

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

Roy Swank

Interview conducted June 30, 1998

by

Joan Ash

SUMMARY

In this interview, neurologist Dr. Roy L. Swank talks about his long career as a medical researcher. He begins with a brief description of his early years in Camas, Washington, and describes the start of his longstanding relationship with the town's physician. He then goes on to talk about his undergraduate education at the University of Washington, where he quickly became interested in anatomy. This early training paid off in medical school; at Northwestern University, he began his first year as an assistant in anatomy. By the time he was ready to graduate with his master's, he had also completed enough original research to qualify for a doctoral degree in anatomy.

During a four-month break between his internship in Chicago and more advanced training in Boston, Dr. Swank entered private practice with his old friend in Camas, quickly realizing that his internship had *not* prepared him to become a practicing physician. Returning to his training at the Peter Bent Brigham, Swank did research in vitamin deficiency before undertaking a residency in cardiology. With an open position on the faculty in neurology, Harvard offered to sponsor Swank's further training in that specialty. As a result, he traveled to Europe for a year, and then came back to North America to complete his training at McGill University in Montreal. World War II interrupted his early career, and he spent four years with the Army Medical Corps studying combat fatigue.

After three years at the Boston City Hospital Neurological Unit, Swank returned to McGill, this time as a member of the staff of the Montreal Neurological Institute. A wealthy donor had given the institute money to undertake research on multiple sclerosis, and Swank was tapped to head the program. He again traveled to Europe, and there began research on what would become his life-long interest: the role of dietary fats in multiple sclerosis. He talks about that research, as well as his related research on fat embolism and blood viscosity.

After meeting Dr. Daniel Labby in Montreal, Swank was invited to join the faculty at the University of Oregon Medical School. He arrived in 1954 as the first full-time professor in neurology. He was allowed to continue his research on multiple sclerosis as he built up the staff and research programs in the Division of Neurology. He talks about the administration of the Medical School, about research funding, and about some of the notable characters he worked with, including Dean David Baird and Dr. Laurence Selling. He also touches briefly on the issue of women in medicine, outlining his belief that a person's character counts for more than sex when predicting success in medical school.

Finally, Dr. Swank talks at length about the town-gown tensions that flared during the 1950s. He describes the campaign, on the part of the physicians in practice at Good Samaritan Hospital, to wrest control of the Medical School from Dean Baird's administration. He muses on the reasons behind the tension, and notes that Baird's strategy of alerting the press to the conflict helped the Medical School defeat the opposition.

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Interview with Roy Swank
Interviewed by Joan Ash
June 30, 1998
Site: Dr. Swank's home, Portland
Begin Tape 1, Side 1

ASH: It's June 30, 1998, and this is Joan Ash, meeting with Dr. Roy Swank in his home in Portland. The first question I have for you was, where were you born and raised?

SWANK: I was born in Camas, Washington, on March 5, 1909, and I was raised in that country up until the age of seventeen years. This is a very wooded country. It was a manufacturing town, of paper, and we boys were allowed to roam quite freely, never had anybody telling us what to do, and so I led absolutely a free life, well cared for by my parents.

I had an exceptional mother and father. My father had a store, a hardware and furniture store there in town, and my mother was quite a good pianist. And so our household was—from my memory, was ideal, and very unusual at that time. In high school I did very well. Played football several years. I was the quarterback on the team. And I might add this, I was—I guess I was skipped through the fifth grade, from the fourth to the sixth grade, for some reason, and got out of school when I was seventeen years of age.

ASH: What were your interests in high school, academic interests?

SWANK: Well, academic interests were practically—I suppose probably everything, nothing really specifically. At that time they gave us a very good education. There was no question about it. You had to read, you had to write, you had to know basic arithmetic or you wouldn't pass on to the next grade. And we had lessons in geography which were quite complete. We learned the productions of every country in the world and knew the capital of every state in the union. So we had a very good understanding of the world at that time.

I played football in my last two years and enjoyed it so much that I almost stayed another year, since I was getting through a year early anyway, but in the final moments I decided I'd better go to the university, so I went up to the University of Washington to school. A doctor friend of ours, Dr. Don Geary(?), was a very good friend of the family's and a good friend of mine, and I'd known him very well, and he had been very friendly and helpful to me in various ways, and I had done the same for him, because he was an alcoholic that used to get drunk about one week every month, and during that period I would drive him to his various—where he had to go to see patients.

ASH: In high school or college?

SWANK: High school. I was then about fourteen, fifteen, sixteen years of age, and at that time there was no limit, no examination on drivers, and it was a pretty free world.

ASH: And you drove his car?

SWANK: I'd drive his car and take him everywhere he needed to go.

My father wanted me to go into business with him, and when I went to school at the University of Washington, I originally planned to go into business. But at the end of the first quarter I found that this wasn't for me, and I really wanted to go into medicine. So I changed my direction and got my situation pretty well confused so that I ended up taking an anatomy course in the spring of that first year. And as a result of that—I did very well in it, and in the following year I took the rest of the body, and I was appointed as student assistant in anatomy at that time. And so for the next three years I helped in the training of students and reviewed daily the anatomy and became pretty well decided that this was really what I wanted to do.

ASH: This was in college?

SWANK: This was in college. We had a very good anatomy course at the college, and they had prepared—they brought in anatomy to the school in preparation for the medical school, but they never got around to forming a medical school. But the anatomy department persisted, and it was a very good anatomy course. It was far better than they ever got in medical school.

So anyway, I graduated from college. I did all right. I took a lot of chemistry and what other subjects I needed to take to satisfy the admission to a medical school, and then, finally, at the end of my four years, which would be 1930, because I was there from '26 to '30, I got admitted to Northwestern University Medical School in Chicago and arrived there.

ASH: Can I ask if the Depression had any effect?

SWANK: Oh, it had a—well, it didn't have any effect on us, but we could see what it was doing to the rest of the country. We were students, and we lived on virtually nothing at all. I think my whole—my living standards for the month was somewhere around forty dollars a month. That would be housing and eating and everything. And that's just what I made as a student assistant. If I needed something extra, I got it from home. But in the whole four years, I made probably three-fourths of my expenses in college. I think that must be difficult to do now, and it would be very difficult to live for forty dollars a month [laughter].

ASH: Impossible. And, then, how did you pay for medical school?

SWANK: When I went to medical school, a fellow who preceded me in the same job I had was now on the staff at Northwestern, not as a student assistant, but he was a full—

he was on the staff. So I went and talked to him, and I asked him if he had any possibility of taking on a student assistant. And the reason I did this was the anatomy department from the University of Washington was well thought of, and so people from there were given opportunities to teach if they needed to.

Well, it so happened that one of the men who was on the staff as a student assistant was sick and couldn't be there that year, so I got the job. So for the four years, I was a student assistant in anatomy at medical school. And on that job I made forty-five dollars a month, and even then it became awfully close to paying all my expenses. I think I lived at—very early I was in a fraternity. It was called AKK. I forget just what all that means. Alpha Kappa Kappa, I believe. And we paid forty dollars a month there for room and board, and if I'm not mistaken, I would get about ten dollars from home. Very interesting, the difference.

If you don't mind, I'd like to regress at the moment and tell you something that happened as I was preparing to go to Chicago. I decided that I wanted to have an automobile. They were then available, and people were driving them. So I went down to the local garage, and there was a very nice Ford roadster down there, and I thought, "Just what I need." And I had saved money in Seattle, so I had \$300 in the bank. This was now during the Depression, 1930, just when things were crashing, and I wasn't really very conscious of what was going on as far as the Depression was concerned. I was only interested in myself. So I came back and told my father, I said, "Father, I'd like very much to buy this automobile," and I explained what it was about. He listened to me carefully—my family was always that way. We had discussion, never open arguments. There were just discussions—and he said, "Well, how do you plan to pay for this car?" I said, "Well, I have \$300 saved in my bank in Seattle. I thought I'd use that \$300 to pay for it." Father thought just a moment and then, "Son," he says, "I need that \$300 more than you do. I think you better leave it to me," which, of course, I did without an argument, and I didn't get the automobile. Now, that would be quite a different incident from what would happen nowadays, I'm sure. There would be a hue and cry if my \$300 hadn't bought that automobile, if I were buying it later on. But I didn't feel—I knew times were tough, and that didn't bother me at all.

So in those four years at medical school, now, that they've gotten out at the university, I got interested in research, because that was part of the job, to do research, and I was allowed—I chose, really, a job similar to what my friend had been doing, and I was going to work out the pyramidal tract, which was the [unclear]-spinal tracts from the brain down to the legs, in the rabbit, because they hadn't been done satisfactorily. And I went to work and diligently worked hard. I was a hard-working individual, anyway. At the age of fourteen I had gotten a job pulling ice in the local butcher shop, there, in Camas, and they paid me the top wage because I pulled ice so well. I even delivered ice for a while. I was not very big at that time.

