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Dr. McLaughlin, you came to Omaha in 1935. Is that right?

McLAUGHLIN: I arrived in Omaha on January 1, 1935.

HETZNER: How was the weather?

McLAUGHLIN: Miserable. It was one of the coldest winters in history and I had been out of this midwest for a number of years and I suffered. However, it was coming back to the area from which I had taken my roots so it was a happy return. We were in the midst of a profound depression and I must say Omaha was a very dreary looking city at that time, particularly in the cold, winter weather.

HETZNER: Was it a winter in which we had a lot of snow?

McLAUGHLIN: It was a winter in which we had a horrendous amount of snow! The snow along Dodge Street was piled eight and ten feet high on each side and you drove through tunnels going downtown or to the University Hospital. They did not remove it in those days. There was no money to hire trucks to remove snow so it was only pushed over laterally. Streetcars ran down the center and you struggled
through on each side. It was most difficult getting your car
started each morning; we had thirty straight days below zero.

HETZNER: Thirty days below zero?

McLAUGHLIN: And the end of January and through all of February that first year
it was below zero every day, but considerably below zero on most
days. It was a very untimely return.

HETZNER: Well, when you came to Omaha, you went into private practice. Did
you associate yourself with somebody?

McLAUGHLIN: I started alone. I had completed my training and came back from
Edinburgh to go into the practice of general surgery. I opened
an office over in the Aquilla Court. My uncle, Dr. Howard
Hamilton, who was then professor of Pediatrics at the University,
was the only person I knew in this city. I knew one other person
and he gave me a spot in the office. I really needed office
because I had no practice then and very little for the first five
years because young surgeons weren't in great demand; the older
surgeons were looking for all the work that was available. The
depression was a very real, bitter experience for those of us
who lived through it. The only redeeming feature was that every­
body was involved in it. There was little money in circulation.
People had almost no elective surgery done, and so I turned to
the University. One of the leading reasons I picked Omaha was
that it had a medical school and I wanted to maintain the
University affiliation which I had had all through my training
days at McGill, at Pennsylvania, and at Edinburgh. Before my arrival in Omaha, I had come out to see Dr. Keegan, the Chief of Surgery, and he assured me that I would get a spot on the University Staff, and that is exactly what happened. The University Hospital at that time was an institution of about 250 beds with about 40 beds on general surgery. The residency program was years in the future. There were twelve interns in the hospital, two of whom were assigned to general surgery, which was a very active service, because there were very few surgeons outstate at that time. If there was a problem it was sent to the University Hospital or down to one of the other hospitals in the city, but since there was so little money and the counties had a "quota," they could admit their "quota" of patients to the University Hospital for $4.00 per day. So it was quite advantageous for the counties to ship gallbladders, all of their malignant problems, all of the major surgery, all of the thyroids, down to the University Hospital. I happened to be one of the recipients of that benevolence because the older men in Omaha were all taking care of what practice they had. So for the first four to five years I worked there, four or sometimes five mornings a week, from eight until eleven or twelve o'clock, operating at the University. This was under the direction of one of the four senior surgeons at that time, Dr. Brown, Dr. Kennedy, Dr. Rich, and also Dr. John Nielsen, the former chief surgeon of the Union Pacific Railroad.

Drs. Nielsen, Rich, Kennedy, and Brown were the seniors and I was assigned to one of these men and would report to them on occasion
when there was a problem. They might make rounds once a week or so. Dewey Bisgard also had just started and we did most of the work. He had a little more practice than I because he was going over to Harlan, Iowa and operating for his father and brother two or three times a week. It was a very interesting experience with a tremendous volume of work.

HETZNER: Well, now, these were the days before fulltime clinical faculty. Were you paid for this service?

McLAUGHLIN: We received absolutely no compensation. We didn't even get a letter of thanks for those four or five years I worked in surgery all morning and demonstrated in anatomy three afternoons a week—all with exactly zero compensation. They always told us they would like to compensate but they had no money and so that was the way it ran. At that time in the College of Medicine there were only a few fulltime people and they were all in the preclinical divisions: anatomy, embryology, physiology, pharmacology, biochemistry. There were no salaried clinical people at all. Dr. Keegan was head of surgery, Dr. Bliss was head of Internal Medicine, Dr. Pollard was head of obstetrics, Dr. Hamilton, and then Dr. Hensky, and then Dr. Jahr were head of pediatrics. I developed an interest in baby surgery and pediatric surgery, because the closest person I knew in the city was a pediatrician. But it was a very different institution than today. Dr. Poynter was the Dean and it might be described as a one man institution in that he was the director, not only of the Medical School but the
hospital as well. He was the administrator, the arbitrator, and the conscience of the school. He reigned in that front office of his, protected by Miss Leslie, his secretary, and he decided which students would be admitted. Granted, premedical grades made some difference but at an interview he decided who would make up the freshman class, then about 72 each year. He also decided if your connection with the University was to be severed, whether student or faculty, and that could be handled by a simple interview in his office. Each year he called in the graduating seniors and told them where they would intern, and this literally was done. For the top half of the class he selected the place and told them that's where they were going. To the best of my knowledge, his decisions were never disputed. It was an amazing operation. I admired him, I respected him, I liked him, and I enjoyed his family.

Mrs. Poynter was a warm person to those who were young on the faculty, and she had get-togethers in the form of a Sunday morning breakfast with buckwheat cakes, served in her home. She had an old black cook named Virginia, who was an "institution," and she could have been the Aunt Jemima person on the package, because she made marvelous buckwheat cakes. But ten or so of the younger faculty people and their wives attended these Sunday morning breakfasts and they were command performances. If you were invited, you appeared. And they were very pleasant. It was in this way that the faculty was brought together because there was little other contact. There was an annual George Washington Dinner which was always held in the nursing home -- very formal, very staid, no cocktails before. If you wanted a drink you'd take
that at home and hasten to the dinner. You could not smoke in Conkling Hall and most of us smoked at that time. You would have to go out on the balcony or out in the hall, even though it was in February, to smoke. And then we were obliged to remain for the entertainment which was always a formal presentation, and I must say, often very dull.

HETZNER: Was it music or?

