

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

Dr. Eugene Gettelman

Interview conducted February 27, 1999

by

Elizabeth Wood

SUMMARY

Dr. Eugene Gettelman jumps into his story about his years at the University of Oregon Medical School by describing the moment at which he knew he wanted to be a doctor: a fire had broken out at the University, and specimens, equipment—even cadavers—had been brought out into the street. Only seven or eight years old at the time of the fire, he carried that memory with him when he matriculated at the University in September of 1929.

Throughout his interview, Dr. Gettelman recalls in vivid and often hilarious detail professors, classes, and student life at UOMS in the 1930's. We hear about Pop Allen's research on neuroanatomy and about Hod Lewis' instructional techniques; Laurence Selling's unsurpassed skill in neurological examination; and Dr. Bilderback's cadre of associates—one of whom was quite a practical joker.

Gettelman talks about the training students were given in physical diagnosis. He describes the old amphitheater in Mackenzie Hall, where crowds of students, residents, and visitors would argue over a patient with a particularly puzzling problem. He also discusses his experiences as a third- and fourth-year student at various hospitals and clinics in the area, including the police hospital in downtown Portland.

We also hear about students' social life, such as it was. During the Depression and Prohibition, students made do with pure alcohol obtained from pharmacists and consumed at roadhouses.

Upon graduation, Dr. Gettelman served for a year as a physician in the Civilian Conservation Corps camp at Lake Quinalt, Washington, before heading on to an internship and residency at Michael Reese Hospital in Chicago. We hear about the Jewish doctors that began arriving at Michael Reese, refugees from Nazi Germany. One of these doctors showed Gettelman an article about a new drug just introduced by Bayer & Company: Prontylin. Gettelman gives his eyewitness account of the first reported use of sulfanilamide in the United States, there at Michael Reese Hospital.

Finally, Dr. Gettelman briefly describes his term as a county physician in the slums of Chicago during the late 1930's. He left Chicago at the start of World War II, and served two years in the South Pacific. Afterwards, he was stationed at the Marine Corps Air Base in Santa Barbara, and decided to remain in the area upon discharge. He subsequently spent many years in private practice in the San Fernando Valley.

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Interview with Dr. Eugene Gettelman
Interviewed by Elizabeth Wood
February 27, 1999
Site: Los Angeles, California
Begin Tape 1, Side 1

WOOD: I am about to speak to Dr. Eugene Gettelman. So, where were you born, and et cetera?

GETTELMAN: Well, my name is Eugene Gettelman. I am a physician and have been in practice in the Los Angeles area for fifty years. I was born in Milwaukee, Wisconsin, June 16, 1908—my family had lived there for several years—and moved to Portland, Oregon, when I was just an infant. I grew up in Portland, went to elementary school, high school at Lincoln High School in Portland, and then went to the University of Washington in Seattle, where I graduated in 1929.

I had become interested in medicine through an incident that happened in my boyhood, so I never doubted that I wanted to be a doctor. One day, when I was maybe seven or eight years of age, I heard a big noise, heard a lot of fire trucks passing by; and, as was the occasion, as young kids did, we always followed the fire trucks, and right around the corner there was a very big blaze.

In Portland, on the corner of Twenty-third and Lovejoy Street was a very old, old building, a red, wooden building, that was known as the University of Oregon Medical School, and that building was just awash in flames and fire equipment and water spurting all over the place; and they had taken out of the anatomy lab all of the tables with the bodies covered over, and hundreds of anatomical specimens lining the streets. There were brains and there were livers and there were fetuses. It was really an exhibition that the whole neighborhood enjoyed for several hours, until the officials got things cleaned up and the fire put out. I trace my interest in being a doctor to that particular day, and it has never wavered.

But the Medical School had been in existence I think from about 1890 and had been located in that ancient building since the turn of the century. It was right across the street from the Good Samaritan Hospital, which was a fine hospital in that particular time, and I understand remains so to this day.

At any rate, I finished college and applied to the University of Oregon, where I was accepted, and I matriculated there in September of 1929. There were approximately sixty students in the class, and I must say it was a very, very frightening experience. We started out in basic sciences, consisting of anatomy, biochemistry, bacteriology, histology, and physiology.

Anatomy was the most frightening because of the personnel. We were paired off with

partners, and we each were assigned a cadaver. Shortly after we arrived, we started the dissection, guided by Gray's *Anatomy*. Some students started on the arm, some on the leg, perhaps some did the head and neck. It was by assignment; and you were allowed so much time to do the dissection, and then you had to report to the student instructors.

There was a man there by the name of Hod Lewis, Howard P. Lewis, a tall, gaunt, frightening person. He had a face like Abraham Lincoln, and he just scared the hell out of everybody. And he would come around to each table and take a forceps and pick up a little scrap of tissue, and he'd say, "Would you explain what this is?" He had a very sardonic face, a very dour attitude, and you just thought that you were going to die. So that's the way it was at first.

Now, I had had some advantage because I had gone to the University of Washington, where, at the time, they were going to start a medical school. They had already had an anatomy laboratory, so I had taken a semester of anatomy. I had dissected an arm, and perhaps the chest and so on, so I knew a little bit about anatomy, so I was not quite as cowed by Mr. Lewis—he was still a student then—so I did pretty well. He would ask a question, "Now, what is this?" You know, if it was skin, you'd tell him skin; if it was a nerve, you said nerve; an artery, a muscle. If it was a muscle, he'd say, "What is its name and where does it have its origin, where does it insert, what is its function?" He never missed a beat. So that went on throughout the whole year. I never had a peaceful moment. When I saw him coming down the hall and he had his eye on me, I would just quake in my shoes. And everybody else was the same way. There were three girls in the class, and they'd say, "Oh, thank God, Hod missed me today." It was really terrible.

And in biochemistry, as we sat down to the lecture, there was a professor there—Dr. Howard Haskins—a very short man, and he would look over—there were sixty of us—and he'd say, "I want you to look to your right and I want you to look to your left. At Christmastime, one of you will not be here." That's the first day. [Laughing] So, you know, it was a little scary.

WOOD: So there were three girls in the class?

GETTELMAN: There were three girls, yeah. I can't think of their names, I'm sorry to say. Except for one: Thelma Perozzi.

The professor and head of the department was Dr. William F. Allen. He was a famous anatomist; he was not an M.D.; and he did very fine research in the function of the vagus nerve, and the sympathetic nervous system.

He was affectionately known as "Pop" Allen. He was a pure scientist and his research was in the field of neuroanatomy. In 1930, there were no sophisticated recording devices. Everything was quite primitive. We had electric drums on which were pasted a white piece of paper which had previously been smoked with the smoke from an oil-burning lamp—producing a solid black surface. The experimental animal—usually a cat or a dog—would

have been prepared with cannulas in place to record pulse, respiration, and blood pressure. These cannulas moved; they were attached to recording arms and the results were recorded on the moving drum.