ASH: What do you mean, pulled ice?

SWANK: You know, they freeze it; then you've got to pull it out of the freezer.

ASH: So it was heavy?

SWANK: Yeah. You had to slide it into a cooling area. My father, at the advice of the doctor, wouldn't let me continue the next year because it might break my bones somehow or other and I wouldn't get full growth, and that went by. But, nonetheless, it just gives an idea of the kind of—of how I enjoyed working and I was quite willing to work very hard.

Well, that's what I did in medical school, too. I spent an enormous amount of time on my research, and I had to take the schoolwork also, along with it. I remember so well I'd come back to the fraternity Saturday night, after I'd been working all day Saturday, and they'd be having a big party, and everybody was a little bit drunk, because that was time of—hard liquor was the common thing and the manly thing to do. I remember my only experience was, well, I'd go on in and see if everybody was having a good time, girls and boys and so forth, and I would have a few drinks, get sick, and come out and vomit on the steps, and go back to... [laughter].

ASH: Were there any girls in your life then?

SWANK: I didn't have any girls—I had no girls in my life until I was a junior, and I'd become a respectable teacher by then, knew all the students in the new classes. Yes, I did have a girlfriend at that time, but I don't know if we should talk about those [laughter].

ASH: Well, I'm just trying to get a picture of what your life was like then, and if was all work and no play.

SWANK: No, no, there was quite a bit of play [laughter]. It's just I didn't necessarily play when they played. I wasn't a very good drinker.

As a result of my work, I had published—in that four years at the medical school I published nine papers. You were lucky to publish one. I systematically went through this business of the pyramidal tracts in the rabbit, demonstrated that they didn't run all the way down the cord, but had to stop at the first cervical region, and then did some studies on the [unclear] method itself, for which I got several papers, and the whole thing was nine papers out of it, which really—I'd been working primarily for a master's degree, and when—that's what I thought I was working for. So one day I went to see the head of the department about what I should do now that it was getting near the end of the year and we should think about the degree, and I told him what I'd done, and he says, "Well," he says, "You've done too much work for a master's degree. We're going to give you a Ph.D."

So I had to then start studying for a Ph.D., or doctor of philosophy. And I also got an internship directly across the street at Passavant Memorial, which is their official teaching hospital, and was there for one year while I studied for my Ph.D., and then took a Ph.D. examination, which I can remember quite well. There must have been six professors examining me in this room—I was off to one side, and the other six were over here—and

they really got me down to the place where I hardly knew my name. I was so confused by all these questions coming in, and I was getting tired, and I was missing most of them. Finally, the professor said, “Well, that will be all.” So I got up and [laughing] crawled out of the room, you might say, and I went down in my office, which was just down the hallway, and I heard these other guys get up and leave, and I thought, Well, something ought to happen.

Finally, I heard Arey, who was the head of the department, Dr. Arey, a very well-known man at that time who was really the father of embryology, and he came down the hall, so I stepped out in the hall and confronted him. I said, “Dr. Arey,” I says, “I’m just wondering how I did.” He says, “Oh, you did fine,” and walked right on by me [laughter]. I was—you know, you’re sort of speechless and legless and everything else at times like that. But anyhow...

ASH: That was before your dissertation; that was your preliminary exam?

SWANK: That was my dissertation. My dissertation was written up. They had a formal in addition to that.

ASH: Your defense.

SWANK: Yeah. I have a copy of the dissertation. It’s been put into a booklet with other people’s dissertations. If you’d care to look at that, it’s available. It’s right in the library there.

ASH: So you ended up with an M.D. and Ph.D.

SWANK: Yeah.

ASH: And when you did this defense had you already finished your internship?

SWANK: I was just finishing it.

So I wanted to go to Boston to the Peter Bent Brigham Hospital, which is the official hospital, teaching hospital, for Harvard. I’d been there with a friend who did the same thing, and he had stayed there, so I arranged to go down to—I applied, and they suggested I come for an interview, which I did, and then I was given a place at Harvard. I was given a place, which would be about in February of the following year, and I was getting through in September at Northwestern, and also with the internship, all at the same time. So I made arrangements with some person—I don’t remember the name—to drive a new automobile from that area to the West, to Vancouver, and he had—he picked up about a half a dozen students, all of whom would drive a car out, which was a real experience for me, driving through the winter at that time, before the roads were complete. I mean, it was not like it is now, by any means.

ASH: By yourself?

SWANK: No, there were six of us in...

ASH: In the same car?

SWANK: ...different cars. Each one of us drove. We were a caravan. So we—when we got to Portland, I had my medical degree, and Dr. Geary was still practicing, my friend from way back, so I practiced with him for four months before I went to Boston. And I got a very good picture of the whole—of the area around Camas.

I remember one thing that happened to me. We had a measles epidemic, and the first case I saw, I didn't quite know what I was doing with it. I'd never seen a case of measles before. [Laughing] You don't see that in a [inaudible]. I thought I—they had Koplik's spots in the cheeks, and I thought she had Koplik's spots, but I wasn't sure what they looked like. And the old grandmother was [inaudible] to me while I was examining this young patient. It was a young girl. I think she must been about twelve years old. And the grandmother says, "You know, I think she has measles. What do you think?" I said, "I think she has measles, too" [laughter]. What else? She'd probably seen fifty cases. Well, anyhow, we had about thirty cases of measles. We saw a lot of them.

And one day in this time I went to see a young lady who was about, oh, I think, twenty-two, twenty-three years old, a married girl, and she lived in an apartment where you—it was in the basement. You stepped down a couple of steps and walked into the place. I went and saw her and examined her and thought a lot about it. She had a fever. And the unfortunate thing, she had had an abortion, a spontaneous abortion, a few days before, and I thought this must be a fever from the abortion. Well, you know, at that time we didn't have antibiotics, so I thought I'd better get Doc Geary to come out and take a look at her. So he came along with me, and he was [inaudible], and he stepped down one step, two steps, opened the door, and the girl was about like from here across the room, lying on a davenport over there, and her shoulder exposed. And Doc Geary looked at her, turned his head back to me, and he says, "She's got smallpox" [laughter]. Taught me that, you know, you have to learn something before you're a doctor. I'd never seen a case of smallpox, either. She had a pox on her shoulder, and that's about the only one she had. She didn't have any trouble from her spontaneous abortion at all, it was just smallpox. But this is the kind of an experience that I had. I had two deliveries while I was there. Both went very well.

ASH: Had you done deliveries before?

SWANK: I'd had deliveries, yeah. While I was at medical school we spent two weeks out in the district, they called it, where we would do deliveries, and I remember having several deliveries, so I had some idea what that was all about.

In other words, when you get through medical school, and even with an internship connected with the medical school, you don't really know much about things. You know about chronic illnesses, severe illnesses, heart failure and all this sort of—but not the simple

things that get people. And the things you're really judged by when you go out to practice.

ASH: This was a good four months.

SWANK: Yeah, the four months was very good.

I remember one case went very easy. She had a baby, no trouble at all. The next one, Doc wasn't there, but Mrs. Geary went with me, and she brought all the equipment along. And this patient had had difficult labor before. So we got there, and out on the lake. It was kind of in the winter and it was kind of cold. And I looked over at the lady and said, "Well, she's in labor, all right. She's going to deliver pretty soon." Mrs. Geary was a lady I had known since I was a child. I called her Beanie. Her name was Bertha, so everybody in town called her Bea after my calling her Beanie instead of Bertha. So I looked—I put the cuttera(?) back down and turned to Bertha and said, "I think that she's going to be not too long now." And the lady grunted once or twice and—no, the first time I looked, there was what we called meconium. That's fecal material from the baby. So I knew that it was going to be a breech, and I'd not had a breech work before. I put the cuttera back down and did a bit of sweating [laughing], and told Beanie it was going to be pretty soon. Anyhow, the woman grunted a couple of times, and I thought I'd better look, and I raised the cover and looked, and here was the baby, all born [laughter]. I thought that was really luck. So the two deliveries went off fine.

Well, anyway, I remember I went—caught a train at Camas, going east on my way to Boston. That was my first year at Boston.

ASH: You still didn't have a car?

SWANK: No, of course not. In those days cars were—well, I think we were right at the bottom. The Depression really had gotten, in many ways, worse. It had lasted long, and this was '35, and we hadn't yet gotten into the war. So the economy was really bad. I think Father was doing all right. Father was a very good businessman and very well liked in the city. He'd been mayor several times. And Mother played the piano, and as a child I played the saxophone, and we used to entertain people. Whenever there'd be an open entertainment downtown, my high school would put on something or anything, Mother would play the piano and I'd play the saxophone.

