

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

E. Murray Burns

Interview conducted April 8, 1998

by

Linda A. Weimer

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SUMMARY

The interview begins with a discussion of Dr. Edgar Murray Burn's Canadian heritage and how his family came to reside in Portland, Oregon. Dr. Burns attended the University of Oregon both as an undergraduate and as a medical student. He describes his medical education from graduation in 1931, to an internship at the Wisconsin General Hospital in Madison, residency in neuropsychiatry also at Wisconsin General, and another residency year in psychiatry at Massachusetts General Hospital in Boston. He decided to return to Wisconsin for a year as an instructor-clinical associate in internal medicine recalling that he would "rather be an internist that knew psychiatry than a psychiatrist who knew some medicine."

By 1941, his status as a reserve officer was activated. Although he was initially sent to Fort Lewis, Washington, Dr. Burns states that through correspondence with Colonel J. Guy Strohn, he was allowed to join the 46th General Hospital in Portland. As part of his training, he was sent to the Army Medical School in Washington, D.C. for a two-month course in tropical medicine. Dr. Burns then discusses the various duties performed by medical personnel in the 46th both while at Fort Riley, Kansas and after the unit moved overseas to Oran, Algeria.

Dr. Burns became acting chief of the medical service while at Oran. He describes the combination of buildings and tents in and around Oran which functioned as hospitals. Dr. Burns discusses the types of tropical disease cases they saw and how they were treated.

Dr. Burns next describes the personnel and duties in the unit after they set up another hospital in Besançon, France, near the Swiss border and just behind the front artillery lines. He describes overcoming language barriers in the treatment of patients of different nationalities.

After the war, Dr. Burns went into private practice with several partners. In 1966, after having been in private practice for 15 years, Dr. Burns joined the Volunteer Physicians for Vietnam at age 59. He recalls the two months he spent in Pleiku treating tropical diseases, including malaria and leprosy. He also describes various positions he held with the Veterans Administration over the years.

The Interview returns to Dr. Burn's medical school days, and he discusses women students in his class, his work for professor Olaf Larsell (for which he earned a master's degree in neurology), and the graduation ceremony in Eugene.

Returning again to WWII, the psychiatric treatment of soldiers is explored, and Dr. Burns discusses further the 46th General Hospital's experiences in Besançon, including receiving large numbers of soldiers fresh from battle.

The interview concludes with Dr. Burns reading a paragraph he wrote summarizing his medical experience in WWII. Lastly, he is asked if the 46th General Hospital were issued a special citation from the French government, and he responds that some of the members received a *Croix de Guerre*.

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Interview with Edgar M. Burns, M.D.
Interviewed by Linda Weimer
April 8, 1998
Site: Terwilliger Plaza
Begin Tape 1, Side 1

WEIMER: This is April 8, 1998, and we are interviewing E. Murray Burns, M.D., and the interviewer is Linda Weimer. First of all, I'd like to ask you a little bit about yourself and where you were born.

BURNS: I was born in Tacoma, Washington, on January 22, 1907.

WEIMER: Nineteen hundred and seven. That would make you?

BURNS: Ninety-one now.

WEIMER: Ninety-one. Ninety-one years young?

BURNS: Well, I'm still breathing [laughter].

WEIMER: Could you tell me about your family?

BURNS: Well, I married Alice Douglas, from what was at that time Marshfield and the nearby community of North Bend. We were married, actually, in North Bend, but she attended Marshfield High, which is now—the town is now known as Coos Bay. But Coos Bay and North Bend never amalgamated. You can't tell where one leaves off and the other begins. We were married in 1933.

We were freshmen together at the University of Oregon in Eugene in 1924, and we've been married now for sixty-four years. It will be sixty-five in July.

WEIMER: Congratulations. That's a nice, long marriage.

BURNS: Well, we had our separation during World War II and when I went to Vietnam in 1966.

WEIMER: You told me you were born in Tacoma. Was it a large family?

BURNS: My parents were both Canadians, though I think I'm of direct Scottish descent. My father was born in Rochester, England, and from there on back every one of my family, as far as I can tell, came from near Forfar, Scotland, my grandfather and great-grandfather and so on. But at around six months or a year of age, my father's age, they left England and came from Rochester and came to the States and then went to Ontario and eventually moved out to Vancouver and Victoria. I think my parents were married in Victoria. My mother, I don't know anything of her background, except she grew up in Ontario, I think in the town of London; London, Ontario.

My father had six brothers and one sister, and my mother had, oh, three or four sisters and one brother. And they're all gone now. I'm the only living member of my generation, so far as I know. No—yes, yes, that's right, because Bob, who lives here in town, Bob is my first cousin. He and I would be the last, and his sister, Dulcy, lives down in the Bay Area. So there's at least three of my generation alive. And, then, I've got a couple of cousins in Victoria, too, that's right.

WEIMER: Were you an only child?

BURNS: No, I had a sister five and a half years younger. She died of a cancer, oh, ten or eleven years back, somewhere in there. So I'm the only living member of my family, immediate family.

WEIMER: Did you go to grade school in Tacoma?

