

**Davitt Felder, MD, Ph.D.**

Narrator

**Dominique A. Tobbell, Ph.D.**

Interviewer

**ACADEMIC HEALTH CENTER  
ORAL HISTORY PROJECT**

**UNIVERSITY OF MINNESOTA**

## **ACADEMIC HEALTH CENTER ORAL HISTORY PROJECT**

In 1970, the University of Minnesota's previously autonomous College of Pharmacy and School of Dentistry were reorganized, together with the Schools of Nursing, Medicine, and Public Health, and the University Hospitals, into a centrally organized and administered Academic Health Center (AHC). The university's College of Veterinary Medicine was also closely aligned with the AHC at this time, becoming formally incorporated into the AHC in 1985.

The development of the AHC made possible the coordination and integration of the education and training of the health care professions and was part of a national trend which saw academic health centers emerge as the dominant institution in American health care in the last third of the 20<sup>th</sup> century. AHCs became not only the primary sites of health care education, but also critical sites of health sciences research and health care delivery.

The University of Minnesota's Academic Health Center Oral History Project preserves the personal stories of key individuals who were involved with the formation of the university's Academic Health Center, served in leadership roles, or have specific insights into the institution's history. By bringing together a representative group of figures in the history of the University of Minnesota's AHC, this project provides compelling documentation of recent developments in the history of American health care education, practice, and policy.

## **Biographical Sketch**

Davitt Felder was born in Providence, Rhode Island. He attended Rollins College in Winter Park, Florida, and graduated in 1938. He then went to Yale Medical School and graduated with his MD in 1942. He interned at the University of Minnesota in surgery. After nine months of his internship, he was activated in the Navy and spent the next three years in the Navy. After leaving the Navy, he took a job at the Massachusetts General Hospital in Boston and established a vascular laboratory there. He then returned to the University of Minnesota and became chief resident in the Department of Surgery under Owen Wangenstein. After finishing his chief residency in 1951, he was appointed as an instructor in the department of surgery and assigned to the general surgical services at the University Hospital, Anchor Hospital in St. Paul, and the Minneapolis General Hospital. In 1952, he was appointed to supervise the surgical teaching service at St. Joseph's Hospital in St. Paul. In 1953, he earned his Ph.D. In 1953, he also went into private practice. He retired from practice in 1986.

## **Interview Abstract**

Davitt Felder discusses his background and provides an overview of his career. He describes why he went into medicine and surgery; his decision to enter private practice; and his decision to retire. He discusses at length the establishment of the Northern Association for Medical Education and the organization's attempt to establish a medical school in St. Paul. He describes his work in vascular surgery and the establishment of the Midwestern Board for Medical and Allied Education. He discusses the relationship between Minneapolis and St. Paul private physicians and the University of Minnesota; the private practice issue at the University of Minnesota; and Robert Howard, Owen Wangenstein, Walter Lillehei, Michael E DeBakey; the relationship between the Surgery Department and other clinical departments; and his work with the Health Care Financing Administration.

**Interview with Davitt Felder**

**Interviewed by Dominique Tobbell, Oral Historian**

**Interviewed for the Academic Health Center, University of Minnesota  
Oral History Project**

**Interviewed on December 4, 2009**

Davitt Felder - DF  
Dominique Tobbell - DT

DT: This is Dominique Tobbell. I'm here with Doctor Davitt Felder. It is December 4, 2009, and we are at Doctor Davitt's home at 510 Grand Avenue in Saint Paul [Minnesota].

Thank you, Doctor Felder, for agreeing to speak with me today.

DF: You're welcome.

DT: First, just to get started, perhaps, he could tell me a little bit about your background, where you were born and raised, and how you came to enter medicine.

DF: I was born and raised in New England. I was born in Providence, Rhode Island. I lived in New England with my folks [Harry and Frances Felder] who moved around quite a bit because my dad worked for an insurance company, and every time he got a promotion, we went to another city. My family's hometown was Norwich, Connecticut, and I graduated from the...now, it's Norwich Free Academy, which is a private school, secondary school, but the city sends its pupils there. It's a unique situation. Then, I went to Rollins College in Winter Park, Florida. I got a scholarship from my school. I graduated from Rollins in 1938. I was a pre-med student, so I was heading for medicine, at that time. I went to Yale Medical School after that. I won't go into a lot of detail. There are interesting things, but I think this is what you want to know. I graduated from Yale Medical School in 1942 and came out here to intern at the University of Minnesota in surgery.

Now, there's an interesting tale thereby. You wonder why somebody in Norwich, Connecticut, is coming out here. In my senior year, we had a new dean at Yale, who had been out here in the Department of Medicine. He met me in the hall one day and asked me to come to see him in the office. Where was I planning to go for my internship? I was planning to go to Peter Bent Brigham Hospital in Boston. He said, "Well, let me tell you a story and see if you can help in the situation." He thought Minnesota was a wonderful place. At the moment, Yale and the University of Minnesota were not getting

along because Yale had sent a young man out here for his surgical internship, and when he got there, they had no place for him.

DT: Oh [whispered]

DF: So there got to be a little problem there. This new dean had spent two years out here. He thought it was a wonderful place. Would I be interested in helping patch up the situation and talk to a couple of my classmates who were possibly interested in some other areas and, then, come out here? So I went home and talked to my dad. My dad was typically New England. “You know there are Indians out there,” he asked.

Of course, I knew there were Indians out here. New England is a conservative area—or was then, anyhow—and he really didn’t want me to leave town. But I decided to talk to a couple of my classmates. One came out in Medicine and one in Pediatrics and I was coming out in Surgery.

I had signed up with the Navy in my senior year of medical school. It was before the United States was in the war. Lo and behold when I was doing my internship [at the University of Minnesota], I was called. They’d let me finish nine months of my internship, and if I wanted to stay on part of the time until I *actually* got called, I could do that. So I agreed. Well, at the end of my nine months, they [the U.S. Navy] said, “We want you to come in.”

Mrs. Felder and I had met—she was a nurse at that time—and decided to get married.

[chuckles]

DF: So I went to the U.S. Naval Base in the Chicago area. It’s called the Great Lakes Naval Station, and we were married there, a nice military wedding. I was given orders right after that to report to the West Coast. So that meant I was going to be in the Pacific Theater. When I got out there, I took naval advance base training, which was training to go into the forward area and service the troops as a medical officer. We took training crawling under machine gun fire and the whole works. Everybody had to do that. We were given firearms and told how to use them. I had never shot a gun in my life.

[laughter]

DF: I was in the amphibs [Amphibious ships] for three years. During that time, Doctor Wangenstein, who was the chief of Surgery, would write me periodically. “How is it going?” and so forth. He was hoping that I’d come back and so forth. We had a good relationship.

When I did come back, I did go back because there was a place waiting for me there. I finished my training, but when I came back from overseas, I was assigned to the U.S. Naval Base Hospital in San Diego [California] and assigned to a 110-bed ward of vascular injuries from the war. We had 9,000 patients in that hospital.

It was a *wonderful* experience.

I was interested in vascular surgery, but I was finishing my general surgical training [at the University of Minnesota]. I even wrote a paper that year on varicose veins. [chuckles] I was all but finished with my senior residency to be chief resident when a speaker came from Boston, Doctor Robert Linton, who was a well-known vascular surgeon, and I presented a clinic for him, as is done in academic circles. When he got back, he wrote me a letter offering me a job to help establish a vascular laboratory at the Massachusetts General Hospital in Boston. Well, Doctor Wangenstein was gone. He was in Russia, and I couldn't talk to him, but I took the job.