So anyway, this was—just as I was getting on the train, everybody was down at the station. Mrs. Geary was there, Dr. Geary was there, of course my whole family was there, and there were—and Dr. Geary steps up and bought my ticket all the way to Boston. I thought that was pretty good. Now, he hadn't paid me anything during this period. Beanie, she stepped up to me and slipped her hand into my pocket and says, "Don't tell anybody I gave it to you," and she had dumped a lot of money in my pocket. I think it was about \$400. Then Dr. Geary stepped up to me and put his arms around me and says, "You've been a great help." And he says, "I haven't paid you anything, but this is for you," and he gave me another \$400. So I ended up in Boston with about \$800. Now, to a young guy like myself,

\$800 is a fortune. I might just as well have had a million. It would have made no difference. It was spending money.

So I started out at Brigham, and there you start out as a pup, and a pup does all the laboratory work, and laboratory work then was done almost all by the pup. There was none of this fancy stuff that you have now. We did blood counts, urine examinations, we could do sugars in the blood, and we could do [unclear]-based balance of the blood, and also urea we could do. And that was all done in our little laboratory, there, right next to the—where patients were. And we would have to do that all—have it ready in the morning for rounds, and I'd have to present it at rounds so that nothing was left out. This went along all right. I learned a lot.

Then—oh, yes. There was a young girl on the—we became rather friendly with one another, and so I spent most of my \$800 taking her out to dinner [laughter], and learned better. I was a very, very unsophisticated young fellow.

I must add to this that I met my first wife, Eulada(?), who also lived in Camus—her father was head of the bag factory—the year before I graduated from the university, and we had become very friendly. That was my first girlfriend. And then I was gone for a long period of time at the University, where I would see her occasionally when I'd come home. But eventually we went together eleven years before we got married. Now, the reason for that was, there was just no possibility. The money—my forty dollars wouldn't have gone very far. Anyway, that would eliminate that for a while.

ASH: Where were you living in Boston at the time?

SWANK: Living in Boston in the hospital. They furnished all of our clothes, all our meals, and all of our expenses, so you didn't have to have anything. And it was a very rigorous type of study, because you'd be—well, when...

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

ASH: We're rolling again.

SWANK: Okay. You'd buy all the soap, all of the tooth powder and brushes, maybe shaving equipment that you'd need for the next six months, because you'd be a pup for six months.

ASH: And you had no time for anything?

SWANK: You didn't have time. Believe me, you were right there. And you were nailed for everything. You were the—you were actually a pup.

ASH: But you were a first-year resident in any specialty?

SWANK: Not at that time. I didn't have a residency until later on. See, I stayed one year at the hospital in Chicago, and then I was an intern all that time, and you had to—it was the second-year people who got to be residents. So I left at the end of that year, and I eventually became a resident at the Peter Bent Brigham.

But anyway, then I became a junior, and during my—well, the junior works with all the patients and presents them and does all the treating work. He doesn't have to do lab work, but I had to—if a patient came in at midnight, I had to get out of bed and take a history so that history would be ready the next morning when the senior on that ward, who was one turn ahead of me, he came on, he would take my history, check it, and he would then present it to the visit(?). So we had a very rigid system where nobody failed. If you did, you heard from the chief, and the chief was not kind.

Anyway, during that junior year I had developed—while I was taking my Ph.D., the one thing I did of importance, I developed a method for staining degenerating myon. In other words, myon is a sheath around the nerve fiber, and as that degenerates in the process of degeneration of the fiber, it changes color from white to black with this method. It was a vastly improved method over what they had used. So I showed that to the resident in pathology, and he was interested, and then he showed that result to the head of pathology, a very well-known and respected guy named Woolback(?). As a result of that, at the end of my first year I got an offer of a residency in pathology and went over to work with him for a year.

In the meantime, during my junior year—it gets to be a very personal thing. I'll tell it to you anyhow, because it's a personal thing that's—because everybody knows. But my wife had become a nurse and done very well. She'd gone to nursing school over across the street at Evanston and had also gotten training in Chicago at a postgraduate nursing school. So she had many offers to work. She had worked for a while in California and come home, and she now had an offer in California again.

ASH: She wasn't your wife yet?

SWANK: Not yet. Don't worry, she makes it [laughter]. She'd threaten me. Not really, not outwardly, but that's what it amounted to. She said—I called her up and told her where I was thinking of going, and she said, "Well, there's nothing to do here, and I just received an offer of a nursing station in Cedars of Lebanon in Los Angeles," which was a very good hospital, "and I'm going to leave in a few days to take—for it, I believe." I says, "Eulada, you're not going to go there. You're going to let that job go, and you're going to borrow enough money from your father to take a trip to Boston, and bring your clothes. We're going to get married." That was the end.

ASH: Finally.

SWANK: After eleven years. So we got married, and she came to Boston, and I remember we went down to New York City and got married.

I had a very good friend that I'd gone through school with. We'd been very good friends. Henderson was his name. He came from around Seattle, north of Seattle. His father was an undertaker. My father had become an undertaker, also. And so we'd both gone together, when we graduated from college, to take the undertaker's examination, and so both of us passed. He was going to practice with his father in Stanwood, and I was going to practice with my father in Camas, and that was the only reason we got it, because otherwise, if you were going to practice in competition to anybody who was already [unclear], you didn't get it.

So this friend, now, he came—we got married in Fifth Avenue Church in New York, and this friend was there, and then I had a cousin and her husband from New Jersey, and they came over, and so the five of us were there, and I got married. That night, after we got married, we went out and had a very nice dinner and spent time with the Folies-Bergère in New York City. It was the follies from Paris, and it was a great evening. Of course, I was kind of anxious to get away from all this, but when we left, Clayton came along with us, and he went right up with us to the bedroom and sat there and drank and talked to us until five o'clock in the morning [laughter]. Yes, yes, your friends will always be with you sometimes. A very good friend. I later had contact with him. But anyway, Clayton was quite a drinker.

Later on—oh, yes. Later, I went to—when we got back to Boston, I faced my—I went to the—as a resident—no, not as a resident, but a fellowship in pathology, and this pathology had to do almost entirely with deficiency syndromes. Vitamin B₁, C syndrome, A deficiency, all these vitamins, during a period in the late thirties and forties, when all these vitamins were being discovered. And so I got interested in A deficiency with the chief, and then I got interested also in B deficiency all by myself. And I wrote the original article on the pathology of B deficiency and also the original pathological studies on pyridoxine and parasympathetic deficiencies, so I got quite a bit of experience in these.

And then wrote something on a change in animals on a deficiency where we found a virus similar to what they called acidosis(?). That didn't mean anything to me. I just found this stuff and turned it over—turned my material over to a fellow in the department of pathology who was an expert in this area, and he said, "Oh, this is acidosis, which is brought on in these birds by putting them on a B₁-deficient diet. And we wrote a paper on that. So I wrote quite a number of papers on that, on B₁ deficiency, pyridoxine and parasympathetic deficiencies, so I have a—and dogs, we did it often in dogs. And I saw a lot of it in the—yeah. A lot of this was seen also at the—in Boston City Hospital.

But anyway, I became extremely well acquainted with vitamins, and I was there during the period when we were developing all these things. We were in a center where new stuff was coming in. If anything happened anywhere, we had it.

ASH: Were you seeing patients at the time?

SWANK: No.

ASH: You were in a lab?

SWANK: In a lab. And then I continued this work on my out period for five years. I would work nights and weekends on it. So I've been very interested in vitamin deficiencies and in starvation in animals. So that's—the reason I bring this up is this had a lot to do with the advance work that I did.

I finally went back and had a residency with Sam Levine, who was the outstanding cardiologist in the country at that time. I had a residency in his heart clinic, so I'd meet with him twice a week.

ASH: Where was that?

SWANK: At the Brigham.

ASH: How did you become interested in cardiology?

SWANK: Well, I'd had a lot of cardiology in my training. See, I'd had the residency—oh, I'd had quite a bit of cardiology, but just in the ordinary [unclear]. The main illnesses at that time which we were taking care of were cardiac cases, and I'd had a lot of training, and I applied for this and got it. Of course, I think when you get a Ph.D., then they have to give you something maybe you don't quite—you're not quite prepared for, but I had very good training with him.

At the end of that, the head of the hospital and the dean—I'd also worked with the dean. He had a laboratory, and I worked with him, too, on circulatory things. They asked me if I wanted to go to Europe and study for two years on a fellowship and come back and be head of neurology, but I'd never done any neurology, except the neuroanatomy. So, of course. And we got a Commonwealth Fund Fellowship, which is a very good one. And we then had a son, and the three of us went to England.

We left in August of 1939, and while we were on the boat, things began to sound like war, and while we were in England, war broke out. So I sent Eulada and the child up to Norway just before this happened, and I intended to come up there, if I could, a little later, and then I went up two weeks later. On the way, at night our boat stopped, which stopped by a submarine, but they let us go on. It was a Norwegian boat. Two weeks later, they sunk everything. I remember sleeping with my clothes on and waking up and looking out the window, and right across there about a hundred yards was a submarine.

