

HISTORY OF MEDICINE IN OREGON PROJECT

ORAL HISTORY INTERVIEW

WITH

J. Richard Raines

Interview conducted April 7, 2004

by

Robert Darnedde

Interview with J. Richard Raines, M.D.
Interviewed by Bob DERNEDDE
April 7, 2004
Site: Oregon Medical Association Building

[Begin Tape 1, Side 1]

DERNEDDE: And it darned near threw me into the trees. And I said, You know, that jerked my muscles pretty good, and I quit. I was going to get hurt in the fall, because you go lickety-split and then all of a sudden hit this wet snow, and you just go umph. It just throws you down, and I don't like falling. I'm kind of a pussy when it comes to that kind of stuff.

RAINES: I used to ski a little bit. I started when I was forty-eight, and when I was about sixty, I fell and hurt my shoulder, and it took months to get over it.

DERNEDDE: Did you ski up at Mount Hood?

RAINES: Yes.

DERNEDDE: At Timberline Lodge? Is that where you went skiing?

RAINES: Well, some. I sampled two or three. Mt. Bachelor, I went up, and coming down, I froze almost and had a heck of a time getting down.

DERNEDDE: He's telling me his memory is shot, but now we start talking about skiing, and he tells me...

RAINES: Well, those are things that I have had occasion to talk about in the interim. That's one of the big secrets of memory, in my view. If you talk about something, it...

?: Go ahead.

DERNEDDE: This is an interview with Dr. J. Richard Raines. The date is April 7, and the location is at the Oregon Medical Association building, and this is Bob DERNEDDE conducting the interview.

Well, Dr. Raines, when did you first come to Oregon?

RAINES: In...

DERNEDDE: No, tell me – when you respond, say, I first came to Oregon in – rather than just answering yes or no - so that they get – they're not going to listen to me. They're not going to tape me, they're going to get you.

RAINES: Are you putting my age in someplace? Because that's all I have to fall back on.

DERNEDDE: Well, if you're going to tell me you came to Oregon ninety-two years ago, I'm not going to believe you.

RAINES: Okay.

DERNEDDE: But you can – you recall the year, so let's do it that way.

Well, Dr. RAINES, when did you first come to Oregon?

RAINES: I came to Oregon in 1946, having been employed by the Portland Clinic as a radiologist. I practiced from there until somewhere around the mid-nineties, when I retired.

DERNEDDE: You were among how many radiologists when you first arrived in Oregon?

RAINES: How many radiologists in Oregon? I wasn't keeping count. I would suppose six or eight.

DERNEDDE: When you first came to Oregon?

RAINES: Yes. There was one at the medical school, part-time, as a matter of fact. Although there was a residency program at the medical school, it was rather poorly covered.

DERNEDDE: What brought you to Oregon?

RAINES: A job. What brought me to Oregon was a job. My wife had wanted to go to the West Coast, especially California. She was stationed there during the war. I went down and looked around and talked to a leading radiologist, who told me he didn't think they needed any more radiologists in California, although within years there were hundreds of them all over the place.

I had trained in Cleveland, Ohio. I went up through there to talk to some of the old-timers. One of them, when I told him that I was looking for a position in radiology, said, "Have you been to Oregon?" I said, "No. Where's that?" So he got on the phone and called Tom – he was the leading surgeon in Portland and was at the Portland Clinic. Tom Joyce was the individual that this man was a friend of. I promised to come out and look, and I looked and decided to take the job.

DERNEDDE: So when you practiced here, what do you consider the most significant advancement in radiology during your career?

RAINES: The most significant advancement in radiology? There are so many, it's hard to pick one out. The one that comes to mind is the discoveries of Charles Dotter, D-o-t-t-e-r, who first was daring enough to put a catheter into a vein or artery for various purposes; to take x-rays, for example, or to clean out atheromas. It revolutionized many facets of medicine.

I'm going to have a little sip of water.

DERNEDDE: Go right ahead.

RAINES: Dotter had a hard time selling the surgeons, the vascular surgeons, on some of his ideas, but they had to finally knuckle under and accept the fact that these things could be done, and now are done by the thousands all over the world. There are various procedures that involve the vascular system. Actually, I would point out that it's no longer called radiology as an entity. It's "imaging," because the practice includes other things besides x-ray. Diagnostic procedures, such as ultrasound and surgical procedures are done by a radiologist or an imaging man or woman. There are just so many things that are based around the imaging techniques that I can't really pick one of them out.

DERNEDDE: Tell us a little bit about Dr. Dotter, Dr. Charles Dotter.

