was sort of influential at the time was Dr. Hodges and the first kidney transplant.

KRIPPAEHNE: Yes. Yes. That was another one of those that required a strong leader. And eventually had a department head.

MULLINS: I think two of the surgeons who were very influential that your husband hired were Dr. Jack Campbell and Dr. John Porter.

KRIPPAEHNE: Now Dr. Jack Campbell came in definitely onto a department status right away. I think Porter did, also.

MULLINS: Dr. Porter was given directorship of the clinical research center as well as, I think fairly soon, got the status of division of vascular surgery. Frankly, your husband seems to have been remarkably generous in allowing others to kind of develop their own careers. Do I have that wrong?

KRIPPAEHNE: I think he was that type of person. He trusted people he respected. And in turn, he allowed them a lot of leash to do what they felt needed to be done. And I don't think he made too many mistakes. He was a good analysis of personalities. And of course he was an analyzer of productivity.

MULLINS: Well I think frankly there are some chairmen in that era who were capitalizing on their faculty for the purposes of promoting their own careers. You've probably met a few strong willed surgeons throughout the years.

KRIPPAEHNE: Yes.

MULLINS: And chairmen who sort of tried to make their reputation on their faculty.

KRIPPAEHNE: Well, I guess it comes with some, managing human beings.

MULLINS: Dr. Krippaehne never seemed to be that way. He always wanted others to succeed. He had the advantage of having known Dr. Joyce and Dr. Livingston and seen a lot. What were some of his goals, you think, when he took over as chairman?

KRIPPAEHNE: I think his main goal was teaching surgery and getting surgeons to do good surgery. Getting surgeons to be good diagnosticians and try to provide advances in the field. There were a number of people who were in surgery who became well known in their research.

MULLINS: You were mentioning the deans seemed to be partners with the chairman. Can you elaborate on that a little bit please, Dr. Krippaehne?

KRIPPAEHNE: Well, Dr. Baird was dean a long, long time, for one. And I think that he was another person who was able to work with a group of people. And he surrounded himself with key staff people who became his monthly advisors, or became people who he could bounce ideas off. He did a great deal of building during that time. And a lot of departments got space because of him.

MULLINS: He had a strong reputation with the state legislature, I'm told. How important was that to helping the medical school?

KRIPPAEHNE: Well, they were supporting our clinic, for one thing. That gradually deteriorated to the point where I don't think we were, at this point, getting much of anything. But that was when the change occurred where private patients could come into the clinics, and where the departments, various departments, had their own financial base. Which I think was very good for the medical school, not just for the staff. Because we were able to earn more, provide more for our families. But I think it broadened the kind of staff that we were able to get a hold of. And definitely broadened the patient bases so that we got more cooperative patients. We got less indigent people. I'm not saying that indigent people didn't have the same things that others get, but I think it was a little bit easier to deal with people who have more means to get there, more means to purchase medications and pay for their insurance, medical insurance, so that the medical school could function better on a different financial basis. It must have meant a lot to the whole financial base of the medical school, especially when the state was pulling away.

MULLINS: You practiced medicine during the time when Medicare was implemented, in the late '60s. Would you tell us your perspective on the big picture of what influence Medicare has had on the practice of medicine? As an internist who took care of patients in a clinic.

KRIPPAEHNE: I tried not to determine from my patients whether they were on Medicare or not. I didn't want to get involved with having to make that kind of a decision. But I think what has evolved in medical care is that it has limited our ability to provide adequate care to many, shall I put it this way, that it is not extensive enough now to care for what is available in medicine today. But I think medicine is going far beyond what even some of the wealthiest people can afford to pay nowadays. From the standpoint of technical things available to people, the amount of diagnostic facilities that people are beginning to think are absolutely necessary, they're excessively costly. I think some of us have maybe forgotten how to do simple physical diagnoses instead of the MRIs. I think that's spoiling us.