BURNS: No. Our family moved to Portland. My father worked for the Chicago Great Western Railway, and they transferred him—he was in

Tacoma at the time, and they transferred him to Portland. I was four years old at the time, so I grew up here. I went to Holladay Grade School, which burned down after I left; then to Jefferson High, where I graduated in 1924; and then I went to the University of Oregon. That's where I met my bride-to-be. She was there as a freshman, too. But we didn't start going together—oh, an occasional date, but we didn't start going steadily together till I was half way through medical school. I was a junior in medical school before we started to take each other seriously, and we got married two years after I graduated from medical school, in 1931.

WEIMER: When you were an undergraduate at the University of Oregon, what did you major in?

BURNS: Well, there was no major then. We all just took general medicine. Then we all took rotating internships, as I remember. I went back to Wisconsin General Hospital. At that time we had an exchange relationship on internships with—the state of Wisconsin General Hospital was the name of it, in Madison; Madison, Wisconsin. So in 1931, I interned there, a rotating internship. In 1932 and '3 I was a resident in what they then called neuropsychiatry, mainly neurology and just major psychotic cases. Then, in the next year, '33 and '4, I was resident in internal medicine at Wisconsin. In '34 and '5 I went back to Boston—my wife and I, incidentally, were married then in '33, so she had one year there in Madison with me, and then we went back to Boston, where I was the first resident in psychiatry at the Massachusetts General Hospital. I was just there for a year.

Dr. Middleton, who then was dean at the Wisconsin General Hospital, wanted me back there as a junior staff member. I think their title was instructor—clinical associate was the actual name of it. And Dr. Cobb, who was chief of psychiatry, wanted me to stay another year in psychiatry at the Massachusetts General Hospital. But I thought I'd rather be an internist that knew psychiatry than a psychiatrist who knew some medicine. It worked out as a good combination. So I went back to—Alice and I—that's my wife—went back to Madison for one more year.

In 1936 I came back to Portland, and I was—they wanted me to come up and run the—work a half-time—no, that was after the war. I'm getting ahead of myself. Just did part-time teaching at the outpatient clinic, like a lot of us did. But in 1941, a year before Pearl Harbor, because I was a reserve officer I was called in to active duty. So I went up to Fort Lewis in January of '41 and worked at the station hospital there.

In the meantime, the Forty-sixth General Hospital was undergoing mobilization while I was up there, so I came down to Portland and gave them a talk and corresponded with Colonel [John Guy] Strohm, and that sort of thing, but when they mobilized in—I think it was in—pardon me while I look in my book.

[Tape stopped.]

BURNS: We went to Fort Riley, where we arrived the eighteenth of July, 1942. At that time Frank Mount was chief of the medical service, and I was assistant chief of the medical service, but we broke up in various ways because, oh, Colonel Strohm—he was a full colonel then. I was a major at the time, and Frank Mount was lieutenant colonel in charge of medicine. We worked in the hospital, besides working our own duties, and we were sent to do various things. Like, in the fall of '42, I went back to Washington, D.C., to the Army Medical School to take a two-months' course in tropical medicine, which, frankly, was the best postgraduate course I've ever taken.

WEIMER: What made it so good?

BURNS: Well, it was just an excellently presented course in tropical medicine, believe it or not. A good introduction. We learned all about malaria and leishmaniasis and the various forms of dysentery and the helminthic diseases and—well, plague, for example, and the three types of plague: bubonic, septicemic and pneumonic. Anyway, it turned out to be a splendid course. In the meantime, while I was gone, Leon Ray was put in charge of organizing the enlisted men, or technicians. He's here in town now. He's had a stroke, and his wife is in a nursing home. But Leon Ray, then, was made assistant chief of the medical service in my place, and I was put back on the

wards. And then Thomas Matthews was sent to—pardon me while I look. Thomas Matthews, six weeks in Nashville in the x-ray service, and Earl DuBois was changed to an executive officer, and Colonel Strohm was sent someplace, and Frank Mount took over. No, I think that was after we got to Africa. This is sixty-odd years back, now, you know.

WEIMER: That's true.

BURNS: Anyway, we stayed at Fort Riley for a year, and then we were sent over to Oran in North Africa, and we'd been there just a short time, and Frank Mount, Colonel Mount, got a coronary heart attack, and after a few weeks we sent him back to what we called then the ZI, or Zone of the Interior, which is the United States. So I took over the medical service, and Leon Ray stayed on as assistant chief of the medical service. For a while, there, I know that Colonel Strohm was sent to someplace. Well, we were staged at what we called, in quotation marks, "Goat Hill".

WEIMER: That's in North Africa.

BURNS: That was a staging area. In the meantime, the nurses were sent to Ain El Turk, which was sort of a more comfortable place. Eventually, we used it as a rest and recreation area from time to time.

Anyway, about five or six of us were sent up to a station hospital in Tlemcen, which is spelled with a "T," Tlemcen. The names of those of us that went were John Evans, Tom Matthews, Joseph Miller, Richardson Clark, and myself. That was the Thirty-second Station Hospital, where we stayed for about six weeks, then they sent us back.

Then they built a hospital unit, or several, about six hospitals. There were about three general hospitals and two or three station or field hospitals all in a group, and they were near a little village called Sidi-chami, which is about eight or ten miles out of Oran. And there I was, the chief of the medical service.

We also had a lot of Italian prisoners of war, and they were good stonemasons, so they built some—a couple of buildings for us, with the ground floor out of stone masonry and corrugated steel over the top. And I, as chief of the service, was in one of those, and we had our sicker patients and tuberculosis patients in a ward in the same building, but the executive officers were in another headquarters, and the surgical unit was across from us. Then we kept putting up more and more tents, and we would call them A, B, C, and D tents. The A and C tents were the sicker patients, and B and D tents were those that were ambulatory.