McLAUGHLIN: An address on some subject, and it was considered rather stuffy by most of the people who had to go. But it was an institution and nobody would think of not going to the George Washington dinner.

Dr. Keegan was a good chief; he worked hard with no compensation. He was followed by Herbert Davis who did a splendid job as a volunteer. After the war, Dewey Bisgard, Russ Best, Herb Davis, and myself met as a quartet and decided on policy of the Department of Surgery in the postwar years. Dr. Davis was the chief and acted as the director, but we would meet as a foursome and decide on things in the department during the years Dr. Davis was chief, '49 to '56. I left for the war in '42 as did Dr. Best, and was gone until well into '45. When we returned it was obvious that the University would have to change its direction because all of our young men had been in the service from two to five years and residency training had been limited to those who were 4-F or for some other reason had been excluded. There were over
thirteen million people in the Armed Forces in World War II, and there were relatively few people left in the civilian sector. Coming home we realized we would have to establish a residency program to take care of our own graduates, because Iowa, Illinois, Michigan, Pennsylvania, Hopkins were not going to take our's. They were going to have an obligation to their own. This created a very interesting reaction from some of the senior men at the University who were anything but favorable to this when it was first proposed. The general reaction was that we had always gotten along very well with interns and that we could certainly do it in the future and this idea that you had to have two, three, four or five more years training in a specialty was ridiculous and by gad, they weren't going to sit still for it. We had a very traumatic general staff meeting at the University in which I was a rather vocal leader supporting the residency concept. I will not name those who resisted, but we ended up with a flat declaration from the younger surgeons saying that we cared not what they were going to do but we were going to establish a residency, because we had to respond to the problems of our graduates who had been in the war.

In the interim I established a residency in surgery at the Methodist Hospital on a three year basis and got it approved so we started out having a residency there while the University was going through the qualms of getting one established.

HETZNER: What was the feeling of the College administration?
They were not opposed to it but couldn't get it off the ground.

Because of the opposition?

Yes, and they were opposed to it. They were senior people who had their reasons. They were in the twilight period of their experience; it was totally different from anything they had been involved in. They didn't quite understand that a year's internship would no longer be adequate to satisfy the man as he got into practice.

They did not feel that specialty training was necessary?

Correct. And remember specialty training really got its great emphasis after World War II. It started after World War I and was gradually building up, but at the time that I applied for residency in Surgery early in the 30's, there were a relatively small number of available positions in this country -- probably not more than a hundred good positions. Some fifteen years later, in the postwar period, there were 5,000 positions available, so it was a tremendous increase. Anyway, we established this residency and John Brush was the first resident at Methodist and Bob Cochran had come back and was over at the University Hospital, and then we got a four year program established at the University when Dr. Davis came along as Chief. When that was done we closed our residency at the Methodist in thirty days and moved John Brush over to the University as the first senior resident along with Bob Cochran, and that was the way the University Residency Program was established in those postwar years. I can't give you the exact dates but that was how it came about.
HETZNER: Well, this had to be '46, or '47. I came in '47 and both Brush and Cochran were residents.

McLAUGHLIN: At the University?

HETZNER: Yes.

McLAUGHLIN: Well, that would be about right because we established the residency at Methodist in '46, and closed it within a year. We filled the three spots and moved them over to the University but continued an affiliation. We have had a rotation of residents from the University program through my service ever since that. So they were very fair in doing it that way, and it was a great step forward. The residency became a new concept of teaching in the University Hospital and later it changed the whole practice of medicine in the State of Nebraska as the Medical Residency came along, the Ob-Gyn Residency came along, Pediatric Residency came along, so that at this time in history, 1979, every major town today has a certified surgeon. They are scattered all over this state and most of them are the products of this residency. They are well-trained general surgeons doing a superb job. It has greatly reduced the referral practice of those who had trained them obviously, but that's the price you willingly pay. Secondly, it changed the position of the University Hospital in this state because patients with more of the routine surgical needs were syphoned off by capable people outstate. So the University Hospital has become and will continue to be a reference
place for highly complex, difficult, not clearly understood problems. It was inevitable that it should occur, because we have provided these people to give good service and they can handle the majority of things. It also creates a challenge that we must have the expertise to handle these and so it is a two way street.

HETZNER: The next step was the fulltime clinical people?

McLAUGHLIN: The next step was the fulltime clincial people and the first was Dr. Musselman who came back here from Michigan after having a long and trying experience in the war and became Chairman of the Department and did a superb job developing the residency. He was a good teacher with the residents; they admired him, and he did a very good job -- his great contribution was solidifying the residency program and it is still a very solid residency program for the training of good practical, general surgeons. If there would be any criticism whatsoever it would be that we have not produced many "academic" surgeons staying in teaching and research, but we are basically a University Hospital dedicated to training practicing doctors and we don't have the background in faculty, money, investigative work, research grants, etc. to produce academic surgeons. We should, I think, continue to do what we do best and maintain our expertise in training general surgeons.

HETZNER: That was our primary mission.
That is our primary mission from the state.

Excuse me, but when the fulltime clinical faculty people came in, wasn't that another step where there was some resistance that had to be overcome?

Gradually, the fulltime faculty was brought on scene. Dr. Lueth as Dean came on the picture right after the war. He was a controversial figure; he had been a colonel in the army and he was sometimes arbitrary. Those of us who had been in the service didn't mind that attitude but it was a little traumatic for those who had never served. In general, Dr. Lueth did, I thought, a splendid job in taking over in that great void after Dr. Poynter's retirement because no matter who followed him, he would have had a difficult assignment. It was traumatic as the faculty began to change from a totally volunteer faculty to an increasingly fulltime faculty, first as department heads and later as men under them in the various divisions. He started this transition, he had good ideas, he was sometimes less than tactful. You remember him --

Yes.

