

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROGRAM

INTERVIEW

WITH

J. Henry Clarke

Interview conducted January 30, 1998

by

Joan Ash

SUMMARY

J. Henry Clarke, D.M.D. was born and raised in Salt Lake City, Utah, and attended the University of Utah. He was drafted during the Korean War and trained as a dental technician in the Dental Corps. Dr. Clarke decided to pursue dentistry upon his discharge from the Army, and completed pre-dental studies at Portland State University. He was accepted into the University of Oregon Dental School in 1957 and graduated in 1961.

Dr. Clarke relates that in 1957 the Dental School had just moved into a new building on Marquam Hill, and had adopted a new curriculum that integrated students into clinical work in the first year of training. Upon graduation, Dr. Clarke went into private practice in southeast Portland. In 1967, Dr. Clarke approached Dean Lou Terkla with an offer to teach the history of dentistry course. He began as a part-time lecturer, but after three years he was given a half-time, then a full-time faculty position with the Dental School. He continued to maintain a small private practice over the years.

Dr. Clarke describes the history of dentistry course, class size, and the Bremner Contest for research papers in the history of dentistry. He then provides an overview of the chronological sequence of the history of dentistry used in his class, including the history of dentistry in Oregon. Plans for the centennial (1898-1998) celebration for the School of Dentistry are reviewed.

Under Dean Lou Terkla, Dr. Clarke became both the supervising dentist for dental hygiene, and the chair of the behavioral sciences department. He describes his research in the behavioral science aspects of dentistry, including the use of hypnosis to prevent bruxism. Dr. Clarke next compares changes in the curriculum from the time he was a dental student to present day, noting in particular the student rotations at public health clinics.

The interview moves to administrative topics, including Dr. Clarke's participation on committees, the effect of university consolidation on the Dental School, and the recruitment of women and minority students. Dr. Clarke comments on the selection of Henry Van Hassel as the dean following Lou Terkla's retirement. Town-gown relationships are explored, touching upon the contribution of volunteer faculty and the role of the Alumni Association. The Alumni Association's funding of the History Room for rare books and historical displays is discussed.

The topics of space considerations and the reputation of the Dental School are examined in the context of increased research activities. Comparisons are drawn between the organizational culture of the Dental School today and the Dental School of Dr. Clarke's student days, with Dr. Clarke noting that there is now more of a collegial relationship between students and faculty. Dr. Clarke also comments on changes in informational and dental technology.

The interview concludes with Dr. Clarke's summary of his career at OHSU and a discussion of historical photographs and dental instruments which Dr. Clarke brought to the interview.

TABLE OF CONTENTS

Biographical Information	1
Dental Education	1
Private Practice/Part-Time Faculty Member	3
History of Dentistry Course	4
History of Dentistry Chronology	6
History of Dentistry in Oregon	7
Centennial Celebration (1898-1998)	8
Department Chair Positions	11
Teaching/Research	11
Curriculum Development and Change	12
Student Clinical Rotations	13
Dean Harold J. Noyes	14
Dean Louis G. Terkla	14
Becoming a University	16
Women and Minority Students	17
Search for Dean/Dean Henry Van Hassel	18
Town-Gown Relationships	19
Alumni Association	21
History Room	22
Space/Buildings	24
Reputation of School of Dentistry	26
Research/Grant Funding	26
Organizational Culture	27
Information Technology	28
Thoughts on Career	29
Historical Photographs, Artifacts	29
Index	34

Interview with J. Henry Clarke
Interviewed by Joan Ash
January 30, 1998
Site: BICC 531
Begin Tape 1, Side 1

ASH: It's January 30, 1998, and this is Joan ASH, interviewing J. Henry Clarke. The first question I have for you is if you could tell us a little bit about your background, where you were born and raised.

CLARKE: Okay. I was born in Salt Lake City, Utah, and pretty much raised there until was about twenty, and spent some time in Europe, came back, and I had gone to the University of Utah for a couple of years. Originally I was interested in being a botanist, and when I came back, the Korean conflict was on, and I got drafted, and I became interested in dentistry. I had a chance to get into the dental corps and be trained as a technician, and so I was a dental technician in the army, and during that time I decided to change my career direction to dentistry.

When I got out of the service, I was up in Tacoma, Washington, at Fort Lewis - actually, I was living in Olympia - and decided to come here to Portland and go to Portland State College and finish my pre-dental and apply for dental school here. So that's what I did. I started in the second class in the new dental school. I came in in 1957 and graduated in '61 from what was the University of Oregon Dental School at that time.

ASH: And where was it located?

CLARKE: It was where it is right now. It had been across the river on Sixth and Oregon Street, and I can remember when I came to Portland and went to the dental school to kind of look it over, I almost changed my career direction again, because this was just a little dental school, and it was pretty terrible. I can remember going in there and talking to the registrar, and he assured me that that school was going to be abandoned the next year and they were going to move up here, or in a couple of years from that time.

ASH: At the time was an exciting new building with equipment and...

CLARKE: Oh yes. We had a new building and a new curriculum. A new dean had just taken over and started what they called a horizontal curriculum. The traditional way had always been, in dental school, that the first two years - it was a four-year program for many years, and so once you got into dental school, the first two years were all basic science, and, then, the last two years were clinical sciences. And they'd started a new curriculum that integrated students into the clinics earlier, so that while you were taking your basic sciences, you actually, in your first year, got a chance to actually do a little bit of clinical work. So that was exciting, plus the big,

wonderful school. I can remember I was impressed that at that time it cost \$2.6 million, which was an enormous amount of money in 1957.

ASH: Did you have any special mentors when you were in the school of dentistry?

CLARKE: I think Lou Terkla, who eventually became the dean, of course. I can remember him as an instructor and how impressed I was with him. I had a good relationship with him. I can remember him as my clinical instructor in operative dentistry in the clinics.

ASH: At that time, also, you were located on this campus. What was the relation between the school of dentistry and the school of medicine, from a student's point of view?

CLARKE: From a student's point of view, we didn't have any classes together and we didn't - we didn't have any official integration. We used to come up to the hospital for some rounds. I can remember we had - in our medicine courses we used to come up to the hospital with Dr. Woodworth, who used to take us around and show us things. Other than that, there was a little bit of interaction, some social activities and sports activities that the medical and dental students had together, but they didn't have any other close integration.

ASH: What about nursing?

CLARKE: We had very little connection with nursing. I don't think, while I was in school, that I met any nursing students that I remember.

ASH: You graduated, then, in 1961, and what did you do after that?

CLARKE: Went right straight into practice. I bought a practice in Southeast Portland, and I was in full-time private practice for about ten years. I liked private practice, but I loved teaching, and I missed it. I had thought of teaching early in my life and decided to go into dentistry and thought, well, I'll do some teaching on the side, but I missed - I wanted to get into teaching. So after about ten years, an opportunity came up, and I grabbed it.

What happened was that I knew that Lou Terkla had become the new dean - that was in 1967, I think - and so I came up here a couple of years after he'd been made the dean and told him that I knew that the person who had taught the history of dentistry was going to be retiring within a few years, and I said, "If, with your curriculum revision, you're going to keep the history of dentistry course, I'd like to prepare myself to teach it." And he said to me, "I'd like you to teach it now." So this was in the spring, and I can remember I spent the whole summer studying the history of dentistry. I read every book I could get my hands on. Then, what he did, he called the man who was teaching the course and said, "Why don't you integrate Henry into this and let him give two or three lectures?" And that's what I did. And I did that for about three years, until the other person, George Patterson, did retire, and then I took over teaching the history course.

So I still had my full-time private practice out in Southeast Portland, and after I had been teaching history for a few years, the dean called me one day - actually, I was back East at a history of dentistry meeting. When I got back, there was a message from the dean, and there was a position open that he asked me if I'd be interested in applying for, and so then I came up half-time. And then another position opened up, and I sort of went into full-time. But I've always kept a small, private practice. I still do. I practice clinical dentistry a couple of half days a week.

ASH: So you started out in the school of dentistry by teaching the history of dentistry course. Was it a required course?

CLARKE: Yes, it was. And at that time, in the middle sixties, there were a lot of dental schools that were dropping their history course, which I felt like was a great disaster, so I'd heard about that. It all depends on how well it's taught, I think. If somebody loves the history of dentistry and conveys that enthusiasm, it's a well-accepted course. Our students love it. There are a lot of places where it's sort of a chore, somebody is required to do it, and it doesn't go across well. So that's why I came up here to check with them and make sure they were hanging on to it, and I can remember Lou Terkla saying yeah, there was no question about that.

ASH: Have you been teaching it on an ongoing basis ever since?

CLARKE: Yes.

ASH: As a required course?

CLARKE: Oh yes. Until this - now, it's still a required course, but this year I stepped down as department chair, and somebody else took my position, Susan Rustvold, so now she's really in charge of the course, and she's asked me to give about half the lectures now, so that's a big change for me. I've always taught the whole thing.

ASH: But she's teaching half of it herself?

