Q. This is Raimund Goerler. Today’s date is February 6, 2012, and I’m interviewing Professor George Paulson for The Ohio State University Archives. George, thanks for participating, and let me begin, if I may, with the very first topic, your pre-professional biography. I’m told you have a very interesting family heritage and you’ve written a book on the subject.

A. Well, my wife and I just compiled a book of remembrances and I left one here. It ended up being 400 some pages, even leaving out stuff that we knew we should leave out. What we discovered from this is something that you already knew because you’ve done so many archival things. We suddenly had many memories and thoughts come back that we had overlooked and that were a great pleasure to remember. So I’m fairly cognizant about the background about my wife and myself. She was also a University person in the Dental School. I don’t know that there’s anything unique for me. On the other hand, she was a displaced person and went through the Russian/German business in Latvia. She has a more interesting personal story. I had a typical southern high school story, and my father was a teacher at NC [North Carolina] State [University]. Actually his career was of some interest. He ended up being the campus artist for North Carolina State. He was quite good at that. That did not prevent him from having enough trouble that the Chancellor at the University told him he was fired, but he was a full professor and that could not be done. We had a sort of experience that occurs in a University setting, but I was basically a Southerner from an educated family.
Q. Before we go on, I want to delve into your own history a little more. I’m curious about your father. You say he was artistically talented.

A. Well, he was professor of architecture. He was trained at Yale and received some medals there for his artistic work. He went to NC State and, I think, was quite happy there. He was on a committee to select a new chairman of what was to be an enlarged Architecture Department. He was like the second person, and was a full professor in the Department. After he was made the Secretary of the Committee for the new chair he discovered the letters about the candidate were negative, the candidate that the committee voted for. And then he was informed that the man had already been offered the job before the committee was ever structured. Rather than not say anything about it, as his colleagues suggested, he wrote the Chancellor of the whole larger University system, which then got to the Chancellor at NC State. The Chancellor was not a bad man. In fact, my father painted a picture of him after all of this was over. The Chancellor called him in two days before Christmas and said, “You’re fired.” He was a nice old Atticus [Finch] type person, or whoever the man was in “To Kill a Mockingbird.” The Chancellor was a marvelous man, came up to the house and said, “They can’t fire you. You’re a full professor. You did nothing wrong.” They could, however, move him laterally. And that’s what they did, with a lot of drawings for the campus. He redesigned their stadium, etc. It was not an unhappy experience, but it was a scary one and it happened right at Christmas time.

Q. Sure, sure. So you came from an academic family.
A. Yes, he was academic and my mother was a religious Southern girl who was a very sweet woman and a music major at Meredith College. I came from an academic family and went to a small, good high school in Raleigh.

Q. Okay. So higher education was basically in your blood.

A. It was assumed that it would be and it was possible for me to go to Yale. I never knew one school over another, as most young people don’t, except my father had been to Yale. I got what was called a Pepsi-Cola Scholarship. That company gave two of these to every state, and it was based on something like SAT scores that we took in English, a verbal and a math quiz. I was an exceptional student, but not National Honor Society. I didn’t take a book home, but I could always take that kind of quiz. So they gave two in North Carolina. Actually, they gave three, two in every Southern state and one for the Blacks. The schools were separate then and segregation was rife in the south, of course. But I had a very good childhood, a very happy childhood. High school was wonderfully happy compared to college where I had to work a little bit. No, a lot.

Q. When you went to Yale, was your intent even then to get into medicine?

A. No, but you kindly asked in your questionnaire about why I chose my career. I was interested in nature and nurture, what makes people who they are. In the courses for the first year at Yale, I had signed up for everything advanced and was stunned the first day in English class when they said, “Does everybody know what anthropocentric is, and if you don’t know raise your hand.” I didn’t raise my hand, but of course he pointed at me and said, “Tell us what it is.” I had zero idea. From there it was downhill for the entire semester. I tried hard, I got a 63 in
Chemistry and my average at the first semester was 68. I had to have a 70. Even though the Pepsi-Cola Scholarship did not depend on grades, you had to stay with the class. That scholarship paid for everything. It paid for travel, it paid for books, and overall it was a marvelous scholarship. My high grade was in Zoology, so I thought I’d do either Biology or Medicine. Then in my senior year, the head of the Zoology Department talked with me about getting a Ph.D., I already knew I enjoyed, very much, the seminars. After about 40 minutes, this very insightful chairman said, “Just because your mother wants you to be a physician is not a reason not to be a physician.” So I was accepted to Medical School at Duke and went there.

Q. Okay.

A. I started at Yale because for two years my wife was in Dental School at Carolina and I met her while working in the state hospital. She couldn’t very well leave Carolina because there was no medical school in Connecticut that was anywhere close by. So I quit. I assumed I’d get into Yale and did, and then transferred to Duke. I met the head of admissions, Mrs. Sweat, a woman that later I took care of. After she had died, I was on neuro surgery because they had to do a spinal tap to find out if she had blood in her spinal fluid, and I said, “We’re not allowed to do this.” The professor of neurosurgery said, “Do it anyway.” That’s another story, but Ms. Sweat, who was head of the Admissions Committee when I applied, asked me why I wanted to transfer, and I said I wanted to get married. She said, “Therefore, we will not consider you. Marriage is a jealous mistress and we do not want any married students.” And I said, “Would you please put my name in
anyway?” I figured they were bound to have one or two that dropped out. And indeed that was the case. So, I got into Duke and I was very happy, both at Duke and Yale. Duke was a very good medical school, and it still is. We all have these little twists and turns in our lives, I’m sure you’ve had them too.

Q. Oh yes. Now you specialized in neurology. Was that your intent?
A. Well, when I started in Medical School I thought perhaps pediatrics. I found that at Duke at that time that there was still measles encephalitis and at least half of the patients had it. The high-pitched cry that they had alarmed me, and the other pediatric patients had cancer. I found I wasn’t tough enough to want to take care of very, very sick kids, but I was very interested in the nervous system. So I shifted. I did not have to make a statement in Medical School but then I went and began a neurology residency. I did a year of psychiatry and worked in the State Hospital to pay off loans. North Carolina had a marvelous system. If you worked a year in the State Hospital they would give you a year of expenses for medical school. They paid you a salary while you worked in the State Hospital, so it was a very good way to survive financially.

Q. Indeed. Looking back on your medical education in the early 1960s, what things would stand out as contrasts between that education and what physicians, particularly neurologists, would go through today?
A. Well, everyone tends to soften memories, put a golden halo around them. They were really probably not so ideal. The Medical School education was really quite good, but I discovered when I transferred from Yale to Duke that at Yale I had had no experience in laboratory studies; I did not know how to do blood tests or
duties like that until I got to Duke. At Duke they expected you to be able to do any needed studies on the ward. I went to intern at Bellevue Hospital in New York and almost the very first night I had to type and cross-match blood, even though I had never been trained how to do this. Bellevue was a big city hospital and they said they put up an instruction sheet on the third floor, so I was told to just go up and do it. Not surprisingly, I gave the wrong type of blood. The first time I did a bone marrow, I was an intern and the patient needed a bone marrow. I looked at the book in the call room and it showed putting a needle into the sternum over the heart. And I did so and smeared it out on the slide to study it. That was all in the middle of the night. The next morning the resident said, “What’s that on his chest?” I said, “Well, that’s where I did the bone marrow.” And they said, “Oh, we don’t do them there. You do them down in the pelvis or in the lumbar area.” The same week, I remember it was about midnight, a patient came in with a lung that was clearly full of blood and he needed to have the fluid drained. So I just did it and took out more fluid than I should have, I took two liters. The patient did well and it used to be “see one, do one and teach one” was the rule, but at Bellevue Hospital, “just do it” was the rule. That’s not optimal care at any place or in any time.

Q. That sounds rather frightening, actually.

A. It is kind of frightening. But there’s much more instruction now, and they have models to teach students how to put a tube into the lungs, or how to put a tube into the stomach, or whatever else you need to do. They have mannequins, instruction and legal rules that are stricter. I think things are probably much better,
but not quite as good at convincing you that you can do it yourself. In the middle of the night if it’s an X-ray and you’ve got to interpret it, you try hard to interpret it and the information sticks in your head forever. If you’ve got five attending around telling you what it represents, it’s a little harder to learn. There are pluses and minuses, of course, but surely the system is better now.

Q. One of the, correct me I’m wrong, but one of the differences is that, aren’t there rules now about the number of hours that interns and residents can be in service?

A. Yes, they talk about eight hours and no more than 80 a week. The advantage of the old system was that if someone was really sick, you just stayed there to take care of him. But the disadvantage now is that the next morning, or the day after the next morning, it is very hard to function. I rotated through neurosurgery and was six months on neurosurgery at Duke as a resident. I enjoyed it very much. They had a system that at 6:30 at night, you were on every other night, but at 6:30 at night you had to go home on the night you were off. The other guys knew they had to make up the difference. That department realized it was not sensible to have someone operating if they hadn’t slept for 40 hours or 50 hours in a row.