But on balance I think he should get high marks for what he attempted to do during that period. When he left, Dr. Tollman followed him with a much more benign personality and it carried along as people were added to the faculty during this period. There was one great traumatic episode during Dr. Tollman's time. We had built the new clinic building and Dr. Hardin was the Chancellor and we had a
major donnybrook about 1960 over whether or not they would go across or build east of 42nd Street. Some of us were deeply involved and felt very strongly about that, but it all quieted down with the passage of time. Dr. Wittson succeeded Perry Tollman and the University continued to progress. Certainly Cecil Wittson will always be remembered as the builder. He was the one who through personality, through drive, through contacts, envisioned building a physical plant of which we might be proud. The building which bears his name and the library to which Dr. McGoogan contributed so generously of time and substance, all were in the Wittson plan. As Dean Kugel and Dean Rigby came along after Wittson, they kind of picked up the pieces. I speak of both of them together and at this time Cecil moved up to become the first Chancellor and then he was followed by Bob Sparks who I always thought of, as the great conciliator. He was the one who inherited this surge of Cecil's building and he was dedicated to trying to bring up the caliber of the faculty and the academic standing to a higher level. Each of these people tossed on the torch to Alastair Connell and Neal Vancelow, for both of whom I have tremendous respect. From this point in time it strikes me, as they have the right personalities and the right dedication, they should spend the next five or ten years increasing the quality of our education. We have enough bricks and mortar; we are never going to have a six or seven hundred bed University Hospital, doing great volume. It doesn't fit in with our economic plan. We have to increase our academic position among the medical schools
and we can do that. It is going to mean an upgrading of our faculty. Every school is confronted with that, what seemed adequate ten years ago will not be adequate in the next ten or fifteen years. We have not done enough basic or even clinical research; we have been too busy just teaching. That will have to be altered, and both of these men understand that. We have a superb library as a backup; we are going to have to get some more laboratory space so that those with a talent in research can do this. We could be producing much more clinical investigation than we are going, and we will do that because I am sure it is going to be fostered both by the administration and by department heads. If they don't do it they will be replaced because that is the pattern, and that is what will happen as I look towards the next ten years. Maybe I've talked too much.

HETZNER: No, no, that's great.

McLAUGHLIN: But that is where we are going now. We should, in my opinion, develop expertise in a relatively small number of lines. That is all we can hope to do with our budget because the University's budget from the state is never going to be greatly augmented. It will be up a little bit and hold, but it is never going to be massive. Federal grants are practically gone and all those connected with teaching know that in the foreseeable future they are not going to be there any more. We are going to, therefore, have to select various fields such as a specific field in pediatrics, and medicine will have to limit itself to certain fields in which it can develop expertise. Research we will have to do likewise.
I think every department will have to develop things which they do better than anywhere else.

HETZNER: Dr. Wittson used to call them "peaks of excellence."

McLAUGHLIN: You bet, and that is what we are going to have to do. You can't be all things to all men. There is no way we can be like Michigan or Washington or Harvard or Yale or even Hopkins in its better days. We will have to continue to do excellent work but we will have to have certain expertise. We are doing this now in Pediatrics because we are maintaining all of these premature infants, and these real problems in our Pediatrics Intensive Care Units. We probably ought to develop more in Neuro-Surgery and in some of the unusual fields in General Surgery. Our laboratory is going to have to develop expertise in special things and turn off this flow to out-of-state referral areas. Faculty will change. They are going to have to have people whose expertise is unquestionable and that means new blood.

One of our greatest problems, as I look at it and I can only say this at this stage in my life, is that they send our boys away for graduate training and then bring them back here. We need to bring on to our faculty more young men whose background is totally away from here and let them develop in our very pleasant midwestern environment and bring to us something from outside because we have got the library, we have the people, we have got a good plant.
HETZNER: How do you think the students we have now compare with the ones that we had, say thirty years ago?

McLAUGHLIN: They're smarter. Let me tell you, these boys today -- I have the greatest admiration for the cross section of them. They know so much more than I did at this stage that it just frightens me (and I wouldn't admit it to many people) but they are. We are all through the young post Vietnam era of unkempt physical appearance, indifference, rudeness, lack of appreciation for what's going ahead in medicine, lack of interest in what might be in the future. I see a striking change in the people the last three to four years, and it's progressive. They're better. These young men are clean; physically, they're clean. Their shirts are clean. Some of them may have long hair and a beard, but they're trim. Courtesy has come back, not completely, but remarkably returned. Appreciation of seniority and of the fact that they can learn and are willing to reciprocate by doing their share of work in return is here. The vast majority are extremely intelligent, they are well grounded, they're tremendously stimulating to work with. We see a cross section as they come by, probably not the most brilliant ones because we have been competing in surgery with our medical colleagues and that depends, of course, on how much stimulation they get in the department at school. It discourages us sometimes but we try to make surgery attractive to them when we can get a look at them, and I must say that we are fairly successful in that. If we can take them into our practice and show them how we live and what we do and how much we don't know, what is out there in the future, maybe they will be the people who will conquer that mountain.
HETZNER: You have never been on the admissions committee, have you?

McLAUGHLIN: No.

HETZNER: But you have been on a lot of other committees?

McLAUGHLIN: Yes, I've been on a lot of other committees. I never particularly cared to serve on the admissions committee. I have twisted their tails a few times when I thought they had not done what I thought they should do, but I am sure everybody else does that. Their's is a hopeless weight, an unrewarding assignment. I am disturbed by the fact (and I told them this at the last meeting) that they are now arbitrarily taking "X" number of people from counties with less than so many people in them. I think that this is dangerous and I told both the Chancellor and the Dean, because this is in deference to the Legislature trying to get boys back to their area. So that there is preference given to boys who come down here from counties who have less than 10,000 people in them. Theoretically, if a student came from Chicago he could go out and live in Podunk for sometime just to get into Medical School. Somebody is going to challenge this in the court, because if my boy were applying from Omaha, which is the most difficult city from which to get in, and he was knocked out by somebody from Hays Center on an equal basis, I would be quite willing to entertain a class action suit and I think I could win it. I think if they are going to do this, which I know they are doing and they have publicly said they are doing this with pride, I would keep it under a barrel. I would not talk
about it because sooner or later it is going to be very awkward. I am digressing a minute. But you asked did I ever serve on the Admissions Committee.

HETZNER: That's what we want to know.

McLAUGHLIN: I didn't serve on it but I don't object to giving some thoughts on this. I don't think they ought to talk about it. A lot of things you do, you don't particularly publish.

HETZNER: Yes, but it amounts to this quota business that everybody has gotten into trouble on.