MULLINS: Did you think that the changes in terms of the private patients at the University of Oregon, and then Oregon Health and Science, was a good thing for the university then? You mentioned that it gave it some financial resources. But was it good for the university as a place that taught and educated students?

KRIPPAEHNE: Well I think it enlarged, it enlarged our clientele. I think that some of the indigent people disappeared. It created a different environment to work in.

MULLINS: In what way?

KRIPPAEHNE: Facilities. Just the simple things like that. Good facilities. New buildings. The university could not put people in benches.

MULLINS: Yes, I see.

KRIPPAEHNE: And if they were going to have a broader, growing clientele, they had to make a good appearance to the public.

MULLINS: I'd like to talk about medical education. You and your husband went through the old era. Dr. William Krippaehne was instrumental in the transition of the curriculum for the education of medical students. Do you recall that? And what do you think about the change that occurred in the way students were educated?

KRIPPAEHNE: I think maybe one of the big things that's happened is that there is a lack of definition of diagnostic process. I think there's, I think that physicians are not learning enough, or emphasizing, getting enough basic science to back up these diagnoses. I think there's too many medications available that are not digested by students these days. I think drug houses are just pouring out their products without adequate research. I worry about things like that.

MULLINS: It seems like it's a much more complicated educational process to learn how to be a doctor today than it was, say, back in the early '70s when I was–

KRIPPAEHNE: You're right. We learned how to be country doctors by what we could hear and touch and listen to. And our armamentarium did a pretty good job of taking care of cardiac problems and diabetic problems. You know, the PDR is about, what it is, about three inches thick now?

MULLINS: Yeah, I think so.

KRIPPAEHNE: How could one possibly digest that? That's a concern to me.

MULLINS: So in the '70s and '80s, when you were working in the clinic, did the patients seem to change a little bit? Were you still working seven, eight hours a day, every day?

KRIPPAEHNE: Well, we had the old guard that came with us from the previous decades. And then we had the new people coming in on Medicare and so on, enlarging the clientele.

MULLINS: But you had a group of patients you were following in your clinic.

KRIPPAEHNE: Mm hmm. Mm hmm. It might have been a little different, but–

MULLINS: What did you like about that clinic? Can you tell us some of the things you liked about being a general medicine physician?

KRIPPAEHNE: Oh, people are people. I mean, they have the same problems no matter what social level they're on. So I don't think it made any difference with what we were seeing, with respect to problems, medical problems. I know for a couple of years I went over to the Seventh Day Adventists outpatient clinic and worked among their group, which were people who were up against the financial problems.

MULLINS: Was that over at Eastmoreland?

KRIPPAEHNE: They had it, let's see, where was that? It was not in Eastmoreland. It was on the east side about, oh, 70th? On exit number maybe four or five, out of I-85.

MULLINS: Oh, way over there.

KRIPPAEHNE: But they were running a very nice clinic, taking care of people's needs with respect to medicine and social problems. And they were the same kind of people to me. Fortunately, they were willing to see people who really needed serious care in their surgery department, in their hospital. I had to send in a severely needful surgical problem into their care. It was the only reason I would stay there, because I just couldn't dump those people out anywhere.

MULLINS: Yeah.

KRIPPAEHNE: So I find that people are people. Anything can walk through your door, and no matter what social status they're in, so–

MULLINS: It seemed like in the late '70s and the early '80s was a time when there were some powerful new presidents in the university. Do you feel that there was sort of a growth in the ability of the presidents to influence things at the medical school?

KRIPPAEHNE: Well, I think they brought in a lot of businesspeople, and they focused on the business end. They were more corporative.

MULLINS: More into the profit part.

KRIPPAEHNE: Yeah.

MULLINS: What do you think was Dr. Hod Lewis' greatest contribution as a faculty?

KRIPPAEHNE: Physical diagnosis.

MULLINS: As a faculty member.