We all had designations according to our interests, like Frank Underwood was—first of all he was put in charge of cardiology, but we—when Frank Mount was sent home, I was in charge of the officers ward, Frank Underwood was moved up to the officers ward, and Bob Miller took over the cardiology ward. I think Tommy Matthews was in charge of the gastrointestinal ward, and Joe Miller in charge of general medicine, and Art Rogers, Arthur Rogers, in charge of malaria. Those are some of the things I remember. And, of course, I'd make rounds in a different ward each day.

Anyway, I had a very interesting experience. I learned a lot of good medicine. The Army was good to me. I had a lot of experience in tropical medicine, which was augmented when I went to Vietnam in 1966, but that's a separate issue. But we saw a good deal of malaria, and we saw two or three cases of kala azar, for example, from a couple of soldiers who had been hunting on Corsica, and they skinned goats and acquired kala azar, or leishmaniasis, that way. Well, kala azar has always been sort of a poetic term for us when we were in medical school, but we actually saw it. And one of them had malaria, to boot.

Anyway, we had a lot of tertian malaria, whereas in Vietnam it was mainly estivoautumnal or quartan malaria. Anyway, we had quite a bit of malaria there, and we all were put on Atabrine, which was then a suppressive treatment, not a curative. It was curative for those who had malaria, but we took Atabrine because it—one pill a day. And one or a couple of us turned yellow and got nauseated on it, but most of us tolerated it quite well, and all the time we were in Africa we took Atabrine once a day as a suppressive

treatment. Now, that doesn't prevent you from getting malaria, but if you get it, it suppresses the symptoms. This was demonstrated later in France when some of the troops who had taken Atabrine suppressive treatment in North Africa came down with clinical malaria under the stress of battle conditions.

When we got to France—we stayed there for a year in North Africa, near Oran, and then we were transferred to southern France. We officers went over on LCIs (landing craft infantry). We went over following a big storm, so we had to fight off seasickness. We'd go out on the stern of the LCI, and you'd look at a big wave coming at you, and the next thing you'd look at would be down in a valley and the wave up above you. And we landed in the Gulf of Saint-Tropez, where we got off and went into another staging area, where the nurses went over on a ship. I think it was a hospital ship, and they were stationed in—I don't know, I think it was in Saint-Tropez, but don't quote me. I have Ruby Hills' article. [*Remembering Our Experiences in World War II: 1942-45*], She has it here. But anyway, we stayed there in the staging area. Then we were sent up to Besançon, which is near the Swiss border, about sixty kilometers from Lausanne. Anyway, at that time I was—the membership was the same.

Incidentally, when we were at Fort Riley about five or six of the junior officers were transferred out and some others were transferred in, like Lloyd Smith and—oh, I can't think of their names now. Bill, something like Morris; he went on surgery. Richardson Clark, whom I mentioned earlier. And they fit in our unit nicely, Lloyd Smith in particular. He was in charge of the nurses' ward for a while, but we put him over with—we had so much dermatology that Leon Ray and Al Illge, who was a dermatologist here in Portland, and we had to put Lloyd Smith someplace, and I put him on with the dermatologists, but he was fundamentally an OB and GYN man, and that's why he was in charge of the nurses.

But anyway, when we got over to France we took over a caserne there, and we got in—the Germans had left hurriedly—it was a mess. The tables were covered with partially-eaten food, because they'd left early, and the quadrangle with the buildings around them, there were about four—two big buildings had been a cavalry unit, and so the—our courtyard—I'll call it that—was just full of horse manure. Well, that wasn't very enticing to us, but

we found out it was precious to the farmers in the area, and they came in with wagons and they took this manure away, and eventually we were able to use this courtyard to play softball and have marching drills and that sort of thing.

Anyway, I had an office in the main building, and Leon Ray, while he was working up in dermatology with Al Illge, he would run down from above part of the time to take over, and when I wasn't in—if I was away—he'd represent me as assistant chief. And we had about four male secretaries there, and, then, Lee Bradley, one of the nurses—she was a captain then, a captain in the Nursing Corps—was in there, too, to take care of the nursing situation on the medical service. Sante Caniparoli—by then he was a major, too—we both got promoted to lieutenant colonel while we were in France, because we were in charge of—he was in charge of the surgical service, and I was in charge of the medical service.

I don't know too much about the surgical service, except Arch Diack, a very close friend of mine—I don't know what he was doing, but he was there. And Les Frewing was assistant chief of the surgical service. I didn't get over there much. A good, close friend, Bob Miller, on the medical service, married Judy—I forget what her last name was. She was a nurse, and they got married when we were in North Africa. But she was a nurse on the surgical service. I remember her. And Mary Warner, who's in here with me, in this building, was a nurse on—I think she was on the gastrointestinal ward. I'm not sure. Anyway, she, after the war, became Mary Estabrook. She lives here now, and I talked to her about this meeting. She lives down on the ninth floor of this building. E-s-t-a-b-r-o-o-k, Estabrook. But she was Warner, W-a-r-n-e-r, when we knew her, and I still think of her that way. I just talked to her this morning and asked her if she'd like to come up, but she says that she and her husband, who was also in the Army but in Hawaii, and they had to do their Easter shopping this morning, and she has a bad cold and doesn't want to give it to you. But she'd be glad to interview with you if you have time, and I'd like to have you meet her. Anyway, she was on my service.