Q. I’ve heard that older system defended as testing physicians’ stress level, that you will be better prepared in the future if you have experienced extreme stress as an intern resident. It didn’t make a lot of sense to me.

A. I’ve heard the same, but I really think it may also have done something. I always liked to do things myself and I did better alone than I did with a whole lot of people around me. But I think it also gave you a feeling, “I am responsible to do this, I must to get this done,” and ultimately it does fall on the doctor’s shoulders.
I fully accepted that in the operating room if the sponge is left in, it’s the fault of the man at the top. It’s the surgeon that’s responsible. He didn’t leave the sponge in there, but he’s responsible. I like that system of direct responsibility and I would like to have all physicians think, “Perhaps I didn’t follow through on that. I better go do that again. I better see them one more time before I go home.” So I think that had some advantages, that older system. It also fit into the tendency of all males in particular to come up with pejorative phrases, as GOMER, “Get out of my emergency room.” Or TURKEY, words that dehumanize the patients a bit in that older system. So there are many disadvantages, some obvious, some less clear.

Q. You brought to my attention that you did an oral history interview a few years ago about, was it neurology?

A. Yes, there are two neurology groups. There is an Academy and there’s an Association, and surprisingly the Association is the smaller, more prestigious one. The Academy is for everybody and offers many teaching courses. I was Vice President of that organization and I was on the Board of the other for a while. When I got into the Association, it was limited to 300 or 250 people. Now, it’s got maybe 600 or 700, and in the Academy there are 12-, 13-, 14,000 neurologists. But both of the groups, and they cooperate some, they asked me to do a summary about neurology education at Duke and about people I knew. That interview really focused pretty much on neurology and our national image, and not particularly on Ohio State.
Q. I just wanted to have that included in the interview as a point of followup, whoever wants to do additional work, then it is in fact there.

A. Well, because of people like you that are scattered all around the country, many of the national organizations are interested in preserving their history, and even have notes in the archives and historical artifacts. That’s been something that your discipline is doing. The neurology group has done that, too.

Q. Okay. You finished your residency at Duke.

A. Yes.

Q. And then what?

A. After the neurosurgery residency, I took a year to work in a state hospital. I was there some, a little bit longer than a year and actually got credit for a year of psychiatry training. After that it was time to go to the military. The Berry Plan at that time, when all physicians still were required to spend time in the military, essentially all, unless your father was a senator or something. And other people weren’t being drafted at that time. But it was a hangover, a need, from previous days. So you knew when you began medical school, if you signed the Berry Plan that you could finish your training, but then you owed them at least two years. They didn’t pay for the training. There were systems that you could have the whole expenses paid for by the military but then you spent equivalent time. So I knew I had to go to the military. I was in Washington at the time, and visited where they make assignments. They’d say, “Where would you like to go? Would you rather go to Madigan in Oregon, or go to Hawaii, to Tripler Hospital or to San Antonio?” And I said, “Well, any of those would be wonderful. Please, any place
but Fort Bragg. I grew up in Raleigh, lived in Raleigh and Fort Bragg is 60 miles away.” “Oh, we don’t even need anybody in Fort Bragg.” And of course two weeks later I got the orders to go to Fort Bragg. I expect they just remembered the name and not that I said, “Don’t.”

Q. So military service was …

A. As a neurologist and a psychiatrist because I had a “C” ranking for psychiatrist and full-ranking neurologist. At that point in time and it grew more. Fort Bragg was big, and then the Berlin crises came and it grew more. So 75,000 or more GIs, plus Pope Air Force Base. And there were two, four, even five dependents for each of the GIs. So I saw a lot of headaches, backaches, and things like that. Since I had had the psychiatry I also took care of the psychiatry ward. It was a 400-, 500-bed hospital. The psychiatrists ran and there were five very good psychiatrists, and they served in the units, not as much in the hospital. Actually, the military was quite pleasant for me. I was usually home by 5:00. By that time we had three or four children, four or five children, and it was good to be with them after busy residency.

Q. So was it a one-year, two-year commitment?

A. It was a two-year.

Q. Okay, very good. And after your military commitment?

A. I came back to Dix Hospital, the North Carolina state hospital, for two or three years, maybe four years. I enjoyed it. I was doing research for the mental health system along with two or three others. They went on and all became professors. And then the mental health system in North Carolina, in the whole country, began
to change with deinstitutionalization. And I was thinking I would like to go back into academia. I was, for a while, the head of neurology at the VA [Veterans Administration] Hospital at Duke. And then Dr. Norm Allen, who was at Chapel Hill, and I admired him as an exceptionally scholarly neurologist, said he was coming to Ohio State. And he asked me to come to Ohio State.

Q. Okay, what was the name again?

A. Norm Allen. He was professor here in the Division of Neurology, before we became a department.

Q. Okay. And so what made you decide to accept the offer?

A. Well, first I admired him. I knew I liked to do academics. I liked the state hospital; I liked mentally ill patients, and trying to figure them out. I could do teaching there because there were residents that rotated over from Chapel Hill. But nevertheless I missed the university, the whole flavor of a university. I could probably have gone back to Duke, if that came up. But Ohio State looked pretty attractive to me, and it was a good choice.

Q. Okay. Well you joined the OSU faculty in 1967 and it was a campus like most in the country, in turmoil. Can you comment on the disturbances of the 1960s, and you also had service I understand with the so-called Green Ribbon Committee.

A. Yes, I went on the campus because they wanted us to be around and be a force for reason, if it was possible to be so, at least be a more stable-looking older group. It was really quite disconcerting, as you know, as you’ve studied and written about. But to have patrolmen with guns standing on various corners, and then to think of closing the campus was awful. I’ve told you this story before, I think, in our class,
the one you so well organized along with [OSU English Prof.] Chris Zacher. But at the time of the turmoil I was part of an ethics seminar that met at night. It had a couple of people from the two or three divinity schools, from social work, plus two medical students. And I, with faculty from other disciplines, would meet once a week for the ethics seminar, a couple of hours. And I was stunned that we couldn’t meet on campus, but we could meet at the [Pontifical College] Josephinum, which is a Catholic seminary [in Worthington]. It was something that struck me as strange that in a state school we could meet in a clearly religious institution, but we could not meet for several weeks, maybe three weeks, on the public campus. And then the students, of course, one of them at least, had gotten in some trouble with the police, and he brought his torn shirt to the class. There was a lot of discussion in our group about this whole thing. I think the whole city was discussing it. It was to me a sad time for OSU.

Q. So you said that your group couldn’t meet on the OSU campus because of the turmoil?

A. No, because it was closed. So we met up there at the seminary. There was no turmoil in the Catholic seminary. It was quiet there. And there was Father Kraus, who was one of the members of it. I’m fond of telling this story, and I think it’s almost worth repeating. One of the most zealous of the students – who I’m sure later became president of the county medical association because he liked to be in politics and was very talkative in the group – he came in, one session, one week, and gave a little speech about how could any policeman be upset about being called “pigs”, and he gave a little talk about that, and Father Kraus said, “People
die for words.” And he gave a lot of examples of how people have died for words. The very next week the student brought in his torn shirt and at 2:00 a.m. he had been on High Street and he said the policeman suddenly grabbed him, threw him in the back of the car, tore his shirt and yelled at him. And he cursed him, said the student. And the student quickly said, “I’m a medical student.” And the policeman said, “Get out of this f---ing car. Go back to your dorm. Stay away from this.” The student said, “I’ve never had people talk to me like that.” And Father Kraus said, “It was just words.” But people were real riled up, and I do believe the student also learned.

Q. People look at campuses as being students versus administration, I found it most unclear and an over-generalized statement. The University represents a variety of views, some of them quite conservative. [OSU College of Medicine] Dean [Richard Lewis] Meiling must have had a different take on the whole episode of protest.

A. Oh yes, Dean Meiling unequivocally said, and I’ve put it in this little book I did about the medical school, he unequivocally said when I was on the Executive Committee, “We will put machine guns on the roof to keep the hospital open if we need to and the rest of us, not just me but the other people of the faculty members that are on the Executive Committee, we absolutely will do that.” And I think he meant it. That was Dean Meiling. But I think it wouldn’t be fair to mention it without saying, as you have and as [OSU Special Assistant to the Provost] Tom Minnick and others have, good things came out of all of that turmoil. I was aware of it again last month at the beach, as I read much of Gail
Collins’ book “When Everything Changed.” Now that’s about women. It came out a year or so ago. But during the ’60s, astounding changes came, so astounding that we don’t even notice them anymore. The changes included relationship between men and women and awareness of harassment. I assumed when I was young, people that were older wouldn’t want to talk to me at all, and I stayed away from college professors. But that’s not true of students anymore. There’s more of a sense of collegiality. Most students now know what you just said, that not all professors are exactly the same. And most are approachable, but there still is a gap, of course.

Q. And there was also the era that may have been shattered by the ’60s, in which deans stayed a long time and they were, if they stayed long enough, they were sort of, to use a medieval analogy, kind of the princes of their own chiefdom. I think the ’60s changed much of the dialogue by diminishing the power of, or diminishing may be too strong of a word, but perhaps sharing power more with committees and faculty.

