

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

Richard W. Olmsted, M.D.

Interview conducted May 27, 1999

by

Heather Rosenwinkel

SUMMARY

In this interview, pediatrician Dr. Richard W. Olmsted discusses his career, including his twelve years as head of the Department of Pediatrics here at OHSU. He begins with his early life and education in Connecticut and the path that led him to enroll in Harvard Medical School. Unable to tie a knot, feeling faint on surgical rounds at Beth Israel Hospital, and “scared stiff” when delivering babies, Dr. Olmsted chose pediatrics as his specialty, and he talks about his experiences as an intern and resident at Grace-New Haven Community Hospital. Upon completion of his training, he entered private practice in Connecticut with fellow student Dr. Don Dunphy, brother of Dr. J. Englebert Dunphy. The practice showed no profit for the first two years, and eventually the pair sold it to another physician.

Dr. Olmsted moved on to Temple University and St. Christopher’s Hospital for Children in Philadelphia. There, he worked with Dr. Waldo Nelson, who helped him develop an interest in ambulatory care. After seven years, Dr. Nelson recommended Dr. Olmsted to the University of Oregon Medical School as a candidate for the open position of head of the Department of Pediatrics. Dr. Olmsted was hired on in 1962, and immediately began to add fulltime staff to the small department. He talks about some of the excellent faculty members he was able to recruit to UOMS, about the growth of the residency program, and about the development of several areas of expertise within the department. He discusses the management of the pediatric outpatient clinic, and the role of volunteer private practitioners in the success of that program. He touches on the relationships between the Department and other hospitals and units on campus, including Crippled Children’s Division and Doernbecher Hospital.

After several years at UOMS, Dr. Olmsted moved on to the American Academy of Pediatrics where he helped develop the pediatric board examinations. Then, fulfilling a lifetime interest in Third World medicine, Dr. Olmsted took further training at the London School of Hygiene and Tropical Medicine before joining the staff of the University of the West Indies in Jamaica as head of its pediatric department. He talks about the challenges he faced there, as well as the advances he was able to introduce.

Indulging yet another of his many interests, Dr. Olmsted then returned to Oregon in 1988 and entered a residency program in child psychiatry at OHSU. He made the decision not to return to practice, but continues to contribute to OHSU both as an emeritus faculty member and as editor of the Doernbecher Journal. In closing, he looks back on his career and offers some advice for students interested in entering the practice of pediatrics.

TABLE OF CONTENTS

| | |
|--|----|
| Biographical Information | 1 |
| Medical Education | 2 |
| Pediatric Training | 5 |
| Private Practice | 8 |
| St. Christopher's Hospital for Children | 10 |
| Coming to Oregon | 12 |
| UOMS Department of Pediatrics | 13 |
| Outpatient Clinic | 16 |
| Town-Gown Relations | 17 |
| Crippled Children's Division | 18 |
| Doernbecher Memorial Hospital for Children | 19 |
| Growth of Research | 22 |
| Changes in Technology | 24 |
| Women and Minorities in Pediatrics | 25 |
| American Academy of Pediatrics | 26 |
| Work in Jamaica | 28 |
| Returning to Oregon | 30 |
| <i>Doernbecher Journal</i> | 32 |
| Doernbecher Foundation | 34 |
| Thoughts on Career | 35 |
| Index | 37 |

Interview with Richard W. Olmsted, M.D.
Interviewed by Heather Rosenwinkel
May 27, 1999
Site: History of Medicine Room
Begin Tape 1, Side 1

ROSENWINKEL: This is Heather Rosenwinkel speaking, and I'm talking to Dr. Richard Williams Olmsted, M.D., on Thursday, May 27, 1999. So we'll now begin the interview.

I gather you were born and raised on the East Coast. Would you tell me a little bit about being a young person and a teenager growing up in Connecticut?

OLMSTED: Okay. I was born in Darien, Connecticut, June 27, 1920. Very shortly after that time my family moved up to East Hartford, Connecticut.

I won't go into all the details of the background of my family, except to say that we were Connecticutters from the time the Mayflower came over, and descendants of many of the people from the Mayflower, Thomas Hooker, et cetera. So Hartford, Connecticut, was basically a home, and, in fact, if you go down to Hartford, Connecticut, itself, at Elizabeth Park you'll see a big stone arch with the names of the people who founded Hartford, and one of them was James Olmsted, who was one of my immediate ancestors, the other having been Richard Olmsted, who had gone down to Norwalk on the east coast of Connecticut.

Anyway, from there I lived in East Hartford all my life, went to grammar school, high school. I had a very marvelous life. [Laughing] I can't imagine, in retrospect, anything better.

ROSENWINKEL: Now, you were growing up in the twenties and thirties. Now, that's the time of the Depression.

OLMSTED: Yes.

ROSENWINKEL: So what effect did that have on your family?

OLMSTED: Well, it's hard to say, because I was having such a good time playing baseball in my father's backyard, and all the things and all my friends, and it was just heaven. So I never was quite—

[interruption; tape stopped]

I never was quite aware of what was going on with the Depression and the effect it may or may not have had on my family. But they survived, and I survived, and my two sisters survived. One of my sisters eventually went to Mount Holyoke. She eventually became a state senator in Connecticut, and so forth.

Myself, I had sort of an idyllic childhood, playing with all my friends and never worrying about anything. I graduated from East Hartford High School, and I was only fifteen at the time, and I was too young to go to college. I had planned and wanted to go to Dartmouth, but I was too young, so I went for a year to a private academy in Windsor, Connecticut, fifteen miles up the river from Hartford, called Loomis Academy; and it so happened that, again, in my background there were Loomises, and so I was able to get a free scholarship to Loomis Academy. And this, again, was a very good year for me; you know, lots of baseball and all that stuff. And so I then went to Loomis and I went to Dartmouth at a pretty young age, just barely sixteen, and—

ROSENWINKEL: Oh, I should interrupt here and say, why Dartmouth out of all the possible colleges on the East Coast?

OLMSTED: Well, primarily, I think I was following in the footsteps of my sister's husband, the one sister I mentioned. He was a doctor, Dr. Truex, and he had gone to Dartmouth, and it was just a place I wanted to go. And in those days you didn't have quite the competition you have now. So I had four years of, again, pretty much idyllic living at Dartmouth.

As I say, I kind of followed in the footsteps of this brother-in-law, and very early on had decided that I did want to go into medicine and so got into premed, and that means that your social life and athletic life gets a little bit complicated, but I still had plenty of it, I think.

This brother-in-law also went to Harvard Medical School, and I said, "Well, I think I'll go to Harvard Medical School too."

ROSENWINKEL: Did you have other considerations? I mean, did you think of other schools that you'd like to attend besides Harvard?

OLMSTED: I think, yeah, Yale and Rochester, probably.

Then I applied at Harvard. I went down for my interview, and I remember it was on a Saturday morning, and it was the weekend of the Harvard-Dartmouth football game. As we were coming out of the hallowed halls of Dartmouth, the Dean of Harvard and myself after my interview, we were standing on the steps of these beautiful buildings, and I thought I hadn't done very well in my interview, and I was really kind of temporarily down, but I managed to say to the Dean, as he was saying goodbye to me, I said, "Oh, by the way, would you like two tickets to the Harvard-Dartmouth football game today," which was being held just across the river in Cambridge, and he said, "Oh, yes, that would be fine." So I gave him the two tickets, and I think that's how I got into Harvard Medical School.

ROSENWINKEL: That's a wonderful story [laughs].

OLMSTED: It's a true story.

ROSEWINKEL: Well, to back up a little bit, why did you want to go into medicine, other than the fact that your brother-in-law was a model for you? Did you have other reasons?

OLMSTED: I don't really think so, in retrospect. I guess my makeup in mind and so forth, I didn't have any other interests, you know, such as engineering or music or things like that. I think it was very largely determined by following in the footsteps of this person.

ROSEWINKEL: Because you got a bachelor's degree in chemistry and zoology, I gather, and—what characteristics of yourself were there that made you lean to medicine?

OLMSTED: [Pauses] Well, I would guess that I'm the type of person who was interested in people. You know, I had good friends, and things like that, and I, conversely, was not very interested in things like mathematics or economics or business. It just—it wasn't there.

ROSEWINKEL: It seemed like a good fit, then?

OLMSTED: Yes.

ROSEWINKEL: Okay. So can you describe a little bit about what it was like being at Harvard Medical School?

OLMSTED: Sure.

ROSEWINKEL: And this would be in the forties, now?

OLMSTED: Yes. This was 1941.

ROSEWINKEL: Oh, just at the beginning of the war.

OLMSTED: Beginning of the war. A lot of my classmates at Dartmouth had already been called into the war, some of whom didn't come back, which was sad.

At that time it was possible to go from Dartmouth into Harvard Medical School at the end of the third year of Dartmouth if your grades were such and such, but I pulled a dirty trick on my father because I was having such a good time at Dartmouth that I said, "I want to go the full four years at Dartmouth and then I will go." So the competition was not like it is today, and, as I say, I got into Harvard, and—what should I say? It was of interest also that that was the time when the war was on, and all of us, I think in my second year at Harvard, got called into the service, so-called ASTP, Armed Services Training Program, or whatever that stood for. But that allowed us to go through the remainder of Harvard Medical School in the service, and I was a private first class in the service during that time.

Experiences in Harvard were, you know, obviously, numerous.

ROSEWINKEL: Do you recall any one outstanding thing that you'd like to talk about?