Lee Bradley, she was a fine lady. She had an unfortunate death, here, recently from—I think it was cancer of the larynx that spread to the lymph nodes, and she had a very painful death. And, then, let's see, what was her

name, in charge of the—I'll have to read it from Ruby's—was in charge of the nursing service. I'll give it to you later.

WEIMER: That's fine.

BURNS: But anyway, we saw all sorts of tropical diseases while there, because we also served the French First Army, and we had a lot of Senegalese troops, and a lot of them had malaria, and they had all kinds of worms. We didn't see any kala azar among them, but, interestingly, we had one case of Guinea worm. The actual name for it is *Dracunculus medinensis*. That's a worm that's picked up in its larval state from a snail. If you wade in, say, a lake, it goes into your feet, and then it travels around through the body, and it grows—it's about a three-foot long worm that emerges in a part of the body exposed to water. Usually it comes out somewhere in the foot or the leg, unless you're a water carrier, and then it'll come out in your back, it'll come out, emerge—during the gestation period, it will emerge there.

Well, in came this Senegalese troop with—I think it was in one of his big toes with—the way they treated it, we'd get the head of the Guinea worm when it came out, and attach it to a twig or a piece of wood of some sort. This was on a matchstick, and part of it—each day about a centimeter of the worm emerges, and they wrap it around, and the next day you take another centimeter and eventually it comes out. So we all had the experience of each day coming up to the ward and taking turns of turning this Guinea worm a centimeter onto the matchstick. Well, eventually the thing broke. Then on his leg we could see the tortuous channel that turned red. He was on Al Illge's dermatology ward. He did a good job of taking care of that, of putting him on hot packs and so on. I think penicillin was the only antibiotic we had, and I think we gave him penicillin. I have that in here somewhere.

But we saw all kinds of things, like we even saw a case of Guinea worm. Imagine that, *Dracunculus medinensis*. I had been to the Army—as I told you earlier, I had been to the Army Medical School in tropical medicine, so here I got to augment it. Well, and later on in life I went to Vietnam, where I saw all kinds of things. So I have had quite an experience in tropical medicine.

Well, anyway, we were there for about a year, and in the meantime, the U.S. Army had moved into the Saar Basin, and we were evacuating our troops. We were getting ready to move up to Western Germany, near Cologne in the Saar Basin area, and we were very low on patients, when at that time the Army, U.S. Army, overran that area, and they came across a group of Russians and Yugoslavs and others that had been working in the mines, then. We were nearly empty, so they got hold of these—we called them all “the Russians.” They came to us by the trainload. There were about a thousand all at once in the first load. We had a little over—I’ve got the figure back here someplace. We can turn this off and look up the figures.

But they came, and they were a pitiful sight to see, because they had been living deep in the mines. The only food they had, we have from Ruby Hills’ write-up here, was bread mixed up with sawdust. They dwelled down in the mines, in the coal mines and we called it the “salt mines”. And they came in, and they looked like cadavers. There’s a disease called lipodystrophy, where they are thin from the waist up and they’re just swollen from the waist down. Anyway, they were just cadaverish from their face and upper trunk, and you could count their ribs, but their lower—from the waist on down, they were edematous, their thighs and legs are just totally edematous, and a lot of them had open coughs...

WEIMER: Excuse me. I think we’re going to turn the tape around here, so we don’t lose anything.

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

WEIMER: We have switched the tape. We’re on side two now.

BURNS: Where did we leave off?

WEIMER: Oh, we were talking about the Russian prisoners with the extraordinarily large torsos below the waist.

BURNS: And they just shuffled when they walked. They could barely walk, and they just shuffled. And many of them had open coughs. The first night, all we could do was bed them down. And it was an interesting sight that first night—and they had a lot of, oh, feminine soldiers or camp followers, I don't know which, and they got out on our square, or courtyard, whichever one you want to call it, and they danced. Here, they were free. They put on circular dancing, and the ladies—they gave them some rhythmic thing, and—but we had to stop that.

We got them down, and it soon became apparent that there were diseases outstanding: tuberculosis and malnutrition. Well, we slowly and slowly built up isolation wards. I've got some maps of what our isolation—here they are. I'll show them to you later—what these wards looked like, and the technique—I'll put them out for us to look at.

Anyway, every one of them had to be x-rayed, and to look at their x-rays, it was quite an experience. We'd see cavities that were the size of oranges and apples, around with infiltration elsewhere and smaller cavities. We put the sicker patients, the far-advanced, in one ward and the moderately advanced in another and the minimal in another ward.

Then we noticed a lot of them started breaking out with rashes, and we didn't know what they were. Well, luckily, I had been to the, as I said, Army Medical School, and I noticed—I said, "I wonder if they have typhus?" We looked around, and, by golly, we came upon several that had lice and nits. So we had to treat them—we realized that they were typhus cases, so we had to put them in a separate ward. And I recommended booster typhus shots to all our personnel which was done.

Then we had, by that time, another five- or six hundred—we had two or three more trainloads of the Russians. They came in—give me a moment to find one thing, here.

WEIMER: No problem.