McLAUGHLIN: And the end of that was the Bakke thing. Sure it was late in coming but was very, very healthy because there isn't any question that we have leaned over backwards. In medicine you have to have certain academic qualities to do it. And when you consider what the state spends to train a doctor—I don't know what it is, but I am sure it is between fifty and one hundred thousand dollars on everyone of those boys who is going through. I think you have to spend that wisely, and you hope you are going to at least get some return by keeping a third of them in our state because you are not going to get all that much back from other states. We are not that attractive to other states' graduates, weather wise or recreation wise.

HETZNER: That's the main thing.

McLAUGHLIN: These things are now becoming real factors for young men going into practice and we can't compete very highly in the market place.
unless he's a bird shooter and there are not enough bird shooters who want to come out here.

HETZNER: We had that problem in trying to recruit librarians.

McLAUGHLIN: Of course you did. I am on a search committee right now and it will be a problem as we go along, particularly when you begin to interview people with an eastern seaboard background. When I look at a curriculum detail on somebody like that and it has to be extremely good to get in the pile, I know the chances of interesting him in the climate will be very small, particularly if his whole life has been spent east of the Allegheny's. You have almost no chance for transplanting him, and if he does, he will be unhappy.

HETZNER: Or his wife will be.

McLAUGHLIN: That's right. If he were born out here, went to elementary school, served in this area during the military, if he had any contact with the people, then you have a chance to do something with him. I have noticed that through SAC and the people that come through down there and many of them retire here, but they have spent time here. They may have been raised in Rhode Island, or New York, or California, or even the southwest but they stayed because of the people. But you can't sell the people to somebody who comes out here, say on a visit for two days -- no way.

HETZNER: If it snows or rains or turns cold, you have lost them.

McLAUGHLIN: You know it in the library and it is true in every department.
HETZNER: Yes, yes, yes. When you were on the committee, didn't you do a survey where you studied the problem of hospitals affiliating with the University Hospital?

McLAUGHLIN: I have been involved with that ever since the war in pulling the affiliated hospitals closer together and have just served on Gerald Schenken's committee of a voluntary faculty which has just submitted its report to the general faculty at the University. This was the first committee, I think, that Dr. Connell appointed because he felt (we feel it too) that an in depth study of the roles of a voluntary faculty had not been done in about two decades. With classes of 145 to 150, anybody who is familiar with the teaching program knows that well over half of the teaching is done outside the University. It has to be. It is inconceivable that you could do it all there with two hundred beds. So the Methodist, the Clarkson, the Emanuel, and the Lincoln hospitals all are and have participated in this. The great problem is how to recognize the contribution of our voluntary faculty. Some do a great deal, some do little, some do absolutely none. Of course, the hidden problem nobody talks about is the element of the football tickets, which you should bring right out in the open and is now being handled by a committee, because there are only "X" number of tickets available for the College of Medicine. Fortunately, I am not on that committee. I am on enough that give me headaches, but this one is a real one. Historically, those who carry the load at the University by teaching have been granted the right to buy tickets for the games. Putting that aside, what our volunteer
faculty recommended, and it was a good committee that worked hard under Dr. Schenken's direction, was that first the title of the voluntary faculty be changed, and we are going to be named as we are in every other school now, the "clinical faculty." A volunteer professor will be a clinical professor of surgery. This isn't any demotion or anything except to denote that he made his contribution in this way and he was not salaried.

HETZNER: Isn't that what we call the faculty who are the preceptors?

McLAUGHLIN: Yes, now the preceptors will be -- they are all volunteer, they have a title and getting this preceptor thing on the tickets. Basically, our recommendation was that the title be changed, that they be reviewed every three years by the department chairman, and graded. In all fairness Paul Hodgson in Surgery is the only one who has done this in the past and done it well. His program, his pattern, was submitted with our report to the other divisions. There will be objection to that. Nobody wants to review a long list of visiting faculty every three years; but we feel it is most important that they be reviewed, graded, so they can be promoted if justified, or they can be kept in grade if justified, and if they are to be severed, you have to have a record so you can justifiably sever them. Once you get on, there is no reason why you should stay on for forty years, if you are not making a contribution. That was our second major recommendation -- that they be reviewed annually, and that they be rewarded by promotion when justified and that some mechanism be set up to sever them if
they made no contribution whatsoever over a period of time. It may be hard to implement but it is a step in the right direction. The affiliated hospitals are making a real contribution, not only through teaching undergraduate students but through residency programs. The University couldn't really operate without them. I don't think they are used anywhere near to the capacity that they might be; I was sure that they will be in future years increasingly used because some of the department heads over there don't use private hospitals at all and the relationship between visiting faculty and fulltime faculty has become very attenuated. I don't mean that it is at a state of confrontation; it is at the state of being ignored and this is unfortunate.

**HETZNER:** Something was said in a meeting I was in recently about morale being low on the faculty. Do you think that is so?

**McLAUGHLIN:** At the University I couldn't answer that. I don't go to University faculty meetings any more. We don't go to a surgical faculty meeting. Our department doesn't meet as a department any more; we used to. I don't know whether medicine does or not; maybe a handful go, but a little something was lost. I don't mean it need be every month. That would be a waste of time, but three or four times a year the whole surgical department should get together. I say surgical -- I think those who don't come, those who aren't doing anything, those who haven't been to a meeting, don't make any contribution, should be asked if they don't want to step off the University faculty. If you let him have football tickets, he's
going to go but if he is not making any contribution and doesn't come to a meeting and doesn't do any teaching and hasn't for five years, why should he deprive some younger faculty man who's come on and is working his heart out over there who can't get on the list to get the tickets? This is the only carrot the University has for the visiting faculty. Have you every stopped to think of that? None of us get any money.

HETZNER: You know, I am doing all of this and I never get anything.

McLAUGHLIN: Yes, the only carrot that they have is the football ticket because, like it or not and I don't go to the game often, football has been the great cohesive force in this state and in this University. Maybe it is all out of proportion but you would never be able to do it with music or drama or with art. So I am enough of a realist to say don't lump it. Take what you can get and let's make everything we can out of this. There has to be more good than there is bad and maybe it's the best advertisement we have in the nation. So, I am digressing more but that's what it is.