CLARKE: She's teaching half of it herself.

ASH: And which department is this?

CLARKE: Behavioral sciences.

ASH: Then, you knew that you'd be teaching the course, and how did you prepare yourself for doing that?

CLARKE: Well, I can remember getting Gurini's(?) *History of Dentistry*. Gurini was a very wonderful dental historian from Italy who wrote one of the early books on the history of dentistry. It's a fairly big book, and goes back as far back as you can go, you know, to 3000 B.C.

I can remember getting that and reading it. And, then, there's another very large book called *The History of Dental Surgery* by Koch(?), and I dug through that and about three or four other books. And, then, of course, I joined the American Academy of the History of Dentistry and began getting their journal and doing as much studying that way as I could, and reading articles.

I can remember that the first lecture that I was going to give, that night I had a dream, a dream that I went into the men's room before the lecture. I thought, well, I'll slip in there first, you know. And in this dream, when I went into the men's room, Lou Terkla was in there, and he was holding these two enormous volumes of Koch's *History of Dental Surgery* and Thorpe's *History of Dental Surgery*. And I can remember he said, "I'm going to come to your lecture. You don't mind, do you?" (laughter) I can remember in my dream I just was petrified. I thought why - because Lou is one of those people that reads about four thousand words a minute and remembers everything he's ever read.

I've forgotten, now, what you asked.

ASH: How you prepared yourself.

CLARKE: That's right. (Laughing) That's how I prepared myself. My dream almost unprepared me. But anyway, he didn't come the next day, he didn't show up, so I was at ease, and I went ahead and...

ASH: How many people were in the class?

CLARKE: Eighty.

ASH: Eighty!

CLARKE: In those days - as a matter of fact, there were a few more than that. That was the period of time - you know, the government started a capitation program in the late sixties, and the idea was - I've always felt like it was a dumb idea. The Congress had the idea that if they flooded the market with health-care practitioners that it would create a lot of competition and the fees would be lower. So medical schools and dental schools and, I think, nursing schools and all the health-care schools, the government would offer them big sums of money if they would increase their enrollment. You had to increase 10 percent. And I think they had done that, so we actually had eighty-eight students. They'd gone up 10 percent. The school was built to handle a class of eighty dental students and thirty hygiene students. So I started out with eighty-eight.

After a few years, that dropped, because Lou Terkla was the only dean, I think, in the country who, after the first three-year period of capitation money, dropped it, because he knew that strings were going to be attached to it. And he was kind of leery of it in the beginning, but he went along with it and accepted the money and increased the class size. Then, in the next round they came around and said, "Now you've got to increase it again." So now they had to go up to

over a hundred students, or close to a hundred. I remember a lot of discussion in faculty meetings, and Lou took everybody's opinion, but I remember him saying, "I'll take the heat. It won't be a democratic thing, I'll decide." And he decided to turn it down, and we went back to eighty students.

ASH: Even eighty students in a course like the history of dentistry, that's a large number of students.

CLARKE: It's a lot. And it's always been a little bit of a dilemma to me because in education I always prefer to give tests that are subjective. I like people to write essays and papers and tell me what they know, and when you've got eighty students, that's a real burden, and so I've always been kind of forced into giving multiple-choice tests. One thing I've always done in the history course is give an extra credit if people wrote articles. There's a national contest called the Bremner(?) Contest for writing on the history of dentistry, and so I would always give people about a 10 percent bonus if they wrote a full Bremner paper. If they wrote something else but it wasn't good enough to submit for that contest, they got 5 percent credit. Our school has had more winners in the Bremner Contest than any school in the country.

ASH: I didn't realize that.

CLARKE: This year, one of our students won the contest. Kevin Easley(?) wrote an article on veterinary dentistry, and it was the winning paper, and so he got to go back to Baltimore to the National Museum of Dentistry and receive a five hundred dollar prize and membership in the American Academy of the History of Dentistry, and several other perks.

ASH: How exciting for him, and for you.

CLARKE: It was, yeah.

ASH: So you were the mentor for many dental students over the years.

CLARKE: Um-hmm.

ASH: Are they generally interested in the history of dentistry?

CLARKE: You know, they are. We did a survey recently at our school. We went through a five-year period where we - after the course was over, the grades were done, the evaluations were done so there was no pressure on them, we gave students a survey questionnaire, and, basically, we asked them four questions. We asked them whether they thought that a course in the history of dentistry was essential in a dental school or whether it was just a fluff, you know; and we asked them whether or not they felt like the course corrected a lot of common misconceptions; and we asked them whether or not they thought it engendered more pride in their own profession. I've forgotten what the fourth question was. But we got, over that five-year

period, about a 99 percent strongly agree response from the students. It's one of the most popular courses in the dental school, and it could be the opposite. You know, it just really depends on the way it's approached, I think.

ASH: Can you tell me what you include in the curriculum?

CLARKE: We follow pretty much a chronological sequence, beginning with prehistory, and talk about dental disease in humans. Then we pick up with the ancient civilizations of Egypt and in Mesopotamia with the Samarians. They have some records of dental treatments and practitioners, in Egypt in particular where there actually was a specialty. Physicians in ancient Egypt all specialized in some part of the body, and one group of specialists were for the mouth and the teeth. Then we come up through the ancient civilizations and the Islamic empire and medieval period and the scientific revolution.

Then, when we finally get to America - we talk about the beginnings of modern dentistry in France, in Paris in particular. About 1700 is when modern dentistry really was identified. And it took different forms in different countries. In France it was viewed a specialty of surgery, mainly, I think, because the manipulative techniques in dentistry were the ones that worked. The sort of oral medicine stuff, which was still kind of irrational and based on the humoral theory, you know, wasn't. In Germany about that time it was seen as a specialty of medicine; in England it was originally seen as a specialty of medicine.

A lot of these practitioners emigrated to the colonies, to early America, and over here it began to evolve two different ways, as either a specialty of medicine or as a separate profession. And I think that the pressures of the enormous need, the number of people - there was a tremendous amount of dental disease at that time, especially dental caries, and the only way the need could be met was just by turning out more and more practitioners, mainly at that time trained through an apprenticeship system. And so in this country it finally got established.

As a matter of fact, it's kind of interesting, the first dental school in America, the two people who started it, Hayden(?) and Harris, were both M.D.s who were teaching at the University of Maryland Medical School, and they were trying to establish a specialty of dentistry in that school. And they had so much trouble, they had so much disagreement and financial problems and everything, that they finally sat down and said, "Why don't we start our own school? We'll just simply take the basic science curriculum, and then we'll plug into that clinical dentistry, and we'll start a school that's just dental." They applied to the legislature for a charter, and they were granted it, and that's where the - and they got a new degree called the doctor of dental surgery. So that's where that came from. And that's how it got established.

There was still an argument for many decades as to whether it should be a specialty of medicine or whether it should be a separate profession, and that all got kind of finalized in 1923. You remember in 1912 there was the Flexner(?) *Report on Medicine*. Well, about a decade after that, there was the Guyes(?) report that was the same thing done by John Guyes on dentistry.

Among his other recommendations as far as upgrading dental schools and dental education was that he felt like it should be kept as a separate profession. And he had enough influence that that's pretty much the way it was kept.

But I'll come back to your original question. When I get up to the establishment in 1840 of the dental profession in the United States, then, instead of going chronologically, we take a look at some of the major contributions of dentistry to mankind, to the world. We cover anesthesia, the reduction in the cost of dental treatment - it used to be tremendously expensive in the seventeen- and eighteen hundreds - and the discovery of things like, oh, vulcanite for dentures and silver amalgam for fillings and so on. We talk about some of the major contributions that were made to medicine, particularly in areas of surgery, and we talk about the development of specialization. So we kind of take a discipline approach after we get to 1840.

ASH: What do you teach them about anesthesia?

CLARKE: Well, I teach them that it was two dentists who introduced it (laughter). I teach them that Crawford Long deserves to be credited for having used ether in 1842 - so did several other people - but that to be an innovator you have to make a difference in history, you have to give it to the world, and that was done by William T. G. Morton. Horace Wells attempted to, but his demonstration was a failure. He should get some credit because he tried it, and he also gave the idea to Morton, but Morton is the person who made a difference in history.

ASH: How does the history of dentistry in Oregon fit into your course?

CLARKE: I used to bring it in specifically. Lately, we haven't had time, really, to bring it in that much. I do mention that this was one of few schools who adopted the D.M.D. degree that - people are always kind of curious why there are the two degrees in America, D.E.S. and D.M.D., and the history of that is that the Baltimore college, when it started, had the D.D.S. degree, and that went on for about twenty years while other dental school copied it. But when Harvard started their dental school, philosophically they had two problems with it. They said, in the first place, dentistry is not a branch of surgery, it's a branch of medicine. It's broader than just surgery, so it should really be a doctor of dental medicine. The other thing they said was the degree was supposed to be Latin, but D.D.S. is English, and so they said, why should we be stuck with that? Every degree in Harvard is Latin, so let's go with *Dentariae Medicinae* Doctor, and so they switched. There were only about four schools in the country for a long time, and this was one of them, that sort of went along with Harvard. In more recent times, today, there are about a third of the schools in the country who have moved to the D.M.D. degree. So I bring that up.

