

OREGON HEALTH & SCIENCE UNIVERSITY

ORAL HISTORY PROGRAM

a project of OHSU's Historical Collections & Archives

an interview with:

***Ralph Merrill D.D.S., M.Sc.D.***

interview conducted on: March 13, 2017

by: Louis Terkla, D.M.D.



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Interviewee: Ralph Merrill  
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Louis Terkla: Today's date is March 13, 2017. My name is Dr. Louis G. Terkla, dean emeritus, Oregon Health Sciences University School of Dentistry. I'm here today with Dr. Ralph Merrill, professor emeritus, Department of Oral Maxillofacial Surgery, at the OHSU School of Dentistry. We are conducting this interview as part of the Oregon Health & Sciences University Oral History Program. So Ralph, we're going to ask you a series of questions. I'm going to be the inquisitor, and you can just take your time to answer any of the questions that you like, and add anything that I might omit in my questions. The first one is, where were you born and raised?

Ralph Merrill: I was born and raised in Salt Lake City, Utah. I was born in the middle of a big snowstorm and my parents hardly got to the hospital in time. But it worked out.

Terkla: That's great. When did you decide that you wanted to become a dentist?

Merrill: Well, that's kind of a long story, but I decided I wanted to become a dentist when I was at the University of Denver. And we were playing basketball in Utah, where I'm from. And one of my best friends was there and he, both of us were in pre-med at the time, me at Denver and he at Utah. And we got together and he started talking, and he wanted to go to dentistry at the University of Washington. So he convinced me to also apply. When I applied, we both got accepted, and that's how I got into dentistry.

Terkla: So that was the major influence, your friend?

Merrill: Yeah, my friend. That's why I said goodbye to basketball at Denver and to pre-medicine at Denver.

Terkla: Was oral maxillofacial surgery your goal from the beginning?

Merrill: No, it wasn't. That came between my junior and senior year of dental school. I had a U.S. Public Health Service externship in Alaska at the Native American hospital there. And one of the faculty members at the hospital was an oral surgeon from Alabama. And he took me under his wing. And he took me to the operating rooms with him, and also in the outpatient area, he helped me a lot. But he was so influential to me that I decided I wanted to go into the oral surgery.

Terkla: Where did you receive your dental degree, and where did you complete your oral maxillofacial surgery residency?

Merrill: Well, I received my dental degree at the University of Washington in Seattle. And that was 1959. And what was the other question?

Terkla: Where did you complete your residency?

Merrill: Right after dental school, I was still in the U.S. Public Health Service and I had a dental internship in Norfolk, Virginia. And at that time, I applied to oral surgery programs. And I ended up going to the Tufts University Boston City Hospital program in Boston. And at that particular time, the oral surgery residencies were three years and one of the years was an academic year. But the first year, I was at a Boston City Hospital, and that was very active in trauma. And I learned a lot about anesthesia and taking care of indigent patients. It was a 1700-bed hospital, and it was mainly the indigent hospital in Boston. So it was really an unusual experience, I thought.

And then my second year was the academic year. And this was Boston University, studying under Kurt Thoma, who was a really well-known—

Terkla: I remember him.

Merrill: Yeah. And that was a really good year. And he would lecture to us five hours at a time, standing up, and he was eighty-some years old. And then he'd take us to his hospital. He was still doing surgery and we'd assist him. So that was a good experience.

And then my third year was, backing up a little bit, this three-year program, it didn't have to be at one institution. You could separate your years here and there. So the third year was in Detroit, at the Henry Ford Hospital, under the direction of Fred Henny, who was well-known. And that was an excellent experience there with a broad scope of surgery. And so at the end of the year, he asked me to stay on his faculty. And so I did. And I was on that faculty there for five years. I replaced, the reason he asked me to stay on the faculty was because one of the other staff members was Marv Revzin, who was leaving the post that I was replacing. And he was becoming the dean of the dental school at the University of Detroit. And so that was a good five years.

Terkla: Did the oral maxillofacial surgery residents, did they still have the opportunity to split their residencies among different institutions?

Merrill: I don't believe so, no.

Terkla: They must take it all in one place?

Merrill: Yes. They all take it in one place.