A. I think you’re right. Of course, in general, the older deans may be more conservative. That’s not always true about voting, as we all knew. I just read, also at the beach two weeks ago, a long biography of Andrew Mellon. It’s a very good biography book, very detailed. He was marvelous, but exceptionally conservative and interpreted everything in terms of a Presbyterian, Scotch-Irish view, of morality. If they didn’t subscribe to his views, well maybe they were really meant to be poor. It was a different era. We’ve come a long, long way in this country. Things have changed, and we have different views about poverty and ethnicity.
Q. Well, stereotypically medicine and agriculture, and engineering too, are seen as the more conservative side of the campus politically and socially. Is that a fair statement?

A. Oh, I think it is true. I got a call, after I had been here not terribly long, someone asked me to give some money to the Democratic Party on the phone, and I said, “I’m not interested.” But they said, “But you’re one of only eight Democrats that are doctors in this town,” which may or may not have been true, but it had a grain of truth in it. But now with the Internet and Google, the patients are increasingly feeling responsible for their own care. They are responsible for their exercise and their eating habits. There have been changes in the way medicine is delivered. I want to restate the same thing we mentioned earlier, “You do it yourself, I’m in charge,” was the view that physicians had, and the ones who were trained like I, had that philosophy. Surgeons maybe were even a little convinced they are in charge more than others. So that’s now changed. Surgeons can’t throw things around the operating room anymore, and all of us sense our limits.

Q. That’s a very good point. As soon as I hear something from the physician, I’ll check it out on WebMD.

A. And the chances are fairly high that you’ll know more quickly than the physician does and that is, I think, a marvelous, marvelous change for our time.

Q. I’ll seek a second opinion via the Web or confirmation that this makes sense. I mentioned a few minutes ago the Green Ribbon Committee. Can you talk about your involvement in that?
A. Don’t mean to make more of it than it was. I know that they asked a handful of us at the Medical School to participate on campus in the evening and wear the ribbon and go out. I don’t remember any confrontation that I was in that was unpleasant. I do remember trying to talk to students. It was not automatic for all the reasons just discussed, including our views as faculty. We don’t want to intrude on children and young men and women when you don’t have to. So I think the presence of professors was a good idea, not required to have everybody leave, but have some people who are not rioting to be around, some calm older people.

Q. Okay, so the purpose was to be there.

A. To be there and talk to people.

Q. Give counsel.

A. I remember several students I talked to a little bit but it was nothing dramatic. No one raised a gun to me or against me.

Q. Okay, so would you say it was a pretty informal …

A. I think the University did about as well as they could have at the time. It’s easy in retrospect to say things could be different. We are all aware of it right now as we’re talking, with events in Egypt and elsewhere, and in Russia, thousands of people protesting this or that. That’s not a comfortable thing for any establishment.

Q. And terms like establishment don’t reflect the fact that there are divisions even within the establishment. The students like to perceive the [OSU President Novic G.] Fawcett administration in the ’60s as some kind of monolithic group, but there
was diversity there too. Students like to think that administration controls the
campus but in a public university the trustees have a significant influence.

A. That’s right. And we look for heroes and villains by nature as human beings and
sometimes elevate or denigrate them more than we should.

Q. But certainly you arrived on campus at an extremely difficult time.

A. As you said earlier, and forgive me for interrupting, Rai, the Medical School was
almost different: 12th Avenue was like a moat between us and campus. Everybody
was busy with their own thing and I’m sure within the Archives they were busy
with the archives. But within the medical complex, there wasn’t much awareness
of what was going on, on the campus. Impersonal, as if you might look at a
newspaper or something. To some extent different rules applied because at that
time most of the faculty was supported, most of the clinical faculty were
supporting themselves by their own clinical practice before the practice plan issue
bubbled up.

Q. We’ll talk about the practice plan in a couple minutes, enough to say there were
rumblings in the 1960s, during the Fawcett administration, about doing something
about the revenue, about University medical professors in particular, using
University facilities for their own income. At that time the Fawcett administration
backed away from doing anything. But it would become a big issue in the next
administration. But before we get there, in fact we are there already, we might as
well continue on the medical practice plan. Now you left the University in 1971,
correct, to go to Riverside?
A. That’s right. I never had the feeling and I still don’t, that to do a good job in practice was less desirable than if you did a good job in academia. I think whatever you do is what your role becomes. And I enjoyed patient care. We had five children and my wife was not working the first few years when we came to town. So I wasn’t sure I could send those kids to college. I knew they were smart enough to go to college. In contrast to what I was just talking about, I wasn’t generating very much from seeing patients because the billing was done by my wife who was even sloppier at that than I. There was no good system at OSU. It was not bad for that time, but my total income was $35,000, and I thought I needed more to have my children go to college. So that played a role. We’ll have to get back to the practice plan, I did not leave because of the practice plan issue. I was really, really fond of the neurosurgeons that I joined. There were five neurosurgeons that were as fine surgically and as human beings as any people I had ever worked with. They treated me like a brother. I had that feeling before I joined, and I had that feeling the whole time I was in practice with them. And in academia you less commonly have that feeling, that the other guy is a brother. It was a very, very special feeling. Neurology when I was at OSU the first time at University was within Internal Medicine. Dr. James Warren, the Chief of Internal Medicine, had come up with a practice plan that indeed did take a fair amount of whatever money was generated, and put it into fellowships or for research. There was much discussion but there were other units within the medical complex that would sort of say, “Leave us alone, we’ll pay for everything. Just get out of our way.” And so you had people who were on a very low salary, but had a big
practice. Floyd Beman, who happened to be in medicine, had salary for full
professor of $10,000. And so he felt no sense of shame about having the
University pay for the lights and pay for the secretary, and then he did billing on
the side. He did a lot of teaching every day. So it was a very complex problem,
again as you said about University, the Medical School was not totally
homogenous in that approach to collecting practice surveys either.

Q. And perhaps we need a little more context here. There was at that time a rather
rigorous state ceiling on incomes. I think the President was limited to $75,000,
something like that. And as I understand it, and you would know more given your
background and as the historian of the OSU College of Medicine and Hospitals,
that OSU did not pay competitively for medical salaries. And so the way they got
good people was to enable them to earn additional money through private
practice, and basically no restrictions on the private practice. And this was done
so that the University would be able to compete with other institutions.

A. I think that’s a very true statement. If you went back to a decade or so, a couple of
decades earlier up through the ’50s when [Charles] Doan became the Dean and
[before that, OSU College of Medicine Dean John] Upham, they had almost
nobody, maybe three people, on any salary at all. Everybody else was a volunteer
teacher. I don’t think this is entirely true, but if [Johns] Hopkins [University] in
the 1890s – remember, we’re older than such more famous schools – if Hopkins
in the 1890s was established to do scientific medicine and the University of
Chicago ostensibly when it was set up was to establish for teaching of students, to
a large degree Ohio State University was for patient care. And the teachers came
out of the patient care hospitals in the community. So I think they had a tradition of seeing patients, billing for their services, collecting the money, and as you can easily imagine, it was uneven. And some disciplines would make, the subspecialties for example, a lot of money, and some could barely limp along. So it was a very hodge-podge and uneven system. I think there were many, I was certainly one, who did think they needed some universal plan. Duke had a practice plan that was set up in the 1930s when it was established, perhaps in 1932, which clearly had control and supervision of how much money came in, how the billing was done, and what percentage would go for education, then what percentage would go to the faculty. And they had an incentive factor the way they still do. Of course Mayo had no problems with recruiting superb physicians, and they’ve had a unified practice plan since they began. But Ohio State came up in a different pathway, and then of course, had many people who were not very scholarly, but who generated a lot of money with patient care. OSU also had some wonderful scholars who were not being adequately paid. This was something each of the Deans fretted about. And of course, Meiling, who was extremely conservative, did not want the system to change. I think most of us in the faculty knew it had to change.