We went to Norway, and I was with Monrad Krone(?), who was an outstanding neurologist from Europe and Norway, for about a month, and then went on into Sweden, and there I worked at the Karolinska(?) Institute—you probably know about that—with Gunner Wolfart(?), who was an outstanding young neurologist, and with—oh, I can't think of his name. He was an outstanding physiologist interested in neurology. At the end of this period, [we] came back to New York City, and then we went up to Montreal.

ASH: And what did you do in Montreal?

SWANK: I did the same thing. That was a continuation of my two years of training. After that—that's where we—no, we hadn't. We continued to work on B₁ deficiency, worked out the details of the pathology in the central nervous system, as well as in the peripheral nerves, and then came back to Boston on the staff at the Brigham and also on the staff at the neurological institute, which was in the Boston City Hospital.

We got back in September, and I was a younger man, a neurologist, supposed to be a neurologist, and they asked me if I'd join the Harvard unit. They thought maybe there was going to be a war, they ought to get ready, so which I volunteered for. And in December—it was just about three months after I got back—war was declared, and we were called up immediately and were sent down to camp, and about three or four weeks later we were on a boat going to Europe. That didn't take long. And I spent about a year in Ireland and two years in England getting ready to go across the Channel, and a year in France.

ASH: Four years total?

SWANK: A total of nearly four years.

ASH: And what were you doing during that time?

SWANK: I was a neurologist and a neuropsychiatrist.

ASH: You were practicing medicine?

SWANK: Oh, yes, with troops. And almost all my work was with combat exhaustion. And I've written about three papers on combat exhaustion, one of which has been published.

ASH: During that time?

SWANK: During that time. Well, one of them after I came back. I then returned to Boston, now to go it with Denny Brown. Denny Brown was at the Boston City Hospital—the Harvard unit was at Boston City Hospital—and [I] continued my research and my contact with patients. And we, by that time, had two children.

At the end of three years I began to think that there was not much chance for me there because most of the positions had been filled while we were away, and people who stayed had gotten these positions. The strange thing about it was, most of those people who stayed had been part of our team but had resigned when war was declared. They asked a certain number—I was asked to resign, too, and I said I couldn't do it. I said I'd been—well, I thought we should something about that Hitler even when I was in Montreal. I wasn't able to resign, I had to go and help. So, I'm just one of those funny fellows.

ASH: So while you spent four years going to war, they were increasing their rank in medical school?

SWANK: Sure.

So I met Penfield, who was head of Montreal Neurological, and asked him what I should do, and he said, “Well,” he says, “I can’t tell you anything right now, but I think I’m going to be able to tell you something in a week from now.” So I got a letter from him a week later and he said, “I’m able to offer you a fellowship or a staff position here as assistant professor—”

ASH: At McGill?

SWANK: At McGill. “—for five years with salary and money for the laboratory. The one concession is, you’ll have to spend your time working on multiple sclerosis,” which I hadn’t had any excess experience with.

ASH: But they needed someone to do that?

SWANK: Well, that came out a little later. But it happened that a son of an industrialist had developed multiple sclerosis, had gone to see Penfield, and Penfield told him he had multiple sclerosis, but there wasn’t—we didn’t know anything about it. The fellow left him probably several hundred thousand dollars to spend on multiple sclerosis. And this happened, apparently, just before he came down to see me, or I talked to him. And, oh, about a year or so after I got there, the son came to see me, not knowing why I was there but knowing that I was interested in multiple sclerosis. Well, he had multiple sclerosis, no question about it. It was early. We put him on diet. And I get telephone calls from him yet. That was fifty years ago. And he went through—he was a manager of his factory, went through the whole thing, and he ended up taking care of himself and taking care of his family. So we have a whole group of them now, fifty years. See, this all went back to fifty—I put him on diet about 1951.

ASH: While you were at McGill?

SWANK: Um-hmm.

ASH: So what made you put him on a diet? Had you done research on that?

SWANK: No. What happened was, I knew that I was supposed to work on MS, so I went—when I first got there, I spent my time in the library reading up on what was known, and there was virtually nothing known. And then I got a hold of some studies made by the United Nations food and agricultural organization, which was—they analyzed the food requirements of all peoples of the world. These are the requirements before the war, what they had been eating before the war. The reason for this was to determine how much food they would need after the war to keep people from starving. One of the things that was

obvious in this, when you go through it—since I was interested in nutrition from before, and I wanted to investigate this aspect, because nobody had done that, it was obvious the high-fat consuming people had lots of MS, the low-fat consuming patients had none of it. None in the Orient and none in Japan, none throughout Africa, except maybe in the southern part, and nothing in South America, except in Argentina where they eat meat, and just the United States and Northern Europe.

ASH: How did you know what the incidence of MS was in each of the countries?

SWANK: We didn't know. This was an assumption based upon what had been said. They hadn't—incidents of the MS was not known then, it was suspected. I knew, for example, in Norway they had a lot of it, in Sweden they had a lot of it, and I knew that in Europe there was a lot of it, northern Europe. [Tape stopped.]

ASH: Yes, so you were interested in the fat, after having looked at the data.

SWANK: Yeah, the data, the relationship between fat and the frequency of the disease seemed to be pretty outstanding. I then had a conference with Penfield, pointing out what I'd observed, and I thought that this was the only lead that was available that hadn't been followed up. And he agreed to let me go to Europe to see what had happened as a result of the war. He had already promised me four months of study away from Montreal, if I wanted to, and I agreed to take the four months and go to Europe.

I went first to Norway, and Norway, I went there first because that's where I was acquainted there. At a luncheon with Monrad Krone, who was head of neurology at the Rieks(?)—the King's Hospital in Norway, in Oslo, he suggested—Monrad Krone suggested that, "You know, we see a lot of cases from inland, but we never see any cases from the coast. Maybe you ought to have a survey done," which we did. I went down and talked to the head of the statistical department—these were all governmental, so it had to be pretty good—and we wrote up a questionnaire, sent it out to all neurologists, all hospitals, and got about a 90 percent return on this. And we had the rural—not the cities, the rural areas of Norway.

We had a number of MS cases, and eventually, then, we did a dietary study of the whole area with the head of nutrition at the university, and it worked out very well. It was like this: The fat intake in the mountainous areas, where people lived on small farms, living on products that you made there, which was principally animal and milk and probably potatoes and a few other vegetables, they had an extremely high instance of disease; and on the coast were the...

ASH: Fish.

SWANK: Fish, mostly, and oil. The difference between the high and the low was there were eight times as many cases in the mountains as down on the coast. Now, that's a big figure, and it left no doubt in my mind that there was some relationship. So we started

then, in 1949, putting patients on diet. Well, actually, we were getting this information in, so it was beginning to pile up, and I went back to Norway several times to check on things and find out how they were feeling about it. We had a very good relationship. It worked out very nicely. And I put patients on diet, and that's the way it's gone. We followed the same group, 150 patients, for thirty-five years. I finished writing them up in 1985. Although I'd come to Portland, every year I'd go back to Montreal for a couple of weeks to a month and see these patients, and we kept track of what they were eating, dietary [unclear] very carefully, and that's the way it's worked out.

And we have what I would have to consider a very good record. That is, patients started early on diet, before they have—before they're disabled, have a 95 percent chance of living through a normal life with normal aging for at least thirty-five years without disability. And only one—the one in that group, who were on diet and early, died. I don't know why she died, but she did. But the other ninety-five was the same at the end of thirty-five years as they were at the beginning. And all you have to do is add ten grams of fat—that's two teaspoonsful—and they go downhill just like they'd never been on a diet. And their death rate was 80 percent, and the death rate in our early cases—in our low-fat diet group was 30 percent. Now, that low-fat diet group were not all early cases. Most of them were late—well, 70 percent were late cases, 30 percent were early cases.

ASH: The work that you began, were you—so you're doing clinical research.

SWANK: Yes.

ASH: Were you doing other research as well?

SWANK: Oh, yes. That's where we started doing what—we started doing a serious study on what does fat do to the bloodstream of animals. So we'd feed dogs and humans [unclear] meals and study their blood. The first thing we noticed was the red cells would start aggregating in clumps, and the fat which appears in the blood is [unclear], or small, fat globules, would also [unclear], would clump up. And we theorized that they must plug up blood vessels somewhere—capillaries, not the big vessels—and we repeated experiments with the [unclear] circulation in the hamster while we were watching the cheek pouch all the time, and the same thing happened, the red cells would clump up and plug the circulation. We could see that happening. So that's—then it went on and on and on and on and on. Then we did experiments with small emboli, which we would inject into the system, and it would break down the blood-brain barrier, which is—now that's a very important part of this. And we also injected serotonin, which would cause the same effect. And we just kept going along and trying to explain why this all happened.