Terkla: The last time I interviewed you was when I conducted a worldwide search for the chair of the School of Dentistry's Department of Oral Maxillofacial Surgery. Because of the low salary that we could offer, I thought that there was little chance to get you here. It was one of the highlights of my tenure as dean, and one of the most exciting, when you accepted the position. You and Bonnie are wonderful people, and my wife Phyllis and I have treasured your friendship. Why did you come to Oregon Health Sciences University's School of Dentistry?

Merrill: Well, at the Henry Ford Hospital, I'd decided I'd like to get into academics at a university. And Fred Henny, the boss there, was helping me looking into that. And I'd interviewed in a few places, like Connecticut and Harvard and University of California. And

serendipitously, he met you at a meeting and told you about myself. And that's how I got invited out to Oregon. And we were from the West originally, so that was another drawing card, in the West.

So I got there and you picked me up and I stayed at your home, I think. And we had a good conversation. And I was really impressed with you and with Phyllis, your wife. And then we interviewed at the school and I was impressed with the faculty there. In particular, the oral pathology and orthodontic departments. And so with that in mind, I really thought a lot about Oregon and really wanted to come out here. And the salary, I didn't even have that on my mind at that time.

Terkla: The salary.

Merrill: Because my salary at Ford Hospital and my residencies was not very good, anyway.

Terkla: Well I know that one of your highest priorities was to establish an oral maxillofacial surgery residency based on, in the University Hospital. Would you tell us what roadblocks you faced in pursuit of that goal?

Merrill: Well, backing up a little bit, one of the main reasons I wanted to come out here, too, was because of that possibility of setting up an oral surgery residency program. And I thought that that was quite a challenge, particularly at Oregon Health Sciences University, where they didn't have one. And the roadblocks, when I got out here, it was 1968. And the chairman of oral surgery at that time there, he wanted to stay on another year, which, to get his thirty years in, I guess. And so I didn't become the chairman right then. But I had a year to kind of look over the university. And I interviewed people around the dental school and also at the medical school. And I didn't get much of a good response at the medical school. I don't think they were really enthused about starting an oral surgery and dentistry in their hospital. This was also in the East, in Boston, and in Detroit, at Henry Ford Hospital, the medical community there, or the people involved, were very accepting of oral surgery. So it was kind of a surprise, in a way, that there was a bit of resistance among the medical school faculty. But I interviewed around and also I interviewed Dr. DeWeese in ENT, because I know they wanted oral surgery to be a division of ENT.

Terkla: Is that why Dr. DeWeese offered resistance to your program? He wanted any kind of oral maxillofacial surgery resident program in the Department of Otolaryngology?

Merrill: Yes. I think that he was really interested in our being, a hospital dentistry and oral surgery, being a division of his department so he could limit what we did. And he did at that particular time, for the next two years in his department, limit what we did. And one of the things was very significant in that he wrote up a guideline, rules that we had to go by. And one was that we couldn't make any skin incisions.

Terkla: Any skin incisions?

Merrill: Yeah. At the Henry Ford Hospital, I was involved with radical neck surgery. And we'd make incisions all the time. And all surgeons did, all around the East, and around the country. So

that was a big roadblock. And also, any of our cases in the hospital, one of their staff or residents had to be involved. And that was, these rules he wrote up were really a roadblock.

Terkla: Well was there less resistance and perhaps modest support from Dr. William Krippaehne, the former chair of the Department of Surgery?

Merrill: Backing up a little bit, at the end of two years with ENT, we had two residents at that particular time in the program. And one in hospital dentistry—

[Pause]

Terkla: We're talking about Dr. Krippaehne.

Merrill: Before that, the program at that particular time after two years with ENT, we had an accreditation visit. And Dr. Bob Walker, who was very influential in oral surgery around the country, he discredited the program, or put it on provisional accreditation. So the provisional was that we had to become either a division of surgery or department on our own. So we became a division of surgery under Dr. Krippaehne.

Terkla: And was one of the primary problems competition for facial trauma patients that occurred with plastic surgery, general surgery, otolaryngology, and maxillofacial surgery?

Merrill: Yes. Dr. Krippaehne, by the way, was very helpful. And he was open and welcoming to us. So that was a big step forward. But ENT, at that particular time, did all of the jaw surgery, of the jaw trauma surgery. And Dr. Krippaehne at that time also started a plastic surgery service around that time. So there was, it was brought up that there would be a sharing between ENT, general surgery and oral surgery. Or plastic surgery. So that didn't work out very well with oral surgery, anyway. So for accreditation purposes, we had to have more trauma experience. So I was a consultant at the Tripler Army Hospital in Hawaii. And they did a fair amount of trauma there. So I made an arrangement with them for our residents to rotate there and get some trauma experience. So that that particular time, it evolved into something else later on. Well, I'll address that later.

