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Hunt, M.D., Howard B.

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SUBJECT: HOWARD BEEMAN HUNT, PROFESSOR OF RADIOLOGY
DATE: JULY 3, 1979
INTERVIEWER: BERNICE M. HETZNER, EMERITUS PROFESSOR OF LIBRARY SCIENCE

HUNT: This dictation is by Howard B. Hunt. The following tape is an amended dictation covering transcription of the interview with Howard B. Hunt on July 3, 1979, by Bernice M. Hetzner as amended by Howard B. Hunt on July 30, 1979.

HETZNER: This is an interview with Dr. Howard B. Hunt, Senior Consultant in Radiology, University of Nebraska College of Medicine. The date is July 3, 1979, and I am Bernice M. Hetzner, Emeritus Professor of Library Science.

Dr. Hunt, you came to Nebraska in 1930 as Assistant Professor. What prompted you to come to Nebraska?

HUNT: Well, I came from the University of Michigan Medical Center at Ann Arbor to the University of Nebraska College of Medicine in 1930 in order that Carleton Peirce, who was at that time Chairman of the department here might return to Michigan, presumably to carry on there as the chief of radiology. As a matter of fact, after Dr. Peirce got back to Michigan, he encountered an upheaval in the political structure of the university which thwarted him from ever advancing to the title as chairman of the department. However, in 1937 he did go on to Montreal where he became chairman and professor of radiology and chief of the service at McGill University and at the Royal Victoria Hospital.

HETZNER: Would you spell Dr. Peirce's name for me?

HUNT: Peirce. Dr. Carleton B. Peirce. He came to Nebraska in 1927 directly after the completion of Unit II. Two new mechanically rectified x-ray units with unprotected high voltage aeri-als had been installed, one in a combination fluoroscopic radiographic room and the other unit serving a radiographic table as well as an adjacent superficial therapy room. I believe the old equipment was turned over to anatomy and used by Dr. Poynter for radiographic study of cadavers.

HETZNER: I understand that when the Unit II opened, as far as the hospital was concerned, they had difficulty equipping it and staffing it. Did you encounter any of that kind of difficulty?

HUNT: I came three years after Unit II had opened, at that time on ward originally assigned to psychiatry had been closed and converted to interns' quarters. A few years later another ward was vacated and subsequently assigned to clinical pathology. There was a recurring difficulty in arriving at a budget large enough to maintain the hospital in full operation. During the 1930's and 1940's budgets became even more inadequate. During the 1950's when more funds were needed to pay the full time staff. You should remember that the original Hospital Enabling Act required that hospital admissions be restricted to indigent patients. The hospital could never become self sustaining so long as it was not permitted to admit paying patients.

The division of the total University budget between the Lincoln campus and the Medical Center in Omaha presented a recurring hassle. Each year the dean of the Medical Center would request additional funds to open and maintain the closed wards. The administration then transmitted these requests on to the Legislature as offering hospital care to an additional fifty indigent patients as appropriate bait to increase the University budget. Even though the University budgets were raised, somehow there never seemed to be any funds allocated by the administration to open the closed wards at the University Hospital. The closed wards were sequentially converted to central supply, a premature pavillion, and offices for full time faculty, thereby reducing the hospital beds for an original of about 225 to 100 beds by 1963.

This went on until about 1965 when Dr. Wittson, as a proviso to accepting the deanship demanded that he have direct access to the Board of Regents and to the state Legislature to make his own plea for a specific budget supporting the Medical Center.

HETZNER: At one time wasn't there an attempt made to charge back the cost against the county welfare departments?

HUNT: Yes, the cost was \$3 to \$4 per day which is a great contrast to the current charge of \$100 per day and more. However, this was the estimated cost of patient care over and above what was allocated to medical school teaching. This was also the current rate over at the Methodist Hospital in the men's ward, \$4 a day; it included nursing care, bed and board, and ordinary medications.

HETZNER: That's amazing.

HUNT: It is. The difficulty was that the county was often as poor as the University and could not come up with the payment of \$3 to \$4 a day.

HETZNER: Well, then, were the patients billed? Did they ever collect from patients?

HUNT: Very rarely. I don't think the patients were billed. They had to qualify as indigents to be admitted.

HETZNER: Therefore, they wouldn't have any funds for payment.