Doctor Wangenstein was very unhappy about that because he had plans for me. [When he returned and was told of my decision,] He said, "You can take a horse to water, but you can't make him drink." I told him it wasn't all that bad.

[laughter]

DF: I tried to soothe his feelings.

At any rate, I went to Boston, and I spent my first year there setting up the laboratory. Then, Doctor Linton asked me to stay for another year to be his associate, and I would still be, more or less, in charge of the laboratory. We got our first research fellow. I worked both in Doctor Linton's office and, also, at the Massachusetts General Hospital.

After I finished there, I was offered a job at Children's Hospital there, but decided I had already committed myself to come back here, and I wanted to get my credentials, because I was academically interested. I came back and became the chief resident [in Doctor Wangenstein's Department of Surgery].

While I was training, I did a lot of vascular things. I started setting up a vascular clinic there [the University Hospital]. The heart program was just beginning, so I was really not a part of that; although, these were all my colleagues: Doctor [C. Walton] Lillehei and those who were doing open heart surgery.

The first year I was made instructor, and I was on my Ph.D. course. I was going to get my Ph.D. I was, then, made assistant professor and was given, among other jobs, the job of running a University surgical service here [in St. Paul] at Saint Joseph's Hospital, which was a good-sized service. So I took that. I started a research lab here and did the usual academic things and had a staff of residents. It was a good experience. But I was doing all the vascular radiological work myself, taking the [vascular x-ray] pictures and all that stuff. I just couldn't wait to get somebody who was trained in that to do it because I had other fish to fry. [chuckles] I was doing research on animals and so forth. They had set up a lab for me. It was really nice. Then, a doctor came along, Doctor Thomas Johnson, who was trained to do these studies [at the nearby Miller Hospital].

I decided that maybe I would like to move my operations to Miller Hospital instead of Saint Joe's; although, I would still be doing some work at Saint Joe's.

By that time, I was spending three and a half hours a day in my car. I had a general surgical service at the University Hospital three months of the year. I had a general surgical service at Saint Paul Anker Hospital, at that time a big public hospital. And I had a surgical service at the Minneapolis General Hospital, all of this a part of the University system. *And* I was starting vascular labs in all of these places. I decided three and a half hours in my car was really not worth it, and decided to go into practice [and was appointed as director of the Miller Hospital surgical residency program].

DT: Hmm.

DF: Now, by this time, I'd been offered a couple of professorships. One thing that struck me just before I got my Ph.D. was—I had read a book about this—the politics of academia, which is something that I find very distasteful. In view of the fact that one of the appointments that I was given as professor of surgery at the University of Nebraska—they wanted to set up a new program—came with a letter that said that I would have to forego any chance of opening an office or going into private practice in that area for so many years. That was the coup that made me quit academia right there.

[laughter]

DF: I thought this is the politics. So I decided not to take either that job or one that was in Brooklyn, New York, both pretty good positions, even though, all my life I'd wanted to be...and had been a teacher, of course. I was teaching by that time. But I decided I wanted to go into private practice, which is what I did in 1953, and got my Ph.D. that same year. Then, I was made [clinical] associate professor [and continued teaching surgical residents part time at several hospitals].

By 1957, I had been a member of the Association of American Medical Colleges. There were very few members at that time at the University of Minnesota. I think we only had three or four members. So I was reading their journal and in the journal, in 1957, was an article—I can't tell you the authors; there were two authors—bemoaning the fact that there was a great dearth of doctors generally and of family doctors particularly. At that time, we in Saint Paul had at the Miller Hospital, which no longer exists, 97,000 visits a year in our [charity] outpatient clinic, another one of my duties.

[chuckles]

DF: At Saint Joe's Hospital, we had a medical library of about 5,000 volumes, a librarian, and we had, oh, I think close to 6,000 to 8,000 outpatients a year. It was a smaller clinic. So there was plenty of clinical material, I thought. I was also seeing patients at Anker Hospital, which, then, became Ramsey Hospital. What happened was that when this radiologist came along and could do the studies, I transferred to Miller Hospital where I became the teacher of surgery there. I had been at Saint Joe's, by that

time, about six or seven years. I liked it. It was great, but I just couldn't do everything. So I transferred to Miller Hospital and within six months, Saint Joe's got someone to do the X-rays. That's, in essence, the history of how I came to be doing private practice.

All this while, I was teaching graduate students and stopped going to some of those other clinics, because I just didn't have time. I couldn't do it.

DT: Sure.

DF: I trained several young doctors in vascular surgery. I was the first vascular surgeon in this area, interestingly enough.

I got referrals from Canada and from North and South Dakota and around, because other people weren't doing that work. But I was still attached to the University as surgical professor then.

DT: Was vascular surgery a subspecialty at this point?

DF: At that point, it was, yes. We'll call it peripheral vascular surgery; although, I did do some heart surgery. The bulk of my vascular surgery was with the large arteries and veins and the problems with them.

While I was in Boston and had set up this laboratory, I was appointed investigator for the subcommittee on post-war vascular injuries of the National Research Council. That's the research I was doing at Boston at Massachusetts General Hospital. So I had a fair amount of experience and Doctor Linton was my preceptor. I, also, had—I called him a tutor—a well-known researcher, Doctor [Florindo] Simeone, in Boston and published several papers with him out of the Massachusetts General Hospital. So I became known in vascular circles.

So by the time I had set up my practice, I was one of the early members of the Society for Vascular Surgery, which had only been going about twelve months by that time. They already knew of my work, because of the publications and so on. I've been a member of that now for... I don't know what it is. Sixty years. [chuckles]

It's a long time. But, now, I'm a retired member.

I did travel the country making talks on various vascular things that I was working on and was not unknown in *this* area for that work.

In the *Journal of Medical Education* on medical schools, I found this article [George St. J. Perrott and Maryland Y. Pennell, "Physicians in the United States: Projections 1955-1975," *Journal of Medical Education* (1958) 33(9): 638-644]. I wish I could tell you the authors. I can't. It's in my memoirs someplace. My daughters both have my memoirs.



I have a copy, but it's incomplete. We could find it someplace, but I'd have to have a little time.

This article stimulated me with this clinical material here in Saint Paul...and most of us with University appointments were saying, "Well, maybe we could start a medical school here." I had to do something about the thing that bugged me that we didn't have enough doctors, particularly family doctors. So, I got together some information and made a talk [in 1957] to the Ramsey County Medical Society about the need for more doctors and the fact that this was a good clinical setting and why didn't we consider maybe having a medical school here? We'd have to decide who was going to be the academic connection and so forth. *All* the while, it must be mentioned, I was a loyal member of the University of Minnesota Department of Surgery. It doesn't matter. This is an editorial comment. When you start something like that people think that you're aiming at a job for yourself, which, in this case, I wasn't. I had the job I wanted.

[chuckles]

DF: I got to know the heads of all the private colleges because they invited me to their board, which I met with for several years. So I presented the situation to them and interviewed several of these presidents and wondered if they were interested in an academic affiliation and so forth and so on. Well, I didn't get any takers. They were all very nice and they'd love to have it, but the money was the big thing. It eventually turned out that I was forced to say, "Well, maybe we could set it up as a part of the University of Minnesota," but I thought it would be better if it was a separate institution, because I thought they needed that kind of competition.