Sometimes we have enough time to also mention to them some of the things that developed. For instance, I sometimes have an opportunity to tell the students that at our school the first class that started in 1899 had two women in it, which was very unusual. Also, we had a number of Asians in our class. They didn't have any blacks to start with, but quite a few Asians,

and that was because, as part of the reparations for the Boxer Rebellion, the United States was kind of in a spot. The other countries were accepting money as payment from China as the reparations for that war. The United States didn't want to do that, but they didn't want to make the other Western countries look bad, so what they did is accepted the money and then turned around and gave it back in the form of scholarships to Asians who wanted to come over here and go to professional schools, and so a lot of them came over here to the West Coast, mainly San Francisco and Portland. So we had a number of Asians and women in our early classes. Sometimes I have time to tell them a few other things about the school.

ASH: Then, what about the history of dentistry in Oregon in general? You don't teach it in your class, but I know you have an interest. Is there anything you can tell us that's particularly fascinating to you?

CLARKE: Well, it was out here on the West Coast - people argue about whether Oregon gets the credit or Washington, but one or the other of us - and California sometimes gets into it - started dental insurance. They started the prepayment programs in the 1940s for some unions, mainly the longshoremen to start with. So we've had that innovation. Another thing that comes out of our school quite often is that we do have the reputation of being one of the very strongest clinical training schools in the country. I don't know that there's any kind of formal assessment of that, but it is something that virtually everybody agrees that the students who are trained here are just clinically superior.

In Oregon, I think that some of the things that have fascinated me have been looking at the techniques that Oregon dentists had in the eighteen hundreds, which weren't that different from other people, but we have some examples of the old, carved-ivory dentures, which I've always thought are interesting, and vulcanite.

We're in the process right now of sort of surveying our alumni to get people to let us know things that we might not already know about as far as innovations and famous people, dentists, from Oregon. We know a few things. We've invented a number of things. The grid system that's used all over the world for periodontal x-rays, and some other things. The high-speed hand pieces, of course, were invented by other people, but a lot of the perfection of that instrument was done here in Oregon; Kenny Kantwell(?) and some of the people with the Williams Air Products Company. And, then, of course, in Oregon the A-DEC Corporation has been one of the strong innovators. They came out with a whole new design of dental instruments, the main units.

ASH: Do they have any connection with the school of dentistry?

CLARKE: They don't have any formal connection, but they're tremendously supportive. They have always been willing to, oh, bring in a lot of their new equipment and help us equip the school. They've always made very strong donations to the Oregon Dental Association and various projects that the school or organized dentistry in Oregon have. When the centennial for

the Oregon Dental Association in 1993 was on, they were very supportive of that, and they're involved to some extent right now in our planning for the centennial of the dental school.

ASH: Can you tell me more about that? That's next year?

CLARKE: Um-hmm, 1999. What happened, in 1898, there was a school started here called the Oregon College of Dentistry. They got their charter in 1898, but they didn't open till 1899. Now, there was a school in Tacoma that had started in 1893, the Tacoma College of Dental Surgery. Tacoma wasn't a big enough city, and they had decided to move to Portland at the same time, so they moved down here. So in 1899, there were two dental schools. There was the Oregon College of Dentistry and the Tacoma College of Dental Surgery, which had changed its name to North Pacific. Those two schools ran for one year, and at the end of that year, in 1899, they said, "This is kind of ridiculous. Let's merge." And they did, and they took the name of North Pacific Dental College. So the big thing, they both opened their doors in 1899, and at the end of 1899 they merged, so we figure 1899 is the year for our centennial.

ASH: And what are the plans for the centennial?

CLARKE: Well, we have a centennial committee that's made up of members of the alumni association, some faculty from the dental school, and some people who are just interested in Oregon's dentistry. We have several committees. There's a project committee that is working on a big project. They probably are going to establish another endowed chair at the school of dentistry in operative dentistry. The Hygienists are having their fiftieth year reunion at the same time as we have the hundred year, and so they're also working on establishing some kind of a project, something that they'll draw money for, and probably a visiting lectureship or something like that. We're going to have several events. There's an event committee that - they're going to kick this off, as a matter of fact, this April at the Oregon Dental Association meeting, and they're bringing some entertainers from Washington, D.C., called the Capitol Steps.

ASH: They're wonderful.

CLARKE: Are they? You've heard them.

ASH: Many times.

CLARKE: Is that right?

ASH: Yes.

CLARKE: Okay. Well, that's going to be part of their kickoff, and they'll be announcing that, you know, this is to let you know the centennial is coming up next year. And they're hoping to get a big-name entertainer sort of at the end of the centennial. One name that's been brought up is Bill Cosby, and that's a possibility. There may be others.

Then, we're going to have several displays. The history subcommittee has two big jobs. One is to prepare something written, and the other one is displays. We already have arrangements that we're going to have a display in the Multnomah County Central Library downtown, so in one of their display areas on the third floor we'll have a display of the history of our school. Another place that we've arranged for is at the airport. There's a big display area between the Delta and United Airlines, and we're going to have a display there, probably emphasize technological developments in Oregon. And we're, of course, you know, getting some things arranged to put some displays up here at the university, certainly at the dental school, but hopefully also, you know, in other places at the university.

We also are putting in some material in the Children's Museum. The Children's Museum is planning to move about that time. I think they might be moving into the old OMSI building. They are very interested in having an interactive display. We probably will put in a miniature dental unit, maybe some manikins, some - I was back in Baltimore at the National Museum of Dentistry, and they have a similar thing where they have little molars that are stools that the kids sit on, and they watch things about dentistry, and they have plays and all kinds of stuff. So we'll be doing something like that.

ASH: And what about the written product?

CLARKE: The written product, what we've decided to do, the alumni association is going to put out an alumni directory, going back as far as they can, you know, and we've decided to have the first part of that be the history of the school, with as many pictures as we possibly can. Some schools have put out their own publication. University of the Pacific has a book called *A Century of Smiles* that they did for their centennial. We decided that we really didn't have the time or the resources to publish a separate book, and we think that it will be more acceptable, anyway, if it's part of the directory. So the first part of the directory is going to be the history of the school, and, then, the other part will be the directory of alumni.

ASH: I take it you probably are playing a role in writing?

CLARKE: Yeah. I'm chairman of the overall steering committee, and I'm also chairman of the history committee. What I'm going to do is, I'm going to write the history of the school up to 1956, and, then, Lou Terkla has written about his period, and Joe Consani is going to write about...

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

ASH: ...and someone will be editing it?

CLARKE: Right, we'll get somebody to edit that and get it into good form.

ASH: Getting back to the history of the school, then, you knew Dean Terkla before he was dean, and you came back when he was dean. Were you department chair immediately?

CLARKE: No. Originally when I came back, the first thing I did, I was a lecturer just in the history of dentistry. And I think that was for about two or three years. And, then, they had a department at that time called General Education. It was sort of a catchall. Things like practice management, history, ethics. Wherever they couldn't figure out where it belonged, they put into General Education. George Patterson was the chairman of that department. He was planning on retiring, but the year before he retired he took a sabbatical leave, so I was made acting chairman of that department. Now, when he really did retire at the end of that year, Dr. Terkla got us together and decided to revise that system. He said, "Why don't we start a department of practice management and another department of -" I think he started the department of gerontology(?), which doesn't still exist, that's been absorbed by public health dentistry. But the other department was behavioral sciences, and so then I was selected to be chairman of behavioral sciences.

ASH: When...

CLARKE: Now, at that same time - I didn't mention, when I came up here, I was teaching the history - the position they first offered me, or asked me to apply for, was in the dental hygiene department as the supervising dentist for dental hygiene, and that was a half-time position. So I came up and took that, and then this position as acting chair of general education came along, and I accepted that.

ASH: And that was a full-time?

CLARKE: Well, actually, I was half-and-half at that time. As a matter of fact, during my whole career up here, my FTE has been split. I was never full-time behavioral sciences, I was always about half-time dental hygiene and half-time behavioral sciences.

ASH: And so in addition to teaching the large history of dentistry class, you taught other classes?

CLARKE: Oh yes. As a matter of fact, our department had more courses than any other department in the school. Now, they were all small. We had things like - there's a course when the new students come in called The Omnibus that's kind of an introduction to the dental profession, where we try to show them an overview of what they're getting into. And, then, just because - (laughing) I'm not sure why; I was the one who was next to teach dental anatomy. They had a dental anatomy course that they were having some problems with, and they wanted another person to teach it, so dental anatomy was picked up by the behavioral science department. It has nothing to do with behavioral science. It's always confusing to people. So we taught that and the history of dentistry.

