

OREGON HEALTH & SCIENCE UNIVERSITY

ORAL HISTORY PROGRAM

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an interview with:

Muriel Lezak, Ph.D.

interview conducted on: May 5, 2016

by: Morgen Young



Narrator: Muriel Lezak
Interviewer: Morgen Young
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Transcribed by: Teresa Bergen

Morgen Young: My name is Morgen Young and I'm interviewing Muriel Lezak for the OHSU Oral History program. It is May 5, 2016 and we are in the Neurology Library at OHSU. Thank you for sitting down with us. I wanted to start at the beginning and have you describe your childhood and how you first got interested in medicine.

Muriel Lezak: And you're right to say that the interest was medicine, because my original interest was medicine. I grew up in Chicago in a very middle class neighborhood about a mile from the University. And there was nothing particularly outstanding about my situation, excepting one thing. And that is, I had a grandmother who was in a wheelchair. And nobody knew why her muscles weren't working. And, but this was a very big part of my life, my everyday life, because we lived in the same apartment building, and my family was on the second floor, my grandmother was on the first floor. I would see her every day. And she couldn't walk. She could use her hands very well. She was a very bright woman. She used to crochet a lot of afghans. You know what they are? She read a lot. But her legs would not hold her.

And so I think that that probably contributed to my idea about it would be interesting to go into medicine. I'll just make an aside now and explain I never went into medicine. In those days, first of all it seemed like too big of a leap for a woman. Second of all, I got married at twenty-one. So as far as I was concerned then, and for those days, I think, there would have been no way that a medical school would have admitted me. We're talking about, I was married in '49.

Okay. So that was what was important about my childhood. That and the fact that being in the University neighborhood, it was in a sense part of the aura of the neighborhood. This was also wartime. I was, how old was I when the war began? Twelve. No, I must have been, no, I'm sorry, I was fifteen, sixteen years old when the war began. In the meantime, when I was nine, two events happened. One was a girl my age was brought with her brother to our building to live with some cousins by her father from—Germany—who knew enough to get his kids out. And Suse became my very best friend. There may be some people who see this video who might recognize her name. She was Suse Katz, and she ended up as being the head of Social Services for the Portland public schools.

Young: Small world.

Lezak: Isn't that, yeah, isn't that something? Her brother ended up as a brigadier general in the US Army. So that was one important event. And the other was: a family named Lezak moved into our building. Now they had a son who was two and a half years older than me, and closer in age to my brother. So the two boys were friends. So naturally, being the younger sister, I despised my brother's friends as much as I despised him. That goes without saying, okay?

And so I went to the neighborhood public grade school. And then with my new German friend, then I went to the neighborhood public high school. I went away to Michigan for one

year. Came back because I decided I really wanted an education. You know what I mean? There's another Chicago person here. So I started at the University.

And at that time, after the end of that first year, Sid Lezak had been ditched by his girlfriend. And he needed a girlfriend, woman, to take to a dance. And the story's a little more complicated, but I'll just say I went to the dance with him and we both discovered we were studying for the same exam. And we spent the next two weeks studying. So I mean, that's the end of that part of my life. And we got married three years later.

So does that cover my childhood?

Young: Absolutely.

Lezak: Okay.

Young: When you first went to the University of Chicago, what were you studying?

Lezak: I was very lucky. At that time, we had a broad general program required of all freshmen and sophomores. And so I had something of everything, including—in one or another of my courses, we did Plato's *Republic* five different times, which was good. It was just fine. But I had the introduction to the biological sciences, the introduction to the physical sciences. I had a broad background and, I think, very few freshmen, sophomores, have that opportunity to have.

The way the program was set up, I had my credits from Michigan. I had gone through to school through the summers because the boys had come home from the war and the schools were geared up to getting them through their schooling as soon as possible. And so I was able to enter my master's program in the Committee on Human Development at the University in, let me see, '47. So I did a two-year master's in Human Development, where I had my anatomy class from Nathan Kleitman, the pioneer in sleep studies. And I had an introduction to aphasiology from Joseph Wepman. And my first course in testing was given by Thelma Thurstone, the wife of the famous L.L. Thurstone, the statistician and test developer. So I had a very rich experience in my, at the master's level.