I hadn't gone to Washington yet, but I got together a group of about nine doctors in this area and took them to Chicago with me to the AMA [American Medical Association]. I presented the case to the AMA. I might say they kept us waiting about three and a half hours in their waiting room. Finally, Doctor Rhue, who was a Ph.D., not an M.D., came out and said, "I've got the executive committee of the board of the AMA, and they'll meet with you at such and such a time," that same day later on. So we went in and, believe me, it was a *very* cold situation, and I'm not talking about the climate.

[laughter]

DF: They weren't interested in *anything* to do with more medical schools. They liked it the way it was. This Ph.D. took our cause up. He said, "Well, I think they have a point. I think they should be listened to." Well, we left discouraged. [chuckles] But it turns out that, eventually, the AMA came around. We were the first ones to propose new medical schools.

In the process, we hired—the doctors all pitched in—a staff. We hired somebody [John Hedback] from the AMA who'd worked as an administrator. He helped us put together what we needed. We traveled this whole state. We went to Washington several times. I

had contacts here for Washington, and people went with me so I could meet certain senators, including the vice president at that time, Walter Mondale.

They all knew my story.

I, also, interviewed A. I. O'Shaughnessy, who was a great contributor to Saint Thomas, now University. It was a college at that time. He said, "No, I'm not interested in helping you start a medical school." He's a very nice man.

After that, I went to see Mr. [William L.] McKnight, who was the head of the 3M Company. He said, "I think you have a good cause." I had known him because I was a consultant for the 3M Company in some research work on fluorochemical poisoning. I had been a chemistry major in college, so I was recommended by one of my faculty members of the college over at the University. I worked for them for about three years as a side thing. When I went to work for them, I said, "I know nothing about fluorochemicals." They said, "Well, you're going to learn."

[chuckles]

DF: So they made it possible for me to learn. I was a quick learner, I will say.

At any rate, he said, "I think it's a good idea. I think you have a wonderful plan, but you'll have to wait until after I've gone." He was thinking of retiring. He died not too long after that. He said, "You can talk to my Foundation."

Well, things happened in the meantime. One of the things that our staff knew was from our visits to Washington. We had senators here in our own legislature who were helping us. Tracy Anderson was the leader of that group. We got a grant; I think it was about \$200,000 because the State of Minnesota *knew* that they were losing family doctors and knew that we needed more doctors. Anyhow, that helped a lot. Then, in Washington, there were several senators who were interested. Mondale was interested, too, but he had plenty of business to do without that.

In the meantime, [President] Lyndon Johnson had a gallbladder that needed taken out. [chuckles] He came to the Mayo Clinic. Now, we had groups in Rochester—these were Mayo doctors—and in Duluth who were all for this new medical school idea. Our staff said—this is the man [John Hedback] that came from the AMA and he had gone to Washington with me —"One of the things that can happen now, and you should not foster it, is that the government..." Lyndon Johnson has now become involved in it because we had people in Rochester interested in the medical school, which was a good idea. Somehow, his getting into that business in talking to the other senators made them produce legislation which offered a subsidy for each student of \$11,000 a year. That was the thing my staff said, "That's going to kill your proposition." It did, in essence, because then they [the Mayo doctors and the Duluth doctors] could go from there. They knew they had some money to begin with.

In the meantime, I was interviewed by someone from Toledo, Ohio. They wanted to start a new medical school and since they'd already had this group going, "What were the pitfalls?" "What was happening" and so forth. Well, they got their medical school.

DT: [chuckles]

DF: Then, I got a call one day from a man in Harrisburg, Pennsylvania. It doesn't matter what his name was; his name was Chronister. It happened that his daughter was a classmate of my daughter at Wellesley [College], so she knew all about what I was trying to do to get new medical schools. He said, "Would you come out to meet me? I'd like to ask you...because we have a group that's thinking of doing this in Pennsylvania." I said, "How about meeting me in Hershey, Pennsylvania?" I knew about the Hershey family.

[chuckles]

DF: He said, "Fine." So he came up and we had dinner together. I said, "This is a good area for you to start in. They don't have the clinical material here," but that's secondary in that part of Pennsylvania. They'd still have it come in. Finally, he went home and got his board to go for that. Hershey gave a foundation...so then they became a place that had a medical school [Hershey Medical Center].

I only tell you this because the country was ready for it.

DT: Sure.

DF: Several other places began other medical schools, and, of course, we began one in Rochester and we began one in Duluth.

All the time, I was still talking to the University about fostering this. If you look up—I'm trying to give you a year—I would say in 1970 or so, they were articles in the *Minnesota Daily* about what was going on...

DT: Yes.

DF :...and how they weren't interested in that, and that they didn't think it would work, and so on and so forth, all kinds of things just trying to discourage us. But I wasn't to be discouraged.

[laughter]

DF: In the process, I interested myself in having students begin their training in secondary school. My point was that the one thing you shouldn't sacrifice—and this is beginning to happen—in training medical students to be doctors were the humanities. I felt that was very important. I would start it as soon as I could and run a double track. In other words, study humanities and science together if you were interested in being a doctor. Well, our staff wrote...I wrote a paper but they got it printed for me and so forth.

It's some place in the paper. In that envelope is a proposal that I made for having regional areas where we could train students to be general practitioners. You can take with you if you want to read it.

DT: Yes.

DF: Anyhow, not too long after that, they started a family practice program at the University. I had talked to them many times about this. I said, "Well, that's good." One of my friends, an internist [Doctor Benjamin Fuller], was put in charge of it. He put in all kinds of new methods about teaching people how to make clinical decisions and so forth. He had a wonderful program. After about two years, they decided a family doctor ought to be the head of that, so they gave him the gate. [chuckles] And they put a family doctor in. They did start some of these things.

Before this ever got started, I thought it would be good to have input from the five-state area: North and South Dakota, Montana, [Wisconsin, Iowa], and Minnesota. I talked to legislators in these states, and we got them to agree to what we called—it was a board that they eventually set up—the Midwestern Board for Medical and Allied Education.

Since I had talked to the dean of the two-year school at North Dakota, Doctor Harwood, he became very interested in it. In each of these states, I suggested people that I thought should be on this board. This was before the government did its thing with giving out the money. Then they had a chance to not only decide where the best place was to have the school—more than one school, perhaps—but certainly these areas of clinical training. Some of the senators decided they'd be members of this board, and some of them got their governors to appoint them. Then, we appointed, at that time, the associate dean in the University of Minnesota, through the governor's office. I was appointed one of the members. It was just the right group. We met several times, but this thing came up [the per student subsidy]. The government gave the money. The Mayo Clinic got started and that was the end of that.

I ended up, eventually, giving office furniture and equipment to Hamline University. It was starting a law school. That was the end of that. [chuckles] That must have been in 1973 or 1974. That's as close as I can come to it. I know the first talk I made was in 1957. People were very kind. They gave me transportation to places all around and paid for my transportation. I paid it myself to begin with, but, then, people said, "Well, we'll help you go," and so on and so forth. It didn't take off. [laughter]

DT: It sounds like it took off in other places.