RAINES: Well, he came out here fresh from – this is Dr. Dotter we're talking about - came out here fresh from a residency program in New York state, I think it was, and bubbling over with ideas. He was a rather bombastic individual, although if you didn't cross him, you got along with him fine. I did, and I had a number of times when I would kind of shill for him or pass on my little additions to his idea. He did things that other people didn't think about. One I remember was when he was approached by somebody at the zoo. One of their elephants – I believe it was Rosie – had a sore foot, and he took a portable x-ray machine up there and x-rayed Rosie's foot. Rosie was very grateful, I'm sure. That was the sort of thing he would get involved with.

He early on struck up an acquaintance with a man who was manufacturing catheters used by different surgical and other modalities, and Charles got him interested in making some catheters that he would design. They were practically hand made. (unclear) had had them, and he was making them more scientifically, and getting a better product, of course. Now, if I can think of the name of the man. Well, it'll come. At any rate, this man went on to become the leading manufacturer in the world of various catheters and made himself a multimillionaire. He's given – well, the last figure I remember hearing was five million dollars to the medical school's x-ray department.

DERNEDDE: Was that gentleman's name Cook?

RAINES: It was Cook.

DERNEDDE: Do you recall his first name, what his full name was?

RAINES: No.

DERNEDDE: Because I don't. I just remember the Cook.

RAINES: Cook is correct.

DERNEDDE: But he became a manufacturer here in Portland?

RAINES: Oh, no. He was in Indiana some place.

DERNEDDE: Do you want to do that one over again so we can bring him in?

?: Sure. You can talk about that.

DERNEDDE: Okay.

RAINES: I should have his first name.

DERNEDDE: Why don't we start over, Dick, and you can say that Dr. Dotter made an acquaintance with a Mr. Cook, who was a manufacturer of...

RAINES: Small time.

DERNEDDE: Let's do that over again, okay?

So on the count of three: one, two, three.

RAINES: Dr. Dotter made an acquaintance early on with a small-time manufacturer of catheters for various uses through the body. This man was (unclear) with the idea and built on it and developed manufacturing facilities around his own plant in Indiana. In a few years he was in the multimillion dollar profit range, and, last I heard, he had given some five million dollars to the medical school for research in catheter procedures.

Dr. Dotter was proposed for a Nobel Prize at one time, though I don't think he got it. He drove himself twenty-four hours a day, and probably over activity led to his rather untimely death at the age of around sixty.

DERNEDDE: Where did Dr. Dotter practice?

RAINES: At the medical school.

DERNEDDE: Do you want to state that over again? Dr. Dotter was at the...

RAINES: Dr. Dotter was exclusively at the medical school. He practiced up there up to the time of his serious illness and death.

DERNEDDE: Was he on the teaching faculty at the medical school?

RAINES: Yes. He was a professor of radiology and head of the department of radiology. I was assistant clinical professor, which meant a little bit of a title with no compensation.

DERNEDDE: Did you help Dr. Dotter when you were at the medical school on the clinical faculty? Were you helping him?

RAINES: No, not really. I wasn't helping him, but I did a lot of the routine scud work up there. It wasn't getting done because they just didn't have enough faculty. Maybe at any one time three radiologists and maybe three residents.

Oh, by the way, Mr. Cook's first name was Bill.

DERNEDDE: Do you want to redo that?

?: No. We can piece all that together, no problem.

DERNEDDE: Anything else to add about Dr. Cook or the department of radiology at the medical school?

RAINES: Any further comments about Dotter and the medical school? Simply that that the catheter procedures were the thing that kept the department going and brought visiting professors from all over the world to learn his techniques or get some teaching from Dotter. So that reputation for being outstanding in the procedures is still carried on, and probably will.

DERNEDDE: Is that enough on Dotter, guys?

?: Yeah, it is, if that's the extent of the significance, I believe that's fine.

DERNEDDE: Let's switch horses and get off the medical school and talk about hospitals.

Who was the administrator at Good Samaritan Hospital when you were down there, and also at PNS(?) Hospital, and what did he contribute to the advances health care in the Portland metropolitan area?

RAINES: Well, you put me on the spot with my memory thing there.

DERNEDDE: Okay. Chester Stock(?) is who I'm referring to.

RAINES: Well, there was one before him. That was not the first.

The hospital situation in Portland was somewhat different than most places in that it was – the hospitals were largely private as opposed to public, and most of the – we're going to have to go over on this one.

DERNEDDE: All right.

RAINES: The hospitals were largely subsidized and run by private auspices, especially the churches. For example, Good Samaritan was under the auspices of the Episcopal Church,

and a couple of the major hospitals were Catholic oriented. I think they kept up a good quality of care, due to the competition of other hospitals if for no other reason.