Terkla: Was one of the problems also the fact that the emergency medical technicians who picked up facial trauma patients and delivered them to the hospital for treatment could select any hospital they wanted to? And we were not getting enough of these EMT patients coming to our hospital, and that's one of the reasons that there was such a shortage of facial trauma patients?

Merrill: Yes, I think that did enter in. Emanuel is a Trauma 1 hospital. And they did a lot of trauma. And our first resident was Bryce Potter. And he eventually, it's a long story, but he eventually got credit for oral surgery. And then he went to Washington to do the third year up there. And he was able to get into their medical degree, the oral surgery program, and got an MD degree. And then he specialized there in ENT. Then he came back here and was very influential at Emanuel Hospital, and had control of the trauma there, all craniomaxillary trauma. And so I had arranged with him to have our residents rotate there for trauma, which did happen. And that evolved into something later on really good.

Terkla: Do you remember our joint presentation before the Oregon State Board of Higher Education, requesting funding to begin the residency program?

Merrill: I do remember that. And I remember that I had to write up proposals for oral surgery and for the hospital dentistry. And then we proposed that to the chancellor. And I think, if I remember correctly, that the response was good. And that we got some funding. And then they okayed having the program started up at the OHSU Medical Center.

Terkla: But after the program was approved, how difficult was it to set up the program in University Hospital in 1970?

Merrill: Well it was slow-going and it was difficult. We had two residents. Potter that I mentioned and another person named [Carl] Gorretta. And they were doing well in the first two years, but there were a lot of the problems with ENT I already mentioned. And then after the two years, when we weren't accredited, Gorretta, he had already had a year of oral surgery elsewhere. So two more years made three years. And he was completed with the program. But Potter needed an extra year, and that's where the University of Washington came in.

Terkla: Did you have any problems getting the program accredited?

Merrill: Well, yes. The accreditation after the two years with ENT, the accreditation body gave us a conditional approval—

Terkla: Provisional?

Merrill: Provisional or whatever. So that's with the provisional is we had to become a division of general surgery, or a department on our own. And we did become a division of general surgery at that time.

Terkla: As an aside, before you joined us, it took me fourteen years to establish the Division of Dentistry in the University Hospital. And would you believe it, it was under Dr. DeWeese. So your success in achieving an oral maxillofacial surgery residency there was progress that far exceeded mine.

Merrill: Well, it wouldn't have been possible without you, that's for certain.

Terkla: Once the program started, how many residents were you allowed to enroll?

Merrill: Once it started, it was a three-year program at that time. And we were able to enroll one person in each of those, a year at a time. So there was enough funding to eventually do three. But we only had two. And the hospital dentistry general practice residency, there was enough for one.

Terkla: Did you face any other special challenges with it?

Merrill: With—

Terkla: The oral maxillofacial surgery residency program.

Merrill: Well, one of the main things was for accreditation purposes, having enough trauma experience. And the elective surgeries were pretty much taken care of. There were problems in that there was not room enough in the hospital for us to have space or offices. So we had to carry out most of the outpatient surgeries in the dental school clinic, oral surgery clinic. Which was a little bit of a problem because of competition with the dental students. But the oral surgery residents helped the dental students.

Terkla: Were you given beds?

Merrill: No. And beds were a problem. We weren't given any specified beds. We just took kind of what's available. And also our operating room space, we didn't have any assignments for the operating rooms. At first we had to use ENT time or free time. So that was a problem.

Terkla: I understand that someone else tried to take credit for establishing the residency program. Is that true? If so, would you like to comment on it?

Merrill: That's true. The person I replaced, Wilbur Van Zile, he gave a big contribution to the university. And at that particular time, I think, and then there were some of his followers who had trained elsewhere but were very much aligned with him, said in a publication that he started the oral surgery program. But the oral surgery program was started after he had retired. So it was kind of not a very good thing. And it disturbed me a bit.

Terkla: Yeah, it would be disturbing after all the work you put in.

Merrill: Yeah, right.