BURNS: The wards were minimal, moderate, and far-advanced, pleural effusion, other than pulmonary tuberculosis undetermined; a total of 973 in the first bunch. All told, we had 2,238. Now, they were called RAMP, r-a-m-p, troops. That stood for reactivated army military personnel. Ruby has that written up more beautifully than I have. But they were RAMP, and they were Russians, 2,238—this is at the end—Yugoslavs, 129; Polish, 38; Italians, 21; Belgians, 6; Bulgarians, 3; Dutch, 2; Swiss, 1; Luxembourg, 1. So you can tell that there was quite a language difficulty, and we had to spell their names phonetically.

Fortunately, my top sergeant on the medical service could speak the Slavic language, so he could converse with the Yugoslavs. And there was a doctor that came with the Yugoslavs. He didn't know a word of English, I didn't know a word of Slavic language, but we both knew some French and German. So we would converse in French and German, and we would mix up the French and German in the same sentence. That way we could communicate to each other (laughter). I remember that we got held up on one word, *folgren*, which means, in German, to follow, and he gave *parlez avec le*—what it meant “to follow,” and eventually I realized that *folgren* meant “to follow.” But he was an excellent doctor, and he was very grateful for the way we treated his Yugoslavs. I would like to have known him as a friend. I have no idea what happened to him, but when we evacuated them all, of course he went with the Yugoslav troops. I knew his name once, but I've long-since forgotten it. But he was an excellent doctor and an excellent gentleman, and it was a pleasure to know him.

Anyway, well, we never got to Western Germany. Pretty soon they started what they called the Green Plan. They suddenly discovered there was a shortage of doctors back in the ZI, and they had a numerical system. Those of us that had the longest service and most children and so on were sent out first. Now, there was Chuck Littlehales, who was called in a year before the war but went down to California someplace, and Les Frewing, who was on the surgical service, and I had the most points, so they transferred us to the Second General Hospital, which was up in Nancy, and they were a New England unit. I think they were a Bostonian unit. I'm not positive. But anyway, we stayed with them.

We were supposed to leave—be the first ones back. Well, they discovered that there was ship that was down at Marseilles, so they put us on a train, the whole Second Unit, with Les Frewing and Chuck Littlehales and myself, and we went down the Rhone valley and got to Marseilles, and they staged us in an area there, and there was no ship (laughter). So we waited around there for a while. But, luckily, I knew a friend that was stationed in Marseilles, Bill Allyn, who was in the Signal Corps, a resident here in Portland, and he knew where our orders were. So we went up, Chuck Littlehales and Les Frewing and I, we knew where they were, and I got our orders. I knew where they were stored. So we got—we took our orders.

They were going to send us back to Paris again, and they sent us to a—oh, a place, there. We slept on straw mattresses. But at that time, being a lieutenant colonel, I was able to get a hotel room, but I had to come up for our meals at a place they had designated for us. Anyway, the three of us stayed at a hotel, and so we had a good night's rest, but the rest of them all had to stay there. Anyway, because I was a lieutenant colonel and they were my company, they took care of me—all three of us at the hotel.

And then we got down to the last day our group was to go, the plane was there for us. We got back to our designated quarters just as our group, our plane group, was being called. They were walking out with their duffle bags, I guess we'll call them. Anyway, we got back there just as they were leaving. Otherwise, we'd have been stranded. We got on the plane, and we stopped overnight in the Canary Islands, and they took some of the members off, and they were very unhappy at having to stay there. Then they changed our plane route because of a storm. They took us to Bermuda, and then from Bermuda to New York, where we were staged again, and I was able to call home and talk to my wife. I forget the name of the place. But anyway, then they flew us back.

We couldn't land at Fort Lewis because of fog. They landed us at Everett and transported us by bus to Fort Lewis, and then they let us go home for a while. But, then, again we had to come on back to be detached. Eventually, I was—so anyway, we got out. Luckily, I had four months' terminal leave, so I called—I still refer to my wife as my blushing bride, even

after sixty-four years. Anyway, we took a trip down to California and back, and then I got detached.

Then I was offered—they wanted me to stay in the Army, but I didn't want to. That's when the [University of Oregon] Medical School wanted me to come up on the full-time staff. But at that time there was only room for about three of us, and they wanted me to work part-time in the outpatient clinic. Well, I didn't see how I could make a living on part-time pay and run a practice on half-time when forty percent of your income is overhead, so I wasn't able to accept the position. I know I made some of the staff members unhappy, but it just wasn't practical.

So I went to—and then Blair Holcomb, who was in diabetes, called me up and wanted me—I had been with him three years before the war. He wanted me to come with him, so I went back with him, and I had a place to go. But eventually we broke up and I moved in with Joe Miller and Frank Underwood until I went to Vietnam in 1966—do you want to know about that?

WEIMER: Why don't we talk about that, since you were called back into the military.

BURNS: Well, no, I wasn't. I was thinking in those days about doing something different. I'd been fifteen years with Frank and Joe. At that time they had what they called the Volunteer Physicians for Vietnam, and we'd go over for two months to Vietnam. And I thought, well, I might as well do that. So I volunteered for it, and I wrote a letter back to the doctor in charge of it. I can't remember his name. But anyway, he wrote—at that time I was a full colonel by then, because I stayed in the reserves for a total of eighteen years, and if you had four years of active duty—and I'd had five—and a total twenty years of active reserve duty—and I'd had a total of eighteen years active reserve duty and five years of the other, so I'd had a total of twenty-three years, so I was able to retire on a pension at age sixty, which at that time was \$200 a month, which, due to inflation and what they call COLA—anyway the initials stand for

WEIMER: Cost of living?