HETZNER: I know that you have been involved in many special committees such as Endowment Funds. Haven't you been pretty active in trying to establish an Endowed Chair?

McLAUGHLIN: I am a trustee of the Nebraska Foundation. Why, I don't know, but I am. They wanted a medical school representative. I am very interested in the future of funding, primarily in the medical school. John Dorsey at Northwestern University and I are long
time surgical friends and we made a study of the Endowed Chairs in the Medical Schools of America a few years ago. A great, big folder. Of course, they're principally in the private schools, and relatively few in the so called state schools. Endowments in my old school, Washington University in St. Louis, are what keep it operating. They do at Harvard, they do at Yale, they do at Pennsylvania, they do at Michigan for an example of a state school which has great funding. University of Chicago has great funding. Illinois has moderate funding. Stanford great funding, Cal good funding, but take the states in between -- mid to very poor. My thought, and I have had this idea for seven or eight years, I proposed this when I went to Dr. Spark's and told him the University was getting poor publicity in the city through the World Herald and in the community. I said you needed a Board of Counselors. I do take credit for that. A Board of Counselors will help you and you ought to have four or five real knowledgeable local fellows that you could meet with every two or three months and let them tell you what they think you are doing wrong in the publicity thing. And I got four or five real top flight people in Omaha and we had two or three dinners. I was selling this idea and I said what I would like to have you fellows do, ultimately, is through your influence, help get four or five Endowed Chairs at the University. It will take a million dollars to endow a Chair and a million dollars will get $80,000 annually to a department. And if you have top flight professors, he has $80,000 (not for his salary--it has nothing to do with his personal compensation--this is one of the
guidelines you must adhere to—he has to be funded out of the University—not through this) for his department, he has control. Nobody can touch this. The Dean, the Chancellor, nobody. This is in his department. I checked with my friends over the country, surgical friends who are in the top positions in the country academically, and they said; "Hell, Charlie, you can get anybody if you can give him that." And I said, "All right, if you get him we can give him five years and if he doesn't run with that I am sorry, fellow, but you are going to move on and we are going to get somebody else." You could build one tremendous department. Think of what he could do with that. Investigations, sending to meetings, underwriting projects. Unfortunately, without consulting me, Bob Sparks changed my concept of this thing. And the first thing I knew he had a committee of 20 and then it was 25 and that's where it is today, and Neal Vanselow has 35 now. And just between us, it is now a sounding board for the University to tell this group, not only locally but they are from outstate, what's going on. I am not against this at all; I think it serves a good function, but it isn't at all the concept I had when I went to Bob Sparks and said, "Brother, you need help. Let me help you get it." I got about five top young executives in this town (you'd know everyone of them) and I said he needs your help. Let's sit down and see how we can help him. That's the background of the Chancellor's Advisory Committee, and it veered sharply away from what the original plan was. I don't mean that it isn't doing a good job. I've got a great big folder and I'm still on this Executive Committee but it
is not doing basically what I had envisioned this committee would do because I was talking about four or five men, tight knit, a little executive board that could help him do things by going to Harold Anderson (Editor, World Herald) and saying, look we want a 10 page spread in today's section of the World Herald this next Sunday and a couple three times a year, on everything new we have done out here. He does a good job, these people can open doors he can't. All those fellows dropped off because none of them will serve on a committee of 25. You never get anything done, but that's the background for that, just in passing.

HETZNER: I know that you are now on the Centennial Committee and I am really interested in what you are doing on that.

McLAUGHLIN: This is a committee—a very interesting committee—Bill Strauss is running it. He was on the other committee and will do a good job. Frank Mills, Myrna Schnell, is working with you on the historical end. The new president of the HDR, Krause, is handling the finance. Dr. Wilson from pathology is on the committee and Dr. Connell tossed me the academic division in which I am principally involved. We are going to try to celebrate the centennial in the year '80 and '81 and make people conscious of the one hundred years contribution of the Medical College. The things that we have in mind now are having about three major guest lectureships during the year. We would like to have internationally recognized people and their talks would be on some health problem but not necessarily medicine per se. Might not even be a doctor.
We envision a wide audience, certainly of the medical people but a lot of lay people because it will be a broad subject. We might have somebody such as Secretary of HEW Califano, or somebody in his position. I have a list of all of those whom we have considered for the Murphy Memorial Lecture of our College of Surgeons which is a big, international lecture we have. We had Gerald DuBois, Head of Rockefeller Institute one year; we had Dean Rush one year. The only one that Dr. Connell and I would both like to have is Sir Alexander Kay from Glasgow; we both know he is a superb speaker and intimately involved with the British health scene, capable, and an internationally known surgeon. Not just to tell us about their social medicine but about their big problems of federally administered health which our people ought to know a little more about because we keep playing with this and nibbling away at it. And then we are going to have a couple more. I have a committee meeting tomorrow noon of my subcommittee, Hankins, Austin, Paustian, and Jack Coe, Ernest Grave, Gerry Schenken, and I want to tap them for ideas, basically on how we can pull in the alumni and make them cognizant of the fact that this is their alma mater. I think we should have a special convocation, at some attractive time, at which we might honor a group on their 25th year or their 50th year out of Medical College. Give them a certificate; bring them back to the University for a day of crepe suzettes, and so forth. Let them see how the school has changed from those years, maybe pick ten each year and five at 50. Every hometown paper scattered across Nebraska will write about their
doctor going back to school and to receive a special citation and so forth. It's so cheap and doesn't cost a damn thing; you get such big returns. This is an idea that I want to feed by this committee and see if they have other suggestions. Or something like this.

HETZNER: Well, you know when they celebrated the 25th Anniversary of the first graduating class, which was in 1907, they had a lecture on the history of the College and a presentation on a member of the first alumni group, and then they had clinics in the various hospitals (Dr. Gifford had one). I sent some of that information to Richard Wilson to see if he might be interested.

McLAUGHLIN: It hasn't come out as yet. I don't know whether we could do it with the Omaha Midwest Clinical Society because we are so overburdened now with the graduate courses. I'll have three or four in my mail today probably.

HETZNER: The group might be too big.