HUNT: They didn't have any funds for payment. I think hospital occupancy was somewhat better in the early thirties, but it got worse during the late thirties and into the forties.

HETZNER: To what do you attribute the difficulty in the forties? I can understand the thirties because of the depression.

HUNT: Well, I think part of the trouble in the forties was that there weren't as many indigents who could qualify for entrance. More people were employed in the defense industry so there were not as many who could qualify as indigents. The hospital allocated so many beds according to what their available funds were and when those beds were filled, they couldn't admit any more patients.

HETZNER: Even though they had vacant space?

HUNT: Even though they had vacant space, yes. Because the hospital didn't have money to buy the groceries and hire the nurses to take care of the patients.

HETZNER: Was there a shortage of nurses, too?

HUNT: Yes, but the nurses back in the early thirties were on duty twelve hours a day, six days a week, so two shifts would cover the day where it now takes three or four shifts.

HETZNER: Didn't they use alot of nursing students?

HUNT: The nursing students did much of the work. All nursing students at that time rotated through radiology. They usually had a senior student and a junior student with the senior student sort of supervising the junior student in physical therapy. They did all of the massage, diathermy and all of the physical therapy. All x-rays were done by interns and residents under the supervision of the part time radiologist. There were no x-ray technicians in the early thirties.

At that time medical illustration was administered under radiology which permitted me to convert the hospital photographer into an x-ray technician.

HETZNER: When you came here, how many interns and how many residents were there?

HUNT: There were twelve rotating interns and each spent one month on radiology in rotation. There were two residents, one in radiology and one in pathology.

HETZNER: Was that all in the whole hospital?

HUNT: That was all. That was the total in house staff in the entire hospital and dispensary clinics. Even so this was considered a highly desirable internship and the top students usually stayed on here at the University Hospital because it was thought to be one of the best internships available anywhere preparatory to entering general practice.

HETZNER: Well hasn't the college always had a reputation for good, shall we say, beside training for students?

HUNT: Well, I think it was a different level at that time. The appeal which made it so highly desirable was the full participation by the intern in the primary care of the patient with the staff doctor serving primarily as a consultant. The clinical staff were all volunteers and none were paid until about 1945. The interns received maintenance plus \$25 a month. Their true reward was the maturation of professional confidence which came from accepting definitive responsibility.

HETZNER: I was going to ask you, it was a little later than that when they had the big controversy about full time clinical people. Wasn't that in the fifties, or was that in the sixties?

HUNT: This is a controversy which has gone on eternally it seems. May I refer again to Dr. Peirce's going back to Ann Arbor. At the time of his return he presumed that he would be appointed full time chairman. Instead he was appointed associate professor and never became chairman. His negotiations had been with Dean Cabot, who favored a full time medical staff and faculty. Shortly after Dr. Peirce had returned to Ann Arbor Dean Cabot had been thrown out by a group of clinicians who had large private practices who wanted all clinical faculty appointed on a part time basis. So this has been an old recurring conflict, but one in which the full time proponents are currently in victorious control.

HETZNER: Just the locale changes.

HUNT: Yes, the locale and the times change. For example, Johns Hopkins has always been for a full time clinical faculty, whereas Harvard up until recent years had a largely volunteer part time faculty with a few full time people in each clinical department. Here are two outstanding medical schools, each with an outstanding reputation, but with differing philosophies of full time - part time faculty.

Full time faculty was no dire problem here until after World War II. The issue was brought to a crisis by an announcement of a council on the accreditation of medical colleges for the American Medical Association and the Association of American Medical Colleges that a significant quota of full time faculty was demanded for retention of accreditation. For example in radiology, our faculty was entirely part time up until 1963, but we were about to lose our accreditation for the residency training program due to a lack of a full time faculty in radiology. At this time I resigned and Dr. Paul St. Aubin was appointed as a full time chairman.

HETZNER: Was this what happened in other departments, too?

HUNT: I think so. There was a threat even that the school might lose it's accreditation because we didn't have a sufficient number of full time clinical faculty to meet the requirements by those who made the rules and did the inspection and awarded the accreditation. As a result, the institution as well as the residency program in radiology tottered on probation until adequate full time faculty had been appointed. The appointment of Dr. St. Aubin in 1963 as full time chairman proved inadequate since the council declared a minimum of three full time faculty in radiology - one in diagnostic radiology, one in radiation therapy, and one in nuclear medicine. After Dr. St. Aubin resigned in 1965 I returned as full time chairman and professor of radiation therapy supported by Dr. Bolamperti in radiologic diagnosis and Dr. Quaife in nuclear medicine.