When the churches got involved, they tended to use a heavy hand on some of the operations. Bishop Dagwell was known for his assistance in the operation of Good Samaritan. I remember he used to have annual dinners for the staff, for the men only. The women were not invited. No liquor was served at the staff dinner, but the story was that Bishop Dagwell - who lived in the Arlington Club, incidentally – would have a couple of drinks at the Arlington Club and go on down to his staff dinner, which was dry. I guess they got around to serving wine eventually.

And, of course, there was also another aspect to hospitals in the Portland area, and that was the small private hospitals. Physicians and Surgeons Hospital was a small hospital. It was very well rated and very well liked by the doctors and patients, but for some reason or another the finances didn't keep up with their reputation, and they finally closed their doors.

The other aspect to hospital operations in Portland was the insurance companies. The major operation was, as far as straight insurance goes, was Blue Cross. It had the bulk of the straight insurance, health insurance, in the area. Of course, Kaiser was coming on to the fore and was growing by virtue of providing more services and more complete services. There was a considerable rivalry between Kaiser and the other nonprofit insurance carriers, partially because of a rivalry between Blue Cross and Kaiser, and both of them were able to divide their share of the market. A unique part of it was OPS (Oregon Physicians' Service), which was physician owned and operated, and it was strong for a long period of time until the general problems with medical costs and problem with insurance carriers picking up those costs. Eventually, Blue Cross was – actually, I'm not sure about my facts in here. Was Blue Cross – did it go public?

DERNEDDE: No. Blue Cross and OPS merged.

RAINES: Okay. Do you want to get that in there?

DERNEDDE: Do you want it, or have you got it?

?: We don't have it from the doctor, no.

DERNEDDE: Why don't you go ahead and restate Blue Cross and OPS. Talk about OPS and Blue Cross finally merging.

RAINES: Well, of course, all this time there was a rivalry with Kaiser, wasn't there, during the time they...

The health insurance field flourished with the competition that was engendered with the presence of OPS, which was physician operated, Blue Cross, which was nonprofit, and Kaiser, which was something of a combination of the two private carriers. Eventually, Blue

Cross and Blue Shield merged, and Kaiser continued to grow and actually outpaced the private carriers.

DERNEDDE: Do you need anything more on that, guys?

?: No.

DERNEDDE: That works?

?: Yeah. Let's pause here for just a moment. We want to go tape some doors.

[Tape stopped.]

DERNEDDE: Ernie Livingstone, Max Parrot, Dan Billmeyer.

?: Okay, we're rolling.

DERNEDDE: I want to go back and ask you about Dr. Tom Joyce. What role did he play in your career?

RAINES: Well, he brought me to Portland, I guess. Tom Joyce, he brought me to Portland in 1946. He was a surgeon of the old school, dominating, one of the most competent around, I guess. He worked primarily at St. Vincent.

I started to work here on the first of July. The temperature was a hundred degrees, and my wife and I were unable to find a place to live, and we ended up in the Danmoore Hotel for a week or two, with an electric fan as our only relief from the heat.

Well, in August, Dr. Joyce had a heart attack and died in a very short time. He was of some interest to me because we had a handshake as to the terms of my employment, and nobody else knew what the dollar amount was that was agreed to, and it came to more than a lot of them, I reckon. That led to my demise from the –

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

RAINES: ...was part of it. So Dr. Joyce was sort of a passing part of my entry to Portland.

[Tape stopped]

DERNEDDE: ...surgeon of pretty high repute in Oregon, was he not?

RAINES: Oh, yes.

DERNEDDE: Can you just talk about that a little bit? Can you just talk about him a little bit, about what kind of a surgeon he was?

RAINES: Well, I thought I said it when I said "of the old school." Dr. Joyce had started - organized the Portland Clinic, along with half a dozen other of the old-timers in the Portland area. Dr. Sam Diack, Dr. Laurence Selling was a neurologist, Dr. David DeWeese was ear, nose, and throat. Dr. Merle Magnusson(?) was one of the leaders in that. That was about the size of the staff. They were located in the Mayer(?) building at around Thirteenth and Morrison, I believe. They finally built their own building as it is now.

DERNEDDE: There were a number of people that were involved in your career that had a huge impact on medicine and the medical profession in Oregon. Can you tell us about some of those physicians?

RAINES: No.

DERNEDDE: (laughs) All right. Let's redo that.

Can you tell us about Dr. Max Parrot?

RAINES: Dr. Max Parrot was one of the leaders in the medical profession in, I suppose, the thirties, forties. That's not the period. Forties or fifties, and was active not only locally as the president of the OMA, but nationally. I don't remember which titles he held during his time of activity.

