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Interview with
Harry W. McFadden, Jr., M.D.
College of Medicine 1944

By Robert S. Wigton, M.D.
November 30, 2004

Dr. Wigton: Let's start by introducing Harry McFadden, who played many wonderful roles at the Medical Center and was very important in our history. He was the head of Microbiology, and beloved teacher of many classes of medical students, and served as Interim Chancellor a number of times -- twice. So he has been around a lot. So, Harry, in the previous tape that was done for the Centennial (recorded in 1980 with Dr. Menolascino), you talked a lot about your early history at school and maybe this would be a good time to start about the Wittson era and get into the Sixties.

Dr. McFadden: Okay. I might comment that serving as Interim Chancellor twice shows that I wasn't very smart. (Laughter)

Dr. Wigton: Tell us a little bit about...

Dr. McFadden: Most of my dabbling in psychiatry came on Fridays during those Interim Chancellor episodes when various faculty members would come in and complain about something, and usually something I could totally do nothing about. They exercised their wisdom and felt better for it, I think.

Dr. Wigton: Did this convince you that you didn't want to be permanent Chancellor?

Dr. McFadden: Indeed. Indeed.

Dr. Wigton: Well, let's talk a little bit about Wittson since he was our first Chancellor.

Dr. McFadden: Right.

Dr. Wigton: When did you first encounter Cecil?

Dr. McFadden: Well, I guess I first encountered him when he was at the NPI [Nebraska Psychiatric Institute]. But he really, when he originally came I don't remember the year or time or the circumstances of his selection, but he was housed first at the Douglas County Hospital and thinking about psychiatric events at Douglas County took me back to my medical school days when the only difference between some of the students and the persons involved were who had the keys to the door. But Cecil was quite an amazing person, ultimately. He was really a visionary and we always believed that some of his visions came -- He and his wife, Lottie, lived on a hill in far north Omaha on the banks of the Missouri River and we always opined that he got up at two or three in the morning when he couldn't sleep and looked out the window at the river and thought about things about the medical school and what might happen. Some of his visions were excellent visions and he had the grit and the ability and the talent to get them accomplished, and that is much of the story of Cecil Wittson are his accomplishments for the Medical Center. He had been in the Navy during World War II and I think he must have had some kind of a position where he had to envision things to do for psychiatry and Naval medicine. Cecil had a number of people in the Medical Center, primarily faculty members, who he took into his confidence and he would come into your office periodically and sit down and talk about Navy medicine for a while and then say, 'Harry,' or John or whomever, 'what do you think about this possibility?' And he would go on and talk about a vision for something, some activity or building or what have you, about the College of Medicine and the new evolving Medical Center. And, sometimes they were off the wall and you'd simply say, 'Cecil, that's way out of it.' And, he usually took your word, but other times you'd think, 'Well, that's a pretty good idea.' And, he might get a few opinions of that sort, then he would fly with that vision and seemingly it got done and was accomplished and happened. As a result of that, I think he evolved and became the first Chancellor of the Medical Center. Before his time, though, it was in a period of evolution of growing differences. It wasn't just a University of Nebraska Hospital and a Medical Center, it became the College of Nursing and the College of Pharmacy, and the Dental Center became involved although located at Lincoln, and so the position as Chancellor sort of evolved. Cecil, I think, earned the designation of the first Chancellor of the Medical Center.