DF: It did. It did. It did. The people in Duluth said, "We think we should get in back of the school," and the people we had in Rochester—there were only three or four down there—were interested in medical education. They said, "We've got to back our own school." I could see that. That was the way to go. I must admit that I was in a collegial relationship with the vascular people at Rochester, at the Mayo Clinic, all this time. So I did have some connections there, too.

That's the *gross* of the story.

[chuckles]

DT: That's great. I have several follow up questions.

DF: Good.

DT: Actually, first, do you happen to recall the names of the nine doctors that went with you to the AMA?

DF: There were two businessmen, at least in that group... Doctor Ben Sommers was an internist; Doctor John Fee, another internist; Doctor John Williams, a family doctor; Doctor Al Ritt, R-i-t-t, a banker *and* a family doctor; Mr. Neil Morton, who was a partner in one of the prestigious law firms in Saint Paul, Briggs and Morgan; Louis Lundgren, who was the head of an architectural firm; John Baker, who was president of the Minnesota Chemical Company[; Doctor Jane Hodgson, a St. Paul obstetrician and gynecologist; Doctor Donald Mosser, a Minneapolis radiologist].

DT: Sure.

How about the name of the AMA administrator who was on the staff? Do you remember his name?

DF: John Hedback.

DT: Okay.

DF: He was the executive secretary type.

DT: How do you spell his surname?

DF: H-e-d-b-a-c-k.

DT: As it sounds. [chuckles]

DF: Another one, Ronald [sounds like La-coo-tour], who came afterwards, because Mr. Hedback began having trouble with alcohol. We kept him on. He had to be at a reduced salary. He got so that he would just show up at meetings drunk. We had a *big* meeting in Chicago with someone who *wanted* to foster the school, so this man just really soured it. He was that drunk. It was just too bad. We were so disappointed.

DT: Certainly.

DF: Those are the kinds of things that happened to me. [laughter] He was a nice man, as many alcoholics are. Eventually, he died of a stroke. I am sure his alcoholism had something to do with it.

DT: Sure.

I have some questions from your time at Yale and your residency, but, for now, I'll focus on the name questions.

DF: Sure.

DT: It's so interesting that your group was the first to sort of push this idea of a...

DF: As far as *we* know, we were the first.

DT: Right. This preceded, as you've indicated, this big move by the Federal government to start supporting because there was general awareness of the shortage of physicians. So it seems like you were there at the right time.

DF: One of the senators that helped us in Washington was Wayne [L.] Morse of Oregon State. I thought he was great. He was an Independent, for one thing. He was very, very receptive.

DT: It sounds like you were in Washington a fair number of times?

DF: Off and on, yes. I got to know a lot of things about Washington I wish I'd never found out...

[laughter]

DF: ...which I think everybody finds out when they're there for a while.

DT: Sure.

You mentioned that one of the factors motivating NAME [the Northern Association for Medical Education, of which Dr. Felder was president] to secure a second medical school was the shortage of family physicians. It seemed that the Minnesota Academy of General Practice was, also, pushing for more training of family practitioners at this time.

DF: They were.

DT: What was your relationship with the Minnesota Academy of General Practice?

DF: I was a member of it. I became a member of it. My brother [Edward A.], who is also a physician, was one of the officers in the national. He thought our idea was great.

DT: It seemed like Herb Huffington, for a long time, was really leading the charge, because, I guess, he was president of the Academy and, then, was a [University of Minnesota] regent.

DF: Yes.

DT: Can you tell me anything about Doctor Huffington?

DF: No, I can't. I knew these people and I was a member, but I didn't really take part in any of their board dealings or any of the officialdom of Family Practice.

DT: Interesting.

You mentioned your colleague, Ben Fuller. He was the one who oversaw the program at the University?

DF: Yes, he was.

DT: Why do you think the University...? It struck me from the archival materials that I've read that they were fairly ambivalent about the idea of Saint Paul medical school.

DF: I have to mention this. Certain professors over there, who were my colleagues, were *very* anti anything to do with any other school but theirs. I thought they were almost paranoid against us. Others, some of these were heads of departments, really thought we had a good idea and we should try to get it going. It wasn't a universal thing. Some people were *really* seeing that we weren't getting anywhere.

DT: [chuckles] Would you be comfortable sharing any names of who was pro and who was against it?

DF: Doctor B.J. Kennedy, who became the head of the Oncology Division there, was pro. Doctor Abe [A.B.] Baker was against it. I can remember some of those talks he made. He wouldn't listen to anything I had to say. He was a very bright man, and the head of Neurology over there. But, he was a thorn in our side.

[chuckles]

DF: There were several doctors who thought it was a good idea, but, right now, I'm having trouble remembering who was gung-ho about it. I don't want to just mention anybody unless they thought it was okay. [pause] It will come to me.

DT: Sure. That's fine.

You had, also, alluded to, earlier in your comment, that, initially, you didn't want it to be part the University, but, then, further down the road, you did see it as, maybe...

DF: I thought we should try to get support from elsewhere. At that time, the University was getting a *lot* support from the state. It still does get a lot. But it had become almost a private university. I thought we could probably get some private money. That's what my idea was. I wasn't against affiliating with the University; I was still affiliated with the University. And we still could have done it even if we had a private school.

DT: It seemed that the regents were really considering the partnership with the potential Saint Paul medical school around 1970, that it looked like it could happen, but, then, as you say, Mayo got their medical school, and, then, Duluth got theirs. So that really seemed to put the brakes on it.

DF: There is another thing that should be mentioned. I'm trying to think of the name of the foundation. [pause] Mr. [Al] Heckman was the executive secretary of the... I don't want to get the name wrong. He was one of the Minnesota Mining executives that created a foundation. They agreed to study this whole question. They were heavily biased toward the University, and they said so. They, eventually, came out with the idea that while the ideas were good, they just didn't think that they could support the development of new medical school. I'm putting it as best I can. I'm trying to think of the name of the foundation. I don't want to make a mistake about it. [pause] I'm sure that will come to me.

DT: Was that the Hill Family Foundation?

DF: The Hill Family Foundation, that's what it was. That's who did it, yes. I knew members of the boards of all these foundations. I thought they were pretty fair. They did a good study. I can't remember what the details are now. That's another thing that I saved was their report, but I can't seem to find it.

DT: I think I've seen a copy of it in the University archives. It went through and assessed the different potential sites of the second school.

DF: Right. I have to admit that... I was on several boards by this time of schools and of... Secondary schools was another one of my interests. I had toured the country, my wife and I, for one of the secondary schools to see how things were in other places for that type of education. I did a report for the Summit School on that. So I was interested in education, generally. I knew some of the board members of this board. I sat with the regents at the University a number of times to discuss this thing. They were well aware of what was going on.

DT: Yes.

DF: I wish I could remember some of the details and the people who were against it. I really didn't think they had good arguments.

DT: What were their arguments then?



DF: It was going to detract from their largess. They were in a good spot, and I think they really didn't want us to meddle with it. My idea had nothing to do with that. I thought it could be a cooperative venture and so on and so forth.

DT: Generally speaking then, how were relationships between practicing physicians like non-academic positions in the community and the University? You, obviously, remained associated with the University. But, it seemed that there may have been some tensions between private practitioners and the University in this period.