DERNEDDE: Tell us about Blair Henningsgaard(?).

RAINES: Dr. Blair Henningsgaard was one of the leaders and a man of high repute. Did I mention Max Parrot? He was the first one, I guess.

DERNEDDE: What do you remember about Dan Billmeyer?

RAINES: One of the leaders.

DERNEDDE: Why don't you cite his name.

RAINES: What?

DERNEDDE: Cite his name. Dan Billmeyer was...

RAINES: Well, I was going to come at it from of the other side. One of the leaders in the medical profession at that time, who is still alive - isn't he?

DERNEDDE: We just lost him about two years ago. Do you want to start that over again?

RAINES: Dr. Dan Billmeyer was active in a leadership role, with involvement in many activities of the OMA.

DERNEDDE: How have patient attitudes...

RAINES: We don't have DERNEDDE's name in here anywhere?

DERNEDDE: Oh, I don't think that's necessary.

RAINES: That'll be the next...

?: Don't be shy. Talk about Mr. DERNEDDE in there. If you have some things to say, you bet.

RAINES: I think this would be an appropriate time to stick your name in there. Shall I go?

?: Yes.

RAINES: A nonphysician who was of immeasurable value to the OMA during much of the last several decades was Bob DERNEDDE, who arrived on the scene in 1969. Bob was extremely - was, is extremely active in promoting - I don't know what the word is. There's a word there somewhere that I...

DERNEDDE: He was a troublemaker.

?: Can you say it in a different way?

RAINES: Bob early on was recognized as a leader and an innovator in the Medical Society. With his helper, Jim Kronenberg, the activities of the society were known to be exceptionally well handled until Bob's retirement in 2003, '04?

DERNEDDE: Thirty-five.

RAINES: So it was '01, you mean?

DERNEDDE: What are you asking, Dick?

RAINES: The year, retirement year.

DERNEDDE: Oh, that was last year, '03.

RAINES: That's what I thought.

DERNEDDE: Do you have enough of that?

?: Yes.

DERNEDDE: When you were in practice...

RAINES: There ought to be some more things I should say there on the DERNEDDE paragraph. Other community activities.

DERNEDDE: Well, you're the guy that got me into the Rotary Club and made sure that medicine was represented in the community by my participation in Rotary. You could say that.

RAINES: He was active in - I know what I want to say, but...

?: Maybe I should take over here, since we're talking about Bob.

RAINES: Okay.

?: What are some of the things that you recall that he contributed to the Medical Society? Some of the events or some of the programs that he contributed.

RAINES: Well, there's where you have me. I just don't...

DERNEDDE: We put together the malpractice insurance program with CNA Insurance.

RAINES: How about the state health insurance?

DERNEDDE: The Oregon Health Plan?

RAINES: Yes.

DERNEDDE: That came, but that was more Scott Gallant's doing.

RAINES: It was what?

DERNEDDE: That was Scott Gallant. He led the charge on that.

?: Were you involved in the Oregon Health Plan, Doctor?

RAINES: No.

DERNEDDE: Well, why don't we just get off this one and go to - when you started practice...

RAINES: Well, if we're going to get Rotary in here...

DERNEDDE: Oh, you want to do Rotary? Go ahead.

RAINES: Well, that's where I was hung up on a word or two, and I don't know where we're leaving off.

?: Maybe we can come back to that.

DERNEDDE: Yes. These guys have an incredible ability to cut and paste.

RAINES: There's going to be a lot of it on this interview.

DERNEDDE: Can you tell us how you were paid as a radiologist when you went into private practice by yourself?

RAINES: Well...

DERNEDDE: Start over the way you were reimbursed. I was reimbursed...

RAINES: One area of some interest was the compensation for radiologists, especially those who were practicing in or out of a hospital. Office practice was an entrepreneurial thing with a fee schedule and the radiologists collecting the net income from those fees. There was a problem with hospital-based radiologists who wished to bill and collect from the patient and others who were on a salary with the hospital collecting the fee and - what's the word, now.

DERNEDDE: Did you ever get paid in any particularly interesting way for your services, like a chicken or a pig or stock? Did you ever get compensated in some interesting ways?

RAINES: No, I can't remember I ever got into...

DERNEDDE: Never got a chicken or...

RAINES: No.

DERNEDDE: Okay. Well, we'll forget that one, then.

RAINES: I might mention that in the early days of radiology the radiologists actually did cancer therapy using x-ray - deep x-ray, we called it, or high-voltage x-ray, and, later on, cobalt therapy and this was - the methods of treatment were not too satisfactory, and the modalities were not really useful. I don't like that word very well, but - but when some of the better modalities were developed, such as higher voltage techniques, it became apparent that the radiologists could not be all things in the field, and so they started having separate training programs, which were much better, and radiation therapy continued to develop separately.