Terkla: Under your guidance, were there any oral maxillofacial surgery residents who had remarkable careers?

Merrill: Yes, there were several. At the Henry Ford Hospital, I helped in the training when I became on the staff of ten people. And a couple of them were nationally recognized. And then at Oregon here, there were about thirty-some odd residents that were involved. And there were several of them that, most of them had successful practices, I think. But there were a few that stood out. And Bryce Potter was one of them, the one that finished up at Washington and then came back and was at Emanuel and helped develop our trauma program. Plus, as time went by, our residents ended up spending a year with him, with the Emanuel program. And not only in trauma, but in a lot of other expanded type of surgeries. So that was very beneficial to the program.

And another person was Jay Malmquist. And Jay has, what stands out, he has a very successful practice in Beaverton. But he became the president of the American Association of Oral Maxillofacial Surgery. So that was quite an accomplishment. And then Anh Le, he was another person, he became, he's on the teaching staff at the University of Southern California.

And also, another individual [George Deeb] is on the faculty at the University of Virginia. And he has done well there. And there are a few others. Let's see—

Terkla: That's adequate. Currently how's the program going? Or do you know much about it? And how many residents are enrolled now?

Merrill: Well, when I retired, I kind of cut the cord and haven't really been that familiar with everything. But my understanding is the program's going well now. And they have, which we developed, there's an oral maxillofacial surgery MD program, that's six years. And so that will help—

Terkla: I just asked you how the program was going now and how many residents were enrolled?

Merrill: Oh, so the number of residents would be, since it's a six-year program and they're accepting two per year, there's twelve in the program. And we started with three. And then at one time, in the '80s, the name of the specialty was changed from oral surgery to oral and maxillofacial surgery. And they increased the requirement to four years. So it went from a three-year to four years, and now the six-year with the MD program.

Terkla: So it's really expanded significantly.

Merrill: Yes.

Terkla: And these young people who come out of this program are really well prepared, aren't they?

Merrill: They are. And with the addition of the medical degree, it's allowed them to, if they want to, to take fellowships in various things, like head and neck surgery and that type of thing.

Terkla: So there are especially activities that can carry on even after they have all this particular residency training and the MD behind them and everything else, there are still things to do.

Merrill: Yes. The MD program is kind of a double-edged sword, in a way. Because some of the people that are finishing the program of six years, and they have their medical degree, the idea of the medical degree in my mind was to expand their abilities in hospitals. And a lot of them have not gone to hospitals, because the reimbursements for a lot of the things in hospitals have really gone down. And so they, to pay off debts and all that sort of thing, a lot of them have just gone into a practice without any hospital, doing mainly implants and outpatient surgery.

Terkla: Did many of them go into academics, like you did?

Merrill: Well, as I mentioned earlier, there are a few that have.

Terkla: During your teaching career, what were your primary research and clinical interests?

Merrill: Well, when I was, in my externship at the Native hospital in Alaska, I found I was examining a lot of Eskimos and Indians that came through. And I was taken back by, on the X-ray, their teeth looked perfect. And on the X-ray, they had a big granuloma, an infected area around the apex of their teeth. And then by looking around their mouth, I found there's these little tubercles that are on their occlusal surface. And they'd break off and the pulp went up into the tubercle and that caused the infection. And so I wrote up, I did a study of that while I was there and I wrote up the thing. And at graduation, I got a C.V. Mosby Award on it, and that was my initial research study.

And then at Henry Ford Hospital, I had a research laboratory that was pretty nice. And I did nerve injury and repair research there. And also cortisone injections in the temporomandibular joint and the effects of that. I did that there. And also, when I was at Ford Hospital, we were involved with oral cancer a lot. And so I did studies related to the etiology of oral cancer.

And then from a clinical standpoint, my interests have been orthognathic surgery, TMJ surgery and reconstructive surgery. And arthroscopy of the temporomandibular joint.

Terkla: Now tell us about your visiting professorships and what you did in them?

Merrill: Well I had two different sabbaticals, which is really nice about being in the university situation here, is that after a certain period of time, you could take sabbaticals. So my first sabbatical was at the MGH Hospital, Harvard in Boston. And during that time, I had some really good experiences with part of, about a third of the time was spent teaching the residents there. Some of the things, I was pretty expert in temporomandibular joint surgery. And so that was part of the teaching.