DF: There always are. One of the problems in any academic institution is that the teaching seems to carry with it a certain arrogance, a sophistication. When someone sent a patient in who had complications and it may have been due to the fact that the doctor did really not do what he was supposed to, it was always the local MD was looked down upon by the students, because *our* professors know better and that sort of thing. That went into the general population so there became a town and gown separation. I'm sure that happened everywhere in the United States. [laughter] There was that here. I did surgery in practically every hospital in the Twin Cities, because some of the stuff I was doing, no one else was doing. I must admit, I wasn't on their staff, but I was admitted to their surgery...and they bought instruments and got things for me to work with and stuff. I thought it was an idea place for any kind of academic institution. I thought the relationships were good, and a lot of the people in private practice were on the University staff, as I, eventually, was. I became a clinical professor.

I thought the atmosphere here was excellent for more medical schools—and now we have more. We have two.

DT: Right.

DF: That Midwestern board, once the government gave money, each of those states did exactly what these other cities did. Well, we can handle this on our own.

[chuckles]

DF: We don't need any help. That's all right. I feel, and a lot of my colleagues feel, we created the right atmosphere. We did what was good for medicine. But, now, we're in that same spot right now. What's worse, we don't have enough nurses.

DT: Yes. Even in the 1960s when there was all this concern about medical manpower, there was certainly a shortage of nurses then and dentists.

DF: Yes.

DT: It seems that there's been very little time in which there hasn't been a shortage of health care professionals.

DF: That's right.

Another interesting tack is when I was in the service—I was in the Navy—I was a medical officer for a flotilla of twenty-five rocket ships and gunboats. They were originally troop carriers, but, then, they were converted because we needed more power going in to the landings we were doing in the islands. I had to do the dentistry. I bring it up because you mention the shortage of dentists.

[laughter]

DF: So I learned how to make fillings and do things like that. I was so happy when, just before I came home, we had a dentist appointed to our outfit.

DT: That's interesting, because, now, I think it's the Mayo Clinic... They have a residency in which their physicians train also as dentists.

DF: Oh, I didn't know about that.

DT: I saw it in the news on MPR [Minnesota Public Radio] several months ago.

DF: Well, I had to learn.

[laughter]

DF: It was a good learning experience. You know, we didn't have electric drills.

DT: Oh [whispered].

DF: So we had like the old sewing machine with a pedal. My leg would get tired, so, finally, I got one of the enlisted men to run the machine while I could do stuff with both hands.

DT: That's incredible.

DF: Yes, it's interesting.

DT: Going back to the town/gown tensions.... It seems that Saint Paul private practitioners had a slightly different relationship to the U than maybe the Minneapolis physicians, that there seemed to be fewer tensions on the Minneapolis side? Is that something that you experienced?

DF: I didn't think so. I didn't think so. There may be some talk that went on that I never heard, because I represented the University over here to begin with. I can't verify it from a personal experience.

DT: Sure, no problem.

One of the tensions that seemed to be prominent at the University in the Medical School once Dean [Robert] Howard took on the deanship was the issue of faculty practice. You had mentioned that when you were looking to maybe take a position elsewhere... What were your impressions of the faculty practice issues?

DF: Well, I thought—this was true in a lot of medical schools—that they had a good thing going for them just by virtue of the fact that they were allowed to do private practice at the University and *keep* the benefits of that practice. Eventually, that got to be a big blowup at the University. They try to control it more now, but there's still a feeling that *those guys have it good* to use the vernacular. [laughter] And they do have it good, some of them. It didn't bother me, but that's probably because I was connected to the University all the time.

One thing that bothered me a lot was that... Archbishop [James] Shannon was... I would meet him at several meetings and we got to know each other. He made the remark... I never did get back to him; I tried several times, but he got pretty busy. He left the church, you know. He got married. He was one of the fellows that said, "He wants to be the dean of a medical school." It was really *nothing* that I wanted.

DT: [chuckles]

DF: Bob Howard was a good friend of mine. We were residents together.

DT: Ohhh.

DF: I had talked to him all along trying to get the University to do this and that, and he was fair enough, as fair as he could be. He was the dean of the Medical School.

[chuckles]

DT: I spoke with Doctor Howard back in March. It just seemed that the faculty practice issues really undermined his deanship, because there...

DF: Oh, yes.

DT: He was trying to reform, it seemed to me that on the one hand, the practicing physicians in the community were frustrated because, as you indicated, the University physicians were able to engage in private practice and keep everything, but the Medical School... Well, Dean Howard was concerned that the University wasn't getting enough money from that private practice.

DF: I was in favor of their doing something about it. I have to admit that. I thought Dean Howard was right. I think that has straightened out somewhat since.

DT: I think somewhat. Certainly, during the 1960s, he faced a lot of opposition from some powerful physicians.

DF: Oh, yes, he did. I know about that.

DT: Also, at the same time that you were trying to push forward this second medical school in Saint Paul that the state and the University were considering reorganizing and expanding the Academic Health Center, all the health science units at this time. Do you recall much about the discussions about expanding, like the Medical School and the Dental School and all the other health science units?

DF: No, I don't. I wasn't part of it.

DT: So this didn't influence you at all?

DF: No. No. I vaguely remember that, but I wasn't in it.

I hope there aren't some key things I left out, not that it's all that important.

DT: No! it is and I...

DF: It was at the time.

DT: I have some more questions if you still have the time.

DF: Sure.

DT: If we can go back to your training. Do you recall the name of the dean at Yale that spent two years here?

DF: His name was Blake. [It was Francis Gilman Blake.]

DT: It sounds like you were interested in medicine from quite an early age. Why were you interested in going into medicine?

DF: I really think my mother put that in my head when I was a little kid. I really think that. She thought it was a great idea. [chuckles] That often happens. Somebody kind of suggests it to you. I think that's where it arose.

There's an incident in my life... When I was in junior high school, we were in a shop class. I'd already been a Boy Scout by this time, and I think I had a First Aid merit badge. The teacher, Mr. Johnson—I remember his name, a wonderful man—was helping one of us to use a planer. We were making birdhouses. He cut one of his fingers on the planer, and it cut through practically, and he was bleeding quite a bit. I saw it happen. I walked up to him and said, "Come over to the sink." I cleaned the wound, put a pressure dressing on it, and that was that. That so impressed all those kids.

[laughter]

DF: Some of them couldn't stand the sight of blood.

DT: Sure.

DF: There was something in me that... At that time, I knew this is what I want to do.

We're talking about me now, not about the subject. I know it's being recorded, but I don't mind. Alternatives? What was I going to do? I was a Rhodes Scholar candidate for my college. They said, "Your record is fine." They had a board that questioned us. They were *really* heavy questioners. They said, "We'd like to have you but you're obviously wanting to go into medicine, and we don't think that we want to foster that in this particular program." They would foster physiology. I, eventually, got my Ph.D. in physiology and surgery.

[chuckles]

DF: They were frank about it. Little things like that happen to you on the way.

DT: Sure.

So why did you pick surgery as your specialty?

DF: When I was a junior in medical school, the dean—I think Doctor [Milton C.] Winternitz was still the dean at that time; he hadn't retired—set up a program for the summer for students to go to the Lenox Hill Hospital in New York, which was quite a good hospital. It had teaching affiliations and so on and so forth. When their interns would take a vacation—every hospital had interns in those days; we don't anymore; we have residents—the students who had finished their clinical first year could take the place of some of those. By that time, we were fourth-year medical students. So they picked two people from every class. I was one of the two picked from my class. So I spent a summer at the Lenox Hill Hospital in New York.