HETZNER: But you yourself didn't work full time, did you here?

HUNT: Not until I returned in 1965 on a geographic full time basis which permitted allocation of $\frac{1}{2}$ day per week for private practice. After being retired as chairman of the department in 1967 at age 65, I started spending $\frac{1}{2}$ day per week at the Memorial Community Hospital in Blair, Nebraska, where I am still continuing the practice of diagnostic radiology in 1979.

HETZNER: You were in charge of the Eppley Radiation Center. Tell me about that; it's not clear in my mind as to what that is.

HUNT: First, the Eppley Radiation Center really has no relation to the Eppley Cancer Institute. They were both originally funded by the Eppley Foundation. The Eppley Cancer Institute is a separate foundation, whereas the Eppley Radiation Center is part of the College of Medicine and an integral part of the department of radiology. The Eppley Foundation seeded the Radiation Center with a fund of about \$250,000 which provided the basic facility for radiation therapy including the Betatron and the current Telecobalt unit. It also established the Eppley Professorship of Radiation Therapy which provided a 10% subsidy above the basic salary as professor of radiology. The funding was obtained through Dean Wittson and I drew up the specifications relative to radiation therapy equipment and drew the blueprints for the underground allocation of space between the existing radiology department and the Eppley Cancer Institute.

HETZNER: Well, apparently the grant was for equipment.

HUNT: It was seed money, you might say, to get the program in radiation therapy going but did not provide an endowment to sustain it.

HETZNER: Now the Tumor Registry started before that?

HUNT: The Tumor Registry started back in 1930 as a follow-up program on cancer patients treated by radiation therapy. It was expanded to include all cancer patients admitted to the hospital a few years later with a staff funding provided by the National Youth Administration. Their grants were given to various schools around the country to provide jobs for students. One of our grants was to set up a Tumor Registry. Two people who worked in the registry early were Dr. Stanley Pederson and Dr. Ron Waggener. Later the Tumor Registry was subsidized by the Nebraska Division of the American Cancer Society and by the federal Cancer Teaching Program. Precise abstracts were made of all cancer patients with data so itemized as to permit data processing. Currently the Tumor Registry data has been computerized.

HETZNER: So surveys could be made.

HUNT: So we could analyze the site-stage method of treatment and survival of all cancer patients seen at the University of Nebraska Hospital and clinics since 1930. Current data from the Tumor Registry is utilized by all departments and

to answer a wide range of questions as set by the investigator. Is the mix of cancer patients changing? Are patients being seen earlier? Is surgery, radiation or chemotherapy or a combination most effective in the treatment of a specific type of cancer? Radiation oncology involves neoplasms from all sub-specialties thereby serving the focal point in the management of cancer.

In the early thirties the department of radiation therapy functioned as a department of clinical oncology with patients admitted directly to the radiology service. In the early 1930's there was no department of gynecology, all female surgery being conducted by the surgical staff. At that time all advanced cancers of the uterine cervix were admitted directly to radiology as were patients with malignant lymphomas and cancers of the skin. Prior to 1931 radium therapy at the University Hospital was applied by Dr. D. T. Quigly, an instructor in the Department of Surgery. In 1931 50 miligrams of radium was acquired by the Department of Radiology and the responsibility for its application and management of such patients assigned to me in the Department of Radiology. While attending the International College of Radiology at Paris in 1931, I had been impressed with the superior results of radiation therapy attained in Paris, Stockholm, and London as compared with the United States. In Europe and England radiation therapy was totally separate from diagnostic radiology and staffed by expert clinicians who combined expertise in pathology, radiation physics and clinical experience. Here we endeavored to adopt this European and British pattern of radiation therapy at the University of Nebraska Hospital.

HETZNER: Were the patients, then, assigned beds over in Unit II?

HUNT: Patients were assigned beds on whatever ward they might identify with. If they had leukemia they were usually assigned on the medicine ward, cancer of the uterus, to women's surgery ward and children with cancer were assigned to the pediatric service rather than to radiation therapy.