BURNS: cost of living adjustment, you got it. Anyway, cost of living adjustment, and my income is now, after subtracting survivor's benefit plan for my wife Alice and the family protection plan, which is a fixed amount for your wife and a certain amount for federal tax, is now over a thousand dollars.

WEIMER: It did go up.

BURNS: So it's a nice form of income.

Anyway, I finally retired from practice and went down and worked in the Veterans Administration office in what is called their—may I have a moment till I recall it?

WEIMER: Sure.

BURNS: Adjudication. It's their sort of a—well, anyway, before that, I tried two years working in Veterans' Hospitals, first down with Carl Wilson, who was here from Portland, at Roseburg, and I was extremely unhappy in that, so I transferred up to the Vancouver Hospital, and it was better. I was glad to be back, and I could still live in Portland and go over there. I still was unhappy working in a Veterans hospital, so I quit and went back into practice.

But I had enough—then I went into private practice again with Bill Panton, who was a graduate a year or two ahead of me, and we had an office in the Twenty-fifth and Lovejoy Building for a period of almost six years before I retired and went down and worked with the Veterans Administration, and that's where I'm trying to think of the name of it. What it amounted to was the rating board. They had a doctor there. Two of us worked with a doctor from Medford, whose first name was Murray also, but his last name was Robinson, but, luckily, everybody called him Robby, so they didn't mix the two Murrays up. I was E. Murray Burns there, Edgar M. Burns in the active duty in the Army. But he eventually retired, and I stayed on for five years and retired, so I have a little income from the Veterans Administration. I have a different number there, and I'm E. Murray Burns under it. But anyway, I

retired from that, so at the age of seventy-seven I retired completely. I'm now ninety-one.

WEIMER: Let's go back to the time when you wrote the letter to whoever was in charge of Volunteer Doctors for Vietnam. Did they—then you went into the Veterans Administration. Did you get accepted, and is that why you went into the Veterans?

BURNS: The reason—they wrote back and said that they—at that time I was fifty-nine years old, and the doctor wrote back and said, "Our cutoff age is fifty-five, but because of your military experience, we are going to accept you." So I went over, and we stayed about two or three days in Saigon, and then they sent us out each by plane to different places, and I was sent to Pleiku, and I had quite an experience there with tropical diseases. They didn't have any idea of isolation techniques. We'd go into a ward, they would put two patients in the same bed, and a bed was a plank about three feet wide with about an eighth-of-an-inch straw mattress that they would just roll out, and two patients. I remember one bed had a case of amoebic dysentery and, oh, and something else. They didn't isolate them at all, they just put them to bed. And when we would leave the ward, we'd wash our hands with alcohol and move on to the next ward. That's all the isolation we had. But I didn't catch anything.

There was a tuberculosis ward and there was a women's and children's ward, I remember that, a pediatrics and women's ward, and they were all mixed up into what diseases they had. But anyway, we all sort of—I saw leprosy for the—we had one leprosy case in Besançon. We had him in a ward with tuberculosis, but screened off next to a window. But we saw a lot of leprosy there. I saw no kala azar, but we had estivoautumnal or quartan malaria, lots of it. If a patient had a fever of unknown origin, we treated him for malaria with chloroquine. We treated our tuberculosis patients with streptomycin and PAS. We'd take an x-ray—they'd feel better, but I couldn't see any difference in their x-rays, in their follow-up x-rays.

Anyway, I was there two months, and we were to get home by getting home around the world, and Alice, my wife, got on a freighter, and I met her

in Saigon. She got to see me—when I looked up, oh, whoever was in charge of the ships that were coming in—she came over on the *Washington*, on a freighter. I talked to this friendly young lady in a transportation office who was French, and I could speak a little French, but she could speak good English, so that I saved my reputation. She looked up the *Washington*, and she said, “It’s due in tomorrow.” So I went down, and I met my wife at the dock. As the *Washington* came in while I was there, it went up a ways, they dragged anchor, and turned around and came back and docked where I was. She came out on deck, and we could see each other. They let me on the ship so that we could meet, and eventually they let her come out for dinner in the home where they quartered us.

They had me tagged to go by plane to Bangkok. Well, her ship went on to Bangkok, so they let me go with her. And our son was stationed in Bangkok. He was there as a consultant doctor in psychiatry. For two years of the time, he was with the Army over there. Anyway, we saw him there, and he took us all around. Then we flew on around the world. We flew from Bangkok to Istanbul. That’s where my wife first set her foot in Europe, was in Istanbul.

WEIMER: Great place to do it.

BURNS: Yes. And they put us in a room in our hotel where we could look across the Dardanelles into Asia Minor. We got over to Asia Minor, and we were there two or three days. Then we flew to Athens, and from Athens to Rome, then from Rome to Nice, where we rented a car and I drove up to Besançon, where she could meet my French friends. One of my happy experiences. It almost brings tears to my eyes because they—we were very fond of each other, Alice and the French. Eventually, we took them in—they came over and visited us for a couple of weeks. Their name was Selonier. His name was Roger, which is like our Roger; her name was Marie Louise, contracted to Maries, and they stayed with us for two weeks. We kept up full correspondence. They’re both passed away now.