The first week that I was there, they arrested a guy who was one of the residents, and he was a Nazi spy. Ooooh, was that dramatic!

DT: Wow.

DF: The same thing happened here in Minnesota that same year. They found someone who was in the Medical School who was a spy. That's what was going on at that time.

It was a wonderful time. It made me realize I didn't really want to practice in New York. [chuckles] Have you spent any time in New York?

DT: I have, yes.

DF: It's a *driving, throbbing* community.

DT: Yes. I don't really like it.

DF: No. Everything is fast. Some of the residents would come over, and they would do a history and physical in about fifteen minutes. I thought that was *terrible*. So I decided I didn't want any part of that—not that their professors would have approved it had they known about it. I thought everything went too fast.

DT: Did you have an opportunity to do surgery then when you were at Lenox Hill?

DF: Yes, even as a student. In fact, I did my first lens removal. We didn't replace the [cataract] lenses in those days. I worked with Doctor Able. He was a very well-known eye surgeon. After we'd done a few together, he let me do...I think I did two cataract removals. [chuckles]

DT: So that's what got you really interested in surgery then, that experience?

DF: That experience, yes. Yes. Then I was like a surgical resident—although, I really wasn't. What did they call those fellows? [Strikers] There's a name for somebody that takes somebody else's place. I can't remember the name. Anyhow, I wasn't *real*. I was just a substitute.

[laughter]

DT: Sure.

During your residency at the University of Minnesota, that time in surgery must have been an amazing experience, given Owen Wangenstein being around and, then,...

DF: Another thing happened while I was a resident on my way to becoming an instructor. Sister [Elizabeth] Kenny was treating polio here, and she was here. In polio with paralysis of the lower extremities, the circulation slows down. In a lot of instances, people get clots in their veins, and they get what we call phlebitis, deep vein phlebitis. That was a field that I had already written on. So, I got to go over to the Sister Kenny [wards at Abbott Northwestern Hospital]. At that time, it wasn't called Sister Kenny Institute, but it is now. I got to go over there and make some recommendations about how to handle these extremities and how to handle the patients. You had to be careful about massaging somebody's leg. They could die [from a dislodged clot going to the heart and lungs]—and some did. So I did have an early interest in that clinical aspect. I was lucky that Sister Kenny was here and had the system going.

DT: She created a new treatment program for the patients.

DF: Yes, she did, hot, wet wool blankets and wrapped their legs.

DT: It seemed that Minnesota, the Twin Cities, were a great place to practice medicine and to train.

DF: Oh, yes.

DT: Can you tell me a little bit about Doctor Wangenstein and what it was like to work with him and learn under him?

DF: [chuckles] He was a driven individual. I think he was sort of a genius type. He had a lot of ideas, some of which panned out and some of which didn't. He drove himself as well as driving all of us to work hard and to dedicate ourselves to our job. I had a great respect for him in that regard.

When I was in Boston—I'm going to tell you another episode—he came and he took me and Doctor Berlin of the Beth Israel Hospital in Boston to lunch one day. He wanted me to meet Doctor Berlin. He [Doctor Wangenstein] was a famous surgeon at that time. He said, "I'm giving a talk tomorrow at City Hospital. Would you like to come?" I said, "Sure." So I got off of my duties for that day at Massachusetts General and went over to the City Hospital. Doctor Wangenstein came in. There was a great applause. This was in a big amphitheater. He gave his usual talk. When he talked, he did it with such verve. I mean, he was just *alive* and you just had to listen. He gave references *all* down the line. Occasionally, he was wrong with references.

[chuckles]

DF: But I forgave him that. When he finished the talk, these doctors came up, and I never saw that before in my life. They kneeled down before him—he wasn't a very big guy—and they kissed his hand.

DT: Oh [whispered].

DF: Now, I have to tell you that the doctors at the Massachusetts General Hospital didn't have a lot of regard for Owen Wangenstein. They felt that he published too much. He published stuff before it was ready. They had all faults of their own, and they used to *really* razz me about my chief, Doctor Wangenstein. But, he did a lot of good. I thought he ran a pretty good department. He trained a *lot* of academic surgeons. So I had a lot of respect for him in that way, but I thought he neglected some other things.

One of them was his wife. He was gone a great deal of the time. She and the wife of one of the local doctors here, a well-known surgeon, had a pact [it was said], and they both committed suicide at the same time.

DT: Wow [whispered].

DF: He just didn't give her enough attention. He just was busy running and running and running, going all of the time.

But what turns out to be another criticism from a medical standpoint is all the gastric resections that he did and all the research that he did to produce ulcers in dogs and try different surgeries. At that time, it certainly was acceptable. We needed some kind of treatment for them. But as it turns out, it was a bug there in your stomach. [chuckles] Now, they treat them, almost all, medically. That's happened to other surgeons, but that isn't the subject of our discussion today.

DT: [chuckles]

DF: In a way, it's an unhappy idea that we spent all that time in running and writing papers and all and didn't have the right answer. I have to admit, I was trained to do those operations, and did some. Sometimes, they worked, and sometimes, they didn't work.

DT: The history of medicine is rife with those exact same examples.

DF: Yes.

DT: Can you speak at all about how it was working as colleagues with, maybe, Doctor Lillehei—you mentioned him—and some of the other...?

DF: He was my contemporary. We were residents together, and our families were friendly. He and Doctor F. John Lewis... I don't know if you've come across him, but he was a part of the early studies on the heart. He was a surgeon and a very reflective guy. He and Doctor Lillehei and I and our families would meet frequently. I never was a heavy drinker, but they used to get really drunk. [laughter] Doctor Lillehei had some experiences that were put in the newspapers and everything...

DT: Yes.

DF: ...which resulted from some of that partying. I thought he was a brilliant guy—and he was a brilliant guy. He had to do some of the things in order to get other things done. Like some of the experiments he did in human beings, well, that has to be done. He deserves a lot of credit. He had his foibles, obviously.

[chuckles]

DF: Who else was there? Well, I knew his brother Rich [Richard] Lillehei who, also, did some good stuff. He started some of the early work on the use of transplantation, trying it, and stuff like that.

When I came to Minnesota—I think this is an important fact—some of our heads of departments had started as family doctors, and they did surgery and became surgeons. The head of our Department of Neurosurgery, Doctor [William T.] Peyton, had been a family doctor and became a neurosurgeon and a *very* well-known and accomplished neurosurgeon. That was characteristic of the era that I went through my training in. I



was surprised when I went to the Massachusetts General Hospital, we were already super-specialized.

[chuckles]

DF: I mean...a great distinction between a surgeon and a family doctor.

My so-called tutor, Doctor Fiorindo Simeone, said he couldn't meet with me one day. I said, "Why?" He said, "I'm doing a prostatectomy." Well, by that time, surgeons weren't doing eye surgery and they weren't doing prostatectomies, but some of the surgeons at Harvard were still doing it.

That was another part of growing up in that area. It all came to pass that we took people away from family practice, which is unfortunate.

DT: Right.

DF: Now, we should be doing something about it.

DT: Definitely.

DF: Now, I'm too old.

[laughter]

DT: The Surgery Department was just so big and powerful. How were relations, do you think, with other clinical departments when you were there? Was there a good relationship between Surgery and, say, Medicine and some of the maybe smaller departments?

DF: There was a great deal of jealousy for research funds.