HETZNER: I can remember they had women's surgery, women's internal medicine, men's wards.

HUNT: Another reason why radiology became the clinical oncology service, it was the only service where there was staff continuity month after month and year after year. In contrast to medicine and surgery, the consulting staff changed every three months and the interns rotated monthly, whereas the resident in radiology continued for twelve months or more. Continuity made it possible to develop a follow-up service. Actually, patients

admitted to radiation therapy were often referred on to surgery or to internal medicine for evaluation and opinion regarding operability or management of diabetes or other medical disorders.

- HETZNER: At this time, then, they didn't have full time people in surgery or internal medicine?
- HUNT: Oh, no, they didn't have full time people in surgery until Dr. Musselman came and in internal medicine Dr. Grissom came after World War II in about 1946. The first full time clinical faculty was Dr. Willis Brown, who came into obstetrics and Dr. John Gedgoud into pediatrics at about 1942. They were paid by the federal government under a maternal child health program and were not paid by the University. All other clinical faculty members responsible for patient care at the University Hospital and clinics as far as the teaching of medical students were unpaid volunteers up until 1946.
- HETZNER: That was after I came here and I remember a faculty meeting where this was discussed and some of the faculty were opposed to taking the federal money for this kind of teaching and patient care.
- HUNT: This was the beginning of the clinical full time faculty. I'm trying to recall whether or not O'Dell was one of those people; I know Brown was, Brown, Gedgoud.
- HETZNER: O'Dell came later and didn't stay very long and then Roy Holly came.
- HUNT: They were not under the maternal child health programs, but came as departmental chiefs.
- HETZNER: Yes, I don't associate them with that program. It seems to me that Brown, Gedgoud and Jahr might have been.
- HUNT: Jahr was independent, too; he was chief of service after Hamilton Henske, Clyde Moore and then Herman Jahr.
- HETZNER: I think so, yes. When did the Cancer Teaching Program start?
- HUNT: The Cancer Teaching Program started after World War II with a federal grant of \$25,000 per year that went to all medical schools.
- HETZNER: Wasn't that about the time when they mounted the massive program to eliminate cancer, heart and stroke on the federal level?
- HUNT: Well, yes. They had a cardiovascular program also but I was not involved in it.

HETZNER: Did this mean that you could then train more residents or was it primarily aimed at students?

HUNTS: Both funds and facilities were available for both the teaching of students and for expansion of the residency training programs. The cancer registry program was expanded under Harriet Holstein, R.N., a part time radiation therapist designated as coordinator and cancer training fellowships were established.

HETZNER: Ron Wagener?

HUNT: Ron Wagener had a radiation therapy fellowship for one year and later became cancer coordinator.

HETZNER: He went abroad, didn't he, for some study?

HUNT: Yes, I arranged a fellowship for Dr. Wagener under I. G. Williams at the St. Bartholomew's Hospital in London where he was supported by a Cancer Society fellowship unrelated to the Cancer Teaching Program.

Inrecollection of the early 1930's at the University of Nebraska College of Medicine and Hospital, I am amazed at how well everything was managed by a small group of administrators.

HETZNER: Yes, particularly compared to what we have now.

HUNT: When I came here there was Dean Poynter, who served not only as Dean but also as superintendant of the hospital and working in his office was a registrar, Miss Leslie, later Helen Pitzer and the secretary, Violet Pospichal.

HETZNER: And they substituted for each other.

HUNT: One of the earlier secretaries before 1930 became Mrs. John Latta. But these were the people who administered the affairs of the medical school.

HETZNER: Well, when Violet Pospichal and Helen Pitzer were here, they ran the whole thing.

HUNT: Well, on the hospital side, we had Dr. Bean and later, Dr. Moser.

HETZNER: Moser was only part time.

HUNT: Moser was only part time. We must not overlook Charlotte Burgess, Director of Nursing, who certainly had more to do with running the hospital than did Dr. Moser or Dr. Bean.

HETZNER: And the finance, personnel, buildings and grounds, the whole thing under Mr. Saxon.

HUNT: He had two very efficient women related to his office, one was in charge of personnel and the other in charge of finance. For maintaining the physical plant we had electrician Scott, plumber Wilson, carpenter Johnson, and the English gardener, Darcy who maintained the floral display throughout the summer.