And then we got married; moved to Portland. And I got a job as a clinical psychologist at what was then the Child Guidance Clinic—it was headed up by Carl Morrison—which ultimately became the Morrison Clinic. And worked there until I was six months pregnant, at which time I was invited to leave because that's what one did in those days. And women didn't question this kind of thing. Got home; had a lovely daughter. And within, did it take, it didn't take much more than a month for me to be totally bored. She was such a good baby.

And the University of Portland at that time had an unapproved psychology program leading to an unapproved doctorate, but it was the only game in town. So I went to the University of Portland and I began, let me see, I began in the spring of '54, and I got my doctorate in '60. So obviously I couldn't take the full load. And had to plan the next two babies for the summertime so they wouldn't interfere with my courses.

When I got out, I worked as a clinical psychologist for a couple of years. Then I was at Portland State University for a couple of years at the Guidance Clinic. And I always think of that as my days in the candy factory.

Then I went to the VA. And that would have been '66.

Young: Go back a little bit. What brought you and Sidney to Portland?

Lezak: We wanted to live in a smaller place. We wanted independence from our families. And the West Coast looked attractive to us. So between his second and third year of law school, Sid went to UW and had the same courses that he took that summer at UW that he would have taken in Chicago. And then spent some time exploring the coast. And he was, he had several job offers. But the only one that would get him into court as soon as he passed the bar—and of course he was a young man, hot to trot, right?—was an offer in Portland. So he snapped it up.

And on our wedding day, we got in a little car that our parents had paid for, his parents and mine, and headed west. Never, ever looked back. Not one minute.

Young: Before you decided to go to the University of Portland, did you consider going to the University of Oregon Medical School? Pursuing any education there?

Lezak: No. Again, because I was a mother and a woman I didn't see how it could work. But by then, I already had experience as a psychologist and had enjoyed it and had been developing my psychology skills. So it was not a question although my interest has always—was in particular—how did the brain function? You know, why couldn't my grandmother walk? And by the way, the answer to that came when I was at the VA and starting to do rounds with a neurologist. Because I was so interested in neurology and for a psychologist, and I did grand rounds. And one day a lady came in grand rounds—and those were the days when they actually brought patients on a stage. And she had the same symptoms my grandmother had. Muscle deterioration. And she ate a pound of licorice every day. Turned out, I won't go into all the history, but it really started when my grandmother at the age of thirteen came to Chicago and started working in a sewing factory with, of course, very bad hours and little time for personal care for the workers. So she became addicted to using a licorice laxative that was very popular in Europe. And that was the story for my grandmother. But that came out many years later.

But I'd had that interest, you know, what's going on with the brain, the nervous system? And so when I had the opportunity to take on as my responsibility, I was the psychologist for neurology, for neurosurgery, for rehab. It was like pig heaven, you know?

So I learned a lot and always found it extremely stimulating. I still do. I haven't done rounds for a number of years now, but I think if I had the opportunity to just go on ward rounds, I'd be as excited as ever. Every patient is different.

Young: In your PhD program, were there other women?

Lezak: That's an interesting question. I'm trying to think. The immediate group were men. And I think maybe the next, the year after me, I think there was one woman. But that was like my first year at the University of Chicago. The first class I walked into, nineteen students—nineteen men, me, and a navy WAVE.

Young: Was it challenging at any point?

Lezak: No. It wasn't. And people have asked me that, because women were supposed to have been subjected to harassment. Well I guess I avoided that by not trying to get into medical school, so I never had that kind of harassment. Only one time, when I was being interviewed for the Committee on Human Development; I'm sure this guy must have been about twenty-nine

years old at the time, and he was probably a doctoral student sent to interview me. And he questioned about whether I should be going on into Human Development. But he thought maybe there was some, I could use these skills as a librarian. But that's really the only time in all of my career that I ever felt that anybody was limiting me because of being female. Which is surprising. And is very unlike, I know, a lot of other histories. Whether I was ignoring it and just going on ahead, or whether for some reason I just wasn't being bugged, I don't know.