KRIPPAEHNE: As a faculty member? Well, he was, I think he was always an advisor to the dean. To the deans. He was always considered a fantastic diagnostician. He was friendly. I don't think, I don't know anybody who didn't like him. He was an organizer. He was a good administrator for his department. He kept his department happy. I think all the division heads were given a leash to do what they needed to do both academically and therapeutically.

MULLINS: It certainly was an exciting time for cardiology and cardiac surgery in the '60s. Any thoughts about that?

KRIPPAEHNE: They advanced. And they attracted wonderful people.

MULLINS: Kind of made Oregon have a more prestigious reputation, do you think?

KRIPPAEHNE: Oh, I think so. And in a teaching staff, it was wonderful.

MULLINS: How about Dr. Clare Peterson? What was his contribution, you think, to the university and to the medical school?

KRIPPAEHNE: He was, he accepted his assignments very well. And he and Bill, I think at first, complemented each other in the surgery. But I think he wasn't quite the organizer that Bill was. He enjoyed teaching. He had a photographic memory. And I think he, I think he disciplined the students. Probably disciplined the residents, too. I don't know. Were you a resident under him?

MULLINS: Yes. Yes. He clearly provided leadership for his service, the University Hospital South service. Now your husband would every morning have these teaching rounds. Why did he do that? Did he get a lot out of it? Or was it because he felt it was important to do?

KRIPPAEHNE: Oh, he got a lot out of it. He got a lot out of it. Not only from the standpoint of seeing challenging cases, but of also listening to the deliberations of the residents about how they're going to attack difficult cases. And I think he tried to train their approach to being a problem solver. My husband was an engineer, too, you know. He thought rationally. And I think he wanted people to think rationally, one thing leading to another.

MULLINS: He certainly emphasized if you're going to operate on somebody, you should have a diagnosis before you do it.

KRIPPAEHNE: Oh. I'm sure.

MULLINS: And an idea what you're going to do.

KRIPPAEHNE: A plan.

MULLINS: Where some people just open, you know, and try to figure out. They don't think about it in advance.

KRIPPAEHNE: Oh, I don't think he would have stood for that. I never went on rounds, I never watched him in the surgery, because I felt like my presence there, if something went wrong, I could be blamed for that. So I stayed away from the surgery. But I hear that he was a fast surgeon. He knew when to cut and when to tie, when to not tie. He had a plan before he went into the surgery. And he was very rapid.

MULLINS: He enjoyed being a surgeon. He was an artist, too, I'm told.

KRIPPAEHNE: Yes.

MULLINS: Can you tell us about–

KRIPPAEHNE: Paint, oil painting. Yes.

MULLINS: When did he take that up?

KRIPPAEHNE: In the late '60s.

MULLINS: As kind of a recreational–?

KRIPPAEHNE: Yeah. Mm hmm.

MULLINS: Did you have a similar thing that you took up?

KRIPPAEHNE: Well, let's see. What did I do?

MULLINS: Gardening?

KRIPPAEHNE: No, he was the gardener. I totally left that to him. [laughter] That was okay. I had some, I had what was going on in the house, there was plenty to do. We decided to divide the work up. He could do the outside and the cars, and I could do the inside.

MULLINS: You lived in the house across from St. Elizabeth's, I remember. How long did you live there? Quite a while?

KRIPPAEHNE: Well, let's see. My daughter Carol was three years old when we moved there. And she was still at Oregon State when we were there. So it was quite a while.

MULLINS: That was the five minute walk to the university.

KRIPPAEHNE: Mm hmm.

MULLINS: Could you comment a little bit about what you've seen in terms of women having opportunities in medicine, and maybe surgery in particular?

KRIPPAEHNE: I think it has changed a lot. I think that women have been going to medical school 50/50 for probably going on three decades now. I think their opportunities now are totally unchallenged. They can do anything they want to do.