It was quite primitive but Dr. Allen performed very important research on the innervation of the heart and intestinal tract, and on the function of the vagus nerve.

It was my job to set up the equipment and the animals, and get everything ready for his experiments.

He had nothing to do with the anatomy class. He would select these students; and this Hod Lewis, he was the champ. He was the Number One enemy [laughter]. So that went on through the first year. Then we finally had an exam at the end of the semester, and, you know, in those days they never just gave you an A or a B or a C, your grade was up there, 94, 62, 74. And, you know, the class was just listed for God and everybody to see. There were no secrets. So on the first exam—that was given around Christmas—I got a 94. I was the number one student in anatomy. I almost jumped out of the window [laughter].

But anyway, I was very pleased with that, and so Hod and I got along pretty well after that. He was such a nice man. I got to know him when he graduated and became an intern and resident in medicine at the County Hospital. And, actually, I got sick once, years later, and I went to see him as a patient.

WOOD: What did it cost to go to medical school in those days?

GETTELMAN: Gee, I don't think it cost very much. I can't remember that it hardly cost anything.

WOOD: Did students work to earn their tuition?

GETTELMAN: Well, let's see. I think, yes, there was a tuition, but I don't think it was more than, maybe, sixty dollars a quarter, something like that.

WOOD: What kind of social life did the students have?

GETTELMAN: Well, I'll get to that in a little bit [laughter].

WOOD: All right. How did you get up the Hill? Were there buses?

GETTELMAN: Well, I lived in the area not far from Good Samaritan Hospital, and so I used to take a street car. I would take the car that went down Twenty-third Street, down Washington to Fifth Street, and then would get on the bus that went right up Fifth and up Sixth, up to Marquam Hill and dropped us at the Medical School. It would take about, oh, twenty-five, thirty minutes from my home. And I'd bring a book or something along to read on the way.

Anyway, at the end of that first year in anatomy, there were two of us who were one and two in anatomy grades, and we were both offered teaching assistant jobs in the anatomy department. One was Bob Dow, Robert Dow. He became a famous neurologist, wrote a definitive book on the cerebellum, and founded the stroke therapy center at Good Samaritan Hospital; and he was my good friend. He stayed on—we had the choice of staying on for five years, if we wanted, and graduating in the following class. I did not do that. I elected to finish in four years, and Bob stayed on for the fifth year.

But Bob became a well-known neurologist, and he went back to McMinnville, married his high school sweetheart. And I used to see them periodically. He just died a year or so ago, but his wife's still alive and lives in a condominium on First Street, not far from OHSU.

As I said, very few people had cars, and the times were very, very different. Everybody was poor. I don't remember anybody that seemed to be rich in the class. There were very few girls. There were three or four girls. Thelma Perozzi was one, and I think she's still alive and in Santa Barbara. Then, there were two others. And they were treated just the same as the men. There was no quarter. The instructors were not any easier on them.

Now, Marquam Hill at that time, the Medical School, was really very sparse. There was the big building, which I call Mackenzie Hall, where the library was. That was in the big center of that flat area. And off to its right, to the east of it, it hooked on to a wing which was actually the Medical School offices, the anatomy labs, the histology labs, the pathology department. Then, down below that was the Doernbecher Hospital. The children's pediatric hospital had been completed. Then, there was nothing else, except down on the left of that was the Multnomah County Hospital. And there were no connecting buildings there at that time, so that you had Mackenzie Hall, and then the Medical School, the Doernbecher Hospital, and Multnomah County Hospital, and there was a lot of space.

Up above what is now Mackenzie Hall there was sort of a little village. There were a few stores, and there was one apartment house that some of the students lived in, and there were a couple of married doctors. John Havlina, who was one of the classmates, was married, and so was Eric Johnson. And I think that that's about it—maybe one other that was married.

WOOD: Now, the present Mackenzie Hall must have been built while you were there.

GETTELMAN: The present Mackenzie Hall, I think so. Now, there is a section, which is a wing of the Mackenzie Hall, which is new. I don't know when that was built, but that's where the amphitheater is and where the last alumni meetings I attended were.

WOOD: Yes. I think it's what we call the Old Library, and it has an auditorium in it.

GETTELMAN: Yes, that's the auditorium. But the Old Library was not where it is now; it was on the second floor of that building that has the big facade. Bertha Hallam was librarian and she was everyone's friend.

Now, let's see. We were talking mainly about the basic sciences. The basic sciences— anatomy stands out so because it was so frightening. And, as I said, I got a high grade, and at the end of the first year two of us were appointed student assistants.

Then, we had biochemistry and histology and physiology. The second year, we began to study pathology, and pathology was run by a very portly, jolly man by the name of Menne, Frank Menne, and he had along with him a few other people—Dr. Warren Hunter—who were fine pathologists, and he gave very fine lectures. I think the pathology teaching there was really superb. We had fine lectures, fine demonstrations; we had beautiful autopsy preparations. It was really a wonderful program.

Then, in the pharmacology department, there was Dr. Harold B. Myers. Dr. Myers was from Wisconsin, and he tried to get everybody that graduated from Oregon to go back and intern at the Madison General Hospital. And many of them did, and many of the Madison graduates came out to Oregon to intern at the Multnomah County Hospital. He was a very friendly, soft man. He was sort of the dean. Now, Baird was the dean, but, you know, if you had a problem, you'd go to Dr. Myers. He was just the students' friend, and he was just a good guy.

He used to stand up in the class—he taught how to write prescriptions, and you had to go up and write a prescription. He would say, "Write a prescription for so and so," and you had to put the Latin name. Everything was in the system of grains, drams, and drops—not the metric system, but the old avoirdupois measurements, and they had symbols for ounces and symbols for drams and symbols for drops. And so when I got in practice, I was writing prescriptions like that, and the pharmacist would say, "What the hell is all this?" So after a while, we began to write prescriptions in ccs and ounces and so on. But he taught us both ways, and you had to get up and do it on the blackboard, and sometimes, you know, you'd get up there, and my mind would go blank.

Then, there was a department of clinical medicine, and the director of that was a man by the name of Edwin Osgood. He was really one of the brightest doctors I've ever known, there or since. He was a very, very fine teacher, and he was in charge of the laboratories. He really knew everything about medicine, and when we graduated, he gave us a little lecture. He said, "You know, you're graduating now, and you're going to have to keep up with what you learned, and I suggest you take the *Journal of the American Medical Association* every week and read it from cover to cover." And he was a very, very scientific person, a very great teacher. And he was the director of the laboratories, but he was also a fine clinician. I don't know where he came from or where he was educated, but he was one of the stalwarts of the Medical School for thirty or forty years.