And then also, a third of the time I spent in the Harvard Medical School I went to, in their second year they had a study of patho-physiology. So I sat in their patho-physiology lectures. And that was a good review for me. And then about another period of time I spent in their library, writing up articles and doing some library research. And one of the articles that I wrote up along with Walter Guralnick who was the chairman there and who had invited me out there, and we wrote an article about temporomandibular joint problems, which they published in the *New England Journal of Medicine*.

And also, about a month of the time, I went over to Europe and visited three different institutions there: one in Zurich, Switzerland, another one in Erlangen, Germany, and another one in London. So that was a good experience. So the whole sabbatical was very enlightening and helpful. And I think it helped bring some things back here to Oregon.

Terkla: How does the future of oral maxillofacial surgery look to you right now?

Merrill: Could I back up? I had another sabbatical.

Terkla: Pardon me?

Merrill: I had a second sabbatical.

Terkla: Okay. Good. Tell us about it.

Merrill: The second sabbatical was around 1985. The first one was 1976 in Boston. That was during the bicentennial, so that was good for the family. But in 1985 I took a sabbatical and I visited multiple institutions with the idea of what these different places were doing in temporomandibular joint surgery and also, there was a person in Japan that was introducing arthroscopy of the temporomandibular joint. So I wanted to study that. And there were a few people in the United States were involved with getting experience in that. So I visited these different institutions. And also I was three months at the, maybe it was four, at the Columbia Presbyterian Hospital in New York. And there, that was an excellent experience, too, like at Mass General. And I helped them set up a facial pain clinic there at that time.

Another three months was at the University of Florida in Gainesville. And that was a good experience, also. Then the others were just traveling around, actually in Japan and Europe and all of the United States, studying arthroscopy.

Terkla: I can't imagine how lucky we were to get somebody with all that background to come here to our department. I hear that you had some experiences with the Rajneeshees. Tell us about that.

Merrill: Yeah. This was in the early 1980s, I guess. And I would see patients on consultations in my office in the dental school. Because again, we didn't have anything out in the medical school. But the consultation, I went into my office, which was not that big, but it was full of people. And they were all Rajneeshees. And Ma Anand Sheela was referred to me for surgery of the temporomandibular joint. And she had there the mayor of the Rajneeshees. She had a cardiac surgeon that had left his practice in Texas to become a Rajneeshee, and an anesthesiologist from Stanford that left Stanford to become a Rajneeshee. And then there were two women that were, one was Puja, she was the nurse that helped, the main nurse there. And another woman that, I can't remember what her role was. But the room was full of people. And I determined that she did need surgery of her joint. But she made, and I was talking about up at the University Hospital, and first they made a big stand, the whole group of them, that they had to have the surgery, for security purposes, over at their ranch. And they had a newly developed operating room and medical facility there that would be perfect to do it there. And the cardiac surgeon that was there would be my assistant, and the anesthesiologist would do the anesthesia.

So then that came to pass and the time of the surgery, they flew me over there in their C-47. And it was beautiful, real early in the morning going over the sunrise over Mount Hood. And then when I got there, they took me for a tour of the place and I was pretty impressed with what they were doing from the standpoint of farming and other things. Then they had a luncheon that was mainly by the women there. And that was impressive. And they were telling me how that I could understand their problems because they had vetted me, I guess. And they said, "You were a Mormon at the beginning. And you have the same problems that we have with discrimination." And so that was interesting.

And then at the time of, getting to the time of the surgery, they had a big parade of their Rolls-Royces, and all the people winding up along the streets. And then we had to hustle over to this facility where we were going to do the surgery. And there was a whole group of the people that were involved in the surgery. And they're lined up in front of the building. And then the Bhagwan in his Rolls-Royce came up. And they put a big red carpet up the pathway to the facility. And it was a hot day. And they had people with umbrellas over his head. And they came up and he walked over to me and he said, "I, too, am a surgeon. But not as well known."

And then there was a big sigh among all of the people that were lined up there, because he hadn't said a word to anybody but to Sheela for a long time. And so I was one of the first outsiders to get a word from the Bhagwan.

Terkla: So what kind of surgery background did he have to be able to say that?