ASH: This is why you were still in Montreal?

SWANK: In Montreal, and continued after I got to Portland.

ASH: And so you were doing clinical work and you were doing research at the same

time?

SWANK: Oh, yes.

ASH: You were doing teaching, probably.

SWANK: A little.

ASH: Some teaching.

SWANK: There, no, but after I came to Portland, yes. But there I had—oh, I gave some papers, but I didn't give any—no formal teaching. It was just strictly research. I'd see an occasional patient and those patients which we were following, but I'd do that about two afternoons a week. The rest of the time was solid work. It was an unusual situation in that we were able to concentrate on what we were really interested in: Why does this happen? And that was a—the whole business was just that.

ASH: You were able to do this without the benefit of grants and...

SWANK: Well, I had grants from—he left money. They set up money for me, and I also had a grant from a Canadian governmental institution. I don't know, we had plenty of money. That was not a problem. We had more trouble after we got here.

ASH: What was it that brought you here? It sounds like you had good things going there.

SWANK: Yes, because I had a mother and a father, and while I was in Montreal my father became ill and had some kind of a stroke business. I asked him to come back so he could go over in there, because the Montreal Neurological Institute then was the best hospital for neurology in the world, and they came there from everywhere. So he came back, and while he was there he died, and then he stayed with—he died in my home, after being with us for about three weeks. I came back with Mother and him, but we brought Susan and Cindy, and Bob stayed—no, Susan and Bob stayed home, I believe, stayed in Montreal, and we had a funeral in Camas, and then I came back to Montreal. And I always wanted to come back here. I didn't—I couldn't tolerate the thought of being buried in Montreal. And so...

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

SWANK: Early in my studies at—when I was taking my Ph.D., I heard about a man at the University of Oregon who had done some work on animals, on the pyramidal tract. So I came home to Camas one time, so I went over and talked to him. And the university then was just that one building up on the Hill, nothing around it at all. It was sort of in a barren spot. And I didn't think anything about coming home. I had no idea about that then; it was too early. And then I never came back until—well, I suppose about the third year at Montreal, the fourth year in Montreal. And there were some rumors about—I had been

contacted, or I had contacted somebody up there. But anyhow, Dan Labby—you remember that name, don't you?

ASH: Yes.

SWANK: Dan Labby came up to Montreal. He must have been in the East for some reason or other, but he came to Montreal and wanted to talk to me. So we sat down and talked, and I showed him some pictures of the work we'd been doing on the fat effect on circulation. Dan was very enthusiastic about this, and he came back and told Lewis that they had to bring me out [laughter]. Lewis might have been a little slow at this. He was a conservative if there ever was a conservative.

ASH: This is Hod Lewis?

SWANK: Hod Lewis, yeah.

ASH: He was chair of medicine at the time.

SWANK: So then I came out in January of '94.

ASH: For an interview?

SWANK: No, I came out permanently.

ASH: Had you come for an interview?

SWANK: No. I had the interview with Dan Labby. I guess it may have been a little more than I expected. I didn't know. So I arrived in '94.

ASH: What year was it?

SWANK: Ninety-four. I got here in January of '94. I'm sure it was '94. Yes, of course.

And my wife stayed at—didn't come out then. She stayed in—Robert and I drove out, and my wife stayed until school was over for the other children, and then she came out. She came out once, and we looked around for a house, and the housing at that time was very cheap. There was nobody buying houses. The Depression really had not raised very much from Portland. And finally she went on back to Montreal, and so I went—the fellow that I had been dealing with, he said, "I've got a house I want to show you." So he took me to see a house on Scholls Ferry Road, a very nice house which had been owned by a man named Meacus(?), who had the Meacus place downtown, a restaurant. It was a lovely house on two-and-a-half acres on Scholls Ferry Road, right above that area down below it. And I said, "Gosh, you know, I can't possibly afford a house like this." It was a big house. He says, "Well, what can you—can you do anything?" I says, "Well, the most I could possibly do is,

I have \$15,000 from selling a house in Montreal. I can put that down, and I can offer him \$35,000 for the whole thing. But, really, I don't see how I can tolerate anymore than that." See, I wasn't getting a very big salary at that time. Well, he took that proposition to this guy, and the fellow had to sell it; he had no choice. So we got the house for 35,000. Actually, it turned out to be 37,000.

ASH: Had your wife seen it?

SWANK: She hadn't seen it yet. God, when she came back, she would say, "Oh, my god, it's a palace."

ASH: You knew she'd like it.

SWANK: Well, it turned out to be a marvelous house, because there was this big area all garden, all kept up in very nice shape. It had a big swimming pool. And I think it's selling now for about five hundred thousand dollars. We had lots of big parties there.

ASH: What position did you have when you came?

SWANK: I was professor of neurology.

ASH: Were you the first?

SWANK: Yes. That was the first time they had a professor, I think. But that was the beginning.

I met people here—I was very impressed by the dean at that time, Dean Baird. I thought he was a great guy, and he was. We got along very well, and he helped me a lot.

ASH: Now, did you report to him, or did you report to Hod Lewis?

SWANK: Hod Lewis and I was under Hod Lewis, and I didn't report to him, but we had meetings now and then, and I used to go down and talk to the dean. And I think I was left pretty much alone.

Hod was a very good man, but very conservative. He was much too conservative for me. I would decide I wanted to do something, and I'd do it right then. I wouldn't fiddle around for the next year to figure out whether it was a good idea. Hod was the one that would take a couple of years to figure out whether he should do it. I said, "My god, this will never get us anywhere." I'd lose interest in that time.

ASH: Do you think that was the difference between McGill and the medical school here?

SWANK: I think—no, I don't think there was any big difference. Penfield was also

a conservative man to some extent, but he did things on the spur of the moment, which sometimes he got in trouble with, but he did it honestly. At the beginning of the war, for example, they were trying to figure out a method of healing scars on the brain with amniotic fluid—amniotic membranes from the amnion. They did some experiments in which they—they sterilized the amnion by putting it in a sterilizer, where it would get very hot, and that would melt off all the oil and everything. And that seemed to work pretty well. And then when they didn't realize that problem, and they published it and told them to sterilize it, I suppose, then, anyway, and, my god, the reports kept coming back that it's the worst possible way of curing it. He immediately sent letters to every neurosurgeon in the world stating, don't do this.

ASH: Amazing.

SWANK: That's what I call a great man. He was a very, very honest guy, and he demanded of you that you be the same. He was—I had a lot of very good people I worked with. At Northwestern with the head of neurology there, Arey, who had written the first book on the embryology—or, the best book on embryology, and then at Harvard with Woolback and with Sam Levine and then at Montreal with Penfield. It's very difficult to get a series of people like that to work with you. I have pictures of them in my office. Yes. I had very good contacts.

ASH: Who else can you tell me about at our medical school? Who worked most closely with you?

SWANK: I had really good cooperation, but nobody was doing anything at that time which was related to what we were doing. But there was never any holdup or any difficulty whatsoever. I borrowed [unclear] pieces of instruments from Swan, which could detect different color changes, which we used to measure circulation. That was a valuable piece of equipment. And I can't say that I didn't get from outside the department 100 percent cooperation. And I had very good cooperation from the dean.

I know they didn't have much money then. They were really poor as church mice. When I came here, they didn't have any money to give me. I just could get a secretary, and that was the end of it. But the MS Society here in town offered to give me \$5,000 a year to get started on. And then a committee came around headed by a cardiologist from Boston. I forget his name. They gave us a grant of \$35,000 for five years. So we got pretty well started.

ASH: Was that just about the same time you came?

SWANK: Yeah. The school was just beginning to get money. Then, not too long after that, some other good people came.

ASH: This was in the fifties?

SWANK: Yeah, in the fifties.

ASH: Was this before University Hospital was built?

SWANK: University Hospital was building, almost complete. We had an office first on the eleventh floor of the hospital. Then, when the hospital got filled up, we moved over to the old building. There were some old-timers here. The head of hematology and the head of surgery. I even forget their names, but they were—they'd been here a long time. The staff was in the process of changing. I must have been one of the first new people to come. And I brought with me Feldman(?) and I brought with me James Austin(?). James Austin later became professor of neurology at Colorado, at the University of Colorado.

ASH: Jack Feldman came from Montreal also?

SWANK: Montreal. I brought other people from there, too. Roth and—I can't even think of the name. And a young lady. I can't think of her name. She was good. She ran in epilepsy. We had a very strong section. It ran about five people, and we did the whole thing, consultations and everything. The department now, might be twenty people in it.

ASH: And you continued your research on MS?

SWANK: Yeah. I continued the follow-up. I also continued to do more experimental work. But the experimental work was largely—no, we did a lot of experimental work here, that's right. I had a boy by the name of Nakamura(?), came over from Japan and worked. A very good man.

ASH: These are clinical experiments, then?