But going back to the Douglas County Hospital days, -- Bob Wigton's probably better able to talk about those than I am. But, I don't think those were Cecil's visions of what the Department of Psychiatry should be. So, I became involved at first in observing the Nebraska Psychiatric Institute as it was built on the west portion of the campus and I think it was an amazing place. I think it was well planned; it was multi-functional, and the building housed inpatient and outpatient psychiatric facilities. It had facilities for the Department of Psychiatry and it had a new thing, teleconferencing with the mental hospitals of the State of Nebraska, and it was a great continuing education opportunity for two-way interaction between the mental hospitals and the NPI, as we knew it. It also contained a very modern amphitheater. The amphitheater was great in those days for teaching of medical students and persons in graduate medical education, interns, residents, and the like, and later it was extensively used as a center for continuing education and that lasted far beyond Cecil Wittson's tenure at the Medical Center. But the teleconferencing and the development of medical illustration as a campus-wide facility really began at that time. Before that, I think most of the medical education illustration-type events were departmental oriented. About that time, Cecil became acquainted, I think, with Mrs. Reba Benschoter, and Cecil and Reba really started initially a campus-wide facility, as far as I know, for teleconferencing and for utilization of staff facilities to aid faculty and students and others who needed to write papers about scientific research or to write essays or what have you related to medicine at the time. And so the NPI was quite a "feather in the cap" of Cecil Wittson, so to speak, and I think it was something that sort of opened the eyes of the nation to the possibilities of Nebraska and psychiatry, and the fostering of medical illustration and support for education and research of that kind was really outstanding.

The next major event I had opportunity to participate in was the development of what came to be known as "Wittson Hall," ultimately. The Wittson Hall, as a functional entity, became operative in 1968. Now, the prior planning for the building happened several years before 1968. I was not privy to the planning for grant support for building the building. Cecil Wittson did that with others. I'm not sure who are listed into that venture, but that was certainly not my forte so to speak. But coming into the building phase of the, or the planning phase of the actual building, was determined that the building would really house facilities for Anatomy, for Pathology, and for medical Microbiology, which then included the discipline of Immunology. And in that planning phase, the faculty of those three departments really planned what would be the content of Wittson Hall and its functionality. And so each department had an opportunity to

visualize what they thought progress would be for their department and what their departmental needs were. Periodically, we would meet with Cecil and with the several Chairmen of the departments and kick around the possibilities of the building. And as a result of all this, a truly multi-functional building was built, at least for that era. There was the largest medical auditorium on the campus, which was used for lectures and various meetings and continuing education of the sort. There was also built multi-functional laboratories; for example, a multi-functional laboratory for neuroanatomy, histology, pathology, medical microbiology. And the laboratories were hands-on laboratories in those days. The intent was the student would meet with the Petri dish in microbiology and actually perform some of the functions that happened in a microbiology laboratory. In Pathology they would sit with their own microscope and look at slides and through teleconferencing, the slides could be projected on television screens to aid their vision in their study of those events. But it was meant to be hands-on and multi-functional. In those days, teaching was fundamentally disciplinary in origin, so Anatomy taught anatomy and Pathology taught pathology, and Microbiology taught medical microbiology and immunology and related disciplines. As some side events there, there were offices, of course, and research suites for faculty, and in addition, there were staff and support facilities. As some special facilities in the building were some that wouldn't ordinarily be recognized or thought about. One was a modern Virology laboratory. Now virology had its beginning in the basement of Poynter Hall. You went down the metal steps into the basement, which used to be animal facilities, and Dr. Oliver Reihart and his wife, Helen Wyant Reihart, operated the first virology laboratories. And those were basically dependent upon tissue culture studies and the inoculation of specimens onto tissue culture and the isolation of viruses there from. That happened prior to the Salk vaccine and so on. So, when the time of the Salk and Sabin vaccines came about, Oliver and Helen Reihart were able to culture for polioviruses and they participated very extensively in the Sabin oral sundae and things of that sort, and in the follow-up after those major events.

Dr. Wigton: But Helen Reihart started the Med-Tech program.

Dr. McFadden: Right. Helen Reihart was a Medical Technologist who came from the Boston Massachusetts area.

Dr. Wigton: So she was teaching at the same time.

Dr. McFadden: She came earlier, and then married Oliver and had a family and came back sort of into the virology arena. Medical technology had been started prior to that really, and the modern virology laboratory now that was planned and it actually happened in Wittson Hall really had the containment facilities of the highest order at that time. That would be in 1968. So Dr. Roberta White and her colleagues, which were then in Virology, could work with viruses with high potential danger to themselves and to individuals safely. I think that modern virology lab is still used in the current days about terrorism, and the microorganisms of high danger that can be handled in that particular area so that was an interesting development. The gross anatomy laboratory was also new and modern compared to the old laboratories in Poynter Hall. Also, electron microscopy laboratories were built and one of them in Pathology headed by Dr. Richard Wilson was an excellent electron microscopy laboratory for research and also for clinical studies, particularly at that time in kidney disease.