Merrill: Surgery for people, I guess, on their minds. But then we went into the facility to do the facility, and then there were a lot more people in their red scrubs suits with the big pendants around their neck with the picture of the Bhagwan on it. And two of them were her parents. So I walked in there and it was a sort of pre-anesthetic room. And the anesthesiologist brought Ma Ananda Sheela into the area. And she was swearing back and forth to the anesthesiologist that he better do well or else.

So then we went in there and we were doing the surgery. And during the time of surgery, several of the people, including her parents in their scrub suits, were wandering through, watching what we did of the surgery. I don't know if that was very good technique. But the assistant was this cardiac surgeon that was from Texas. And he had the anesthesiologist from Stanford.

Terkla: That's pretty fascinating for an oral maxillofacial surgeon to have a cardiac surgeon as an assistant.

Merrill: Right. And actually, one of the reasons they had him, too, was he was going to do the follow-up after the surgery, which he did. And I got good reports.

And then, a few years later, when Ma Anand Sheela was in prison down in California, she wrote me a letter saying how well she was doing, but she was having trouble with her other joint. And the prison is really helpful because of the diet that they give her. It was kind of soft. It helped her joint. That was the Rajneeshee experience.

Terkla: That's really fascinating. Thank you for telling us about that. How have you and your wife spent your retirement so far?

Merrill: Well, we have, it's been twenty years in retirement. And we've done several things. At first, we were involved with a lot of traveling. And then we both did some golf. But I thought in retirement that my golf would really improve, because I'd spend more time. But it just went downhill. But then she was involved with dance. She still did choreography and that sort of thing. Then we moved to... I had a hobby of glass, we traveled around Europe and I was fascinated by the stained glass in some of the cathedrals we visited. So I started taking courses here in Portland in stained glass. And then that led to fused glass. So I started a hobby of fused glass. So I had a hobby of fused glass.

Then we moved to the Mirabella and they didn't have facilities for fused glass. So I had to stop doing my hobby, which I'd been doing for about seven years.

Terkla: Yeah, I'm the recipient of one of the fused glass items. It's very nice.

Merrill: Oh, thanks.

Terkla: You can put a whole salmon on it. It's a beautiful thing. Where did you meet Bonnie?

Merrill: Well, this is going back a ways. When we were in high school, she went to one high school and I went to another one. We met, a friend of mine was going with her girlfriend. And he arranged for me to meet her. It was on Easter Sunday at a Greek church. And so we met at Greek church on Easter Sunday. I was a senior and she was a junior, or something like that.

Terkla: Is Bonnie still involved with the arts and dancing, like she was before?

Merrill: No, not as much. But she still has a great interest in dance and the arts, and she's still involved. But she was much more involved earlier on. And she actually won a governor's award from Barbara Roberts for dance.

Terkla: I also know that you played water volleyball with Dr. Frank Parker, former chair of the Department of Dermatology. Is that still ongoing at the Mirabella where you and he reside?

Merrill: It's still ongoing. And Frank Parker has actually become a good friend. He's an amazing guy. And he still practices up in dermatology.

Terkla: Yeah, he's my dermatologist. I see him twice a year.

Merrill: I think he goes up there three times a week to see patients. And then he also goes up there 4:30 in the morning to do preliminary work for seeing patients. So he's really very active. We play volleyball a couple times a week. In the water.

Terkla: That's good. That's great. Are you good at it?

Merrill: Well, I can't jump anymore.

Terkla: Well he complains to me when I meet with him for my appointments that you're tall.

Merrill: Yeah, he says that he wants to get on my shoulders so we can spike it.

Terkla: That's good.

Merrill: But I have long arms, and my past basketball experience helped out.

Terkla: Now recently, Ruth and Joe Matarazzo, both former clinical psychologists up here at OHSU, moved there. Have you met them?

Merrill: Yes, I have. And I kind of a little bit, I'd known them before. But, yes. They came here within this last year at Mirabella. And I've met him for breakfast a couple of times, but not her. But I'm looking forward to getting to know them more.

Terkla: Now there are other OHSU retirees down there, aren't there? Like Barbara Gaines.

Merrill: Yeah, Barbara Gaines. And she's a great person.

Terkla: There were others too, as well, I imagine.

Merrill: Well, let's see. There's Ken Berg, who was in dentistry. He's down there. He still teaches over at the new school.

Terkla: He's been involved a long time with the school.

Merrill: Yeah.

Terkla: Ken has.