But then, in addition to that, we have two courses for dental students called Behavior Management. There's adult behavior management that goes for two terms, and there's a course in child patient management, and, then, there's a course called Behavioral Aspects of Dental Practice, where we get into more complicated things, some of the psychosomatic dental disorders, tempero-mandibular joint problems, bruxism, hyperactive gag reflex, dental phobia, and things like that. So those things are all in the behavioral science department, and that department teaches that kind of material to both the dental and the dental hygiene students.

ASH: And, obviously, by way of teaching, you were very interested in that. And you were still doing clinical work and still are. And as far as research goes, was most of your research in the history of dentistry?

CLARKE: No. Some of it, but most of it, really, was in the behavioral sciences, particularly in hypnosis. I was interested in hypnosis very early in my career, when I was practicing, and had gotten involved in that. I had several small grants to study the use of hypnosis for bruxism. Bruxism is when people grind their teeth at night, unconsciously. And that's where we did more research than anything else. We've done a little bit on hypnoanesthesia, and we started one project that, unfortunately, we didn't finish on career satisfaction among dentists. But most of it in hypnosis for bruxism. And that, we had some good research. As a matter of fact I won a national award for that for the best article published on hypnosis by the *American Journal of Clinical Hypnosis*.

ASH: When was that?

CLARKE: Nineteen ninety-two. It was an article called "Suggestive Hypnotherapy for Bruxism."

ASH: Interesting. Congratulations.

CLARKE: Thanks.

ASH: I'm getting a picture of a very well-rounded person. It also sounds as though the school of dentistry had a very - a curriculum that changed and grew and was flexible over the years. How would you characterize that change between the time you were a dental student and now?

CLARKE: Well, there's been so much new material in dentistry that they've had to emphasize areas that weren't emphasized that much when I was a dental student. When I was a student, periodontal disease, of course, was taken care of by the Department of Periodontics, and I can remember when I graduated I thought there were two areas that I didn't feel very well qualified in, and so I went back and got into study clubs and took continuing-ed courses, and those were in endodontics and periodontics. Shortly after I graduated they began beefing those departments up, giving a lot more education and a lot more requirements. So students now come

out very well qualified in those areas, whereas in my period most of us really didn't get anywhere near what they get now.

They've added, actually, one term of schooling. There's a summer term that's required now of dental students that we didn't have, of course. In addition to that, a lot of students go every summer and just elect to do clinical work. When I was a student, you could do that if you wanted to, but you didn't get credit; it was just for the experience. Now they actually get credit. So students are putting in a lot more time than when I was a student, and they're getting a lot more information.

ASH: The clinical work is done in the clinic there.

CLARKE: Um-hmm.

ASH: Any other sites?

CLARKE: Yes. One of the big ones - the students all have a rotation over to what they call the Cleve-Allen(?) Clinic, and it keeps changing its name, but it's on Russell Street, and everybody refers to it as the Russell Street Clinic. It's a government-funded public health program, so they see patients over there who are indigent and, you know, wouldn't be getting treatment elsewhere. One of our faculty members, a couple of them, actually, have taken a strong interest in dental treatment for AIDS patients, and most of the AIDS patients in this community that get treatment are treated over there. Most dentists see people who are HIV positive and have AIDS up to a point, but when they get really debilitated and have a lot of oral problems that are difficult to manage, they'll refer them to the Russell Street Clinic. So anyway, our students rotate over there.

There are some other sites that they rotate to, also. They can go to some public health clinics. I think there's one down in Woodburn and a few others, a couple out in the Southeast part of Portland. So they have those rotations. Some of them are optional, and students do it on their own time, but they're required to go over to the Russell Street Clinic.

ASH: Any practice in the hospital?

CLARKE: Yes. They have a regular hospital rotation, too, so they are required there. I'm not sure how long it is, but when they're senior dental senior students they rotate up to the hospital for several weeks.

ASH: And what about the VA?

CLARKE: And the VA. I'm not sure about their rotation to the VA. I know that the hygiene students are required to go to the VA on a rotation. The dental students, I think that the

same thing is true. Hygiene students also are involved in the AHEC(?) program. In the spring they go out for two weeks to remote sites, you know, all over the state and practice in clinics.

ASH: That hasn't happened with the dental students?

CLARKE: I don't think the dental students do that.

ASH: The deans you've known (laughter), I have on my list here, because when you were a dental student you may not have had much interaction with the dean, but that was Dean Noyes.

CLARKE: Yes. Can you characterize the man?

CLARKE: Yeah. (Laughing) He's an interesting person. I'll tell you one thing I remember about him. When I was first a dental student - he was a short man, not terribly impressive to look at, and I didn't know who he was. I can remember that when I was a new dental student, with this new, horizontal curriculum, we had been doing some lab work in the third-floor lab, and right after that we had anatomy. And without us even thinking about it, we'd have plaster all over the floor in the lab, and we had tracked all this plaster up to the seventh floor into the anatomy laboratory. He was a rather fastidious man. And so we were all - we had our cadavers out, and we were all busy dissecting and, you know, reading and looking and all this stuff, and all of a sudden we heard somebody yelling, and we looked over, and there was this strange looking little guy standing up on a stool so we could see him - he'd gotten one of the stools and was standing up on it - and I can remember some of us saying, "Who's that?" Well it was the dean. And he tore into us for our sloppiness, and he said he didn't want any - he was dismissing us from the anatomy lab right then to go down and clean up the third-floor lab and then clean up every step that we found from the third-floor lab to the seventh floor. And he didn't want to see that again. So that was my first introduction to Dean Noyse.

I can remember knowing *about* him. He didn't have that much interaction with us. I don't remember him ever coming down to the clinic, but I can remember knowing that he'd done a lot for the school, that he was the one who was responsible for a lot of the changes, the curricular changes, and had helped the school to get its connection with the state system of higher education. Of course, that wasn't one person's job. A lot of the alumni and faculty had worked on that also. But that's what I remember about Dean Noyse.

ASH: Now, tell us about Dean Terkla.

CLARKE: Oh, he was - I'll tell you one of the first things I remember about him. Well, the first thing I remember was his first lecture. I can remember that he walked in - we had eighty students in our class, and he said, "I'm Louis Terkla, and I'm your instructor in operative dentistry, and I'm going to call the roll." And he proceeded to look each person in the face and call them by name, going through the whole class of eighty students, and he knew them. If

somebody was absent, he would say, "Highland is supposed to be sitting right there. Where is he today?" And they'd say, "He's sick." He'd say, "Okay," and then he'd go on to the next person.

I remember how brilliant he was. I can remember that he memorized everything. He knew every dental instrument by numbers; he'd call it a six-and-a-half, two-and-a-half, four. And, yet, I can remember also that when it came to working with you in the clinic - I can remember, for instance, one time I called him over to look at a cavity preparation that I had done, and he looked in the mouth, and he said, "Yes, that's fine. You go ahead with the next step." Then he turned around and took a little piece of paper and made two little drawings, and he labeled one of them "ideal" and the other one "yours", and let me know this without embarrassing me in front of the patient. Just, you know, subtle things that I could have done to make that preparation better. That's the kind of teacher he was. He was really an excellent teacher. Smart but compassionate.

ASH: Was he able to continue any teaching after he became dean?

CLARKE: I don't think he did. I don't remember him doing very much. No, not very much. He pretty much - he is an extremely well organized person. I can remember all of the deans that I've known - I didn't know Harold Noyes that well, but Lou Terkla and Hank Van Hassel(?), one thing about both of them is, you can go into their office at any moment, at any time, and it looks like it's just then been cleaned up. It's never a mess. And the thing that both of them - that always impressed me with them was that they were always on top of everything, that they dealt with everything the moment it hit the desk. They didn't have a to-do file that - whatever hit the desk they either delegated or acted on.

And Lou, I can remember, used to show up very early. He'd get to the school at 7:00 in the morning, or earlier, but come 4:30 he was gone, and that was it. He'd done his job, and he didn't carry it home with him. Occasionally other people would. I can remember one time he was out hunting, and somebody came driving through the mountains in a Jeep to get hold of him for some kind of a crisis at the dental school. But by and large, he was so well organized that that's the way he did his job.

ASH: You were department chair under him for quite a while, I take it.

CLARKE: Um-hmm.

ASH: Did he have a dean's council, like the school of medicine did, of department chairs that met regularly?

CLARKE: Not really. We had the clinic committee, and that was made up of clinical department chairs, and I wasn't on that at first, and after a while, I felt like there was enough clinical component to the behavioral sciences that we should be, and so then I was on that

committee. There was another committee called the Basic Science Committee that was made up of all of the chairs of the basic science departments. And, then, there's an institutional affairs committee that's an elected committee that is supposed to be advisory to the dean. So that's the structure over there.

ASH: I understand. When we became a university, what do you remember about the preceding discussions?

CLARKE: Well, the most prominent thing I remember is that Lou Terkla had us all together for a meeting and said that they proposed that this happen; you know, that they establish this as a separate institution and that, you know, they have this merger and everything. And the big question was, Why? And he said, "I don't know, but they want you to vote on whether or not you'll accept it." We all said, Well, what are the goals, what are the objectives, what's the advantage? And people talked about it, but the legislature, or the chancellor's office, as I remember it, hadn't really specified that. They just said, We think it ought to be done.