Dr. Wigton: He was a pioneer in that area, wasn't he.

Dr. McFadden: And kidney transplant and things of that sort, right. He was a remarkably talented man.

And Wittson with his usual vision thought, 'Now wouldn't it be nice to put something on top of Wittson Hall.' And that became the basis for the new Library of Medicine, the McGoogan Library of Medicine. It also became the site of the suite of offices for the Dean of the College of Medicine and for the Chancellor of the Medical Center. And so those were considerably, I thought, was an excellent building in 1968.

I am compelled to say another event in 1968 of great importance to the college was the evolution of a new retirement plan for faculty and staff of the Medical Center and I believe for UNO and UNL, as well. Before that, the state had what we call the 'old retirement plan,' which was funded by taxes and state support and the retirees were paid out of departmental budgets of the department from which they retired. The monetary value of the old plan was not very much. How some of the people lived on what they received I don't have any idea. But the new plan, I don't know who really initiated it or did the planning or started it, but it may have been Woody Varner. It would have been in his era and with his people in all probability. But the new plan was really a 401-K type plan using TIAA-CREF, which is a national organization dedicated

really initially to retirement plans for universities, colleges, medical centers, academic centers of that general sort. It really truly was an enormous advance for people and it allowed people to have what I think was a decent retirement when they were through, and they participated in the funding of the thing and it was an overall really worthwhile venture.

Dr. Wigton: Did this have to do with changes in legislation or was it just that somebody went out and...

Dr. McFadden: I think it was instituted within the universities as far as I know, Bob, but I don't know for sure. But the author of it deserves great credit whoever that person or persons would be.

So that takes us a long way into the Cecil Wittson era. Also in this general time, a new College of Nursing was built east of 42nd Street, a new College of Pharmacy building was built to the east of 42nd Street, and associations with the Dental College came into being at that time.

Now this gets us into the era really of the evolution of the University of Nebraska Hospital, which really began, I think, in Perry Tolman's days. The University of Nebraska Hospital initially was a strictly charity hospital and when a patient came to the hospital, they had to be authorized by the county from which they came and the county paid a daily fee to the University Hospital for their care. Well, eventually the State Legislature got into some of the funding, too, and as medicine evolved and the needs became greater and the types of medicine which could be used became greater and more expensive, it became more expensive for the counties and the State Legislature to fund the University Hospital. So, the obvious decision was to try to fund a portion of the cost through 'pay through service' type insurance plans or whatever plan an individual might have, even personal payment, I'm sure. Gradually the percentage of this became greater and greater and I am sure Perry Wilson went through this with the Legislature and nobody wants to change a system, you know, so it wasn't easy going, I'm sure, to make this change. But ultimately, Perry and Cecil and others convinced the legislature that the principal way the University Hospital could evolve for the clinical faculty and the education of students was essentially to make the University Hospital a free standing hospital which paid for its own operation. And this was accomplished over a period of years. I might mention as a byline along here, Cecil Wittson and his wife, on Football Saturdays in Lincoln, used to go out early to a restaurant in Wahoo on Highway 77 which was a stopping point for

many of the people from northeastern and northern Nebraska on their way to the football game, and Cecil would introduce himself to people and talk about the Medical Center as they came through and I'm sure this was very helpful to Cecil with the legislature and his dealings with the legislature. I can't remember the name of the restaurant now but it was a favorite watering hole for people going through on Highway 77. Also about this particular time came the Professional Fee Plan and its discussion and we might touch on that just for a few moments. I'm not the best one to talk about that. Among the persons living who probably know the most would be Dr. Fred Paustian, and he might be a candidate for Dr. Wigton to talk to about the professional fee plan.

Dr. Wigton: Well, we're going to talk to him Thursday, actually, so that will be good.

