

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

Victor Menashe

Interview conducted February 18, 1999

by

Linda Weimer

SUMMARY

In this interview, University of Oregon Medical School alumnus and faculty member Dr. Victor Menashe discusses his long affiliation with the institution. A native Portlander, he was born to immigrant parents who had recently arrived from the Isle of Rhodes. After a brief period as a business major, Menashe switched to premed at the University of Oregon, and went on to complete his medical degree at UOMS.

He reminisces about his student days and his years as first an intern and then pediatric resident at UOMS. He talks about typical cases that residents saw at Doernbecher and at the county “pest house,” and notes that he witnessed the last of the severe polio outbreaks before the widespread use of the Salk vaccine in the 1950s. After his residency, he did a two-year stint in the United States Air Force at Edwards Air Force Base in California, where he served with such memorable characters as Chuck Yeager and Deke Slayton.

He returned to UOMS as a faculty member when Drs. Herbert Griswold and Richard Sleeter teamed up to offer him a joint position as instructor in Pediatrics, Assistant Director of the Crippled Children’s Division, and fellow in the Division of Cardiology. Menashe recounts the history of CCD from its beginnings as a welfare program administered by the state, through its development as a joint program with the University of Oregon in Eugene, and finally to its current incarnation as the Child Development and Rehabilitation Center, or CDRC.

The administrative structure of UOMS was such that CCD operated as a separate unit within the School of Medicine. Menashe talks about the Division’s relationships with various hospitals and with other academic and clinical units within the School. He notes that while the organizational chart did change when the loose-knit institution was consolidated into a university, the Division’s role within the university remained very much the same. He does touch briefly on how the administrative change impacted the School of Medicine, and indicates that SOM bore the brunt of the upheaval.

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Interview with Victor Menashe
Interviewed by Linda Weimer
February 18, 1999
Site: History of Medicine Room
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WEIMER: This is an oral history interview with Dr. Victor Menashe. The date is February 18, 1999, and we're in the History of Medicine Room.

We start out all our oral histories asking for a short biography, so I'm going to ask you where you were born and raised.

MENASHE: I was born in Portland and raised in Portland, as a native.

WEIMER: Were you in the city? Did you go to city schools?

MENASHE: Yeah. I went to Shattuck Grade School, Lincoln High School, just down the hill. Shattuck Grade School is now Shattuck Hall of Portland State University.

WEIMER: Ah. I did not know that. Were your parents from Portland?

MENASHE: No. My parents were immigrants. They came from the Isle of Rhodes, my dad in 1910, my mother in 1924, '25.

WEIMER: I'm always curious why people make such a big decision and emigrate. Why did your folks do that?

MENASHE: My father came with his brother. At that time they didn't want to go into the Turkish Army. My dad was only fifteen, and he came only because my uncle was coming here. They traveled the country, did lots of interesting things.

WEIMER: Where did you decide to go to college?

MENASHE: I went to the University of Oregon, and that was financial.

WEIMER: Because it was in state?

MENASHE: It was in state.

WEIMER: Was it always expected that you would go to college?

MENASHE: Yes.

WEIMER: Was that something—the history of the family?

MENASHE: No.

WEIMER: Just...

MENASHE: They expected my brother and I to go to college.

WEIMER: What did you major in?

MENASHE: I initially started in business and soon found out I didn't like that. I'd always had some facility with science, and it had been drilled into my head that I should have been a doctor by my mother [laughter], and so I switched after my first year in college into premed, and it was a good move.

WEIMER: Why did your mother think you should become a doctor?

MENASHE: Oh, I think that was because that was a position of learning.

WEIMER: Were there any other medical people in the family?

MENASHE: No.

WEIMER: So after college, what happened?

MENASHE: Well, at that time you could apply for medical school in your third year, which I did, and I was fortunate that I was accepted at that point. And so I entered medical school, which would have been my senior year of college, and went from there.

WEIMER: And you were a student here at the University of Oregon Medical School.

MENASHE: Starting in '49.

WEIMER: Tell me what it was like to be a medical student then.

MENASHE: In '49, we were a student body that was pretty mixed. No women: there were only two women in our class; but it was with veterans, mostly, and then a few of us youngsters who hadn't been in the service yet.

WEIMER: How did that feel to have these men back from World War II and you had not had that experience?

MENASHE: It felt like we were all medical students [laughter].

WEIMER: There was no difference in the class, then?