I can remember being confused about it and thinking to myself, well, they're not going to be able to establish a president's office with a presidential staff for anything less than another million dollars, and where's the payoff, what's it going to do for the - now, I've seen what it has done. I think it's been a wonderful move, you know, because it has brought in tremendous innovations, all kinds of research and new programs. But I can remember at the time wishing that somebody would say, Well, here's our ten-year plan. We think by doing this it's going to bring this into the university and accomplish these goals. I don't remember that being specified.

ASH: Interesting. What impact did it have on you when we actually became the University of Oregon Health Sciences Center?

CLARKE: I don't believe initially it had any real impact. I can remember people being concerned about one big thing. I think that one of the strong advantages that our school has is that we have scientists who are based in the dental school, and so their commitment, really, is to dentistry. Now, they do some real broad-ranging investigations. They get into cataracts and all kinds of things. Sometimes it just spreads out. They get started looking at the effect of some mineral on caries and find out that it causes cataracts or something. But still, they're in the dental school, their commitment is to the dental school, they are governed by the dental school, and I think that's a big advantage.

At lot of dental schools in the country are places where there's a basic science department who teaches anatomy, let's say, to medical students, nursing students, hygiene students, dental students, and they don't have a real commitment to any one of those. If they have a strong commitment, it's to medicine. I think that that's - some of us worried that that might get lost, that that could get lost with the merger, and it didn't.

Some other things that happened, there was talk about merging the libraries, and we were worried about losing our library; and the registrar's office, there was some controversy over that, and that all got settled. So all in all, it's worked out to be a big advantage. But those were some of the concerns, that we may lose some autonomy and some things that I think are beneficial and kind of special for our school. Not really unique, but unusual.

ASH: You had mentioned that early in the history of the school of dentistry there were women in the class, and one of the themes that we're exploring is women and minorities in the professions. In the years that you've been in the school of dentistry, what change have you seen?

CLARKE: Oh, that's interesting, because - you know, dentistry used to have the lowest percentage of women of any other profession except engineering. For many, many years we fluctuated between 1- and 2 percent female. And that still was there when I began teaching the history of dentistry, about 1969.

About the time that I came on the faculty full-time, in the early seventies, there was a strong move to try to recruit more women, and I can remember hearing some of the people on the admissions committee discussing it and saying, well, should we really encourage women to come into the profession, because, you know, are they going to contribute that much to society, because, you know, they'll - it cost all that money to go through dental school and get their degree, and then they'll get married and they won't contribute. They may practice for a few years part-time, but, you know, is it really fair? Shouldn't we have men? And I can remember - I was on the side of encouraging women, because, frankly, I always hated the fact that - I remember as a young dentist it used to bother me to go to dental meetings and have somebody stand up and say, "Men." I'd think, what is this, a locker room (laughter)? So I wanted women in the profession, and I can remember discussing it with people and saying to them, that was ridiculous.

And, of course, that attitude prevailed, and beginning, I think, around 1974, they really recruited women, and it jumped up rather quickly. It jumped up from about 1- or 2 percent to about 10 percent, and then rather rapidly, in a matter of just a few years, up to about 25- to 30 percent female. That's about where it's leveled off, and our school is about the same as the rest of them in the country. University of the Pacific, I believe - one of the San Francisco schools - several years ago had the same thing that our medical school had, they actually had 51 percent female and had more females than males. But throughout the country, it's about 25- to 30 percent female, and that's where our school is right now.

Minorities, they strongly recruited for minorities during the same period, and still do. For a while we had a government-funded position in our school of minority recruitment, and we had, for a while, two black dentists, as I remember, who that was their position. We lost that funding, so we don't have a department of minority recruitment. We've been very, very good at getting minorities, with the exception of blacks. We have very few blacks. We've had some, of course, and during that period we got more because both of these people were black, and they had a lot of ability to get into the black community and encourage black students. But they're kind of rare.

We don't get a lot of them. We don't get a lot of applications, you know. If we got them and they were good applicants, we'd sure take them. But we do get a lot of Asians, a few Native Americans, and some other minorities.

ASH: Didn't Dr. Terkla have a relationship with Japan?

CLARKE: Yes. He started - you know, shortly after Portland started the sister city program with Sapporo - they have a dental school in Sapporo, so he started a sister dental school program. For many years there was a lot of exchange. We would have a good many Japanese dentists come over here for a couple of weeks and study at our school and have a continuing education program, and then we'd have a contingent of our dentists from our faculty go over there for a couple of weeks. That has slowed down a great deal. Hiroshi Uano(?) was on our faculty, and he used to spearhead a lot of that, and he died a few years ago. Even before he died, with the budget cuts, with Measure 5 and, then, the other budget cuts that have come along, we haven't had the money, and so there hasn't been very much exchange.

At the dental school we have a display of a number of gifts that were exchanged. Whenever these Japanese dentists would come over - they're big on nice gifts, and so they'd always bring a bunch of gifts. I remember that I got one of their little banners one time because I had put up a display. And they were always bringing gifts. We have some very nice things. There's still a little bit of connection. We still officially have the sister dental school connection with the school in Sapporo.

ASH: Do you recall when - were you at the luncheon when Dean Terkla told the story of how he became dean?

CLARKE: Yes.

ASH: Do you recall that period?

CLARKE: Oh yes.

ASH: And when Dr. Terkla retired and they were searching for a new dean, can you tell me anything about that process?

CLARKE: I can remember - you know, I've had a hard time remembering recently whether I was on the search committee or if I was at the meetings because I was a department chair. But I can remember being there to interview the candidates for the position, and I can remember Dr. Van Hassel in particular, I can remember how impressed I was with him. One question that people used to commonly ask was that in the dental school we have a lot of tiny departments like mine. You know, we've got - oh, for instance, in my department of behavioral sciences I was about half-time as department chair, and I had two people who were one-tenth

time each, and then I had about eight people who were one-tenth time for half the year. So altogether I had, like, about one FTE.

ASH: There were a lot of people.

CLARKE: A lot of people. There were a lot of small departments like that. And I remember them asking him how he felt about it. They said, "We've got twenty-three departments here. How do you feel about combining them?" And I can remember his response was that he said he really couldn't care less. He said, "What I care about is that people do their job." He said, "My style of management is that you let people clearly know what you expect of them, and then leave them alone, but at the end of the year hold them accountable." And he said, "I don't look over people's shoulders, and I don't tell them how they should do it, I just let them know clearly what they are supposed to do and make sure that it's either done or there's some explanation." And he's done that.

It was instituted when he came in that the department chairs all turned in annual reports, and he went over those, and we always had an annual conference with him dealing with the specifics in those reports. We had to put down what we had accomplished and what our goals were for the coming year, and so on. Very nicely organized. It helped me a lot. I liked it. I didn't mind having to make a report at all, because I like that kind of structure. It let me know what I was doing and what I wasn't doing.

ASH: So that was something new that he instituted.

CLARKE: Yes.

ASH: Was there any resistance among the rest of the faculty?

CLARKE: Oh, just in the hallways. I had occasion to hear somebody moaning about the fact that we've got to do these annual reports. But I don't know how serious it was.

ASH: Did he meet with you one-on-one on a regular basis?

CLARKE: Oh yes. His - you know, both he and Lou Terkla had very much of an open-door policy, and you felt very free to call him up if you had a question, or to drop in to the office. We didn't have real frequent planned meetings. If an issue came up, he would call me in and say, We need to talk about such and such. But they were fairly often, yeah.

ASH: Could I ask you about the town-gown relationship between the school of dentistry and the community?

CLARKE: It's really been very good all through the years. Lou Terkla - and again, you know, I wasn't that well acquainted with the whole situation with Hal Noyse, but Lou Terkla was

tremendously respected. He's one of the most talented operative dentists in the country, I think. Now, if he was here, he'd say, "You're not in a position to make that decision" (laughter), but it's still what I think, and a lot of people agree. He's just tremendously capable. And because of that, the dentists in Oregon had a lot of respect for him. A lot of them, of course, had been his students. And he maintained a very close relationship with the Oregon Dental Association and tried to make sure that there was never any conflict of interest between the dental school and the dental community. The dental school always had a very strong continuing education program, sponsored study clubs, so that there was a lot of dovetailing, a lot of interaction between the dental community, the town and the gown.

When Dean Van Hassel came in, he actually became a part of the Oregon Dental Association and ran for office, which I thought was astounding, you know, as a new dean of a dental school he became president also of the Oregon Dental Association. So he was both people, he was town and gown, and has always been that much involved with the dental community and has always been very concerned that whatever programs we started didn't compete.