Dr. McFadden: Yes. He and Dr. Clarence McWhorter and others were instrumental in the fee plan. But the basic problem was that initially salaries for faculty at the College of Medicine, particularly for the clinical faculty, were not sufficient to keep their interest or to maintain them at the College of Medicine and so a system needed to be involved whereby they could supplement their salary income with other income so that they could continue to stay and teach and do their research and, in addition, develop a new and modern faculty of medicine in the clinical arena. One of the initial steps was that the faculty had one-sixth of their time for their own usage and talent and earnings, and of course that was a very controversial type thing because some would say, 'Oh, you're taking too much time to earn your own money,' and so on. So a professional fee plan evolved over time with the help of the Legislature and passage through the Board of Regents of the University and not without a great deal of controversy that the clinical faculty and the physician faculty could earn income from the practice of medicine which they used in the teaching of students and residents and interns and the like. And this seems logical to those of us who participated in the Medical Center but it was quite controversial, indeed, to others in the University and the Legislature and even to some of the physician colleagues on the volunteer faculty staff. They saw it as sort of anti-competitive in a sense and perhaps it was to a certain degree. But it was certainly necessary to the evolution and increasing the clinical faculty of the College of Medicine in particular.

Dr. Wigton: Would you say a little bit about the evolution from a volunteer faculty to full time. In the sixties was there a mixture? Were some people full time and some part-time?

Dr. McFadden: Yes. In the sixties and even the seventies and even now there is a mixture of full time, part-time, and volunteer clinical faculty. And really in my opinion, the Medical Center and the Colleges couldn't operate without the part-time and volunteer faculties. There's just no question about that.

Dr. Wigton: How did people do this? They got a salary for part of their time, like several afternoons a week, that kind of thing?

Dr. McFadden: That's correct, yeah. They weren't gracious incomes for the individuals concerned, I'm sure. And of course, prior to the use of the professional fee plan, most of the clinical faculty was entirely voluntary and they just donated their time and their talents to wanting to teach residents and medical students and participate in the care of patients at the University Hospital.

Dr. Wigton: So, prior to this, they'd come in and donate their time and they wouldn't get any of the revenues from the patient care?

Dr. McFadden: That's correct.

Dr. Wigton: It just wouldn't be very much revenue is that right?

Dr. McFadden: That's right. So, ultimately the plans evolved into a situation I'm sure where portions of the professional fees, which are earned aid the departments of the faculty and staff of those particular disciplines.

Dr. Wigton: How'd this work in Pathology, for example? How did the department get the money? Were they just on a budget?

Dr. McFadden: Well, in Pathology, for example, of which I happen to be a faculty member, some of the income came through the Clinical Laboratory fees for service and some of it came from reading of frozen sections or the reading of histopathology slides, and so on. So it was not a huge income, but it helped the departments and the faculty members immensely in being able to stay and be fair to their families and not move into private practice or move to another academic center that had a richer base and could pay a higher stipend. So, it really made Nebraska considerably more competitive with other academic medical centers than they had previously been.

Dr. Wigton: To go to professional fee plan.

Dr. McFadden: Correct. Correct.

Dr. Wigton: But it was kept secret is that right? I mean that....

Dr. McFadden: I don't think it was really secret at all.

Dr. Wigton: I mean the state; but the state couldn't look at the income is that what was one of the features?

Dr. McFadden: Well that was one of the controversies initially, and so on. Some of the legislators and others would think, 'Oh, they're earning too much money;' you know, and 'that isn't fair;' and so on. But that, I think, has been more or less resolved at the present time. Hopefully, it has, although I'm sure that the plan evolves over time.

Dr. Wigton: Me, too.

Dr. McFadden: And others rather than I could better speak to that than I can. But anyway, that takes us along the way here. Let me look at my props here for a moment, (consults notes). In other areas of support that Cecil maintained for the Campus, I think you are all aware of the Eppley Institute for Research in Cancer and Allied Diseases. In Cecil's time, the staff of the Eppley Institute was not really a very extensive staff and he was instrumental in recruiting Dr.