A lady from Duluth came down. Her husband had been an ear, nose, and throat doctor in Duluth. She needed surgery badly, and I was on call and did her surgery. She got a good result. So she gave me a grant—not me, personally—to my lab at the U. The next thing I knew, it wasn't in my books at the U. It was in the Department of Medicine.

[chuckles]

DF: So I went to the comptroller and said, "This lady was my patient. She gave the money for my department." He straightened it out, but, apparently, there was a lot of that that went on. The professor of Medicine knew this lady, and he thought the funds were his. [laughter] She told me, personally, she was giving me the funds. I got the funds back.

DT: Sure.

DF: That's the kind of thing that can go on. He was a nice man.

DT: Was this C.J. Watson?

DF: Watson, yes...a great researcher and a good professor. That was one of my experiences at the U.

[chuckles]

DT: What kinds of challenges did you confront when you decided to go into private practice?

DF: I had the great advantage of having been a teacher at Saint Joe's and at Miller. A lot of those doctors were practicing. I supervised some of their training. They had operated with me, you know. If they got into difficulty, I helped them out and so on and so forth. I would say it was pretty painless. That's the advantage of being a clinical teacher and still connected to the University. Believe me, I wasn't one of the smartest guys, but I was a very capable surgeon, and I came into practice and I learned a *lot* in the first few years I came into town. You just don't get everything in academia. I am for people getting practical experience, and that's why we suggested that students going out with other doctors. The Family Practice Department put that into effect when they started, not because I said it, but because it was a natural thing to happen.

DT: It was pretty straightforward for you to build a patient base then because you were connected and you were getting referrals.

DF: Most of them were vascular patients. I did general surgery. I had to supervise general surgery and so on and so forth, but most of the work that I did in my private practice was vascular. That was only because no one else was confining themselves to that.

DT: Were you in a solo practice or did...?

DF: I was in a solo practice to begin with. Then, I took on a partner. I don't know whether it was two years...maybe. Then, another partner came and, then, a third partner and a fourth partner came. There were four of us in the office. By the time I quit, there were five in that office.

DT: You were all surgeons?

DF: All surgeons.

DT: Do you recall if the passage of Medicare had any impact on your practice?

DF: If it did, I wasn't aware of it.

We were going through a period of peer review, and I was a part of peer review. In fact, I became president of the local peer review organization, which was a Foundation for Health Care Evaluation. That was a tremendous experience. The HCFA... What was HCFA? I'm trying to think of the name of what that abbreviation stands for. [pause] It was H-C-F-A...Health Care something or other [Health Care Financing Administration]. It was sponsored by the government. We had to review all of the treatment—although, the state medical society had its own review organizations—all the hospitals and set up peer review committees so doctors were looking at themselves. We reviewed thousands and thousands of charts. I was one of the volunteers. Then, I went up in the organization. That all was going on during my practice time, another reason that I went to Washington and to Baltimore [Maryland], the center of [government offices and national] health institutes in the United States. I wish I could think of what the FA.... You can find it somewhere.

DT: I'm sure, yes. I'm sure I can do that.

DF: Anyhow, I was a part of that, as were many of my colleagues.

DT: That was a part of Medicare?

DF: It became a part of Medicare, yes. They reviewed everything. It wasn't just Medicare.

DT: Yes.

DF: That was a part of it; that's true.

DT: Medicare didn't increase the number of patients that you were seeing?

DF: No, I don't think so.

I had patients from a great distance that came, not because I was a well-known vascular surgeon or anything like that. I had published some important papers because I developed a method of treating varicose veins, a surgical method, that was cosmetic. You couldn't see the incisions afterward. I trained several doctors to do this, but I did the big vascular surgery, too. I did the first resections and replacing of aortic aneurisms. That was big surgery in those days.

I just satisfied myself I had done enough heart surgery, I really didn't...and I'll tell you the main reason for not going into it. When it first started and Doctor Lillehei... Probably because of Doctor Wangenstein insisting on the kind of training we had, all of us had to spend some time in physiology. Doctor Lillehei spent a *lot* of time with Doctor Maurice Visscher learning about the physiology of the heart, a lot of important stuff. So, when he began surgery on the heart and began using the pump, you know, with the substitute circulation, he had to have a physiologist to help him make decisions on how

you did this and how you did that. I couldn't. I just wasn't in a position to get together a team like that. I thought, well, that's beyond my purview. I just can't do it, so I didn't. Although, I had some *very* satisfying heart patients that I operated on that I didn't need a machine. It was not really part of my practice. I did belong to the Cardiovascular Society, too. In fact, they still send me stuff. [chuckles]

DT: When did you retire from practice?

DF: In 1986. I was seventy years old. I can remember making the decision. I had a very difficult aortic aneurism, a patient who was coming back for a second time. I can remember making my mind up right in the middle of that operation. It was *very* difficult. Of course, I, always, at that time, was operating with an assistant, one of the men from my office. I never operated alone after I was sixty or whatever. I was seventy years old, and I thought to myself, should I really be doing this? Here, I am seventy. Maybe my judgment isn't what it should be. So I told my partners that I was going to retire. They didn't like the idea, particularly. They said, "You can just help us. You don't have to do the surgery." I told my insurance company that that's what I was going to do. They said, "You can't do that. As long as you're available in the operating room or not, you are *liable* to be sued whether you're doing the surgery or not." They really had a good cause for insurance.

DT: Sure.

DF: So that helped make me decide.

[chuckles]

DF: So I quit.

DT: That's a very long career.

DF: Yes. I've not regretted it. I really enjoy my retirement. It's been great. That's not for your paper...

[chuckles]

DF...or whatever you're doing with this. I'm kind of interested to know what your plans are with this. I've been interested in the history of medicine and been a part of that group over there [Minnesota History of Medicine Society].

DT: Well, great. Oh, excellent. Doctor Frank Cerra, the current dean and vice president...

DF: Oh, yes, I knew him, too.

DT: ...has established this history project because he's committed to having the institution better understand its history. So part of the project involves collecting as much material regarding the history, like institutional records, personal papers, things like that of faculty members. My part is the oral history part, interviewing as many people as I can get interviewed who have been involved with the Academic Health Center, not just physicians, but nurses, dentists, public health, vet med [Veterinary Medicine] people who've been involved with the institution for a long time or have particular insights on the history of the institution. So these interviews will be deposited in the archives and available—we're not sure of the time line—for anyone interested who would like to listen or read the transcripts and for scholars to work on the history of the health sciences to use these in their research, just to be available for anyone who is interested in the history.

DF: That's great.

DT: So, it's very valuable to have you speak because not only the information that you've given about names but the fact that you did your training here and have been an active member of the medical community is really quite something.

DF: I'd have to say that Doctor Wangenstein really pushed everybody towards academia. He felt that was his purpose in being a teacher. He was good at that. He really was. I think it's well known that he wasn't the best surgeon in the world, but he was a good surgeon. I don't know all the details of why the people at the Massachusetts General Hospital didn't like him, but I know some of the literature reasons. They felt that he was publishing too much and prematurely.

A lot of medical people felt that way about [Michael E.] DeBakey, too. He did some of that early publishing before, maybe, the final result should have been in. Doctor DeBakey was a fabulous guy. He was head of that division that I worked for, the subcommittee on vascular disease for the U.S. Public Health Service [correctly, the National Research Council's Subcommittee on Vascular Injury]. That isn't what it was called. It was a separate division in Washington that was interested in medicine and that did a lot of its own research and does to this day.