Anyway, that’s pretty much my history.

WEIMER: When you came back into private practice here in Portland, were you an internist?

BURNS: Well, yes. I did a lot of psychiatry, but I did it not calling myself a psychiatrist. I had found that a combination of psychiatry and internal medicine was good, that if the patient came in, and you could spot them—I could spot a depression, where other doctors didn't, or a simple schizophrenic or various forms of anxiety neuroses and so on. I'd see the patient, there was something disturbing them. If they wanted—if they didn't want to talk, "No, I don't want to talk." I remember one very close friend of mine, "No, I don't want to say anything about it." She never did, either. But others would—they'd see my diploma on the wall. It says Psychiatry, Massachusetts General Hospital.

I remember one of them came from over in the John Day area, and she said, "I see that you've had some time in psychiatry, so you must know what makes people tick." So within about ten or twenty minutes, she told me a problem that had been bothering her for years, and she just poured it out. In other words, the patient—if they came in and I spotted they were at least partially psychiatric—and I think every patient is or they wouldn't be in your office if they weren't concerned about their illness, so they had some degree of anxiety—anyway, some of them—if they weren't ready to talk, I could treat them medically, I'd give them medical treatment, but if they were ready to talk, maybe some of them would cry, but they'd pour out their problems. I found it was a good way to practice psychiatry, to be an internist. There was another psychiatrist downstairs who had been trained in medicine, and he examined his own patients, he did his own physical exams. But we exchanged patients, anyway.

WEIMER: Before we end, let's get back to your class of 1931, because before we started taping you were telling me about the makeup of the class, so if you could get that on tape, I'd appreciate it. How many were in your class?

BURNS: Sixty-two, I think, six of which were women.

WEIMER: Did you feel that the women had a tough time in that time era?

BURNS: Oh, we kidded them, of course, but they took their kidding in stride. A couple of them were left—about two of them, I think, were really from the year ahead but were held over. One was—her last name was Hope. The other one, Betty French, and—oh, what were their names? Well, they're all dead now, anyway.

WEIMER: We won't worry about the names. Could you tell me what a typical day of a student was back in the late twenties, early thirties?

BURNS: Well, our first year, anatomy dominated, and we did dissection. We had a partner. Jack Renshaw was my partner, and I was best man at his wedding. We took biochemistry, we had a biochemistry lab, and histology. Olaf Larsell ran that.

I became sort of an assistant to Dr. Larsell. He took a liking to me, and I did a lot of microscopic work for him, so, as a consequence, I got a master's degree. I had to interpret some articles for him. I found one German article and read it off to him. It was written by a Japanese, so it was easy French—it was easy German, I mean. Scientific French is easy to read, like sympathetic nervous system, *sympathetique*. Well, you'd recognize what it was, so they gave them credit for two languages you're supposed to speak if you get a master's degree.

When I graduated, I had my bachelor—premedics was three years, but you had to take some required courses. At the end, if you had those required courses, you got your bachelor of arts or bachelor of science degree at the end of your first year in medical school, so I got my bachelor's degree then. But when I graduated from medical school, I got a master of arts degree from my work with Dr. Larsell. I'd work afternoons there and then I'd study late at night.

Anyway, as I said, we had our graduation down at Eugene. Later, it was held at the Medical School. But all the time I was there it was University of

Oregon Medical School. I don't remember when they changed it to OHSU [Oregon Health Sciences University]. I don't know the exact date, but they have me now recorded as graduating from OHSU, and I still think of it as the Medical School.

WEIMER: The master's that you received, was that in chemistry?

BURNS: No, it was in neurology.

WEIMER: Could you tell me just a little bit about Dr. Larsell?

BURNS: Yes. Linfield was his college, as was Bob Dow. Bob Dow worked with Dr. Larsell, too. Bob Dow, Robert S. Dow, did a lot of work in neurology at Good Samaritan Hospital, and we now have a building named after him, the Robert S. Dow Institute, I think. He and I were good friends, but he was two years after me, and he went back to Wisconsin two years after me, too. Anyway, he was well honored at Good Samaritan Hospital, and rightfully so. He was an excellent neurologist. If I got stuck on a neurology case, I'd refer it to Bob.

But Olaf Larsell had a Ph.D. degree, but he was professor of anatomy. But, as I say, luckily, he took a liking to me and chose me as his doctor, so I took care of him for many, many years, and when he died, I took care of him when he died. He and I were very close friends. And he took a liking to my son, who was born in Boston, Douglas. Doug found a new salamander he was interested in, and I remember him naming him after Dr. Larsell. Whatever the scientific name was, *Larceli*. Dr. Larsell felt quite complimented. He found a bug—we took him over to visit Dr. Larsell at his home. Doug was just a boy then, in grade school or high school, I've forgotten which. He said, "Dr. Larsell, what's this bug?" We had a very close association. But I knew him—I worked in a room next to his office up on the second floor of the old—what is now, I think, Mackenzie Hall. I think it's that.

WEIMER: Yes, it is. I think we're almost out of time, here.

BURNS: Well, I was going to show you these ward things, the isolation techniques we had in Besançon. If you want to, you can turn that off and...