Philippe Shubik and his associates, who were housed in Chicago at the time, to come to the Eppley Institute and to actually take over the operation of the Institute so to speak, meld it with the current faculty of the Institute and the College of Medicine and to develop it. Philippe Shubik and his staff brought strong research on chemical and toxic agents that might be associated with the development of malignant disease. So they really established a base or a very fundamental basis for the Eppley Institute. This was really the start on which the clinical foundation of the Eppley could be built later. And Dr. [Kenneth] Cowan now can further develop it as a clinical institute, which it is of course, and it's known on the National level and National arena, and he's further developed the Institute considerably. One of the studies that went on during Dr. Shubik's day related to lymphoma across Nebraska and in the region, a sort of basis, or collection of data of patients who developed lymphoma in the State, and what their jobs were and what their talents were and what they did was started, and I think that's continued for Nebraska and for the region.

Dr. Wigton: Where did that interest come from?

Dr. McFadden: Well, lymphoma is reasonably common in Nebraska and in this region and some believe it's related to toxic agents and chemicals which might be used in farming and related types of events.

Dr. Wigton: But there wasn't a specific person?

Dr. McFadden: No.

Dr. Wigton: I remember some clinicians like Bob Rosenlof.

Dr. McFadden: Yes, Bob Rosenlof was very interested in this and got this started with the Eppley Institute, I'm sure.

Dr. Wigton: It's interesting because it's been so important for the later development of research.

Dr. McFadden: Right, the strength in lymphoma research and treatment and teaching. It's just unbelievable. So, another little thought relates to some of the special areas that Cecil sponsored and ventured. One of these was the Physician Assistant Program.

Dr. Wigton: That's right.

Dr. McFadden: Which, in its beginning was quite a controversial thing because some of the physicians believed, 'I don't need an assistant really who sort of does much of the work I do to aid me.' Well, I'm sure now they accept Physician Assistants and use them very extensively. This was particularly true in areas of the state where the physician population is not extensive. So, Cecil started that initially with the Armed Services, and the Armed Services could actually record education grade points through the College of Medicine, and so on.

Dr. Wigton: Now, did that have to do with Jess Edwards coming? Because I know he came from....

Dr. McFadden: Yes. And as an outgrowth of that Jessie Edwards developed, with Cecil, the Physician Assistant Program on our Campus and for the College of Medicine.

Dr. Wigton: Jess was connected with the Armed Services at one point, right?

Dr. McFadden: Right. That's where he came from really to start this at Nebraska.

Dr. Wigton: Hadn't thought of that.

Dr. McFadden: So, that's one of Cecil's successful programs. Another one he was very interested in developing was in nursing education. One of the many excellent Deans of the College of Nursing was Rena Boyle and Rena Boyle was very helpful to Cecil in developing outpatient education in Nebraska and the region for nurses through the College of Nursing and through other Colleges of Nursing education.

Dr. Wigton: Is this where they started getting the other campuses out state?

Dr. McFadden: Right, correct, involved. And also, sort of at the end of Cecil's career at the Medical Center, he was involved in a combined program between Dentistry and Medicine where dentists could come in and basically demonstrated their talents in the basic medical sciences through taking the courses or taking examinations or taking orals from the Basic Science Department Chairman to show that they really had the knowledge that medical students would have from the basic sciences. And then they had sufficient credits in dentistry and in the clinical departments of medicine to have a combined degree in dentistry and oral surgery or some similar thing. That was worked ultimately, also, through the Department of Otorhinolaryngology merged into this particular venture. Now all of these latter ventures had some controversy with them but they proved to be successful and worthwhile ventures, which I think is a great credit to Cecil and his interests. In the later part of Cecil's experience at the Medical Center, he became more and more interested in architecture and building medical facilities in hospitals and he had a real talent in this regard. He became interested in the company Henningsen, Durham, and Richardson at that time and he became a friend of Mr. [Chuck] Durham, I'm sure, at that time and he served as a consultant to them in the building of medical facilities and hospitals. And after he decided to retire from the Medical Center as Chancellor, which happened in nineteen seventy-two, he became associated with HDR and did extensive work with that organization. A resident of Omaha, his name was Mr. Don Korpff, he'd be a good candidate to talk to in one of your sessions, Bob.

Dr. Wigton: Where did they go?