For instance, during his administration they started a faculty dental practice. Prior to that, if you were a clinician - originally, if you were full-time - I got in on this on the grandfather system - if you were full-time, that meant you had a half a day for private practice if you wanted to. If you were a scientist, you had that half a day to generate new research grant proposals. Now, the people that came on shortly after Van Hassel - he started bringing people on eight-tenths, so they really were only paid eight-tenths and were expected to then practice if they were clinicians and get research grants if they were scientists.

Now, they brought a lot of those people into the school in the faculty dental practice a few years ago, and I know that he was concerned about that, that we might be seen as competing with the outside practitioners, and tried to make sure that it was structured in such a way that we weren't in competition, and has been concerned about advertising it.

So I guess the basic answer to your question is that there has always been, as long as I've been around, a very, very - and I know from the history of the school prior to that - a very, very close relationship between the practicing community and the school.

ASH: There a lot of volunteer teaching faculty from the community, aren't there?

CLARKE: That's right. There are part-time practitioners, a lot of those in the clinics, where they're out in private practice, and they come into the dental school a half-day a week or a day a week, and, then, a lot of volunteers also.

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

ASH: □30th, 1998. This is Joan Ash, talking to J. Henry Clarke from the school of dentistry, in BICC 531. We have been discussing the town-gown relationships, and now we're going to talk about the alumni association.

CLARKE: Well, again, there's a very close connection. We have some of the best support of any dental school in the country. A lot of contributions. The annual fund drive always involves a lot of people from the dental school and from the alumni association, and the majority of people on the faculty who are dentists I think belong to both organizations. You know, they're on the faculty and they're also alumni.

The steering committee right now is made up of alumni and includes a lot of faculty, and it's been the closest connection that I've had between those two organizations. And I've been so impressed, as chair of that committee, with the tremendous support I've had from the staff of the foundation and the alumni association. I very often have to do very little to get a meeting ready. They call people, they contact everybody, they write the agenda, they send it to me and ask me to go over it and make corrections and send it back to them, they send it out. So there's really a lot of support.

And there are other areas that I haven't been as involved in. I've always been awfully busy and haven't devoted as much time, myself, to the alumni association as a lot of other people. For instance, Joe Consani has always been very, very involved with the alumni association, even though he's not an alumnus of the school, and right now has a position - you know, he's retired, but he is back at the school part-time, and he's alumni coordinator, so he is a connection between the dental school and the alumni association. It runs a lot the same as the connection between the Oregon Dental Association and the school.

ASH: And what's the relation between the alumni association and the foundation?

CLARKE: I'm not sure officially, except that I know that there is some kind of a connection there. I don't know that much about the foundation. I do know that there's a connection; the two seem to be intertwined somehow.

ASH: I recall the alumni association in the past giving some funds to the library for the restoration of books or whatever. How has the library supported your work in the history of dentistry?

CLARKE: Oh, they're tremendously supportive. As a matter of fact, it was really Dolores Jenkins' idea, as I remember. I don't remember if Carol Wilman(?) - she may have, but it was the library who came to me and said...

ASH: Carol Jenkins back then?

CLARKE: Yeah. I think that she was the first one that got the idea and said, "Why don't we request some funding from the alumni association to restore old books and to build a history room and have a place to put rare books and history books?" So we did. That was back about 1980. I think '81 is when we finished the history room. So we got two \$10,000 grants, which was quite a chunk of money that far back; \$20,000, 10,000 to restore old books and 10,000 to renovate the room that's called the History Room. We wrote a very simple proposal, or request, from the alumni, and it was approved, fully approved, and they came through with the money.

ASH: Now, what does the library have in its collection? And is the museum part of the library?

CLARKE: It is. In the History Room we have cases that were built specially, you know, for the historical books and the rare books, and so we have that organized, and the books are under lock and key. And, then, in the same room we have some display cases for artifacts, and we have some of our historical materials displayed in there. So it's called the History Room, and the library has always been very supportive of history. They've always made suggestions and put up pictures, in addition to the artifacts. If you go into the library, you'll notice that there are framed diplomas and licences and historical pictures also.

ASH: How were these things collected? I take it the library budget did not support a purchase of rare books.

CLARKE: That's right. When I came up here, they had a bunch of stuff down in the basement. They had their old books down in what they called Room Thirteen - it's the basement of the dental school - and they had a bunch of artifacts. I spent quite a lot of time, and one of the librarians at that time, and I've forgotten who it was, spent a lot of time, too, going through the books and picking out the ones that we thought were worth keeping and getting rid of the ones that weren't. So we preserved the book collection, found the rare books and found the books that were historical but not rare but still worth keeping. And the same with artifacts. And, then, we would just ask the dean's office for money when we needed it, and it usually wasn't an enormous amount of money, you know, but was enough that we had to find a place to put the things or build cases to put them in or something like that.

At one point we decided that some of the material should be organized by a real archivist, so we requested some funds from the school and from the Oregon Dental Association, and both of them came through with some money. We paid an archivist to come here, who was connected with the Oregon Historical Society, and she came up and organized our archival materials and told us the kind of acid-free containers that we should get, and all this stuff, and helped us get that all done. So some of it was handled that way. Usually, though, there was no special fund. What we would do is go to the dean's office, and they'd always take a look at it and say, Sure, you can have the money.

ASH: Is there a way, for example, when you were teaching, for you to know what was in the museum collection?

CLARKE: Well, I was the one who had put it there, so...

ASH: So you intimately were...

CLARKE: Yeah. When I came up to the dental school, the books and the artifacts were just all in a pile, and so I began to sort of organize the artifacts. Then, at one point, when my office was moved to the sixth floor where the old vault is, I began moving the really valuable things up into there. Some of it still isn't organized; it's just there. I keep thinking I'm going to get the time to organize it. But at least a lot of it is organized. But, yeah, I knew what we had, because I was the one who dug it out of the basement.

ASH: And do you use those materials in your class?

CLARKE: Not always. I have done, I have done in the past, and quite often students are interested in that, but it's kind of a lot of work to get the old hand piece and bring it in, and the foot treadle drill and things like that. Sometimes we've told the students that if they're really interested that we could set up a special time, and two or three times people from this library have come over there and brought Bisalio's(?) *Fabric of the Human Body* and a couple of other rare books, you know, and let students put on white gloves and actually take a look at those books, and we've let them take a look at artifacts. But it's been a special thing. But we've had, you know, ten or fifteen students who were interested enough that they'd block out some time to do that.

ASH: Probably including those who wrote the articles for the competition.

CLARKE: Right.

ASH: Do you find that they go and continue their interest in the history of dentistry?

CLARKE: Yes. As a matter of fact, a couple of them here in Oregon have asked me if we could start our own little component society of the history of dentistry. We'd be the first ones, if we ever get around to doing it. The American Academy of the History of Dentistry is a national organization. They don't have any little local organizations, and if we formed the Portland group, why, we'd be the first component society.

ASH: So there is a core of interest?

CLARKE: Yeah. Not a lot, we're a small group, but there are a half a dozen or a dozen of us.

ASH: And they tend to be very interested, I'm sure.

CLARKE: Yeah. One of them, as a matter of fact, is - well, two of them are very involved in these Civil War replications that they do, you know. They dress up as Civil War surgeons and go out to those kind of activities.

ASH: I can't let you get away without asking you about space. I want to ask you about parking (laughter). Space considerations. When you first came here, there was a lovely new building and probably lots of space. Over the years, from your view as a department chair, how did things play out?

CLARKE: Well, we're really short of space. It's been a big problem, particularly in the behavioral sciences, because, you know, a lot of our courses we would like to run in small groups, and very often we were struggling all over the dental school to try to find some way to get - you know, we'd take a class of - now we have seventy students, or seventy-five, and we'd try to break them into, you know, five or six groups, and we just - you know, there aren't any conference rooms.

And the other thing that happens, at the dental school there's only one huge lecture room that's big enough to hold both the hygiene and the dental students. So there are a lot of times that you would like to be able to schedule that, and one of those rooms is being used. What it is, is a room that's two rooms that has a divider. There aren't enough conference rooms, there's not enough space, there's not enough space for anything. We just do the best we can.

But, you know, it's - for instance, I'm sure it would be a little ways down on the priority list, but I wish that we had enough space for a museum. We've got that little area, you know, the History Room, but with all the work that we're going to do for the centennial, we're going to come up with some big displays and some really nice material that's going to be professionally done, and I've talked about the fact that when the centennial is over, it sure would be nice to have a permanent home for that material, not put it all in a closet someplace, and we don't know where that's going to be. But space is limited.

ASH: Is that - well, the number of students has gone down, actually, since the beginning when you were first here, so what is the burgeoning of need attributed to?

CLARKE: Well, I think changes in education. One thing, of course, that's happened is that there's been a tremendous increase in research, and so we've had to have more space allotted for research activities and for people who are doing research. The other thing is that, you know, when I was a student there wasn't that much of a need to divide a class into four or five or six small groups. But now - for instance, we didn't have a behavioral science curriculum; there wasn't any such thing as trying to get together and interact that way. There are other classes that try to do that same kind of thing. The fact that there's just more in the curriculum means that

people are trying to schedule more lectures. There have been times when we've had to - I used to sometimes schedule lectures over in the hospital because there wasn't any space.

