

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

***Marjorie Noble***

Interview conducted June 14, 1998

by

Linda A. Weimer and Roger Klein

## SUMMARY

The interview begins with Marjorie Noble describing her childhood on the Oregon coast and in Portland. She attended college at the University of Washington in pre-med, and recalls that her interest in math and science influenced her decision to become a doctor. In 1940, she graduated from the University of Oregon Medical School in Portland, Oregon. She remembers that she was one of four female students in that graduating class. Her internship was at Children's Hospital in San Francisco, followed by a return to Portland and residency in anesthesia at the Multnomah County Hospital.

Ms. Noble went into private practice as one of only a few physician anesthesiologists in the Portland area. She describes transporting her own equipment, an anesthetic machine and gas tanks, to hospitals and private clinics where she was asked to do cases for surgeons. In addition, she did her own billing and collection.

Dr. Noble responds to questions concerning her memory of Dean Richard Dillehunt, the social culture of medical school, and the effect of World War II on her medical education.

In 1946, Dr. Noble moved to California when her husband, a medical student three years behind her in medical school, took a residency at the University of California at San Francisco. Dr. Noble became an instructor in the anesthesiology department at UCSF, but quit to go into private practice because she states that she could not gain financial support for building the department. She was invited to upgrade the anesthesia practices at Mills Hospital in San Mateo, California and remained there until her retirement.

The secondary portion of the interview is conducted by Dr. Roger Klein, a clinical associate professor in the anesthesiology department at OHSU. Dr. Noble responds to questions concerning her experience as a female medical student, and remembers favorite professors and classes. She states that as a medical student, she had no instruction in anesthesia, but that while she was in residence at Children's Hospital, she saw an opportunity to specialize and improve the practice of anesthesia. They discuss her training and first hands-on experience as an anesthesiologist.

Dr. Klein then questions Dr. Noble about specific anesthesia techniques, agents and equipment used early in her career and available later while she was at UCSF and Mills. They cover general, regional, and local anesthesia, and review the types of surgical cases for which Dr. Noble provided anesthesia.

The interview concludes with Dr. Noble's recalling that her parents thought that anesthesiology was a "nurse's job," but eventually came to view her career choice as a good one. She also expresses pride in her work upgrading the anesthesiology department at Mills Hospital.

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Interview with Marjorie Noble, M.D.

Interviewed by Linda Weimer and Roger Klein, M.D.

June 14, 1998

Site: Marriott Hotel

Begin Tape 1, Side 1

WEIMER: This is an oral history interview with Dr. Marjorie Noble, and assisting me is Dr. Roger Klein, who is the clinical associate professor in the anesthesiology department at OHSU, and we're at the Marriott Hotel in downtown Portland.

Dr. Noble, we ask everyone that we interview a little bit about themselves. Could you tell me where you were born and raised?

NOBLE: Boise, Idaho.

WEIMER: How long ago was that, may I ask?

NOBLE: March 27, 1915.

WEIMER: And did you grow up there as a little girl?

NOBLE: No. My folks moved to Portland when I was two.

WEIMER: So you don't remember anything of Idaho.

NOBLE: Nothing.

WEIMER: Where did you go to school here in Portland?

NOBLE: Well, Irvington, but I started school in Astoria when I was five-and-a-half. My father was manager of a big wholesale grocery in Astoria during World War I, and we lived between Astoria and Seaside. We were renting, usually, because it wasn't a permanent home. We rented one home and then another for

some reason I don't remember. I started grade school in Astoria when I was five-and-a-half, and they moved to Portland, where my father was the sales manager of the same wholesale group, oh, for years, till I was through high school. So we lived in Irvington. I went to Irvington Grade School and Grant High School.

WEIMER: Where did you go to college?

NOBLE: Well, my father moved to Tacoma when I finished high school. In fact, Mother stayed with me to finish my last few months and graduate. Then we moved to Tacoma, where Father was in the same sort of position in another wholesale grocery, and I went to the University of Washington premed for three years.