SWANK: Yeah. Some were—with animals we did—for example, we measured the oxygen availability in the brain after having fat meals, and we measured the output of urine, of potassium in the urine, after heavy fat meals. There was a marked increase in potassium excretion, probably due to damage to red cells, which hold a lot of potassium, and they would dump it into the urine, and it would be excreted by the kidneys. We did a lot of work.

ASH: Did the building of the hospital make any difference to you?

SWANK: Yes. It meant we could—at the beginning, you know, they brought patients in, they didn't have to pay. It was just a good teaching hospital, good teaching cases brought in. And we could keep them as long as we needed them. Then, all that gradually ended as the government got interested.

ASH: The low-fat diet became—well, you had done research on it, and didn't you publish a book about it?

SWANK: We published a whole series of books. We published the first one in '59, and then four after that, the last one in '87. We're getting ready to do another one now. But

they've all been the same, it's been exactly the same diet all the way through.

ASH: Different recipes, though?

SWANK: We've added recipes.

ASH: And how did you come up with this idea?

SWANK: Well, if we were going to put patients on a low-fat diet, we had to have a—there was no low-fat diet available then, so we had to produce low-fat recipes. All recipes had a lot of fat in them, so we replaced the fat with oil in most of them. And Aagot Grimsgaard was with me in Montreal, and she came here and continued, and she wrote the first book with me in 1959. If you like, I'll give you a copy to look at.

ASH: So you did this primarily for your own patients?

SWANK: Yes, and—well, we attempted to get it published by Littlejohn in Boston. Littlejohn looked at it and thought this was great, and I thought they were going ahead and publish it. Then they took it to the Heart Association, and the Heart Association said, "This is too rigorous. We can't get patients to take it." So Littlejohn didn't publish it because that was going to be the big market. But, you know, they have gradually, over the years, reduced the fat that's given to the patients. They're now down to somewhere around 30- or 20 percent, and we get down to around 10- or 15 percent. And they're not low enough to really do best. They're gradually coming down. And we have been able to keep people on ten milligrams for thirty-five, forty, and fifty-five years.

ASH: And why do you think that is?

SWANK: Well, because determination. It's not needed. See, these people in Japan eat virtually no fat, people in the Orient eat virtually no fat. They're very healthy. We have the heaviest, highest chronic disease rate of any country in the world. We have 50 percent of our people die from heart disease. They don't see it in these other countries. It comes from saturated fat.

ASH: So when was the first edition of the book published?

SWANK: Nineteen fifty-nine.

ASH: That's right, you told me. I'm sorry.

SWANK: I'll let you have a book—you can look at a book and see how similar it is.

And I think if everybody was on a low-fat diet in this country, the death rate from heart disease would drop, we'd live at least ten to fifteen years longer, and Social Security would go broke [laughter]. I'm trying to break them now, myself. I'm eighty-nine.

ASH: In the beginning, were the sales of that first edition primarily to MS patients?

SWANK: No. They had a cardiac group in town headed by a man who—I can't think of his name, but I know him well. He asked us to write a thousand copies—he'd like to buy a thousand copies for...

ASH: For his patients.

SWANK: Well, for the group, for the cardiologists in the state. And that was the beginning. So we did that. Then we, from there, went on with our own patients. That didn't sell so many. Then, the next one, we did another one by a local person; that didn't sell many. But then we did one by Doubleday—we've done two by Doubleday, and it's been doing pretty well.

ASH: Well, of course, it's now the "thing." Now we know.

SWANK: Yeah, but the original diet, low-fat diet, was produced by ourselves.

ASH: In 1959.

SWANK: And it had been—it started out this way. Aagot Grimsgard, who was working with me and did take care of the diet, she would change the diet, take the fat out of it and put in oil, send it out to a number of our reliable patients, have them try it, and if they found it was good, she mimeographed it and sent it to everybody. So it just went on that way, and she collected them. She'd mimeograph it and send it out to other patients. Many of those old recipes are probably in the newest book.

Barbara Dugan has written the last book with me. She's been with me nearly thirty years, and she did a—she and her mother worked together and did all the diets, tested all of them, and did a first-class job. That is the best, by far, of our dietary. And we're going to do it again, with some changes. We're going to add in—she'll add in diets for busy people who don't have much time. And the diets are based primarily on basic ingredients, not on prepared foods prepared by chemical and other methods. We stay away from all processed foods.

ASH: Do you eat the recipes, yourself, that are in the book?

SWANK: What?

ASH: Do you follow the diet?

SWANK: Yes.

ASH: How long have you been...

SWANK: Fifty years.

ASH: Well, that's a good testimony to the diet.

SWANK: Yeah. Patients come in and see me, and they say, "You don't look any different than when I first saw you twenty years ago." I say, "I don't think that's quite right. Just look inside."

ASH: Well, I have to—now that we've talked about the diet a little bit, I want to also be sure to ask you about the—there was a 1963 article about the apparatus used to find the serotonin effect in shock, that I came across in the archives, so I wanted to ask you about that apparatus and what the history of that was.

SWANK: To begin with, the ordinary machinery that we used to measure blood viscosity didn't—would show something, but it didn't show what was important, because it would just show big changes. We decided that we needed something which would pick up very small aggregates, and so I developed what was known as the screen filtration pressure machine. This is a machine that pushes blood through a fine screen with twenty-micron holes, and then you measure the pressure off the side that develops in front of that screen, and you get a curve of the pressure. And this is called a screen filtration pressure machine.

That was the machine that we developed which was very important in this study, because it showed the aggregation of platelets and leukocytes when you added serotonin to the blood. And then the serotonin was injected into the bloodstream and it would—or, no, first serotonin was injected into the right side in the carotid and would embolize capillaries on the right side, and immediately after that we would shoot some trypanblue(?) into the general circulation by way of one's veins. And it, then, stained only the brain on the side where the embolization occurred, and this other side would remain white. That meant that it was breaking down the blood-brain barrier. And we demonstrated that with other methods. We used small paraffin emby(?) to do it, and we used, also aggregation of platelets of red cells to do it. So we were pretty confirmed in our own belief that these things could occur.

ASH: And you did publish that?

SWANK: Yes, it's published.

ASH: What would you tell me if I asked you what the major, most important products of your research over the years?

SWANK: I think the—I think of two things that are important. One is the fact that there is an enormous number of micro emboli, which are disregarded by medicine entirely, which cause little damage but slow, increasing damage over the years as we get old, which has a big effect in chronic diseases in general, and probably something that has something to do with aging. That's one thing, and I'll give you a paper you can read to see that. And then

the other thing was the MS, and I'll give you a paper to show that, too.

I might bring out something to you, also. I've received all these—they're fame things from the two organizations I joined.

ASH: Awards?

SWANK: Awards, from Cambridge, England, and from Raleigh, North Carolina, in this country, but I get the same thing from both of them. I've been picked out as—in the past century, this present century, there have been two thousand prominent people in science, or something, and I'm one of them. I'm also the one of five hundred, too, I'm one in that five hundred group. And—from both companies. Then I got—there's all this junk. I mean, I've got medals and plaques and one thing and another.

ASH: Oh, I see. You have a hall table full.

SWANK: Yeah. That's not all of them, that's only a part of them. And I think we're going to put them up in the clinic, put some of them in the clinic. And that's just another part of it. I don't know how it happens, but it does.

ASH: So you describe those two achievements as your greatest achievements?

SWANK: Um-hmm.

ASH: Any others?

SWANK: Well, I've done other things, a number of other things, because I've done so many different things. I've written 170 papers. I think the work I did on combat exhaustion is very important. It's the only article that really follows through from the beginning, what happened to them in combat, and their lives afterwards. I saw about ten thousand cases, and I followed carefully a couple of hundred. I think those things are important.

And, incidentally, the same thing happens to MS patients. They develop that same kind of fatigued, worn-out syndrome if you don't watch them. They're driving people who work hard, they worry about everything, and they develop a syndrome that's a little bit like combat exhaustion. That was very important to me, because I began to see this happening in patients, and as a result of it, symptoms which had been present for twenty years, you might say, and which had gone away—it's an exacerbating-remitting disease; you get better from it—symptoms would start coming back when they got working too hard, worrying too much. Calm them down, have them rest, and the symptoms would all go away. I'd say this is due to fatigue, fatigue syndrome. I think that might be important.

It's pretty hard to say. There are other things, too, maybe, I don't know.

ASH: Well, let's talk about your work at the medical school, because we talked about your research, and you were building a—some people came with you, so you had a small group, and then you were building a group, but there are other things that go on in the medical school, and this is when you started doing more teaching. Can you summarize for me the changes you saw over the years in the way you did the teaching?