During that second year, we began to expand our teaching—you know, the second year, we had survived the first year. I can't remember, but I think we started out with a class of in the sixties, and I think we graduated fifty-three, so we did lose a few on the way.

And it seemed to be very primitive at the time, as I look back, because we had no copying machines; there were no faxes, no TVs, no pagers, no beepers. There were a lot of typewriters, and the only way they made copies were—I think they used to call them mimeographs. They were sort of a carbon copy that was made—a copy was made on the typewriter, and then you took that off and put it in a roller, and you ran copies off. We had that, so there was a very big active department of that, because we had no problem tracking up things, you know, little handouts and so on, and sending them over to the mimeo department, and half an hour later you'd get a hundred copies. So it was not too bad.

And, as I say, at the end of each year, the grades just came out in big numbers.

But to get back to the second year—and I don't think I've overlooked anything in the first year that was that important. The second year really was much more of an introduction to medicine. Pathology was really the basic course in the second year. And we had fine lecturers, and many of the doctors that were on the faculty were just volunteers. There were very few people in each department who were full-time or salaried people. We had people that would come from the city who would give us lectures on the thyroid, for example, and lectures on pathology of the liver. Doctors who were in practice. I think the people who talked about the lungs, the pathology in the lungs, were doctors who practiced in the city.

The three names that come to mind were doctors Ralph and Ray Matson and Marr Bisailon. They were chest doctors, and they knew all about tuberculosis, and they knew about cancer of the lung. But they knew all about the various diseases and all of the serious problems with emphysema. They prepared slides, and, you know, the full-time men now didn't do as much as they did. But these two men ran a very big chest clinic, and they actually had a little hospital around the bend on Marquam Hill.

There were several hospitals there. There was the Portland Medical Clinic, which was run by a group of doctors, among whom were Noble Wiley Jones, and Blair and Roger Holcomb, the two brothers who specialized in diabetes.

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

GETTELMAN: They ran about a twenty-five bed hospital, and they would hospitalize what I would call VIP, very important patients. And I was the night intern, and when patients had to be admitted, I would take their histories and physicals and, you know, put on a very complete history and physical, like we did in medical school in those days; and the doctors liked that because they would have all the bases covered. I'd write them up, and then the doctors would come and see the patients in the morning. I did that all my senior year.

And the Matsons had a hospital that they used on Marquam Hill, the Portland Clinic, because they would bring chest patients in there. There was no specialty of chest surgery at that time, but they were doing chest surgery. They would do things like cutting out a rib and collapsing the lung. They would do very unusual cases; they would separate inflamed

adhesions of the lungs. They were very, very far ahead of their time. Of course, everybody treated tuberculosis by creating a pneumothorax, and they found that a lot of patients could not have a pneumothorax because the lung was stuck to the chest wall. They would go in there with deft hands and little instruments, separate that, sometimes put in some oil of some kind to keep them from sticking—very interesting stuff. They were far ahead of their time.

Anyway, we had pathology and we had pharmacology that second year. Then, we began to get some lectures about medicine. We had a weekly lecture which was based on Osler's *Textbook of Medicine*. One of the younger internists would give us a lecture taken out of a chapter in that book. He'd start with actinomycosis, and then anthrax, then the next one might be B: beriberi disease. They'd give you lectures in this, you see, and if he had seen cases like that he would tell about them. But all year long it was once a week, and you had quizzes and examinations on the material, so you had to really study it.

Then, there was physical diagnosis. That started at that time. We would sit in a room, and we would have a textbook of physical diagnosis, and we began to listen to each other's hearts and we began to feel the pulse, and we looked at the eyes and the ears and the noses. We got a complete course of physical diagnosis, and there were volunteer doctors that would come up. And then we would begin to examine each other, and we'd feel our livers and spleens. We had that for a whole year, and that, I think, was a very thorough course, because we were really getting ready to get involved with patients in the third year.

I'd just like to interrupt now to say a word about the dean. The dean was a man by the name of Dillehunt, Richard B. Dillehunt. He was a famous orthopedic surgeon; he was a handsome man; he was really a fine politician; he was very, very friendly to everybody. If you were a medical student, he'd say, "Hello, Doctor, how are you doing," and so on. He'd make you really feel like somebody. And I don't think he got paid a cent. I think he was just a volunteer. He was the chief surgeon of the Shriners Hospital. He did all the surgery out at the Shriners Hospital.

He also was a famous consultant. If any millionaire broke his hip or something like that, Dillehunt would be there with his entourage. And he had tailor-made uniforms for the operating room. He was a real man's man, and he did a lot for the school. He had a lot of power in the legislature, and so everybody wanted to take good care of Dillehunt, because they never knew when they'd need him to fix a broken hip [laughter]. But he was a fine dean. But, as I say, I don't think he got paid. I think that this was all volunteer work. So many of the people there were volunteers.

Anyway, I don't know if I'm—am I doing this right?

WOOD: Oh, yes, it's wonderful.

GETTELMAN: So running the Medical School, I think, was just sort of a sideline with him. His associate, who really ran the Medical School, was Dr. Baird. I never could quite figure out what his name was. I think it was William Howard F. Baird. His initials, I think, are

W. H. F. [Editor's note: David W.E. Baird.] I don't know what they all stood for. But he was the dean. He actually ran the day-to-day stuff, and I think he was paid. I think he had to be paid, because he was there all the time. And if you had any problems or you got in trouble, you had to go and see Baird.

Most of the men, as I say, that worked there, I think were volunteers at that time. You didn't have the department empires, like in medicine they wanted to have so many fellows and so many residents and so many assistant professors, because they wanted to have more men than gynecology. I don't know, there's that kind of stuff that goes on now.

Then, we got these lectures in medicine, and the physical diagnosis, and then we began to have some contact with medicine. Physical diagnosis was good, because every day there was a different volunteer, and he would tell us about the practice and tell us about medicine, and so on.

And, actually, physical diagnosis really meant something then, because you had to look at the patient and feel the patient, feel if he had any glands; you listened to the chest, because you wanted to know if there was any change in the breath sounds, you wanted to know if there were any rales there or there were strange sounds.

For example, we would argue in the course of the day—in the course of the class we would percuss each other's chests. Now, if you know about percussion, you know that you are to percuss the chest, and you get a feeling of the chest wall, you get a hearing of a sound, and that sound makes a difference. Now, if there is some inflammation in the lung, or fluid in the chest, you would get sort of a dullness to the sound. Now, let's suppose that the lung had ruptured and there was just air, you had a chest full of air. You could tell pretty much by the sound that there was air in the chest. And if you were taught by a good teacher, you would look at that person's chest and see that one side was moving a little bit. You'd put your hands on the ribs and, if one hand moved a little bit, well, that really meant a lot. Physical diagnosis was important in order to make a diagnosis.