Merrill: There was one who was an orthodontist who died. But he was over there. And Barbara Gaines. And I think that's it.

Terkla: Would you like to add anything else to this oral history interview?

Merrill: Well I'd just like to say that I'm really thankful for your bringing me out here. And that I spent twenty-nine years on the faculty. And they were the highlight of my career. And also that meeting people was a really important part of it. Like we had a lot of diverse faculty in oral surgery from all over the world, actually. And also the supporting staff, Bettie Wennevold was with me the whole time I was there, twenty-nine years. And then another one, Peggy Kappel, she was with me for twenty years during my tenure. And also Yun Qui was from China, and she was with me for quite a long time. And Nurse June, she was there during my tenure for twenty-five years. So I really enjoyed those people.

Terkla: You know, you came here just shortly after I became the dean. And our careers kind of paralleled each other for about thirty years. And I just appreciate the fact that we were able to get you here. And you've just been a wonderful contribution to our school and to Oregon Health Sciences University as a whole. And I just certainly appreciate everything you've done, Ralph, throughout that period.

Merrill: Thank you. And I appreciate your help and cooperation and being open to me and other people for doing things.

Terkla: There's one other thing I wanted to talk to you about that isn't in here in my notes. And that is, we had a strong Japanese connection at one time. And we established a very, very strong affiliation with a number of units in Japan. Not only within the universities, also with clinical practitioners over there. And we used to have seminars over there and seminars over here. Do you remember participating in any of those?

Merrill: Yes. We had three people that spent sabbaticals in oral surgery here. Then they invited me over there, and I spent some time over there, also. And so we had a good relationship with the Japanese.

Terkla: When I left there as dean, the succeeding dean let that program lapse. Do you have any idea why he did that?

Merrill: I don't have any idea why he did.

Terkla: I don't, either. I think it's a relationship that we lost, and it's too bad we lost it.

Merrill: Yeah, definitely.

Terkla: I think it was a very nice relationship. Anyway, do you have anything else you'd like to add to this oral history?

Merrill: No, I think I...

Terkla: Well, thank you so much for participating in it. We appreciate your contribution.

Merrill: Okay.

Terkla: It will go down in history, right?

Merrill: Yeah.

Terkla: Thank you, Ralph.

Merrill: Okay. Thank you.

Morgen Young: Well, I just wanted to have you share some memories of your time working with the hospital dental service. Particularly if there were challenges that you faced or successes that you thought the service had.

Merrill: Well, I think the hospital dental service was really going pretty well, I thought. And even when they were in ENT and there were, I was involved with their general practice residents at that time. And there were three that I can remember that really did well. One of them landed in oral surgery, and he also got a medical degree. And he's practicing in Austin, Texas.

Young: Did you find that working with physicians from the medical school, were they receptive to the dental service?

Merrill: At first they weren't. But I think that grew into more involvement and appreciation from several areas of the medical school.

Young: Throughout your time with OHSU, have you been actively involved with the medical school in addition to the dental school, as an oral maxillofacial—

Merrill: Since when?

Young: During your entire time with OHSU, were you also involved with the medical school as part of—

Merrill: A lot.

Young: A lot.

Merrill: Yes.

Young: You were the first surgeon to use arthroscopic surgery on TMJ disorders in Oregon. Could you share a little bit of how you first got interested in arthroscopic surgery, and if you taught anyone about arthroscopic surgery in Oregon?

Merrill: Yes, I taught residents. And one of the particular residents that I taught is practicing in Arizona, and he uses it a lot. But it's not, it hasn't taken off nowadays as being that popular of a thing to do. But at that particular time, and I still think that it's excellent from a diagnostic and treatment procedure. And so I mentioned on sabbatical I learned more and more about arthroscopic surgery. And coming back here, I taught our residents. But also different surgeons from around the state, and also from other areas came. And I was instructing them on how to use arthroscopy.

Young: For teaching surgeons around the state, how were they learning about—were you publishing your research? How was the outreach that you were able to bring folks from across Oregon to OHSU?

Merrill: I think publications came a little later. I guess they got the word out and several of the surgeons around the state came in and observed in our operating room cases. And they got a little bit involved that way.

Young: And TMJ surgery really became a focus of your career, did it not? It was one of your research interests?