MULLINS: Were many of the women that you knew in the earlier years just decided in their own mind they wanted to do it? Or did they have to fight to–

KRIPPAEHNE: Well, the four of us that started out in this class of ours were bound and determined to become physicians. But I don't think we all knew what we wanted to do specifically when we first started in. One of them became an obstetrician. One of them became an internist. One of them passed away early. And then I went into internal medicine. So I think that was all what evolved from probably their training years that helped them, as that does help students these days. Because I'm speaking to students these days that tell me they don't know what they're going to be as an entering medical student, as a rule.

MULLINS: Yeah, I think, and frankly, they don't have quite the same experience in their third and fourth years in the clinical rotations that perhaps was available–

KRIPPAEHNE: Some of the smart ones that I'm talking to are seeking out the people that they want to follow. And I encourage that. If anyone ever talked to me about that. Yes, she should go out and ask somebody if you can follow them around. It's a compliment to them. And that's the way to go. These days you have to make your own network. I thoroughly believe that. And medicine is no different.

MULLINS: Through the years when you were working in the clinic, did you have students work with you?

KRIPPAEHNE: I had special students work with me at times that were assigned by the dean, people that were having problems learning how to do a physical diagnosis. To take histories and do a physical diagnosis. They were floundering. More of them were women that needed care. And to me, that was a real compliment that somebody really wanted me to pay special attention.

MULLINS: What did you learn about that? What was the key to being successful in helping them acquire those skills?

KRIPPAEHNE: Well, some of it was letting the student understand that they were respected.

MULLINS: And that they–

KRIPPAEHNE: They could perform without criticism.

MULLINS: Very interesting.

KRIPPAEHNE: There were a lot of people out there that were not really made to be good teachers. And some people were gentler than others.

MULLINS: Very good. Well, I think we've covered quite a bit of material here that I wanted to discuss. Are there some things that you would like to tell us about that you think are important regarding Oregon Health and Science University? Maybe predict the future?

KRIPPAEHNE: I think my experiences with the admissions committee was so wonderful.

MULLINS: Oh, can you tell us about that?

KRIPPAEHNE: Yeah. I took two circuits on that. One of them was for eight years, and another was for six.

MULLINS: What years would that have been?

KRIPPAEHNE: Well, it was when (Hoff?) Haney was chairman of that committee. And it had to be, it was when my kids were just going into college. Hmm. It must have been in the late '60s, early '70s. And to interview these people for a solid hour gives you an opportunity to get to know them pretty well.

MULLINS: That was a time when there was a dramatic increase in the number of women who got into medical school.

KRIPPAEHNE: Mm hmm. Mm hmm.

MULLINS: I think there were 35 percent in my class.

KRIPPAEHNE: And they finally went up to over 50 percent.

MULLINS: That was also the time of the protests, and a lot of changes in the society. Did you see that in the medical school applicants?

KRIPPAEHNE: Mm hmm.

MULLINS: What did you think of that?

KRIPPAEHNE: I figured it was a phase. I didn't have any of that in my own children. And I think–

[End Track Four. Begin Track Five.]

KRIPPAEHNE: –they saw it, but they didn't dress queerly. And they didn't develop any bad habits. I think their father had something to do with that.

MULLINS: I'd imagine that he could negatively reinforce behavior that got out of line.

KRIPPAEHNE: Yeah. Not with ranting or raving, it was just with a certain statement that everyone got the message.

The other thing that we did that was kind of fun was that we all had dinner around a table. He always was there for dinner. And the thing that we had between each other was to raise up a topic that we had flapping ears on. "Did you know about so and so," or, "Did you understand what was happening in the news today?" "Yeah, we did," and so on. And then eventually they were throwing in their opinions. And pretty soon, it became a fair consensus between their mom and their dad, this is (?) or really perhaps had to go. So I think these dinnertime conversations had a lot to do with forming opinions at the Krippaehne house.