WEIMER: And after premed, where did you go?

NOBLE: Well, I went to University of Oregon Medical School.

WEIMER: Can I ask you, what made you to decide to become a doctor?

NOBLE: I don't know. I think maybe there was a lot of illness in the family. I remember when we were in Astoria my grandmother had a nurse in the house—my mother's mother—and she died during that period. And, then, my mother had several operations. And, then, I was mostly interested in science in high school. I got my best grades in math and science.

WEIMER: Did you think it a bit unusual—being a woman going to medical school?

NOBLE: Well, everybody else did. I just didn't see any reason why I shouldn't. My folks thought it was an awful lot of time to put a girl through school. At the end of my freshman year in college they said, "Well, don't be a premed." So I was a science major, which was the same thing. And when I finished my first year, the folks said, "What would you like to do now?" And I said, "Well, oceanography, archaeology, anthropology, or medicine." And the folks said, "You can't earn a living at anything else than medicine, so you better go on,"

so I did.

WEIMER: How many other women were in your class?

NOBLE: I think there were seven the first year, but I can't remember what happened, because sophomore year there were only four.

WEIMER: So a couple of them dropped out, but you're not sure...

NOBLE: Three, I think, dropped out, and the four of us went through.

WEIMER: And what year did you graduate from the Medical School?

NOBLE: Nineteen forty.

WEIMER: And, then, after that?

NOBLE: I interned at Children's in San Francisco. I thought it would be nice to go where there were all girls on the house staff. I didn't like it that well, however. And the residency programs that were offered at that time for girls didn't include most of the universities. I would have just had to have taken a residency at one of the—one that was offered at Children's Hospital, and Children's didn't have enough charity patients, I think. Most of the work was just assisting staff, and I didn't think it was going to be a very good residency, besides which they had also poor anesthesia, I thought. And I knew there was a residency program started back at Oregon when I was a sophomore or junior, somewhere in there, and so I wanted to go home anyway, [laughing] so I applied for Oregon.

WEIMER: What made you decide on anesthesiology?

NOBLE: Just because I thought the anesthesia was poor at Children's, and that somebody with some training ought to be easily placed somewhere.

WEIMER: So we've got you back to Portland; you're starting your anesthesiology residency. Was there a chair of that department?

NOBLE: Well, I don't know what his legal position was. John Hutton was from Mayo's, I understood. Tom Joyce took everybody from Mayo's that he could. And I really saw very little of John Hutton. He was earning a living down at Good Samaritan, and he used to meet with us in the afternoons and discuss what we had done and what we were going to do the next day. But, really, the only staff we had was the one-year resident ahead of me, and that was Dolores Dufachio Mills, and she taught me and she taught Margaret Eleanor French, and we rarely saw John.

WEIMER: So you felt it was more like the older resident teaching the first-year resident?

NOBLE: Yeah. And when Dolores was gone, I was the head resident, and I taught Fern Greaves, who followed. I can't remember John ever being in surgery. He may have been, but it surely wasn't very often. We didn't have anything like a staff; it was just us.

WEIMER: So this was the days of only part-time instructors?

NOBLE: In most departments that was true. I think maybe medicine and pediatrics had somebody that was more or less full-time, but practically all of our teachers, all of our clinical teachers, were men who worked downtown and came up and gave their hour or two to teach.

WEIMER: You mentioned Tom Joyce. Could you tell me a little bit about him?

NOBLE: [Laughing] Well, he was a tough character, you know. Very opinionated. I knew more about him later, not during school, although he was one of my instructors, and he was one of my examiners junior year, heaven knows. But he had a full-time practice at St. Vincent's, and Dolores Dufachio Mills became his full-time anesthesiologist. It was a five-day-a-week job. But he was very opinionated. He knew exactly what he wanted, and he could tell her exactly what she should do. And, of course, she just pretended to agree with him and did what she knew was the right thing to do. He loved ethylene, which smells terrible

and is a very weak agent, not much better than nitrous oxide, and she always smelled up the room with it so he'd think she was using it, and then she'd use cyclopropane or ether or whatever was really potent enough to put the patient where she needed to have him. And, then, he loved Pentothal for things like hemorrhoids, which I thought was absolutely awful, because they all go into laryngospasm unless you get them awful deep. And we didn't have muscle relaxants in those days, you know. We were just on our own with the agents we had.