Merrill: Yeah, the surgeries of the temporomandibular joint I got interested in really early on. For instance, we mentioned Dr. Thoma at one of the Boston hospitals there. And he was very interested in it. And so that year, I learned a lot from him. And then Fred Henny at Henry Ford Hospital, he was one of the experts in temporomandibular joint surgery. Not arthroscopy, that came later. But he was very much involved with that type of surgery.

Young: How did that surgery evolve over your career?

Merrill: Well, they were doing temporomandibular joint surgery in the 1800s.

Young: But I imagine it was a lot more traumatic than what they were doing.

Merrill: Yeah. And Fred Henny at the Henry Ford Hospital was noted for what was called the high condylectomy. And so that was the removing of the, for arthritic conditions, removing the

arthritic bone from the top of the lower jaw joint. So that was the high condylectomy. And that has evolved into more, then it was more of an emphasis on doing surgery related to the disk of the joint. So that dominated a lot. Plus doing some of the contouring of the bone and that for the arthritic things.

And then lately, what I understand from this temporomandibular joint association I was involved with, there are people from all over the world that are involved with that now. And there's been an emphasis on total joint reconstruction. Sort of like the evolution of the other joints the orthopedic surgeons are doing. And in fact, there are orthopedic surgeons in the TMJ group. So I think that's sort of the way it evolved in my career, from the high condylectomy to doing disc surgery to doing arthroscopy to doing – I wasn't as involved with total joint reconstruction, but that's become more prevalent nowadays.

Young: Is this association you mentioned, is this the American Society for TMJ Surgeons?

Merrill: Yes, that's one that I helped form.

Young: So can you speak a little bit about what brought about the formation of that society, and your involvement?

Merrill: Well there was a double degree oral surgeon in Minnesota named Clyde Wilkes. And he got together twelve of us to form the American Society of TMJ Surgeons. And then that has grown over the years to involve, there were interdisciplinary people there. There was one orthopedic surgeon from Rhode Island. And there was an oral radiologist from Minnesota, I mean, not an oral but a general radiologist that was interested. And there were, now there are double degree people involved, and people from Europe and from Asia that are involved in the program. So the program has really grown over the years.

Young: And you served as the president?

Merrill: I was. The twelve original people, they took turns being president. So I was for two years.

Young: And you've also been very involved in professional societies, both regionally and in Oregon?

Merrill: Yes. Of course, our American Association of Oral Maxillofacial Surgeons, I was quite involved with that. In fact, at one time I was the chairman of the program development. And we had a meeting in Texas, this was in 1972, and I introduced the idea of having one section that was being discussed about involving the medical degree as part of the oral surgery training. And we had some people that were already double degree and other people from different institutions were not all surgeons that had interest in that. So that program, I thought it was beneficial and probably got some of the interest in double degree going. In fact, when I came back to Oregon, '72 is about the time between Dr. DeWeese and general surgery. And I tried to introduce us having a double degree program here. And actually the admission committee and the Dean Holman of the medical school were involved, and they skabotched it. They had no interest in that at all.

Young: But before you retired, the residency program here became a double degree program, did it not?

Merrill: Yeah. We got it going [in 1987].

Young: And why is that important to have the dual degrees, doing oral surgery?

Merrill: Well, it helped becoming more accepted into the medical community. And also, it allowed the oral surgeon, for instance, after training, that he could seek fellowships in like head and neck surgery they had fellowships. And one person now, I understand, a woman, that finished the program is in the ENT special fellowship on microvascular free flaps, which is kind of a step forward with ENT, compared to what we started with ENT. So there's a good relationship with ENT right now, with oral surgery, as far as I know.

Young: Did it seem to be that way when your career started, there seemed to be maybe tensions between the two fields?

Merrill: Oh, definitely, yes. There was competition between otolaryngology, plastic surgery, and oral surgery, because there are a lot of overlapping procedures.

Young: Well, this is wonderful. I really appreciate you taking the time to talk to us. Any final comments you want to add, or anything that I missed?

Merrill: Well I appreciate your asking me to do this, and I hope I was able to bring out some of the things, I guess there were several things that I was thinking of expanding on, but I forgot about.

Young: Oh, no. This was wonderful. You're the first oral surgeon we've ever interviewed, so you are making a huge contribution to the oral history program. So thank you, and thank you Dr. Terkla, for participating.

Terkla: You're welcome.

Merrill: Thanks.