Q. I think it was an issue that Fawcett chose not to tackle when it was brought to his attention. And President [Harold] Enarson, as we all know, did tackle it and my understanding is that it had a very difficult result. It was fought in the courts, and led to a pretty nasty period of time. Do you care to comment on that?
A. Well, I was at Riverside, but I was still good friends with everybody and [would] go to dinners and cocktails in town, and actually spent some time talking to [OSU College of Medicine Dean Manuel] Tzagournis and [OSU College of Medicine Dean Ed] Moulton, who was around shortly after that. Moulton, and perhaps Tzagournis, were on the University side. It was the Vietnam of medical schools as far as I’m concerned. The doctors, several hundred, sued OSU; the entire anesthesia department left, and went to St. Anthony’s or other places. Many of the excellent clinicians left during that time. So how can you run an operating room without anesthesia? They had that kind of problem. I don’t know the exact numbers anymore, over 150, but a large percentage of the doctors were involved on the doctor side, versus the University side. Both sides spent far more money than should have been utilized on this battle. The issue was the same issue I was just saying in that, “I have a contract that says they pay me $10,000 a year and I can do the other things. The contract says this.” So, in fact, the doctors could, and did, win the lawsuit but they couldn’t win the long goal on the issues. It’s like you can win a battle but you’re not going to win the war. They did win that battle, but it was clear that something had to change, that they could not be the only school in the Midwest that did not have a practice plan that spread across the whole school. You’d have people like [OSU Board of Trustees Chairman] Howard Sirak, who Heaven knows made a lot of money, and married a lot of money, in charge of the committee. Everybody hated him because he was a traitor. People who were respected on the committee, like [OSU Provost] Al Kuhn, tried to do something about this and, as far as the medical school was concerned, Al Kuhn
had horns, was an evil man, and yet he was one of the most beloved people on campus. The practice plan battle really split the medical school away from the campus and split even within the medical school. The Department of Internal Medicine would be more willing to change than, say, surgery. And you’d have some groups that made a lot of money, like ophthalmology, that paid for their residents themselves, paid for most or all of it. And they said, “Well, if we change then the hospital has to pay some of it. If we have to give this up, then you’ve got to come up with money to offset what we’re doing.” So there were many, many difficulties. There is no quick way from my point [of view] to explain how intense it was. I don’t think Enarson, although the medical school thought so, I don’t think he quit being President because of this. But I do know what happened: [Harold] Cramblett, who was a very honorable man, Dean during this time, had been a very good infectious disease man at Children’s Hospital. He was the point of the arrow within the medical school. And Harold Cramblett is a good man, a very good man, a very good scientist, very sincere, very religious and honorable person. And suddenly he was vilified within the medical school and in the community. And as recently as 10-12 years ago, long since the practice plan issue was settled, beyond where it was when Tzagournis set up the committee, Manuel Tzagournis called me and said, “Would you get some of your faculty to support me to name the clinic building for Dr. Cramblett?” And I said, “Manny, the faculty is not going to want to do this.” And he said, “Well, you’re friends with people, so do it.” He got me to call the Chief of Staff and leading cardiologists within the medical school, and similar respected people. “Here are
two,” he suggested. And one of them said, “I can’t bring this up to the faculty. They hate Cramblett. They’ve had enough of this. If I bring this up they’ll be furious.” And the other one, who was the head of a major division, said, “Oh, yes, we should name something for Cramblett. I have a water fountain right outside my door. We’ll put his name on that with a bronze plaque.” And Manuel knew it could not work. Dr. Riebord would have been a good one to name the clinic building because he was the one who designed it and he went on to be President at Toledo. In fact, he was the one who organized the clinic. But eventually, it did have the Cramblett name put on it. I do think he deserves some recognition, as I think anyone who is a Dean does. The way this was handled, after the lawsuit sort of settled down a bit, is that Manuel Tzagournis set up a committee, with [Dr.] Grant Morrow as head of the committee. [OSU Vice President of Finance] Bill Shkurti was on the committee, representing the University. And there were about eight of us in all on the committee. I was on the committee and when Grant Morrow could not chair the committee, I did. The bottom line was to achieve something that was acceptable to everybody at that time, to make sure money was not secret. The Chairman’s income tax was to be specifically seen by the Dean and everyone in the Department’s income was to be known by the Department Chairman. A certain percentage, it varied depending on what year, would be put in for research and or for patient care, and all financial aspects would be more open than they had been. In addition, the Dean would have a little bit of money that he could give for genetics or for something that went across disciplines. That was the first step, and they’ve gone far beyond that now, more like a Mayo plan,
everybody’s part of the system. But it had to evolve. Tzagournis, not Cramblett, made it happen.

Q. As you say, there were variations based on the different department, because some departments earned more in patient income than others.

A. Yes, and some of them had large research funds, some had none, or relatively little. I think it’s good that they could preserve some individuality, but you still need accountability as well.

Q. I think that was the University administration’s concern, and the pressure they were under, I dare say that was Enarson’s own perspective and it figured into this as well, in terms of his political and social points of view.

A. Yes, and I think that he was urged to do this by many people. He was correct to try to do it. They quarreled about how to do it, but it’s evolved into something I think the University can be proud of, whereas before it was a cause for some shame, without any question.

Q. You were at Riverside [Methodist Hospital] from 1971 until 1983, and then you returned as Chair of Neurology. How did that come about?

A. Well, I’ve already mentioned Manuel Tzagournis and he was the Dean during some of that time, I knew others of course. Manuel took me to lunch at the Faculty Club and says, “We’ve got to appoint a new Division Chief,” Norm Allen was sick with leukemia and about my age. He was a young man, relatively young man, and a very, very fine person. And, “Would you want to be on the committee? If you want to be considered for that position then you shouldn’t be on the committee.” And so I said, “Well, I’d like to be considered for that
position.” I was happy with practice and my good friend [Dr.] Jud Millhon said, “George, you’ve got a rhythm of about six or eight years; you’ve got to do something different. It’s just a question of what you’re going to do.” But I was missing the University. Then when Manuel asked me to come back and head the Division, because it was his choice about that, I met with the members of the Division. The division wasn’t big – six, eight, ten [doctors] – and I said, “If you don’t want me to come, I won’t. I’m happy where I am.” But they all said they would like to have me come as chief. They were ready for someone to be in charge. I remember when I left the meeting, it was around noon and I walked around campus on the Oval and saw those kids there. It was always exciting to see all the young people. And as I went back to the University Hospital, there were people who were talking about sodium and potassium. But when I went back to Riverside, it was about 5:30 and I walked through there and saw several physicians. We talked about their condos and one of them talked about the ninth hole of the Scioto Country Club. One of them specifically said how much you could charge for some procedure. So in the car back home, I thought, “I don’t belong there. I belong back at University Hospital where they were talking about sodium and potassium.” So that’s when I came back. I told Manuel if they wouldn’t block me from trying to have a department. Neurology was not a department then. So within a year or so, we had managed to have a department. And of course then they had a search. They had a couple of good candidates that I would have been very happy to have come, but I ended up being the Chairman.
Q. Okay, as chairman of the new Department of Neurology, you were there until 1991, so from ’83 to ’91. What were the major issues besides mutual budgetary ones?

A. Well, the major [issue], I suppose, was I didn’t know that I should try to get some money before I came in. So later I had to scrap around and figure out how to get money to hire anybody. And the Oncology people had to help me hire a new neuroncologist and [I] got in a little trouble going over and getting Riverside to come up with half the salary for a stroke person. There was to be a man who would then be both places. I was told by the University, “No, no, no, we’ll come up with a salary for a stroke person.” That was one of the problems. There was no clear financial help to build. You’re right about the budgetary thing. I think recruitment is always a problem. We had poor residency, but it was better after we had more selectivity. We needed people in several areas. There were good people in the department. Neuromuscular was quite strong with Jerry Mendel. They had some other people. Jerry had a very nationally recognized program. I managed to recruit someone in stroke. The way I did that was to have a good resident who went off for two years, and then returned and I knew he wanted to come back. We needed people in neuro and multiple sclerosis. For a while we had two psychologists, Ph.D. neuropsychologists. The head of psychiatry said we shouldn’t have any psychologists in neurology, but I could point out there were three or four within the Department of Physical Medicine. It didn’t mean you couldn’t have those people. We had a good program. My wife told me I shouldn’t stop, and Manny told me I should stay on longer. But there were two very good
faculty members that I found difficult to deal with. I don’t like confrontation, and I don’t deal well with it. I had to deal with them because they were confronting other people. I walked on the ward and witnessed a confrontation I didn’t like. I thought, “I don’t have to do this. I can just stop.” Overall I was very happy with the people we had. I think we did a very good job. We got Man of the Year awards when I was Chairman, and two more after. The students select the best teachers, so we did a good job of teaching. The research had increased. Surprisingly, I particularly enjoyed interacting with the other Chairmen. We’d meet a couple of times a month. It was very comforting that, almost without exception, they were thinking in terms of the school as a whole, of the Medical School as a whole, not just their own department. The Chairmen of Medicine and Surgery were good people, very good people indeed, and I loved several others as well.

Q. And this was presided over by the Dean?

A. Well, there were meetings presided over by the Dean, but we also had meetings of our own at the Faculty Club once a month and we talked about things that we felt we could do to help. I was very happy to be able to feel, and to know that I had been informed when we had a meeting about plans for the future that were chaired by the Dean. Once we needed to pick out the ten major things for the next 10-15 years, that was at least 15 years ago, I wanted neurology and neuro surgery, neurology and neuroscience to be high [on the list]. I knew cancer had to be at the top because the cancer hospital had just opened. We, in neuroscience, were able to get ahead of cardiovascular disease and all the other things that were desirable,
and that effort eventually led to a Neuroscience Department, as well as a separate Neurology Department. There were things like that you could do if you were with the other Chairmen. I was on all the committees, or so it seemed. We tried to come up with a better way of building a common billing system, but the problem was always, as I mentioned earlier, accountability. Governance was also a problem because the surgical chief and the medical chief disagreed. I felt the other Chairmen were people the University could be proud of, and I was proud to be with them.