HETZNER: The physical plant.

HUNT: Yes, they maintained the physical plant.

HETZNER: And the boiler and everything else.

HUNT: Well, there were in addition engineers before the depression to fire and supervise the boiler. There was no air conditioning until about 1962 when Unit III opened.

HETZNER: Wasn't it kind of fun because you knew everybody?

HUNT: Oh yes, you knew everybody; they all worked together real well.

HETZNER: And if you needed something done, you made a telephone call directly to that person that can help you and it would be done. Usually, unless it involved money then you might have to...

Dr. Latta spoke about that too, how the campus has expanded and enrollment has expanded. But, it was kind of nice the other way.

HUNT: In the early 1930's there might be 200 patients in the hospital providing all existing wards were open. Also there was an active dispensary clinic that operated during the evenings when volunteer staffing might be available. The dispensary was staffed by interns and volunteers and overall administration was by Josephine (hesitate) what was her name?

HETZNER: Do you mean Josephine Chamberlin?

HUNT: Yes, Josephine Chamberlin ran the dispensary for over thirty years. Of course, there was no Medicare, in fact the stimulus that prompted conversion from an all indigent to some private patients was Medicare since we no longer had enough indigents to fill the beds, and secondly, this collections could be arranged from Medicare to help finance the hospital. As a result of Medicare, the existing enabling act was repealed in the early 1960's to allow for the admission of paying patients.

HETZNER: Well, at one time they couldn't even take insurance if the person had insurance from the packing house...industrial insurance.

- HUNT: I remember that era. It was the insurance companies who resisted making payments to the University Hospital on the basis that it was a tax supported state institution. There was no reluctance on the part of the hospital to accept insurance payments.
- HETZNER: And then we began to get a series of hospital administrators, professional hospital administrators, after World War II.
- You spoke about the difficulty with the administration in Lincoln in regard to the funds allocated from the Legislature. Do you feel that has ever been settled?
- HUNT: Oh, yes I think it was settled by Dean Wittson. However, there was a time when Roy Holly was Vice Chancellor of medical affairs in the graduate college when the Dean of the medical school did not have direct access to the Board of Regents and was forbidden to appear before the Legislature.
- HETZNER: This is when Holly was down there in Lincoln when he was...
- HUNT: Yes, this was when Holly was brought in as Vice Chancellor over Dean J. Perry Tollman. Dean Wittson came in with the understanding that he was to have direct access to the Board of Regents and to the state Legislature.
- HETZNER: Well, was that while Holly was still here or when he went down to Lincoln as Vice Chancellor for Academic Affairs or whatever it was.
- HUNT: Holly was put in as Vice Chancellor over Tollman which Tollman tolerated for about one year when he took a leave and went to Thailand. Of course, Holly's power came from contacts with people in the federal branch office in Washington who facilitated the allocation of federal funds to the University.
- HETZNER: But then Wittson sort of took that hat away from him, didn't he? He knew people in Washington.
- HUNT: Well Wittson never had any problems with Holly because he established his independence before accepting the position as Dean. Previously I remember Holly as Vice Chancellor in charge of medical affairs and the graduate college.
- HETZNER: I've been in touch with Perry Tollman and he has agreed to do some taping for me down there in Tuscon. We'll see what we get (laughter).
- HUNT: Yes, Perry is a very composed person who doesn't raise a fuss about anything.
- HETZNER: I sort of did too, with that Librarian down in Lincoln. He'd say, "Do this, do that or he would cut off the funds," and I

would just do whatever the Dean wanted me to do, whatever the faculty thought was proper. And we got that straightened out when Wittson came on. He took the money away from Lundy.

HUNT: Wittson did a fantastic job of cutting through arbitrary regulations and red tape to expedite appropriate programs and necessary procedures.

HETZNER: I'm going to get him on tape too.

Dr. Keegan was not Dean when you were here?

HUNT: No. Dr. Poynter had just become Dean. Keegan was on his way out and Poynter was coming in when I came for my first interview in January, 1930. So I met with both of them but my negotiations were with Dr. Poynter.

I always had excellent relations with Dr. Poynter, a very creative and effective administrator. He seemed to get things done even with a substandard budget.

HETZNER: I heard nothing but good things about Poynter. Everybody speaks very highly about him. And then when he left, we had Leuth.