Young: When did you first come across the field of neuropsychology, or even the word neuropsychology?

Lezak: I discovered the word probably in the '80s, or the '70s. I went back to the University as a visitor, as an alumna visitor. My son was at the University at the time. So I went to Powell's, naturally, to check it out. And there was a book that had been published in 1945. And there the word "neuropsychology" popped up. But by then, I think I was already published. You know, I had already published *Neuropsychological Assessment*.

Young: But you weren't identifying it as that? You were identifying it as psychology?

Lezak: No. No, no. I, where did the, the first time I saw the word, but I knew that I was doing neuropsychology. I started as a clinical psychologist. I thought of myself, I identified as a clinical psychologist. But as I spent more and more time in neurology, neurosurgery rehab and with the students and then writing the book, I just evolved.

Young: Could you tell me a little bit about your time at the VA? Was that the first time that you came up to the hill?

Lezak: Yes.

Young: Okay. So this is '66, I believe you said.

Lezak: This was '66.

Young: So what were you doing there? Describe your work at the VA and the clinic.

Lezak: I was a clinical psychologist. And there were two of us for a 400-bed hospital. Can you believe it? And a lot of outpatients, too. And my chief, who is just excellent as a chief and as a clinician, his name was Vince Glauden, and he was in the Department of Psychiatry here, so it's a good thing to include him in a history. My chief was interested in the psychosomatic aspects of medicine—you know, the tummy aches and the rapid heart and so on and so on—which left me with what I really was interested in: Neurology, Neurosurgery, and Rehab. And I had the TB ward, too. And at one point I even turned positive with TB. Which I guess is not surprising, working with the TB patients. But that was my assignment.

But I was initially practicing as a clinical psychologist, but being on the Neurology ward, I realized I needed to learn more of what I really wanted to learn more about anyhow. So I did ward rounds religiously once a week with the interns and residents. And I did grand rounds religiously. I did neuro-ophthalmology rounds for a while, I did epilepsy rounds for a while. So I

really tried to get as much education as I could. And of course, beginning with the book, I was also doing a lot of reading.

Young: And did you join departments within the medical school?

Lezak: Roy Swank invited me into Neurology. I think that would have been around '69. He had an appointment in Neurology, '69 or '70, something like that. But that was—when I was at the VA I wasn't practicing in Neurology. But when I came over to, when I left the VA, and that would have been '85—and then I was in the department, I went into the Department of Neurology. It's always been my first department. Psychiatry was a second department. And I was invited to be part of Neurosurgery but did not have a lot of involvement in Neurosurgery. I had a fair amount of involvement in Psychiatry, and of course, a lot in Neurology.

Young: Are there colleagues of yours you'd like to speak to, since we're collecting a history of OHSU? You mentioned Roy Swank. Are there others in Neurology who you worked closely with?

Lezak: Yeah. Earl Zimmerman. He was a great chairman. He's a great guy to work with. And he—I felt he was supportive. He liked having neuropsychology there. I was able to do some growing of the department, growing of neuropsychology while Earl was there. So he was, yeah, a very excellent chairman. And I gather he's done a really good job at NYU—no—anyhow the New York system in Albany. He's been at the medical school there in Albany as chair of Neurology.

Young: Before we talk about the book, which I definitely want to talk about, I wanted to talk a bit about the research that you've done, particularly with traumatic brain injuries.

Lezak: Yes.

Young: I assume that this started when you were at the VA? Or perhaps in graduate school?

Lezak: No. It started at the VA.

Young: Okay.

Lezak: Because I started in '66 and that's when the boys were starting to come home from Vietnam, with holes in their heads. So it was very interesting because I was seeing stroke patients and dementia patients from World War I, and these eighteen- and nineteen-year-olds from Vietnam. So I really, I had a broad reach of, and then all the anxious guys from the Second World War who were then in their fifties. The, I went off into the patients... You're going to have to remind me of the question again.

Young: Oh, your research about traumatic brain injuries.

Lezak: Oh, yeah. I got off on stroke and dementia. I became impressed, no, I became curious, with what's going to happen to them, because we had everything from mildly moderate injuries

to very severe injuries. There was really very little information at that time about the consequences of various kinds of head injuries.