ASH: I was going to ask you, are there any other facilities on campus that you can use?

CLARKE: Yeah, but it's really inconvenient. You know, when you tell students that they're going to go to hospital room sixty south, or something like that, and then you've got to go up there, and you're not familiar with it and you've got to figure out how the equipment works, it's a nuisance.

ASH: And then get back to the dental school for another class.

CLARKE: And then get back to the dental school, because they usually only have ten minutes between classes.

ASH: Have you heard how the dental school might cope with the space problem? Are there any plans?

CLARKE: No, no specific ones. One of the things we talked about when we were talking about a project for the centennial committee was to expand some space, you know, to put in another big clinical area or some other office space, but people have opted for this other project, you know, of an endowed chair. So there's been talk, but there isn't anything that I know of specifically.

ASH: I understand that Dean Van Hassel is retiring.

CLARKE: Right.

ASH: Is there a search on for a new dean?

CLARKE: There is. They are hoping to have their work done by July 1, because Dean Van Hassel will be leaving June 30, but they had a short time for a dean selection, you know. He didn't make the announcement until, I believe it was, around the first of January. It might have been in December. But they roughly only have about six months.

ASH: Why do suppose he did it on such short notice?

CLARKE: I don't know. Maybe he decided on short notice (laughter).

ASH: The holidays were coming?

CLARKE: Yeah, that's right.

ASH: What is the reputation of the dental school to the outside world?

CLARKE: Well, again, this is kind of subjective, but from all I've heard and traveled and everything, part of it is that we have a very, very strong clinical program that can hardly be criticized; that we used to be weak in the area of basic research. We always had some research, we had some good research, but not that much. And that has multiplied by a factor of five, I think, in recent years. We have a lot more research going on now.

ASH: Why do you suppose that is?

CLARKE: Well, I think that Dean Van Hassel realized that it was very important. It was very important to the school, to its reputation, it was important to the university, and it's important to dentistry. I think that he just felt like that was something that had to be pushed, and he did. He got us together and said he wanted to see some solid, big research being done, and put some deadlines on it, you know, structured it the way a good manager would do. He didn't just say, "I want you to do it," he said, "I want it done by this date and this much." So there was a lot of pressure to really get in.

And a lot of the hiring that he's done, he has - you know when new positions have come up, he's scoured around and found people who were strong researchers and brought them on to the faculty. He established recently a new position of associate dean for research. That's what Dr. Shearer(?) is. That position never existed before, and that was just done about a year ago. I'd never thought of it, but I can remember when they announced it I thought, what a brilliant idea. Sure. You know, if you want to really push research, get somebody who's in charge of that, and that's their job; and that's what Dr. Shearer does. So they have a really well organized program where people are told that they're expected to get in a grant by a certain date, and they do it.

ASH: Where do the grants primarily come from?

CLARKE: NIH. Those are the biggest and the most common ones from the dental school.

ASH: What division?

CLARKE: The division of dental research.

ASH: So if you track the grant funding over the years, there's been a dramatic increase?

CLARKE: Yeah. And somebody from the dean's office could give you the real figures, but it's been in the neighborhood of four or five times as much as it was just a few years ago. It's really blossomed a lot.

ASH: Now I'm getting a better picture of the space crunch, because, for example, out here every time a researcher gets a grant, that means four or five new people.

CLARKE: Exactly. You've got more staff, and then they've got to have a lab someplace, and sometimes you have to take what used to be a classroom or storage area or something like that, or an office.

ASH: I take it the grants are managed through the grants management centrally.

CLARKE: Yes, for the research services.

ASH: Then, what does the dental school have that the other schools on campus also have? You have your own registrar.

CLARKE: Um-hmm.

ASH: You have your own bookstore.

CLARKE: Um-hmm. And our own branch of the library. You're thinking of what things we have that are common throughout the university? What else can you think of?

ASH: That's probably it, because it just occurred to me about the grants, that you don't

CLARKE: We don't have your own research services.

ASH: Going down my list, then, to make sure I cover everything I should, organizational culture. I wanted to ask - and you being a behavioral - behaviorally-oriented person can probably describe this better than anyone else. How would you describe any change in organizational culture that you may have felt from the time you were a dental student to now?

CLARKE: One big thing, I had the feeling when I was a dental student that going through dental school was a little bit like going through boot camp for four years, you know, that you were supposed to be proud of the fact that it was tough for you and it's going to be tough for the next person, and that in a way that it was supposed be that way. The more stress you have, the better we know that you can handle stress.

ASH: How were you treated by individual faculty? We talked about Lou Terkla, but others.

CLARKE: Well, I can remember, for instance, in the anatomy department, my own feeling was that their philosophy of education was that if you wanted to get the most out of people, scare the life out of them. You know, if you're terrified that you're going to flunk today, you might do your best. And I always disagreed with that philosophy. But I felt like that was there. And I felt like there was a sort of a them-versus-us attitude amongst a number of the faculty. I can remember, when I came back on the faculty, seeing some of the faculty members

that I'd known as a student, and being kind of surprised that they were actually human, you know. In faculty meetings I'd hear them make statements that were kind of compassionate, and I didn't know that there was any of that in there. So that was my feeling, and I think that a lot of other students had that same feeling.

I think that both Dean Terkla and, more explicitly, Dean Van Hassel attacked that. A number of times Dr. Van Hassel has gotten the faculty together, and he said, "There is no reason for us to put any more stress into this program than already has to be there. There's no reason for us to intentionally stress people." And furthermore, he used to say to us, "These are our colleagues. They're not students, they're our colleagues who are at a different stage in their career. And they're also the only reason we are here. They're our consumers, and so they're the reason we have a job, and there's no reason why they should be treated with anything but the utmost respect." And I think that that has grown. I think that both Lou Terkla and van Hassel felt that way, and that has gradually come around to the students. I think that that - and that is something that happens right now, is that you hear from students that they feel like there's a really collegial attitude between faculty and students.

ASH: Since we're here in the BICC, I have to ask you about technology and the use of technology in the school of dentistry, from the point of view of organization. I'm sorry, information technology.

CLARKE: Well, as far as information technology, one of the things that happened quite early was that in the dental school there are little bays, you know, where they have about eight dental students in a bay, and each of those has a bay coordinator, who's very often a dental assistant, and they had computers put in very early and began to keep a lot of their records, keep track of what the students were doing and where they were on their requirements, and that kind of thing. And, of course, computers have come into every other part of the dental school.

Is this sort of what you were wondering about as far as information technology?

ASH: Um-hmm.

CLARKE: And it just keeps on growing, of course. Other things that have happened is that people have gotten technology where they now can make really nice looking slides right on their computer. You know, they will photograph it and come out with a slide, or you can get really nice looking material to take over to the photography department, take your disk over there, and they'll make you first-class slides. They've gotten so good that some of my old slides I'm embarrassed with, you know. I've got to remake them. They're typed and then photographed with a close-up lens.

ASH: Is most of the teaching done with slides?

CLARKE: A lot of it. Dentists have always loved slides. But more and more, people are using a lot of video. I used a lot of video when I came up here. I began very early, you know,

making videos, and still do. Now we have projection videos in the dental school, and some people are using computers, you know, to project, and so they tend to keep up on all the technology. They have some CAD(?) cams. Do you know what they are?

ASH: No.

CLARKE: Where you look in the mouth, and it projects up on the screen, magnified many times, you know, what you're looking at, if you're looking at a tooth or something like that.

ASH: They use that in instructional...

CLARKE: They have that for the students. Students are able to use the CAD cams. They've just put in recently some new imaging equipment down at the dental school. They've replaced a lot of their old x-ray equipment with new technology for imaging, which - I'm not sure of the details of it, but I know it's new.

ASH: What have you been proudest of in your career here at OHSU?

CLARKE: I think perhaps the number of our graduates who have become really sophisticated from a behavioral standpoint. It used to be that I would hear from the public quite often how poorly their dentists communicated and how they didn't understand anxiety, that they would tell them that they were very nervous, and they'd say, Well, yeah, everybody's nervous, but you'll get along. And now I hear more and more people talking about how they just love their dentist, and how this dentist is so good at understanding their needs and lowering their anxiety level, and they do all kinds of special things. If they've done a procedure that's quite traumatic, they'll call them that evening and check to see how their doing. And they take advantage of all kinds of new technology. They have, oh, these visual IO things that people look at while they're having their dental treatment done, and they have headphones, and they have a variety of things. And I'm constantly being asked to go out to dental clinics and talk about handling fearful patients and phobic patients. So I think that's perhaps - I think two things. That, plus the sort of positive attitude people have about the history of dentistry. A lot of our graduates, they'll say that they've kept up studying the history of dentistry and that it was the most fun course that they had.

ASH: How gratifying. I'm through my list, and I wanted to give Linda a chance to ask a few questions, but, first, do you have any questions for us, and how should we handle...