Now, today, if the patient has signs of chest disease, cough or hoarse breathing, the doctor usually orders an x-ray before even seeing the patient. Today, if a patient comes in with something in his chest: "Get an x-ray, an A, P, and a lateral." He doesn't even take the stethoscope out to listen—or, for example, if a patient comes in the emergency room, the doctor is on the other end of the phone, and he says, "Listen, tell the intern, whoever picks this patient up, to get a CBC, a chest A, P, and a lateral, and an EKG." Now, he's still at home on the phone, the intern isn't even near the patient yet, the patient's on the way down.

So, you see, it was exciting to us to listen to somebody's chest. And we got into very sophisticated things like bronchophony. Bronchophony was a sound that you would hear if the bronchus was right next to some solid material right next to the chest wall. You could listen to that and know that there was a thick, completely solidified lung without even having an x-ray.

Now, what I used to do, when I got to be a big shot intern and I'd get the students there, I'd say, "Now, listen. This guy's got something, and I want you to percuss it out; I want you to listen and draw a picture on the chart what you think is there. Then we'll get an x-ray." We did that, and that was kind of fun, because sometimes the students would really hit it on the nose, and sometimes they'd be way off. Then, you know, that was part of the teaching. And I miss those days, you know. I miss those days. I sometimes look at patients, and I can—I used to treat a lot of asthma, and you could tell by the depth of the breathing, and how you could always tell by looking at their color, the rate of breathing, what their carbon dioxide was.

We had a lot of good clinical medicine in those days, which is of historical note only, because if I ask a medical student, "How long since you've heard egophony?"—now, egophony was a way you diagnosed a cavity. You got some sort of a very peculiar sound in the chest when you had pleurisy with effusion. You know, there were doctors in those days that used to just listen to chests and say, "Well, he's got a cavity here, and he's got a consolidation here, and he's got pretty advanced pneumonia." Or, if he had tuberculosis, "He's got extensive tuberculosis." They didn't even have to have an x-ray. Well, anyway, those days are gone.

Then, in addition to that, there was ROTC. I don't know if they still have ROTC.

WOOD: I think so.

GETTELMAN: Well, we were offered the option of having ROTC. I decided to take it, because I think it paid nine dollars a month. You had to go to a class once a week, and, then, at the end of the second year they gave you a six-weeks' free encampment, a vacation at Fort Lewis. So it was kind of a fun thing to do; so I did that, and I had to go to this one lecture a week. They had a man who was—his name was Edgar, Dr. James D. Edgar—Captain Edgar. He was a retired captain in the Medical Corps, and he gave us one lecture a week throughout the year. I don't think he ever did anything else. Then, we had that fine encampment at Fort Lewis, and there were some men there from the University of California, who are still alive and work here at Cedars Sinai, and we see each other once in a while in the halls.

I'll tell you a little story after the end of this about what happened with my medical commission.

I was still helping Dr. Allen with his research. I went there each afternoon for a couple of hours and set up his drums and used to set up the animals. We'd anesthetize the animals and insert cannulas in various places. So I did most of that for him.

WOOD: These were cats, you said?

GETTELMAN: Cats and dogs and sometimes rabbits. But I would give anesthesia, and sometimes I'd open the chest and put the cannulas in. He kept doing that work all of his life.

He developed diabetes in his later years, and he decided to treat it just by diet. He would not—insulin had just come out, but he didn't ever take insulin, and he lived to be a ripe age. I don't know how old he was when he died.

And we never got beyond smoking those drums. We never had any other photographic or any other way of recording the respirations or the pulse, and so on. But we did that, and we'd seal them with some kind of shellac and then photograph them, and he'd publish them in his papers.

Then we got into the third and fourth year. They were really great. I must say that they are some of the most pleasant memories I have. The summer between the second and third year, I spent at Fort Lewis. I really wanted to get a job preparing the cadavers for the next freshman class, but that was done by professional teams, because when the cadavers were presented, the arteries stood out with red material in them, and the veins with blue, all done by very careful embalmers so that you if didn't know, the cadavers looked like the picture in the book [laughter].

Between the second and third year, as I say I went to the ROTC camp at Fort Lewis, and when I get to the end of this, I'll tell you something else about that.

The school was not much more than Mackenzie Hall, and in the basement of the Medical School, right adjacent to Mackenzie Hall, was what we'd call an auditorium. It was an old-fashioned European circular auditorium, where it was connected to the floor of the building, and the doors were wide. You would wheel a patient from anywhere around there, even off across from the hospital, into that amphitheater. It was really an amphitheater. If you recall seeing any old pictures where they—for example, there's a famous picture of the first anesthesia, and you'll see a circular amphitheater. It was just like that, taken from the old Austrian or European school. And it was big. You know, it would hold maybe a hundred people. And there was room for a patient and the doctor down below, there.

And that's frequently what we did. They would wheel a patient in—sometimes he would come in on a wheel chair, but sometimes they'd be in a bed—and the medical student who took the history, the third-year medical student, would get up in front of all these people and read his history. At the end of the reading the medical student had to make some kind of an impression or differential diagnosis, what he thought was wrong. Then the intern from the hospital, the intern who was in charge of the patient, would pick up the discussion, and he would discuss what he felt the differential diagnosis was. Then, the attending man, who was assigned to the service there, would get up. Then it became a free for all.

Everybody would say, "Well, did you think of this? What did you do about that? What did you think about the liver? Don't you think the liver was enlarged?" The medical student would say, "Yes, I thought the liver was enlarged." The resident would say, "I didn't think so." Then they'd open the patient up, and they'd go and feel it, you know [laughter]. Then, that would go on for maybe half, three-quarters of an hour.

Then they'd wheel the patient out, and then they would say, "Well, now, who's going to make the diagnosis?" So everybody had a chance. The intern could say what he thought, the attending man could say. Then the attending physician, who was the charge physician of that particular clinic, would go over the findings, and he'd compliment the intern, if he did a good history, and he'd say, "You did a good job. You even had in your differential diagnosis one of the things that I think is wrong with this patient."

Then he would review the history. In the history there were some salient facts: "The patient was sick for so many years, had these kind of symptoms," and so on; "As I look at this patient, I can see the veins of his neck are a little distended." Now, he says, "I don't know if any of you saw that, but that means something to me. That means that he is probably in early cardiac failure. Now, did any of you see that?" He'd get to the resident over there, and say, "How the hell did you miss that?"