WEIMER: Okay. Well, I'll just formally say thank you, and that you are—I'm going to make a little...

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

WEIMER: We're starting on tape two of the E. Murray Burns, M.D., interview. We had just a few additional items to discuss, and one of them was on neuropsychiatry.

BURNS: In those days, Johnny Evans—I think he's still one of the eight or nine of us doctors that are still alive from the unit—was in charge of psychiatry. When we were in Africa, all our psychiatric patients, we either had major psychoses, like schizophrenia, for example, or they had fixed psychoneurotic symptoms. Fixed, things like gastrointestinal symptoms or cardiac symptoms or headaches.

When we were in France, they came to us—since at that time we were the most forward hospital, because we were jumped over field and evac [evacuation] hospitals were bogged down with patients in casts and so on, we got them fresh from the front, and they had acute anxiety symptoms: perspiring palms, tremors, flushed faces, and full of guilt reaction for leaving their comrades to do the fighting. Now, if we kept them any length of time, or the other—when we became more of a rear hospital, their symptoms would become more fixed. They'd start rationalizing their symptoms into physical symptoms, like I've just said that we had in Africa. So in later days, it was learned that those acute cases had to be taken care of near the front, not sent to the rear at all, unless they were major cases and there was nothing else to do. But they'd send them back to the front. But I thought that was an interesting observation, that in the acute phase, they were full of guilt and thought they should still be fighting, but the longer they kept them, how they would rationalize it and how fixed they became in that.

WEIMER: How did you treat psychiatric problems then, in World War II?

BURNS: Well, as I say, that was in the days before any shock—no, it wasn't. I beg your pardon, I'm thinking of another thing. We treated them just—Johnny Evans was our psychiatrist, and he was a good one, but he knew how to talk to them and—and we did give shock therapy. We'd gotten an electric shock machine. We got that when we were in Africa. I was mixed up with another thing in my career.

WEIMER: What, at that time, would be the prescription for a shock—I mean an electric shock machine? How severe would the patient have to be, or the soldier?

BURNS: Well, if they're, mainly, seriously depressed.

WEIMER: And then you would use it?

BURNS: Yes, then we'd use it.

WEIMER: You mentioned being close to the front lines. Could you tell me how close you were to the front lines, in Africa first?

BURNS: Well, in Africa, of course, they'd already invaded southern France, so we were quite in the rear then. But when we were in Besançon we were almost with the heavy artillery. We could hear the heavy artillery every night, and we would get them fresh from the front, combat wounds fresh from the front. When the Battle of the Voges was going on, they'd come in with their shrapnel wounds, and so on, and they're the surgical cases written up here by Ruby Hills. They got it, but we, in the medical service, would go over and help them out, and we'd work—I mean, we'd stand and hold retractors for them while they did the surgical work.

WEIMER: How did you triage patients at that time?

BURNS: Oh. Well, when the RAMP patients came in, by that time we'd set up a screening ward. We put them all in a screening ward, and we dusted—this was after we learned about typhus and treating the lice. We'd take all the clothes they were wearing and powder—put DDT powder over

them, and we'd shave them and have them put DDT powder, mainly in their axilla and groins. Then we'd isolate the patients. Those with open coughs we'd put in one—this is in the screening ward—in one section, so we had some isolation ward even right there, and no-cough in a separate ward, and if they looked like they had typhus, we put them in another ward. Then, from there, we'd get x-rays, and if they had open tuberculosis lesions, we would send them to the far-advanced ward, and if they were minimal cases, to the minimal ward, or if they had pleural effusion, we'd send them to that ward; if they had typhus, we'd send them to the typhus ward, if they had both tuberculosis and typhus, we'd send them to that. By then, we had the wards all—it took us quite a while to build up categorized wards, so we had quite an experience.

May I read the last paragraph, here, to you of mine?

WEIMER: Yes.

BURNS: “In general, it can be said that everyone who came through the overseas medical experience were much more psychiatric or psychosomatic minded. While the psychotherapy itself did not become a well developed adjunct, however, we all acquired the ability to appraise patients as total psychiatric and somatic units and develop better judgment in determining their usefulness as individuals. We became better physicians in the care of certain tropical disease, notably malaria, helmenthic disorders, and diarrheal diseases. Our extensive experience with tuberculosis made us feel much more confident in reading chest films, and typhoid and typhus taught us the finer supportive treatments—the art of supportive treatments. Massive isolation technique came to be taken for granted. All of us developed quicker and more accurate insight into the needs of patients and the ability to adapt ourselves to many nationalities in rapidly changing, frustrating conditions.”¹ That's my closing paragraph.

WEIMER: That's a lovely paragraph.

BURNS: You have this up there.

WEIMER: Yes, we do.

BURNS: Well, let's call Ruby [Hills].

WEIMER: Just one last question. Didn't the government of France issue a special citation to the Forty-sixth?

BURNS: Oh, yeah. If you want to see what a *Croix de Guerre* looks like, I'll show you one.

WEIMER: And that's what you received?

BURNS: Several of us received *Croix de Guerres*. I have a Bronze Star and a—let's go back and call Ruby from there.

WEIMER: All right. Thank you very much for the interview.

[End of interview]

¹ Burns, Edgar Murray. *Notes on the U.S. Medical Service 46th General Hospital in World War II; History of the Oregon Neuropsychiatric Society*. (Manuscript, 1945-1979?)

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