HUNT: Yes, I remember Dr. Leuth.

HETZNER: And Dr. Leuth didn't stay very long.

HUNT: I think Dr. Leuth was very rigid as a result of his power in the army where he had been a chicken colonel in the surgeon general's office in a place of great authority. He just made the rules and expected people to do as commanded. Then Nebraska was not ready for a dictatorial type of administration. I think his difficulties were primarily with the volunteer faculty in private hospitals. He advocated a pyramid assembly of hospitals placing the University Hospital with a full time staff at the apex with private hospitals such as Clarkson and Methodist playing subservient supporting roles in health care as well as in medical education.

HETZNER: Well, it seemed to me that he would reverse his decisions on some occasions. He talked to somebody and agreed to a program and then the next person came along....

HUNT: Well, he probably found that certain directives were not plausible and not acceptable by certain entrenched individuals. I think he was sincere although I would say, dictatorial by nature.

HETZNER: By nature or by training.

HUNT: Probably by both. I do recall a conflict with Dean Leuth arising from the appointment of a new chief for the department of pathology after Eggers retired. I was chairman of the Search Committee and Leuth directed the committee to recommend Dr. Schenken as chairman of anatomic pathology and Dr. Tollman as chairman of clinical pathology even though neither of them would accept the division of the department. Dean Leuth overrode the committee and as a result, Dr. Tollman took leave to serve as a Consulting Colonel in the Air Force. Within a year Dr. Tollman was recalled to take over Leuth's position as Dean of the College of Medicine.

HETZNER: He and Dr. Lundy, the librarian in Lincoln, didn't get along. They wouldn't speak to each other. And there I was, right on the fence (laughter).

When they started to improve the physical plant, Dr. Dunn went to Lincoln to the Legislature and got the 1/4 mill levy for the building program. You remember that? It called for going across the street.

HUNT: Yes, I remember it very well having been a member of the Building Committee. The Building Committee never recommended going across the street and building an entirely new hospital. In fact, the construction on Unit III was just about completed when Roy Holly proposed that the newly constructed hospital Unit III be abandoned and that a totally new hospital be built across 42nd Street on land not yet acquired by the University.

Dr. Schenken and I opposed Holly's proposal rather vigorously. The newly completed Unit III was providing 150 additional beds, a new surgery suite, a new dietary, new clinics and most important to me, a totally new x-ray department capable of serving 350 beds. The X-ray department continues to function efficiently in continuity as originally planned. The first place I thought that the grandiose proposal by Holly would be impractical and a great waste of money to abandon the brand new plant just ready to begin functioning. After all, I had carefully designed the detailed floor plan for the department of radiology and allowed for eventual expansion into the research area to the east and subsequent extension of the Epley Radiation Center thereby providing radiologic facilities sufficient to serve a 350 bed hospital.

HETZNER: Well, about this time, too, wasn't there discussion about the size of the hospital, whether the University should have 1,000 beds or so or should they use the beds that are in hospital affiliations?

- HUNT: Yes, that was the question. Of course, at that time there was no source of revenue available to support the 1,000 bed University Hospital unless they went into private practice. Such a proposed monster, subsidized competitor waved a red flag before the volunteer faculty who as tax payers would be subsidizing their own competition.
- There was also some question as to whether such a large University Hospital offered training superior to that available to a part time volunteer faculty in private hospitals. As the University Hospital shifts from public patients as at the VA to private patients, the approach of the medical student and house staff become more restricted.
- HETZNER: As the service at Veterans Hospital been affected when it's shared with Creighton?
- HUNT: Radiology service has been much more effective and the training program greatly improved since it has been run entirely under the University of Nebraska contract by Dr. Gerald Wolf.
- HETZNER: Well, then, was Ogburn part of your staff when he was over there?
- HUNT: He was on our faculty and I believe on the Creighton faculty also. Many of the VA staff hold appointments on both Creighton and Nebraska faculties.
- HETZNER: How about Children's Hospital? The service over there before and how do you feel about the Children's Hospital moving to Methodist?
- HUNT: I don't have any very definite opinions since I have not been involved. I think the Children's Hospital ran into financial difficulties from which they were rescued by the Methodist Hospital and without this they could not have survived alone.
- HETZNER: Or if the University Hospital had taken it over as a department.
- HUNT: Yes, that might have solved the problem. But the helping hand was extended by the Methodist Hospital. Otherwise, Children's Hospital would have passed to the University by reason of financial default.
- HETZNER: Too bad. I read the history of the establishment of the hospital, Children's Hospital, written by Hollis Limplecht, and Dr. Poynter was so much involved in the original planning of it.
- HUNT: Of course Dr. Poynter felt that it would eventually become part of the University complex. It was built on the University grounds and under the original agreement if it did fail to survive economically, then it would be taken over by the

University. Creighton has diverted their support increasingly to the pediatric departments at Bergen Mercy and Creighton-St. Joseph's Hospital.