Stuff like that. Real—every day was just like that. And these doctors were not hotshot professors, they were volunteers. They were doctors from Portland, and they were doctors who would go back to their office and have thirty, forty patients waiting. They didn't have appointments. They'd open the door, the people were sitting there, and you just saw the first one that came in. And, they'd sometimes leave to go and do a delivery—they'd finish at their office at five, six o'clock. They didn't go to the country club. They got in their cars, they either went to Good Samaritan Hospital or whatever hospital they were on service at, made the rounds on their patients, then they picked up the phone and they made some phone calls, they made some house calls.

And these guys were sharp clinicians. I wish I could think of some of their names. One of them was a Dr. Sommer. I can't think of his first name, and I'm not sure if he was Ernst A. Sommer from the Sommer Lectures or not, but these were old, gray-haired men, and they were old timers, the kind of doctors that the interns would not even pay attention to now. You know, they'd say, "What the hell does he know? He's an old guy." Anyway, these guys were the sharp clinicians, and every day they did everything.

Then, you know, we'd have surgical patients like that, and the surgeons would come in, and they would sometimes literally have fights about what the findings were. And then they would say, "Well, I opened him up, and what did I find? I found he had—we thought he had a bleeding ulcer, but, no, he had a carcinoma on the cardiac end of the stomach," and so on. Stuff like that. Real—you just hated to miss those things. And that went on every day, five days a week. And it was either for—one section of the class had it, then the house staff; there would be residents. There would be a lot of visitors in town who would come there, too. It was a great show. Anyway, that was mainly for the third- and fourth-year students.

The school was, as I said, was much more compact. We talked about the small building. See, the hospital was still not part of the university. The hospital was the Multnomah County Hospital, and there was a big sign up there, because I don't think the county wanted to give up that hospital. And it was a favorite internship there.

Anyway, I'm talking about Mackenzie Hall. As I recall, the halls were filled the pictures of all the former classes. Are they still there?

WOOD: Yes, they're still there.

GETTELMAN: And the library was in the center of that building, it wasn't out where it is now. It was in the center of the first two floors. And the cafeteria was in the basement of the Medical School.

WOOD: It still is.

GETTELMAN: Let's see. Doernbecher Hospital was just to the right of that, maybe fifty feet away, and we had the same kind of clinics at Doernbecher as they had in the Medical School. It was run by Dr. Bilderback. God, he was a man that was—I saw him when he was at least ninety-four, ninety-five in Chicago at a medical meeting, and I think he was still practicing when he was ninety-five.

The third and fourth years did involve other hospitals. We traveled to Good Samaritan, to St. Vincent's, Emanuel Hospital, and the Florence Crittenton Home. As seniors we had a rotation out there. We had clinics that would be held at various hospitals, because they had various departments. For example, orthopedics, a lot of it was taught out at the Shriners Hospital. You just had to drive out there. I think it was way out on the east side. Dr. Dillehunt would run that, and he'd have all kinds of surgery there, all kinds of corrective surgery for polio and tuberculosis and various complicated injuries.

The Florence Crittenton Home was really mainly for teenage pregnancies. There were a few girls every so often who would get pregnant, and the abortions were really very difficult to do. They were very illegal, and doctors were very much opposed. There were a few abortionists in Portland, but they catered to very wealthy patients, and they did them in their offices; and it was very hush-hush, but they were done. But girls who would get pregnant and were beyond the time when they could safely have an abortion were sent to this Florence Crittenton Home. I hope it's still there.

WOOD: I don't know.

GETTELMAN: Anyway, it was on the east side in an ordinary residence, and there would be five or six girls there at any one time, and they had a caretaker, a house mother and a nurse around.

And the medical students, during their fourth year or during the summer between their third and fourth year, could volunteer for a clerkship there; and, actually, a clerkship there consisted of being on call for a month. They had your phone number at home, and they had a delivery room in that house, and you'd get a call, and you'd go over there. And you were the doctor, and there was nobody there but you, the nurse, and God, and it was kind of

scary.

But you had this rule that if you were not doing well, if the mother was in trouble, if her blood pressure was changing or her pulse changing or if the baby's heart tones were changing or she was not progressing according to your and the nurse's fingers on the rectal examination—the nurse's finger was much more important than mine—you could call a resident at the County Hospital.

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

GETTELMAN: I don't remember that I ever had to call anybody in. I just had young, normal girls, and they pushed the babies out, and I felt like a real doctor [laughter].

WOOD: What happened to the babies?

GETTELMAN: They were all put up for adoption. Sometimes the girls would keep them or the families would keep them. But anyway, it was a good experience.

We talked about the doctors from the town, who really were wonderful doctors. In those days the times and practice were much different. There was no such thing as an emergency room. I think the concept of the emergency room really did not hit the medical practice until about the late 1950s or maybe early 1960s—patients would get sick, and they would be taken to a doctor's office. And if it were really something bad, they would be sent to a hospital. Each hospital had sort of an emergency or trauma place, but it wasn't staffed by doctors. There just was a place where an ambulance could go in and dump a patient. Then a doctor would come over and see what to do with him.

I just dread the thought of all this trauma that goes on now, how it was handled in those days, but it was. And, you know, Portland was a big city, and they had explosions that happened on ships, and train wrecks and car wrecks, and so on. But they all seemed to handle them. Hospitals like Good Samaritan had a small emergency room, but they had no emergency doctors. There were no trauma centers.

The police station in downtown Portland, the old police station, had a hospital, and they had a doctor, and the doctor was a graduate of the University of Oregon.

I can't get away from calling it the University of Oregon. I have a hard time with OHSU.

Anyway, his name was Leo Schatz, and he was the police surgeon, and he invited members of the senior class, if we wanted to come and rotate through there or work there, we were welcome to, and just arrange it with him; and so I did that for a couple of months. I had one famous experience there. We had a lot of drug addicts come in off the street, and they were brought in with withdrawal symptoms. They would give them phenobarbital and something to quiet them down and then send them up the County Hospital.

But we had one fellow there, and he came in with severe withdrawal symptoms. Oh, he was just awful. He couldn't sit still. And I'm reading in the book about withdrawal symptoms, and he's got all the symptoms. I said to Leo, I said, "Gee, Leo, could we get an ambulance and take this guy up to the school?" And he said, "Sure. Why don't we do it? We've got a police ambulance to take him up." So he called the school—he was well known there—and he set it up for the next medical clinic, like we were talking about, and they kept this guy without any morphine overnight [laughter].