Q. Okay. You were there for some eight years in a leadership role in Neurology. Can you give me a sense of your most important accomplishments? I think we have mentioned several already.

A. For me personally, you mean? Yes, I think I was a good Chairman and I was very proud, maybe unwisely proud, of always being asked to see difficult clinical problems. That was important to me. “This patient has something and I don’t know what it is, but you take a look at it.” So that for me was always a pleasure, that most rewarding intellectual part. We also were able to set up a Parkinson’s [Disease] Center. For a while we had five physicians, and two or three people doing research in movement disorders. It imploded when I left, all who were working with Parkinson’ and movement disorders like Huntington’s disease, etc. My expertise in that area was the thing I was best recognized for nationally. I think we did a very good job with inter-relationships in the community, presenting to groups and trying to get the community doctors a little bit interested. It’s never going to work with town grown things, but we did a good job.
Ophthalmology does the best job of all with community efforts; it always has. But Neurology did a good job of having a stature in the community. So those were the things I was proud of.

Q. Okay.
A. I wrote articles, about 300 or so in medical journals.

Q. There’s always a flip side to this question. Disappointments?
A. I wish we had had better residents. Some of them went into academics. I don’t mean it is better to be academic, but clearly there were a couple of residents who were not the world’s best doctors. They weren’t malevolent, and they weren’t totally incompetent, but they were just not particularly good. We had one that we had a lot of discussion about. I found him very difficult, even though he was a nice person. He happened to be African-American, which made the situation particularly difficult. He did not do well on the in-service exam, no matter what effort we made. I finally realized he just didn’t have the background or the smarts. He didn’t have the habit, a lifetime habit of studying, although he had lots of degrees from different places before he came to us. He went on after he left us, and was at the Cleveland Clinic, once again taking another degree, but he just should not ever have been in scholarly activities. Individual things like that bothered me.

Q. No program is perfect. I know from my own experience that we, at the Library, approved people for tenure, and that turned out to be a bad decision.
A. It’s hard and we all make mistakes. I would say that most of my life has been nothing but a sense that I’ve been lucky and very fortunate. I don’t have much
negativity. Of course I have negative feelings, but no significant negative feelings about any part of it, including the administration of the University. I really liked very, very much a couple of administrators. [OSU Health System Chief Executive Officer R.] Reed Fraley was the head of the hospital and was a man of real integrity. That’s a comfort.

Q. Okay. You mentioned Reed Fraley which brings me to the next topic, actually. You were, from 1993 to 1995, you were Chief of Staff of OSU Hospitals. What was that all about?

A. Well, it sounds good and I like to write it and I like to say it, but the truth is that all the staff in the hospital votes; it’s a voted position. So you have to say, “Yes, I’m willing to do that job,” which usually means that there are two or three that are nominated and one of them gets elected. I was elected one year. And then there is the year before and the year after. You go to Board meetings for the hospital and you’re expected to go to credentialing meetings and to planning meetings and to speak for the whole medical staff when you do. I enjoyed that. I liked seeing other people, nonmedical people, at the Board meetings for the hospital. The Board started while I was at the medical school. I had nothing to do with it, of course, but the hospital did not have an independent, separate Board when I first came. When they got people like [Lazurus Stores Inc. Chairman] Charles Lazarus and many similar people I saw as patients along the way, I was pleased to be there. Charles would walk through the hospital and say, “It’s not very clean and here’s where it’s not clean,” as he pointed things out. Then administration would do something about it. So having laymen from in town, who
are independent, is very helpful to the hospital. I think everybody would agree. Not just people with money, but people who had some new insight. A lot of them, of course, were wealthy people.

Q. So the position of Chief of Staff ....

A. You represented the doctors in those meetings.

Q. You represented the doctors to the Board and how else?

A. Well, they were likely to ask you, someone might call and say, “Would you talk to somebody representing the hospital?” I’m not an administrative head. Some committees are difficult, credentialing I mentioned, whether somebody has improved appropriately and that sort of thing. I was not on the P&T committee at the time, that’s more in the academic circle. For example, one year I was not the Chief of Staff, but I had been four or five years involved with it. If you’re trying to throw a doctor off the staff, you have to have someone chair that meeting and everyone had to bring their lawyers. That could go on for hours. You need a quorum, doctors are gone, so you end up meeting on Sundays or at night time. So occasionally those things. Basically, it was an honor, but you knew it was going to take time to investigate any doctor.

Q. Okay.

A. It’s time-consuming; they don’t want a Chairman to do it because they might be pushing for their own department or something.

Q. Okay, so you’re sort of both a representative and kind of an ombudsman?

A. Yes, it ends up being that. In fact, when I was there we set up an ombudsman sort of thing, particularly for alcohol, someone that you could talk to if you think
somebody in your unit is drinking, or on drugs, or something. But it depends a little on the person and who they are. Those problems usually occur with someone who has been around a while, someone who knows a lot of people.

Q. You mentioned Reed Fraley a minute or two ago. You must have known quite a few medical administrators, beginning with Dr. Meiling.

A. Meiling was a physician and head of the Medical School. He was Dean, Vice President, and some people say (in the book about Enarson) that his college was stronger than the whole rest of the school. He was something; there’s no doubt about that. In addition to Enarson, there would have been an administrator of the hospital. Reed Fraley was administrator of the hospital. There are half a dozen of those names I can’t remember well; most of them were nice, but Reed was the one that I knew the longest and admired the most, because he would say something could or couldn’t be done. He would say, “Yes, we’ll take care of it,” and it happened.

Q. Okay.

A. But Meiling was probably among the most effective Deans. Meiling would have to be listed, and Tzagournis would have to be listed too, and Doan, who was before my time.

Q. Meiling had the military background; I think he was referred to as the General?

A. He really was a General. He was a Major General in the Air Force, at least in the Air Force Reserve, and he worked with the government, becoming involved with air evacuation and helping to encourage the medical air program here. He was
also a bit maligned because he got his degree from Munich in the mid-1930s, and Munich gave him a special award after the war. He was an interesting person.

Q. I actually interviewed Meiling a few days before he died. Well, somebody may have started that and I continued it. But it was a fascinating interview. I regret to say that I had four cassettes of tapes, well over three hours, and I ran out of tape. But one of the things that Meiling told me was that they, you perhaps might want to comment on this, he was such a strict disciplinarian that some people might have referred to him as too intensely controlling. He took pride in telling me that that, when the federal agencies come on board with all his various proposals, he would enlist President Fawcett and would basically tell President Fawcett how much time he had and what to say. I think he was being helpful, but I got the sense that he was very imperious.

A. So did everybody else. I think that his son George would say the same thing, because we talked about it a lot of times. There are a lot of anecdotes I could tell you. I don’t want to tell them all, but he was very good about recruiting people. He did a very good job with the folks he hired. He was good about, as a general you hope would be, picking good people to be his assistants. There’s no doubt about that. But he was very forceful, very strong. Some of his students, particularly Jewish students, didn’t particularly like it when they saw his diploma with a swastika on it. I’ve heard several students say that. And then, of course there was the incident of the glass plates. He was interested in art and did a good job. That mural in Meiling Hall, the one you see as you enter, and the glass panels of the Cramblett Building, and the Meiling Building. If you had to eliminate one
of them when the students discovered it had the great men in medicine, but that one of them was the doctor for the S.S. [Germany’s permanent guard unit under Adolf Hitler], a person that Meiling had picked to be in there. He picked that one. So when it got in The Lantern and it was mentioned that this thing was there, within a week [OSU College of Medicine Associate Dean] Ron St. Pierre had managed to get it taken out and you can’t even tell it was ever there. But that’s the kind of thing Meiling would do, put the doctor from the S.S. in there, and I notice in the glass panels, which are really quite lovely, Meiling appears twice.

Q. These are the panels in Meiling Hall?
A. The ones at Meiling Hall and Cramblett, he’s in both of them. He has his green gown on in the one, and in the other one he is looking at an EKG tape. It’s clearly Meiling. So he had that type of ego.

Q. He complained to me quite a bit about how difficult it was to get the University to understand the concerns of the hospital, and a specific example he said was doing Doan Hall, that it was proposed the University tried to tell him that the predominant color in this hospital should be gray, because hospitals were laboratories and the standard lab color was gray. And he pointed that as an example of how little University administration understood about hospitals, and if you’re in a hospital, gray is a pretty depressing color.

A. Well, he was forceful and often right, and he was also strong-willed. He was as with anyone, blamed for a thing that may or may not be true. I do know that at an executive committee meeting, two of the neurosurgeons, one of them is down in Kentucky now, and the two of them were trying to organize a union of interns. It
had to do with the eight-hour thing you mentioned earlier. They tried to have
some kind of control over their lives and maybe get a little more money because
when I was an intern at Bellevue we were paid $76 a month. That’s what they
paid. Duke paid $25, $35 if you were married. But $25 a month, imagine that! So
you had a different kind of person going into more training. It was a different
time. They were organizing this and Meiling specifically said at the meeting, “I
won’t deal with these people. They want to go mano a mano with me.” That’s the
first time I think I had heard that phrase. He also said, “I would welcome that, of
course. But they’ve also got those Jewish lawyers from Cleveland.” One of the
people there was Tom Ferris who went on to be Chair at Minnesota. He called me
that night and said, “George, I’ve got Jay Stein (who later became a Dean and
Chair down in Texas) in my department. Another guy who’s Jewish. I think that
sounded anti-Semitic coming from the Dean.” Tom Ferris said, “I can’t live with
that.” And I said, “Well, I suspect you better just do nothing.” Meiling would say
things like that. He had a different experience. George Meiling – we were in the
Kit Kat club together and I had been urging him to write up his father’s life – said,
“The family paid someone from Chicago to do it and then they ended up speaking
mostly about the German ties, and the family wasn’t happy with what this woman
was doing.” But George also told me that since he spoke very good German, he
was the last physician that interviewed [Hermann] Goering [a German military
commander convicted of crimes against humanity after World War II], who
committed suicide the next day. Meiling hunted with Goering. I heard from
George more than once that Goering had an estate where they could go hunt. And
Goering mentioned, and he has that in [Robert] Sutton’s interview, that he was interested in Vitamin C. He got an award given him by Goering when he was a med student at Munich because he showed that you could get Vitamin C from rose hips. The Germans were going to plant rose hips along the autobahn, roses so they could get whatever those things are, hips or some weird things that contained Vitamin C. It was still too close to the Second World War, but Meiling was a leader in checking the medical schools after the war. He became a leader in air evacuation. The military was delighted to have him. And he is, according to George, the only American as of that time that got an award from Munich, the only American physician who got an award from the University Medical School in Munich, 15 years after the war. So he was an interesting, complex man who was sure he was right.

Q. So the next Dean of Medicine that you dealt with would have been Cramblett?
A. Yes, yes, it would have been Cramblett. A very good man when the practice plan besmirched his tradition with the people there.

Q. And Tzagournis followed?
A. Tzagournis followed. Tzagournis was working with all of those people. He was Dean or Vice Dean for a long time before he officially became Dean. He probably has as long as anyone. His style was totally different than Meiling’s, of course. His was very much, “My door’s always open, come visit.” Not that kind of discipline. He was quite firm when he needed to be. Some of the medical faculty complained he was not research-oriented, but he was always medical school-oriented. He was trying to build a school.
Q. Wasn’t Tzagournis also a physician for Harold Enarson?
A. Yes.
Q. Which may have helped to bridge the differences between them.
A. And I think he was, maybe not now, but then, he was the best-known physician in
the state because he would go talk to county medical [officers] and he met with
legislators. He was very much involved with the legislature, like Doan was before
him. Meiling was more involved with Washington. The legislators would call
Manuel, as I’m sure they do with the current Chief, Steve Gabbe, “Who should I
go to see?” And then they say, “Well, I can’t get into him for six months,” or
something. And then the Dean calls up and says, “Would you please see him this
week?” And they do.
Q. Okay.
A. So Tzagournis played the “doctor for the famous” role extremely well. I’m not
saying that’s a bad role. I think it’s a very desirable role for the school.
Q. Okay. When Tzagournis stepped down, then we had, I’m trying to remember the
sequence here, Bernadine Healy.
A. Bernadine Healy went on to the Red Cross and just died a year or so ago. She had
a glioblastoma in her brain. She had that while she was here. She once had a
seizure. Ron St. Pierre said she was very bad at human relationships. Anyhow,
she was not loved at the medical school. As you know, she did her job with the
Red Cross, and also with NIH, but she did very visionary things at each place. She
was the best I’ve ever heard at presenting something in front of a group or
answering a question with a beautifully well-structured paragraph response to any
random question from the audience. She was magnificent at that. As I long as I mentioned Tzagournis, I asked him once, after he had his one martini and I’d had a beer, “Was there one thing that you think that you did wrong?” And he said there was one thing that I grieved about. When I stepped down as Dean, the President of OSU said if I didn’t want anyone that they were looking at, he would never hire them, that he would give Manny the right to say, “No, I don’t think it will work for the medical school.” And Manny said, “I didn’t think she would work out but I kept quiet.” Not everybody is everything. No one is perfect.

Q. No, I think every leader has a different style, and some styles work and others don’t.

A. And they work in one environment at one time. Meiling’s may have worked wonderfully in the Army and it worked pretty well here, but it might not work in running a church. Healy’s style didn’t work very well with human relationships, with anything. On the other hand, when she came back from, I heard this from Ron St. Pierre shortly after it happened, so I’m sure it’s true, having her surgery in Cleveland, instead of her, a lot of people were bothered. Why would she go to Cleveland? Her husband was in charge there. Anyway, she had the surgery, so she came back a week later and Ron St. Pierre told me that she came in his office that morning and said, “The students have a meeting, they want me to go. Would you drive me? I can’t drive yet.” And Ron said, the first thing he said, “You look wonderful with your hair.” And she said, “I wouldn’t let them cut it all off.” So they pulled it up and did it that way. And then Ron said when she got over there she gave a very nice talk to the students and said something about her tumor and
then at the end one of them asked her a question, and she said, “I’ve got something I want to tell you. About six months ago I went to a craft show and there was a guy there that made little dolls of clowns and things like that, painted dolls, and they were very beautiful. And one of them was a doll of a clown with a tear coming down the cheek. I wondered what this was, so I asked him what it meant. He said, ‘Well, I lost my daughter six months ago.’ And the name of that clown is The show must go on. I want to tell you students that no matter what happens, the show must go on.” That was the sort of thing I was saying about work at night, working all day, doing what you need to do. I think actors do the same thing. A professor knows he’s got to show up to class, even if he’s got a bit of a cold. She was an interesting woman, but not a successful Dean by most accounts, but she did manage to build a couple of new departments, orthopedics, for one. I once wrote her a letter and she wrote back and said, “I don’t care for that letter.” I had written to her that Dr. Mallory, who was going to set up a new department, has never had a partner. He’s always had internists work for him, but he’s never been in a partnership. He does something three or four years and then moves to something else. That is the same thing I mentioned about myself. Well, he was Chairman three years and then moved on, but they did establish the department. Mallory had been a patient of mine. He was the first one to do hip surgery and had a very good practice. Dr. Healy pushed very hard when the other hospitals were trying to merge, and Riverside wanted to take over Doctors Hospital, and even Mercy Hospital to the south, and St. Anthony’s to the East. There ended up being three groups in town. But that was not clear at that time.
Healy wanted very much for OSU to have one of these other places. She pushed for St. Anthony’s, which is now OSU East. It was pretty much unilaterally her decision, and they knew they were going to lose $9- or $10 million the first year, which they did. It was a difficult place. They didn’t have the upper-class people there the way Riverside did. When they put a unit up in Dublin, what they do is, once again, get the upper-class people who have insurance to use their facility. But she pushed for that unilaterally and had the insight to say that was a service we needed to do. She had many good qualities, but most of them were mixed, as you just said. I’m sorry, I fear that I’ve rambled too much.

Q. Not at all, not at all. We’ve already covered the next topic with Meiling.

A. I’ve always wanted to write something about Meiling, to be honest. It’s one of the things I haven’t done. I had a fantasy and I wrote Dean [Fred] Sanfilippo, who was the next Dean, saying they should have a little booklet on each Dean, as we have about Upham. I did one about [OSU College of Medicine Professor Arthur] James, and now one is coming out about Doan. I thought we ought to have a little small booklet, not like the book that they do for each of the Presidents of the University, like Chris Zacher is doing for Karen Holbrook, but a little booklet which could be done for about $3,000-$4,000, if you didn’t have to pay the guy who wrote it. I thought every Dean should have that as a record, because Departments are no longer doing a year-end report. I thought Meiling would be a nice one to do, but we haven’t. I can see it won’t get done.

Q. Yes, amongst other things. There was a story that Meiling did tell me about.
A. I’ve read that thing and I had Sutton’s name in my head, but I guess you probably did it. I’ve read that. Something like a 30-page typescript about it. We have that in the Archives.

Q. Yes, Meiling said that he reached out to Enarson over the practice plan issue. Meiling had lunch with Enarson at the Columbus Athletic Club. He said they had a cordial lunch and at the end of the lunch Enarson said to him, “If we have lunch again, I don’t want it to be at a private club.” And I think Meiling felt offended because he had made this effort to reach out to Enarson and he saw this as Enarson being, how shall I put it…Trumanesque.

A. I felt that was a good phrase when you used it earlier to describe him. It is probably true. He saw himself as kind of coming from the country, which is not true. He was much more sophisticated than that. But that simplicity was part of his demeanor.

Q. Enarson had a very hard-scrabble background. He seemed to have a very Trumanesque perspective all his life, namely looking down upon the trappings, if you will, of wealth and social status.

A. It was probably the Columbus Club, not the Columbus Athletic Club, because he was a member there.

Q. I could see the two of them at loggerheads, given their different outlooks.

A. It’s interesting how these things have played out through the years. I was fascinated talking to [OSU Hospitals Department of Surgery Chairman] Larry Carey about the discussion he had with Meiling, and with [Columbus surgeon Robert] Zollinger about how they should not hire James. James should not be
allowed to come back into the University. Larry Carey said that was the worst night he ever had, a great meal, but the worst meeting he’s ever had. He talked to me for almost an hour about the men, Meiling and Zollinger, gave all the reasons why James had no business being in a University setting. Within those hallowed, fancy paneled walls down there, there have been lots of discussions, and not all sweet ones.

Q. Yes, yes, I do recall someone telling me that he used to be head of University Communications, and he left the University and worked for Battelle. And for a time, when Battelle was doing nuclear waste, he said to me, “Rai, sometimes I felt more comfortable pitching nuclear waste than I did with University politics.” On a different topic, you were a pioneer, if you will, on campus with having a spouse who also is a professional, a medical professional.

A. You’re kind to me and quick to praise people. That is the best thing I ever did. I hope you feel the same way about your wife, the best thing I ever did was marry Ruth, and having her agree to do it was a high point. She did some research in the dental school. She is a dentist. At the time she was there, there had been one other girl who had gone to University of North Carolina, but she was the only woman there. So she went through the usual business of that, of being a professional woman in that setting. It’s part of why we liked Gail Collins’ book “When Everything Changed.” Those were changing times. I remember very clearly getting called by Norton Neff, who asked if I would try to help get his wife Maria in a position in my department, or in psychiatry, because wives could not be in the same department. That was considered nepotism. And then I remember someone,
who was not in medicine, I think they were in the Education Department, she wanted me to write a letter because she had her Ph.D., but she found that you had to leave a while before they would hire you back. In medicine, most of us, if we had a good resident, a really good one, a crackerjack, would rather have them take a fellowship with us and stick around than have them go out in the community and compete or disappear to another state. Back then women were taking care of the kids at home all the time. Now I think it’s almost the opposite. You have, at least I know I did several times, to try to help. I did it with my son, tried to help them, both husband and wife, get positions. And now it’s quite the reverse. It’s now seen as a plus, usually. Usually it is because they have comparable interests in academia. So I think that’s been a change, a big shift in academia, that the University can be very proud. The Medical School has dozens of couples, one may be in basic science, one may be on campus, and maybe they are both in the Medical School. Scientists marry scientists because they are together in proximity when they’re fixing to get married.

Q. In your case your spouse was in the College of Dentistry.
A. It wasn’t a conflict from that.
Q. Bureaucratically a little easier.
A. Bureaucratically easier, although she did come home and say the first thing in the interview was, “We don’t need to pay you as much because your husband is a neurologist.”

Q. Yes, those were interesting times.
A. It has been a big shift, and a good shift.
Q. Nowadays, with two professional careers, you run the risk institutionally of creating marital stress and losing a good person because they are separated, if you’re not able to hire the other spouse or find a suitable position.

A. Separated by hundreds of miles.

Q. It’s awkward and a challenge but I think you’re absolutely right, the University has made some significant strides in trying to accommodate two professional households.

A. And it’s been a treat, it’s another thing in our life that has been pleasant, to discuss our work together.

Q. One of the things that I’ve always admired about you, and also been intimidated by, is that you have such extraordinary breadth of interests. Art and history, as well as your own specialty in neurology, you are responsible for creating a significant history of OSU College of Medicine, as well as several works thereafter pertaining to the history of medicine. Any particular surprises in your research about OSU history, the history of the OSU College of Medicine, something you hadn’t expected when you began the project?

A. Well, two things. One goes back very far. We claim that the OSU Medical School goes all the way back to Willoughby, the so-called University up at Willoughby, Ohio. So it goes back to the early 1830s. Longer, as I said earlier, than Duke has been around, or Hopkins has existed, or some of the other schools existed that we now see as preeminent. So I think they also have marvelous histories and a lot of very fine people, but our history is longer. The second thing, and this may just be the Midwest, is that I don’t think people give a damn about history in Ohio. “I’m
doing this now and I don’t really care that much about what was going on ten years ago.” Maybe that’s just Midwest, and pioneer, and maybe Turner’s book is right, we’re constantly a frontier place and where we came from doesn’t matter. It’s always about where we’re going. I think there’s some of that here, in Columbus. But I think OSU has been a very good school. I am very, very proud of how well it’s done and how many people have helped make it more than just excellent.

Q. Are we the largest College of Medicine?

A. One of the largest. Texas may be bigger, but it depends a little on whether it’s on one campus. Manuel Tzagournis is very fond of saying it’s the most comprehensive because it has Opthamalogy and it has the Vet school and so many different schools, Nursing, Pharmacy, Dental, etc., all in one place. The University of Colorado has a medical school one place and the university somewhere else. Some schools have units scattered, like Illinois. There are multiple branches. We’re one of the largest and best now, in the top 20 of the criteria that you and I both know were somewhat questionable. U.S. News and World Report say. so, and that’s mostly based on research and things like that. Overall, we have done very, very well at the school.

Q. I wanted to jump to a different topic, if I might. You were one of the founders, am I correct, of the Medical Heritage Center?

A. Well, I think I was, because I was, for about ten years, head of the Library Committee for the Medical Library. They have a committee that would meet once a month. And then I was involved with the Academy of Medicine, and [OSU
College of Medicine Professor] Paul Metzger, myself and [OSU College of Medicine Professor] Don Vincent. We knew that the Academy would come up with $50,000 or $100,000 or $500,000 to try to have a history, and have it run jointly by the medical school and the local doctors. Well, we came up with enough money when they were renovating the library to do half of the space on the 5th floor. Due to Reed Fraley, Manuel had talked to him obviously, the hospital anonymously put in another couple of hundred thousand dollars, so they could do the whole floor. So it was both the Academy of Medicine and OSU. I was Chairman of the Medical Advisory Committee for the Medical Heritage Center twice. I’m back on the committee now.

Q. I remember that at some point there was the expectation that the Medical Heritage Center would be self-funding and I found that astonishing. Astonishing in the sense that historical agencies typically can’t self-fund. They are dependent on grants or institutional support. But I remember there was that expectation, and hopefully it’s long gone by now.

A. Well, I think it is long gone. For a specific example, when Sanfilippo was the Dean, a notice came out that it would be self-supporting in two years and it came to the committee. There were two or three things that happened about the same time. John Burnham and I both, Charlie Wooley also, had offices up there. Charlie Wooley was a cardiologist who had written several very good history books and John Burnham was the former President of the American Academic Medical History Academy. We got a notice from Dean Sanfilippo that we had to pay for our space. I hadn’t used a secretary or OSU materials, and I taught for
free. Obviously, I’ve had a phone there and I used the Xerox machine. We asked how much we would pay for the space. We were all emeritus professors. The answer was $325 per square foot, which meant we clearly had to leave. Of course, none of us could do that. But when the issue came up to the committee, and it came up twice, we had to be self-supporting. Finally, I turned, because I was head of the committee, to Tzagournis and said, “What do you think about this?” And Manny said, “There are some things that are not self-supporting. Are the janitors self-supporting? Are the libraries on campus totally self-supporting? Some things can’t be self-supporting.” That was the most angry that I’ve ever been over there in my whole life, not verbally angry right then, but angry at home when I thought about it and angry the next day when I was with one of the development officers for the Medical Center. He was fairly new. There was Charlie Wooley, myself, Earl Metz, who had been Vice Chair of the Department of Medicine forever and a day, somebody else, Don Vincent, I suppose…a group of about eight of us altogether, including Manuel Tzagournis. The issue was that the Academy of Medicine would put in a million dollars in a separate fund, and the income from that could pay for a curator of the Medical Heritage Center. The academy had $80 million, and most of it for feel-good things like education on tobacco or HIV. It was money that was meant to be used for education when it was originally allotted. The Academy agreed to put $1 million in an account and they would pay for a curator for the library out of that account. The development office said, “You can’t do that. The money has to be given to the development fund so we can do this.” There was a discussion around the table and the development officer
finally said, “I don’t think you men have any loyalty to Ohio State to be raising this up at all.” We’re talking about Tzagournis, myself, and Earl Metz, all of us had lots of loyalty to Ohio State. [The development officer] got doubly mad when I said, “I’m absolutely sure that if they asked for Riverside about this and if they would pay for a curator for their library this way, Riverside would figure out a way to say yes. You can do this. If we don’t use the money for the curator, take it back.” The attitude at the time was that everything had to pay for itself. We could not be self-supporting. I hope the Medical Heritage Center will survive, it’s one of the treasures that you and all of the librarians have done. I notice The Lantern had something about treasures on campus today. All over campus there are things that are valuable to the soul of the people who are around them. That’s one of the things a university can do and mean.

Q. I would hope that as long as any special collection, be it at the Medical Heritage Center or rare books, continues to involve itself in the educational and research aspects of the University, that sustenance is expected.

A. I would hope so, too. The situation will change. The Duke Trent Medical Library, which is very, very nice, got a lot of money from Mary Biddle Trent, who recently died. They moved their place to the Perkins main library on campus to better integrate it. We’re talking about half a block away, and have a different set-up. Those things can happen. But I would hate to see rare books totally merge somewhere and then disappear. I think we need a Rare Books, they need a special collection, like the cartoon thing. I’ve been involved with some of it and hope I’ll continue to be.
Q. Okay. I wanted to refer back a moment to your broader interests, medical history, history of art. You always amazed me with the breadth of your interests and the numerous works that were brought to your credit. Can you comment, give me some advice on the breadth of your interests, and more specifically, how you managed to be so productive?

A. I’m aware of how empty the productivity is sometimes, conscious of what I haven’t done, just as we all are. But you’re not kidding. You’re serious, I know because I know you. But on the other hand, who else has helped build an Archive like you have? And you recently put a book together, and now you’re probably going to come up with an encyclopedia. None of us can match that. I also like to do these things. I do it because I enjoy it, and I suspect that is true for you, too.

Q. You’ve had an amazing number of publications to your credit, outside of your neurology specialty.

A. I enjoy doing it. I enjoy, for example, the thing I’m trying to do now, as I told you, the courage of patients and caregivers. The best part for me is trying to figure out what courage really is and trying to read a little bit about what Socrates said and what Aristotle said, and what different people have said about courage. John McCain has a book on courage and Eleanor Roosevelt had a little essay on courage because she was so shy. Part of this interest of mine is to learn. I saw the pictures that were being thrown out of the clinic. There were actually three Fanning paintings in the wastebasket. So I thought, “Well, who is this?” Thanks to your Archives, I could find out who [Ralph] Fanning was. Then, through them, I located a guy, at Hofstra University, who had been one of his students and
actually established a name and chair. I don’t think it’s a big name, but a professorship in Fanning’s name at Hofstra University. So that professor could write. He wrote me some wonderful letters about what he thought about Fanning, the man he was and how he cherished him. The Archives made it very easy for me. You know this because of your own research. You open one little corner and all of a sudden there’s something else there.

Q. It’s finding the pieces and putting them together. Your service is substantial and resulted in the much-deserved OSU Distinguished Service Award. Can you comment upon your engagement and contributions to what amounts to an astonishing number of organizations, including the State Library of Ohio?

A. My wife says it’s because I haven’t learned how to say no. Currently, she is worried about Conestoga, the support group for the Ohio Historical Society. I’ve been going to meetings and I’m giving a talk this week, in fact. I ended up being President because I didn’t know how to say no. I’ve got to arrange a couple of speakers for next year and I’ve got to get a bus trip. Maybe to [the U.S. President Warren G.] Harding [Home], and then I’m going to see if I can’t get one of the Hardings to talk. So again, you open one little corner and something else happens. But because of the diseases I was involved with, the Alzheimer’s Association, for example, I was the President of that Board for a while and that group almost collapsed. I think I helped them. I still try to help them. Maybe it’s because of my mother’s religious background. I think we all need to give service, and if it has to do with medicine it’s easy to do. You can be on their Boards and try to help them out.
Q. How did you get involved with the State Library of Ohio?

A. I think because I saw one of the legislators as a patient once. They have nominations for that. And it ended up being more than I expected. It’s a once-a-month meeting and then you have a retreat. After that you have some stuff to review occasionally, and it ends up being five years, then ten years. But I enjoyed it. I knew nothing about the State Library and I still don’t understand all of it. But it’s very interesting, and you’ve been supportive about such things. There are things that we start, as you and I both have, for example the Columbus Historical Society. I think I need to get back involved with them because of the Ohio Historical [Society] thing. You’ll be a member and somehow it doesn’t seem to quite mesh, and then after a couple of years maybe somebody else should do the job.

Q. Yes, it reminds me of something. Being a prominent physician, as well as a University professor, puts you in a rather unusual position in observing the dynamics of campus and neighborhood. Certainly, your involvement in many organizations off campus gives you perspective as well. Any comments about downtown relations?

A. There was a day when everybody on the campus who was working in the Medical School was also in practice, so some of them worked two places. They would work at Mt. Carmel and at University Hospital. There was a tradition of that. The doctors knew each other. And there was a time when medical education was linked with the County Medical Association, but not anymore. It’s linked with the hospitals now. They have monthly educational meetings. In the old days, the
doctors in town all knew one another. There was a smaller number of doctors. That changed slowly. Increasingly, the hospitals became more autonomous and independent. If you worked at Riverside you referred patients to other people at Riverside. You didn’t send them anywhere else. You didn’t send them to University; you sent them to Riverside. It became more and more that way, except in rare times, a peculiar disease or someone who was very difficult to cope with. “Well, send him over to University.” And much of the education is in the Medical School, even though some students are still educated in private offices, is only at OSU. There are residency programs at Riverside. In earlier days residents in many areas served in community hospitals. That doesn’t happen anymore. They did more surgery in neurosurgery at Riverside than they did at OSU, more brain tumors than [OSU] did. That’s still probably true. Riverside built up its own residency and I expect them to build a new medical school. For years there were at least referrals of their residents for six months, with a chance to work in a community hospital. All of that has been cut off, mostly by the Medical School, not so much by Riverside. Riverside has its own programs now, of course, in medicine, surgery and OB, and family practice, all of which are strong. And they probably don’t think they need the University residents over there anymore. They were using them, or so you could say. I think there’s been that dramatic shift. The other thing that’s going on in the community, which is dramatic and doesn’t affect you and me at all, is that in the last ten years nationwide a high percentage of our physicians now are working for a salary in the community hospitals. I think these figures are roughly right: ten years ago 70 percent or 80 percent of physicians in
practice were with a group or out by themselves; now it’s only like 20 percent. The rest of them, my former neurosurgical colleagues, are all Riverside employees. Your doctor will never go with you to the hospital. There’s a hospitalist that sees you there. It’s a very dramatic change, each hospital free standing with its own educational program, once they get continuing education credit. There’s not as much overlap now between Riverside and OSU. There are four organizations in town: Medical Forum, ROMA, Medical Symposium, and Medical Review, all the same, all going back 30, 40, even 50 years. One of them has a 50-year anniversary this month. And those have 25-35 physicians from different hospitals all over town. They give a talk about their specialty. Each brings in somebody else now because they can’t get anyone to give a talk. Then they have a meal. They meet at Columbus Club or go to different places around town. One of them goes to the Refectory. I’m in two of those groups. It’s a place where doctors learn from one another and from other disciplines. But it’s getting to be like all other organizations, the younger doctors are staying home taking care of the kids while their wives are working. So now you’ve got an older group of doctors in each of these. It’s part of the demographics of the change of society. I think it’s more complicated and I think the relationship within the University has been really remarkably good in this town compared to many towns, because 60-70 percent of the doctors in town had similar training, and it was at the University. That figure is about right. Maybe not all the training at OSU, but they did a fellowship here for a year or something like that. The doctor may hate the University Medical Center, but love the University and love football. So it’s
complicated, but I think there’s been a loss of contact, and a change in the amount of hostile antipathy. They all face the same issues now. They are employees. It’s a dramatic change in our lifetime, one that’s hardly noticed. But I do have patients call me, friends call me and say, “I can’t get my doctor to come to the hospital,” or, “I can’t see the doctor I want because things have changed.” I’m not answering your question very well, but I think we have lost from not having our residents in training over at the community hospitals, Riverside and Mt. Carmel now. Internal medicine and family practice at Grant has been very strong for a long time, and that is now a part of Riverside. All of the hospitals have the same issues and I have spent a lot of time talking to the folks at Riverside, but for different reasons. Grant and Riverside were going to merge and they discovered they had two separate cultures. The Grant culture was different than the Riverside culture. So they partly merged and partly diverged. They are still OhioHealth, but they discovered they had to be different and I think the University is truly different. The responsibility of a good, first-class physician in the Department of Medicine at University is different than that of a first-class physician in practice full-time. So I think there’s been some divergence, but fortunately I don’t think undue hostility, not that I’ve sensed. You may hear otherwise when you interview Manuel. Have you done that?

Q. No.

A. Oh, that would be interesting. He has a quality that I love. When he was Dean I always could work with Dr. Tzagournis very well and loved him very much as a person. Ron St. Pierre says two things about him. One, you go to a little Greek
village, there is a little old man up there drinking a little Ouzo, and you don’t think he’s very important, but he decides who marries who in the village. And he said another thing about Manuel. If the deck of cards is face down on the table and he turns one of them, but he knows where all the others are. He knows as much about the community, and people in the community, as anybody, and would be very good from that point of view. So would Hagop Mekhjian, who worked as Medical Director of the Hospital under eight Deans.

Q. That’s a good recommendation, thank you.

A. And he’s now retired, completely retired, so he might welcome a chance to do this.

Q. That’s a good idea. George, this brings us to a close. We’ve covered all the topics that we agreed to discuss, and I certainly appreciate your willingness to participate and to share. We’ll be providing you a transcript review, edit and clarify as you think appropriate.

A. Thank you very much and I admire what you do and what you have done.