OLMSTED: I sure do. I never was good at all in surgery, and I can remember going to the Beth Israel Hospital on rounds with the residents and so forth, and this one time I fell completely on the floor. I fainted looking at somebody's wound or something [laughs]. The professor was kind enough to wake me up and put his arm around me, and he said, "Well, you'd better go home for the day." And I was not the best student in the world by any means, but I managed to survive.

We were in uniform, and we used to have to do some uniform things. They told us we had to live in our dormitory, which was right on the edge of the quadrangle, and, having just gotten married, this was kind of difficult. So I used to be able to sneak out at certain nights and either get some of my friends to fill up my bedside [laughs] or—

And so I won't go into all the details of what it was like in the military, but it didn't affect us—you know, it didn't affect us very much. In retrospect, I felt kind of badly that I was there and not out fighting for my country with the rest of them, but that's neither here nor there.

ROSEWINKEL: Well, let me just clarify that. You were in uniform, and you were doing medical things in the local area.

OLMSTED: Right.

ROSEWINKEL: Like, were you doing patient care, or what exactly were your duties in the military at the time?

OLMSTED: Well—

ROSEWINKEL: Because you're still in a training program, as I understand it.

OLMSTED: Sure, that's right.

Well, when I got into the first couple of years, like any medical school it's pretty much all in-class work, you know: organic chemistry and physics and so forth. And, then, when we came to our clinical years, the third and fourth year, we began to go on rounds in various hospitals: Children's Hospital, Beth Israel Hospital, Massachusetts General.

One of my favorite remembrances was that I got to the Mass General—I think this was the beginning of my fourth year. I was on obstetrics, and, strictly speaking, all students had to deliver twelve babies in order to get your diploma. Well, anyway, it turned out that they were going to send us out into the community, and there was some lady ten miles outside of Boston who was about to have a baby. So they picked me, it was my turn, and another

person—Blair Thatcher, by the way, who was from Portland, Oregon; that, I'll come back to—and they sent the two of us out on Labor Day or Memorial Day, I forget which. And here is this family, the mother has about seven kids already. She didn't need a couple of medical students there [laughs]. And I was scared stiff. I didn't know which end of the baby would come out first. So, fortunately, I said to my classmate, Blair Thatcher, I said, "Let's flip a coin and see who's going to do the delivery." And, fortunately, he won, so I could sit back and get credit for it.

ROSENWINKEL: But the delivery was successful?

OLMSTED: Yeah, I think so.

One other thing. As I say, we were supposed to have twelve deliveries, so, again, back at the Boston Lying-In, which is right near the campus of the school, again I was on duty there, and one night I was sleeping, and about two o'clock in the morning the chief resident, I guess, in Obstetrics woke me up and said, "Go upstairs real quick," he said, "and tie the umbilical cord, and you'll get credit for delivering." So to this day, I still have to deliver four more babies, but I don't think—

ROSENWINKEL: But you made it.

OLMSTED: Yeah.

So roughly, then, at the end of our school year we did a so-called accelerated program, and I won't go into the details. We didn't have a summer vacation or things like that. But we all graduated in the fall of 1944, I think it was, and then went into internships and things like that. And they let us out of the service while we were in that.

So anyway, I wanted to go into pediatrics, and, fortunately, I was able to go to New Haven, Grace New Haven, Connecticut, which at that time I think was the best pediatric department in the country, and I was very flattered to go.

ROSENWINKEL: Well, let me interrupt you at this point. You have mentioned your medical training, your experiences in the military, but you haven't mentioned pediatrics at all, as to what experiences made you decide on pediatrics or why you decided to go into that.

OLMSTED: Well, I think a couple of things. One is I think I liked kids, and, secondly, so many of the areas of medicine just didn't appeal to me. I can't tie a knot, so I couldn't be a surgeon, you know. I told you I couldn't deliver babies, so I couldn't be an obstetrician, and, in one sense, it kind of boiled down to kids, and that was fun, you know, to work with kids. So I think that's what really led me into pediatrics.

ROSENWINKEL: So we have you interning at the New Haven Community Hospital.

OLMSTED: Grace New Haven Community. That's the pediatric part of the hospital

connected with Yale.

ROSENWINKEL: What happened during your internship?

OLMSTED: Well, we had the one year of internship—we took off our uniforms—and then, interestingly enough, the military called a lot of us back. And by this time the Navy needed more doctors than the Army did; so, having been a First Lieutenant in the Army, I now was an Ensign in the Navy and got sent out to California to a training station out there, and for about nine months I just examined recruits and stuff like that.

ROSENWINKEL: You were doing general physicals, then.

OLMSTED: And then they let us out of the service because it looked like the war was winding down, and so once, now, out of the service I then went back to Grace New Haven to complete my residency.

ROSENWINKEL: Oh. So you did your internship, then your military service, then around 1945, somewhere in there, then you went into the residency.

OLMSTED: Right.

ROSENWINKEL: And that would be a three-year program?

OLMSTED: Yeah. It turned out that it was three. I was in a four-year program because I took one year in the so-called rooming-in unit at New Haven, which was a newly-established rooming-in unit for mothers and babies; and I was the first fellow in that rooming-in unit, which was a great experience.

ROSENWINKEL: Could you tell us what a rooming-in unit is and what that involves?

OLMSTED: What it was is that, traditionally, by that time, around those years, mothers going into hospitals couldn't see their babies. You know, the baby used to be taken into a nursery, and every six hours or so would be brought out to the mother to feed the baby, and it was kind of cold. This unit was really established whereby the mother, after birth, moved into this unit, and the baby was by her bedside all the time. And in those days they kept the mothers in about a week after delivery. The unit, in essence, was the brainchild of a person by the name of Edith Jackson, who was a female child psychiatrist at Yale, a famous person who trained under Sigmund Freud.

And I had that year I was the first fellow in this unit, and, then, after that went back onto the wards and so forth. And I ended up being chief resident at Grace New Haven—which was one of the prime, I think, positions in the whole country because of the stature of Grace New Haven pediatric department—and stayed there. So, all together, four years.

And then—

ROSEWINKEL: Well, before you go on, let me ask you a little bit about pediatrics during your training. What was it like at this particular hospital or in this particular training program?

OLMSTED: Okay. Traditionally, you stayed pretty much in the hospital itself. You didn't kind of get out; you didn't make many house calls or anything like that. And your curriculum was, basically, you'd go through the outpatient clinic, so you'd learn to take care of kids with common conditions and things like that; or you would be on the wards, where you would take care of kids with polio, in those days, meningitis, all that sort of thing. And, then, we also had a rotation, which was rather unique in those days, through the state institute for seriously retarded kids, the Southbury Training School. We'd go out and see these kids with all sorts of horrible emotional, neurologic kinds of diseases.

And that's basically the kind of training that we had. And, as I would like to say again, Grace New Haven was one of the very top pediatric departments in the whole country in those days.

ROSEWINKEL: At that time did you have to write boards?

OLMSTED: Yes.

ROSEWINKEL: Or was there some kind of national exam, something like that, at the end of the residency?

OLMSTED: Let's see. Yes. So I then had, all together, four years of pediatric residency, at the end of which time you then applied for your board certification, and the board certification was a written examination, followed by oral examinations. And I was able to pass that and became—got my board certification in pediatrics somewhere around 1949.

ROSEWINKEL: Were there very many board certified specialists at this time, in general, in the U.S., say?

OLMSTED: I can't tell you exactly.

[Tape stopped.]

I would say there probably were about two or three hundred board-qualified pediatricians. You had to take a written examination, followed by an oral examination, and, as I say, I would guess three or four hundred.

ROSEWINKEL: The next phase of your life is very different. You went into private practice, as I understand it, in Stratford, Connecticut?

OLMSTED: Right.

ROSENWINKEL: Would you tell us a little bit about those years?

OLMSTED: Okay. I had wanted to go into private practice, and one of my very best friends, or one of my compatriots in the training program at New Haven, was a man by the name of Don Dunphy, who—in your history of Oregon, you will come across the name Dunphy, who was head of surgery here for many years, back in about—just about as I came out here in 1962. Anyway, Don Dunphy was this man's brother, and Don Dunphy was a compatriot of mine in the training program at Yale. So we ended up starting practice in a place called Stratford, Connecticut, about seventeen miles south of New Haven, and we stayed there for four years. [Laughing] I think it was in the third year that we made our first penny.

ROSENWINKEL: It took that long?

OLMSTED: Because neither Don or I knew a damn thing about finances.

ROSENWINKEL: What kind of practice did you have? Who came? I mean, what kinds of situations did you meet?

OLMSTED: Well, it was a general practice, but it turned out that for the most part, there was only one of us there on any day because we shared a fellowship back up at New Haven in pediatric cardiology; and so I would be up in New Haven doing my day of cardiology, and he would be back in the office down in Stratford, and this worked out beautifully.

I'll tell you just one little incident that—as I say, we didn't make any money at all in the first couple of years. Finally, we got our first—I think it was twins that were born in the local Bridgeport Hospital near Stratford, and they were premature, and so they stayed in the hospital for, let's say, three weeks or something, and we took care of them. At the end of three weeks, Don and I sat down and said, you know, "How much are we going to charge these people?" And we were horrible financiers. So we said, well, you know, we'll charge them whatever it might have been, two hundred dollars. And then we said, "Oh, God, we can't charge the people that much." And so we cut it down to some hundred dollars, or something like that.