DT: This was when DeBakey was in Texas or was he at Mass General?

DF: I'll have to tell you my connection with DeBakey. He was in Texas at that time. He was Doctor Alton Ochsner's favorite resident at the Ochsner Clinic in New Orleans [Louisiana]. Doctor Ochsner was a famous surgeon in his own right, and was a good friend of Doctor Wangenstein's. While I was an intern and, also, as a resident, Doctor DeBakey was invited up here by Doctor Wangenstein. Doctor Wangenstein got to know him pretty well. On a couple of occasions, I met Doctor DeBakey at Doctor Wangenstein's house. I was there for dinner, so he knew who I was. Then, after the war, he was the head of the [National Research Council Subcommittee on Vascular Disease], but doing research on vascular patients, and my lab was one of the labs that did it. We eventually wrote a paper on it. I would see him, maybe, two times a year when he

would have a meeting of all the people who were doing [this kind of] research. Most of us belonged to the Vascular Society, so I'd see him at those meetings, too. So I could ask him intimate questions about how did you do with these patients and so forth. [chuckles] I knew some of the quick publication he was doing. He was a very worthwhile citizen and a wonderful surgeon.

The students used to play tricks on Doctor Wangenstein. He was so strict. I came in to one operation one day, and this student came in to scrub. Doctor Wangenstein hadn't come in. Frequently, the chief resident would start the procedure and, then, he [Doctor Wangenstein] would come in. This student came in just before Doctor Wangenstein came in and was put on a retractor to hold. [laughter] He reaches into something that he had in his gown or something and takes out a newspaper and starts to read it. He unfolds it. Well, it was sterilized. There wasn't anything wrong with it. Doctor Wangenstein walks in and sees this. I thought he was going to have a fit!

[laughter]

DF: Then, he caught on that the student was just pulling his leg. That's the kind of tricks that some of the kids played on Doctor Wangenstein.

DT: That's quite something that they weren't too afraid of him to still pull pranks.

DF: Well, certain guys weren't afraid.

[laughter]

DF: I wouldn't do anything like that. He was a disciplinarian. I thought he was a good chief. We all have our problems. You can only give so much time to your work. If you want a family, you've got to give your family more time. That was one of his problems. If you ever saw Doctor Wangenstein when he skied—on one occasion I was along—he shooshed. He didn't bother with traversing.

DT: [laughter]

DF: He would come down the hill as fast he could. He'd occasionally get into some trouble.

DT: He skied like he practiced his life I suppose?

DF: Exactly.

DT: Well, do you have any other final comments or observations you'd like to make about the Medical School?

DF: [pause] I think there's a general observation that most surgeons have made who have come here: the spirit of progressive adventure in medicine was *very* strong

throughout my training years. People were trying things and coming up with good answers, like the pacemaker and things like that.

Another thing that I did when I was full time faculty is I would always go to the Student Union and have my lunch with someone who wasn't a surgeon, like I met a guy who turned out to be a professor of Russian. He happened to be a Scandinavian who spoke Russian. I had a wonderful, wonderful experience out of that. The tendency is always to go with your own because it's easier, but I found that that was a great thing to do to learn to know other people and so on and so forth. In fact, that's one of the functions of the University. This University has done it very well.

Doctor Wally [Wallace D.] Armstrong, who was a professor of chemistry, was a wonderful professor, but he, also, worked with the surgeons, and he, also, worked with the internists. I think we had a good relationship with the basic sciences at the University. I thought that was true at Yale, except it was much more prevalent here. It probably started from it being a Land Grant college in the beginning. This [Twin City] area, I have to state when I first came here, was a byway. The football team was making progress and all of that sort of thing, but the airlines didn't consider this much of a hub. It was one of the places when people talked about going to the West Coast, they would never stop here. Now, we have people who come through here to go to the East Coast or West Coast.

One of the other things about this area... My cousin, who was a doctor, said, "You don't want to go there. That's a factory."

[chuckles]

DF: Here we had 120 students in our [medical school] classes. At Yale, we had 55 students, but that class at Yale has increased now. So has the one at Harvard. They're big classes. But, in those days, they thought you just couldn't teach well with a larger class. I still think that's true. When you get up in front of 100 students or more, you just don't get to everybody. It's really difficult, I think. At the University of Minnesota while I was an instructor in surgery, we had—I'd occasionally talk to some of the liberal arts teachers—classes of 1,000 with those television monitors throughout the place so everybody could see and hear the speaker. I don't think that's a good way to teach. That was one of the contentions that Bob Howard had with me was he felt that you could teach with a big classes, and I felt that it was not good. We would discuss that occasionally.

[chuckles]

DF: So we had some disagreements in that regard. I still feel this to this day. This became particularly true when I studied the secondary schools. The records were better if you would have twelve to nineteen students in a class. The students were just eager to learn, and they would come up and talk to the professor; whereas, if you had a hundred, some guys were eager enough to do it, but not everybody would do it. Those are some of the philosophies of education. I think education has come a long ways.

My daughter now, who was in the theater, [first as an actor and later as] a voice coach. She worked in the Folger Theater in Washington on Shakespeare, so she's a Shakespeare expert. She worked for about six or eight years in this theater in Montgomery, Alabama. They ran out of money, so she's now a high school teacher and loves it. She's a good teacher. I have a grandson who also was an actor. He's now a teacher.

[chuckles]

DF: So teaching kind of runs in the family. [pause]

I get the idea, then, that Doctor Cerra had some purpose in that he felt, perhaps, that people could gain from whatever you're doing by reading it?

DT: Yes, that is some aspect to it. He's committed to better understanding the institute's history to help move the institution forward, for sure.

DF: Yes. There's that old saying that you're bound to repeat the mistakes if you don't look at the past history.

DT: That's the thing. When I was speaking with Doctor Howard and talking about the faculty practice issue and the fact that in subsequent decades, it has been resolved to a better extent, but not really recognizing that this was something that he had tried to do in the early 1960s. I think having an appreciation for the history of even that issue is helpful today, for sure. A lot of these same issues that have affected the Medical School in the 1950s and 1960s, we still have a challenge with now, I think.

DF: Yes.

Before we leave the subject, I mentioned to you that our [NAME] staff had produced something about medical education, what our idea was, and so on. I couldn't find it. It's one of those soft cover kinds of things. If I find it, I'll call you and get it to you.

DT: That would be fantastic.

DF: Have you gone to the [Minnesota] Historical Society at all?

DT: I have, yes.

DF: There's something there on me and NAME.

DT: Oh, really?

DF: Yes.

DT: Oh, fantastic.



DF: I don't know whether the newspaper part would be... They've got a lot of newspaper, but the part that I know is there is that book that we put together.

DT: Excellent. I'll definitely...

DF: You might go and look at it. I hate to give you another job. [chuckles]

DT: No, no, no. Absolutely. I've spent some time at the Historical Society. It's easy enough for me to go up there and take a look. I've read a lot of the newspaper coverage, but that's great. I'll definitely check that out.

DF: It may be that that's the only thing they have. At least, I know it's there, because I had to refer to it once, and I couldn't find my own copy.

DT: I'll definitely get that.

DF: Good.

DT: Thank you so much, Doctor Felder. This has been fantastic.

DF: Not at all. I hope I can help the process of the department.

DT: You certainly have. Thank you.

[End of the Interview]

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