The separate billing thing was one area where the OMA was active, even before Mr. DERNEDDE came along, when we got the house of delegates of the AMA to acknowledge or accept separate billing. In other words, the radiologist could bill for his part of the services and the hospital bill for the cost of doing the procedure. This was quite a breakthrough at that time in billing procedures, but it also points out how the grassroots could come in and make a significant change, in this case endorsing the separate billing.

Along with that there was quite a hassle. The president of the AMA came out against this resolution of the OMA which would create the separate billing, and there was a headline in the *Chicago Tribune* saying the president of the OMA was boycotting the house. And that had to do with Max Parrot was running for - what was he running for?

DERNEDDE: Trustee.

RAINES: For the board of trustees and was running a losing race until he lined up some delegates who were in favor of this separate billing. There was a little tit-for-tat thing there, and Max won and the OMA won. The billing now is most all separate billing.

DERNEDDE: Let's switch over to the relationship of the practicing medical community in Portland and the state and their relationship with the faculty at the medical school. What was going on there? There was a town-gown issue. What was that all about, do you recall?

RAINES: The what issue?

DERNEDDE: The town-gown.

RAINES: Yes. The medical school has always been a factor in the practice of medicine through the state because it provides many of the doctors and many of the other types of health care providers, but there was always some jealousy or competition between the doctors at the medical school and the downtown doctors. It was characterized as a town-gown conflict, with each group feeling that their operations were more ethical or more scientific or what have you. That was at its height in the fifties and sixties, as I recall it, and ebbed quite a lot during the later decades. I feel it's kind of lower level now than it was in the past. I may be wrong.

DERNEDDE: Dr. Raines, you have a lapel button. Can you tell us what that represents?

RAINES: Yes. That indicates membership in the...

DERNEDDE: Say This represents - and what that diamond represents. Start over.

RAINES: Well, I'm wearing this pin, which is - indicates membership in the Rotary International. I might say that Rotary International is the largest volunteer private...

DERNEDDE: Let's start this over and then you get your hand away from that pin so they can see it (laughs).

Tell us about that pin on your lapel.

RAINES: This indicates membership in the organization Rotary International, which is - I can't get the words out even about Rotary.

DERNEDDE: You can start over again. What I want you to say is what that diamond constitutes. This is Rotary International, and I was president of the Rotary Club in Portland, I was involved in the community, ta da da da. That's what I want you to say. So let's start over again.

RAINES: How many clubs are there in Oregon?

DERNEDDE: In our district there's seventy, in our district alone, but there are three million Rotarians in the world and thirty thousand clubs in the world.

RAINES: I told you you should be having this interview.

DERNEDDE: I'm just your prompt.

RAINES: I'd like to point out this pin I'm wearing indicates membership in Rotary International. Rotary International is the largest service club in the world, with three million members. It's a large organization with many activities in Portland. Bob Darnedde has been very active in the local chapter of Rotary International, and I've been fortunate enough to have been president some years past, which is what is indicated by the diamond on my lapel. Should I say you were (unclear)?

DERNEDDE: Why don't you say something about doctors involved in Rotary? There are a number of doctors who (unclear). Community service.

RAINES: The Rotary International is widely noted for its community service contributions. There are many doctors involved in chapters over the world, and membership by doctors is encouraged. I don't like the wording, but - does that say it?

DERNEDDE: We need a little humor. We need to change tape and then get a little humor.

?: Go right ahead, Bob.

DERNEDDE: Well, tell us a story or two, Dick.

RAINES: Well, I got a little notoriety for some stories I would tell when I was president of the Rotary Club. I'll give you an example of what these were, whether these are funny or not.

A lady and a little girl are at the zoo, checking out the animals, and the little girl says, Mommy...

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

RAINES: ...checking out the animals, and the little girl says, "Mommy, how do lions make love?" And the mother says, "Gee, I don't know, dear, your father is a Rotarian."

DERNEDDE: (laughing) Oh that was a shaggy lion story. What else can you add about a patient?

RAINES: To go back to nonpatients, I could tell about the famous one. You must have been around for that, my grandmother and the oil well.

DERNEDDE: Tell it. From the beginning.

RAINES: It started me telling jokes, and I'll just tell it, but turn off the machine. And I actually told this. My dad had had a potential gas well drilled out by the barn near the house, and - I can't even think that now. There was no gas. What do you call it when it comes in dead?

?: Dry well.

RAINES: Dry well. That's as good as any.