McLAUGHLIN: Yes, you know they all come back to the midwest on that Omaha Midwest Clinical Society meeting and they have a class dinner. Perhaps on a Sunday night. I want to run this by.

HETZNER: I know that they are planning something in October of this year for the Class of '29. Perry Tollman was in the Class of '29 and he is coming back.

McLAUGHLIN: I'm with '29 but not this school
HETZNER: Another one is Robert Moes, the man who has given so many beautiful books to the library and they all are kind of planning on being here. The Alumni Secretary has been searching for pictures of the Class of '29 and '34 and '39, and so forth.

McLAUGHLIN: What if we might have a luncheon that Sunday? A luncheon that day and a Convocation or something after the luncheon and give them a little certificate to honor them. Have them stand up with their families and read a little citation with a miniature curriculum on each of ten or fifteen people. The mechanics could work out very easily; the concept is the important thing. I am very high on this sort of an idea, with some good publicity. I think they ought to get that Sunday Supplement in the World Herald, the magazine section, and they ought to get one or two or three editions of that which could be handled very well—historical facts, pictures. Bob Cochran and Jack Coe have whole picture galleries as you know. You know so much more about this than I do.

HETZNER: I hadn't thought about the spin off of the publicity in the hometown paper.

McLAUGHLIN: That's free, you know.

HETZNER: Particularly, in this state.

McLAUGHLIN: Yes, and those county papers and state papers, and it's their doctor.
HETZNER: And even though Perry Tollman may be living in Arizona, his hometown paper will pick it up.

McLAUGHLIN: Yes, and there is some substance in the county weekly paper recognizing the doctor and they are dying for copy. All we have to do is provide it.

HETZNER: Well, I became involved on this history bit, you know.

McLAUGHLIN: I know, and you can make such a contribution.

HETZNER: Well, I am a little concerned. Frank Menolascino is going to get the committee so big that we won't be able to operate.

McLAUGHLIN: Sit on him; he get's voluble. You know that. You just say; Frank, you know big committees never accomplish anything.

HETZNER: These people might be primed for resources.

McLAUGHLIN: That's correct.

HETZNER: If you want to go and ask them what it was like when you were in school.

McLAUGHLIN: Yes. Let them tell you what they think but when you get back to the working committee.

HETZNER: Your committee is thinking of this in '80 or '81, right?

McLAUGHLIN: There was some high jinx on the historical collection of books. Your collection, as you know, left here through Dr. Cutter's resistance to the Medical School. Dr. Orr and Dr. Cutter decided to disagree forcibly at one time prior.
HETZNER: Was that the origin?

McLAUGHLIN: Yes, that was and Dr. Cutter's collection went to Northwestern University. Dr. Orr had planned to give his collection first to Michigan and then to this school and then in a rage, said he wouldn't give it to either one and gave it to the American College of Surgeons. It was housed on the first floor of our very attractive headquarters building in Chicago. A beautiful collection but the College ultimately decided that this wasn't the place for it because it wasn't being used; second, its maintenance was not up to what it should be because they weren't equipped to take care of a rare book collection, and so a committee was appointed to handle the disposition of this. One of my very good friends in Chicago, a nose and throat doctor -- one of the world's great bronchoscopists in Chicago -- was the chairman of this committee. I was on the (American College of Surgeons) Regents at the time and I knew this collection and I knew where it came from. When the report was brought to the Regents from this committee and that the collection was a superb collection and worth a couple hundred thousand should be given to the Crerar Library and this was submitted to the Regents for a vote. And I said that wasn't right and so I got to the floor and made a very passionate plea that enabled this to be delayed for three months until we could think through where this was going to go because the Crerar Library was a great library, known all over the world, and so forth, and it would be buried like sending three pictures to the Metropolitan Museum in New York. They have so much in their vaults down below.
Anyway, in that three months I canvassed the (ACS) Board of Regents and I called in about eight "due bills" and I knew I had the votes. I had supported people on everything so it came back up at the next meeting and I made the speech that it had originated here and we had a regional library and a magnificent place and I talked to the people here and that it would be suitably housed in a wing by itself and we would even put up a picture of him if need be. We would give full credit to the American College of Surgeons on it. We would always say that we got it from them. I would hope that you would send along the money to maintain it (which is some $3,000 a year) and I will promise you that there will be an accounting annually, permanently. And I knew I had the votes and I won and so that is how you got that historical library -- pure and simple. If somebody hadn't been there and I just happened to be sitting there at the time, it would have gone to the Crerar Library and you never would have known what happened to it. But it is a pretty good collection, isn't it?

HETZNER: Oh, yes.

McLAUGHLIN: Well, I mean it's worth having anyway.

HETZNER: Absolutely. The titles in it are just magnificent. I mean landmarks.

McLAUGHLIN: Well, that briefly is the background of how that all happened and I was just glad that I could at least get the library and bring it back here.
HETZNER: I always felt that maybe Dr. Ward felt that he and his collection received more exposure there at the College of Surgeons than what it would get here.

McLAUGHLIN: He's a Kansan, a Jayhawk. He's a thoracic surgeon in Chicago. He has a superb library. I know him through the College of Surgeons. He writes superbly. I have extended to him an invitation to come out here anytime he would care to. He said, I would like to see your library because he has a collection and he is a bibliophile and I said I would like to have him come and see our library and consider it as a repository one day for his things. He said he would like to see it. So I got a hold of your new fellow (Mr. Braude, Librarian) and said, you write to this man. If he hasn't heard you ought to send a follow up letter because he is a very personable man, a good thoracic surgeon. He's got some good things! And he is not sold; Kansas hasn't any library to speak of. Chicago might tempt him because he is practicing there, but he might buy this at Nebraska when he sees the regional concept.

HETZNER: Well, this is written in April and Mr. Braude apparently wrote to him.

McLAUGHLIN: He wrote to him. But maybe Bob Braude ought to write a little follow up. We hope that you will get out here sometime this fall and see our library because we have some nice things, and we know you are interested in medical libraries. You know how.

HETZNER: Bob does pretty well too, I think.
That's extremely well done on Dr. Wittson. And Miss Kittel writes well. I heard him give a thing on Harvey last year at the College that was superb.