The most puzzling kind were frontal injuries, where you would have guys who would superficially look pretty good and they would have difficulty getting back into the world and doing what needed to be done.

I was very lucky to have an excellent technician. I hired a technician to do the assessments. And she was a very good observer. And she pointed out to me, she was really the one who most made me aware of the problem of these patients with the frontal damage – these are the ones that I’ve been most interested in – and the fact that their ability to initiate, their ability to be creative, their ability to reason about things, their ability to relate effectively to people, was diminished. And, you know, sometimes even more than diminished. So we would have wives coming in and telling about the difficult problems they were having with these guys who were back from war. And there just would be like no way to work things out because once you’ve had a significant head injury, you’re not going to change very much, and you don’t have the capacity to do that.

So anyway, so that piqued my interest in frontal lobe injuries. I developed a test that actually proved quite sensitive to abilities to plan and organize, which are frontal behaviors. And so that research was, it was very useful in terms of finding out what kinds of problems they had and where they were years later, because we did follow up some.

Much of what I learned ended up, a little ended up in articles, but most of it ended up in the books.

Young: And you also, correct me if I’m wrong, established support groups for families?

Lezak: That was one of the most satisfying things I did, with Robert Marshall, Bob Marshall, who was then the audiologist at the VA, he’s now at the University of Kentucky, I think, someplace like that. He’s still working and productive. Bob and I started a group for the family members of brain damaged patients. Because it became clear to me as I was working with these patients, and then we’d talk to the families. And in those days we had the luxury at the VA of being able to talk to families. We had time for them. I don’t know if they have time for them anymore. And I realized that people who have patients who are dementing, or patients who’ve had a significant head injury or tumor or almost anything that could happen to the brain, that they’re living with different people. The people that they were married to were no longer there; it was somebody else who was similar, looked pretty much the same, but in critical ways was no longer the person who they were able to love and interact with comfortably. And also this became somebody who would then present a very real problem. How do we cope with this? How do I cope with the fact that he’s yelling at me all the time? How do I cope with the fact that when I go to the bathroom, he’s standing outside the door pounding on it? On and on and on. And so that’s when we decided to start this group.

I think I learned a lot on ward rounds. I learned a lot on grand rounds. I think I learned more from the families – I’m so glad you brought that up – than from anywhere else.

Young: In the media lately, there has been a lot of attention to brain injuries resulting from sports.

Lezak: Yes, yes, yes.

Young: Such as CTE. It seems like we're talking about it a lot more than we were. Could you comment on this?

Lezak: Let me comment on youngsters, because several years ago, four, five years ago, I began a group with a rehab for teenagers who were coming through rehab with sports injuries and their parents. And we continued it for several years. And I learned. Again, that's where you learn, if you listen to your patients. And I was seeing these kids who would rarely be their first concussion. But they would be playing football, they'd be in soccer, more rarely basketball. But basketball entered into the story, wrestling entered into the story; but of course, mostly football and soccer. And these kids, they would lose a year of school. They couldn't go back to school for maybe a year. And when they went back, they weren't where they were beforehand, and they would never be able to fully catch up. They would lose their place with their friends. Their friends would have gone on that other year while they're back at home with bad headaches and maybe a tutor a couple of times a week. And so they would lose step with their friends and become socially isolated. When they went back to school, they were with a year younger.

To me, this was the saddest part. It speaks so badly of our institutions. Many of these youngsters were being encouraged by their parents to do these sports. I mean, the kids enjoyed them, but they got a lot of encouragement from their parents because the parents saw that as the only way they could get a college education; by getting concussions. And they got concussed. And their opportunities for college education became more limited. They weren't going to get scholarships of any kind, certainly.

Now at this point, if I keep on talking, I'm going to get very political. So decide whether you want me to keep on talking or not.

Young: Well, I would like it. But why don't we move on to the book.

Lezak: Yeah. Yeah. Okay.

Young: So in 1976, you published *Neuropsychological Assessment*.

Lezak: The first edition.