With the decline in patient census at the Children's Hospital, they increasingly rely on the Methodist to supply special services in radiology, pathology, and surgery. The decision to amalgamate with the Methodist Hospital was really made by the Board of Trustees of the Children's Hospital.

HETZNER: Well, I just thought that since it was a sort of the idea of Dr. Poynter, it was a shame for it to go.

I have one more question that I would like to ask you about, and that's the Executive Faculty. I remember the Executive Faculty as meeting periodically and making a great many decisions, and I see that you were the secretary of the Executive Faculty. Is that right?

HUNT: Well, I did serve as secretary for a few years.

HETZNER: Well, I have been to one or two meetings, but that was usually a special occasion. Did the Executive Faculty have a lot of, say, muscle?

HUNT: Muscle varied with Deans and personalities on the Executive Faculty. In general, concepts and programs have been proposed by the administration, discussed by the Executive Faculty, usually approved after minor amendments, but occasionally rejected.

HETZNER: Mostly a group decision rather than coming the other way. I always thought that Dr. Latta being the Chairman of the Library Committee and on the Executive Faculty gave the library a hearing.

HUNT: The Executive Faculty of the College of Medicine should be differentiated from the Executive Committee of the medical staff. The latter is quite effective in formulating policy concerning hospital procedures and medical care in which it exercises relatively more muscle than does the Executive Faculty in the formulation of the medical school policies. The Executive Faculty usually approves the total budget but in my day was not concerned with the allocation of funds among departments. Executive Faculty's primary concern has been with curriculum and teaching program. The basic sciences have been condensed and didactic lectures have been replaced by group conferences.

- HETZNER: Well, you had alot of notes. Have we covered the things that you brought out to talk about?
- HUNT: Yes, in general. The contrast between the Nebraska Medical Center of the 1930's and the 1970's was presented in an article published by me in the Nebraska State Medical Journal in 1978.
- HETZNER: I would like to have a copy of that.
- HUNT: Here's a copy.
- HETZNER: We're going to put all this information together if we can.
- HUNT: I've recently written a short article entitled, "Radiology, my Specialty," which provides some historical perspective of radiology in Nebraska.
- HETZNER: Is this going to be published some place?
- HUNT: This will be published in the Nebraska State Medical Journal in 1979-1980. It is one among a series on each specialty requested by Dr. Cole, editor of the State Journal. Dr. Grissom recently wrote on internal medicine and Dr. McLaughlin on surgery.
- HETZNER: That's right; I saw the title.
- We hope we can put all of this together and mean something. We will transcribe these tapes and send you a copy of the transcription so that you can edit it.
- HUNT: My presentation should benefit considerably from editing and appropriate amendments.
- HETZNER: Well, just so the names are right and that we've read off the tape correctly. We're going to keep the tapes; we want to put the tapes in the archives along with the transcription because we feel that the tapes are going to give the scholar that might want to use this an idea of the personality of the individual that is speaking.
- We would also like to have you sign the release, if you will, saying that this material can be used for scholarly purposes. We don't intend to sell them or anything like that (laughter).
- HUNT: In about 100 years they can look back and say, "Well the medical school had problems then even as now."
- HETZNER: This was what they did, this is what the difficulties were.
- HUNT: Although the course at times has been rather hectic, our general achievement has been one of fantastic betterment in health care and improvement of medical education.

HETZNER: They struggled through it.

Well, I certainly appreciate you giving us this time and I know that Chancellor Vanselow and President Roskens, they are the people who are funding this project. My time is volunteer, but the transcription, the clerical work, has to be paid for, and I hope I can get to talk to other important people.

Thank you very much for coming.

HUNT: Thank you very much for the invitation.