Then they took him up there, and, you know, Leo explained about withdrawal symptoms, and so on, and, here, this guy was jumping around. Finally, after about ten, fifteen minutes of explanation and so on, to two or three classes of the Medical School there, a resident came over and gave him four grains of morphine. Four grains. A quarter of a grain is the usual dose. Four grains, intravenously. And, oh, this guy, just right before your eyes, he says to me, "I swear, Doc, I'm going to kick this. I'm going to stop this. I'm going to kick this." Then we talked to him. "How long have you been addict," and so on, and the students came around and looked at him and talked to him and said, "How long have you been an addict?" He says, "Oh, twenty years." "How did you get the money?" and so on. He said, well, he stole, and he was in jail, and he did this, and he got it from his parents. He told the whole story. It was an afternoon well spent. So anyway, that was interesting.

Well, let's see. Where are we now? I wrote a lot of stuff up, here. I said something about these great practitioners.

See, there was no ER medicine, there was no concept of HMOs and so on, although there was prepaid medical care. There was a famous doctor from the Medical School by the name of Slocum, Sam Slocum, and his son, Donald Slocum. Slocum was a surgeon and orthopedist. His son Don became an orthopedist. But Slocum had a prepaid practice. He had an office that was down in one of the buildings on Third or Fourth Street. He kept it open all the time—he gave a job to one of the fourth-year medical students to stay there, and gave him a place to live, and he'd be the doctor at night. I used to go down there and try to play chess with that doctor. He was a classmate. So Slocum had this kind of a prepaid thing. In other words, he took care of people for so much a month.

But there was no emergency room concept. There was nothing like that. And that didn't happen until after the war, not even right after the war, until about the fifties, the late fifties, because—I remember when I got into practice in 1946, out here in the Valley, I opened a small office, I had people come in the office, and they'd get sick at night. I'd just get in my car and go over to their house. If they were really bad, I would sometimes drive them to the hospital, or I would say, "It sounds pretty bad, he's having trouble breathing. I'll meet you at the hospital. There's a little emergency room in the hospital for examining people. I'll meet you in that room." So I would go there and meet them there, but we never had a doctor there. See, all that changed in the 1950s.

To get back to the relationship of the doctors to the Medical School, don't forget that

medicine was very different. We've mentioned this before. There were no CT scans, no MRIs, the radiology was just very limited to just chests and flat plates of the abdomen and the extremities and so on. They were not doing the invasive radiology that is done today. Barium enemas were being done and upper GIs and lower GIs, but that's about all.

Doctors had to take histories and examine patients and listen to their lungs and hearts and determine if there was anything wrong with their heart by listening and taking an EKG. There was no such thing as an echocardiogram, nothing like that. We didn't have any of those sophisticated things like they do now—there wasn't even a stress test or a walker. There was a two-step master test, which was about the only thing that was available.

So we developed a large number of very fine doctors and general practitioners.

WOOD: So what did you do after you had finished your fourth year? Were there internships as we know them now?

GETTELMAN: Yeah. I'll tell you about that in a minute.

Anyway, the doctors had to really base their findings, their diagnosis, on clinical findings. See, we had no sophisticated equipment like we have now. There were some very fine clinicians in the city, one of whom was Dr. Laurence Selling. He was the son of a man who owned a big clothing store down on Third and Morrison Street, and he went to Johns Hopkins. Johns Hopkins, you know, was pretty far out for people from Portland. He went there, and he had a fine internship and residency, and he was primarily—he was an internist, but, as you know, internists did everything then, they were not just cardiologists. Now, an internist is a cardiologist or he's a pulmonologist or he's an endocrinologist or he's a gastroenterologist. He was trained in internal medicine, which means he did all those things, but he was particularly knowledgeable about neurology.

Now, when a patient had a headache in the olden days, and it was a severe headache, there was no such thing as a CAT scan. You looked at a patient. If you looked at his eyegrounds and the optic discs were swollen and he was vomiting and the headache was severe, you would suspect that he had some intracranial problem. You would look, of course, for meningitis and so on, but if he had a severe headache like that, you'd send him to a neurologist.

Now, a neurologist had no ability to look into the brain except to take an x-ray. An x-ray would show nothing. But you could, if you were a sophisticated neurologist, measure the branches of the facial nerves, see if the eyelid drooped or the mouth drooped a little bit or it didn't move as well. If it didn't, for example, you could say he had a headache, and he's got this little droop: he may have something involving the seventh nerve. Stuff like that.

In other words, this Dr. Selling, if he had a patient and he decided he had a brain tumor, he would, by his clinical diagnosis and measurement of the reflexes and the strength of the extremities, and the movements of the eyes and the movements of the face, be able to

localize that tumor in the brain; because if you're going to have a brain tumor, you've got to have a neurosurgeon go in, and the neurosurgeon has got to know where to cut out this big piece of the skull. So he did stuff like that. You know, he could determine whether it was a cerebellar tumor or—he was a whiz at that, you know. No neurosurgeon would operate on a patient without Bud Selling telling him where to go in.

But he was also a fine medical consultant, and he was a star at these clinics that we talked about. He was a big star at that. He was everybody's consultant in the city. You couldn't die without Bud Selling checking you over. My mother had some kind of a horrible illness for about a year, where she had pain in her extremities, and so my family got together, and we got Dr. Selling to come out and make a house call and examine her. And he examined her, and he said, "She's got a thalamic syndrome." Thalamic syndrome. It's that part of the brain which has to do with the pain and so on, and it had been affected by arteriosclerosis or a slight stroke or something, and it ended up with an effect on the nerves that go to her legs. And she had that pain—she said, "It'll last a year or more." It did, and it finally disappeared. But, you know, she felt comfortable when Dr. Selling had seen her. Anyway, he was that kind of a guy.

And there were many people like that. There was a doctor in the city by the name of Charles Bodine. Bodine and Albert Cantril, two older general practitioners, and both used to appear on our clinics. But they ran general practices, they did their own surgery, and they'd help each other with the surgery. They did obstetrics; they did pediatrics. He was our family doctor, and I got sick once, and I went out to their office. There must have been forty, fifty people in the waiting room, and I waited till he took me in.

It was interesting that when I got to be a senior medical school student, I invited him—we started—I think Dr. Osgood and I and a few other of the doctors on the Medical School staff decided to form a History of Medicine Society. I think it's still going. The first meeting was at Dr. Bodine's house. And I presented the first paper, the history of cardiology.

Well, let's see. Where are we now? Dr. Ernest Sommer, he was a very fine physician. I don't know whether he was a surgeon or an internist, a general practitioner. I think the lectureships are named after him.

WOOD: Yes.

GETTELMAN: And, then, there was T. Homer Coffen. He was really a fine doctor. Portland had some really great doctors. And a man by the name of Karl Martzloff, who was a surgeon. He was the first surgeon in the city to limit himself to breast surgery.