Dr. McFadden: Oh, they went all over the world.

Dr. Wigton: Just consulting on medical buildings?

Dr. McFadden: Consulting and planning and building hospitals to meet the needs of a particular region. I know they even planned some hospitals for the Middle East.

Dr. Wigton: Cecil, I understood, enjoyed planning the hospital here.

Dr. McFadden: Yes, he did. Really much of the University Hospital was started far before Cecil's time and the latest west addition to the hospital happened really in Perry Tolman's tenure as the Dean.

Dr. Wigton: Yes.

Dr. McFadden: But Cecil participated in the modernization and changes in the University Hospital facilities while he was here, I'm sure. So that was a talent he had and just something he liked to do. He was with HDR, I really don't know how long, but ultimately he retired completely and Cecil and Lottie moved to Lottie's hometown, which was Charleston, West Virginia, no.

Dr. Wigton and Dr. McFadden: Charleston, South Carolina, yes.

Dr. McFadden: And Cecil built a very nice townhouse in Charleston for Lottie. He presumed that Lottie would outlast him in life and I had the opportunity with my wife to visit Lottie and Cecil in Charleston and had a very enjoyable day, Cecil driving us around Charleston and Lottie talking about her ancestors and the history of Charleston, South Carolina and it was a fascinating event.

Dr. Wigton: Oh, I'll bet it was. Now do you know where Cecil came from originally?

Dr. McFadden: I do not.

Dr. Wigton: It was in the same general area.

Dr. McFadden: It was in the same general area but I don't know for sure.

Dr. Wigton: One of the Carolinas, I think.

Dr. McFadden: Right.

Dr. Wigton: I'll have to look it up.

Dr. McFadden: Carolinas, maybe even Virginia, I'm not sure.

Dr. Wigton: I'll have to look it up. I'm sure it wouldn't be too hard to find.

Dr. McFadden: But then after Lottie's death, he ultimately moved to northern Florida.

Dr. Wigton: I didn't know that.

Dr. McFadden: With a, I believe, a distant cousin lived there and sort of a relative he could be close to and visit with. Cecil and Lottie's son, young Cecil, I believe still lives in New York City and is in financial affairs in New York City, a bank or other financial services. I didn't happen to know young Cecil, well but I did meet him a time or two. He is a capable young person. So that's sort of a roundup, very superficial of Cecil and Lottie Wittson to a certain extent.

Dr. Wigton: That's great. One topic I wanted to hit on if you had some thoughts about was the evolution of the curriculum through the sixties and into the three-year classes. Did you have any feelings about that?

Dr. McFadden: Well, the early classes were disciplinary strictly, department by department when I was in medical school. But by the time Perry Tolman and Cecil Wittson were here as Deans of the College, there was greater cooperation and coordination between departments and some interdepartmental planning and certainly clinical faculty were being brought by departments into their departmental teaching efforts which was actually very well received by the students and I think was helpful to the overall educational program, but there was not yet really disciplinary approaches to medical education. I mean, organ/system approaches, which were truly interdepartmental ventures, which are used today.

Dr. Wigton: Do you have any feeling about the effectiveness of say, the lecture teaching then, and the small group teaching now? Do you think they're better, worse, the same?

Dr. McFadden: Well, I guess I'm prejudiced to a certain extent. I think there's a place for disciplinary teaching. I think it is important to teach the basic fundamentals of a discipline to a group of students in that particular context. Then, when you get into the applications of the discipline, then I think the interdisciplinary approach is better. I remember back in the disciplinary days that I grew up in, preparing for the National Board examinations for students was a major event and the students did reasonably well. I'm sure they do much better today. So in that context, the organ system and the interdepartmental educational system is a better approach for medical students, since I believe they are doing better in National Boards than back in the seventies and early eighties.

Dr. Wigton: Certainly in the third and fourth years, and of course, the National Boards are required for passage now, but of course they did then. They required them didn't they?

Dr. McFadden: They required them sort of in the end of my career, but before that they took them but it didn't count for passing and so on. When it counted of course the scores went up immediately. But even so, they were difficult exams in those days.