Young: The first edition. Right. And you were the sole author. This was your baby that you—

Lezak: This was my baby. And in those days—I think any physician or neuropsychologist or audiologist or other professional person who hears this is going to laugh—but I remember we, my sweetie and I went on vacation. We were in the Palm Springs area. We stayed at a resort kind of place. And I brought a pack of three-by-fives, this is being pictured, so I can just hold the three-by-fives up, about this thick [shows two inches with her fingers]. And that was brain anatomy. And it was all on the three-by-fives with the references. And so when I got to Palm Springs, I was able to sit down and write out—there were no laptops—of course. So I wrote the chapter, or at least part of the chapter, on what I called the Behavioral Geography of the Brain. It's on this pack of three-by-fives. So that gives you an idea of what was available at the time. And I had really done the best research I could. There just wasn't a lot of stuff out there.

Young: So was that the kernel that started the book?

Lezak: Oh, no! No. What started the book was, I had interns at the VA, and I was the one to introduce them to neuropsychological assessment, or testing neurologically impaired patients. I was still considering myself a clinical psychologist at the time. And there was no book. I mean, the best thing that was out there was a book published, it was a Harvard publication, and it was really quite good for the time, but it was for children. It was on children with brain damage. And so there really was nothing.

There was an incident that occurred. And everything happens, a lot of things happen by chance. My sweetie always said, “Don’t count too much on what’s going to happen to your life, because serendipity’s going to play a much larger part.”

I’ll try to condense it. This is a story I usually tell after I’ve had a glass of wine, because it does involve me getting inebriated. We were at a US attorneys’ conference in San Diego. And we were very lavishly treated on a warm day with wonderful rum fruit drinks, okay? And then we got on those little boats in the harbor. And I sat across a guy. And you see, there is a great big backstory to this I won’t go into. But I had gotten acquainted with his name because of some other research I had been doing. He’s a lawyer in the San Diego area. And I struck up a conversation with him. And it turned out that he was publishing these books for lawyers on trauma. In fact, the name of the monographs was *Trauma*. And he needed somebody to do a new one on examining for brain damage.

And as I said—I’d had a lot of rum punch—and I said, “I can!” And I had already written an article just recently before then about some assessment techniques for another journal. So I was able to send that to him. And yeah, I can write, you know. He discovered I could write. And I went ahead, I got a contract. And I did these two volumes. And that’s all there was. But the problem was, you couldn’t buy these two volumes of monograph. You had to buy the whole set of *Trauma*. So that included back trauma and knee trauma, all the trauma that personal injury lawyers want to learn about.

So there was no book. But I had these two monographs that I thought, oh, I can expand these in a year. So I wrote to twenty-five publishers. I didn’t know how the publishing game worked then. I had no idea. So I just wrote to twenty-five publishers. And two responded. And one was my wonderful editor, Jeffrey House, who was out here in Portland for Oxford, selling books and looking for authors. We had a nice conversation. Discovered we both liked skiing and hiking. And I got a contract. And that’s how the book started.

Young: And how was that received, the first edition?

Lezak: Very well. Because there was nothing else out there! So that led to the second edition, and the third edition. It’s always gotten good reviews.

Young: Were there other neuropsychologists in Oregon at the time? Or others doing the work that you were doing?

Lezak: I’m trying to think who else there was. Diane Howieson came, she was in Oregon already, and we were working together already. There were some people at the medical school who were doing what they called neuropsychological assessment. I’ll leave it at that.

Young: So the first edition was a success. And when did you start working on the second edition?

Lezak: Must have been '80, because the second edition came out in '83. So it would have been '79 or '80.

Young: And did you have new research that you were adding?

Lezak: Oh my, there was so much. I mean, this field has mushroomed. I mean, I guess that's the best way to put it. The publication curve is like this. And that plus the neurology, and the psychiatry, which all fed into it. And all the assessment material and all the new tests that were being developed. So that's why the book grew from being this wide and this high to being this high and this wide [shows with her hands].

Young: And now it's on its fifth edition.

Lezak: Yeah. Fifth edition came out in '12.

Young: And so the fourth edition is when you first started working with, collaborating with colleagues.

Lezak: Yes. Yes.

Young: And so what was the difference in the process between working by yourself and working with others?