We talked about Dr. Bilderback and the pediatric group. This man had ten associates. Every time a fellow would graduate from Doernbecher, he'd go into practice with Bilderback. I think he did that to avoid competition [laughter]. But anyway, he had two associates: one was named Morris L. Bridgeman. Bridgeman was one, and the other one was L. Howard Smith. He was a red-headed, jolly fellow. He had a knack for putting on disguises and being

an actor, and every once in a while there would be a medical banquet, and this guy would show up, and nobody would recognize him, and he'd get up and make some asinine speech, you know, and get worked up and then tear off his makeup. But the last memory I have of him was, at the end of the year, just before we graduated, the senior class had a banquet at the Benson Hotel. It was the Number One place.

WOOD: It's still very nice, yes.

GETTELMAN: At that banquet at the Benson—it was about the first or second or third of June, something like that—everybody got dressed up, and if you were married, you brought your wife; if you weren't, you brought a date, you know. And most of us by that time had cars or access to cars, and you drove up to the Benson [laughing], and I'll never forget. It's just like it's happening now. The doorman had a very big, fancy uniform, like a general, and nobody knew who it was. He helped the ladies out; he opened all the car doors and greeted all the guests by name—"Doctor so-and-so." Everybody was a "Doctor." Nobody could understand what was happening—how he knew everybody's name [laughter]. But he did that; nobody knew who it was, but they thought he was so smart to know everybody's name. Then he walked into the banquet room [laughing] and sat down at the head of the table with all the professors, uniform and all. That was one of the pediatricians, Dr. L. Howard Smith.

Oh, we have to talk about a few other things. Dermatology was a very famous course there, due to the presence of a man by the name of Lyle Kingery. Is anything named after him there?

WOOD: Not that I know of.

GETTELMAN: There should be. Lyle Kingery was a very, very sophisticated, dapper gentleman with wavy blond hair, and he was the consummate professor. He talked all the time. He could see a hundred patients in the course of a couple of hours and never miss a trick. And he had the students gathered around in his clinic, there, and he'd have the patients just walk in, and he would barely ask a little history, look at the rash and say, "How long have you had this," and so on. And he'd say, "Well, what do you think it is?" And somebody would venture a guess. He says, "Well, it's just like that," but then he'd go into a big, whole lecture and say that this is just a sun rash superimposed on certain drugs, and so on.

And he'd launch into a lecture like that, and he'd keep talking, and they'd get in another patient, and it was just wonderful. You'd just sit there, and even if you could only stay fifteen minutes, you learned a lot. And he did that all the time. He was one of the stalwarts of the teaching there.

Then, there were—let's see. During the third year you spent most of the time in the clerkships in the hospitals. The fourth year you spent, actually, most of the time taking care of patients in the clinics, and you had a little office in the clinic building, and you had a little desk, and you had appointments. And you were in medicine on certain days, and then you

were in surgery on certain days, and obstetrics and gynecology and orthopedics, and every day you had different clinics. And sometimes the clinics would be held at the Medical School, sometimes at other hospitals.

Through my work at the police station I got a job treating syphilis. We had no treatment for syphilis in those days, and we saw a lot of syphilis at the University. There were a lot of sailors in Portland, because it was a port. Ships would come in into freshwater port; they would come in from Astoria and down the Willamette, and they'd stay in fresh water. It apparently did something to the barnacles on the surface of the ships, or it made it easier to get rid of them, or something.

And so there were a lot of sailors, and there was a lot of syphilis. And we had a syphilis clinic right down near Burnside somewhere, and so they needed somebody to go in and give neoarsphenamine every week to these men. So I got that appointment. I did it for, oh, one semester, and I got pretty good at hitting veins so that when I really got back to be an intern, you know, if the rest of them couldn't get into a vein, they'd always call me. So I had a pretty good reputation for that.

The social life was very limited at the Medical School. There were quite a few nurses, and there was a nurses training school so that there were some young women around. And, as I said, very few of the men were married. I think most of the students were poor, because the Depression had started when we started medical school, and we were there in the thirties, and it was difficult to have any money. I was in pretty good shape because I was getting \$75 a month from the University. Seventy-five dollars is a lot of money. But I was doing that work for Dr. Allen. So occasionally a group of us would have dates and would go out to—they had roadhouses then. I don't know if you've ever heard of a roadhouse...

WOOD: Yes.

GETTELMAN: ...a roadhouse and restaurant out in the sticks someplace where you could occasionally have some alcoholic beverage, which you could bring—if you could get hold of alcohol. Now, some of us were able to get pure alcohol from pharmacists and mix it with some fruit juice and make some kind of a concoction. So we'd have a few parties like that, but not very much. Most of us were busy studying a lot. I think that the two of us who were in our freshman year, we never went to bed before 1:30, and neither one of us had a date or anything for a whole year. So it was kind of a spartan life for a while.

Well, I'm getting down to the bottom, here. Would you like to ask me anything?

WOOD: When did you leave Portland?

GETTELMAN: Well, I graduated on June 12 of 1933, and, as you know, when I graduated, I was commissioned a lieutenant in the Medical Corps. I was planning to go back to Chicago to do my internship. On June 25, I got a telegram from the War Department. Now, before the Defense Department, we had a Secretary of War. We don't have that now, we

have a Secretary of Defense.

WOOD: A different point of view.

GETTELMAN: Yeah. We had a Secretary of the Navy, Secretary of War, and we didn't have the Air Force then. But anyway, I got a telegram from the War Department ordering me to go to Fort Lewis, Washington, which is just near Tacoma. Franklin Roosevelt had been elected president in November of 1932. If you remember, he was elected president, and Roosevelt had said that he would really turn the country around. And he had promised to provide a repeal of the Volstead Act—Prohibition—and he guaranteed that we'd have beer by the summer. So he didn't get into the presidency until March 4, 1933.

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

GETTELMAN: He was elected president, and as part of his original inaugural address he talked about having the WPA, the Works Project Administration, to get people back to jobs; to get the NRA, which was the National Recovery Act; and the CCC, Civilian Conservation Corps. That had just been enacted a few days before, and they needed doctors and officers, reserve officers, to go to various parts of the United States and establish these Civilian Conservation Corps camps. So on June 25 I left and went to Fort Lewis, which is near Tacoma, and two or three other officers and I, we got into a group of trucks with supplies and drove over to the Olympic Peninsula. Do you know where that is?

WOOD: Yes, I do.

GETTELMAN: Lake Quinault. Have you ever been there?

WOOD: No, but I know where it is.

GETTELMAN: Lake Quinault is a beautiful place, and our site for our tent was at Lake Quinault. So we unloaded the equipment, we put up tents and a mess hall and a little hospital, and we opened the camp a week later. We had three hundred young men from eighteen to twenty-five come into the camp, and they came from the streets of Chicago and New York and Detroit, and here they were, in the midst of these beautiful woods.