WEIMER: Well, I think we've covered pretty much everything I was going to ask, but why don't - if you hold up one of the pictures, I'll try to focus on it, and then perhaps you can say a few words about it.

CLARKE: Do you want to go in any kind of chronological order?

WEIMER: Why don't we start with the (inaudible).

CLARKE: Okay. Do you want me to move this out of the way?

WEIMER: We're just fine. Tell us a little bit about that.

CLARKE: This was the first home of the dental school. There was actually - when the two schools were here, one of them was down on Second and Morrison for the first year, and the other one, the North Pacific, was in this building, which had previously been the dental department of Willamette University. Then they both moved into here, and this was sort of the first dental school, on Fifteenth and Couch. It was the dental school's home from 1899 until 1911.

ASH: For the sake of the audio tape, we're looking at an absolutely opulent, gorgeous Victorian building.

CLARKE: Right. [Here's] a little more, oh, substantial, square building.

ASH: Less ornate.

CLARKE: Less Ornate. The old building burned down, I think in 1911 or 1912. It might have been even 1910, because in 1911 I believe is when they moved into this school. This was built for the dental school on Sixth and Oregon Street on the east side of the city. They had outgrown the other school, and for a short time, as matter of fact, the classes were so large that they used part of the old Lewis & Clark Exposition buildings for sort of what they called the annex of the dental school. But anyway, they built this one, then, to accommodate the bigger classes and clinics. So this was the dental school until 1956, and in 1956 they still needed more facilities, and they moved up onto Marquam Hill, and the school then had become the dental school of the University of Oregon. And that's the same building - there have been some changes, a few additions and changes to the outside, but basically that's the building that we're in right now.

WEIMER: I see you also brought some instruments.

CLARKE: Back in the early days of the dental school, students - one of the things they had to do was learn to make their own instruments, which makes some sense because, you know, in 1900 there were still a lot of dentists who would go out into remote areas where they wouldn't have much of an opportunity to buy a new instrument if they broke one. So in any case, they had to take a class where they learned the metallurgy and the technique of making their own instruments, and these are some of those that were made up until the 1920s.

WEIMER: Was this done with the help of a farrier or blacksmith?

CLARKE: I think that, going back to the early days of dentistry, that it evolved to where dentists were able to teach other dentists how to make instruments, because they'd always made their own. They probably originally picked it up from blacksmiths and farriers and people who really knew how to handle metals, yeah.

WEIMER: But this was a skill handed down from dentist to dentist?

CLARKE: Right.

WEIMER: I see you have one more box of interesting articles.

CLARKE: I pulled out some things I thought you might be interested in. About the time that this was started, local anesthesia had been discovered by Karl Kohler(?), who was an ophthalmologist in Austria, and what he discovered was that cocaine produced topical anesthesia. In this country was the first place they started injecting it. William Halstead(?) did the first nerve block injections, and, interestingly enough, the first nerve he blocked was the inferior alveolar, a dental nerve. When this school started, they would have used these kind of little tablets of cocaine, and they would have dissolved them and then sucked them up into a syringe, and the syringe that they used would have been something like this little syringe that is a lurelock(?) type...

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

ASH: I just wanted to say for the tape that it looks like a lighter, and it's a lovely silver box with a flip top with these syringes that fit inside.

CLARKE: Then, in 1904, when this school had been going for about five years, novocaine - procaine was discovered, and originally they would have bought tablets - and I've known dentists who still did it this way as recently as twenty years ago, who would put the tablets in here in sterile water, distilled water, and cook the tablet, and then they would add some epinephrine to it, and that was the way that they made their own procaine, and then, again, drew it up into a syringe to inject.

These items - this was made by a dentist who moved to Oregon about 1840, and this is the way that dentures were made at that time. They were carved out of ivory, they weren't wood. This is the kind of a denture - as a matter of fact, the type George Washington had was like this, where the base was carved out of ivory. Some people thought it looked like wood, and so I guess that's how that rumor grew. But in any case, they could carve the teeth out of ivory like this, but they could also get natural teeth and cut the crowns off. You can see most of them are missing out of this one, but here are a couple of natural teeth where the crowns have been riveted onto the ivory base. Now, that was a very, very costly technique. They were only for looks, they wouldn't stay in the mouth, you know, to eat with, and very expensive because it was so time consuming.

One breakthrough that came was developed by a dentist name Fansi(?) in Paris, where he came up with these porcelain teeth with little platinum pins that could be soldered to ether a gold or silver base, and that a huge improvement, because the ivory was so costly, and, also, it used to decay, because ivory is tooth. This still was very expensive. The big breakthrough came when they developed vulcanite. Charles Goodyear, of course, invented vulcanite rubber, and his dentist, a man named Evans, and he put their heads together and came up with the idea of making a rubber denture base. Well, that cut the cost of dentures down to about a tenth of what they had cost previously.

A couple of technicians, one in England, Ash, and S. S. White in America had developed really nice porcelain teeth with a variety of color, and those were embedded into these dentures, and this was the first time that - two things happened. One is that the denture would actually stay in the mouth; you could get suction, and it would stick. The other thing was that the average person could afford it. Prior to this time dentists had brought the cost of dentures down to where it would cost the average person about three or four months' salary. When they came up with the vulcanite denture base, a denture cost about two weeks of the average person's salary. And, of course, since then they developed acrylics, and so forth. But this was a big change.

ASH: A lot more comfortable, too, I would think.

CLARKE: And more comfortable, that's right.

ASH: That first pair, what does this date back to?

CLARKE: Well, the first ones that we know of were described about 1700. They'd been making them this way probably for fifty or a hundred years before that, in the 1600s. The way they had to make them was - the technique is that you had to get a piece of ivory, and you'd rough it out, and then you would take it into the mouth and try to get it the shape of that ridge, of the edentulous ridge. Then you have to go into the mouth and make a couple of tattoo marks so that you could line it up in the same way each time. Then you would dry the mouth and paint the ridge with a dye called rose pink, line this up with the marks, and press it down and get a transfer, and then you'd have to grind that out, and then do that over and over and over until you finally had got it so that it fit that person's ridge. But that was so time consuming that these cost, by today's standards, thousands of thousands of dollars, and only the wealthy could afford to have artificial dentures.

ASH: They're not that attractive, either.

CLARKE: And they weren't that attractive, that's right (laughter). They weren't that good. Well, that was one of the things that - with Fansi's technique, he came along with this, and then he and some other dentists got the idea of putting some pink enamel out here, so that they looked pretty nice. As a matter of fact, Fansi became wealthy going all over to the royal

families of Europe making them these kind of dentures before the vulcanite. This was 1855 that Thomas Evans and Charles Goodyear came up with the vulcanite.

ASH: Oh, that long ago?

CLARKE: Yeas.

ASH: Well, thank you very much.

CLARKE: You bet. My pleasure.

[End of Interview]

INDEX

A

American Academy of the History of Dentistry,
4, 5, 23
Bremner Award, 5
anesthesia, dental, 7, 31
Area Health Education Centers (AHECs), 14

C

capitation fee, 4
Clarke, J. Henry,
biographical information, 1
education, 1-2
military service, 1
private practice, 3-4
research, 12
Cleve Allen Dental Center, 13
Consani, Joseph W., 10, 21

D

dental instruments, 8, 30-32
dentistry, as a separate profession, 6
dentistry, as specialty of medicine, 6
dentures, development of, 7, 31, 32-33
Dept. of Behavioral Sciences, 11-12, 24, 27
Dr. Samuel D. Harris National Museum of Dentistry, 10

E

education, dental, 7

H

history of dentistry, 4-7
in Oregon, 7

I

insurance, dental, 8

M

minorities, as students, 17-18

N

North Pacific Dental College, 9, 30
Noyes, Harold J., 14-15

O

Oregon College of Dentistry, 9
Oregon Dental Association, 8-9, 20, 22
Oregon Health Sciences University Library, 21-22
Oregon State System of Higher Education (OSSHE), 16

P

Patterson, George, 2, 11

R

Rustvold, Susan, 3

S

School of Dentistry,
Alumni Association, 9-10, 21-22
centennial (1998), 8-9, 24-25
committees, 9
curriculum, 1, 6, 12, 24
exchange program (Sapporo), 18
faculty, volunteer, 21
funding, 26
history of dentistry course, -7
History Room, 22-23, 24
image, 26
practice plan, 24
organizational culture, 27-28
relationship to School of Medicine, 2
research, 12-14, 24, 26
space, 24-25
town-gown relationships, 19-20
Shearer, Thomas R., 26

INDEX

T

Tacoma College of Dental Surgery, 9
technology, information, 28-29
Terkla, Louis G., 2-4, 10, 11, 14-16, 18, 19, 28

U

university consolidation, 16
University of Oregon Dental School, 1, 30
town-gown relationships, 19-20

V

Van Hassel, Henry (Hank), 15, 18, 20, 25-26,
28
Veterans Administration Hospital, 13

W

women, as students, 8, 17