SWANK: Well, first, I think one of the biggest changes which occurred was the marked freedom we had when I came here. There was lots of room to move in this building, so you didn't have any neighbors pushing you. You were alone, at the very beginning. So we had plenty of room to grow, and we were left alone. Dean Baird was very good. I would go down to see the dean and tell him that we needed a piece of apparatus costing \$10,000, and he'd say, "Gee, that's a lot of money." And I'd say, "Yes, it is, but we don't have it and we need the machine." He said, "Well, let me discuss this with Zimmerman." Do you know Zimmerman?

ASH: I'm going to interview him, I hope.

SWANK: He's a great guy. I think Zimmerman is one of the world's worthy creatures.

ASH: I want to ask you if you have his phone number.

SWANK: I don't know. I probably do.

ASH: I'll ask you afterwards.

SWANK: Anyway, I'd come down the next day and talk to Zimmerman, and he'd say, "Do you have any money that you could put in this?" I usually had some money. I'd have about \$2- or \$3,000. I said, "I'll put \$2,000 in." He said, "Okay, we'll get it." Now, that was done in two days, and the next week I'd have the machinery.

ASH: No red tape.

SWANK: Good god, you could—[laughter]. The government has ruined everything. It's unbelievable what's happened. Do you know the paper work we do I'm sure costs the medical school at least 20 percent of what [unclear]. Maybe twenty-five. Just the paperwork. And also it does another thing, which is worse. It makes liars out of us because in order to speed it up, we'd lie.

ASH: To justify it.

SWANK: To justify the effect of holding things up. It's awful, it's absolutely awful. It was wonderful at first, and it began to get bad—well, it didn't begin to get—we began feel a little of it in the seventies. Not much. But it has—in the last few years I was there it was really something. Now, you know that I retired in '75, but I stayed there and saw patients out

of the clinic for another twenty years. And, then, more recently we've gone to our own clinic. During that twenty years you could see what was happening to everybody. And we were getting—we had our own money. I had the good fortune of—through the work I did at the medical school, I developed a filter for blood that would take out a lot of junk, and we set up a filter plant, Pioneer Filters, and after about ten years we sold it to—and did pretty well. As a result of that, I endowed the...

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

SWANK: ...grant, which is being used by neurology now. It's about \$2 million.

Now, I put in that, I suppose, about \$800,000, and the rest has been growing as it grew. But when we sold the plant, one of the things I demanded, that they pay \$200,000 to the foundation, as well as what they gave us, and that brought the ante up to about \$3,000(?). But shortly after I got here, I began to get little grants from people who would donate money to us, and I began to [unclear] into a foundation, so that gradually I built up—oh, there was maybe a couple of hundred thousand dollars in this foundation. But, then, this \$200,000 by the people who bought the filter and another \$300,000 that I gave at that point, they built it up to \$800,000, and then it has been—let's see, that would be back in '78, twenty years ago. In twenty years it's gone up to around \$2 million, with some money coming out, I think, but going to neurology. I don't have much control over it.

In retrospect, I wonder if it wouldn't have been better if we just set it up for ourselves for our clinic now. But, as a matter of fact, I'm rather proud of the grant that I gave the university.

ASH: You should be. You were department chair, then, for how long?

SWANK: I was not a department—well, chair, yes. Twenty years.

ASH: Twenty years. So Neurology was a division, correct?

SWANK: Yes.

ASH: And, then, when did it become a department?

SWANK: The next man that came in, came in as a department head.

ASH: So looking at curriculum changes, then, in the twenty years that you were here, from the point of view of the medical students, how would they have seen the teaching of neurology change?

SWANK: Well, until I left, I had a—I had several very good people with me. Shauman(?) was a good teacher, Jim Moss(?) was an excellent teacher, and they taught neurology quite thoroughly, and spent a lot of time with students on rounds. And I taught

some. I didn't teach as much as they did. I spent most of my time doing research. I'd gotten a promise from the dean when I came here. I said I wanted to have at least three-fourths of my time for research. He says, "Fine." So I just kept to it. That three-fourths of my time went not only for that, but also raising money, because we had to have money to do the research.

ASH: So you started getting grants from NIH at that time?

SWANK: No, we got very little out of them. We got grants from individuals, and in the—after I retired from the school, I kept getting grants from individuals. Usually, a number of people would give me—there were some wealthy people, and they would give me \$10,000 a year, this kind of thing, and we could get along very well on it. And I gave quite a bit of money, because I was—from Pioneer Filter I—the money was split between my family and the school and me, we cut it in a three-way split, and so I had more money—I had a little extra money, so I was giving about \$25,000 a year into our department for a number of years. I've gotten down to the point where I can no longer do it, but I did that because I was very insistent that this continue.

ASH: Were the faculty at that time, in the early days, were they able to earn clinical money?

SWANK: Yes, there were a group of people that could earn clinical money. The surgeons did very well, the eye people did very well. They could all earn clinical money. We earned a little clinical money; not much. But, then, if I saw a patient new, twenty-five dollars was what you charged them. Now when I see a new patient at the clinic, I'll charge \$400 on that. The money we made from seeing patients wasn't [unclear].

ASH: Didn't help the department a whole lot?

SWANK: No.

ASH: But it was helpful in...

SWANK: Oh, yes.

ASH: ...that you recruited patients?

SWANK: Yes. And we had to, each year, report to the dean how much we'd received.

ASH: Let me ask you another sort of global question about the twenty-year changes, and that is your seeing women and minorities in medical school, in your lab.

SWANK: Well, when I first went to the medical school, four percent of the class was women, and they lived a sufferable life, because guys were always making fun of them in

any way you could think of. I remember there was a girl whose father was head of urology in town in Chicago. He was the outstanding urologist. And we were examining urine, and we all collected a jug of urine, of our own urine, and brought it to class and looked at it, and some smart guys substituted one of theirs for hers, and when she looked in there and there was some sperm floating around, she wondered what this was all about. [Laughing] Well, you can imagine—so they had to be pretty tough. I mean, pretty hard-nosed, you might say.

Now, there was one girl, however, who was the daughter of Wooster at the University of Washington. Dr. Wooster was head of the anatomy department there where I worked, and she was his daughter. She came to the school, and she was—oh, it was about two or three years later. She never had any trouble at all. She was a plain girl. She was attractive and very, very pleasant, very smart. She joked and would do everything like the boys, and the boys just couldn't make her embarrassed. And she went through medical school just like a dream. And not giving any—just by joking with them, talking with them, and studying with them. I'm quite positive there was none of this female sex business. She just was the kind of a person that the boys all liked. And, you know, it's like everything else. You can't control people; they are themselves.

ASH: What about changes in the training programs. Aside from medical school, when did you start having neurology residents?

SWANK: We had neurological residency right after the first year, after the first year of internship.

ASH: But did you start the residency program in neurology?

SWANK: I can't remember, but I think so. I'm quite sure we did. I remember when we—Jim would know that much better than I would, Jim Austin. He had charge of the teaching. He was very good.

ASH: So, probably, before that, neurology was taught as part of a medical residency?

SWANK: Oh, yeah. Now you come to the crux. Before that, Ben Selling was a neurologist in town. He was an internist. And that—he taught the neurology in town to the students. I would suspect it was pretty good neurology, because he had a good medical background, too. See, I had four years in medicine before I went in neurology, and so that a new medical problem would come along in our neurological patients, I don't have to refer them elsewhere, I treat them right away. I think that's very helpful. Patients don't like to go see other doctors unless it's necessary, or unless they don't like you. In that case, of course, it takes care of itself.

ASH: So tell me about Selling.

SWANK: Ben Selling was a great guy. He's the one who brought me here—or no,

no, he didn't bring me here. He brought—he was on the committee with me and with one other person who brought a neurosurgeon and other people to the school. I came to know him very well. He lived down here off of—not far from Scholls Ferry in a very nice area. The Sellings lived there. They had ten acres, and I think they're now selling it and they're building in that area now. But I liked Bud very much. He was a first-class guy.

ASH: Well, he was also a very well-known person.

SWANK: Yes.

ASH: And what was he well known for?

SWANK: He was an internist, in the Portland Clinic as an internist. I think from there he was known very well, because he was—really, he was a genuine, first-class person. Very good to patients, took very good care of them, considered everything. Now, I think Ben Selling was one of the best doctors around town for a long, long time.

ASH: His name keeps coming up.

SWANK: Oh, I'm sure it does. Another thing, you know, they were very wealthy, the Selling family. They must have bought land in this area, down the hill, here, which has become—must be worth a lot of money now. And—Well, Dan Labby, for example, married a daughter of the Sellings. She's a very nice woman. It's a nice family. I used to go over—I remember one time—[laughing] where the devil was I going? I was going someplace—I guess we were going on a—1960, when we went to Germany on a sabbatical, a yearly sabbatical. I had bought a coat from—Ben had a brother who ran a store downtown, and I bought an overcoat. It was a marvelous overcoat. I was getting ready to go to Europe, so I pulled this overcoat out and looked at it, and it looked just like a new coat. I thought, "Well, I'll go over and show this to Ben," because it wasn't very far away from where we were living on Scholls Ferry. He was up a couple of streets and over one. So I went up and brought my coat along. He was out in the garden, down on his hands and knees, digging away, removing weeds and all the rest of it. He looked like a farmer who had not had a bath in about a year [laughter]. I said, "Ben, I don't like to interrupt you. You probably won't appreciate this, but I want to show you a coat that I bought from your brother about ten years ago." He looked up at it, "Hmm, good coat," and went back to weeding.