This was just as a "cup of coffee" after a meeting and he brought it up, and we are pretty good friends, surgically, I don't know him intimately at all. But I know who he is and he knows that I am out here.

You have some common interests.

That's right. And we served on the CMSS together, the coordinating committee of the Council of Medical Specialists Society. And he just mentioned this out of the blue and, of course, my ears went up because I know he has good things. I don't know how much, but you might be surprised at what some of these private collectors have.

Maybe this would be a good man for the National Library of Medicine to consider for a Board of Regents appointment.

This thing is superbly done. I reread it; I had it in my file there and I was cleaning the desk off the other day and said what's that here for and I reread it again. It's that good. And so I give you his letter with his address. I have no torch to bear except I'll help anyway that I can, but when I toss it into your lap, I've gone as far as I can go.

We'll see; we'll see.
Okay.

People in the library feel they are always looking for people in the medical profession that have a big contribution to make in the way of an interesting link between libraries and medical professions. Somebody like this would be very good for some of our programs.

He's superb.

Look at that. Well, we've covered --

Well, we've covered the waterfront. I don't know if I've told you anything.

Oh, it's been absolutely grand.

If I've told you anything at all but I have been around for 45 years.

This is why I wanted to do this.

There's lots of little things you can remember back in that old place. We used to have lunch down in the dining room down in the basement. There were hitching blocks out behind when I first started there. There was a long rail in between you could use for hitching the horses. It was on both sides and it was a cinder parking place; it would take care of about forty cars. To the west.

To the west. I remember that too.
McLAUGHLIN: Then there was just a big field. During the war the boys drilled when I was gone and Jack Coe said we used to drill out in that area where the rest of the University Hospital and the Clinics and there was nothing you see clear on down there.

HETZNER: Children's Hospital wasn't there?

McLAUGHLIN: Gosh, no, the Children's Hospital opened in '49.

HETZNER: That's right. They graded that down.

McLAUGHLIN: They graded it down first and it was a flat area.

HETZNER: They graded it in '48 and all of that dust blew right into the library because we didn't have air conditioning and we had the windows opened.

McLAUGHLIN: Oh, gads. Operating in the summer you'd put cakes of ice in wash tubs; put a fan over them, operating over there.

HETZNER: In those library stacks we used to measure the temperature and it would get up to 110 in the stacks. Awfully hard on the books. And relative humidity was 10% down there because the books would absorb all that moisture. We spoke about the dining room. Was it true that they didn't allow medical students in that dining room? It seemed to me.

McLAUGHLIN: I think that's true. I don't think medical students -- it wasn't big enough. We were prohibited later on as faculty even eating down there. I can remember there was a big old gal who
was the cook down there. I took care of her for twenty years after that. What was her name? She used to let me in there occasionally after we'd been operating, you know, and go down and get a beef sandwich or something like that at 2 o'clock in the afternoon. But there was no line as I remember and we couldn't pay for food. They fed the student nurses. The student nurses, you see, got board, room, and laundry like the interns so food was thrown in, and we'd occasionally go down there and she'd give us a sandwich. But I don't think medical students were ever permitted in there nor were there any of these places where you could put a dime in and get anything to eat.

The fraternities were all running then and you see the classes were normally 72 so that the majority of the boys were either Nu Sigs or Phi Delts or Phi Rhos or Phi Chi and they all had tables, you know, and everybody went over there and ate and a lot of them lived there because the marriage thing for students really didn't get going until well along in the 30's and 40's. I mean, marriage in my time in medical school -- maybe one or two in the whole class would be married. Later on the percentage began to go up and I don't think it was anything like as high as it is today until after the war, World War II, because half those boys had been out of school longer; they'd been in the service, they'd made some money (not much but some) and then the custom of marrying a girl and letting her support him going through school caught on. Well, I guess it still goes. It's rather a common pattern today but it sure wasn't in my time. I remember
the first day I walked into Anatomy the old professor came in and looked us over and said if any of you have any ideas of getting married while you are in medicine, get it out of your mind because I promise you right now I will flunk you and that was his opening statement.

HETZNER: How about that!

McLAUGHLIN: Today you'd have him on the rack. I don't know what Federal agency would get after him but they'd tear him apart for that. It was just as simple as when Dr. Poynter used to say, "You're out. Pack your books and get out of here." And nobody ever took it to court or anywhere. Or he said, "You're in, you're in," or "You're going to Boston to intern." Nobody ever debated it. Amazing really.

HETZNER: I didn't know this until Dr. Holyoke said this.

McLAUGHLIN: Ed can tell you. He was around at that time.

HETZNER: Yea, yea. He said what Dr. Poynter said.

McLAUGHLIN: Total czar! Benevolent, if he was your friend. Now I happened to always be. As a matter of fact he was very kind to me coming in from the outside. When I wanted to go into the service, I went over to see him, with Phil Redgwick. I said, "Dr. Poynter, I want to enlist in the Navy." He said, "You can't. You are an essential teacher here." I said, "I don't think I'm essential." He said, "You're carrying a tremendous load and I need you." I said, "Dr. Poynter, this is war and I want to go." He said,
Get out of here." So I waited about two or three weeks and I went back in and I said, "Dr. Poynter, I don't think we're going to win this war. It's the greatest show man's ever seen and you can't tell me any conceivable way we can win this war today, and no sensible person can, except that I think I've got to get in it." He said, "Young man, that's ridiculous. I need you here teaching." I said, "Dr. Poynter, if you were my age and I'm just 36-1/2; I've got one child but this is the greatest war man has ever seen and if we don't win it there is no future at all. If you were in my position at 36 wouldn't you be standing in my shoes?" He looked at me for about 30 seconds and said, "You win." He picked up the phone and called Roy Fawles downtown and said that I've got a couple of boys who want to get in the Navy. I'll let them go.

HETZNER: How about that!

McLAUGHLIN: That's the exact story. It took me about two months to convince him that I wanted to go. I said I've got to enlist, I've got to go in this, and right or wrong, that's the way it happened.