MULLINS: Getting back to the interviews of applicants, did you have some standard questions that you would ask the medical students, or the applicants to the medical school? Or did you try to just follow along their own pattern of–

KRIPPAEHNE: Well, they all presented us with the same application. But they also made some interesting statements on their own. And giving their own history if they wanted to. I was always interested in what their hobbies were, how they spent their time beyond school. The summers, and so on. I think it helped a lot to know what a good worker they were going to be, and what their motives were for going into medicine.

MULLINS: What if some of them said, "Well, my dad's a doctor. I want to be a doctor." How would that go over?

KRIPPAEHNE: Probably like a lead balloon. [laughter]

MULLINS: Well, did you see the admission process change in your second six-year period from the earlier–

KRIPPAEHNE: I think it became more technical.

MULLINS: Summary of scores and performance on test and all that? Is that what you mean by technical?

KRIPPAEHNE: No, they became more exposed to technical things in their undergraduate years. There was more research. Also there was more travel. They were more well-rounded. They had been out in the world, and coped by themselves.

MULLINS: So the students actually changed.

KRIPPAEHNE: I think so. I think so. They probably grew up a little bit more. You could depend on them carrying through with the motivations of them wanting to be a doctor. Or you could decide, do you really want to be a doctor? I didn't run into too many of those.

MULLINS: Well I guess in summary, you've had a long and very distinguished career. You and your husband, of course, had a very big influence on the Oregon Health and Science University. What do you see in its future? Maybe if you could give us some–

KRIPPAEHNE: In its future.

MULLINS: I mean, it's kind of an open question, I realize. You've seen so much change through the years. Can you see a trajectory, a pattern, where are things going?

KRIPPAEHNE: Well, I don't know where things are going if we continue to open the doors to just everything that there is out there, whether it's researched or not. I don't think there's enough research on some of the things that we're exposing our people, our citizens to. I think advertising is, advertising is going rampant. And I don't know how it's going to be controlled.

MULLINS: It's the medical-industrial complex, or the medical-pharmaceutical complex?

KRIPPAEHNE: The pharmaceutical complex is rampant. I don't think that the influence of the medical boards in the cities are doing their jobs. I think they're afraid to do it, or they appear afraid to do it. You know, when we were going first into medical practice, we kind of feared the medical board. We wanted to do the right thing. We didn't want to get away with anything. But nobody seems to be called on the carpet much anymore. Where is the power? It's gone.

MULLINS: Is there a problem with a lack of ethical behavior, do you think?

KRIPPAEHNE: Ethical behavior. Therapy without adequate trials. Bringing the alternative medicine into our hospitals. I don't, there are many things that are going on that would never have gone on in the '50s or early '60s.

MULLINS: So is it that medical education, to a certain extent, has gotten out of control of the faculty, is that what you think? Compared to, say, in the–

KRIPPAEHNE: Well, I think the faculty is not exactly medical anymore. That shouldn't be on the– But I think we should be careful about the caliber of people who are teaching us now. And I think that they should be more research-oriented and not accept just anything that's advertised on television for their patients.

MULLINS: It is remarkable how you can read *Time* magazine and find ads just trying to sell you medications.

KRIPPAEHNE: Or google things. Google things. And they take, the patients take that for real. And I think some of the less conscientious physicians might be doing that, too. I hope not.

MULLINS: Well, I do think the enterprise has gotten so big, and it's got its own agenda and momentum that it's hard for any one person to control. The enterprise of delivering healthcare, it's beyond the control of doctors in some ways. Things just happen. And if you don't agree with it, somebody else will do it. And it's a remarkable thing.

KRIPPAEHNE: Well, I don't think that all physicians are good, for instance financial managers, or that they are managers in retaining people that are working with them. I think we have to be a little more careful about how we manage our business in every facet. Because it is big, it is huge. But I think that society is making it excessive. But I don't think that we should allow just every kind of so-called practitioner, whether it's based on scientific knowledge or not, just come into our hospitals and set up an office. I don't think that's what medicine was all about.

MULLINS: Well, what do you think your husband would say if he looked at the campus today and saw all those new buildings and the tram and all that? Would he think that that's a good sign of progress? And do you feel it's a good sign of progress?

KRIPPAEHNE: Well, I don't think the amount of money that's been spent on some of what's been put up is legitimate. I don't think we can afford it. The tram is kind of a sore thing for me. Because when you think of the billions of dollars that's in that that could have been put in toward running a bus around for the next hundred years, it's strange.

MULLINS: Yes. Yes.

KRIPPAEHNE: But I think medical people in a medical school should be scientists. And I think that they should base their practice on science, not a magazine report.

MULLINS: Well, it goes back to your days when you were working with Dr. Osgood. I mean, he was a scientist. Trying to figure out a tough problem when there was not a lot available for him to do. And it sounds like he had some influence on your thinking through the years.

KRIPPAEHNE: Oh, he did. He did. He was a pure scientist.

MULLINS: How did his career end at OHSU? Did he retire?

KRIPPAEHNE: I think he just retired, yes.

MULLINS: There was an Osgood lab. Did that continue? I don't know if it did or not.

KRIPPAEHNE: I can't tell you. I can't tell you that.

MULLINS: I guess Grover Bagby kind of sustained the–

KRIPPAEHNE: Yeah. Yeah. Over at the VA.

MULLINS: –interest in cancer.

KRIPPAEHNE: Switched over to more oncological problems. Well, you know Osgood was only dealing with some of the very rare or unusual blood problems initially. And he was being successful with some of them. And I think that that was the impetus that he gave other people to carry on with. But I can't tell you what Grover Bagby has–

MULLINS: Yeah. But trying to do cell culture growths back in the late '40s, there couldn't have been too many people.

KRIPPAEHNE: There wasn't. There wasn't. He was going to try and see if we could make this work. You know, somebody had to start it. Now we have this wonderful lymphoma person on our campus.

MULLINS: Dr. Drucker, yes.

KRIPPAEHNE: Yeah. He was working with us on the admissions committee in my last go-round there. And his job was to interview all the research people that were coming on for research. And I got to know him very well. I really admire him. But Osgood would have thought he was top notch.

MULLINS: Yes. Well I think those are the questions I had. And we want to thank you very much for coming and giving us some answers to our questions.

KRIPPAEHNE: Well, I hope I've helped a little bit, Rich.

MULLINS: Oh, you've helped a great deal. I think as we talked about, we need to let future historians know about the course of events. And I think you've contributed to that. Thank you very much.

KRIPPAEHNE: Okay. You're welcome.

?: Rich, if you could just kind of end slate it.

SIMEK: I'd like to ask one question.

Mullins: Oh, here we go. These are always the tough ones, Marion.

SIMEK: [laughs] This is an easy one. If a young person came to you today considering to be a doctor, what would you tell that person? And if you wouldn't mind telling met to Rich instead of to me.

KRIPPAEHNE: What would I, well, I would say that they should ground themselves in basic science and math, and be diligent students in things like ethics, finance, sociology, because you need all of those to handle the problems that we have today.

MULLINS: How about if they asked you who are the happiest doctors that you knew, and why were they happy?

KRIPPAEHNE: The happiest doctors are the ones that are producing advances. And that are helping the average citizen keep well. And the ones that are able to give enough of our time to make them feel that they've been listening. I think that's what patients expect.

MULLINS: Very good. Thank you.

SIMEK: If you could do the end slate now.

MULLINS: What do I do?

SIMEK: Pretty much the same thing–

MULLINS: Is it okay if I read this one more time?

SIMEK: (?) the end of, this is the end of–

MULLINS: This is the end of the interview with Dr. Marion L. Krippaehne. It was conducted November 8, 2007, at the Oregon Medical Association, Portland, Oregon. The interview was made possible by a grant from the Oregon Medical Education Foundation. Richard Mullins was the interviewer, and this is the end of tape two. Thank you again.

KRIPPAEHNE: You're welcome. Thank you very much.

?: Yeah.

[End Interview.]