ASH: Can you tell me any stories about Dr. Baird, Dean Baird? Anything that you remember from any of your dealings...

SWANK: I told you with his dealings with me on equipment. When I first came out here, you know, they didn't pay money for transporting equipment—I mean, transporting the furniture and so forth. So I told him, I says, "You know, I've got to have some help. I don't have any money to move this stuff out here." "Well," he says, "we'll just call it [laughing] collected records, and so forth." We brought a lot of furniture out. He was very good. I liked him very much.

ASH: And Dean Holman after him?

SWANK: I knew Dean Holman well. He was very good. But Baird had really—he'd done a lot for the medical school. He really got it started, and through a great deal of honesty, I think he got the legislatures in back of him. He was able to get started the new hospital and the new Doernbecher, a lot of these new things were started. And—of course, now it overshadows what was done before, but there was nothing here. This was a bare hill, except for the medical school and that old building. It didn't even have a library on it. They had to add the library, and also the building behind, the first research building.

ASH: You've seen a lot of growth. And you think that Dean Baird was a lot responsible?

SWANK: Oh, yes. And I think Dean Baird—right now, I have to think that Dean Baird was probably the—they're different people, but, I mean, the best of all. He was a real man. He was necessary for that period. You know, he was from—born and raised in—oh, in eastern Washington. What's that town? The one just before you get to Baker City.

ASH: Not Pendleton?

SWANK: Well, anyhow, out of Pendleton, between Pendleton and Baker City. But anyway, he was born and raised there, never been anywhere, but he knew what had to be done, and he did it. And he did it with—you know, at the beginning it was difficult to get started, but when you see the government giving this guy—this was before the government was giving a lot of money. But now, see, the government gets into it, and they practically offer you money, it seems to me.

ASH: Some of my other questions—well, you were still in your chair position when we became a university, when the medical school and nursing school and the dental school came together.

SWANK: Oh, yes.

ASH: Can you tell me what you remember about the reasons for that?

SWANK: Oh, I think the reason for the—I don't know what the real reasons are, but as I would see it from the outside, it was due to the fact that the legislature would rather deal with one person, the president, rather than with individuals at each level. In other words, he would have to squeeze them down a little bit, rather than the legislature doing the all of the squeezing four times. I think that was it, mostly.

Another thing occurred to my mind. I can't think of it right now. Oh, yes. This you should have in there. About maybe five years after I arrived, say late fifties, the downtown doctors, principally those from Good Samaritan Hospital, began to advocate that

they should take over the management of the school and see that it was run properly, that it shouldn't be done by the present administration. This went on for about a year, and we were getting tired of it, and the dean decided we had to do something about it.

ASH: Which dean was that?

SWANK: Dean Baird. And so he called a group of us down—I was one of them—to write and explain in a letter why you're doing a certain thing and what's—so on and so forth. I remember, with myself, that they were complaining that I was doing too much research, not paying enough attention to patients, and that my—I had been in the newspaper too often because of this research. And I wrote on that and explained to them what we had to do, which was a sober type of a—I wasn't mad, I was just explaining in a very quiet way.

I remember we had a very good urologist, surgical urologist. I forget his name right now. But he was blamed for making too much money. And he was doing very good, but he was one hell of a good doctor. And, you know, it—as I look back on it, if a guy's good, there's no way to explain how you should get rid of him.

And anyhow, the outcome of this, all of these came out at one time, the dean looked them over, sent them all downtown, got the newspapers interested. They wrote it all up, it appeared on the press. We never heard another word. The guys ran and hid from then on.

ASH: This was the Good Samaritan group?

SWANK: Yeah.

ASH: Was this Dr. Dow's group?

SWANK: Yes.

ASH: I did want to ask you about the town-gown relationship, because it sounds like there was some competition there.

SWANK: There was a lot of competition early. I had competition with Dow. He was a little difficult, from my point of view. And I can't say he was a bad man, it's just he was difficult, had ideas which were quite different. And another one was the surgeon that was with him, neurosurgeon.

ASH: Was it John Raaf?

SWANK: John Raaf, yeah, he belonged to his group. They just didn't like the new change. They wanted to keep control.

ASH: Had they had control before you came in?

SWANK: Oh, yes. Raaf was head of neurosurgery, and he had some control over it, and Bob had some control over neurology, although he had not been trained neurologically. Then there were others. Quite a number of them are in that group. And this was a real—it was real enough so that everybody in town knew it was going on.

ASH: Was it mostly a fight for patients?

SWANK: No, because we weren't getting any patients.

ASH: I know. I...

SWANK: It was a fight for control. I've never seen a fight for patients; it's always control. They may call it patients, but that's not it.

ASH: So did this go on for the whole time?

SWANK: No, this had gone on for two or three years, maybe five years, and actually had been underground for many years before. Most of these people came from Good Samaritan Hospital, and the medical school faculty had come mostly out of St. Vincent's. There was a closer connection with St. Vincent's. And Good Samaritan wanted to be the best in town. Not equal to, but the best, and wanted that to be acknowledged. But I think it ended up with the medical school doing something different, training people. And they couldn't train people; they wouldn't know how. They'd train them to make money. We were trying, actually, to do differently, to do good medicine.

ASH: Well, in the few minutes that we have left, let me ask you first if there's anything I've missed.

SWANK: What?

ASH: Is there anything I've missed, that I should have asked you?

SWANK: No, I don't recall anything.

I would—one thing I'll tell you. Dunphy came out as head of surgery at one point. We were looking for a surgical man for head of surgery, and I knew Dunphy. We were together overseas during the war. He was from the Peter Brent Brigham Hospital, too. I knew that Dunphy—we were somewhat friendly. I knew that he was dissatisfied somewhat, and so I suggested to them maybe we ought to look into the possibility. I don't know what the committee was. I wasn't on the committee, but I suggested it, probably to a dean. And the dean says, "Why don't we invite him out to give some talks, get acquainted?" And he said, "When he's out here, I'd like for you to give him a party in your house," which we were still on Scholls Ferry Road. It was absolutely magnificent for that. And I says, "Yes." He says, "We'll pay for all the costs of this party." Then of course, it seemed easy. My wife was marvelous at this sort of thing; she was really wonderful. And everybody liked her. She

knew how to keep things going, and so on and so forth. And she was very attractive, so the men liked to talk to her.

We later joined Waverley Club, and She played golf, and I remember we'd go out to a special party out there, you know. My wife would be surrounded by about three or four men talking to her, and, here, I would be all alone. They called me Mrs. Swank's husband [laughter].

ASH: So you think she's the one who recruited the surgeon that had come to the party?

SWANK: No, I don't think that. He was—but anyway, I remember we gave a big party for him, and Dunphy, being a real Irishman, would—I remember I was making gin and tonics—no, manhattans. And he had his drink, and he came up to me, and he poured all the gin out and put in some more vodka in it [laughing] and put the gin [unclear]. But anyhow, he didn't get drunk, he just was having a good time.

And he came out and was with us for a few years until he then went down to California as head of surgery down there. The reason for—one of the reasons that was told to me was that Harvard University thought that one of their men should not be head of surgery at a small university, but should go to a large one. That's just—that's talk. But anyhow, that's how he came about. I knew him, and the dean thought it was a good idea. He was a remarkable guy, knew how to get along with everybody, and he just moved, got everybody behind pushing, and it went fine. And then he died. He wasn't down there very long when got cancer of the prostate and died.

ASH: Well, before we run out of tape, one more question. What was the most fun thing you did?

SWANK: The what?

ASH: The most fun thing you did in your career.

SWANK: Oh, the most fun thing I did here was skiing. I used to ski a lot. I skied once or twice a week during the season. And we would go skiing to Colorado, to Aspen or another place in Colorado, I forget where it was, and also to Sun Valley. I had a number of skiing friends. A guy from Vancouver owned a—oh, automobile. We were excellent friends and we skied together. Take our families and beat it out for a week or so. That was great. And I skied up to seventy-five, but I quit then because it got to be—I didn't want to break a leg. I'd seen too many bad results. Not the leg, that would heal, but they never quite thought quite as good afterwards.

ASH: Or the knee, the knee is the other one.

SWANK: Yeah.

ASH: Well, I'm going to close now, then, and I'd like to thank you so much for giving me this time.

[End of interview]

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