And one day shortly after these kids went home—it was a Saturday morning in July, and Don Dunphy was going to have the weekend off, and I was going to stay. And our office was such that it was on the first floor, there was a driveway out here [demonstrates]. It was a hot day, and the windows were open, and as I took over around noontime and Don left, I was sitting by the open window and watching him go out to the parking lot to get in his car. And as he did so, another car came into the parking lot, and a man got out and yelled to Don Dunphy. He said, "Dr. Dunphy, wait a minute," or something like that. And I could hear their conversation. Don didn't know who this man was, we'd never seen him in the hospital, but

this was the father of these two little kids. And the man says, “I came to pay my bill.” And Don said, “Oh?” He said, “How much is your bill?” And the man said, “A hundred dollars,” or whatever it was, and Don said, “Oh, that’s much too much. We can’t take it.” [Laughs] So he said, “Let’s make it fifty dollars,” or something. And I put my hand over my head, and I said, “Oh, boy, this is it, this is the way we’re going to run our practice.” Anyway, I don’t want to make too many little things, but—

ROSEWINDEL: Well, eventually, I assume the practice began to pay for itself.

OLMSTED: In the last two years, yeah.

ROSEWINDEL: And you were there four years, you say?

OLMSTED: Yeah. The reason we were there four years is that by this time—this is now 1949, something like ’49.

ROSEWINDEL: The war finished in 1945.

OLMSTED: Yeah, that’s right.

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

OLMSTED: In 1949 the Korean War was on, and they then called some of us back in the service who had been in previously, but for insufficient time. I said I was in for only one year. And now, if I’d stayed in the Reserve I wouldn’t have had to go back in, but I had gotten out. Anyway, they called us back in the service, and they sent my partner over to Germany and they sent me down to Bethesda Naval Hospital in Bethesda, Maryland. That’s the National Naval Medical Center. And I had to take all of the kids out of school, you know, to make this—we’ve moved thirty-seven times, I think, in my life.

ROSEWINDEL: And you had four children at this point, your wife and—

OLMSTED: But anyway, we stayed there for a year and a half, and they eventually let us out. And during that time, interestingly enough, I was taken off the pediatric wards and put in charge of the building which housed the National Naval Medical Center itself, and where we saw certain numbers of outpatients. And they had also made an arrangement with the FBI that they would offer examinations to the FBI men.

So I was there, and I was in charge and second in command to the Admiral of all the United States Navy medical activities. And when the Admiral was out of town, I was it, and I didn’t know one end of a ship from another. However, we got through that all right.

So then what happened was that with my former partner, Dr. Dunphy, over in Germany, and myself getting out of the service now, we both—we agreed that—we had sold our practice in Stratford—a sad story—to a very nice young Jewish doctor who was coming

into the area about the time we were leaving, and we sold him our practice. We didn't get very much money for it, but that's neither here nor there. And this man had—it was the time when the polio vaccine was just coming on the market, and this man, a nice young fellow, had polio vaccine in his bag, and so forth, but he never gave it to himself, and he ended up getting bulbar polio and was in a respirator for a year and a half and died. But that's another story.

Anyway, so both Don Dunphy and I basically did not want to go back into practice, we wanted to go into academic work. And it turned out that I got a job in Pennsylvania at the St. Christopher's Hospital for Children in Philadelphia with a man by the name of Dr. Waldo Nelson, the big editor of all the Nelson's *Textbook of Pediatrics*, and so forth. And he gave me this job as head of the outpatient department.

In those days the outpatient department was way down at the bottom of the list, you know. People in the training programs wanted to be in the wards and things like that, but here was the outpatient department, and we were just beginning to have people go in—to come to training programs and work in the outpatient.

So I went into that program with Dr. Nelson, and he offered me something like \$7,500 a year. I thought my wife was going to go crazy, because just prior to that, when I knew that I had come out of the Navy, a good friend of mine, a former person who was an assistant resident when I was chief resident in New Haven, Dr. Henry Kempe, who was the person who eventually described child abuse and a marvelous guy, he had come from California all the way to New Haven to work with this Dr. Powers in New Haven. He was an assistant resident when I was chief resident.

Henry eventually moved back out to California, which was his place, and when I was getting out of the service, he wanted me to go out there in private practice with the best private practice group people in the world. And they were going to pay me \$15,000 a year, which was a lot of dough. And I was all set. My wife was—we'd gone out there to house hunt in St. Paul's Woods or St. Francis' Woods, and everything was all set, and I made a mistake, because we went to a meeting, a pediatric academy meeting, in Miami.

I had a week after I got out of the service, and I just went there, and I went back to the hotel after some of the meetings and, lo and behold, if I had turned right, my eyes right, I would be in San Francisco making \$15,000 a year in this beautiful practice, but I turned left, and there were a couple of friends of mine sitting on the bar stools, and they motioned to me. And to make a long story short, they were there, and they were up at St. Christopher's Hospital for Children. And they said, "What are you going to do now that you're out of the service?" And I said, "We're going out to San Francisco with Ed Shaw." They said, "Well, you know, you're interested kind of in outpatient type of work. Have you thought about going up to Philadelphia? They're looking for somebody to head up the department of pediatrics at St. Christopher's Hospital for Children," which was the pediatric part of Temple. And I said, "No." And they said, "Well, why don't you come up while you're here, and we'll set up an interview with Dr. Nelson." So I said, "Okay."

So I went up, and within about three hours Dr. Nelson convinced me to go to Philadelphia, and instead of getting \$15,000, I got \$7,500, and I've got four kids. And I called my wife, and she should have divorced me then, because I said, "We're not going to go to San Francisco." Anyway, that was the start of my so-called academic career.

I stayed there for seven years and became—in the clinic I was one of the so-called first heads of the outpatient clinic in academic settings. You know, not in the country, but perhaps close to it.

ROSENWINKEL: Well, let's explore that for a minute. As the head of the outpatient clinic, were you more of an administrator or were you a hands-on physician as well, or both?

OLMSTED: I was primarily there as a teacher. You know, the students would see their patients and then ask me to check them, and so forth. And I also worked in some subspecialty clinics, like cleft palate clinic. I was very interested also in hearing problems in children, and I ran a little hearing clinic, and so forth. But it was primarily hands-on teaching—teaching, I guess—

ROSENWINKEL: But you had an appointment as assistant professor of pediatrics at Yale, too, at the same time, I think. Not Yale, excuse me, at Temple.

OLMSTED: Yes, that's right, because—

ROSENWINKEL: How did that relate to your duties in the clinic, then?

OLMSTED: St. Christopher's Hospital for Children was really the pediatric part of Temple, and so being there was only about ten minutes away from the rest of Temple, which was more in the center of the city.

ROSENWINKEL: Do you remember one particular case or a couple of cases that stand out in your mind during this period?

OLMSTED: Yes.

ROSENWINKEL: I don't mean to interrupt you [laughs].

OLMSTED: I'll tell you about the first cleft palate clinic meeting. The State of Pennsylvania had very good programs for children with cleft palates and related problems all around the state, and they wanted to set one up at St. Christopher's. So my boss, Dr. Nelson, said, "How would you like to be the head of this clinic?" And I said, "Gee, I don't know anything about cleft palates." But you didn't say no to Dr. Nelson, you did what he told you to do.

So we used to have this clinic on Saturday mornings—a whole day Saturday, once a

month. And I can remember in the—I think it was the first meeting there were all sorts of specialists: otologists, orthodontists, plastic surgeons, you know, everybody that would be involved. And we would all take our turns. The patients would rotate in the morning and see each one of us in our own little cubicle, and then around early afternoon we would all get together and make our decisions and talk, you know, and make the arrangements when this child is going to have further surgery, or the whole thing.

So we're sitting around, and here I am, the chairman of this group, and some of these people are sort of famous people, and we were discussing the case of a kid who I think was six or seven, and the question was—he had horrible teeth, like, you know, those kids do—do you want me to not drag it out?

ROSENWINKEL: Just summarize.

OLMSTED: Summarize, okay.

Everybody went around the circle like this and said, you know, what they thought. It came to the pedodontist, and he said, "This kid should have all his teeth out," or something. I sat there, and I was kind of interested in emotional things, and I said, "I don't think this kid is emotionally ready to have all of these things." I didn't know what to say. So, sure enough, they said, "Okay." So about two months later, the same scenario, and this time the head of pedodontics—everybody said the child should have his teeth out, and all that, but the head of pedodontics said, "You know, I don't really think this kid is emotionally ready to have his—" I was made.

Okay, that's one little story.

ROSENWINKEL: Okay.

[Tape stopped.]

OLMSTED: I think how I got to Oregon first was that Oregon was then looking for a head of Pediatrics. The prior head, after Dr. [Joseph B.] Bilderback, the first full-time professor was a man by the name of Allan Hill, from Minnesota, a very fine man. But, unfortunately, Allan Hill got a horrible neurologic kind of disease and died within about a year or two of being here. So then Oregon had a national search for a person to head up the department, and, interestingly enough, I think it was largely through Dr. Nelson that—the people here in Oregon were canvassing, you know, like they do with sort of a search, and I was one of the candidates that had been recommended by Dr. Nelson. I had been with him for seven years. So lo and behold, I got the job out here. Why and how, I don't know.

ROSENWINKEL: You never found out?

OLMSTED: Anyway, so that got me here. And, then, my interests were very strongly outpatient kind of related, a lot of them—I had a great deal of interest in emotional problems

and things like that. I wasn't a so-called high-power-scientist-type person, but I became the head of the department here in 19—what did we say, '72?

ROSENWINKEL: Seventy-two or '62?

OLMSTED: No, '62.

I think you asked about what I—I don't know how you phrased it, what did I do here?

ROSENWINKEL: Yes. What did the job involve, what were the duties of the job?

OLMSTED: Well, the duties of the job were that this was the training program here, right at the school, for the students at OHSU.

ROSENWINKEL: And these are medical students only, right?

OLMSTED: Yes—well, medical students, and then the development of a residency training program. And not only residents, but fellows in various kinds of specialties.