And then when he died, his daughter, who is adopted, was living in the east some place and Mrs. Poynter was in an apartment over by the Regency. And Bede (Mrs. McLaughlin) and I, on a Friday night as I recall, were eating out; during dinner I got a telephone call and was asked to come to the phone. It was Mrs. Poynter and she said she needed help and then I heard something fall. I said, Mrs. Poynter, are you home and she said, yes and then I heard
something drop. The phone was dead and I went back to the table and said, Bede, let's just leave dinner. I'm going right out there and see what's happened. So we left our dinner and I said, listen, I want you to come with me. I don't want to be in that place alone so we went out there and she was dead, lying on the davenport with the phone dangling at her feet. She had had a coronary and died when she called me. I don't know why, but she'd always liked me. I called the coroner, whom I knew, and waited until he came on and I stayed while he was there because I didn't know if anybody'd rifle the place and we didn't know the daughter's address. Finally, we found a package which Mrs. Poynter had wrapped up and she hadn't yet mailed, with the address, so we were able to get her on the phone. That's a little final episode in the Poynter family.

HETZNER: I remember a little bit about it. You remember Alice Hamm Bittner?

McLAUGHLIN: Yes, I sure do.

HETZNER: She was the alumni secretary.

McLAUGHLIN: I sure do.

HETZNER: Speaking of the dining room, we people who were not students nor faculty nor -------

McLAUGHLIN: Could you eat down there?

HETZNER: No. We had to eat in that little room off to the side. So it would have been Alice Hamm Bittner and Bernice Hetzner and Florence
Clausen and Helen Pittzer, those kind of people. Well, it seems like Alice Hamm was quite close to Mrs. Poynter and I heard something about it at that time.

McLAUGHLIN: Well, that's the fact that we went up there. Fortunately, the door wasn't locked and we went in the apartment and here she was just stone dead and the phone dangling on the floor. She had her pain and called the Bureau who told her where I was. She got me and told me she was home and she needed help.

HETZNER: I guess that's the way to go.

McLAUGHLIN: Quick. That's just historically true.

HETZNER: I remember when I was interviewing Mary Jo Henn. She came out and she had been offered a chance to go to Medical School at West Virginia while she was teaching. So she came out on vacation and went to see Dr. Poynter and discussed with him about Medical School and he said well why don't you come here. So just like that she was in Medical School. Dr. Poynter decided.

McLAUGHLIN: You saw it when you came here in '48. Didn't you tell me you started in the library?

HETZNER: I started in '48 but he had just retired. Dr. Lueth was in charge but Dr. Poynter was working on the history of the Omaha Medical College and he worked in the library.

McLAUGHLIN: Would my analysis of Harold Lueth jibe reasonable well with your analysis looking back?
Yes, except that he was very difficult from my point.

I'm sure he would have been.

Yes, very difficult. The library was administered by the Director of Libraries in Lincoln and the budget came from Lincoln. I didn't know this when I took the job and it developed that Mr. Lundeen, the Director in Lincoln, and Harold Lueth were not on speaking terms.

Didn't help things, did it.

Didn't help a bit and then, of course, there was obstinance on both parts. Mr. Lundeen was not the easiest man to get along with either. So there I was right in the middle and there were times when Dr. Lueth wouldn't speak to me. He would come into the library (I was appointed by Lundeen and he hated Lundeen). He'd come into the library and reach around me and give his records to Beulah Evans. Remember Beulah? And then, of course, she'd have to give it to me.

But he wouldn't. Well, I suppose I'm looking back and trying to put it into perspective. He came into a tough position. He wasn't equipped in anyway to give and to compromise. Wasn't in the man's soul. He was stiff. I would guess that if you asked any of my colleagues who were around then and still alive, they hated his guts. And he didn't have a friend. I rather liked him because I thought I understood him a little better. He's a medical man whom I had met in Chicago; he was trying to do an
academic job. He was fresh out of the military where, when he goes he goes and when he comes, he comes. You know this sort of thing. And it was hard for some of those fellows to drop that and not have that carry over into civilian ways and it just plain doesn't carry over. You don't get things done that way.

HETZNER: I think another thing which I have come to realize since I've been talking to various people is that it was about this time when Poynter left that people in Lincoln decided they ought to have more management decisions.

McLAUGHLIN: Oh, yes.

HETZNER: And so Dr. Lueth was kind of caught in the middle again.

McLAUGHLIN: Poynter, you know, ran the University Hospital and the Medical School all in one pocket. I almost fell off my pedestal when I went in to talk to him one time and found out that he handled that whole hospital's budget and the medical school's budget out of one pocket. He juggled the funds and nobody knew where the hell they were going or where they came from. That was broken up as that was dangerous as you know.

HETZNER: When Gustafson came, they must have said now is the time for us to take over and find out what's going on up there in Omaha. I have a great deal of admiration for Gustafson but it must have been difficult.

McLAUGHLIN: Anybody who changes the system. I mean if you change it tomorrow they'll fight it. Look at the problem Neal had with the fee
schedule thing. I told him when he came that would be his first job and you can't make friends. I don't care how you come out. You have to do the best you can because it has to be done and that is your number one assignment from the Regents. And I think he did a very creditable job. It isn't perfect but jeepers, all progress is compromises. It is a step forward and a half back but you keep going forward.

HETZNER: And you run now and then.

McLAUGHLIN: You bet and every once in awhile you make some progress. The guy that thinks he is going to bull through the line and always make five yards, it just doesn't work.

HETZNER: Dr. McLaughlin, this has been most interesting to me and it is going to be interesting to those people who have the opportunity to study it.

McLAUGHLIN: What are you ever going to do with this?

HETZNER: Well, this is going to be background information, I hope, that someone will use someday to put together a history.

McLAUGHLIN: To know what was going on.

HETZNER: In the Medical Center.

McLAUGHLIN: This school made a real contribution to the state and has produced two third's of the doctors in mid-America.
HETZNER: Well, they have had people like you, Dr. McLaughlin, on the faculty. You've been cited as a very fine surgeon but also as a very fine teacher. You must have enjoyed teaching.

McLAUGHLIN: Yea, and I still do it. I don't want to stop doing that but that enjoyment is my compensation, you know. It has to be because there wasn't anything else. That day is going to go because young men won't do it without pay. Unfortunately, and I don't know whether that's good or bad, but I know that's going to be true.

HETZNER: Well, that's true all across the board.

McLAUGHLIN: Well, I know.