MENASHE: I didn't feel anything. They were older, they had a little bit more experience, they had their wives and some of them had family, but we all had our parties [laughter].

WEIMER: Well, tell me what a typical day was like for a medical student.

MENASHE: Well, at that time the first two years was lecture after lecture, and we sat a lot. We had the labs, the anatomy lab and physiology lab, but those were sort of respite [laughter] from the long lectures that we had.

WEIMER: Any outstanding teachers that you remember?

MENASHE: Well, "Pappy" West was venerated. He was always enjoyable, thoughtful, and a good teacher. That was in the first two years. So there were characters, of course [laughter].

WEIMER: And what did he teach?

MENASHE: He was a biochemistry teacher, which is all mixed up into molecular biology now.

WEIMER: You mentioned parties. What was the social life like for a typical medical student?

MENASHE: Generally, I don't think it's that much different. You worked hard, and you played, and you played hard. I catch a sense it's a little different now with our medical students in that they have a broader community orientation than what we might have had at that time. That may be the aura that is surrounding medicine and the delivery of medical care today, different from what it was in the forties.

WEIMER: How about medical fraternities?

MENASHE: There were two: Nu Sigma Nu and—I forget.

WEIMER: Were they traditional fraternities?

MENASHE: No. They were just fun times. There were three fraternities. Two of them had housing, and Nu Sigma Nu did not have any housing. But they were, as far as I can tell, just mostly to get together. They weren't that restrictive.

WEIMER: What was your interaction with nursing students? We had the Nursing School up here on campus at that time.

MENASHE: My interaction wasn't that great. I was running down to Eugene visiting

my wife-to-be at that time [laughter]. But there were some parties that went on between medical students and the nursing students.

WEIMER: Was it mainly, I should say, after-school hours interaction? Did the nursing students ever have classes with you at that time?

MENASHE: No.

WEIMER: So that was completely separate. What were your goals as a medical student?

MENASHE: Well, when I started, I was thinking I wanted to just go out and be a family doc. As I got into it, I was thinking more medicine, pediatrics, and then, when I was a junior, decided pediatrics was what I wanted to do. I at that time didn't have that much knowledge about where congenital heart disease was, but it was in 1949 that Herb Griswold came up, set up his catheterization laboratory, which was a small room up in the physiology laboratory area. And I began to get some feelings about the fascination of congenital heart disease and what people were then able to do about it, and I at that point began to think about that more as an area of interest. And here I am [laughter].

WEIMER: Can you describe Herb Griswold? What was he like?

MENASHE: Herb? Herb's always been a very dogmatic, assured, bright. A warm guy, and just would burst into a room, and you knew he was there [laughter].

WEIMER: Was there a general feeling of excitement over his research, or was it pretty much not known?

MENASHE: Well, it was more bringing a new technology. He had been back at Hopkins and been working with Bing there, and brought cardiac catheterization to the area. And the facilities were, by today's standards, very, very crude, but they were able to accomplish some things that previously hadn't been done before. And it wasn't so much research: it was making technology that was current, available.

WEIMER: Was Charlie Dotter here then?

MENASHE: Charlie came a little bit after. I think he came about 1951. I'm not sure. In that era. And, of course, with his skills and, then, Herb's, that made a nice mesh and put a foundation for cardiology here on the campus.

WEIMER: So that would be the beginnings of the Cardiology Department, which later had Albert Starr and others?

MENASHE: Well, if you look at all the Cardiology, yeah.

WEIMER: You graduated in what year?

MENASHE: Fifty-three.

WEIMER: And how about your internship?

MENASHE: It was done here, and residency was done here.

WEIMER: Was the internship a rotating internship?

MENASHE: Rotating internship, yes.

WEIMER: Anything about those days, the hard work? Or what was life like?

MENASHE: Rather hectic. I had just gotten married, which was probably, in retrospect—no, I got married the year before we graduated, so I had a year of nice time [laughing]. But internship, at least then, was very difficult for a marriage. You were gone a lot. We were on every other weekend, every third night.

WEIMER: Did you actually just sleep here those nights that you were on?

MENASHE: Oh, yeah. When you were on, you were here.

WEIMER: But was there a dorm? I guess no one's ever told me exactly what type of facilities you had.

MENASHE: They had rooms on the fourth floor of the Multnomah Hospital, now Multnomah Pavilion, and those were our quarters when we were on. Everybody had a room.

WEIMER: Oh, so you did have individual rooms?

MENASHE: Yeah, we had individual rooms. You'd stay there—because some individuals didn't have any other facility, they just lived there.

WEIMER: That was their main living accommodation?

MENASHE: Um-hmm. If they were single, they didn't have to have anything else.

WEIMER: Tell me about residency. What did you specialize in?

MENASHE: Well, that was pediatrics. There were three residents in our class. Now there are many, many more. Bob Meechan and Dave Macfarlane and myself, the “Three Ms,” as we [laughter]... Bill Clark was our chief resident at that time. It was in the old Doernbecher, which is now clinical labs. And it was great fun. It was—especially—you know, the school was much, much smaller then in its staff, and there used to be a little

resident room, and there would always be some coffee and toast or some pastry that the cooks from the dining room used to put out there at about nine thirty, ten o'clock. And what would happen is, after rounds everybody would congregate there, and all of our consultants would drop by. Clarence Hodges would come by, Clare Peterson would come by, and they'd stop and have a cup of coffee, and we'd get all of our consulting done at that time. So it was very casual, very easy, and you didn't have to try to page somebody and run him down. You knew that they were going to come by [laughter].

WEIMER: That sounds like one of the nice benefits of being a smaller school.

MENASHE: Yeah. And you knew everybody. Now I don't know anybody on the staff when they walk by. I don't know who they are, and they don't know who I am [laughter].

WEIMER: Doernbecher Children's Hospital started in 1926, and you were doing your residency mainly in Doernbecher?

MENASHE: Um-hmm.

WEIMER: What kind of patient load did you have then?

MENASHE: Well, the patients were those with rheumatic fever. We had a lot of rheumatic fever. We'd see tuberculous meningitis. The infectious diseases that we'd sometimes see—a hospital that was on the east side of town was a hospital that was kept by the state or city, I'm not sure, on Ninety-second and Burnside, thereabouts. Locally called the Pest House. The infectious disease hospital.

WEIMER: Oh, that's where that was located. I've heard the term.

MENASHE: It was there that we would see whooping cough, measles, polio. I remember seeing the last epidemic of polio in '55-'56 before the Salk vaccine was widely distributed, and some scary things seen in polio. Scary things seen in whooping cough in infants as well.

WEIMER: Scary in the sense that it was terminal?

MENASHE: Um-hmm. They were very sick. Polio was especially deceptive, because they could come in and not have any real difficulty, then just a little trouble with swallowing, and then, all of a sudden [snaps fingers], they couldn't breathe.

WEIMER: What was the fatality rate for children at that time, or just generally?

MENASHE: I can't remember that.

WEIMER: But if the children had a communicable disease they were actually sent to

the Pest House?

MENASHE: Well, the infectious disease hospital [laughter].

WEIMER: Excuse me, infectious disease hospital.

MENASHE: Yeah, if it's a communicable disease, then they were.

WEIMER: Right, and there were adults there also?

MENASHE: Yes.

WEIMER: Separate quarters for the children?

MENASHE: Um-hmm.

WEIMER: Was visitation allowed?

MENASHE: Their parents could come in.

WEIMER: Was that restricted in any way?

MENASHE: It was restricted. You had to be very careful to make sure that they were washing hands and clothing.

But in the hospital here, you'd see a whole variety of things. Much different in some ways than what current hospital care for patients is, because, you know, our patients who came in with leukemia didn't come in repeatedly. Lots has changed.

WEIMER: I have one question to ask about Doernbecher and the visitation policy, only because I was told by a couple of people that very early on, when it just was established, visitation was limited to Sunday afternoons.

MENASHE: I don't remember it that restricted. I remember it was restricted to, I think, a little in the afternoon and a little time in the evening.

WEIMER: And this was during your residency, so it must have been a little bit liberalized through the years.

MENASHE: Right.

WEIMER: After residency what happened?

MENASHE: I went into the service.

WEIMER: Military service?

MENASHE: Um-hmm. Two years down at Edwards, California.

WEIMER: I probably should know, but is that an Army base?

MENASHE: No, that's Air Force. Edwards is the Air Force Flight Test Center. That was exciting. That's where they were doing all the supersonic flights and where the "Right Stuff"—what's his name? Stack was one of those who was riding the car that was on rails that went supersonic. Yeager. Chuck Yeager had just left there, but he had been up in the X-1. And there were some interesting test pilots there. Deke Slayton was there when I was there. He was one of the original seven astronauts. And Ivan Kincheloe was there and was killed in a crash just after I left. He was slated to be the next pilot of the supersonic, the X-2.

It was an exciting time from that point of view. And I learned a lot of pediatrics that I hadn't learned in residency, taking care of kids, outpatient. Generally well parents and children, and concerns of mothers when their husbands are off on some mission that was somewhat risky and how some of that anxiety was transferred to their children.

WEIMER: So you spent two years in the military?

MENASHE: Um-hmm.

WEIMER: And then?

MENASHE: Then came back here.

WEIMER: Were you offered a position?

MENASHE: Well, I was at that point wanting to do more cardiology, and I was in correspondence with Herb Griswold to do that. And at that time, Dick Sleeter was also looking for somebody to help him at the Crippled Children's Division, and they combined to make me an offer that I felt was a good offer, to come and do part-time cardiology in a learning phase and part-time helping Dick. And here I am [laughter].

WEIMER: Let's talk about CCD for a little bit. What is its history?

MENASHE: Well, the Crippled Children's Program was started in this state in 1917. A group of women in Eugene were concerned about the management of some crippled children. Crippled, at that time, was related to those who had orthopedic problems: the polios, the tuberculous bone disease, et cetera; and the women felt that there should be some care for them. They got the Legislature to say, "All right, that's part of what the University should be doing," and said, "That's something we'll charge the University with," the Medical School at that time. They didn't give them any money, but that was where it stood.

Then, in 1935, with the Social Security Act and the maternal and child health portion of that providing care for crippled children, the state was getting some monies for this. And at that time it was administered through welfare in the state, with the work being done at the University. I'm a little bit hazy on the dates, but somewhere along in the forties, late forties, Dean Baird said, "If we're doing all the work, why should we have the money doled out to us? Why not just give us the money?" And so that's what happened. The monies for crippled children's services were given to the Medical School, and the state program for crippled children was administered through the Medical School. Prior to that, the program had been under direction of orthopedists who were functioning in town and did some of that work.

Then, in '53-'54—I think it was '54—Dean Baird brought Dick Sleeter up from Medford, where Dick had been a practicing pediatrician, and asked him to head the program. At that time the program had been expanding to do other things, other than orthopedic: it had been doing cleft lip and palate, and was beginning at that time to get into care of children with heart disease, because that's when open-heart surgery first started to be available.

At that time anybody who needed repair was sent to the Mayo Clinic; there were only a few centers. Herb Griswold and Dick said, "Well, why can't we do that here? Why should we have to do that?" Well, we started a program, and it was at that time that they recruited Al Starr to start an open-heart program. Bill Conklin had been doing some of that, but it was mostly closed-heart work for the kids. And so it was '57 that Al came, and the program then grew as it relates to heart.

Dick was really a farsighted person, and was very politic as well. He saw that there was need for a lot of kids who had multiple problems, and that multiple problems needed multiple disciplines to look at those problems, and to look at them in conjunction with one another rather than keeping things separate. And so he developed multidisciplined programs for looking at kids with cerebral palsy.

And it was at that time, the sixties, then, when Kennedy was president and monies were available for mental retardation, that the CDRC building was created in their minds and then subsequently built. In '72, I guess, it was dedicated. No, before that. Hmm. That's a date that's forgotten [laughter].

WEIMER: That'll come later.

You talked about a new building. Where was the program located before the new building?

MENASHE: Well, in '54-'55, the Crippled Children's Division was on the south side of the campus, across the gulch, and was in what's now called CDRC West.

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

WEIMER: This is side two of tape one with our interview with Victor Menashe, and

we were just talking about the building facilities of the crippled children's program.

MENASHE: So CDRC West was the original building. A second floor was added to a portion of it, and we were outgrowing all of these things. And then, with the mental retardation grant—I think that was in '68—we needed more space, and we had opportunity to get a building. That was done, and the current CDRC is the result of that. That was done in conjunction with the University of Oregon: they had a joint plan. At one time the programs were a single program. Geography and administration gets in the way of things, and it didn't work out to be a single program, and so they eventually split up into two programs, and they have theirs. The CDRC's branch in Eugene, however, is still housed in the Eugene program's building.

WEIMER: You have briefly mentioned Dr. Sleeter was politic. You also just mentioned administration. How did the crippled children's program—if you'd had an organizational diagram, how did that fit in to the School?

MENASHE: The Crippled Children's Division was a distinct unit. It was within the School of Medicine but under the Dean.

WEIMER: David Baird was Dean at that time. What can you tell me about him?

MENASHE: He was very kind. He, I think, knew just about everything that was going on without having to be going everywhere to find out what was going on. Again, a very agile politician, and he knew everybody down in Salem and knew how to talk with everybody in Salem, and developed a great deal of trust with the legislators.

WEIMER: What as the working relationship between Dick Sleeter and David Baird?

MENASHE: I think that was a very close one. They had similar directions, and they trusted one another very much. They golfed together, and I think David Baird saw Dick as somebody who was an able administrator, and he could let him do what he needed to do. My personal experiences with Dr. Baird were that on several occasions Dick had to be out of the office for quite a while, and at those times I would be put in charge, and he was very, very good at delegating. He could tell you to do something, and leave it open so that you could ask questions if you felt that you were getting into sticky water or difficulties, and it was most helpful. He never berated you for an error that you might have made, but gently showed you that error. In a way, that made it clear that you shouldn't do it again, but in a helpful, constructive way, which was different than some.

WEIMER: I think before we leave Dick Sleeter's directorship, could you tell me what you think his vision was for the Crippled Children's Division?

MENASHE: I think what he had in mind was, there are a lot of kids out there who need help, who have problems that are chronic; and chronic problems drain families—they drain families of their emotional resources and their financial resources. And that if we want

to make sure the families are intact, which is the source of support for the kids, we have to do what we can as it relates to making those kids as whole as we can. And his vision was to be able to provide those services where families couldn't.

And it's something that I guess is difficult to do today: looking at family strengths and family resources and sometimes having a moving scale for what you need to provide and how you provided it—considering that a lot of families with financial resources still didn't have the knowledge and the emotional resources and needed help; and a lot of families who had no financial resources, but some of the other resources with family around to help, needed financial resources. And sometimes those financial resources needed would be not much, and sometimes they'd be great, and how do you help them?

He saw that there were many things on the horizon medically that were there to help. I talked previously about the multidisciplinary programs that he established—his view to looking at developmental disabilities, then mental retardation—and, as well, seeing the potential of genetics to help in understanding and therefore help in management of problems. And it was through Dick's foresight that the first genetics clinical activity was started through the CDRC, then Crippled Children's Division.

WEIMER: The genetics clinic, was that something new in the nation?

MENASHE: Not new necessarily in the nation, but certainly new within the Northwest.

WEIMER: How long was Dr. Sleeter director?

MENASHE: He was Director from '54 through '72.

WEIMER: And, then, after 1972?

MENASHE: I became Director and was Director till '84, and then Dave Macfarlane was Director. And when Dave retired in '89, I did an interim stint as Director for about two and a half, three years.

WEIMER: [Laughing] You decided to retire again?

MENASHE: Yeah.

WEIMER: What was the relationship of the Crippled Children's Division with Doernbecher Hospital?

MENASHE: At that time they were separate. We made it a practice, when patients came from within the area, to try to utilize Doernbecher as much as possible, but many of our patients were hospitalized in hospitals throughout the state under the physicians that they were being cared for at the time.

We at that time participated in teaching. The child health course that was taught at that time was a course that was bringing Public Health, Medical Psychology, Pediatrics, and Crippled Children's Division all together to teach about children. Consequently, I think we had six weeks of the junior year—or twelve? Twelve weeks, instead of six that pediatrics would have had alone.

WEIMER: Was there a relationship between your division and Shriners Hospital?

MENASHE: Not a direct relationship, an understanding. When we had patients who had orthopedic problems that could be seen there, we would refer them there. It turned out that Dr. Sleeter and I had been consultants, pediatric consultants, to the Shriners Hospital for many years, and so that made a working relationship, but not a formal relationship.

WEIMER: When you became director in the seventies, what were your goals?

MENASHE: [Laughing] At that time I was hoping I could keep things together. I was thinking more of how to get the program into a number of other areas. We needed to expand some of the hemophilia program that had begun.

WEIMER: Did your division have a relationship with other units on campus, such as the School of Dentistry, perhaps, with pediatric dentistry?

MENASHE: The division had lots of ties, and perhaps that's why it hadn't been part of Pediatrics. The initial and strongest tie had been with Orthopedics, because that's what it had been principally before really coming on to the campus. With the development of multidiscipline programs, we had ties with Medical Psychology; though we had our own psychologists, they were a part of the Department of Medical Psychology. We had ties with dentists, and, therefore, the pedodontists were part of the pedodontic department; they had some of their students and fellows come through. Ties with Neurology and those things have still continued, particularly in the area of the genetics group. The genetics activity is with a department and a clinic that is still administered through the CDRC to a great extent. And the facility that the Division brought was the extension throughout the state. And, you know, it was in 1962 that we had our first satellite clinic in Eugene for heart—

WEIMER: Well that's fairly early on, 1962.

MENASHE: Yeah. And not too many years after that, in Medford. And now they're all over. The department is spreading out into some of these areas, too—the Department of Pediatrics, with endocrine and pulmonary.

WEIMER: Can we talk about the Department of Pediatrics? Because when you first came here, you had half an appointment with CCD and half an appointment with the Department of Pediatrics?

MENASHE: No.

WEIMER: How did that work?

MENASHE: I was doing half of my time in Cardiology, learning more about pediatric cardiology and the technique, and it was more like a fellow, really.

WEIMER: So it was more—I guess I was thinking pediatric cardiology, Pediatrics, but it was Cardiology.

MENASHE: My appointment was in Pediatrics. My functions were at CDRC, and my training was through that Division of Cardiology for those first few years. Then, subsequently, I was doing essentially all the work at CDRC. I was Assistant Director, Associate Director, Director. I even had the title of Assistant Dean at one time [laughs].

WEIMER: And you were Assistant Dean to which Dean?

MENASHE: That was Holman. And that went along with the directorship of CDRC.

WEIMER: What was it like working with Dean Holman?

MENASHE: Charlie was much quieter, contemplative. I enjoyed it. He, again, was one who gave you his direction, not the explicit instructions, and let you go, and you knew that you were responsible.

WEIMER: You were Director when the various schools, Medical, Nursing, and Dental Schools, consolidated into the University. How did that affect CDRC?

MENASHE: [Laughing] That really didn't affect us at all. It separated us from the School of Medicine, technically, and put us under the President. Our ties didn't change. It made us, perhaps, in a different stature than the departments, and perhaps that created some more confusion, because there's always been confusion about that. But with regard to our relationships, I don't think it mattered. Most of those relationships—although you can put a chart up, if you have good relationships with the people there, that's what makes the difference.

WEIMER: Did you have a working relationship at all with our first president, Bill Bluemle?

MENASHE: Yes.

WEIMER: What was that like?

MENASHE: He was a very precise person. He brought a different aura to the University. We had been, of course—how to phrase this?—inbred. We had Dean Baird,

Charlie Holman, and this was something different, and it changed how we did business.

WEIMER: How did it change?

MENASHE: How did it change?

WEIMER: Here was an Easterner: he was from the East, coming in.

MENASHE: Um-hmm, from Philadelphia.

WEIMER: Right. President, which gave the Dean of the Medical School almost a demotion, perhaps.

MENASHE: Well, the difference, I think, was really as it related to the School of Medicine and the Dean, as you pointed out. The problems that I'd seen with the University as it was—it's enlarged since that time, which makes it somewhat different—was that at that time, with only the School of Medicine, School of Dentistry, School of Nursing, CDRC, the functions of the President were 85 percent concerned with the School of Medicine, which was 85 percent of the activity of the University when you consider the hospital being part of the School of Medicine. The other three units comprised little of the activity, and, therefore, the President was concerned with the School of Medicine principally. And, consequently, I could see conflicts. And we didn't have deans that lasted very long. Dean Stone and—who came after Stone?

WEIMER: When did Ransom Arthur come in?

MENASHE: Ransom Arthur came in after Stone.

WEIMER: So there was contention between the—*the* Dean, if you consider the Medical School comprised so much—and the President.

MENASHE: That's my take.

WEIMER: Did you feel you had to fight for attention, being one of the smaller units?

MENASHE: Well, you had to move in, but it was there, the attention was there if you needed it.

WEIMER: How about money, appropriations: did you have to fight for your share?

MENASHE: Our budget was a line item in the budget, and since we had federal monies coming directly to us, it was matched and overmatched by the state, and so it was fairly secure.

WEIMER: CDRC was not as vulnerable as, perhaps, another smaller unit.

MENASHE: No.

WEIMER: You have to go. Well, we've had an hour. I want to thank you very much. I want to continue this some time, if we can.

MENASHE: Okay.

WEIMER: Thank you.

[End of Interview]

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