ROSENWINKEL: Did that exist when you started or did you develop this over time?

OLMSTED: Well, let me tell you that when I came here there were about four other people in the department: Dr. Richard Sleeter, who was head of Crippled Children's Division—I don't remember all of them—Dr. Paul Rasmussen was with Dr. Sleeter; Dr. William Clark was full-time in Neurology here; Dr. George Dana; Dr. Donald Pickering. These were about all the full-time people that were here. Dr. Robert Meechan, by the way, was here, and Dr. Michael Miller was a resident. He eventually became full-time.

Okay. So my job was to develop a bigger program, and we put a lot of attention to areas of neonatology, which needed to be built up. Dr. Gorham Babson, for example, was the first person to come out of pediatric practice to head up the neonatology area.

And, then, my own interests, which I had interest in all of these areas and wanted to, quote, "build a bigger, stronger department" and so forth, wanted to expand the residency program, which started with only one person, really, but within about four or five years we were up to having, I forget, eight, ten residents or something like that. And I had a lot of interest in the so-called outpatient area with Dr. Meechan and helped to strengthen that program. We worked very closely with the Crippled Children's Division, which was a separate division but basically was intertwined, I guess you'd say, with the other people that worked there, but they were members now of the department.

I was rather proud of the fact that about five or six years or so after I was here we established a relationship with one of the community hospitals, Emanuel, and this was done because Emanuel wanted to try to have a program, and it was a good training place for our pediatric residents. They rotated through Emanuel.

ROSEWINDEL: Was it only Emanuel that you had this relationship with?

OLMSTED: At this—yes.

ROSEWINDEL: Why particularly Emanuel? People approached you?

OLMSTED: Yeah.

ROSEWINDEL: So we have you with outpatient interests, running a residency program, we have you collaborating with other full-time people. Is there anything else besides those things you were responsible for?

OLMSTED: Well, yeah. We used to send residents down to Salem to the hospital there. What was the name of it?

ROSEWINDEL: Dammasch, the mental hospital?

OLMSTED: No, it—was it Dammasch? Or—it might have been Dammasch. It was connected with Dammasch, but—

ROSEWINDEL: I think there was another one there, too, at the time.

OLMSTED: The state training school, would that be the name of it?

ROSEWINDEL: Well, what did the people do?

OLMSTED: Well, they went there as residents to see patients who had all sorts of mental disorders. You know, epileptics and adults with all kinds of peculiar things. In those days they put people like that into an institution. Nowadays they put them out on the streets, but that's another story.

So I established a program whereby I got a full-time person, Dr. Peggy Copple, into our department, and she was stationed in Salem, and our residents and students would go down there to get experience with dealing with these kinds of people and children.

You asked me what?

ROSEWINDEL: I was just asking you what kind of experiences people had in the Salem hospital. I think you answered that.

OLMSTED: Yeah.

ROSEWINDEL: So let's move on a little bit to the budget that you had for the department. Over the time period you were here, did you see any changes in budget over

time?

OLMSTED: The answer is yes. [Pauses] Let me digress for a moment. I say I built the department up. I mean we started off with just these people, and I brought a person here, a former resident, Dr. Peggy Copple, who wanted to come. She got pediatric neurology training back East. She wanted to come back here, and I worked out a program so that she could work down in Salem and be part of the department here. That's one example. Dr. Gorham Babson came on the scene, and I was able to get money from the Doernbecher Foundation and partly from the school to have Dr. Babson to start the pediatric premature nursery. That started with Dr. Babson and then, subsequently, others.

ROSENWINKEL: And that was around 1962-63—in the early sixties, I assume.

OLMSTED: Yeah.

Dr. Donald Pickering had his own laboratories here, and he got his own money, in a way, because he was the first person to develop the Oregon Primate Center. But that was, in a sense, related to the Department of Pediatrics because Dr. Pickering's laboratories were here. I was able to bring a person who became rather famous, Dr. Richard Behrman, who had graduated from Johns Hopkins and was interested in primate work. I was able to bring him out here as a member of the department stationed partly in the Primate Center and partly in the neonatal intensive care unit here on campus. If I'm answering your question—

ROSENWINKEL: You're doing fine. What you're telling us is that you were able to, by some kind of financing, or creative financing—I don't mean that in a negative way—you were able to bring various people here and establish different programs according to their interests.

OLMSTED: Right.

ROSENWINKEL: What other things happened during the time period you were here?

OLMSTED: Let me just give you a couple of other—

ROSENWINKEL: Okay, sure, that's fine.

OLMSTED: We built up a pediatric neurology program here, and I was able to get a man by the name of Dr. John Isom from the Massachusetts General Hospital, a very well known young pediatric neurologist. I forget where the money came from. We got backing, a modest amount in those days, but it was very important backing from the Doernbecher Foundation. They would give certain amounts of money which helped the payment of salaries and so forth. So we began to build up pediatric neurology.

Dr. Michael Miller came on the scene. He was a resident and became chief resident, and then I was able to bring him into the department in the field of infectious disease. One of

the—well, I added a person over at Emanuel who was basically staff—Dr. Leroy Carlson was on the staff over there but became a member of the department here.

And, very importantly, in pediatric cardiology we needed—or, the School needed somebody in pediatric cardiology, and Dr. Herb Griswold, you probably know his name, was very kind to me, and one day he said, “Dick, would you like some money to get a pediatric cardiologist?” I said, “Sure,” you know [laughter]. We brought out from the Boston Children’s Hospital one of the finest people I’ve ever known, Dr. Martin Lees, and he went on to build up a pediatric cardiology program.

And I’ll stop in just a minute. These are names that are important.

About this time we worked out an arrangement, partly with the Department of Psychiatry, and I don’t remember exactly how it worked out, but we were able to bring Dr. Harold Boverman here as head of pediatric psychiatry, so we had a pediatric psychiatry program. And William Clark and John Isom were in neurology. I may be missing a few.

Also, about his time, a very fine pediatrician from North Carolina applied for a position here. Emily Tufts was a great addition to the staff, particularly in the outpatient area.

ROSENWINKEL: This is fine. You can’t mention everyone. What I was getting at was the trends of what was happening during the twelve years you were here.

With all these people coming in and having diverse interests, what were you doing in the outpatient clinic at this time?

OLMSTED: The outpatient clinic—I’m glad you asked this, because Dr. Meechan was an outstanding person, and still is, in running this so-called outpatient clinic. And the beauty of it was that men in practice would come up and teach in the outpatient department one day a week or half a day a week or whatever it might be, and so there would be Dr. Meechan, and I got one other full-time physician. Dr. Tom Roe was getting out of the service and came as Dr. Meechan’s second in command. But we had this beautiful outpatient clinic which, as I say, was run by Dr. Meechan and Dr. Roe but with the help of men in private practice.

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

ROSENWINKEL: This is tape two, side one, and we’re talking about the outpatient clinic and how outstanding the outpatient clinic was.

OLMSTED: And to emphasize, whenever you write this up or something, how outstanding it was, it was because of Dr. Meechan’s ability to entice, in a sense, these people from private practice to give up the half a day a week and come and teach in the clinic. We had five or six people who had sub-interest in pediatric allergy, for example, and so we put them all together, and we had a beautiful pediatric allergy program. So students would get

quite a fair amount of their experience in pediatrics in this outpatient clinic, and invariably Dr. Meechan would be nominated for best teacher of the year and things like that. So it was a very exciting and very important arrangement that we had, to give students and residents this kind of experience.

ROSENWINKEL: Could you elaborate a little bit on that, the relationship between the outpatient clinic and the private practitioners?

OLMSTED: It was just what I said, that the private practitioners would come up here, some of them for one-half day a week, some might come up maybe a little more than that. And some of them came up just as general pediatricians to teach general pediatrics, but there were some specialists, particularly in—pediatric allergy kind of stands out, and they were able to form this pediatric allergy program that would meet every Saturday morning, or something.

ROSENWINKEL: Were they compensated for this, or was this completely volunteer?

OLMSTED: I think I would say that they were completely volunteer.

ROSENWINKEL: And that has continued, I think, now. Some people still do this.

OLMSTED: I'm not sure. You'd have to talk to Dr.—

ROSENWINKEL: John Campbell?

OLMSTED: No, John Campbell is in surgery. Dr.—

ROSENWINKEL: I can speak to someone else. That's okay.

OLMSTED: I saw him just this morning. We'll have to come back.

ROSENWINKEL: No problem.

OLMSTED: That phase of relationship between the private pediatricians and the department was a very important one, and over the course of time it has become—there are very few of the private men now who work in the department. Almost all of the people are full-time.

ROSENWINKEL: Is there a reason that the private practitioner no longer comes up here or rarely comes up here?

OLMSTED: I think it was that over the course of time, maybe as we got more full-time people to come because we needed them, the private person took a little less—he was sort of more in the background, and I think gradually that led to a lot of them not coming up here.

ROSEWINKEL: That leads to some interesting thoughts I've had about this. What was the relationship between town and gown during the time you were here?

OLMSTED: I would say it was quite good. At least in the Department of Pediatrics I would say it was very good.

ROSEWINKEL: That was probably predicated by the fact that many people came up to the Hill and were treated as equals, and there was no discrimination between the volunteer faculty and the academics.

OLMSTED: That's essentially true.

ROSEWINKEL: What was your management style in being the head of Pediatrics?

OLMSTED: Well, I guess to start with, of course, I would give—people in the various clinics and specialty areas, of course, got as much backing as I could give them, because they needed it to build up their programs and things. So I think it was—if you want to know about my style, I think it basically was trying to emphasize that a pediatric department is made up of various segments, and if you're going to have a good pediatric department, you're going to have a good pediatric cardiology division and you're going to have these other things.