And the happiest day of my life was when Dolores left and one of Uncle Tom's minions came and said, "Would you like to quit what you're doing and work full-time for Tom Joyce?" And I said, "Oh, no, I would not." It was lovely.

WEIMER: And you were allowed to say "no?"

NOBLE: Well, I could. I was in private practice. I had three nice surgeons that I worked for, and they kept me busy as I wanted to be. And why should I quit and go put up with Uncle Tom?

WEIMER: Now, as a resident, we had Multnomah County Hospital up on the Hill. Is that where you did most of your work?

NOBLE: That's where we did most of our surgery. Then we had the chest hospital.

WEIMER: Tuberculosis hospital?

NOBLE: Yes. We did a few cases over there, too.

WEIMER: Wasn't it Dr. Matson, over there?

NOBLE: I did all Ralph Matson's private cases at the little hospital out on the Willamette River. He had a private hospital of his own, and he did all his private cases. When I was in practice, I hauled my anesthetic machine, my tanks and gas in my car out to that little hospital. In fact, I hauled them to all the

hospitals, because the hospital staff, of course, wanted us to do some cases because we could do—well, “we” being there were only two or three of us in the whole city that were anesthesiologists, and the hospitals wanted the nurses to do their cases because they were hospital employees. I don’t remember ever having to join the staff of any of the hospitals. I was just invited by a surgeon to come do a case, and I can’t ever remember that there were any legal attachments, you know, like joining the staff, being a member.

WEIMER: I’m surprised. You mentioned that you had to bring your own equipment. You packed it in your car. Was that standard practice back then?

NOBLE: Well, at least nobody ever offered to let me use any of the hospital equipment. I bought a portable gas machine that fitted into a big case that I could carry, and I’d take several loads to get my stuff in, including all my gas tanks, into wherever I was going.

WEIMER: That was quite a haul. I mean a lot of work.

NOBLE: Yes. Cyclopropane, nitrous oxide, and oxygen and soda lime in a bag with your laryngoscope and that sort of thing.

WEIMER: There was also Doernbecher’s up on the Hill at that time. Did you do any work there?

NOBLE: They had a nurse anesthetist, and I can only remember one time that she had a fire, I think it was, with ethylene, and I think we had to go over and do a few cases at that point, but I don’t remember very much about it.

WEIMER: I wanted to ask about a couple of other people at the school at that time. I think you mentioned earlier that you knew Dr. [Richard] Dillehunt, who was dean.

NOBLE: I really didn’t know him. My only recollection of him, actually, is that he gave a wonderful party for us when our class graduated. Very impressive. We’d never been in such a nice home, and we’d never seen houseboys that

served, at least in my family, which was very middle class, we didn't have that kind of either home or help.

WEIMER: What was the social culture at that time at the Medical School? Did you do a lot together, or...

NOBLE: Well, I guess there were the fraternities that used to have parties, and if you happened to have a boyfriend that was in one of the fraternities, you went to the parties or the dances. You know, you spent so much time studying, I don't think you spent very much time socializing, except if you had a boyfriend. And boyfriends were different in those days, you know. If you had any very intimate affairs, it was nothing that you broadcast the way they do today, you know.

WEIMER: How did the nurses work at that time? You must have had contact with them.

NOBLE: I don't know. I didn't have any problems with them. When our class was senior, we got out an annual book. We were the first class that ever did, and I don't know whether anybody after us did. But the nurses who were graduating and our class got out a joint—really a very nice book. I go through it every now and then. I find John Hutton's picture in it among the snapshots taken at parties. So we got along, I'm sure, well with the nurses. A lot of the boys married them.

WEIMER: I think—is that still true, every once in a while?

KLEIN: That's what happened to me.

WEIMER: Also during this time, we had World War II going on, or shortly after—well, obviously, it started in Europe earlier, in '39, but then we got involved. How did that affect the school or your residency?

NOBLE: It didn't affect me, particularly. It did affect my husband, who was three classes behind me, because his class all got physicals for the service and were inducted into the service and went through under the government auspices,

who paid their tuition and so on. My husband was a cripple, and he had a knee that had been injured as a child. He—in the class of '43. He wasn't eligible for the military. He got into the service in—well, when he was thirty-eight or nine, at the end of the Korean War, and the draft board absconded with him. He was in practice, and the draft board said, "Well, if you can practice in private practice, you can practice in the service. You are now in the Navy." And he'd been out in practice for two or three years at that point. That was just at the end of the Korean War, and they were all out of doctors, they had used up all the ones who were in perfect health.

WEIMER: After your residency, you mentioned going into private practice.

NOBLE: Yeah. I had no problem. Doctor Ralph Matson asked me to do his chest cases, and John Hand, who was a very busy urologist—he was head of urology at the Medical School—he asked me to do all of his private cases. That was at St. Vincent's. And, then, one of the GYNers, who liked spinals for his sections, asked me to do his scheduled caesareans. So with the three of them I managed to keep quite busy, and that was why I was happy to tell Uncle Tom no.

WEIMER: Do you remember the fees you charged back then?

NOBLE: Oh, do I. From ten to thirty-five dollars. Thoracotomies, you know, lobectomies, big chest cases, I charged thirty-five dollars. I don't know why—I don't know that anybody had any schedule of fees, and I don't know what other people charged, except I must have talked to Dolores, but I don't know, I don't remember. But when I think that I did thoracotomies and carried all my equipment out to the river for thirty-five dollars. And I didn't have anybody to get out my bills. I got out all my own bills, and if anybody didn't pay, I didn't have any record of it, I didn't send them a second bill. I figured they couldn't afford it. Nobody had any insurance, so that's just the way it was. And the first year I was in practice, I was tremendously happy. I collected \$10,000, and I had to go find a man to write up my tax, and I think he kind of laughed at me because I was making so little money. But, anyway, I thought it was a lot.

WEIMER: Well, you'd been a student for so long. It would be quite a bit.

NOBLE: Well, of course—heck, when I was married in '42, my husband paid ten dollars for my wedding ring, and I paid thirty-five for his, and they were good gold. But that's the way prices were.

WEIMER: How long did you stay in private practice?

NOBLE: Until my husband had an appointment for a residency at the University of California Hospital in San Francisco. So I went down there and was introduced to the professor at Stanford, Bill Neff, who was head of the department. Stanford Medical School was in San Francisco then, it had not moved down to Palo Alto. So I was introduced—I can't remember how. Somebody from here must have introduced me to Neff, and he showed me around town, everywhere that they needed an anesthesia staff. All the hospitals except for Stanford and Cal had nurse anesthetists, and I could have been head of the department at Children's, but I didn't like Children's, and I decided I didn't want to run a department. I had an opportunity to go to Cal as an instructor under a man who was trained at Madison, Wisconsin, which was one of the very good training centers for anesthesiologists, so I took the job at Cal.

WEIMER: What year was that, do you remember?

NOBLE: Forty-six.

WEIMER: And that's where you spent the rest of your career?

NOBLE: Do you want to know about Cal?

WEIMER: Well...

NOBLE: It's kind of irrelevant to your...

WEIMER: Yes. I was going to say I would like to get Dr. Klein a chance, because I know he wants to ask you about the anesthesiology part.

KLEIN: I want to step back a little bit, Marjorie. What was the Medical School like? And did you have problems with the boys giving you a hard time in anatomy classes, for instance? Like, I remember a girl or two that we had in our department some twenty, twenty-five years later. Why don't you tell us a little bit about your medical school days as far as the interrelationships that you had with teachers and...

NOBLE: I don't think I had any particular trouble. I know the boys teased one of the gals who was kind of shy and diffident, and I wasn't. The only thing I can remember they ever did was to try to drop a snake down my neck when—one of our lecture halls was right level with the grass, just opposite Doernbecher. I just picked the snake up and took it out and threw it out the window. You know, snakes didn't bother me. I can't remember. I think that some of the gals had problems finding their cadavers arranged artistically, but I don't think anyone ever bothered me.

KLEIN: Who were your teachers? Did you have a favorite teacher in the basic sciences? Did you have a favorite teacher in the clinical years, or do you recall?

NOBLE: I can't really remember. Basic sciences. I think the chemist—was it [Edward S.] West? Yeah—was one of the favorites.

KLEIN: He was a fairly famous person, as I recall.

NOBLE: He was a nice man. And the pharmacologist, whose name escapes me, also was one of—I think it was his first year. I can remember him taking me out for a ride in his car. I think they would have considered that not really nice today, but nothing ever came of it [laughter]. I liked—oh, dear. I haven't thought of their names for so long. The best man in—I can't remember his name. One of our teachers that the boys always teased about having his hands in his pockets, but I thought he was a great lecturer. I can't think of his name. [Editor's note: Dr. Marjorie Noble later recalled the name, Dr. Edwin Osgood]

Clinical years, no. There were so many of them. Guyse, John Guyse, in surgery, I remember well. And [Howard] Lewis, of course, in internal medicine. But I really don't remember very much about who gave me any trouble.

KLEIN: Which were your favorite courses, as far as the basic science years, do you recall?

NOBLE: Well, I remember I liked the lab in which we were growing organisms and doing microscopic stuff. But I can't even remember their names now. [Editor's note: Dr. Marjorie Noble later recalled the name, bacteriology]

KLEIN: What about—the point is that—well, did you have any instruction in anesthesia during medical school?

NOBLE: Huh-uh.

KLEIN: So, then, when you decided to go into anesthesia, you actually decided to do this while you were an intern. Prior to that time, you had not decided what you were going to do?

NOBLE: Oh, I hadn't decided on anything. As a matter of fact, I'd given some little thought to GYN, but I disliked the staff at Children's so much, and the resident at Children's was having an affair with some of the staff, and she was, you know, top gun in that department. If I had taken the job under her, I knew life would have been miserable. But the reason I went into anesthesia, because I thought anesthesia needed some teaching at Children's. I just thought that anesthesia was poor, and somebody with some training in it ought to do a lot for building up the specialty.

KLEIN: As far as your anesthesia training goes, can you remember your first case that you—I can't. I just remember—do you remember the first time you ever gave an anesthetic? Did it stick in your mind?

NOBLE: Well, at Children's Hospital, when the staff found out that I was going to have a residency, they decided they'd let me give a start of an anesthetic to one of their tonsil patients. And you know their technique? You turned on the

nitrous oxide, and when they were ventilating like mad, you put an ether mask over their face and poured. And, you know, they couldn't help just gobble it in, and I didn't think that was very neat at all, but that's the way they did it.

KLEIN: So, then you came up here with Dr. Hutton. Were you using any tracheal tubes as a fairly common thing at that time, or was it a very rare event?

NOBLE: Well, you used them only when they were absolutely indicated, you know. They're not just like doing an abdominal operation and doing it for a good airway. We only used them when you had a case you absolutely had to have it for; a craniotomy or a thoracotomy.

KLEIN: Did you hook up the endotracheal tube into a T piece on the anesthesia machine, or did you use a mask over the endotracheal tube in some instances?

NOBLE: No, mostly you hooked them up to your gas machine. But, well, when I went down to Cal, we did an awful lot of putting a bypass on them or putting an ether mask over them and just dripping ether.

KLEIN: At Cal you did it that way, which is kind of an older-fashioned way of doing it.

NOBLE: Yes. And then, of course, you'd run an oxygen catheter under the mask.

KLEIN: What agents did you have? You had cyclopropane, you had ether. Were you using chloroform?

NOBLE: No.

KLEIN: You were not using chloroform at this time.

NOBLE: Not at Oregon. I did a little bit at Cal.

KLEIN: Vinathene.

NOBLE: That was a little drip job on a mask, yes.

KLEIN: For induction purposes.

NOBLE: Very, very short, yes.

KLEIN: Ethyl chloride?

NOBLE: I think so.

KLEIN: Let's see, what else?

NOBLE: Ethylene.

KLEIN: Ethylene. Yeah, I was going to say that...

NOBLE: But I didn't have that.

KLEIN: ...and nitrous oxide. What about—and your intravenous agents, did you use...

NOBLE: Pentothal. That's the only one we had. You know, this was before any of the muscle relaxants.

KLEIN: What were the number of cases that you did in a year's time as a resident? Any recollection? Would it have been a hundred, five hundred, a thousand?

NOBLE: I'd just have to guess.

KLEIN: A ballpark figure?

NOBLE: Well, I would presume that we must have done five hundred or more. Boy, I remember doing sections and trying to keep them light enough, you know, with a general anesthetic. We did very few spinals on sections until I was out in practice, when some of the GYNers wanted to try it.

KLEIN: How much regional anesthesia did you do during a residency?

NOBLE: Well, we did a fair amount of a regional anesthesia as a resident. Dolores was very interested in trying to do blocks for Bergers disease, you know, and she had a little program of her own going, trying to judge temperature, the room temperature, and do blocks and see if she could elevate the temperature in the patient's legs, and that sort of thing. I didn't do much of it, but I did learn to do caudals and—not only did we do caudals, but we used to do the other nerves that go up the...

KLEIN: Right, the parasacral...

NOBLE: Yeah.

KLEIN: That's how I was taught. Did you—I lost my train of thought here a minute.

NOBLE: Oh, we did intercostal blocks, too, and we did brachial plexus blocks.

KLEIN: Did you use an ancillary approach or a supercavicular approach?

NOBLE: Supercavicular.

KLEIN: My question I was going to ask was, was *Labotts* your textbook that you used?

NOBLE: You know, I can't remember, except I remember I had to look up a lot of things because there wasn't anybody to tell me. Who was the fellow from

Mayo's who put out a textbook? That was our bible, because of John Hutton, but I can't remember the name of it.

KLEIN: John Lundy, did he write a book?

NOBLE: Yes. I went through my library, and I thought—I've given all those old books away because they were no use to me anymore.

KLEIN: So that was your training. Did you take call?

NOBLE: Oh yeah. I cannot remember that we were that busy, but, sure, as soon as I was able to, why, Dolores and I would have to alternate nights on call.

KLEIN: So that's how—every other night you were on call, then. Did you stay in the hospital, or were you able to stay at home?

NOBLE: We stayed at home.

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

WEIMER: This is Side 2 of our Tape 1, with Dr. Noble and Dr. Klein. Go ahead.

KLEIN: So you took call. Was there any trauma? Where did trauma patients go?

NOBLE: I can't remember that we had any great amount of trauma.

KLEIN: Obstetrics?

NOBLE: Oh, yeah, we did a little obstetrics. I can remember doing one of my friend's wife, but I really don't remember a lot of obstetrics.

KLEIN: Let's look at the greater picture in Oregon. How many anesthesiologists—or, call them anesthetists that were devoting full-time practice to anesthesia in Oregon at the time that you were here? Do you have any idea?

NOBLE: I think, but I'm not sure, that the two residents ahead of Dolores worked for a while until they got called into the service, and I don't even remember ever meeting them. I think they were working, but I think they went away very early into the service, and, you know, I have no idea what happened to them. I used to remember their names, and now I can't even do that.

KLEIN: They were down on Dr. [Angela] Kendrick's list, she had them listed, so I guess we could have—I saw them, too, but I don't remember what their names were.

Were there other practicing anesthetists in the Portland area or in the state? Do you have any recollection of that?

NOBLE: I don't think there was anyone except Dolores, John Hutton, and me, because once in a while, when he was away, I'd get a call to do come and do something at Good Sam. And I don't think she worked anyplace except for Uncle Tom. And I didn't do much of anything else, because—I did a few cases at Emanuel when I was in private practice.

KLEIN: Did the nurse anesthetists view you as a threat at that time, or not?

NOBLE: I don't know.

KLEIN: You don't recall. When did you join the—you told me when you took your boards, or your board examinations, and that was some years later, I believe, wasn't it?

NOBLE: That was in—that was the ether centennial. That was '46 or '7 in Boston.

KLEIN: And when did you join the ASA [American Society of Anesthesiologists]?

NOBLE: I don't remember. I think it must have been in San Francisco. I don't think it was up here.

KLEIN: Well, as far as techniques of general anesthesia—and I'll step back again a little bit as my thoughts go rambling along, here—did you do a fair amount of open-drop ether type of cases?

NOBLE: In residency?

KLEIN: In residency and in Oregon, while you were in private practice.

NOBLE: Yes, I think we did, especially, you know, in children. And I can remember practicing inducing some adults with it. You know, at county hospital, if you had somebody that didn't look like he was going to put up much of a fight, yeah, that was one of the ways to practice.

KLEIN: Did you ever have any explosion or fire or anything like that?

NOBLE: Huh-uh.

KLEIN: Did you practice all of the proper techniques of...

NOBLE: Tried to. The only explosion I remember was at Stanford, years later. That's when all the insurance companies started saying you can't use ether or cyclopropane in surgeries anymore. That was a struggle, to get over to—that was before halophane. So you got to Pentothal and muscle relaxants. Fortunately, there were muscle relaxants at that point.

KLEIN: You didn't use a muscle relaxant, then, during residency, probably, did you?

NOBLE: Curare came out when I started working at the University of California Hospital. There was one gal there who was doing a lot of research

papers on curare. The first time I'd ever heard they were using it. And, you know, that's five years after I started my residency.

KLEIN: And you didn't have halophane, either, then?

NOBLE: Oh, that came much later. When we started using curare, you gave the patient a great big dose of it and then hoped it would wear off, you know, with no antidote.

KLEIN: Did you ever end up having to bag a patient for some time afterwards, after the operation, until it did wear off?

NOBLE: You know, you probably don't even realize, there was no such things as ventilators. I was in—not only in practice here and in San Francisco, but I started working at Mills Hospital in 1948, and we'd have patients come in in respiratory arrest from one thing or another, and they'd call us, "Come quick," and you'd have to sit and bag that patient for ever and ever and ever. There were no ventilators. I put a patient or two in an iron lung, even that late. We had an iron lung at Mills Hospital, and Children's Hospital had a big polio service when I was an intern. I got used to having them come in and putting them in the iron lung and having to figure out how much pressure to give them to keep them from getting tetany.

KLEIN: It was a more difficult time, wasn't it?

NOBLE: [Laughing] Well, yeah. There were no ventilators.

KLEIN: They were just coming along when I started out. I saw some patients with iron lungs.

Are there any other thoughts you want to...

NOBLE: No. I've said "I don't know" to so many things.

KLEIN: Well, I think you've done great.

WEIMER: I have one question, and this has to do with the nurse anesthetists. I have trouble pronouncing that word. When did they taper off and the physician anesthesiologist become more prevalent?

NOBLE: After World War II. You see, when the surgeons that worked in the military found out that the medical anesthesiologists could offer them so much more than the nurses could, why, I think that's when the specialty really took off.

WEIMER: Looking back on your long career, medical career, what are you the most proud—proudest of?

NOBLE: Oh, heavens. I don't know. I guess it's—it was sort of interesting. When I told my family that I was going into anesthesiology, they said, "But that's a nurse's job." I said, "Well, wait and see. I think it's something that a doctor should be doing." And they got real pleased with me after a while. At first they thought they'd wasted their money putting me through medical school.

But, I'll tell you the best thing that happened to me was, really, I was working at Cal, and the fellow I went to work with—I can't remember his name, even—he lasted two months, and all of a sudden he was gone, and there were just three of us. There was one other man who had finished his residency, and he was getting four hundred a month, I was getting five hundred a month, and there was a doctor, a very nice, bright lady, who had never had a residency but was being trained by this man from Madison, and she was doing research on curare, and she was actually acting head of the department after the chair was asked to retire because he was taking drugs, and he was the man I went down there to work with.

Well, I had been working there for about two or three years, and we were running six surgeries with three of us pouring ether with medical students. You'd put the patient to sleep and put an endotracheal tube in him, put an ether mask over his face, and say, "Just keep him quiet and watch his eyes, and don't have any trouble, because you're covered with drapes, and they're using a cautery on the other side of those red drapes." Well, anyway, that was the way we were

doing, and we were doing really major surgery. This is the University of California at Parnassus.

And I finally went to the dean, and one of my second proudest moments, after turning down Dr. Joyce, was when I talked to the dean and I said, “You know, you’ve got to put some more money in this department. We’ve got to build this department up. It’s going nowhere.” And he said, “Well, we need the money you make to pay the housekeeping help, and I can’t pay you more than I pay the professor of physiology,” and I said, “Well, the professor of physiology can’t earn any more, but I can, and I quit.” And they really built up a department after that. They built it up because I just said, “There’s nobody going to do what I’m doing for the amount of money I’m making, and you’ve got to have a lot more personnel.” And they finally built up the kind of department that Oregon has, you know, with steps of people.

KLEIN: Actually, for the benefit of the California Society, maybe we can add a little bit, here. You’ve told me these things, but I think you said that after the gentleman that was asked to leave, Dr. Murphy came along and was there for a little while?

NOBLE: Well, Dr. Murphy was just out of the service. And I don’t know why they gave it to him, what his qualifications were, because I know a lot of people told me that he wasn’t very good. But he made a hundred thousand a year. He collected his own fees, and in those days, you know—this was 1947 or so—that was a huge amount of money. And then he paid two young men twenty thousand a year, or so we understood, to do the work. And the American Board finally told him that was it. He was bleeding the department. And then they finally got an adequate department together.

KLEIN: With Dr. Cullin, I think you said.

NOBLE: But then I went into private practice for a few months with a fellow who had been in the department with us, the one who was getting four hundred a month. He quit, and he was offered the job of building up a department at

French Hospital. There were good surgeons there, thoracic surgeons and whatnot.

I did a few cases hither and thither, and then I was invited to come down to Mills Hospital and upgrade the department. That was the only private hospital south of San Francisco till you got to Palo Alto. So I was invited because I'd done some cases for a chest surgeon at St. Mary's, and the only urologist in San Mateo County had been a resident with me at Oregon, so I was invited down there to upgrade the department, and I succeeded in getting other people added to the department till we finally had a really decent group. And some of the old ladies who had been pouring ether down there eventually retired.

And I'll tell you, one of the nicest things that I can ever remember, for myself, was when the resident surgeons at Cal used to come down and work a few months at a time to get experience with how general practice is in surgery, and the young surgeons used to tell me, "We bring all our relatives down here to have their surgery." I said, "You don't have them at Cal?" He said, "No, the anesthesia is better down at Mills" [laughter]. And it's my department. So that was one of my prouder moments.

WEIMER: Well, I don't think I have any more questions.

KLEIN: I don't think I do, either. That's a good point to end.

NOBLE: I'm afraid I'm not telling you anything of any importance. It was just fun things that happened.

WEIMER: Oh, it's been enjoyable. It's a glimpse into a beginning of a specialty in the medical world, and a glimpse of the early forties in medicine, and I appreciate that very much. So we will call this a conclusion to our interview, and thank you again.

[End of interview]

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