It was a dry well, so Dad thought, Well, he wasn't going to let that hole go to waste, so he had it filled in and put a double-decker on top of it, and we had a great outhouse. Well, the next day or so, I was down near the barn, and I heard these noises coming from the outhouse, and it was Grandma making a lot of noise in there, so I ran and told my dad, "Grandma must be choking to death, or something." Dad said, "Now, son, don't you worry. You know that hole out there is five thousand foot deep, and your grandma, she always holds her breath until the first one drops."

DERNEDDE: (laughing) Can't you just visualize that?

RAINES: I thought I was going to be impeached, probably. There were ahs and oohs and, eventually, a fair amount of applause, and I heard later that it had been told at dinner tables all over town. So that's where I got my joke reputation.

DERNEDDE: Well, for the benefit of the fellows behind us, he got his joke reputation because every Rotary Club meeting he started off with a Raines story that no one ever had heard, and so everybody got there on time to make sure that when the program started, they got in on Dick Raines' opening joke. I remember that stuff. (laughing) You had quite a line of them, if I remember correctly.

RAINES: Well, they weren't too great or too funny, but I tried to make them somewhat relevant to the program.

DERNEDDE: I'm going to fix his tie, guys.

RAINES: I have another little semi-story or two. Were you going to have a question in there about stories or incidents?

DERNEDDE: Yes. Give us a story or an incident.

RAINES: There have been occasional times when incidentally something amusing would come even out of the darkroom. During a fluoroscopy, for example, I remember one lady who was quite obese - we could hardly get her behind the fluoroscopic screen without turning her a little bit sideways. She commented about being so big, and I said, "Well, you must be a good cook." "No, I'm a terrible cook. But if it don't move, I'll eat it."

Then there was another very proper lady I was doing a barium enema on, and it was part of the procedure to ask what the symptoms were that led up to the examination, and looking for blood is one of the special ones. I asked this lady, "Have you noticed any blood?" And she very primly said, "I don't know. I never look." She never looked.

DERNEDDE: Any other interesting stories or encounters with patients?

RAINES: I remember when I was an intern - this was not radiology, but I had this woman as a patient in the psycho ward, and her reason for being incarcerated there was a fetish, I guess, is one word, or certain things she kept repeating over and over. Now, if I can repeat it. She was preaching the doctrine of forestalling fatigue by rest in advance. Think about it. There might be a...

DERNEDDE: (laughing) We're getting shaggier and shaggier, guys.

Well, Dick, you just told us about your being president of Rotary club. You've been president of a number of medical organizations. Can you tell us about those organizations that you were president of?

RAINES: Well, the criteria for being president must not have been very high, to have one person go into a year here and a year there. But probably the most significant one, aside from my professional organizations - the Oregon Medical Association, Multnomah County, Pacific Northwest Radiological Society, officer of the American College of Radiology at several levels - the Oregon Medical Research Foundation was a small but fairly active group that owned and operated the primate center, and aside from a routine operation of taking care of several hundred monkeys, they had a good staff and professional people doing - we raised money - so-called seed money - for medical students who were interested in going into research. This money was to provide the first few research dollars that enabled the researcher to seek the big dollars at NIH, primarily. So we (unclear) well over a million dollars and are still putting out (unclear) fifty thousand or so a year, although it is now under the auspices of the medical school itself.

I've been active in some other areas to some extent, like musical organizations, the Portland Youth Philharmonic Orchestra and the Portland Chamber Orchestra.

DERNEDDE: Weren't you on the opera board?

RAINES: No, I never was.

DERNEDDE: Your wife was a musician.

RAINES: Yes. A piano teacher.

DERNEDDE: Tell us a little bit about that.

RAINES: I just did. She was a piano teacher. She loved teaching piano. She taught young children, beginners, and died just a day or two after she had finally given up on teaching. And she was active in other musical organizations. That's how I've stayed on some of them.

DERNEDDE: You said you were involved with the Medical Research Foundation of Oregon, and the Medical Research Foundation of Oregon was the organization that initially started the primate center?

RAINES: That's a good question. I'm not sure. I think probably it was done simultaneously. The primate center, in order to get federal money, had to have a sponsoring organization, and whether this was created solely for that initial demand, I don't know.

DERNEDDE: Well, I recall when I was a young whippersnapper in Portland that the address of the primate center was on Park Place, which was the office of the old medical association building, 2164 SW Park Place.

RAINES: Well, they probably had common addresses and telephones and stuff. I just don't know. But, of course, it's totally merged and out of business as far as an autonomous operation with the medical school. It was merged primarily at the request or demand of NIH. They didn't think we could run it properly.

DERNEDDE: Anything else that you want to bring up that would be historically of interest?

RAINES: I think you brought up too much. I pity the poor guy that's trying to make something out of this mishmash.

DERNEDDE: Is there anything that you want to ask? How much time do we have? What more would you like to get at with Dr. Raines?

?: Let's stop the tape.

[tape stopped]

RAINES: ...the miracles of modern science since its invention in about 1898, somewhere in there. And it came into general use pretty rapidly. More than most things.

My chief of radiology when I was in training told about taking x-rays during World War I on the battlefield, and they had tents for darkrooms and leaned the x-ray - after it was processed and washed, leaning it against sticks or something in the mud to dry. And they had Crookes tubes that were this big that was the source of the x-ray, and they had glass

plates as the final product. In fact, I have a collection of them in my - where am I - in my apartment.

And, of course, in the twenties there was modest(?) development, and in the thirties, (unclear) thirties. And in the forties they started bringing in really good equipment.

Incidentally, I should mention, in answer to your question, yes, there was a lot of radiation from - scattered around haphazardly. The physicist in my x-ray department in Cleveland started developing skin cancers on the hands and fingers and he lost hands and fingers, and finally his arms and finally his body. It was much more radium that he was handling than it was x-ray, actually.

The film processing now ends up computerized. I can't call up the terminology being used in industry a lot. There's no film involved. They make computerized images that can be stored anywhere, can be transferred anywhere. A doctor can sit in his office and [if he] wants to see what would have been an x-ray of a knee, let's say, he just pushes a couple of buttons and an image comes up perfectly on the screen at his desk. There's no problem hunting around different storage places and whatnot to find that x-ray. That's where they are now in radiology.

The radiation therapy has improved incrementally. There's been no real breakthrough there, but (unclear) always x-ray or other forms of radiation can be used.

Was there some other question?

DERNEDDE: I have another question.

When I was a kid, I used to be able to put my shoes, new shoes, in a fluoroscope and look through the top of it and see how my toes were in the shoe. Can you describe that phenomenon and why it went away?

RAINES: Why has it gone away?

DERNEDDE: But describe what that fluoroscope was...

RAINES: Well, as you say, it was just a fluoroscope.

DERNEDDE: Describe it so that they pick it up about what was - what went on in the forties with the use of fluoroscopes.

RAINES: Well, it was fashionable back, I don't know, it must have been as far back as the twenties and thirties to have kind of a homemade fluoroscope that you could stick your foot in and have a more detailed look at the bones and joints simply by turning on the x-ray. When they found out that it did cause some skin changes and potentially cause cancer, they started putting a big restriction on how long you could put any one foot under it at a time. Ten or fifteen seconds might be okay, but much more than that would be dangerous. When

the mothers found out how dangerous it could be, they refused to let their kid radiate his foot. Pretty soon it died out altogether.

There's still some concern about the risk of x-ray in medical use. Most people think that if it's properly used that there's no harm from it. Some women continue to be concerned about mammography, but there's just a fraction of a roentgen involved. I think actually they overdo it some when you see the technicians take mammograms and bundle all up with a lead shield, twenty pounds of lead, and so forth. I did twenty-five or thirty years of radiation exposure in fluoroscopy and I had one little basal cell carcinoma here, years ago. No other skin change. There's a lot worse skin change from sunbathing on the beach.

Does that answer your...

DERNEDDE: When did mammography come into being? Do you recall? Were you doing mammographies?

RAINES: Oh, yes, I was doing mammography very much as it's being done now, but originally they did not have a special film for it and they were just using ordinary x-ray film. I don't know, it must have been 19 - I suppose some was being done in the 1950s.

DERNEDDE: Tell us about this special film for mammography.

RAINES: Well, come to think of it, I don't really know what's so special about it except it's designed in shape and size for handling. It does bring out a positive instead of a negative image when it's processed. But it's all pretty standard now.

DERNEDDE: When you first went into radiology, the film that was being used produced a negative image?

RAINES: No, it was...

DERNEDDE: It was a positive image?

RAINES: No, no, it was negative.

DERNEDDE: It was negative?

RAINES: Yes.

DERNEDDE: Negative image.

RAINES: Yes.

DERNEDDE: So, then, mammography came out with a positive image, is that right? I'm just trying to differentiate between standard x-ray versus a mammography, the newer version.

It had a negative image, and now you make reference to a positive image. Can you discuss that a little bit, the comparison?

RAINES: Well, I don't know the facts about it enough.

DERNEDDE: All right. We won't address that.

?: What about the future? Do you have any thought on where the future of imaging is going and what we might see in the years ahead with imaging?

RAINES: The Dotter-type imaging will be used more and more, and some predict it'll be 90 percent or more of surgical procedure.

DERNEDDE: Are you talking about simultaneous imaging during surgery?

RAINES: Well, I'm talking about surgery itself. Right now they're doing a lot of the surgical procedures, pulling out atheroma plaques, removing gallstones, kidney stones, cancer. There's almost nothing in the surgical field that can't be done with one of the intravascular procedures.

DERNEDDE: So Dr. Dotter, when he first came up with this notion of being able to enter the veins, he was a pioneer.

RAINES: A pioneer? Oh, yes.

DERNEDDE: Can you just say that, that he was a pioneer because his - what he developed way back whenever that period was is being utilized today in the more advanced phase? Make sense, guys?

?: Yes.

DERNEDDE: Can you say that?

RAINES: Yes.

(laughter)

RAINES: They have a great movie up at the medical school of Dotter preparing to do a catheter, just an ordinary catheter, insertion around the vein or artery to the heart. He had invited people such as surgeons from up on the hill to watch, and they came skeptically - in fact, they tried to stop him from doing it - and he had movies of it. He went ahead and did it and had good pictures of a catheter going - snaking up through the vein into the heart and doing some little procedure - I don't know what he did - and taking it out. That was the granddaddy and the birth, really, of acceptance of the catheter procedure. It was a very dramatic thing.

?: Any other dramatic events like that that come to mind?

RAINES: No, I can't think of any right now. I only think of that one because I saw a showing of the movie a couple of weeks ago.

?: What about what was happening here as opposed to the East Coast, which might have been more established? Was Oregon a blip on the national scene? How did we fit?

RAINES: In what respect?

?: Well, to medical discoveries and medical procedures. Were we the outpost compared to the East Coast or were we on the cutting edge?

RAINES: Well, I think we're...

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

RAINES: ...the top twenty is what I hear them say up there. The Dotter thing is - kept us in the limelight, and probably will because they're doing advanced work. They have an institute on transluminal procedures. But this discovery of - again, I can't remember. A guy up there has discovered a way to - anyway, it cures cancer.

DERNEDDE: Leukemia?

RAINES: Leukemia, yes. So that has been a real breakthrough. Whether that will be a one-shot thing that - their efforts at further advance don't pan out or whether it'll be a forerunner of some brand new significant technique, I don't know.

DERNEDDE: Are you getting tired, Dick?

RAINES: Sort of.

DERNEDDE: Have you got anything else you might like to say for the record, just about medicine in Oregon or the history of some things that have occurred over time?

RAINES: I'm not good at that sort of thing.

DERNEDDE: You used to be, I know that.

RAINES: You can put it on the record and put my name on it with your initials.

DERNEDDE: (laughing) I've done that before, too.

?: Well, thank you very much, Doctor.

RAINES: I wish I could have done better.

DERNEDDE: You brought up some good stuff. Had you guys heard about Dotter before?

?: No.

DERNEDDE: This is the first they ever heard about Dotter or Cooke or Tom Joyce.

RAINES: I saw someplace where somebody was saying Dotter was the outstanding - I can't remember the exact wording or I would go back and pick this up. I read it and then brushed it off. Something to the effect that Dotter was the greatest medical researcher of all time.

DERNEDDE: Is there anyone else that you think would be beneficial for the history committee to interview? Physicians who have been around a long time in various different specialties that might be worthwhile for the history committee to interview? People that you served with on boards or commissions? You were on the American Board of Radiology for a number of years. You served in a number of capacities. Is there someone up - I can't remember the name of the fellow that started the primate center. Who was that?

RAINES: I can't remember, either. I can see him. He was kind of a controversial character.

DERNEDDE: He got a lot of press when he started the primate center. Were you on the Medical Research Foundation Board at that time?

RAINES: No. There were several ahead of me. It was kind of a second cousin or first cousin, or something, of the OMA. They were mostly OMA past officers that were officers on the board of the primate center.

DERNEDDE: Well, I know that there were several physicians who were on the board at the primate center, but I was just trying to think of the fellow's name that started the primate center. He was a pioneer in research.

RAINES: I've got a couple of file cabinets with stuff of that sort, primate center board meetings and a variety of other things. I've never had anybody ask for anything that I've carefully saved.

DERNEDDE: (laughing) Well, when you decide to get rid of that stuff, make sure it doesn't get thrown out and that it goes to the Historical Society.

RAINES: It's such a hodgepodge. It's not organized in any way. It's bulky and heavy.

DERNEDDE: That's what my wife says about my files, is that there's no order to it. But in my mind there's order. I know where to find it.

[End of Interview]