So my style, in a sense, was to try to back up these people. If they needed additional help or additional assistance or things like that, I tried very hard to do that. My style also, I think you could say, was to work cooperatively with other departments on the Hill, for example, Crippled Children's Division. I worked very hard, along with Dr. Sleeter, to utilize the things that Crippled Children's Division had which were great contributions to pediatrics and to training of people, pediatricians and—

ROSEWINKEL: For example—excuse me—for example, what did CCD have that was very useful to pediatrics?

OLMSTED: Oh, children with all sorts of—in those days, post-polio, children with neurologic kinds of diseases or conditions, children with specific things like hearing disorders, mental disorders, intellectual things.

ROSEWINKEL: A wide gamut of things, then?

OLMSTED: Yeah. And that was, in my estimation, a very, very important thing, because Crippled Children's Division—I don't know if you remember, but back in those days the Kennedy Administration set up, I think, seven centers throughout the country, and Oregon was one of them. What do I want to say? The National Child Health and Human Development. I think there were seven. And through what Dr. Sleeter had built up here, he deserved a huge amount of credit to get Oregon established as one of the seven centers

throughout the country. And that has been of tremendous value and uniqueness, in a way, the amount of exposure that our residents and students get to that aspect of pediatrics.

I was able also to work out relationships with—to some degree with Internal Medicine, particularly in the field of genetics. The questions, when genetics was now coming onto the field, of where did it stand, and what could I do to have a good department or division within the Department of Pediatrics. And I worked out part-time positions, for example, with Dr. Fred Hecht, an outstanding pediatric geneticist. And that was what—I would go back and say, I think that’s one of the good things I could do, was to work out those things so that everybody benefited.

ROSENWINKEL: So your management style, then, was one of fostering the people under your jurisdiction—

OLMSTED: Right.

ROSENWINKEL: —other faculty members, and also a lot of effort in establishing coordination with a whole wide variety of departments.

OLMSTED: Right.

ROSENWINKEL: I’d like to pursue that just a little bit more and ask what was the relationship between the Department of Pediatrics and Doernbecher Hospital itself, because I gather these are separate divisions or separate entities.

OLMSTED: Yes, that’s true. Doernbecher Hospital itself, as you probably know, and we won’t go into all the details, was established by the citizens in the state of Oregon back—it’s in that history.

ROSENWINKEL: In the twenties.

OLMSTED: Then came time when it was important to have a bigger hospital, better bed space and so forth, and so it was elected, as you know, to take Doernbecher from the little hospital here and put it up onto the top two floors. And it was called Doernbecher. And the so-called administration of the running of the ward spaces and the expenses and things like that were a part of the Medical School, and the Administration ran it, you know, but the Pediatric Department ran its role too.

And, then, the Doernbecher Foundation, which is a very important part of this thing, had X amount of money—and, again, I think it’s pretty well outlined in that part of the history—and every year they would meet with me, as the head of Pediatrics, and say, “What are your needs?” and so forth. They didn’t have very much money, but they helped and, you know, gave as much as they could. And so that was the relationship between the Doernbecher Guild. And then, of course, the other financial aspect of running Doernbecher Hospital was the responsibility of the Medical School in general. Dr. [Charles] Holman had worked, and

we got money from the state, you know, and all sorts of things.

ROSEWINKEL: So it was a complicated relationship.

OLMSTED: That's right.

ROSEWINKEL: Exploring relationships a little bit more, what was the relationship with Pediatrics and Shriners?

OLMSTED: Okay.

ROSEWINKEL: And Shriners at that time was across the river.

OLMSTED: This was about the time when I first came here, and I can't tell you too much about it except that we would send faculty people over to Shriners to consult with Shriners. The Shriners—I don't remember how many physicians were on their staff and all, but the relationship was pretty much a consultation kind of relationship. One of our people would go over there once a week and make rounds, or something like that. That was about it.

ROSEWINKEL: Did they send patients here also if they were particularly difficult cases?

OLMSTED: I think on occasion, yes. I'm a little vague because I wasn't really deeply involved in that and I can't tell you what percentage of patients were taken care of at Shriners—but I think we would see some of their patients.

ROSEWINKEL: What kind of patient—what quality of patient care do you think pediatric patients got during your tenure here?

OLMSTED: I think I can answer that pretty honestly. I think it was as good as you can imagine. Now, the quality depends a little bit on the quality of the—very largely on the quality of the people who are giving the care, and in terms of faculty over the course of time that I was here—and I don't mean this in an egotistical manner, but as I was able to bring, for example, Dr. Martin Lees here in cardiology, or Dr. John Isom in neurology, and so forth, from great places out on the East Coast, and so forth, that meant automatically that the care was going to be much better because of the knowledge and everything that these people were going to give.

So I would say that—and in surgery, for example, we were very fortunate to get Dr. Jack Campbell, a damn good surgeon, and so forth, or we were fortunate and able to work with Herb Griswold in cardiology and so forth.

So I would say, in answer to your question, that the quality of care at Doernbecher Hospital and in the Department of Pediatrics, the way I tried to point out, was probably as good as—it was getting to be one of the better places in the country. Now, whether it was as

good as Boston Children's or Mass General or various places like that—but it was beginning to get that kind of stature because of the nature of the people that we were able to attract here.

ROSEWINKEL: I would like to know also about the role of paying patients versus charity patients. Budget is always a concern. So could you tell us a little bit about that? Did you have a lot of paying patients; did you have a lot of charity patients? Just how did that work out during your time here?

OLMSTED: I guess I'm not the right person to ask [laughter].

ROSEWINKEL: Okay, I'll switch on to something else, then.

OLMSTED: Of course, you have to realize that during those years when I was here, and all, this was a state institution and we got a lot of money from the state. Now, how much we got, I don't know. [Laughing] I didn't want to get involved in that.

ROSEWINKEL: Is there any one outstanding case, or two outstanding cases that come to mind during your tenure here?

OLMSTED: [Pauses] Let me just think a minute.

I think I'd have a hard time with that. I'm blocking. I can't answer that question at the moment.

ROSEWINKEL: No problem.

When you first came, Dr. David Baird was the Dean of the School of Medicine. What are your remembrances of your relationships with this particular dean?

OLMSTED: They were very cordial. I think he did as much as he could to help me. Now, by that I mean—I can't state specifically which programs got how much money from the state, but Dr. Baird was very—I think he was very fair in trying to give Pediatrics enough of a cut of the money. And he had a particular interest in the Crippled Children's Division. He and Dr. Sleeter were, I think, both very—they were friends, in a sense, and he did a lot to make certain that Crippled Children's Division got what it needed to run their place. I didn't have as much direct contact with Dr. Baird as—because it wasn't needed, in a sense. I had a fair amount of contact with Dr. Holman because Dr. Holman was kind of a go-between between the Doernbecher Foundation and my department and the hospital.

ROSEWINKEL: Did Dr. Holman have any particular interest in pediatrics like Dr. Baird had in CCD?

OLMSTED: I don't think so. He was—you know, seemed very cordial to me and we had, I guess you'd say, a good working relationship, but not as direct as I think Dr. Baird might have had with CCD.

ROSEWINKEL: We've mentioned the two deans, and in 1974 the various schools came together. The School of Nursing, the School of Medicine, and School of Dentistry formed a university called the University of Oregon Health Sciences Center. Now, how did that affect Pediatrics?

OLMSTED: That was in what, '74?

ROSEWINKEL: Seventy-four.

OLMSTED: When did I leave?

ROSEWINKEL: You left in '74 [laughter]. I wondered if it affected you or if you remembered anything that was different.

OLMSTED: I don't remember that.

ROSEWINKEL: Maybe you escaped that trauma [laughs].

Let's switch a minute, to when you were here. Can you comment on the growth of research or research projects in pediatrics during your tenure here?

OLMSTED: Sure. I brought in—I'm glad you mentioned this. I brought in a man by the name of Dr. Neil Buist, a beautiful Scotsman, six foot eight and smarter than hell.

ROSEWINKEL: With a kilt [laughter].

OLMSTED: Anyway, I was able to work out an arrangement with the National Foundation for—the March of Dimes people, and they gave money to various universities around the country for the purpose, primarily, of supporting research and in the form of salary support for people coming to head up their program, the national foundation. And I was able to entice Dr. Neil Buist, who was at that time at Denver, to come out here—and Dr. Buist was just a magnificent—he is a magnificent person—and set up this great program of what you call intermediary metabolism, all sorts of metabolic diseases and things like that that intermingle with the area of genetics, and also treatment of children with kind of endocrinologic or other kinds of neurologic kinds of diseases. That would be one thing.

[Pauses] I was going to say Dr. Babson. Let me think a minute.

I was able to help, and Dr. Sleeter was able to help, and we kind of worked together, or perhaps—but Dr. Sleeter was in a good position to get quite a lot of money from the national—from the federal people to run the Crippled Children's Division, and so he was able to give a lot of money to—for example, I think I mentioned Dr. Fred Hecht, who was brought here from the University of Washington, a young, outstanding geneticist. And so Dr. Sleeter had a—he could get more money than I could. But that's why I was pleased that we worked

out, Dr. Sleeter and I worked out, quite a fine relationship so that I could go around and tell people Dr. Fred Hecht is in my department, you know; because his appointment to the Medical School would be, say, in my department, although I didn't run him because Dick Sleeter had the money.

So partly, I think, what you're seeing is that it was through this kind of working relationship that I was able to attract people to come here, because I knew I had the money—that Dick Sleeter had, you know, for their support. And as time went on, it became easier and easier to attract people here as, you know, we were building up the reputation of the department.

And in answer to your question, when I did come here, the first three appointments, I think, that I made were Dr. Buist, Dr. Martin Lees, and Dr. John Isom in neurology. These were all somewhat young, but outstanding people. And then this went on. I mentioned Dr. Behrman, who went on—I could get him because of support with the Primate Center. Dr. Behrman worked half at the Primate Center and half here, and the Primate Center paid the bill.

ROSENWINKEL: That's a good way to do it.

OLMSTED: I think I've answered your question. As time went on, I think the national reputation of the Department of Pediatrics here rose and rose and rose. It went up, just like it is now, continuing, and it went up. One example is the number of residents that, for example, were applying for pediatric training. When I first came here we had, I think, one resident. And, you know, then, over the course of years you took as many as you wanted, because we had the money, and so forth, from—we could have training programs sponsored by the March of Dimes.

ROSENWINKEL: I want to switch for a minute now to ask you, during the sixties and seventies when you were here, what was the organizational culture like? And by that I mean, what was it like on campus? I don't mean space, I mean relationships between departments and people within them.

OLMSTED: Well, speaking from the Pediatric Department's point of view, I would say that the relationships were quite good. We didn't have a lot to do with Internal Medicine, but we were good friends, in a sense. In Surgery, through the relationship with the Department of Surgery, we were able to set up a pediatric program, so that would be an example. And then, as I say, our choice happened to be Dr. Jack Campbell, who has established a fine training program here, and clinical—

ROSENWINKEL: You know we have—today we have 9,000 employees on campus. We're the biggest employer of people in Portland. Back then it must have been much smaller.

OLMSTED: Oh, yes, no question.

ROSENWINKEL: Perhaps people knew each other better, is that correct?

OLMSTED: Yes, I would think so.

ROSENWINKEL: So that it was more like people were friendly with each other and you could accomplish things more on a face-to-face basis; would that be correct?

OLMSTED: I think that's very true to say.

ROSENWINKEL: Also, the technology has changed tremendously. What was the technology like when you were here in the sixties, seventies?

OLMSTED: I guess you'd say—one way to approach that is to say clinical technology was getting to be quite good. You know, how do you take care of one of these little preemie kids, you know; or how do you take care of somebody down at CCD?

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

OLMSTED: The relationships in terms of—how did we start off this part of this?

ROSENWINKEL: With the technology, the changes in technology.

OLMSTED: The changes in technology, a lot of them are in the laboratory areas, as you know. We didn't have the finesse and the magnitude of what's going on in the departments over here [points]. I don't know where I'm pointing out there [laughter].

So in answer to your question, the technology and the numbers of people in the various laboratories and things like that is so huge now that in one sense, I guess if I was head of the department, I would wonder, you know, who's over here [points], and things like that. But that doesn't mean that there isn't good interrelationship.

In fact, again, I guess I have to ask about your question, as to what it was.

ROSENWINKEL: Well, what I was getting at was, what kind of machinery did you have in the sixties here that you remember?

OLMSTED: Oh, I think it was, in retrospect, pretty crude. You can put it that way. Well, just take the example of radiology. It used to be pretty much stand in front of the radiologic tool. Nowadays, oh, my God, it's unbelievable, you know, what can be done in radiology. Fortunately, we have a pretty good one in Pediatrics with Dr. Silverberg. But, you know, because—specifically because the technology in that field has—you know, just like an entirely different world.

Take the field of surgery, congenital heart things. We had good cardiac surgery for its day, when I was here, with Al Starr, for example, but the techniques have grown so remarkably that it's unbelievable what can be done.

So I think what I'm trying to say is that, in answer to your question, the scientific knowledge, whether it be pretty clinically oriented or whether it be more scientifically oriented—genetics is a good—you know, they've got a whole genetics school over there, or something like that, which we never had before. So it's unbelievable.

ROSENWINKEL: I'm interested also in minorities and the role of women in pediatrics. During your tenure here did you have any minorities, and did you have many women in training?

OLMSTED: Let's talk about women. The first woman resident came about—I guess it was my first year. And in the ten years that I was here, or whatever it was—eleven, I think—gradually the number of female residents went up probably from maybe two to three or something like that, and the number of so-called fellows working in the specialties of genetics or metabolism, the same. At any one time there probably weren't more than about a half a dozen female residents or fellows, and so forth. In pediatrics, as maybe you know, the number now of people going into pediatric residencies versus those going into family practice, more female residents are—well, more residents are going into pediatrics than going into family practice. And the number of female entries into medical school now is about fifty percent, and this is reflected in the departments of pediatrics, where nationwide about half of the residents in pediatrics are female.

ROSENWINKEL: Well, during your tenure here was there any tension caused by women wanting to become pediatricians?

OLMSTED: I don't think so, no.

ROSENWINKEL: What about minorities during the time you were here?

OLMSTED: Minorities.

ROSENWINKEL: Asians, blacks, other non-Caucasian people.

OLMSTED: Non-Caucasian people, within my first and second years, let's put it that way, we had one Chinese person, Peter Lo, who turned out to be great; a couple of people in metabolism, and I forget the names now.

But in specific answer to your question, I don't think there's ever been any schism because of females. I think people accept the fact that women are smarter than us—
[laughter].

No, seriously, I don't know of any—and as far as people from different nations and so forth, I don't know, I can't answer it, because I've been out of it long enough. While I was here there was no problem that I would say, at all.

ROSENWINKEL: Talking about the end of your tenure here, looking back, what would you say was your greatest accomplishment here in the sixties and seventies?

OLMSTED: I think the greatest accomplishment would be to say that I, or we, were able to attract outstanding people in the specialties of pediatrics and medicine, the equivalent of people anywhere in the United States, and in some instances in the world. And I don't mean to say this egotistically, but this is true. And I've given you certain numbers of examples that I was able to recruit. This Dr. Buist; I was able to recruit Martin Lees in pediatrics—I won't tell you how I got him, but I got him—from the clutches of the Boston Children's Hospital; and Dr. John Isom, and so forth.

So I think that—and you look at the caliber, the quality of people who now inhabit both what you might call the general Department of Pediatrics as well as the specialties, there's no question that pediatrics is now, here, the equivalent of almost anywhere in the country. You know, if you want to list it, somebody will say, well Mass General is still this, this, or this. But if you look at the top five or six departments in the country, Oregon is now up into that level.

ROSENWINKEL: You must have been very proud to have had a hand in this.

OLMSTED: Oh, it was exciting as heck.

ROSENWINKEL: I bet it was. [Tape stopped.]

In 1974, you departed from OHSU and went to the American Academy of Pediatrics. Why did you do that?

OLMSTED: Well, I kind of wanted—I had my future somewhat planned that I wanted to do some other things, and number one was working with the Academy, because I saw the Academy as doing, quote, “great things” for pediatrics in terms of organizing pediatric training programs and helping—and particularly working with the men in private practice of pediatrics to give them good stature and so forth. And I thought that that would be an interesting experience for me.

So I went there for four years, and keeping in mind that sometime in my career I wanted to work in the Third World. And I didn't want to go just as a bush doctor, although that wouldn't have been too bad, but I wanted to go as a teacher in the Third World, teach people in the Third World.

ROSENWINKEL: That would be long-range goal, but we still have you in Chicago, is it, where you are now?

OLMSTED: Right.

So I was about to take off, and I wanted to go to Chicago for about four years, and I

began to work there, helping them set up, also, what turned out to be the national pediatric board exams. I think I had a lot to do with that. During that time I also had been appointed as an examiner for the National Board of Pediatrics.

ROSENWINKEL: You're examining people at the end of their residencies, and these are standardized exams that the aspiring pediatricians take?

OLMSTED: Yes, right.

ROSENWINKEL: And you devised the questions on the exams?

OLMSTED: I was appointed as an examiner while I was still here, and then when I went with the American Academy of Pediatrics, I worked with the Academy and the National Board of Pediatrics to begin to set up examinations and a training program, regulations, and so forth.

ROSENWINKEL: Well, that was the medical examiner part of this, but when I was doing a Medline search on articles you had published, in the seventies, about '75 to '78, you published several things, and one was on pediatric nurse practitioners. How did that come about?

OLMSTED: Because—well, that was just about the time when I went to Chicago with the American Academy of Pediatrics, and that was just about the time that the nurse practitioner program came on the scene. And I can't remember exactly how it did, but it was rather natural that the American Academy of Pediatrics would get involved with the nurse practitioners because it seemed that that was going to be a good advance for pediatrics. And the national pediatric academy welcomed that because we thought that was a good thing for pediatricians to work with nurse practitioners.

ROSENWINKEL: Some people, pediatricians especially, would have been concerned that pediatric nurse practitioners would take a part of the income of a practice. Did you encounter that barrier?

OLMSTED: No. No, I didn't. I don't think that that has materialized. I think it's worked itself out.

ROSENWINKEL: When you were at the American Academy of Pediatrics, what was the difference between that and academic medicine? Was it a completely different world?

OLMSTED: Sure.

ROSENWINKEL: Different issues, perhaps?

OLMSTED: Yes, different issues, no students, no examinations, things like that. This was working with—well, for example, it was working with the American Board of Pediatrics,

which I now was on, in getting the ordinary pediatricians, who—the American Academy was their home, getting them to accept the fact that, “Look, boys, there are going to be some examinations here from the national board of pediatrics,” of which I was a member, you see. And that was to help put this arrangement together that pediatricians were going to have to be examined as specialists, and so forth. And I had my foot in both camps and could, I think, do quite a bit to help the pediatricians in the country accept the fact that there were going to be these examinations, and how could they best cooperate, and so forth.

ROSENWINKEL: That sounds like a very gratifying accomplishment, to put this together.

OLMSTED: It was.

ROSENWINKEL: And, you know, what surprised me, in looking over your biography, was in '78 you went into the Children's Hospital in Denver, which is going back to, not private practice, but kind of academic medicine, I think. So what happened there?

OLMSTED: I'll tell you. I wanted, as I mentioned, at some point in my career to work in the Third World, and I didn't want to go as a bush doctor, I wanted to go as a teacher, and so forth. I was just about to leave the American Academy of Pediatrics, because I thought I had been there long enough, and my good friend Henry Kempe said, “Dick, you've got to come to Denver because we've got a real problem here, and I think you can solve it.” And the problem was that the Children's Hospital in Denver and the Department of Pediatrics at the University of Colorado didn't get along well, and they were having some real problems. For some reason—not for some reason, but my friend Henry Kempe said, “Dick, you've got to come to Colorado and help us put the Children's Hospital together with—” and I said, “Henry, I don't want to do this.” But he was quite a persuasive man, and so I said, “Okay, I'll give it a try.” So I went, and I worked at it for four years, and didn't quite make it, but the year after I left, they put everything together, so I think I laid the groundwork.

ROSENWINKEL: So that was your major accomplishment, massaging various people and getting them to cooperatively work together?

OLMSTED: Right.

ROSENWINKEL: Well, finally, we come to a part of your life that to me is fascinating, and that is going to the London School of Hygiene and Tropical Medicine.

OLMSTED: As I say, I always wanted to work—I wanted to work part-time elsewhere in the world. I didn't want to go as a bush doctor, as I said, so I thought that the best thing to do was to go to London School of Hygiene and Tropical Medicine to, primarily, make some acquaintances and—learn a little bit more about tropical medicine, for one thing, but to make some acquaintances with people in the Third World where I could go.

That worked out beautifully for me, both as an experience of being there and—at one

point in my career there one of my teachers—I was talking with him, and—I had just met him, really. And he said, “What are your plans?” or something. I said that I wanted to work in the Third World, and I didn’t want to go as a bush doctor. And he said, “Well, have you talked to the people in Jamaica?” And I said, “No.” Even though I lived off the coast of Jamaica in the United States on the East Coast. And he said, “They’re looking for somebody to head up their department of pediatrics.”

So he arranged—he, himself, had worked in Jamaica, and he arranged for them to interview me. They were coming to London, the dean of the one—of Jamaica, and so forth. And so I met with them. The person who was head of their pediatric department at the University of the West Indies was leaving, and, in short, they offered me the job. So my wife, bless her heart, again, moved for about the twenty-fifth time. We went to Jamaica, as I said, for one year. So we went for one, and we fell in love with the place, and I stayed for five years. And it was a very great experience, again because I was able to—with my experience here, I was able to build up the training program at the University of the West Indies—it’s headquarters were in Kingston—and to develop the pediatric department, which, in essence, was sort of nonexistent when I went there.

ROSEWINKEL: What did you find there? What was there when you started?

OLMSTED: Oh, a ward, one ward, and a nursery, and a couple of little rooms that were called the outpatient department, and that’s about it. And a whole bunch of little black kids all over the place, you know. And, in essence, the students were pretty good.

ROSEWINKEL: Are these mostly black students, white, mixed?

OLMSTED: They were mostly black, all levels of black. The University of the West Indies encompasses Jamaica, Trinidad, Tobago, Barbados, and so forth, so it was a big thing. And the students that were graduating from the university were very smart people. They were the real, you know, top of the line. And, as a result, I was able to build up the department of pediatrics to get to a level of—oh, I think we had about five or six full-time people there on the faculty. I started with practically no residents and ended up with residents from all the other islands and things like that.

ROSEWINKEL: Now, you probably inherited a British colonial situation.

OLMSTED: Right.

ROSEWINKEL: And you’re bringing American know-how to that situation. Did you have to make any adaptations locally?

OLMSTED: I would say no. All I had to do was to be there and to—well, I guess I had to get the school to give me a little more leeway in developing a curriculum for students to spend more time on pediatrics, and then to approach and attract some of the graduating students to stay on in residency in pediatrics and so forth.

ROSEWINKEL: Were the standards the same as American or British schools?

OLMSTED: Well, that's a good question. Individually, the Jamaican students were very sharp. They would be the equivalent of, in my estimation, the Americans. Very sharp.

In terms of what the department had, it was pretty crude to start with, at least, in terms of physical arrangements for the patients, you know. Some of them were hanging out of the beds and that sort of stuff. And in comparison, in that kind of a comparison, you know, you'd say, "Gee, this is crazy." You've got one ward or two wards or something. But it was an attempt, and we did a good job of increasing the number of residents. I increased the faculty a fair amount. And the Jamaican women, in particular, are smarter than hell. They are good.

ROSEWINKEL: It sounds like you had a great respect for them.

OLMSTED: Yeah.

So that was—I did stay for five, and we thoroughly enjoyed it from a personal point of view as well as professional, but felt it was time to come home. And I had always had in the back of my mind an interest in child psychiatry, so at age sixty-five, I think—

ROSEWINKEL: Sixty-eight.

OLMSTED: I don't know what age I was.

ROSEWINKEL: [laughing] Sixty-eight is what I worked to.

OLMSTED: I became a resident in child psychiatry.

ROSEWINKEL: And you chose Oregon of all the places you'd been.

OLMSTED: Well, of course, we were coming home.

ROSEWINKEL: Oh, Portland was home?

OLMSTED: Portland was still home.

ROSEWINKEL: Because you'd been to Chicago, you'd been to Denver, you'd been to Jamaica, to Kingston, and now you're coming home.

OLMSTED: Yeah.

ROSEWINKEL: So what happened when you entered the residency program in child psychiatry?

OLMSTED: Well, it was great. I said I was the oldest living resident in the world, which I was [laughter]. A friend, Bill Sack, and—he happened to have been a fellow when I was here before, and I convinced Bill Sack to go into psychiatry, but that's another story.

So they took me as one of the residents, and I had three fellows along with me, and they were kind to me [laughs].

I want to tell you one cute story. I'll avoid details. But about the end of the first year I had to take an examination, and this exam was going to be an oral exam given out at St. Vincent Hospital, and it was being given out there because somehow or other some of the child psychiatrists worked out at St. Vincent. But the exam was to start at nine o'clock in the morning, so I got up real early. I had arranged to have a cup of coffee with a friend of mine in the cafeteria before the examination, and I got on the elevator at ten of nine, I think, and the elevator got stuck between floors, and it didn't move, and I said to myself, I said, "Dick, you jerk. [Laughing] What are you doing here in the first place? And now you're going to go up to this big exam." But somehow—but I had a good time, and I have a great—I like psychiatry, child psychiatry. Whatever I've been able to do since I've gotten back, I've tried very hard to help child psychiatry, and I think it's taking off a little bit.

ROSEWINDEL: Did you become board certified or did you get a certificate or something at the end of your residency?

OLMSTED: A good question. At just about the time that I was in the program—

ROSEWINDEL: And we're in the eighties now, '88, right?

OLMSTED: Yeah.

There was a period, one year before I completed my training program, whereby people who had boards in pediatrics and two years of child psychiatry could—that could be enough training for them to take a combined examination, and that was what the approach was going to be. And just as I was about to enter into that program they changed the rules a bit, and I would have had to have taken a year of adult psychiatry, which I didn't want to do. But I got a certificate, but I'm not—I guess—

ROSEWINDEL: You're not board certified in the subspecialty?

OLMSTED: Well, I am, and I'm not. I don't know quite how to put it.

ROSEWINDEL: Well, did you go into practice, then, in child psychiatry?

OLMSTED: No.

ROSEWINDEL: So what happened after that? We have you with a certificate of accomplishment, and are you appointed to faculty status at OHSU, or what happened?

OLMSTED: [Pauses] I was appointed to faculty status.

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

ROSENWINKEL: This is tape three, side one, and we're talking about the time in his life when he has a certificate in child psychiatry, and we're wondering what happened to him after this at OHSU.

OLMSTED: [Pauses] What year would this be?

ROSENWINKEL: You're around 1988, '89. About ten years ago.

OLMSTED: [Pauses] That was about the time that—I can't remember when Dr. [Ron G.] Rosenfeld came here.

ROSENWINKEL: This is the current head of the Department of Peds, right?

OLMSTED: Yeah. [Pauses.]

ROSENWINKEL: You didn't retire, I'm sure, because you're not the kind of person who retires.

OLMSTED: No. What I did was—[pauses]. Well, I'm blacking a little bit. But eventually what I did, when Dr. Rosenfeld came—I didn't practice child psychiatry. I had been seeing patients in the clinic. You know, that was part of my training, and so forth. But when I got through, I didn't want to set up a practice of child psychiatry. It was too much. But somewhere along the line, when Dr. Rosenfeld came here I got acquainted with him, and rather quickly one day, I said, "You know what the department needs here?" And he said, "No, what?" I said, "They need a good journal." And he said, "That's fine. Who'll be the editor?" And I said, "I'll be the editor." Because I had always gone back to my days with Dr. Nelson in Philadelphia, who was the editor of the big Nelson's.

ROSENWINKEL: *Textbook of Pediatrics*.

OLMSTED: Yeah.

So, anyway, that got me into this. And so my present responsibilities are the production of the journal, and, then, I also work with the state system of—how do I put it?

ROSENWINKEL: State System of Higher Education?

OLMSTED: It's not the State System of Higher Education. The state mental health division has citizen review boards throughout the state. These are boards—I won't go into detail with you—made up of citizens who overlook the status of all children who are in out-

of-home care, foster kids and things like that. We meet—I think there are about thirty or forty boards in the state. These are all citizens of various walks of life, and things like that, and we review the status of all kids who are in out-of-home care. We meet once a month, make our recommendations to the court and things like that.

ROSENWINKEL: On specific cases. So you're like an advocacy group for these kids.

OLMSTED: Yeah.

ROSENWINKEL: Let's return for a minute to the *Doernbecher Journal*. Why do we need a *Doernbecher Journal* right now? And that was 1995 you started that with Dr. Rosenfeld.

OLMSTED: Because I think it's important for the Department of Pediatrics, in this case, to have a way of showing or telling the people out there, in this case the pediatricians, the nurses, nurse practitioners and so forth—it has a—well, if you look in the—

ROSENWINKEL: We're now looking at an issue of the *Doernbecher Journal*.

OLMSTED: It says, "This journal is created to assist physicians and other pediatric health-care providers in their continuing education efforts and to provide avenues of communication by which Doernbecher Children's Hospital staff may serve these providers in the care of their patients."

So it's essentially to—for pediatricians and other people to—

ROSENWINKEL: Consumers, parents?

OLMSTED: Yes. It's continuing education for them.

ROSENWINKEL: For that particular group, yeah.

Well, you started off doing this, and in looking at the different issues—because I went through all the issues I could find—the emphasis was on a diverse number of pediatric problems for the first year. Then Dr. Rosenfeld wrote an editorial that said that you were changing course and doing issue-specific issues. In other words, you'd have a theme for each issue. Why did you decide to do that?

OLMSTED: Well, I don't know if he—maybe I didn't follow his—I'm not quite sure how that was worded, and, in essence, some yes and some no. Sometimes we would—this had been since the journal has come out, we have sort of emphasized some aspects, but I don't think we've ever dedicated the whole issue to—well, we did. We did one for CDRC. There's almost completely—oh, and we did one for the neonatal intensive care unit, that sort of thing.

ROSENWINKEL: So you are doing one issue per division or per subject, then?

OLMSTED: Once in a while, yeah, we may emphasize it. But for the most part it's pretty general.

ROSENWINKEL: Have you enjoyed your work as the editor on this?

OLMSTED: Oh, yeah.

ROSENWINKEL: How do you go about getting ideas or authors to provide the content of this journal?

OLMSTED: Well, you go and twist their arms [laughter].

ROSENWINKEL: But you must have certain ideas in mind, and then you try to match the idea with the individual. Is that how you do it?

OLMSTED: Yeah. For example, we're going to—I think it's going to be the December issue, we're going to try to feature the cancer program over at Doernbecher, and in so doing, if we have six or eight articles, they will be related to what's going on in the cancer program over there. It may be part what's in research, what are some of the clinical aspects, nursing aspects, and so forth.

ROSENWINKEL: And the tenor of this cannot be too medical, because if a consumer or parent wants to read this, it has to be at a level that's readable. There can't be too much medicalese, is that correct?

OLMSTED: No, I—well, it's not correct, in the sense that it is primarily for the people who are in the field, the pediatricians and nurses and things like that. So in that respect it's not just readable for everybody. Now, other people can read it and can get quite a bit out of it, but it's primarily for, as I say continuing education.

ROSENWINKEL: One other thing I would like to ask you is, I looked at the winter 1998 issue, and it was on the Doernbecher Foundation. The whole issue was on the Doernbecher Foundation. Why is the Foundation so important now to the hospital, to the children's hospital?

OLMSTED: Oh, it's very important because it provides support, financial support—I don't know the exact amount—every year. This support allows the Department of Pediatrics to support trainees, for example, research assistants, perhaps, maybe some trainees at the fellowship level. It allows them to support faculty who are doing research programs. That's going to be a big element to their activities in the coming years now, once the building has been built.

And, obviously, in the past three years, I guess you'd say, their effort has been to get

the new hospital. They realized the new hospital was very, very important.

ROSEWINDEL: And that was private funding through the Foundation?

OLMSTED: Yeah—well, no, it's half and half. You'd have to get somebody else to speak more specifically of exact—but it's basically half state support and half citizen support. And citizens of the state of Oregon have raised—I think it's \$68 million in the past two or three years, and that's a heck of a lot of money.

And I don't mean to say this egotistically. I didn't really help them to get this money, but I did in a way, because I helped them to find the person without whom they couldn't have gotten it, and this is Alyce Cheatham, who happens to be a friend, and she agreed to take over. And, boy, if you ever knew Alyce Cheatham, you'd keep your hand on your wallet [laughter]. But she's a marvelous person, and they have raised, as I say—I forget, is it \$85 million? It's a lot of dough.

ROSEWINDEL: I have two more questions.

OLMSTED: Sure.

ROSEWINDEL: In your long career in pediatrics, what are you most proud of? What's your proudest accomplishment?

OLMSTED: [Pauses] Well, I would say, I guess, the development of the Pediatric Department out here would be the—I guess that would be the first part.

ROSEWINDEL: And the last thing I'd like to know is, if you have a young person coming to you for advice about becoming a pediatrician, what advice would you give them?

OLMSTED: Well, I'd just give them advice in saying I think that that's a great thing that they've decided to do.

ROSEWINDEL: What kind of person—what characteristics should they have to be a successful pediatrician in today's world?

OLMSTED: I think just basically a—you've got to have a real love of children, wanting to help children through your efforts in the field, whether it be purely medical or whether it be psychological, or whatever field you go into. But you have to have an overwhelming desire to help children.

ROSEWINDEL: So compassion, then, for children and their problems?

OLMSTED: Right.

ROSEWINDEL: Is there anything else you'd like to add to this interview that we

haven't covered?

OLMSTED: I wanted to add one other story. Let's see, how did it go? [Pauses] No, I guess I can't.

ROSENWINKEL: Okay. Thank you so very much.

OLMSTED: Okay. Thank you.

[End of interview]

INDEX

A

ambulatory care, 10, 11
American Academy of Pediatrics, 26-28
American Board of Pediatrics, 27, 28
Army Specialized Training Program, 3

B

Babson, S. Gorham, 13, 15
Baird, David W.E., 21-22
Behrman, Richard E., 15, 23
Bilderback, J.B. (Bil), 12
Boverman, Harold, 16
Buist, Neil R.M., 22, 23, 26

C

Campbell, John, 20, 23
Carlson, Leroy O., 16
Cheatham, Alyce R., 35
Children's Hospital (Denver, Colo.), 28
Children's Mental Health System Advisory
Council (Or.), 32-33
Clark, William M., 13, 16
cleft palate, 11-12
Cople, Peggy J., 14, 15
Crippled Children's Division (CCD), 13, 18-19,
21, 22-23

D

Dana, George W., 13
Dartmouth University, 2, 3
Dept. of Pediatrics,
administration, 18-19, 23
funding, 15, 19, 21, 22-23
image, 23
relationship with Doernbecher, 19-20
research, 22-23
residents, 13-14, 23
Depression, Great, 1-2
Doernbecher Children's Hospital, 19-20, 20-21,
32, 33-34
Doernbecher Foundation, 15, 19-20, 34-35
Dunphy, Don, 8-9, 9-10

E

Emanuel Hospital, 13-14

G

Grace-New Haven Community Hospital, 5-7
Griswold, Herbert E., Jr., 16, 20

H

Hartford (Conn.), 1
Harvard Medical School, 2-5
Hecht, Frederick, 19, 22-23
Hill, Allan J., Jr., 12
Holman, Charles, 20, 21-22

I

Isom, John B., 15, 16, 20, 23, 26

J

Jackson, Edith Banfield, 6

K

Kempe, Henry, 10, 28
Korean War, 9

L

Lees, Martin H., 16, 20, 23, 26
Lo, Peter K.F., 25
London School of Hygiene and Tropical Medicine,
28-29
Loomis Institute, 2

M

Meechan, Robert J., 13, 16-17
Miller, Michael J., 13, 16
minorities, in pediatrics, 25

N

National Foundation, 22, 23
National Naval Medical Center (U.S.), 9
Nelson, Waldo E. (Waldo Emerson), 2, 10-12, 32
nurse practitioners, 27

INDEX

O

Olmsted, Richard W.
biographical information, 1-2
education, 2-5
internship, 5
military service, 3-4, 5, 6, 9
private practice, 8-9, 9-10
research, 27
residency, 6-7, 30-31
Oregon Regional Primate Research Center, 15, 23
Outpatient Clinic, 16-17

P

pediatrics, 6-7, 26-28, 35
Pickering, Donald, 13, 15

R

Rasmussen, L. Paul, 13
Roe, Thomas L.W., 16
rooming-in care, 6
Rosenfeld, Ron, 32- 33

S

Sack, William H. (Bill), 31
St. Christopher's Hospital for Children
(Philadelphia, Pa.), 10-12
St. Vincent Hospital, 31
Shriners Hospital, 20
Sleeter, Richard, 13, 18-19, 21, 22-23
Southbury Training School (Southbury, Conn.), 7
specialty boards, 27, 28, 31
Starr, Albert, 25

T

technology, medical, 24-25
Temple University, 10, 11
Thatcher, Blair, 5
Tufts, Emily, 16

U

University of Colorado Health Sciences Center, 28
University of Oregon Medical School,
faculty, volunteer, 16-18
image, 23, 26
minorities, as students, 25
research, 22-23
town-gown relationships, 18
women, as students, 25
University of the West Indies (Mona, Jamaica),
29-30

W

women, in pediatrics, 25
World War II, 3-4, 5, 6