And so I ran this little hospital there and a little dispensary; and we had arrangements that if anybody got really sick, we would transfer them to Fort Lewis, which was about fifty, sixty miles away, by ambulance. So I stayed there that whole summer. I had to delay my internship six months. My father died while I was there. He died in the summer of 1933. I had to take a week or so off, but then I came back and I stayed there until December; then in December I left and went back to Chicago.

Well, let's see. That's about it. Maybe you could ask me something else.

WOOD: What are you most proud of in your professional life?

GETTELMAN: Well, I never discovered anything like insulin [laughter]. I am proud of the fact that for many years I felt like I was a good doctor and a real doctor. When somebody got sick, I was there to see them. I either saw them in my office or I saw them at home or I met them in the hospital. I didn't just send them to the emergency room.

I think that I'm proud of the fact that for many years I tried to be a doctor like the doctors that I saw in Portland. I'm disappointed now that I don't find any doctors like that anymore.

WOOD: What brought you to Los Angeles?

GETTELMAN: Well, I had gone to intern at Michael Reese Hospital in Chicago, where after a few years I met my wife, and we got married and we had our children there.

But while I was at Michael Reese, I got interested in pediatrics, and they offered me the residency in pediatrics. They said that I would have to have a year of some contagious disease training, so they arranged for me to go to the municipal contagious disease hospital in Chicago, which was a very fine experience; and then to come back there to be the chief resident in pediatrics, which I did. I got back there in 1936. I was at Michael Reese for 1933 and '34, and I spent the next year at the contagious hospital, and, then, in 1936 I came back to Michael Reese as the chief resident and stayed there. While I was there, I met my wife and we got married. There was a famous pediatrician in Chicago by the name of Julius Hess. He was professor of pediatrics at the University of Illinois. He invited me to join his practice in his office, so I did. In 1937 I left Michael Reese and went to work in his office.

I had one incident while I was a resident in Chicago which I think is of some historical significance. It is to me, anyway. I used to run an emergency room at night in the children's hospital—the teaching service from the University of Chicago, the University of Illinois, and Northwestern University used to use our children's hospital—it was called Sarah Morris Hospital—for teaching. The attending residents had to have clinics every morning. Every morning there were grand rounds made, and they had to have interesting cases to show the students and talk about.

The doctors would come in: the head of the department of pediatrics at Chicago and Dr. Hess from Illinois and somebody from Northwestern, they would come in and they'd make rounds on their services. They had to have patients that were interesting and complicated, so we ran an emergency room at night just to get bodies for the teachers in the morning. They would come in, they'd never have seen the patient before, the patient would be presented to them, and they'd just give a big spiel about that particular problem, you know, without any great preparation.

And at that time it was about the time that Hitler had taken over in Germany and was beginning to gather all the Jews together and send them to the concentration camps, so the Jewish doctors who could get out were aided by the Jewish community in Chicago, and

Michael Reese was the big Jewish hospital there, and so there were a lot of refugee doctors that came to Chicago. So the hospital set aside one floor of a new wing of the hospital and made living quarters for these doctors.

They had to be prepared to become practitioners in the United States, so a group of the doctors, including the chief residents in medicine and pediatrics, set up sort of an educational training period for them. So we would have regular lectures, and they were prepared; and then they all were told to come to my emergency clinic, because there were a lot of patients being brought in off the street and out of the neighborhoods. We were right in the heart of the black neighborhood.

The ER at Sarah Morris was a busy place. There was no Medi-CAL or Medicaid. We kept the ER open all night for pediatrics and we were in the slum. The police knew we were there and so did all the other hospitals. Medical students from the three major medical schools—Illinois, Northwestern, and Chicago—that were on clerkships at Michael Reese were assigned to the Emergency Room at night. They got lots of things to do—spinal punctures, thoracotomies, IVs, all kinds of things. And the German doctors all hung out there. One night a German doctor showed me a little article from a German paper—that a drug made in Germany had been used for one of President Roosevelt’s sons who had strep throat. The drug was Prontylin and was made by Bayer & Co. in Germany. This was 1936—we were not yet at war. We always had in our Children’s Hospital three or four cases of streptococcal meningitis following ear infection and mastoiditis—it was always total—100%. I got permission to make a long distance call to Germany, and the Bayer Co. sent me one pound of Sulfanilamide. We had no idea how to use it but in those days I was young and had more guts than brains. So I dissolved the powder in distilled water—nine grams to the liter to approximate physiologic saline—and injected it intrathecally (into the spinal cord). And much to surgeons’ surprise the next three patients with this fatal disease survived. I continued to mix up the solution in our lab and sent it by taxi to the contagious disease hospital in Chicago, and they had three survivors—that was the first reported use of Sulfa drugs in the U.S for meningitis—reported at the 1937 AAP meeting in Chicago.

So I stayed in Chicago and practiced. In 1937 I finished my residency there, and I went into practice with Dr. Hess. He couldn’t pay me very much, but he did get me two other jobs. He got me a job as a county physician in the central part of Chicago. Now, let’s see. The central part of Chicago goes from Halstead on the west, to Chicago Avenue on the north, south to Cermak, and east to Canal Street.

So I was the doctor for the infants. Now, don’t forget, in those days the infant mortality in some cities was very high, but we had a man, who was the health commissioner, by the name of Herman Bundesen, who was determined to lower the infant mortality in Chicago. In order to do that, he had eight pediatricians appointed in strategic areas of Chicago, and since I was in Dr. Hess’s office, which was down in the Loop, I was given the district in central Chicago, the worst slums in the world for crime, disease, overcrowding, infant mortality, and so on. So, I was attached to the office of the county hospital. In those days they had eight districts and eight county doctors. If somebody got sick in the middle of

the day, they'd call the county physician. The county physician would ask your address, and they would say, "Yes, well, our Doctor so-and-so is in that neighborhood. Give me your address. We'll have him make a house call." So that's what they did.

When the county doctors went out and an infant under one year was involved, they were told not to see that infant but to immediately call the county office, and they would send the pediatrician out. And I was the pediatrician for that central area. I got a dollar fifty a call, but I saw some of the most fantastic diseases I ever saw, and I was the darling of the hospital services, you know, because they knew I could send some patients in for the clinics the next day. So I did that for about three years.

Then, I was still in the service, so I had to go to the war. I was sent to the South Pacific, and I was in the South Pacific for two years. Then, when I came back, I was ordered to Santa Barbara. In Santa Barbara I was the physician at the Marine Corps Air Station. And I liked it around here, and my wife and children came out, and they liked it. So I took the state board in 1945, and I got out of the service in January of 1946. I went to practice in the San Fernando Valley.

WOOD: Superb.

[End of interview]

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