Lezak: Well, it took me just as long, but not as intensively. Because we divided up into sections. And each of us did different sections. But then I always did the final editing. And I always did the index. I should say indices, because there's two indices.

Young: Did you do the indices by yourself?

Lezak: Yes. Because once before I had edited a book and it was sent out to, you know, some automatic indexer. And the indexing that came back was deplorable. And I realized that a book of this kind is only as good as its index. I mean, that's it. If you don't have a good index, forget it. So I did the index. I had actually learned how to do that back at the University when I'd worked for a political scientist and had indexed his book. So I knew the rudiments of indexing.

Young: You're making your own index, and some of those editions without a computer? I mean, that must have been quite the task.

Lezak: Yes. And I'm trying, well, the first and second edition were without computers. They were on electric typewriters. And corrections were something else. I'd send pages in. There would be tags hanging off the pages. It drove my editor wild. So being able to do it, redo it with a computer was much easier. But still. Yeah.

Young: In the later editions, what were the sections that you chose to focus on? Were you still working with the traumatic brain injuries? Was that still an interest of yours?

Lezak: No, the last edition, the last edition, Erin Bigler did TBI, because he's really internationally, incredibly important. I stayed pretty much with the general sections about how to go about doing neuropsychology, and how to think about it, and those issues. And then, trying to think, I don't even remember now how we divided up the test sections.

Young: So when's the sixth edition coming out?

Lezak: Well, I haven't heard anything from my editor.

Young: But you're on board if it—

Lezak: It will be up to my colleagues, because if they decide to do a sixth edition, I can't take responsibility. I'll be in my nineties. And I don't know how good I'll be. So the one thing that I would insist on if my head is still screwed on properly is to do the final editing and probably the indexes. And to have the privilege of putting in comments where I might want to. But that would be part of the editing.

Young: If you could touch on how either OHSU or the VA has changed over the years during your career here up on the hill...

Lezak: I've been gone from the VA too long. And actually I've been away from the school for ten years. The one big change that I think not everybody has welcomed and that I was glad to be able to avoid was this business of doing your notes right there where the, on the computer, where the patient is. And it just seems to me that it would have been a kind of an interference in terms of my interactions with the patient. I know that there are some physicians who are still unthrilled about it.

Young: How has the field of neuropsychology changed? I mean, it's mushroomed, you mentioned.

Lezak: It has mushroomed enormously. It has become a field in its own right. So that people might go to do a doctorate in neuropsychology, per se.

Young: When do you think that happened? In the last ten, twenty years?

Lezak: In the last twenty years, I would say. Because it's so interesting, and that there's also a very lucrative aspect to it, and that is forensic neuropsychology. And that's attractive to a lot of people. And I've done a fair amount of it. I find it interesting and fun. And it does pay well. And you know, let's be real. So I think that's been one of the attractions. But I think that just the whole expansion of knowledge about brain function has made neuropsychology an interesting field to go into.

The change that I see that I don't like is big test publishers attempting to take over the field, in effect, and attempt to dictate, or appear to dictate, how you go about doing

neuropsychology. And I think the only person who can say how to go about doing neuropsychology is the individual neuropsychologist doing it.

Young: So would you say that would be a challenge that the field is facing?

Lezak: It is a challenge the field is facing. And there are a group of neuropsychologists—and I like to think that I helped spur this on but I'm not involved in it now—who are developing tests that would not be part of these huge publishing conglomerates, and that would be part of flexible batteries. So that the examiner would have a lot of little tests that they could use, pull in or pull out, that would be appropriate for the individual patient, since everybody is unique. So I hope that that direction keeps on developing.

Young: Are there any questions you wish I'd asked, or anything you want to touch on, as our concluding moments?

Lezak: Let me just say that my associations, my professional associations working here at OHSU have always been just excellent. You know, working with other members of Neurology, working with physicians in other departments, it's been very satisfying. And I'm really glad that I was able to be part of the OHSU program.

Young: Well, thank you so much for sitting down with us and letting us record your oral history.

Lezak: Well, thank you so much for inviting me. I really, I feel very honored.

Young: Thank you.