Dr. Wigton: What do you think made you always such a popular teacher? Do you have a philosophy of your approach or anything?

Dr. McFadden: I don't have any idea, but one thing I can say, Bob, is I loved to teach. That was the principal thing I enjoyed in life and that was my goal in life to do that. And I always liked students. I liked to meet them and work with them and talk to them and so on, and I had a practice with students who didn't do well got a note from me and an opportunity to come in and talk and that was not an opportunity to give them a big harangue or anything of that sort although they may have felt that was what it was for. But rather I wanted to help them, to encourage them, to help them get more out of the particular discipline I taught. Hopefully that was successful. But also in addition, I never took each conference or lecture for granted. I always prepared for every lecture. Throughout my whole life I did that so I worked as hard as the students in preparation before and after the lecture as they did.

Dr. Wigton: Would you redo them?

Dr. McFadden: Yes, I redid them every year so they weren't stale or canned notes or anything of that sort. In those areas, the students all wanted handouts and they were kind of a bane of our existence, but the handouts were sort of a compilation of the textbook, our experience, and so on and information from other sources, so I suppose they were useful, but for some it was an excuse not to come to class. I think those who didn't come to class missed a great deal with every teacher, but that was just my opinion.

When we came to the three-year curriculum and the speed-up in the curriculum, the speed-up happened when I was a medical student, actually, and that happened related to World War Two, and that speed-up was simply they took away all of the vacations and made class time for it so my class graduated approximately six months ahead of time in December of 1943 rather than in June of 1944, so actually I should have been in the class of 1944. I'm December of 1943.

But the three-year curriculum related to about the time of Perry Tolman and Cecil Wittson. There came to be a judgment that there weren't sufficient numbers of physicians in the nation, particularly family-type physicians and so to meet this need, class sizes were increased. That was the first step, then following that, an experience was made to again speed up the classes and this was done at first through again taking away some of the vacation and holiday time and making it into class time, and then into structuring a three-year program for a few years. That really stressed the students very much and I think was not a good educational experience except for a very short term period of time. And, fortunately, it only lasted a short period of time, and the conventional experience again took place. If anything, the curriculum needs to be lengthened not shortened, in my opinion. But there are exigencies of time. You just can't go to school forever. Some people do go to school forever, but most people can't afford to do that and don't want to do it, either.

Dr. Wigton: I can think of a few of them. Were there any particular characters during this long career that you think of, faculty members or students or anything, that pop out?

Dr. McFadden: Well, Cecil Wittson was one of them, certainly, and his experiences with his coming in to meet his faculty members and friends. He had certain ones he'd try out his materials on.

Dr. Wigton: I think that's a wonderful story, yes. Like he was ...

Dr. McFadden: And he was always full of fun; full of stories about the Navy, and full of stories about life in general. He was an outgoing, friendly person really, so he was one of the characters, so to speak. Ed Holyoke, of course, was another character, particularly through his voice and through his mannerisms and excellence of presentation, but very positive and very definitive and definite. Another of course, was John Latta. And John Latta was an excellent teacher and in a different era of teaching really than we're talking about at the present time.

Dr. Wigton: And he was the one, actually, that got the first electron microscope here is that right?

Dr. McFadden: I don't know whether he had the first one or the second one.

Dr. Wigton: Yes.

Dr. McFadden: It was kind of an even race. Dr. Latta and his group obtained an RCA electron microscope, which was housed in Wittson Hall, and Millard Gunderson, Perry Tolman, Dick Wilson, Dave Ray and I were responsible for getting a Phillips microscope, which was also housed in Poynter Hall. And from that start has evolved an excellent electron microscopy base for the College of Medicine.

Dr. Wigton: Now that was in the mid-sixties as I recall or earlier even.

Dr. McFadden: That's right, early; early times, yes.

Dr. Wigton: It was quite sudden.

Dr. McFadden: Ross McIntyre was a real character, too, who was the Chairman of the Department of Pharmacology in my day. And he was an Englishman or a Scotsman, I never knew which, but he was noteworthy as a character as far as the students were concerned.

Another one was Dr. [Sergius] