

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

*Michael Baird*

Interview conducted February 6, 1998  
and February 19, 1998

by

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## SUMMARY

The interview with Dr. Michael Baird was accomplished in two sessions, the first focusing on the life of his father, Dr. David Baird, and the second focusing on Dr. Michael Baird's own life.

Dr. Michael Baird recounts what he knows of his father's upbringing in Baker, Oregon, and shares some of the Baird family history. David Baird chose a career in medicine and attended the University of Oregon Medical School in Portland. In 1926, he married and was an intern at Multnomah County Hospital. He also completed a residency year before going into private practice and becoming a part-time faculty member in 1927.

Dr. Michael Baird explains that his father had a deep interest in gardening, which extended to the landscaping on the UOMS campus. As a faculty member, Dr. David Baird was involved in internal medicine and anatomy, with a personal interest in psychiatry. He was appointed administrator of Multnomah County Hospital. Dr. Michael Baird explains the relationship of the county hospital to the medical school and notes that his father not only served as hospital administrator, but took on additional duties as associate dean under Dean Richard Dillehunt. He discusses the relationship between Dean Dillehunt and his father, and compared their respective leadership styles. He then describes his father's ability to anticipate changes in medicine, including foreseeing the need for a teaching hospital.

An overview of controversy surrounding building of the University Hospital is provided, including examination of the roles of the state legislature, board of higher education, and the primarily volunteer, part-time faculty. Dean Baird received active support from state senator Mark Hatfield. Dr. Michael Baird states that, although many of the volunteer faculty were unhappy with the decision, they eventually supported the newer, full-time faculty. Dr. David Baird's own part-time private practice at the Portland Clinic is noted.

The increase in full-time faculty following opening of the University Hospital and the growth of research on campus is considered in relation to the development of the National Institutes of Health. Research also increased with the arrival of pioneering doctors such as Charles Dotter and Albert Starr. Changes in medical school curriculum are discussed.

The history of the Tuberculosis Hospital and treatment for tuberculosis is examined next, which leads to a discussion of the siting of the Medical School on Marquam Hill.

Dr. Baird then contrasts the nature of patient care from when his father was an intern to the 1950s, when he was a medical student. He also discusses his father's residency and the growth of residencies in response to growing specialization in medicine. He also notes that rotating internships were phased out. Also in relation to the growth of specialization, he notes that both state funding and Medicare provided for training specialists.

The School of Nursing's separation from the School of Medicine to become its own department with dean is examined, followed by a look at the addition of the Crippled Childrens Division to the Medical School, and the Medical School's relationship to the Oregon Regional Primate Research Center.

Next Dr. Michael Baird remembers being a medical student during the time his father served as Dean of the Medical School, and his struggles to choose a practice area.

Campus buildings are discussed, mainly Gaines Hall, which leads to another look at

## SUMMARY

building University Hospital. Lastly, Dr. Baird comments on a series of photographs of his father, providing comments and anecdotes on people and events, including visits to the campus by presidential candidate Thomas E. Dewey and the governor of California Ronald Reagan.

Interview 2 opens with anecdotes about Dean David Baird, including his portrayal in an annual class roast. Dr. Michael Baird then provides some of the history of his own family and comments on the careers of his siblings. He recounts his education, from pre-med studies at Reed College in Portland to acceptance at UOMS in an accelerated program designed to train doctors during the Korean War. He states that he also earned a master's degree in biochemistry, with encouragement from Dr. Edward West. He also married while still a student. In 1957, he graduated, served an internship, followed by a residency in internal medicine, both at OUMS.

After a combination of teaching and other duties for seven or so years, he became a full-time administrator in 1968 as Medical Director and Administrator of the Hospitals and Clinics. Dr. Baird identifies the initiation of charging fees for service and insurance billing as one of the major challenges facing him in this position, pointing to the creation of Medicare and changes in state funding as factors influencing the decision to charge fees.

Dr. Baird's administrative role changed again following university consolidation under President Lewis Bluemle. He recounts how the hospital temporarily lost its accreditation and the work required to gain it back. He also explores administrative changes within the university and notes that he did not support the move to become a university. Dr. Baird remembers that his duties included handling malpractice concerns, hospital contracts and other legal concerns. Eventually he was assigned the position of Medical Services Director. In this position, he oversaw closing of the Tuberculosis Hospital, explaining that the building became a campus services building.

Dr. Baird next comments on the work of Dr. Charles Dotter, Dr. Edwin Osgood, and Dr. Albert Starr. Further discussion follows concerning the increase in faculty private practice and University Hospital charging patients beginning in 1968. He next comments on working with the roster of university presidents beginning with Lewis Bluemle and including Peter Kohler. On a final note, Dr. Baird remembers the Head of Public Health, Dr. Adolph Weinzirl, as well as several of his medical school instructors.

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Interview with Michael Baird, M.D. (Interview 1)  
Interviewed by Joan Ash and Linda Weimer  
February 6, 1998  
Site: BICC 513  
Begin Tape 1, Side 1

ASH: This is Joan Ash interviewing Michael Baird, and Linda Weimer is doing the video recording.

The first question I have in this interview is about your father this time, and then we'd like a separate interview about yourself. So this is in essence interviewing Dean Baird, or his surrogate...

BAIRD: A poor surrogate for a very much earlier beginning than I had.

ASH: The beginning was in 1898 in Baker, Oregon.

BAIRD: Yes.

ASH: And your grandfather was a railroad conductor?

BAIRD: He was the conductor on the Sumpter Valley Railway, which was a narrow gauge railway that has hit the papers recently with pictures and other things because it had a historically important route hauling gold and lumber and one thing and another along the Powder River and Eastern Oregon, and the job that Grandpa had was a very, very important job. He took it very seriously. He had, I think in all the years he was there, only one day of vacation, something like that. It was a continuous job.

But he took it very well, and he was extraordinarily proud of his role and was a person of considerable significance to the community. He was also a

portrait artist of considerable talent. Each of his children had some kind of artistic talent. That was reflected in my dad and his two brothers; one was quite a good artist, the one who was a pictorial, and one who was a pianist, and my dad, who did pictorial work without any formal training, was very talented at it. My sister had that. I never did.

ASH: When your father was growing up, do you have a sense that he always wanted to go into medicine?

BAIRD: No, I did not have that feeling. In fact, I have very little feel for what his earliest thoughts were. He fulfilled a great many things in Eastern Oregon that were important to character and development; worked very hard, and apparently went through a period of time when he worked in the woods as a logger. He did tailoring, and even card playing. He was anxious to go on with his education, and his dad brought him down to the University of Oregon in—that would have been in the late teens, I'd guess, and took him to the president of the university, Dr. Prince Campbell, and said, "Now, here's my boy, and I'd like you to look after him," and left him there, and that was it.

And somewhere in that period he had an interest in medicine; he developed it probably earlier in the community. He had lost one of his brothers to an appendicitis, which he felt was totally unnecessary, and I think he had in mind somehow that he owed something better to the world than what had happened to his brother. So I suspect that had an influence.

ASH: Do you believe that he met people at the University of Oregon who influenced him to go into medicine?

BAIRD: Well, if he did, I don't really know that that well. He certainly met a number of people who continued to know him through the years and he continued to see them, but I don't know of anyone that was particularly influential from the standpoint of selecting medicine until he actually got into the field itself. There, of course, he was influenced by some of the senior people that he met and then ended up working for. Enormous admiration of people like

Laurence Selling and Dr. Noble Wiley Jones and certain of our other leaders in the community that were fairly senior, and I think he was very impressed by them and much admired and emulated them where he was able to.

ASH: What do you think the effect of the Great Depression might have been on your father's career?

BAIRD: I don't think there was any effect on it that I'm aware of. His fifty percent private practice didn't pay much, but things weren't expensive.

Very early on he had links to the school, and very early on he had links with the Anatomy up here, and the Anatomy Department—by the way, his books of lectures and drawings and anatomy are very interesting to look at. He made excellent drawings for his teaching programs and lectures. But as he went through school here, he involved himself—when he finished his training in internal medicine he became involved with Multnomah County Hospital and treating the poor and remained very active in that throughout his life, so that even though he had entered practice in the Portland Clinic, he continued to be involved with both administrative and teaching and care roles at the university as it grew and developed. So that as he became an associate dean, ultimately, under Dr. [Richard] Dillehunt in '36 or '37, somewhere about there, he was really increasingly involved up here, and by the 40s he became finally more than the half-time dean and ultimately became a full-time person. But this was where his love was from the very beginning, and I don't think the Depression ever had much effect on him one way or another.

ASH: So that funding college and medical school in those days was not a big burden on the family?

BAIRD: No, he worked continuously and put himself through, for the most part. I don't believe his parents were able to supply any backup or money, and I don't know whether he had loans or not; I'm not aware of them. But he worked with regularity, I know that, and he used to walk to and from the school, even when he lived way up on the east side; he always loved walking, so the regular

walk to and from work was not a surprising thing.

ASH: You mentioned earlier that he was married around 1926, and you've often mentioned to us the role of your mother in—well, throughout his career, and I wondered if you'd tell us a little bit about how they met.

BAIRD: Well, actually the career had very little to do with their meeting, and they met, really, at the university, and I believe he may well have been introduced by one of my mother's older sisters who was down there. And they dated and visited, and she went back to Baker on a couple, three or four occasions, and when her mother called her and told her that she'd better get home, it didn't look proper with her visiting the would-be in-law's.

And when they were married, they had been going together for maybe five years or more, and it was at my father's sister's home, Gladys Eakin. Her husband was a good friend of my father's. He became the newspaper editor down in Albany, the *Albany Herald*. And they were coming back to Portland and stopped in Albany. Uncle Wallace decided it was marriage time. It was a Sunday. They got somebody, one of the ministers out of a local home there, and they had a spontaneous wedding.

And my mother called my grandmother and said, "I've gotten married."

And she said, "Why did you do that?"

And that was the celebration, as far as I know.

ASH: Your father was an individualist. So in 1926 I have down here that he was an intern at Multnomah County Hospital.

BAIRD: Yes. He would have been an intern. Then he had a year of residency, or an equivalent of it.

At that time there was minimal training available for what we now refer to as the specialties, and internal medicine was just becoming a specialty at that time, and the background in that and the teaching of that with a few of the people here in town was being pushed by Selling and people that my father admired very much, and I'm sure that had a powerful push on him to start.

At any rate, the training was in that and then a period of experience in private practice, where he worked fairly closely with a variety of different people, but amongst them was Dr. Henry Dixon, Sr., who was really about the only psychiatrist at that time in town, in the early days, and he studied with Dr. Dixon and learned a great deal of psychiatry as they made house calls; part of the county duties and charitable work and otherwise, they made psychiatric house calls.

ASH: Just during the period when he was a resident?

BAIRD: No. Then following that, actually. Into the 30s, I'm quite sure.

ASH: Then in 1927 he became a faculty member here, and this was the school that he had graduated from?

BAIRD: That's right.

ASH: Do you recall any stories he may have told about his days as a medical student?

BAIRD: No. I never heard very much about it. It wasn't that he hid any information; I didn't ask, and he didn't tell me. And the comments that I've had on it have mostly come from my mom at one time or another when she mentioned—when they were first married and moved into a house they had a mattress and a couple of boxes, and that was their furniture. So things started from a pretty low level but moved ahead. They rented it for the first year or two or three, and my sister was born about 1928, and I was born in '31, and by the time I was born, near that time, they moved from the house over on 18th Street

in Portland over to the 21st Street house, and then in '37 when the man that owned that house sold it, they had to leave and that's when they moved to the house that they lived in the rest of their lives over on 20th and Thompson. And that house he loved very much and planted his rhododendrons and was always happy there.

ASH: Now, someone else we interviewed mentioned that—of course, we know your father was a great gardener, but there was someone else in your family—is there a rhododendron garden that has something to do with your family?

BAIRD: No. The rhododendrons, he became very much impressed by Mr. John Bacher, and I think I gave you a picture of Mr. Bacher. And on his walks, Mr. Bacher had a Swiss floral garden over in the Southeast side, not far from the college actually, and he also had some greenhouses over on—I believe it was a little off Broadway on 7th, and he loved rhododendrons, and he was an enormously significant person, really, in horticulture here in town, and indeed I think in the world. He was very knowledgeable.

My father learned to appreciate the talents this guy had. They met, I think, on one of my father's walks, who stopped in and looked into things, and they became friends, and Mr. Bacher used to bring things by the house periodically. He'd get up at 5:00 in the morning or 4:30 in the morning and get out and start doing things early, and you'd get up in the morning and look out the window and here would be Mr. Bacher planting something that he thought would fit in nicely at the house.

That led to a long-standing friendship, and Mr. Bacher became very much involved as the years went on—through the later 40s and through the 50s with planting here on the campus and designing some of the horticultural things that developed—because the campus essentially was in a truly natural state for the most part early on. Interesting picture in the paper that I think you've probably seen before just the other day of the building of what is now Mackenzie Hall, and it shows the campus around it. And about 1920, it was a pretty barren campus.

ASH: So it was part of your father's legacy that this campus would be beautified by gardens?

BAIRD: He was the only one that was really interested in it. This was not something that was generally supported; it certainly wasn't something for taxpayers' money to be paying for, so a lot of this was donated, and other faculty members over time were very interested. They, too, knew Mr. Bacher and knew of him, and as I said, his influence spread very widely and a great many people up here that donated substantially were people that had been trained or had a background with Mr. Bacher.

ASH: So going back, then, to your father's early days as a faculty member, what was it that he was teaching at the time?

BAIRD: Well, initially, you'll remember, he was a student assistant teaching anatomy, and he, like Dr. [Howard] Lewis who followed him, was very much involved with the Anatomy Department and loved the anatomy programs and the people that ran the programs here.

He became involved with internal medicine and psychiatry, but not teaching psychiatry, far more of his own personal interests in patient care. But his management up here began to lean more and more into management of the hospital, and when Dr. Harry Cliff retired, it was my father that was appointed to be the administrator of Multnomah County Hospital.

And it was an unusual arrangement because the Multnomah Hospital was built up here as a county project. It was under the direction of the county commissioners, it had a county physician and an admission service that ran through the county physician to meet the needs of the poor who had no other medical care in Multnomah County.

Interesting, the County Physician used to go out and make house calls, and so it was an unusual setup, and the school that was built here, the county

basically supported the hospital's operation, and the school provided the physicians to take care of patients of that without a cost to the county, so it became a very mutually-supportive organization.

And the county originally, I think, made the appointments and hired the administrator of the hospital. Bit by bit, the dean of the Medical School would be consulted by the commission as to who would be the proper replacement, and very often they would ask the dean to make the appointment and they would agree.

What links there were at that time with the dean, it would have been Dr. Dillehunt at that time, I'm not sure, but I do know that I had met Dr. [H. R.] Cliff. He retired down at the coast—right across from Haystack Rock at Cannon Beach. But at any rate—interesting little man. And a fairly talented man, but a person who was a little on the severe side; not in his dotage and age but as a younger man I think “he definitely wore the white gloves and tested to see if there was dust anywhere.”

ASH: And so your father, can you characterize your father for us in his role as medical director?

BAIRD: Well, his role as the administrator of the hospital and then associate dean, really very early on what it showed was an enormous talent at dealing with individuals and working well with individuals, and rarely leading the pack. He was not a person that liked to deal in large public groups or to deal publicly with things, if it was possible to do “it” privately. It was far better to get others to do things and get things done and have the pleasure of success as you observed that things would grow without your having to be in the front of the parade.

And he had an enormous talent for seeing where things were going and what was going to happen and how things were likely to be, and it gave him to an enormous amount of insight, which is kind of a key to really fine leadership. He had insight into what was needed, where things were going to go, and what was going to happen. He knew how to get the best out of people.

And he really did that very well, and he did that right along the rest of his life, including not only here in Portland, but even on the national scene. He knew many, many people. He was widely respected. He was genuinely liked and often consulted because of this unique ability to foresee things as they were likely to be and act accordingly.

So that his friendships nationally at the level of medicine and outside of medicine were almost all of that nature, and he sustained that through this life, and I think it's one of the things that led to people respecting him so much. It gave him a great sense of reward from the things that he did that people felt so supportive of him, and it was very evident to me. When he was ill or had a problem, people were incredibly tolerant, and their interest in his getting well was very important. When things are not always going well, he could almost always count on people to support him.

ASH: One of the characterizations of your father in the newspaper was that he had a bulldog tenacity, and this was in an article that compared him to Churchill, whose portrait was also done by the same artist who did your father's?

BAIRD: Right. I think that's true. He was not a person that—if he felt something was the right thing, he did not change his mind, nor did he—he rarely would give way to arguments. He could talk, and he could talk very well, and he persuaded extremely well. He often saw ways of doing things that others often didn't see at the time, and when they would seek solutions, he had the gift of showing them a new way that would work.

He had definite ideas, and he was very tenacious, and I think that was a life-long characteristic. But he was able to get others to see his way as theirs.

ASH: During those early years as medical director, he also very soon became associate dean?

BAIRD: Yes, but it wasn't really medical director at that time. He was the

administrator of the Multnomah County Hospital. He was in the Department of Medicine under Dr. Laurence Selling, and he became the associate dean in the 30s under Dr. Dillehunt.

ASH: And how did that come about?

BAIRD: I don't know. I don't know. I think he worked with Dillehunt very early on and helped cover his patients and his practice when Dr. Dillehunt was indisposed or otherwise, so that he did some orthopedic work and was quite knowledgeable. His background in anatomy was unique and unusual, and I think he was a very capable person, and Dr. Dillehunt was very supportive.

ASH: Was Dr. Dillehunt a part-time dean?

BAIRD: Yes. All the deans up until the later 40s were basically half time. They had to support themselves with their private practice.

ASH: So your father was assisting Dr. Dillehunt both in his role as dean by being associate dean and in his clinical role?

BAIRD: Yes. But that was part of the practice that went on. People had to earn their income, and it was done on a voluntary basis. And the teaching program here was almost entirely done by—from a clinical standpoint, by volunteers, and we were very fortunate that Portland had some outstanding physicians who were very interested in education. That, of course, was the history of the university from the very beginning was an enormous dedication to the importance of medical education. I think there's a lot of very interesting history about these people that deserve a great deal of credit, but somehow as you move to what is important, which is full-time faculties, it is too easy to forget how important the volunteers were and how important they have been and how we wouldn't exist without them, in fact. So—and as I said, if you wanted to be on the faculty, you had to find a way to support yourself, so you did it by practicing.

ASH: The deans were paid for the time that they were deans?

BAIRD: There was some pay, yes.

ASH: You say that as though it was very little.

BAIRD: Well, it's interesting to look at a budget for the hospitals and things when the debates in Salem, fascinating debate of the Ways and Means Committee reviewing the purchase of some forceps and wondering whether you really needed two forceps when one could do the job as long as you could scrub it up and wash it and use it in the next case, wouldn't one be enough? So things were really looked at very closely.

ASH: You were old enough when your father was associate dean to probably remember some of what was going on. Was there dinner table conversation at home?

BAIRD: No. No. My dad just did not discuss business things in the house to speak of at all. I think he talked with my mom when they walked. They loved to go for long walks, five, six miles, eight miles, whatever, and he would talk to her and just—she said often enough, “He would talk, and my job was to listen.”

But no. I do remember things, but I remember things just vaguely as I was growing up, and it would be picnics on the back lawn when the faculty would gather and tables would be set up and a barbecue over where the emergency room was originally housed here, used to be a barbecue pit, and Dr. Dillehunt would preside over the faculty parties at the back there.

But no, I do not remember in detail. I remember making rounds one day when my dad had to go to Emanuel Hospital and over to the old—what later became Holladay Park, where he was seeing some psychiatric patients, and also at Emanuel. But I don't have clear recollections, and it was not something that was discussed in the family.

ASH: Were your siblings interested in medicine?

BAIRD: Well, my sister never was at all, and that was my sibling. She had no interest at all. She had, however, the artistic talent in the family, and she, too, did portraits and sketches and was very talented. But sadly I never had that talent. It was lost completely.

ASH: But you had others. When your father was working with Dr. Dillehunt, you mentioned that Dr. Dillehunt was ill part of the time. Does that mean that your father really was taking the role of dean?

BAIRD: I think increasingly in the late 30s Dr. Dillehunt was quite ill, and he did not come up here. Matter of fact, it was a source of apparently some stress at the level of higher education as to whether or not Dr. Dillehunt would be front and center in his job. Things that needed his signature were carried to him. But increasingly he simply was not here.

ASH: Why was that?

BAIRD: I think he was drinking rather heavily at the time, and hilarious stories that came out of that, but they were not always funny—if you were the goat of them. It was kind of a sad period. He had been a very persuasive person, a very powerful figure, and somehow that got translated into being just as self-destructive as it was creative.

ASH: Well, it must have been a bit of an unusual situation when your father was associate dean but there was also the dean, and your father was in essence standing in?

BAIRD: Effectively he was the dean because Dr. Dillehunt was quite incapacitated.

Relations were not always the best between them, especially as time went on, but then that was true of Dr. Dillehunt with almost everyone that he knew; relations with everyone became increasingly strained with his acerbic personality

and sometimes his personal humor was not always much appreciated. He had other illnesses, too, and other problems that I'm sure contributed massively to his incapacity. He continued to write after he had retired, but rarely in a sense of building or help but far more often it was critical and hurtful.

ASH: You couldn't really call him a mentor for your father, then?

BAIRD: Well, I think that's wrong. I think he was, because I think Dillehunt—I can describe that incident, and it was very funny and it amused me, but it told me something that my dad had learned from him that was impressive. He had had some one of Dr. Dillehunt's patients. It was a woman with five big boys in the family. She had fallen, and she had broken her hip, I think. She had hurt herself rather badly, and Dillehunt had told my dad that he wasn't going to go out that night to see her, and he told my dad, "I want you to go out, and we've got a brand new traction device. I want you to use the new device; it should take care of everything."

Well, my father said he went there and everyone was screaming, "Mama! Mama! Mama!" It was terrible. He said he went in and she was screaming, the kids were screaming, he could barely get into the room with all the pushing, the shoving, and the worrying.

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

BAIRD: It took him two hours to get the traction set up, get the family calmed down, get the lady quieted and in bed, and he left and got back to the office, and fifteen minutes later he said he got a call, "The device has collapsed." He called Dillehunt, and he said, "I can't do it again. It took me two and a quarter hours, and they all screamed."

Dillehunt told him, he said, "You're a fool. When you go back there, 'just take over.' Take over. That's what you've got to do, and everything will be fine."

So he said he went back to the house with his tail between his legs, and he

knocked on the door. A young man opened it, screaming, and he said, “Shut up!” The man was totally startled. He said, “I want you to take control of your brothers, and I don’t want a peep out of any of you.” And then he walked into the room with the mother, and he said, “It’s your fault. This fell down because you were not paying attention, and you must not let that happen. I expect you to be quiet, and I’ll fix it. But I will not come back again.”

And he said she was very nice and said, “Yes, Doctor,” and he fixed the device, and everyone was pleased as punch. He said it took him ten minutes, and he got out of the house, and he said he learned a lesson: When there’s a lot of problems, sometimes you just have to take over, and that was from Dillehunt. And he was good at it.

ASH: Did your father tell you this story himself?

BAIRD: Yeah.

ASH Was this a lesson for you?

BAIRD: Well, an interesting one. No, it wasn’t told me as a lesson, but rather as a—it was a comment about Dr. Dillehunt and how he used his personality—he could be very pompous, but he could be very commanding—to deal with chaotic situations.

ASH: How would you describe Dr. Dillehunt’s leadership style versus your father’s?

BAIRD: Totally different. Dillehunt loved the show, and he loved a pronouncement, and he loved to make the scene. And if there wasn’t a scene, he would create one. He was very much an actor. The stories about him were always of that nature. They were sometimes hilariously funny.

But my father was not at all—he did not like creating big scenes, and he dealt almost exclusively with small groups of people, and it was not his way in general to “take over.” But he learned that there are times when you have to do

it if you're going to function, and that was the important thing.

ASH: I saw in one of the newspaper articles about—well, I'm trying to get to the World War II era, and I saw in one of the newspaper articles that he told Ed West, "The sky's the limit to this Medical School when the war ends," and I thought that was an interesting quote because it indicated a vision that he may have had.

BAIRD: Oh, yes. At that time the whole concept of the teaching hospital as absolutely key to medical education and the direction of the schools moving toward a full-time faculty were in the process of a huge change. In Oregon at that time, they were working with the military. During the war the Medical School was a military base, basically, and everyone was training with brooms on their shoulders and so forth. It was his feeling that with the discipline that came with that and the intake needs of the military the country needed, he foresaw an enormous boom in Oregon with the growth of a major university in health care. And indeed it was in the 40s the first request to the legislature went in for supporting money for a teaching hospital to begin building clinical facilities and going beyond what just the County Hospital was offering.

With the war, my father met many of the people that became the movers and shakers of medicine for the future. The fellow that later was the head of the National Institutes of Health [NIH] and who proposed a national research effort in the late 40s, early 50s was Dr. James A. Shannon. He created NIH. My father knew him well and personally. He also knew a great many other important individuals—there are some interesting books, as a matter of fact, written on some of the people that included Alan Gregg—enormously influential people in education, and my dad knew them all. Their input was enormously important looking to the future here.

This was a period of development planning and toward the end of the war, the development of a full time clinical faculty started. Dr. Lewis, Howard D. Lewis, who was the first full-time professor of medicine, was appointed around 1948.

Dr. Kenneth Swan, probably one of the youngest ophthalmologists heading a department, was appointed in 1943. Of course, he was the department, almost all of it, early on.

In the middle of the 40s, the future of medical education was changing. It didn't take very much for my dad to see what was likely to occur if they began pushing very early. There are some papers on the teaching hospital's future I've given you. And when the money was originally sought for the hospital, it was insufficient to build the hospital into the 50s, and the legislature allowed the school to build the administration building (that's Baird Hall now). In the next biennium, the legislature again considered and funded the teaching hospital and Doernbecher moved to floors thirteen and fourteen. The old Doernbecher became our clinical pathology building (now Dillehunt Hall).

These buildings were staffed by a hugely expanded growth in faculty. People like John Benson were invited to speak. He tells about how much money he was offered to come out (it was really a very small amount), but it was an institution that was going to go places, and I think everyone felt it. And John was anxious to participate.

ASH: I understand—well, speaking of the money that did come through for what became Baird Hall, that came from the legislature?

BAIRD: Yes.

ASH: And what kind of relationship did your father have with the legislature?

BAIRD: Well, you know, every two years things change in the legislature, but basically it was a Republican organization and it was a Republican governor, and I think it was a very good relationship. Oregon has almost always been fiscally very, very conservative. Fairly liberal in its views on things, but very conservative when it came to money. But I think he laid out a case that was a very strong one, and he had an enormous number of people in the legislature that were

personally very fond of him. The Board of Higher Education was supportive. It had been really developed by the legislature—I can't remember the exact date—was it in the 40s? It seems to me it was a more recent thing. The problems of trying to bring higher education together brought an effort to form a Board of Higher Education. The Board was formed from a number of movers and shakers. They seemed support my father extraordinarily well.

And amongst them were two or three people, who had a particular interest in the Medical School. Dr. [R. E.] Kleinsorge was a very powerful person on the Board of Higher Education, and certainly Herman Oliver was sort of “Mr. Central Oregon,” very impressive guy, and who was a major voice in the Board of Higher Education.

These were people that were appointed by the governor and were leaders of the state, and they were people that were of great importance, and their support of the dean and of the school was extraordinarily important. With a supportive Board of Higher Education, the Medical School had very good links with the legislature. I would say by and large the school has almost always been supported well by the legislature. There have been issues on occasion that there were contentious, and there have been a few occasions when there were individuals who were hurtful, but by and large the school, I think, has been appreciated by the legislature and the Board. It's had a very good reputation, and I think it has earned it.

ASH: Now, at that time your father was sitting as part of the University of Oregon—the Medical School was part of the University of Oregon?

BAIRD: As it was originally founded, it was founded as the University of Oregon Medical School. It was tied to the university, and the granting of the degrees where the degrees were signed by the president of the University of Oregon. Medicine in Oregon has earlier history than that, but we date from the University of Oregon charter.

As it grew here in Portland over the years, the ties with the university were

informal and generally pretty generous. We grew on our own. We had mostly volunteer faculty. We were not a major budget item, and this just was not an issue of great importance.

As it became increasingly a full-time unit, and became full-time faculty and became an important item in the State of Oregon, its relationships with the university were very much toned by who was the president and who was the chancellor of higher education. And by and large the relations were good.

There were occasions when they were not good at all, and this led to—fairly early on, in the 50s, as I recall it—to a change in the rules written by the Board of Higher Education, defining the University of Oregon Medical School as a university—the dean being a president in all but name and the Medical School being a university in all but name.

We've had very good chancellors and certainly some outstanding presidents of the university. I can remember some of them as being extraordinarily effective people, whom I personally liked very much.

The last one that was directly linked with us very closely, really, was the head of the Civil Rights Commission—what's his name? Dreadful of me to forget his name. Isn't that awful?

ASH: We'll come back to it.

BAIRD: Yes, I think we'd better because I'll get the name for you.

ASH: President of the University of Oregon [Dr. Arthur Flemming]?

BAIRD: He was the one that had—he did have rather long speeches. His wife was sitting in the audience at one of our graduations when he was speaking, and the faculty member had said (indiscernible), “My gosh, the speech goes on and on and on,” and she turned to him and she said, “My husband has long speeches and longer speeches. He has no short speeches.”

I heard her say once, she told my father, “It’s the awfulest thing,” she said, “I’ve had this terrible pain here, and I’m trying to back out of my driveway, and I could barely see.” She said, “Do you have any way to deal with this pain in the neck?”

And he said, “Well, you married him.” which she took kindly.

ASH: So this was one of the presidents your father had a good relationship with?

BAIRD: Oh, yes. Drs. Flemming and Wilson were both great.

ASH: One of the other people that your father apparently got to know pretty early on was Mark Hatfield?

BAIRD: Very early on. In the legislature, and early on in the Senate. And he was very impressed with my dad, because it was during the struggle for the development of the funds for the teaching hospital, and an enormous debate that went on—it was really going on more than just here in Oregon, it was really happening in other parts of the country, the whole role of medicine and its indivisibility and the role of the state as an interloper, if you will, into medicine, was part of the issue. There were economic issues and a fear that if they built the teaching hospital it would simply become a money-making source for practitioners here at the University and used to compete with the community.

It became bitter, part of the fight. It was very unpleasant, and I think by and large the support for the school was very, very broad in the medical community as well as in the legislature, but it was not without bruises and cuts, and I think the maneuvering and the management of the budget through the Senate and the House and the Ways and Means Committee, with the involvement of the dean, impressed Hatfield very much because there were some very critical votes at which the dean went down and spent time in the legislature as an adviser in the back of the room to advise how to do this, when to answer questions, when not to—it impressed him enormously.

And he had spoken to this himself, and I'm hoping that you'll have a chance to ask our former governor for his review of this. But it was a period of tremendous difficulty, and I think he was extraordinarily impressed with my father's capacity to lead and to give explanations and give understanding to what was going on and stay away from some of the more potent emotional issues and it would have been very easy to make a few personal comments at the time, and lose your credibility.

We had a lot of support, though, not only from our own faculty and the student body, but also from the medical community, a lot of support. And it's always encouraging because when you see negative things running in the paper and denunciations, you often don't get a picture of what really is happening. And as I say, the support for this school was really very good. And the Society's efforts after that to come back to the school and to link itself with our physicians has been very rewarding. The Oregon Society has been a good society.

ASH: The Oregon Medical Society...

BAIRD: Both the Multnomah Society and the OMA [Oregon Medical Association] were adamantly at their leadership level opposed to building the teaching hospital.

ASH: Even though faculty here were probably members of the OMA?

BAIRD: I must say in defense of the OMA that our faculty had not always been members of the OMA, not nearly as much as I happen to think they should have been, but that's another issue. But most of the senior people were members of the OMA. Certainly my dad was.

ASH: So there was an organized effort, then, to stop the building of the University Hospital?

BAIRD: Yes. And then there was some extraordinary acrimony, too, and some statements and things said and made that were kind of silly.

ASH: Do you think part of the reason for that was also that going to full-time faculty, people who perhaps were once volunteer faculty felt like they were tossed aside?

BAIRD: I wouldn't be surprised but what that may have had a role. Surely there were some people that had been volunteers who, as they were replaced with full-time faculty, I'm sure there were some that were irritated. But I really don't believe they played a major role in this. Most of the volunteers supported the full-time faculty. Howard Stearns, who was the head of our OB-GYN, wonderful person, was tremendously supportive of the school as it developed its full-time OB-GYN department and he fully supported the "full-time" Dr. Ralph Benson. Laurence Selling thought the world of Dr. Howard Lewis and he continued to come up here and teach and be involved in the department.

So these were generous people that by and large were very supportive of the school. So if there were some that felt that this was looking askance at volunteerism, and there may well have been, I don't think that was the issue that was going on in the struggle at the legislature for public funding to build a teaching hospital.

ASH: So you think that it was primarily financial?

BAIRD: I think there was a financial issue. There may have been some academic questions in people's minds, and power and direction, but there also—and there were some very odd concerns about "state-ism" and "socialized medicine." When Ronald Reagan came up here before he became governor in California and was making a tour around the country, one of the things he did was to tour all the medical schools and was wondering if medical training should not be totally a private business, with the states and the federal government totally uninvolved in it. That was very consistent; it was pure Ronald Reagan, and it was something that he carried on through to his presidency.

The whole idea of state medicine was one that most physicians strongly

objected to. How much of a role the teaching hospital represented state medicine, I don't know. I know it was raised as an issue. I don't think that it moved very many people, but it was the kind of thing that made great press.

ASH: Your father was part-time in private practice; was he not?

BAIRD: Yes.

ASH: At the Portland Clinic?

BAIRD: Yes, until the forties.

ASH: And where was the Portland Clinic?

BAIRD: It used to be down in the Mayer Building, and then when they left the Mayer Building, they built the Portland Clinic, between Morrison and Yamhill on 13th Street.

ASH: Where it is now in town?

BAIRD: At one time that was "Dr. Joyce's clinic." He was the surgeon. And after Dr. [Thomas] Joyce died, it was "Dr. Selling's clinic." He was the internist.

But the physicians at Portland Clinic were always very supportive of the school. It was linked closely to St. Vincent Hospital. Almost all of the Portland Clinic physicians cared for their patients at St. Vincent. And the links between the Medical School, the Portland Clinic, and St. Vincent Hospital were very strong.

ASH: Once University Hospital opened, did the practitioners at places like the Portland Clinic have privileges at University Hospital, or was it only the faculty who did?

BAIRD: You need to understand that in 1956 and 1957 there was no private practice at the University Hospital. The patient care was organized by the various

clinical departments and was largely provided by house staff supervised by faculty—faculty included both full-time and volunteer staff. It was not until the seventies that faculty were admitting and treating patients.

Hospital privileges and practice plans are a recent (late 80s and 90s) addition.

Teaching has substantially changed through these forty years and the relationship of faculty to practitioner has changed in the teaching setting. Patient care has totally changed from chronic care to acute care and financing has changed from state to insurance payments.

ASH: I saw in one of the newspaper articles that a school grew under your father from fourteen full-time faculty to two hundred?

BAIRD: Yes. And, you know, it's very hard to picture that. I was asked in court once when I was testifying on a tax matter, and the judge, who was a person that had known my dad, suddenly said, "Are you Dave Baird's boy?" I said, "Yes." He said, "By the way, was all that number of faculty up there, why are we down here talking about how much residents have to be paid and so on? Don't you have enough people to take care of the sick up there?"

You know, that's a very hard question to answer. What does a faculty member do other than rush over and take care of patients? And the answer is, a lot of things, but it's awfully hard to explain in court.

ASH: Speaking of research, what was the change under your father in the amount of research that was done up here?

BAIRD: I don't know how to give it in a percentage, but of course very early the 1950s—as I said, two things occurred in the 50s that were of significance to us. Senator [Richard] Neuberger was very supportive of the school, and that was very important to us because it led to the development of what was our original research building here, right next door to where the Vollum is now was the

Research Building. It offered space specifically for basic and clinical research.

The second thing was the development of the National Institutes of Health. My dad was very close with Dr. Shannon as he developed the Institutes of Health and we had access to Washington, D.C. at that time and to the development of a cadre of not only basic scientists but of clinical researchers. With the brand new hospital the stage was set for an explosion of new scientific thought and clinical care.

Dr. [Charles] Dotter and Dr. [Albert] Starr pioneered the growth of new diagnostic and treatment methods. Treatment of heart and vascular disease was suddenly possible. These changes were abetted very much by the dean who saw research as one of the supports that the school would depend upon ultimately. Good teaching would require research and research could be a support to teaching.

Prior to the 1940s, research was often limited and not well supported. After the 1950s, it was a major support to our school.

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

ASH: Joan Ash and Linda Weimer's interview with Michael Baird on February 6th, 1998.

So we were just talking about research and the space and funding issues for research seemed to go hand in hand. You just mentioned that we got money for a research building. Where did that come from?

BAIRD: The Research Building really was funded and hugely supported from Washington D.C. and really through the efforts of Senator Neuberger. Our earliest—I think the first kidney transplant in the country was done here; that was done by Dr. [Clarence] Hodges, and that was on twins. That was a huge success, and it formed the basis of transplants very early on here, and it remains kind of the senior partner in the transplant programs here that were really developed as

much here as they were anywhere in the country. I think we can take some real pride in that.

Just as the heart valve treatments were developed here; certainly other places, too. But these are things that have put Oregon on the map. The “G-strings” of Charlie Dotter’s that were able to move through vessels, turn corners, and take pictures form the basis of all the interventional radiology now. Certainly Fred Keller, I’m sure, would be happy to talk to you about Dr. Dotter and what influence Dr. Dotter had on him because it was significant.

ASH: Who is?

BAIRD: Dr. Keller, head of our Radiology Department.

Anyway, we still have ties to these people that were enormously important to us, and so it really interesting that a number of people involved in big-time research prior to the 40s was not great. There were a few. There was Edwin E. Osgood, [William] “Pops” Allen, and certainly Olaf Larsell and his studies of the microanatomy of the cerebellum—but you can almost name on your hand the people that were doing things and whose names were known and so forth, and that’s because we were a volunteer part-time school.

And so it truly was an enormous change that took place in the late 40s, so the change between 1950 and up into the 60s was the development of a full-time faculty. And it was a period not unlike of development and growth that the school has seen in the last, really, few years with the interests of our senior Senator, [Mark O.] Hatfield, and of the last two presidents. Our direction again has been reformulated and the development of the foundation and so forth has been another period of big growth. I think a terribly important one, and it’s hugely to the benefit of the State.

ASH: Getting back to your father’s era, we’ve talked now about research, and we’ve talked about patient care with the hospital. Now, as far as the curriculum goes, do you recall what it was like when he first came and if changed

by the time he left?

BAIRD: The curriculum—the answer to that is yes, but the changes were far more in substance than they were in what's written on a piece of paper. You get a feel for what, from a physician's standpoint, what was happening was we moved from an age of relatively few tools to an enormous number of tools, and we moved from a period of artful physical diagnosis and judgment to one of enormous understanding and specific clinical and mechanical treatment.

The end result is that things that were part of a curriculum in 1925 changed enormously in their content and our understanding, and with that went an enormous change in the way you practice and how you treat.

So I think that was going ahead, and as I said, research became very key because so many things changed. The surgeon no longer had to be able to do a pelvic exenteration in twenty minutes or the person would die. These were people of enormous technical skill. Dr. Joyce, he was certainly the picture in a sense, of the doctor in a pin-striped suit and “your daughter will play the violin again,” an enormously technically skilled person. There's no comparison with the knowledge of physiology and now far more molecular medicine that goes on now, and what Dr. Joyce had to offer at that time. So that the teaching program in surgery wasn't the same as it is now, and the teaching of medicine wasn't the same as it is now; all of these have changed.

Dr. Bristow commented on change to me a few months back when we were visiting. He said, “You know, when I retired,” he said, “I always figured I knew my physiology pretty well,” but he said, “This is a world for the molecular medicine people, not for the physiologist anymore.” And really, these new physicians' medical understanding of biochemistry and physical chemistry is such that disease is seen as a chemical process, not just organic dysfunction. And what's going on is very impressive and makes a huge difference.

So that our curriculum, although still having the traditions of anatomy and physiology and so forth, the fact is even these basic sciences have begun to meld

and to change their configuration, and with that, of course, there's been an enormous change in how things are taught because you're teaching things that didn't even exist fifty years ago.

And as I said, care has changed because now it is mostly acute care, all acute care. It's rare that we're dealing with problems of chronic care, until you get to the community; until you get out and get to the long-term care practice, or the nursing home. There you're dealing with problems of gerontology that was basically the sole practice of medicine at one time, lock, stock and barrel.

ASH: Can you tell us, speaking of chronic care, a little bit about the TB [Tuberculosis] Hospital?

BAIRD: Well, the Tuberculosis Hospital when it was built here was built, again, on the concept of the teaching hospital, and in which the latest tools for dealing with a disease that was, of course, probably one of the great killers of all time and was the white death from Europe to this country. Everyone had a positive skin test when it was first done. It was everywhere.

And the initial treatments, as you know, consisted of a great deal of rest and good nutrition and sometimes clean air, sometimes "clean mountain air" with rugs over you and so forth. That treatment changed completely with the development of surgical approaches to the lesions and ultimately to the very first antibiotics that came along, which had a tremendous impact.

But through the 30s, it was still a disease in which you isolated people, you held them down, you stopped them from becoming a public health risk, and then you tried to control their disease. You did it by whatever means were necessary, which often included surgical approaches to the lung, collapsing of the lung to draining abscesses or "putting the lung at rest." This hospital became the center for doing that in the state, and it was the Matson brothers, the chest surgeons that did the early surgery here. They were very key to the early training of people here in chest diagnosis and in physical examination here in Oregon.

So it became the center for this, and at the time that it finally closed down, tuberculosis had ceased at that time being a major public health problem. It literally had ceased to be. Now as you test, most people do not have positive skin tests anymore. That is a remarkable thing. The old, chronic, very ill people have long since died away. New cases that come along can be controlled generally with antibiotics and make them noninfectious to others, and the number of people that have to undergo surgery for closure of the some of the tuberculous changes in their lungs is practically nil; it simply isn't done.

Well, that was going ahead, so from the—say, the 20s to the 30s, and then up into the 40s, the hospital was very key. By the 50s, it clearly was in the process of major change, and where antibiotics were making the biggest change, and by the 60s it was becoming increasingly an unnecessary resource simply because people weren't coming down with tuberculosis, and if you did have to treat them, you didn't need to put them in a hospital.

So they originally moved the people from the Salem State Tuberculosis Hospital up here to use this facility, and then when that number had finally decreased and could be discharged and they weren't readmitting, it became time to close it as a tuberculosis hospital. But in that interim of maybe thirty years or so, it was a very key part of the teaching program up here, and how many medical students learned chest diagnosis by listening to the chests of people with tuberculosis was very important.

ASH: One of the reasons I've read that the Medical School was situated up here was that Dr. [Kenneth] Mackenzie thought that its being up on a hill would be healthier. Have you heard that?

BAIRD: I hadn't heard that. I'd heard that the railroad which owned the land up here and on the East Coast they put this as the rail station for the Union Station, and then somebody came up and said, "Hey, did you know that that map is flat, but I'll tell you where you put it: It's a mound." And it ended up in the State's hands as an item of property, and there was a debate about moving things up here and building something up here, whether or not—well, the original

design pictures are interesting. It was originally foreseen as a kind of a Grecian design with tiers and columns, but it never happened that way, but it's an interesting picture. I've seen it. In the early 1900s, a hilltop Greek learning center was really very interesting.

Whether Dr. Mackenzie himself felt that it was better air up here, I don't know. But I do know that the land was available up here. I think Mackenzie was linked to the railroad and sought the land. Then the debate came: Will patients ever go up on a hill? And the debate for years was no patient would go up on a hill. They'll go down steps for care, but they will not go up steps for care.

That's when they moved the City Dispensary [Peoples Free Institute and Dispensary] from downtown up here.

ASH: Do you recall anyone ever saying that there was cable car transportation or trolley transportation up the hill?

BAIRD: No. I don't think there ever was. They finally cut a road. They had a horse and a wagon that went from downtown that rode up what is Sam Jackson Park Road fairly early on. Whether there ever—I don't think there ever was a conveyance like a streetcar.

ASH: I've heard different views on this.

BAIRD: If there was, I don't remember, and I certainly never heard of it. There were some steps from downtown up here, and of course there was the trestle that was built over in the area there by the stadium, over the little farms there that went towards Council Crest, but I don't think it was here.

ASH: So there might have been something up Council Crest, which is what I've heard about.

BAIRD: I'm sure there was, because you know, even years later the streetcar used to wend its way up to Council Crest, and it was a pretty exciting ride.

ASH: Would people be able to get from there to here?

BAIRD: You know, I don't know when the road was opened from Fairmont down.

ASH: We'll have to look into that.

BAIRD: Yeah. I don't have a history of that. I can tell you at the time this place was initially built, there was no road from Council Crest down here, I'm fairly sure.

ASH: Not only did I want to ask you about changes in the educational aspect of the Medical School, the trend changes as well at the level of the interns and residents over the years that your father was dean?

BAIRD: I would say that the change has been far more related to the acuity of medicine and to the understanding of disease, which are hugely different.

The hours worked at the time my father went to school were one day off for two weeks on. When I first worked, it was an evening off, then you were back by 7:00 in the morning, the next morning, for rounds. And you might have Friday afternoon to Saturday morning off, and then you'd work the weekend. And the next week you would have maybe a Wednesday night and the weekend, from noon Saturday until 7:00 Monday. And that was fairly typical. We were not unique; this was the way it was in the country. Sometimes even more harsh than that.

ASH: What year was that?

BAIRD: That would have been—with me? That would have been in 1956, '57. And at the time my dad was here, it was much longer. But the care was quite different, and the nature of the care was quite different, and the diseases were chronic diseases, and the reasons for hospitalization were for a level of care

above the home. Among the problems, the pneumonias occupied significant space. Osteomyelitis was a big issue, infections of the bone from various things, from tuberculosis to whatever, where long-term good nutrition and immobilization and casting, traction and such were very important. This formed a basis of the hospital practice; it was fundamentally a chronic hospital practice and was quite different from the acute care seen now. In fact emergency rooms as a phenomenon here in Portland—really in the early 50s emergency rooms were not a big deal. You took care of emergencies that walked into a hospital; you'd see whether they needed to be in a bed or not. That was what it was all about.

Of course, by the 60s there were emergency rooms all over. And then as time went on and you began to see what has happened, emergency rooms now are graded on their degree of complexity and from your trauma one to something less than that, and it's totally different. In a city like Portland they're staffed full time by full-time people who are full time paying attention to that. And with that kind of medicine, the time off is no longer once every two weeks for an afternoon. It clearly has to be a matter of hours that you can manage things, and then you need to be able to back off and sleep for a while. It's exhausting.

So you really can't compare medicine of years ago to medicine now, and the teaching now deals with acuity, problems of acuity and how to deal with crisis, and as I said, in the 20s you observed the crises, and if the person didn't survive, you could do little more.

ASH: How did the residency programs build here? When your father was first here he did an internship, and then he...

BAIRD: He had a residency. He had a year of medicine, and I believe Dr. Howard Lewis, also had his. Residencies developed, as they have most everywhere else, by the growth of knowledge and understanding. There were certain economic interests, too, and being able to focus what you were doing and you were expert in, and this has formed a huge basis of—theoretically, medicine developed very early on into surgery and internal medicine, and early on, interestingly enough, a few specialties: ophthalmology kind of grew as its own

world, and I guess it's because everyone was always scared of the eye, and people that knew how to take care of it sort of did their own thing, but did very well.

But, by and large, then medicine and surgery began to fragment into parts of them, so that even into the 30s and 40s, you would find a urologist doing general surgery and general surgeons that did brain surgery. As a matter of fact, when Dr. John Raaf first came to Oregon, Dr. [Thomas] Joyce was actually doing brain surgery as a general surgeon, and he knew that that was not his forte. So he brought out Dr. Raaf from Mayo to Portland.

So when you say, "How was training done?," the answer is that as skills came and as tools came, specialties began to grow, and they grew in relationship to the use of these and to the ability to do things with them for people, both by technical skills and by intellectual ones.

Medicine probably maintained itself longer as a single entity, but even there internal medicine, which Dr. Lewis viewed in a very broad view of care as the alternative—in a sense as an alternate to surgery, those were the two things available. But even by the—goodness, by the late 60s and early 70s internal medicine was already fragmenting into the kind of internship it wanted and where it was going to go, the number of different subspecialties that would be generated and developed, and we lost our rotating internship up here, which was the year of practice outside of medical school before you could get your license. The rotating internship became a whole series of straight internships in specific areas of training where people were quite differently trained.

So now you'll see there aren't many people around town—there are still people my age that are giving care that had their background in a rotating internship, but that is just not part of it anymore. I happen to think it was a great training tool, and I know it was great for me, and I still think so, but it certainly didn't fit with the way things are going. So now you have straight pediatric internships and straight surgery internships and you have straight medicine and you have broken bits of this and residency programs in cardiology, and

sometimes whole departments, cardiology is its own department, not a fragment of medicine, but its own world now.

And my guess is that that moved ahead—and it finally moved ahead at such a pace that it became pretty expensive. If you got sick, you might have to have several doctors see you to deal with different aspects of it, and when this happened, of course, it begins to falter, and it became an economic burden. So that now we're going through a period of: What is the role of the specialist, who needs to be a specialist, how many of them should we have, and what is the right thing for care? And what we've done is to cast our lot pretty heavily with family practice as the key to this university's function, and I think that's totally in line with what's going on.

ASH: Now, getting back to your dad—and here I am, the dean of the Medical School, and with the growth of specialties, I have to help make these or I have to be the ultimate decision maker in deciding whether there should be a department or a division or how the organization should be in the Medical School. I'm trying to put myself in his role there. How did he make these decisions?

BAIRD: Well, I think a lot of those were decisions that were not so much ones that were individually made, they were—it's like lots of things, there's a time when things occurred. And medicine was in a period of enormous growth through the late 40s and with the war, a tremendous number of skills that were learned in the midst of the god-awful mess that had a tremendous effect on education, and the end result is that many of these were specialties that you began with your base, but as they are growing and you talk with your—the head of your department and others as to what was going on, they will probably be the very first to tell you, "No, this is an area that we're going to have to shed because it's become so big there's no one that can handle it."

Laurence Selling himself, who was a neurologist and a wonderful internist, fine doctor, commented that he finally reached the point where he said, "I can't even keep up with neurology anymore. Things are just moving too fast. There's

too many things.” And that was a long time ago.

So I think it isn't so hard. The real question is how do you fund these changes? How do you make them occur, and how do you make them meet a public need? That wasn't the issue; there was no question about the need for things. That you had to do, and you had to supply, and you were going to have to train.

And of course Uncle Sam came along and underwrote the training of people. The State of Oregon actually had money for training residencies where the federal government through Medicare underwrote the training of people as part of Medicare. It was a tremendous boost to numbers. Hugely increased the numbers of specialists. And it was very good for it. The problem is that at a certain point we over-trained. There were too many to keep up; we couldn't keep adding and dividing, and it's what I said, that the early things were how to get there, the later, more recent things have been how do we get off the ride.

ASH: Your father—this reminds me that I should ask you about his management style. Did he have a group of department heads that he met with on a regular basis?

BAIRD: He relied very heavily upon his senior staff, people that he worked with closely throughout the years: whether it was Dr. [Howard] Lewis or Dr. [Edward S.] West in Biochemistry. These were people that he counted on. Dr. [David] DeWeese finally came up to head our Ear, Nose, and Throat Department here on a full-time basis. He was someone that my father knew very well, very much admired. He was a very talented guy. He did a wonderful job.

These were people that my father turned to for forming the basis of what was basically the Faculty Council. And the Faculty Council had both your clinicians as well as your basic scientists, and it finally divided itself so that it would have the basis sciences involved with so many graduate education endeavors and doctoral activities, and the M.D.'s would be involved far more with the clinical programs and so forth. But again the Dean's group that he dealt with was while

the number of administrators here on campus—even in the 60s was probably not much more than five or six. Big changes occurred when we became a university, and just like the growth in residencies, what we needed to do was to divvy the pie into a set of entities that the president could show were the basis of the university.

ASH: The Department of Nursing, I wanted to ask you about that, because there was a Department of Nursing that was part of the Medical School; is that right?

BAIRD: Yes.

ASH: And did that have certain faculty of its own?

BAIRD: Yes. It really did. Because it was a medical school and because it was part of the University of Oregon, and for that reason only, the development of nursing, which my father fairly strongly supported, really lay as a department of the Medical School. Just as there was a Department of Medicine, there would have been a Department of Nursing. And for the same reason the Crippled Children's Division became a division but in fact was its own department, and head of the crippled children's, Dr. [Richard] Sleeter, was basically a department head. So that it's just the way the school grew; the animal farm, the Primate Center, the Nursing School, the hospitals, all of these were like departments.

ASH: Did they have representatives, then, sitting on the Faculty Council?

BAIRD: Basically, yes. It would depend. Now, nursing, I think it was carried as a separate department with a dean, so that it had its own—they never tried to force the nurses into the mold for the medical training model. It was a department because that's what it could be, and it became in a sense its own school under the dean.

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

ASH: I have made a note that the School of Nursing separated in 1960, but it was under him. So I was unclear about what that meant.

BAIRD: Well, it had to be because he was the chief executive officer, was president in all but name. And so it became an entity, but it basically was part of the school.

So as I said, it was interesting, and the fact is that the Dean attended the Board of Higher Education meetings, like all the presidents did, was in fact an executive of the higher education system, and the School of Nursing reported to him just as if he were a president, and it's exactly the same as it is now. Now we call it a president and we have a university, and that allows for several schools as parts.

ASH: You mentioned the CCD [Crippled Childrens Division], and that actually came on board in 1954. Do you remember how that came to be?

BAIRD: I don't know the details of how it came together, but it was mandated by federal charter granting for certain crippling diseases of children. We were fortunate because with that also came an incredibly talented leader in Dr. Dick [Richard] Sleeter, who everyone that knew him thought the world of him. He became a very powerful leader for this federal program and it developed and grew with federal support primarily at the Medical School.

In most places it grew as part of the state and was its own entity and might have been part of state public health; here it became part of the Medical School because again of the talents and the availability of the faculty and a place to build it and to manage it. It was logical to put it here, and so it gave us a very unusual arrangement in which a crippled children's program for the State of Oregon was part of the Medical School, reaching out around the state, the different activities of Eugene, Salem and so forth, from here.

ASH: Now, what's the relation and what was the relation between CCD and Doernbecher?

BAIRD: Well, Doernbecher was a children's hospital, and you might just as easily ask the question, "What's the relationship between the Crippled Children's Division and the Pediatrics Department, because the Crippled Children's were children, but it included orthopedics and psychologists and included all kinds of specialties interested in very particular crippling diseases of children and sponsored and supported the care of this and to reach out into the communities and offer help through various private as well as public sources to meet the needs of children. And Pediatrics was a big department here, but Pediatrics was a piece of what went on with the crippled children. So it was a functional department, an entity, if you will, administratively, because of the nature of its charge and its definition.

ASH: You also mentioned the Primate Center, and the Primate Center came into being under your father as Dean; is that correct?

BAIRD: Yes.

ASH: But it was also the result of a federal grant?

BAIRD: Yes, it was a part of a federal program that was being built to establish primatology in the country and the establishing of some five different centers, and at that time there was in our Biochemistry and in our Pediatrics Departments a very creative fellow that was very key, and with the assistance very critically and help, I believe, of my father at that time, we became one of the major competing sites in the country for the development of a Primate Center. And the area that was obtained out here—it's at about 185th, isn't it?—was land that could be made available pretty readily, the State could do...

ASH: Was it state land?

BAIRD: I'm sure it was given over to the federal government because they don't send money out without something to tie it to, but basically, yeah, it was land that was acquired for federal purposes.

So, yes, and it was developed and generated and finally came into being here, but an awful lot of effort went on for about—oh, a couple of years, on it.

ASH: A grant proposal?

BAIRD: Oh, yeah. It was not just a grant. It was an oversized grant. It was one to build a center for the study and work with primates, and this was to be the rhesus center here. There were other primate centers where other primates were studied. And a tremendous number of protocols were part of people that were doing different aspects of primatology, studies in biochemistry and physiology and so forth, and the school could lay out a panorama of things that it would be involved and that formed the basis, the core, for the operation of that center.

ASH: And who was it who became the director?

BAIRD: The directors—there was a co-directorship that was established early on with Dr. E. S. West, who was the chairman of the department of biochemistry here, and he went out and became the co-chair for the department for the Primate Center with Dr. Donald Pickering from pediatrics, who also had a background in biochemistry and who also was a very, very talented researcher. And this formed a wonderful strength in making a bid for one of these centers, which was really pretty unique for Oregon to get this, and to have it part of the Medical School was very unusual.

ASH: Then I take it that they had to make this proposal and then build the center?

BAIRD: Yes.

ASH: And your father and the two co-directors were all part of that building process?

BAIRD: Yes. I think Don Pickering probably did most of the leg work,

running back and forth to Washington; there's no question in my mind on that, a very talented guy administratively. And the support for it, as I said, was very great in Washington. This was not—once it was decided, it moved, and the building of it and the designs and things moved with great rapidity, and its productivity was enormous. And very early on, but of course it was given a tremendous amount of stimulus from the federal government.

ASH: The newspaper articles talk about a controversy having to do with the Primate Center and Dr. Pickering.

BAIRD: Well, it was a very complicated thing, and certainly I'm not so sure I fully understand all that was going on, what was going on, but there was no question that the underlying issue was one of the management and fiscal responsibility for the management of the center. And it was written into the law that—and the way the contract was built with the federal government was that the dean was the chief executive officer for the fiscal responsibility. This Dr. Pickering did not want to happen, and there was a major disagreement over that that led ultimately to his having to leave.

And once the replacement was made and I think that was Dr. [William] Montagna fairly early on, a dermatologist, but he was a man of enormous talent who had his doctorate in physiology and skin function, biochemistry and physiology. Remarkable guy. And it worked very well. To the best of my knowledge, there has never been another major problem. The first one was largely over finances.

ASH: What do you think your father would have been most proud of? This is a hard question to ask you, but maybe he indicated at home or during the course of your education here his greatest pride?

BAIRD: No, actually I don't remember him ever making a point of that. I think he took great pride in the school, and I think he was enormously pleased with it. And I know at the time of his retirement he sometimes had thoughts about things that were going on, but his comment was a very interesting one and

was fairly typical of him: He said, “I know it’s not going to be as I left it, but I left at a very good time because there’s going to be certain changes that will surely occur, that have to, and it’s as we change our financing. There will be some real struggles, but that’s all right. I won’t have to do it.”

Yet he had a fairly clear picture of exactly where we were headed, to know exactly where we are now. And I can remember in 1968 when he was commenting about where we were likely to be over the next twenty-five or thirty years, and he really pegged it. He knew exactly where we were going to be.

ASH: Now, it’s very interesting that you were a medical student and had your training here while your father was the dean.

BAIRD: Well, it was very common, you know. A lot of people here in Oregon were home-grown. I mean, a lot of the physicians here in Oregon. The phenomenon of travel, even when I was starting, was not that great. You didn’t go touring around to every medical school in the country to see which one you might get into or could get in; it just wasn’t done.

When my dad was doing his traveling, he never went by airplane; it was always by train. Airplane hopping was just very difficult, so if he went to Washington or he had to go somewhere, it was by train. So transport has made a huge difference in what happens to people, and that becomes your next door neighbor which is 3,000 miles away now, it used to be, you know, just fifty feet away, and that’s sort of the way it was. And if you didn’t apply in your home state, you were a fool, and I did, and I got in.

I got razzed a little bit about it, you know: “Oh, your dad is dean, so of course you get whatever you want.” The joking was never unkind.

ASH: Well, when you were here in medical school, and then your other years here, did your father share with you—I mean, it must have been very heartwarming for him to have you here.

BAIRD: I think it pleased him, but he never, ever went out of his way to aid

or abet any decision I ever made. It was very interesting, I'm sure he was very pleased that I stayed on, but I never had any sense of pressure or planning from him.

My biggest problem very early was I was finishing up my residency and was planning really for a practice; the question was what should I do? And I really didn't know. And it wasn't because there weren't things to do, it was because there were so many things to do. And it was really a kind of a bad period for me personally, and I was given an offer to stay on and work with Dr. [George] Saslow in psychiatry, which I loved doing, and then Dr. [Charles] Holman was kind enough to involve me in some other activities, and one of them which I was very interested in doing which was basically to establish the beginnings of our clinical open heart surgery program here, and I found that very interesting; I enjoyed it, and I ran a pretty good show and I thought it went very well, and I became involved with the open heart grant. That was really promoting beyond your capacity, because my talents at writing and summarizing research were something less than ideal, I would say, at the time with that grant, but I learned an awful lot, and you know, I was backed up with an awful lot of very talented people to help teach you how to do things properly, and so I learned an awful lot about things.

ASH: Did you ever go to your father at this point of crisis where you were trying to decide on a specialty and say, "What do you think?"

BAIRD: No. No.

ASH: So you were on your own on that?

BAIRD: I don't know. I was unaware that I was other than on my own, anyway.

ASH: Let me check my list here to see what I may have missed.

Oh, we haven't covered just a couple of buildings. Speech and hearing

building, the expansion of the library, the addition to the outpatient clinic, and the building of the women's residence. Would that be Gaines?

BAIRD: Well, no. I think the residence hall. Now, Gaines was a residence hall at one time, and then it was supplanted, really, by the new building next to the South Hospital. "Gaines Hall" was originally a hospital; I don't know its history real well there. That would be way back. Then it was a nursing dorm for a number of years, and then that moved to the dorm on the side of the hill over here right above the Dental School. After that it served as a center for graduate education and a whole slough of different services. It slowly deteriorated and had some upgrading, but it really in the last ten years has had a really good upgrade, but I've got to go back and look at it now and see it. I think people are very pleased with it.

ASH: Gaines Hall?

BAIRD: Yeah.

ASH: No one ever wants to leave Gaines Hall.

BAIRD: But isn't that interesting because it was sort of the place you got put when there was no place else to put people. Some of our continuing medical education had its feet there, and certainly our federal links to outreach and continuing education were linked over there, and it was kind of out of the way, the parking was over there, but it really has—I guess it kind of bit by bit is becoming the school, it isn't quite formal yet, in some of our allied health fields, I understand that Sam McConnell is directing now, which is quite a new enterprise, really, to take these and focus them there and have somebody full time head it, I think it's really very nice. These were all things that had been in planning stages, talked about, and done, redone, undone, and redone, and it sounds as if slowly, slowly, it's really finally happened. So it's pretty exciting.

ASH: Well, all of these buildings I just mentioned in my records it says that they were all built in 1965, which of course was when your father was here?

BAIRD: Not Gaines Hall.

ASH: Not Gaines, but the women's residence, which I guess is the res hall, they call it. All of these buildings at the same time being built, and I guess I wanted to ask you what a busy man your father must have been.

BAIRD: Well, it was a good time, and Uncle Sam had a long reach, and the support of the State of Oregon was very great. A lot things culminated, things that had been talked about in the 40s, and which had been stimulated, began to come to fruition, and as you achieve, it's very much easier to achieve more. I mean, once you have gotten the facility, once you have gotten the name, once you have the people, it's very much easier to add to it because you have something to offer, and when you're successful it just keeps growing that way, and that really has been the history of the school, and it's a very rewarding history, very exciting.

ASH: And from what you said before, your father foresaw all of this?

BAIRD: Yes. Well, of course it was a very unusual time, too, in which this was really probably one of the very last schools in the country that was really funded by the state, underwritten by it. Practice didn't underwrite the school or its departments or its programs. It was really through the state.

And the building of the hospital, the earliest debates on the hospital were should anyone who is admitted to a teaching hospital have to pay for their care, because they were the source of teaching. And there was a debate in the legislature as to how much money the hospital should be able to make or would be asked to make from the insurance companies because there was a debate as to whether insurance should pay for teaching.

ASH: A national debate, you mean?

BAIRD: This was going on everywhere, of course, but here in Oregon, it was an issue that was discussed. I remember myself, even as late as the 60s sitting and going through piles of records to make sure that any bill that went out on

that record went out for the care that was rendered to the individual or a service that was given and not for the teaching value that we had obtained from it. And I would deduct those things from it, and this was just routine.

So that was a time when the faculty were fundamentally employees. They were hired to be here. Now, did they, were they allowed to practice? Yes, they had some practice, but they couldn't basically practice in the hospital here. They could see some patients in their offices, and they practiced off the hill. And that would have supplemented their income, and they were on what was called a geographic time, and what's meant by that is you are full-time, but you are allowed a piece of your full-time to engage in your practice and to care for people so that you can supplement your income because the state couldn't begin to match what doctors were earning in practice.

Well, people who came here weren't interested primarily in making huge amounts of money. They were giving up substantial income to do so. But the nice side of it was they had the security of the state and the university and the devotion to doing what they wanted to do and what they were really interested in. So that really, that whole model, coming through to '64 when Medicare passed, suddenly the government started to pay people to care for the elderly. A question of charging what was allowable, what's the load of the county hospital, what are you going to do in the teaching hospital, and by 1968 the legislators' question was, "Why are you costing us so much? Why aren't you earning more of your own money? And for God's sake, why don't you take care of yourself?" And that really was a change. I mean, it was a 180-degree change, and it was one that my father was well aware was going to happen. He said, "You're going to face all the issues in a great rush that come with 'private practice,' and then how do you build a practice in the midst of increasing federal and state regulation." He said that's what's going to happen, and that's what's happened.

ASH: Before we close, we really need to look at some of these pictures, and I'm going to turn this off just for a second so we can get organized.

Now we're looking at some of the pictures. And the first one is a picture of

Dean Baird in his early years?

BAIRD: Yeah, this is the anatomy lab, and it probably is around 1925 or '26, somewhere around there, maybe even '27, I think he continued doing prosecting and teaching in anatomy for quite a while. He is shown here doing the prosecting and surrounded by a very interested group of students.

Both my father and Dr. Lewis had their background in medicine really toned tremendously by anatomy, and both were very interested in it, and my father carried his understanding of anatomy and the body and its function as part of his life, really. Up until his death he was quite knowledgeable about people, literally.

ASH: Now, this looks like an early picture of your father?

BAIRD: This is. It's probably taken in the early 40s by Mr. Deacon. I'd forgotten that. I'm sure it was in the 40s, and the rather intense look in the eyes are because he had an astigmatism, and he didn't have sense enough to get glasses until later on, and I think Dr. [Kenneth] Swan helped him adjust his eyes appropriately.

ASH: Speaking of which...

BAIRD: Yeah, here's a picture of Dr. Swan, who was the young man that started our ophthalmology department in the 40s and became my father's chief ophthalmologist, and of course ultimately the sponsor of our outstanding department of ophthalmology.

ASH: Another well-known department head here.

BAIRD: Yes, this was given to by dad by Olaf Larsell some years ago. It is a picture probably from the early 30s, is my guess. It's a very nice picture, and of course Dr. Larsell was the head of the anatomy department and certainly a man of considerable talent, and actually wrote a history of the school which we have

in our library. A very interesting one. He was mostly known for his work on the cerebellum and for its microanatomy, and I think he deserves a great deal of credit. An unusual person.

ASH: Another unusual person who played a role in your father's life.

BAIRD: Yes, this is a wonderful picture of Mr. John Bacher, who was the "Swiss florist" here in town, and as the "Swiss florist," actually he was from Switzerland. He was known worldwide. He was an authority on rhododendrons and late in his life became an authority on orchids. Had a couple of greenhouses over on 7th and Broadway, and he used to walk up and visit with my father with some regularity, and indeed, we would find him working on the front of the house putting in plants that he thought would fit well there on his own.

He became very important to the school because he probably had more to do with the early attempts at establishing gardens around the school than any other single individual. My father respected him enormously for his knowledge. He was certainly well known in the field of horticulture, and well known in Portland and probably is remembered kindly by most people that knew him.

ASH: And what have we here? This is the anatomy lab.

BAIRD: This was one of the first models of the Teaching Hospital, and it's my father with A. J. Clemens, who was the head of our physical plant at that time, and with the model they're outlining what the plan was and how it was going to be built along the canyon. You can see that there are a great many changes that have occurred since that time, but it's a very interesting one, and it did represent a kind of a first for Oregon, because it was the first true teaching hospital that was built here with that as its primary goal.

ASH: Let's look at this one now, the long one.

BAIRD: Yeah, this is actually a kind of a cute picture that was given to my dad really by the faculty. I'm sure it was his executive council that was meeting at

that time. You see here Dr. Hutchins and Dr. Louis, Dr. Holman, Dr. Baird, Bill Zimmermann, and Dr. Adolph Weinzirl, who was the head of our public health department at the time, and it looks to me like that is the nose of Dr. E. S. West in the far corner there.

ASH: Thank you. Now we have some interesting pictures of your father with some of his outside friends.

BAIRD: This is unusual. I wish I could identify all these individuals. This picture is a copy of one that I found in my dad's belongings when I was cleaning the house out for sale, and it's very interesting because it's a picture of Thomas E. Dewey, and I believe he is shaking hands with Pops Allen, and this right here is Dr. West, and this is, I believe, Dr. [William] Youmans, head of physiology at that time. I think that's who it is. And my father is over in the corner in the back.

This is a second picture, and I'll have to confess I'm chagrined, I can't identify the two men here, but this is Dewey and my father, two others; I probably should know who they are and I don't. It's of interest, though, because it represented the only time that I know that a presidential candidate appeared on campus and gave a talk, and he gave a talk on medicine, but he also talked a little bit about the role of schools and education and so forth. Talked a bit about communism. That was about to become a major debate, and the issue was with the man who became a perennial candidate for the Republican Party—Harold Stassen. Dewey debated with Harold Stassen, the young governor from Minnesota, and Stassen took the side that the Communist Party should be banned, and Dewey took the side that such should be able to vote, and Dewey won his nomination.

In the middle of this was the visit out here on a campaign whirl, and he gave a talk in medicine. The Board of Higher Education after that banned the appearance of such candidates appearing on campus to talk because it suggested a degree of bias that might appear that the Board of Education was sponsoring someone. Nevertheless, it was interesting; it was unique. In the audience and watching was the campaign manager for Harold Stassen, who happened to be

Senator Joe McCarthy, who was then the manager for Stassen's campaign. Very interesting. He wanted to make sure Dewey said nothing that would get his candidate in trouble. But anyway, it's an interesting picture.

[End Tape 2/Begin Tape 3, Side 1]

ASH: Dr. Baird about his father. It's February 6th, 1998; this is Joan Ash.

BAIRD: We just looked at a picture of Thomas E. Dewey. In the 50s there was another interesting visitor that there were some picture of, this is, of course, Joe Adams and my dad, and this is a young Ronald Reagan, substantially before he became governor of California, who was touring around the country looking at medical facilities and training, and he was very, very interested in the concept of private education without the involvement of state and federal government, certainly in line with his general views on things.

He had some long visits with my father during that trip, and obviously managed rather well for himself thereafter, so maybe some of it came from things that he had learned here.

Nevertheless, this is a second picture of them walking up the walk. This is of interest, too, because it's a picture of the front of our Mackenzie Hall now, looking out here towards the University Hospital, and you can see most significant is the lack of the fountain because this was before the alumni had that done, and you'll see that the junipers and other vegetation in the background are small and rather delightful in their character. They became a monster and since have been pulled out, and there are lots of changes underway now again, but it does show some of the results of Mr. Bacher and his efforts, and the meeting with Mr. Reagan.

This is a photo that I've kept. I knew Dr. Joseph Hinsey personally very well. Everyone out here through the 50s and 60s knew Joe Hinsey. He was the president of the AAMC [Association of American Medical Colleges], he was vice president of Health Affairs at Cornell. He had been the Dean of the School of Medicine there. He was a very good friend of my father's, and really a wonderful

man, and was kind enough to write to me several times after my father's death, encouraging or scolding otherwise on occasion.

But this was a nice picture of him, and since he had played a role from the outside of significance here and knew most of the important people that my father was both acquainted with and who worked with him, including Alan Gregg and others were the movers and shakers of medical education. Dr. Hinsey certainly stands as quite a figure. He was an anatomist, by the way, and that makes a logical tie to my father.

This last one is a picture that was given by a young man who was an aspiring governor of the state of Oregon to my father, and I mentioned it in my earlier comments, that Mark Hatfield had observed my father particularly at the time of the struggle of the building of the University Hospital and was so impressed with his astuteness and his ability to manage large issues with people on an individual basis and direct major confrontations in a productive way.

And Mark Hatfield and later Mark Hatfield and his wife were extraordinarily kind to my father and very interested in what happened and were subsequently, as we know, extremely supportive of the University, and I'm sure it's because of that longstanding admiration and appreciation. It's a good picture and a nice comment recommending my father as a leader of medicine.

ASH: What a wonderful way to end this interview, and we would both like to thank you so much. It's been delightful.

[End of Interview 1]

Interview with Michael Baird, M.D. (Interview 2)  
Interviewed by Joan Ash and Linda Weimer  
February 19, 1998  
Site: BICC 513  
Begin Tape 4, Side 1

ASH: It's February 19, 1998, and Joan Ash and Linda Weimer are interviewing Dr. Michael Baird in BICC 513.

BAIRD: He had gone out of his way to do this. I was fairly close to my dad and felt that he was a great education to him on how to get things done without making too big of a splash and getting into trouble.

ASH: We're talking about former Senator Mark Hatfield's talk here at the dedication of the Hatfield Building, so we're on tape now, and we're continuing our discussion about your father for just a few minutes because I had asked about a story about your father's coming across a groundsman and very kindly stopping to talk to him about what he was planting, and someone else must have told us that story, but then you continued with other stories, two of which were very interesting and I'd like to get on tape. The first one was opening the door for the classes; the second one was about the roasting.

BAIRD: It must have been about 1955, '56, our class that was trooping between buildings in sort of a mass migration from the hospital area over into what is now Baird Hall. And as they entered the first floor, there must have been, you know, maybe eighty people or more trooping through on their way to the next class. The door was held for the class. The person that was holding the door was the dean, and I don't think anyone recognized it, but he did a very good job, and people said thank you.

The class roasting was kind of funny. Since he was a very quiet person and not a person that was very public about things, the class picked up on it. At the

annual roast at the time of the graduation, the class of '56 (I'm pretty sure it was) had a skit, and they lampooned the professors, and they did various and sundry things. But throughout the skit, a person with the long coat and a hat on would come through the back and periodically water the plants, and it was very evident to everyone that was the dean who was watering his plants and saying nothing.

ASH: Did he actually do that on campus sometimes?

BAIRD: Water the plants?

ASH: Everyone knew it was his interest.

BAIRD: Everyone knew he loved the gardens, but I doubt if he ever watered the plants personally.

ASH: Well, to move along to you, maybe I can make the transition by asking you: Are you like your father?

BAIRD: In some aspects, yes, although he was a far more driven person than I am, and a person that was very, very determined to accomplish things. I do not have that intensity. He also had a unique ability to foresee what was coming and to act accordingly. He had a powerful ability to persuade people to his thinking, and if there were needs, to come up with rather clever answers and inventive ways of solving problems. The foresight and creativity were very impressive to me as I grew up, and it also dawned on me that these were impressive characteristics which were not generally mine. In many other ways, yes. An interest in interpersonal problems and relations between people are very interesting to me. I'm sure I got that from him. I also have a tolerance for slow reward which is an administrator's requirement.

But I'm afraid that the artist in the family was with him, his father and brother and my sister, and not with me or my mother. We tried, but neither of us could draw anything.

ASH: Are you a quiet person like your father was?

BAIRD: Yes. I don't really very much enjoy rushing to be extremely public.

ASH: So that's something else you may have inherited from him?

BAIRD: I don't know. Except that I think in the background of him was as a young man he said he always wished he could be on the stage, and it's interesting, both of my boys are people that have been musicians and have been entertainers and have been on the stage. It's not something that I've ever particularly enjoyed, but I have a feeling that the genes skipped to the next generation.

ASH: Well, we talked a lot about your father, and one thing I didn't ask you about was your siblings, but maybe we should start with your birth.

BAIRD: Well, that was in 1931, and we lived over on 18th Street at the time, and that was the first house my folks had here in Portland. When they first moved in, as I understand it, they had a mattress and an orange crate, and that was the furniture. And through that early period my father continued to work at the school part time, but he also became very active in his internal medicine clinical practice, and we later moved to 21st Street, and then again in 1937, we moved over to a home on northeast Thompson Street. Both my mom and dad never moved again.

ASH: And so you were born in 1931. Do you have older or younger siblings?

BAIRD: Had one older sibling; she was not quite four years older. Mary went to the same high school I did and went to the grade school and so forth. She got me one better, she went to Irvington Grade School for a while before she went to Fernwood. I settled with Fernwood for the first few years and then went on to Grant and ultimately to Reed College. She went down to Scripps, and then married a high school chum from Lincoln High School by the name of Stan Prouty. Originally, they lived in Seaside but ultimately moved to Portland and opened what was the Benjamin Franklin's "Poor Richard's Restaurant" over on Sandy and Broadway.

But then Stan had some heart problems and ultimately dropped that business and later started a restaurant on Macadam Avenue that was known as Prouty's. A number of our faculty went down there, and used to see my sister fairly regularly.

She died—my goodness, it must be seven, eight years ago now, and so. Her family still lives in Oregon; my two nephews are in Portland and my niece and her family live in Medford.

ASH: So she had two boys, and you had two boys?

BAIRD: No, actually she had two boys and a girl, but the girl lives down in Medford.

And I have two boys and a girl, and the girl is now in New Mexico, just outside of Santa Fe. And she's an occupational therapist and a special education teacher. And the older boy's an attorney now in San Francisco in the Ninth Circuit area for the federal appeals in social security. And my youngest boy is a contractor and would-be musician, and would love to make it big in recordings and in music, but, at least for the moment, it's an avocation.

ASH: So you were the only one in the family who went into medicine?

BAIRD: No. My father's sister lived down in Albany, Gladys Aiken, and she married Wallace Aiken, the editor of the *Albany Herald*, was it? And her son (who lives in Portland), has a boy who's done extraordinarily well at Stanford. He's down there now. Interested in orthopedics, and has done brilliantly with his career.

ASH: As a faculty member?

BAIRD: I have it in the back of my mind that is so. But whatever it is, he's going to do extremely well. He's very talented.

ASH: And what's his name?

BAIRD: My cousin is Stewart, and his boy is Colin.

ASH: So you graduated from high school and went to Reed for college. When you were at Reed, did you already know what you wanted to do for a career?

BAIRD: You know, oddly enough I not only knew, but how naive, I never even considered anything else. I wanted to be an internist, and that was my goal. But it was something that I just assumed. And you know, I look back and I think, my goodness, how naive can you be? But that's the way it was. And it wasn't, you know, a career plan or looking very carefully; I just sort of did it.

ASH: Did you have to take pre-med courses at Reed?

BAIRD: Yes.

ASH: So you knew what you wanted to do, and you did it?

BAIRD: Yes.

ASH: And you applied to our medical school?

BAIRD: Right.

ASH: And when you were in medical school, can you describe what it was like?

BAIRD: Well, it was fine. I liked medical school, as a matter of fact.

After three years in medical school I was married. And by splitting my last year into two I was able to finish a master's degree in biochemistry and get some income to pay for "housekeeping." Many of my classmates who went to college with me also entered with my class. We entered on an accelerated program after three years of college because of the military plans to draft doctors for the

Korean War. The initial plan was to speed up the doctor supply but that “sort of” lapsed with the war’s conclusion.

At any rate, my medical school class schedule was very, very traditional at that time. The first year was pretty much the same curriculum that had been true for years and years. It was basically anatomy and some physiology and some pathology, and they had some neuroanatomy one term, as well as your gross anatomy. In the succeeding years more clinical experience was added as you went along.

It’s changed enormously now with adding clinical exposure, experience and interest early in the classes and trying to bring the class arrangement into something of both a practicum as well as the basic science and linking them, and now really many of the basic sciences, the biochemistry have become the real basis of medicine, molecular medicine. When I was in school, it was a little more distant, it seemed to me, trying to understand the link between the biochemistry and so much of actual medical practice.

However, I did get my master’s degree in biochemistry because Dr. [E. S.] West, who was extraordinarily kind to me, as he was probably to hundreds of other students, felt that it would be a good idea for me to get some experience in biochemistry, so I did. It also helped to pay my way for two years—I was married for the last two years of medical school—which was very helpful.

ASH: So tell us about meeting your wife.

BAIRD: I met her through my “to-be” brother-in-law, and they were both musicians, and I was interested in music. All my friends were interested in music. On one of the visits over to her brother’s home, I met my future wife. While I was at Reed, she went on to college at Pacific and then after I was in medical school, she decided she would prefer to get married, and so we did. That was just the way it was done.

ASH: So what was social life like in medical school, then?

BAIRD: Well, there was a fair number of social activities. The fraternities, the medical fraternities, used to be much more a part of the school than they are now, and you met many seniors and older people and members of the faculty that had been members of one of the different fraternities, and the fraternities served as a place not only for meeting but for some talks and for some introduction to things medical as well as friends. I think it was a very nice thing. It was not much in the way of secret Greek proceedings. Our meetings were just enough to make it worthwhile, and not too much to make it a bore.

At any rate, the social life was built around the medical community. I lived up here on the hill in one of the apartments. You lived near your school. You met your peers and as they had their families, it was kind of nice. My wife, Jane, would go out and take walks with the baby and with our peers who lived right around us. The students knew each other well, and we did various things together.

And after we graduated, we found that we didn't have any money to speak of, and I think our income as an intern was about \$100 or \$125 a month, and that was quite an increase over earlier wages. We moved into substandard housing then, into a federal housing project, for a few years.

When we moved there, there were lots of medical students in the federal housing project because nobody had any money, and the low rent was a wonderful boon at the time. We lived out in North Portland and used to commute with a shared ride.

ASH: Now, you graduated in 1957?

BAIRD: It was officially in '57. I was a five-year student and got my degree in biochemistry and in medicine and was in the fifth year at graduation. My class, the one that I really went through school with and the people that I knew, was '56.

ASH: When you did your master's degree, I take it you did a thesis and research. Was this an interest of yours at the time?

BAIRD: Let us say it was not a unique interest. It was in the metabolism and the synthesis of vitamin C in rats. It dealt with normal and diabetic rats. It was very interesting, and I enjoyed it, although I must say my master's thesis was probably the most boring reading in the world, but it was fun.

ASH: Now, did you do this partly because you had already decided that you wanted to go into academic medicine?

BAIRD: No. No, as I said, I did it primarily because Dr. West said, "Son, I just think it would be a good thing if you gave a little extra attention to biochemistry," and he was so nice and so persuasive, I did. And as I say, it paid my way through two years of medical school.

ASH: And then you took an internship and residency?

BAIRD: Yes.

ASH: And those were both here?

BAIRD: Yes.

ASH: And how long was that?

BAIRD: Three years of the residency, a year of internship, and then essentially part of one of those years in residency in internal medicine was spent with Dr. [George] Saslow in the psychiatry department, and early on Dr. Saslow was kind enough to arrange a fellowship for me in psychiatry. And then actually fairly early on, my first year officially on the faculty, I think it was '61, but that year I had links to psychiatry, I was involved in some research in human behavior that I enjoyed and teaching in medicine, and I was employed part-time with the cardiac center grant. I'm sure Dr. Bristow talked about that and the importance of it. As I became a part of that, I established the early clinics for the open-heart surgery and so forth.

I had really a wonderful life through that period of contacts with cardiology, which I enjoyed enormously and I felt was educational to me. In psychiatry, I worked with the department, and for a brief period ran the outpatient program for psychiatry, and I enjoyed that enormously. And then the other part was with medicine and with some teaching and some rounds, and I had a grand time.

ASH: It sounds like pretty early in your career as a faculty member you started doing some administration?

BAIRD: Very early on, and again, that was one of those things that was partly encouraged by Dr. [Charles] Holman, who was the associate dean at that time, and who was very kind to me and, if you will, sort of brought me along as he had really with Dr. Bob Grover, into the administration. It left me part-time with the medical departments to do some other things, which I did. I was not fully a member of the administration, really, until about 1967 or '68, somewhere in there.

ASH: I have down that in '68 you became medical director and the administrator of the hospitals and clinics.

BAIRD: That's right.

ASH: So you were on the faculty for seven years before that, and then how did your role change when you took on this new...

BAIRD: Well, it changed substantially because I had to learn a lot of things. I was near the last of the "home grown" doctor hospital administrators who were trained "on the job" and was not the business-degreed educator who learned with both courses and other things. I mean, this was a period of enormous change going on up here, so it was quite an experience.

ASH: When you say it was a period of enormous change, does that have to do with things like charges and fees and...

BAIRD: Oh, yes. The charging was started when they initiated the teaching hospital in about—I think it opened in '56, and it was half open and fully open in '57, something like that. One of the early things was a debate on whether or not any patient in the teaching hospital could be charged to be part of the teaching program.

What it did was to lead to a long history of agreements with insurance companies for the charging and payment of patients who were seen in the University Hospital, but eliminating large amounts of time, care, and procedures that were offered for education. For instance, in psychiatry early on, you could admit a patient to the psychiatric unit and have work therapy or occupational therapy and a variety of other kinds of therapy and keep the patient for perhaps three or four or five months, and bring their families in and involve yourself with their care. The learning experience from that is simply unbelievable. There's no way it could happen now, but it was truly a remarkable experience.

And I'm sure as you talk with Dr. Saslow, he too will tell you what a wonderful opportunity it was as he took the department out into the medical school and engaged in teaching rounds at the lectureship in medicine and other places to link psychiatry with part of medicine in a very practical and very real way, and then give people the opportunity to care for people with medical illnesses and psychiatric problems in one setting where you could deal with it. That was truly a remarkable thing, I thought.

At any rate, that all changed, and by 1968 the legislature was asking the question, "Why aren't you fellows earning more of your own way," and not, you know, "You shouldn't be earning so much from people for teaching," to "You really should be supporting yourself."

ASH: So this is what you were confronted with when you took this job?

BAIRD: Yes. We had enormous changes underway because the patient billing was all based on a manual accounting system. In 1964, of course, when Medicare came in, they began to push for accountability. Well, what this meant

was that many of the things that we were doing, that we were paying for ourselves, we were going to be charging Medicare and insurance companies. Suddenly we had to have quite a different kind of system that would computerize our records and create bills.

So one of the earliest tests to achieve this was to bring about the union of the Multnomah [County] Hospital, which became ours in about '73, and had to be consolidated in a university system.

So how to fuse the hospitals, how to fuse the educational program, how to bring the practices in the community back up to the hill ultimately and to develop a computerized system of billing for patients and patient care—all were issues that were going on from 1968 right on through our first three presidents (Drs. Bluemle, Jones, and Laster). All of these were changes of enormous degree. I hired Dave Witter to be our hospital CFO and my chief fiscal advisor at that time. He was really responsible for going back to Medicare and billing for care that had been rendered in Multnomah Hospital over the previous “x” years. It was a tremendous source of both income and developmental money when the legislature was limiting our budget. We were in a tremendous inflationary period, and the legislature simply did not have the money to put out to pay for things.

It was Dave at that time who said he would love to be paid a tenth of whatever he could get through Medicare but we weren't allowed to do that.

ASH: So when you took over this position, had there been a position like this before, or was it brand new?

BAIRD: Well, really, yes and no. The dean of the Medical School was our dual executive and, at that time, the University Hospital was part and parcel of the Medical School. The associate dean was Dr. Holman at that time, who earlier had been the administrator of Multnomah Hospital and then later the administrator of the Medical School Hospital, and the medical director. He assigned Dr. Grover as medical director. Dr. Holman became full-time associate dean.

After my father's retirement, Dr. Holman became dean, and Dr. Grover became the associate dean. Dr. Holman asked me to become the medical director and administrator of the hospital. So it was an opportunity that was really unusual, and for a person who had not had huge experience, it was an honor, but a little bit awesome.

ASH: So did you have mentors who could help you?

BAIRD: I did. I think Dr. Holman helped tremendously, and like lots of things, things change—they really change fast, but it seems rather slow as you move from a system that was largely state paid to one of being self-earned, that that really has taken place and has taken probably twenty years or more to achieve that end.

So yes, I had a lot of help. The relationships changed, of course, as we went ahead and as we developed a president we changed totally the relationship of parts of the Medical School into becoming various schools within the university and various departments within the schools, and then major divisions like the hospitals and clinics and so forth.

ASH: Then your role changed in 1974 when we became a university?

BAIRD: About that time we went through a very hard period; it was an awful period, really, from the hospital's standpoint. The Joint Commission for the very first time came to a site visit. Let me give you a bit of history: back into the 60s the visits from the Joint Commission were a single doctor that had a list on one page of things that needed to be looked at, including record systems and reasonable sterility of surgery and certain statistics with regard to infectious disease and complications, etc. It was a voluntary organization. They had one person come out and tour the hospital and write things up. The standards were general and dealt with good patient care.

In about 1968, they changed totally the way they were doing things and began to develop a series of standards and substandards for the management of hospitals and the care of patients. There was about a seven-year period when the

Joint Commission simply did not even show up. And then about '72 or '73 they appeared. The psychiatrist who audited us was absolutely thunderstruck that we didn't have a hospital organization. We had a medical school, and the faculty in the medical school were the medical staff of the hospital. But the Joint Commission simply could not understand that or grasp it. It was not a rare thing, it was just unusual in their experience.

[End Tape 4, Side 1/Begin Side 2]

ASH: I think we can start again.

BAIRD: Okay. We were talking about the Joint Commission, and they were astonished that we had this hierarchy built in the Medical School and an operation that was built in the Medical School. The hospital medical staff viewed themselves as the Medical School faculty. And consequently, there was no exact match to fit what the Joint Commission wanted, which was a hospital medical staff that had a formalized relationship with the nursing and so forth. One of my jobs was to try to bring this about, and I must say I worked very hard, and we failed. We could not convince them that what we were doing met the basic requirements that they were writing down.

The end result is that it meant we had to change, and about 1974, I'm pretty sure, we had a tentative disaccreditation, which is a horrible thing to go through. I wouldn't like to do that again. And what we did is, by the dint of help from Dr. Holman, who had stayed on as dean for a brief period while Dr. [Lewis W.] Bluemle was starting as president, and with the help of Dr. Bluemle, we worked extremely hard and I organized and built a medical staff organization, and we met all of the requirements that the Joint Commission had at that time.

And it was a huge job. And we went back to Chicago with 78 pounds of written out individual material answering all of the questions that they had raised and showing them all of the designs to meet the standards and the requirements of the Joint Commission. That took a better part of three months, but after we got there and had our discussion with them, they accredited us, and there was no further discussion of that. They didn't come back for another site visit at that

time, and within the next two or three site visits, we passed one hundred percent on everything.

So it was a great success, but an enormous amount of work, and basically did not hugely change the way patients were cared for and really duplicated much that was already being done. This is still the role of the government and of the regulators to come up with new policies and rules to make you toe the line, to insist you follow them.

ASH: One of the themes I was going to ask you about was what precipitated our becoming a university, but before I do that let me ask if you think this situation had anything to do with our becoming a university?

BAIRD: No. No, it did not. It was a consequence of what had existed, without any question, but it had nothing to do with becoming a university.

Becoming a university was a complicated issue and involved many concerns. One of the problems that had been present from the very beginning was since the University of Oregon was in Eugene and we were in Portland linked to the University of Oregon by title, it created this peculiar relationship in which our medical school was fundamentally independent. The Board of Higher Education had already said the dean was a “president in all but name” and had allowed for that, but in fact the degrees were still signed off by the president of the university. From an academic standpoint, that’s the way it would be done.

So there was a lot of concern about the role of the school and what would happen to it and so forth, and I think there was at the level of the Board of Higher Education a lot of interest in eliminating the confusion, or at least the lack of identity of a school of medicine that seemed to be attached to a university but was truly independent and a separate entity in higher education.

So I think there were politics, power, and glory in becoming a university. At that time the testimony in the legislature was that there would be a very small increase in cost very likely for a new president, but the benefits of consolidation would hugely outweigh it. It was said that there would be vast economic savings. Of course that wasn’t true at all, and the savings were never realized, but it did

bring us into line with what had happened to other medical schools.

And I guess, in my mind, simply because others have done things in a particular way doesn't necessarily mean that you've done the right thing in copying them. I'm not sure that one should do things because others have done them, but that's a matter of debate, and it was resolved with the president. We've done very well with our presidents and I think very well with our most recent president, and I'm just delighted how things have gone.

ASH: One story I was told about a possible reason for our becoming a separate university is that the man who became president of the University of Oregon around that time actually had a health care background, he came from NIH, and there was some fear here that he would start interfering?

BAIRD: He had been Secretary of HEW.

ASH: And I never did catch the name.

BAIRD: It was Dr. [Arthur] Flemming.

ASH: That—you know...

BAIRD: And I don't think that was of any significance at all. I have no feel that that was important. He was a friend of the Medical School.

The struggle with the university really came very much earlier, and it involved one or two chancellors, and it also involved some earlier presidents of the university who were very aggressively anxious to incorporate the Medical School into the faculty at the campus, if you will, of the University of Oregon. And that was much earlier, and that was what led to the Board of Higher Education passing the regulation that the dean of the Medical School would be the president in all but name.

ASH: So that was in your father's time?

BAIRD: Yes. When that happened, that really said to all future presidents of

the university, “You’re there to help; you’re not there to run the show.” And it never became an issue after that, really.

But there were other pressures for assuming your own—if only to have your own degrees, and I think the feeling, probably rightly, if you’re going to have a university, it needs to be independent of a non-medical university. It really—the struggles that go on between universities and their medical establishments are endless and enormous, and when you try to bring them together, you’ve got problems, always. It will never work smoothly.

Now, it depends on how—you have executive vice presidents and various titles and things that may maintain a degree of separation that will work just fine, but the problem is the academics of a liberal arts university and the academics of a medical training program and education are quite different, and it always leads to difficulties. And so I think the feeling was you either join the Medical School to Portland State to create one large university or establish a medical university. I don’t think anyone ever seriously thought that joining Portland State was a very good idea.

So the end result was that they created the presidency and then got rid of some of the anomalies that had grown up in the Medical School in which whole schools were treated like departments of a school, and not as schools in their own right. So nursing as a school came unto its own, and I think there were some real merits in that. I happened not to be very enthused about developing a university at the time it was done, but that’s neither here nor there. In fact, there were only two of us that voted against it in our faculty council, and I was one of the two.

ASH: Against the School of Nursing becoming separate?

BAIRD: No, against the University of Oregon Medical School becoming a university.

ASH: So that would have been around 1970?

BAIRD: No. It would have been about—I think we finally had a

vote in our own faculty council about 1972, thereabouts.

ASH: And so what were your reasons against it?

BAIRD: Mainly I didn't see the necessity of multiplying the administration. I think there are some advantages. And as I say, everyone recognized it would work. The question is: Why should you change? Is there something compelling the change? And I was never quite convinced there was a compelling need to change. But that's, again, neither here nor there.

ASH: So could you tell me a little bit about that transition time, then, between when it was decided that we would become a university and when we really did become a university when Dr. Bluemle came? Were you involved in the search process for the president and the planning for what would happen?

BAIRD: No. No, that was separated out, and I would not have been a part of that search. At that time it was aggressively the Board of Higher Education that was in the process of putting together a selection.

ASH: I see. But you were in essence, when Dr. Bluemle came, a vice president or...

BAIRD: No. No, I as the Administrator and the Medical Director. And after Dr. Bluemle came, he established a vice presidency of health affairs and appointed Dr. Don Kassebaum to that job.

ASH: And then what was your relation with Dr. Kassebaum?

BAIRD: Oh, my relations with Don go way back to college, and they were personal and they were warm, and by and large I have to say my relations with Don were personally very good.

My position was a bizarre one. At the point we become a university, the question of my role there and what it should be and how the management should be designed for the hospital became a big issue. This was also exactly the same

time we were threatened with disaccreditation by the Joint Commission. Dr. Bluemle felt that I should be fired at that time, and that would solve the problem of the Joint Commission. But then he needed me to help pass the muster for the Joint Commission, and so I did that. He went ahead and made some other adjustments, and then decided he would leave my fate with the new dean of the Medical School. The new dean of the Medical School had come out here shortly thereafter, and he soon had some economic struggles because he overspent the budget, and Dr. Bluemle got very angry at him.

ASH: And who was that?

BAIRD: Stone, Dr. [Robert] Stone. Who was a very competent guy. I was favorably impressed by him. I think our initial meeting wasn't the warmest in the world, but it was under the most dreadful of circumstances, too, at that time.

ASH: Because of the accreditation?

BAIRD: Oh, all kinds of things, yes. And Dr. Stone then never did decide what he wanted to do with me because the president was busy moving him somewhere else. And so I was told that I really should consider going somewhere else, and then that was the end of that and I never heard anything more about it.

In the meantime what worked out was we did get ourselves accredited very nicely. Additionally, I continued to deal with all of our malpractice concerns and cases which I had done since 1964. I was also involved with almost all of our early contracts because I was the only one that was personally involved with getting most of our hospital contracts and our links with health care organizations. And I was involved, of course, with our accreditation system because I had put it together, and I knew everything that was supposed to be done. So it made a logical tie for that.

And then my links with the Department of Medicine and my continuing to be involved with the care system here linked me back into the hospital and to the department, so I continued to see patients and our relationship, Don's and mine, worked very nicely.

And Dr. Bluemle assigned me as medical services director, and that's indeed where I came up with the title, it was one of his inventions. It was outlined to deal with many of our legal issues, and as it grew over time, I sort of became the repository for the claims and charges that would arise from the schools and hospital. So I would become involved in our legal claims process simply because I had done it, and no one else had.

So those were sort of my roles, then, for the next ten, fifteen years.

ASH: Now, Dr. Kassebaum left when Dr. [Leonard] Laster came?

BAIRD: No. He left after Dr. Laster had been here for some time. They had not gotten along unusually well, and Dr. Laster was very anxious to re-design the campus, if you will, in the way that he felt the emphasis should be. And he got along surprisingly well with Mr. Witter, who Don had elevated to the administrator of the hospital after the turnover of other administrative people in a period of time that Don was the vice president. And actually Don had made Dave the administrator of the hospital, and when Don left, Dave continued in that role with Dr. Laster and got along very well with him until Dr. Laster left, and then Dave was elevated into a role as the acting president for a period of a year to get a number of things going and moving that were just sort of sitting and waiting. This included the BICC. I must say I think that it is hugely to the credit of Dave and the efforts he had made. And the people in the hospital played a very important role in that change, too, because people like Tim Goldfarb and Jim Walker had come along and been part of the hospital, and as Dave went on to become president, here were these other people that became fill-in's and then became very important to the university so that the university derived its leadership out of the hospital, basically, which is an intriguing thing, but it was leadership that came from the administrative staff that had been hired. Quite a change. Very exciting, really.

ASH: Going back to when you were first involved, you told us last time that one of your responsibilities was to close the TB hospital.

BAIRD: Oh, yes.

ASH: Can you tell us about that experience?

BAIRD: Well, actually it was far more Barbara Hiatt's job. The issue of the TB hospital as a hospital was really one of cost and a public health issue. The legislature for some time had been aware that the cost of maintaining both our educational TB program here and the public health links to the community—this used to be, of course, one of the places that the state had an endemic tuberculosis problem, the homeless, the poor, the alcoholics. It was rampant and continuous. And so much that was done here was of a surgical nature and follow-up and then later on medication, surgery and follow-up of people. And the hospital in Salem, the so-called Tuberculosis Hospital was in fact a farm, a wonderful place. Had the most incredible meals. Anyway...

ASH: Did they grow their own food?

BAIRD: Oh, yes. They did. But it had reached a point where there simply weren't the people coming in that needed to have that kind of expenditure and cost for the State, and the State said, "Well, we want to close that hospital, and what we'll do is we will move the hospitalizable patients to the university, and we expect you people to take care of it."

Well, indeed that's what went on, and we inherited some people like Dr. [Clifford] Fratzke, who originally was a general practitioner with some expertise in tuberculosis. He came up here from Salem, and some others, and they worked with Dr. [James] Speros and Dr. [William] Conklin. When Dr. Conklin retired, surgery was not a big issue anymore, and the hospital's occupancy began to go down, as you would expect from the effect of the antibiotics. The spread of the disease simply came under control.

And so we were aware that in 1971 or '72 that the hospital simply couldn't be sustained as a TB hospital. And we were fortunate enough to see not only the handwriting on the wall, but also to actively move the budgets from the TB hospital into the university, but to close out the hospital and following the

personnel system with the usual bumps and layoffs and so forth, we were fairly successful in closing the hospital down actually before the legislature said we had to, and they were just pleased as punch, as you might imagine. It discommodated a number of people, but in the long run under the personnel system and with the bumps and the other things that went on, we were able to absorb most of the people that were actively working there and absorb them into the university hospital system pretty well.

ASH: And then what became of that building?

BAIRD: Well, the building, became the campus services building. They put in a number of things, including the central computer banks and the physical plant and others worked over there. Then, you know, I don't know all that's going on right now, but it began to change substantially after that.

We had a whole floor of computer equipment over there, which was sort of the mainframes for everything that went on up here. What a change; you know, in 1968 we were just thinking about it, and here within a period of about three or four years, you had these things that were generated over into that area. It was a tremendous boon, it really was, to have the space.

ASH: Now, we found some pictures in the picture collection of something called the "open air school," and we wanted to ask you about that because we thought it might have a connection with TB hospital. Does that sound familiar?

BAIRD: No, I don't know what it's in reference to.

ASH: Then I have another note to ask you about Charles Dotter because he was obviously active here when you were active in the hospital?

BAIRD: Oh, yes. Dr. Dotter came out from Cornell. He would have been here pretty early in the 50s, I think. He was well known to Dr. Hinsey, who I've spoken to you about earlier, who was a very close friend of my father. Dr. Hinsey had become the president of the AAMC and done a variety of things, and he was a political force in medical education.

Charlie Dotter came from Cornell, as I recall. It seems to me in the back of my mind that Dr. Nelson Niles' father had been a dean at Cornell, I think, and I think Bob Grover came from Cornell. We had a little contingent of Cornell graduates, and they all, of course, knew—I think that was true of Dr. Niles; you'll have to ask him for sure.

Be that as it may be, Dr. Dotter came out from Cornell and assumed a position as the first full-time head of a radiology department here. And he then proceeded to build the department from something that was pretty antiquated and small into one that was really path-finding, in my view, in which he was successful that he became world-wide recognized far more than in his own city.

He was a dynamic, vigorous, sometimes controversial but always very brilliant and really terribly nice. Often foul-mouthed, but creative, enormously creative.

And he really brought about changes in the department which we now just see little reminiscences of. Tomorrow, I think, Jerry McBride retires. Jerry goes back some 25 years or thereabouts, and Jerry said that when he first came here and Dr. Dotter was the head of the department and Jerry was hired to help job a number of things, including the personnel in the department, as he said he enjoyed every day he came and looked forward to it because Dr. Dotter always made it fun for people.

And so he was appointed here, and really became something of a legend as far as the community was concerned. He built a great many things and was responsible for an enormous number of "inventions," not the least of which was the use of the coil spring for catheter movements in the body, and the dilatation of vessels which became part of the remodeling of vessels through catheterization. An entire industry grew up around things that Dr. Dotter had personally invented.

ASH: Now, you said that this was recognized worldwide, but not necessarily locally?

BAIRD: Not nearly as much locally.

ASH: Now, why was that?

BAIRD: Well, I think it was because Charlie was such a dramatic person. He was climbing mountains, he was painting pictures, he was doing things in x-ray, he was always on the move, and I think people found him rattling, and he was never disturbed by a methodical approach to things. He was something of a radical when it came to accomplishing things and doing things and being willing to try things. I think that made a lot of people nervous, but it also led to an enormous amount of progress.

I don't know whether you've had a chance to talk with Dr. Louis Frische, who's now retired and lives in Arizona, but Lou was here and was closely linked with Charles through a number of years, I'm sure you could learn a great deal from Dr. Frische.

ASH: So that you would recommend him if we wanted to hear more about Dotter, as a person to interview?

BAIRD: Yes. I liked Lou enormously. He too was a pilot and a flyer and a mountain climber, and one of the people that just did things, and he became kind of the backbone for a lot of the management of the department, really, and certainly knew Dr. Dotter, piles of hilarious tales of things that went on.

ASH: Anything you can tell us?

BAIRD: Oh, sure. Just little things. One time Dr. Dotter and Dr. Frische climbed Mount St. Helens—this was before it blew its top—and they had disappeared into the wilderness, and they didn't come back on time. The word was out that two doctors were lost on the mountain. Well, they didn't get lost. They did get out of there. There were reasons why they were slow and they got kind of stuck, but they managed fine.

But when they got back to the university, there were signs everywhere in Radiology, “To Dr. Dotter and Dr. Frische: This way to the bathroom; This way to the cafeteria; This way to your office.” Everywhere there were signs. I think they never quite lived that one down.

ASH: You mean this hit the media, even, that they had been lost?

BAIRD: No. Only that they had been lost, yeah, that hit the media. But when they came back here, I don’t think that these things hit the media. I don’t recall. But it was very funny.

And Dr. Dotter was a very creative guy, and as I say, when he did things— putting catheters into the heart was not something that was done lightly, and we had a big medical discussion of the use, the role of the catheter in heart catheterization, and Charlie Dotter walked in to a medical conference and had the machine set up so that you could see the fluoroscope. He had already catheterized himself, to show how you could manipulate this thing. It was an absolutely horrifying example, but it was the kind of thing he did, to say it is perfectly safe, it can be done, it isn’t dangerous.

ASH: Are there any other characters from that period that you recall that you want to talk about?

BAIRD: Well, Dr. Dotter was really an unforgettable kind of person. There were many of our people here that I remember very well, perhaps because they were so dry and non-humorous, they became humorous.

[End Tape 4, Side 2/Begin Tape 5, Side 1]

BAIRD: For instance, Dr. Edwin E. Osgood. His list of scientific accomplishments were just sort of legion, and yet he was a strange and a rather isolated man whose concentration on things of importance to him and research and medicine were such that he could pass you in the hall and never see you at all.

ASH: This is Dr. Osgood?

BAIRD: Yes. Very unusual man. Really a very kindly fellow, a very nice fellow, I always thought. I don't know whether he was well-liked, but his name appears in the diagnoses of medicine and clinical pathology and certainly in hematology, and clearly he was one of the pathfinders with the early use of mustards to treat hemologic disorders and the use of P-32 in the management of chronic leukemia. I don't have a real feel for all the things that that man accomplished in his life. He was not a person who was a great leader of men. He was far more an accomplisher of things on his own, and he had done all kinds of things, as I said, in medicine and in the lab, just very unusual.

So you find Osgood's name through the literature of orthopedics and medicine and so forth, and it's because he was one of these people that saw things and saw their meanings and their significance, and his name became attached to them. So as I say, it's a shame that most of the people that probably were quite knowledgeable of Dr. Osgood are no longer around. And we missed a piece of our history, in a sense, that would have been awfully nice to have gotten. And I'm referring here to missing a piece of history from the early 20s up into the early 40s. So many of those people are gone.

ASH That's one topic I need to talk to Dr. Swan at greater length about.

BAIRD: Yes. And you know, many others, certainly Dan Labby who was linked to the department of medicine quite closely very early on and was the son-in-law of Dr. Laurence Selling, who had been our volunteer head of the department of medicine. A wonderful fellow. I wouldn't be surprised if Dan can tell you some things about some of these earlier important people.

I'm sure that Bob Koler, who was certainly around and knew Osgood, could say some things. And I know that Dick Jones knew Osgood. As a matter of fact, he was linked with experimental medicine in his background and part of his training before he went off to study with Linus Pauling. So Dick has quite a background in both medicine and biochemistry.

As I say, these were people that have some contact with Os, and I feel badly that not more has been said about him, but I'm not the one that can do it. I did meet him and I certainly knew him, and he lived down the street from where I did at the time, and I used to play chess with his father-in-law, but I don't remember much about his work.

ASH: And what about Dr. [Albert] Starr?

BAIRD: Well, Dr. Starr came out here from the East, very creative guy, very interesting, very dynamic. He was really brought out to head up what became not the department of chest surgery but became really a division of surgery for the management, the surgical management of heart disease. Very well trained, fine background. He had been in the Korean War and had a fair amount of exposure to field medicine. Very bright, very capable.

He began working with congenital heart disease, there was just a huge backlog of kids with congenital disease that was potentially fatal and which could be surgically corrected. As the bypass pumps first came along and you could bypass the heart, suddenly it opened a whole field for study and for treatment. And he linked himself very early on with Mr. Lowell Edwards, that is, Dr. Miles Edwards' father. Dr. Edwards is a member of our medicine department, chest diseases, and now in our ethics department.

Miles' dad was one of these rarely gifted inventors. He turned his hands to many things throughout his life. He got his first—I think first—fame when he worked for Weyerhaeuser or something like that for a hydraulic log peeler And then he ultimately went into business on his own, and he invented a little part of jet engines which still is a part of all jet engines And then he moved on to more and more things. He worked with Dr. Dotter. He worked with Dr. Starr. He was linked to a variety of people up here with things because he was so clever, he was so inventive, and whatever he did, he could create businesses. It was really remarkable.

It was like Edison in the fact that this man who was really a tinkerer, enormously successful one, could not only invent things but initiate businesses

that were highly successful. And so I don't know how many businesses through his life that Mr. Edwards started with his inventions, but there were a number.

At any rate, early on, Al Starr linked with him to explore what can we do if we can't repair a valve in a heart, could we replace it? And as you'll remember, the very, very first durable heart valve was the Starr-Edwards heart valve, and it was put in—I think one of our first ones here was a “miracle for Amanda” because Amanda had a valve disease and had the first valve put in, and it was a mitral valve, it didn't follow the leaflets that were the native way of doing it. It was a ball valve.

Well, of course, the history of valves in surgery has gone on and on and on and on since that time, but it truly was a miraculous thing, and so at the time Dr. Starr was working with the congenital heart diseases, he was also working with the dogs and the laboratory and Mr. Edwards. And the first valve was a mitral valve and we became a center of open heart surgery where you could replace valves, for the left side of the heart. So along with the ability to deal with congenital lesions, we now were able to deal with valvular diseases and replace them. It was very exciting. A huge period of learning, too, because we had all kinds of studies through the heart grant that came out in '61. Dr. Starr had been here about—I think he came here in about '57, '56, something like that.

ASH: About the time you graduated?

BAIRD: Yeah. That's what my recollection is, but I may be off a little bit.

But because we built the open heart clinic, it was to make it available to people around the state to refer people with heart disease that we potentially could do either surgery for or repair, and we built it around the model of the Crippled Children's Division, and people would come and we would get certain fundamental things taken care of, including their social needs and so forth, and make an assessment and then have their case reviewed in a conference which was then dictated. The notes would go in the charts, everyone would see all the patients, and they were put into the categories for surgery or not surgery or to observe or follow, and report back to their own doctor. It was really quite an

exciting period.

And at the same time the Crippled Children's, which had a huge number of congenital heart defect kids, served as a tremendous source for correction of congenital heart disease, and Dr. Starr was intimately involved in doing that, and it was Dr. Starr that brought through a number of people to work with him here that he then trained, really, in heart surgery, open heart surgery, including one of them being of course Dr. Jim Woods, who has been linked to Dr. Starr in his private Starr-Woods corporate group. This all grew from these programs that started here.

ASH: Was Dr. Starr, then, a department chair?

BAIRD: He was a divisional head of cardio-pulmonary surgery.

ASH: And then he separated himself out from the university for business reasons?

BAIRD: Well, it's complicated, and you have to understand the background to practice, and this you can get from Dr. Swan and others, one of the issues very early on was that the State would not allow for the "private practice," the personal practice or doctor bill charges to patients being treated in a teaching setting in the hospital. So the people here were hired as state employees at a percentage of time, usually it was around 90 or 95 percent, and five percent they were allowed to practice off the hill or in their office for a personal income. It was the only way to supplement their income in a way that allowed people to function.

And Dr. Starr fitted that mold and had a practice both on the campus and did his research here and so forth, and then off the hill began to do open heart surgery at St. Vincent Hospital.

So the background was really one of a phenomenon of the way the system had been built for medical care. Everyone recognized sooner or later that was going to change, as you began to have to make your own money to make your

own way, but it had some beauties to it that were really nice because it assured that people had a physician, that the physician was paid, they had research they could be doing and a guaranteed source of teaching. We developed the resources in the way of patient care with people that were on the poor end of the scale, not the wealthy, and so we became their resource, and they became a mainstay of our clinical teaching programs that went on.

So it worked very well. The practice of medicine, the individual practice, and now increasingly the corporate practice of medicine is something that really was not part of our picture up until 1968, and '69 we began to change it. But as I said, that's when your budgets began to change, the way we computerized things, our billing system changed, our relationships with insurance companies, we made changes in all kinds of things.

And Dr. Starr had been part of that system, and Dr. Starr continued for a period of time with a fairly heavy practice off the hill and part-time here, and increasingly was involved in the practice of medicine in his corporate group, and increasingly less directly involved with the programs here. And ultimately it led to his being over there and not being here, and there have been some bad feelings, and it's kind of too bad because it was not something that I think was done to be hurtful at all.

I think Dr. Starr is not always an easy person to get along with, and I think he sometimes has been rather harsh in his judgments of others, but on the other hand, he also was a very creative and productive guy, and I think everyone felt that. It just was one of those things that as you change, and we were in the process of big-time change, we, with our faculty building our own programs and beginning to sell our services for clinical care, was foreign to what Dr. Starr was doing.

ASH: Which brings us to town-gown relationships because you've seen over the years many changes, probably, in town-gown relationships going from volunteer to full-time faculty and then from—well, can you tell us about that?

BAIRD: From geographic faculty to non-geographic faculty where the

practice is expected to be here. These are 180 degree differences. Not that there weren't models for this done elsewhere, but for Oregon it was quite a huge change, and it came in a great rush. So that the practice shifted from individuals who were practicing in the community and came up and volunteered their time to help with the training and teaching and clinical medicine to the medical students, to increasingly a faculty that was training medical students in clinical care but also involved with aspects of research. But as you probably are aware, research as a big part of the school really didn't exist in any substantial sense until the development of the National Institutes of Health. And when Dr. Shannon, who knew my father very well, first came out here, this was a tremendous boost to the university, of course, the earliest things that were done, links from the university were suddenly involved with clinical research as well as...

So by the end of the 50s, Dr. Starr's arrival was an arrival in an atmosphere in which there were many things going on; he contributed substantially to it, as did Dr. Dotter and Dr. Griswold and others that had been very productive, and that formed the basis of this huge center grant.

And then we had some wonderful gifts that came through General Electric, and we had some other gifts that came through other radiology manufacturers and things, all of which played into the benefits of clinical research at the university. That really had never existed before the 50s. So that was a big change.

And then of course our volunteers didn't go away, but as department heads they were replaced. And for the most part they not only understood but were very supportive of that. I would say most of our clinical volunteer department heads were delighted with the people that came. A few of them were people like Dr. [David] DeWeese had been in private practice here in town, and Dr. DeWeese became the head of our ear, nose and throat department full time. This was a major change.

Then we had Dr. [Howard] Lewis, who had been in the military, came back and became our first full-time clinical chairman of the department of medicine. He came out to the open arms of Dr. [Laurence] Selling, who had been the volunteer head. Indeed, Dr. Selling's son, Phillip, was closely linked with training and teaching and physical diagnosis with Dr. Lewis. So, of course, was Dr. Labby,

who was the son-in-law of Dr. Selling.

There were a few bitter volunteer heads, but they were mostly people that didn't wish to be full-time faculty. They wanted to be the head of a department or a division, but they didn't want to put in full time. And so it was inevitable they would be replaced with someone who would, and that was of course going on in a huge way from the late 40s right on through the 60s.

ASH: What about when the university hospital started taking paying patients?

BAIRD: We started very early, actually, with paying patients, but there were no professional fees charged for those paying patients of the hospital until 1968. It was after that that we began to build the faculty practice. Initially there were some charges that the faculty paid back to the dean through the medical educational fund, MEIF, early on. That became more linked to the departmental practices and clinical practices, and it still remains a piece of our programs here for the physicians in the university medical group. They still have an MEIF. That has a long history going back into the 60s of money coming in from the faculty to assist the dean in some of the teaching programs.

At any rate, those were non-existent in the 40s, and by the 70s increasingly the faculty were being asked to practice, and so the big debates were what is the nature of a practice, what is the income, how is it going to be handled, what is the relationship and link to the dean, then the president of the university, what will the role be of really what has happened, has evolved, as it has most every other place is that the personal practice of the physicians in the departments linked to the school have become a part, an arm in a sense of the care system here and have been a vital section of not only attracting patients but also of generating income for the hospital and for the clinics, and really for the school.

So all of this was a transitional thing that began dramatically about 1968 and culminated really in the formation of the University Medical Group in the 90s. There had been prior efforts that led to that, but basically it became like one of the pillars of the school in a sense, and the president has, if you will,

administrative oversight and close links with the personal practices, therefore, of the physicians.

Now the HMO's we bill our own and the other things of the relationship of physicians not to the patient but to the organization. From our selfish standpoint, we already had those links to the organization, so from our standpoint it was rather easier to do some of these things than what had happened to the individual in personal practice.

ASH: You've seen all of the presidents. Have you worked for all of the presidents?

BAIRD: Well, if you're here and there's a president, you're working for the president, and he's the boss. And so the answer is yes.

What my personal ties to Dr. Laster and to Dr. [Peter] Kohler have been far more distant. I don't think that they have any particular reason to be involved with me in the things I was doing were a little bit aside from that except as it came to certain reports and issues that as we formulated new organizations, the standards of the Joint Commission and Uncle Sam and so forth. So yeah, I've...

ASH: Well, how would you characterize the different presidents from Dr. Bluemle through Dr. Kohler, taking a sort of grand view of their effect on the university?

BAIRD: Well, I think Dr. Bluemle, I have to confess my personal views of Dr. Bluemle are not the warmest, and I think not only was he rather harsh with me, but putting that aside, the thing that bothered me was I had a feeling he was very anxious to reflect all of the changes in the university that were good were his, and all the problems that arose were others', and I think when he came here it was clearly, as it turned out, with the intent that he would not stay here. This was an experience which he was going to get after Syracuse. We're a bigger school than what he'd been in, and, I believe, his move back to Thomas Jefferson had been planned before he ever came out here. And I think that led to some very peculiar relationships that developed and hostilities that were generated. But I think Dr. Bluemle had goals in his life that were not here and were very much closer linked

to the Pennsylvania Dutch and to Jefferson University.

I think Dr. Laster came really with the background of the NIH. His interests were in research, and I think basically he was a rather kindly fellow, but profoundly mistrustful of people here, who were fairly open. This was rather a naive place in lots of ways, and I think Dr. Laster did not take kindly to some of the politics of the campus, which are inevitably a part of living on a campus; that's just the way it is. And I think he found it very difficult to make decision without finding that he could get into trouble, so he didn't make decisions. And that was a problem.

I think his vision of medicine in the future, of where we might pin our hopes, and I think the Vollum Institute and the concept of the neurosciences as extremely key parts of the future of medicine were probably correct. I think that the efforts that he made and the money that was contributed from Mr. Vollum's efforts and others really paid off and formed the development of a great many other things that came along. The university was then enormously benefitted when Mark Hatfield came here and spent time with Dr. Laster and clearly wanted to do something to assure the continued growth and development of the university. He had always felt he had not been able to do much until he became the head of the finance committee in the Senate of the United States, and he felt suddenly he was in a position to help things in Oregon that he knew needed help. It was an enormously important period.

And I think when Dr. Laster left here to go back East, the search for a replacement was pitched a little unusually, and the question of who's going to make the most money, who's going to be able to lift the school up by the bootstraps, who can shake out the cobwebs and so forth, were all thought to be needs, which is a lousy way to fill any kind of academic position.

I think we were very fortunate in the selection of Dr. Kohler from all the people who were considered. I think he has done an incredibly good job, and he's done one thing that I have to say I admire him for more than anything else, and that is he has stuck with the school. Even though we have had some awfully difficult times, he has made it very clear, as long as we're willing to follow his

lead, he is willing to do his very best to see that we accomplish something. I think that is just an enormously important thing, and it fits the history of the university very well. So I think we've been very ideally suited to each other, frankly.

ASH: When you say since the history of the university, do you mean staying with the university for a number of years, like your father did, for example?

BAIRD: Yes. You come here to do a job, and the plan is to see that you stay and get it done and do it well. I think Dr. Kohler has done that, and I think he continues to do that. A person may make a name for themselves as they bounce around the country doing different things, but you don't do very much that's very significant. You do significant things by doing one thing well in one place. The world comes to you.

ASH: One of the questions that I need to ask you is in your career here, what are you most proud of?

BAIRD: Oh, heavens. I don't know. I never viewed my life in terms of epochs or huge events. I've never been a very "driven" person but I'm honest and loyal. And I think if I've done anything that has helped others—my dad told me years ago, he said, "You know, when you're in the administration, your prime job is to make it possible for the faculty to get their jobs done. That's what you're really there for."

And it always seemed to me to be such a good idea that if you could spare others to be teachers and caregivers it's worthwhile—now, it's getting awfully hard to do and Uncle Sam has his long arm into everyone's pocket and everyone's business, the Joint Commission is busily trying to engage in building its own importance and maintain itself and hoping that the Secretary of Welfare and Health will not take over their job, and so they keep coming up with new rules—you know, there are so many intrusions that it strikes me that the basic concept of the administration being there not to tell people how to do their job but how to make it possible for them to do their job is a very good thing. I've always felt that way.

So it is in that sense that I think I have accomplished a number of things that were helpful and maybe that's where my strengths have shown.

ASH: I think that's a really beautiful concept. Linda, this is the time for you to ask any questions that you might have.

WEIMER: Well, I think we've covered it. We did ask about Dr. Osgood. How about Dr. Larsell?

BAIRD: I don't remember Olaf Larsell very well, only distantly. He was really a person of the 20s and the early 30s, and he was still around when I was a kid growing up, but he was not the head of anatomy by the time I got into school, certainly.

And I read his book [*The Doctor in Oregon*] that he wrote on the history, and he has written, as you know, on the neuroanatomy of the cerebellum that was really pathfinding stuff. Another one that did as much research and is not remembered very much was Dr. [William F.] Allen, who was a very creative guy, very impressive, and I think Sam Connell has some of Dr. Allen's papers. They would be important. He deserves his own special place because he sort of fitted a time when there really wasn't much research and what there was was kind of specific.

[End Tape 5, Side 1/Begin Side 2]

BAIRD: Dr. Adolph Weinzirl was our head of public health here, and I think did a pretty successful job as the head of the department. There may well have been earlier people in public health, but I don't know who they would have been. Public health as an entity on the university has always had a struggle. It's so often linked with governmental obligations and activities, and it sits kind of aside of mainstream medicine in many ways. These are people that you count on to help you with your societal health issues, but universities are not primarily public health institutions.

So it's an unusual department, and as I say, Dr. Weinzirl was an unusual

teacher. A very talented guy at teaching. And had absolutely no sense of humor and had the most hilarious stories he could tell. He had planned them out in advance and would give lectures and would say, "Now, I'm going to tell you some stories, and you will remember what I'm saying." He was absolutely right. His tales were funny though he was not a man of great humor.

At any rate, we had a history of other people that had preceded him, and that's a part of the history of the school, as I say, in the 20s and 30s some of the volunteers and things that you really need to touch some of the older heads around who at least will remember who some of the people were. I can certainly remember other members of our faculty. I remember Dr. Frank Menne when he was the head of the department of pathology, and I remember Dr. Joseph Beeman when he was here and doing practical jokes, and I remember they were not always nice practical jokes. He once wrote and had published an article on the toxic effects of levorotatory ice crystals. They are dissolved in grain alcohol.

And I certainly remember Warren Hunter when he became the head of the department. There's no question Warren Hunter was a brilliant pathologist. He was probably one of the most humorless people I ever knew.

WEIMER: Another one.

BAIRD: A terribly nice person. But he was absolutely hilarious sometimes because he had—he made things so dry and so dull it was almost hilarious to listen to him.

WEIMER: Did you have him as a teacher?

BAIRD: Oh, yes. It was always an adventure when you entered into a lecture and he would talk, and then he'd start looking at his watch and looking at the clock on the wall and say, "Well, I guess there just isn't time to go on." Everyone would sit on the chair, and then he'd say, "No, we'll do it." And everyone would go, "Ohhh."

But as I said, we had many people that I must say I found delightful as

teachers here. I have really no unpleasant memories of anyone. They all had merits and value. Dr. [Archie R.] Tunturi, for all that he was probably not the world's best teacher, he accomplished a great deal as a young man and then just sort of drifted along for a long time afterwards.

But it strikes me that we have a history—as I said, Dr. [Wilbert R.] Todd and Dr. [Edward S.] West, of course—as I say, these are people that I worked with and had the privilege of being around before they retired, and they were wonderful, just wonderful people.

WEIMER: Thank you. I don't have any more questions.

ASH: I would like to thank you, and you've certainly given us a wonderful overview in the different interviews we've had with you, from the very early time when your father first started until today. So thank you.

[End of Interview 2]

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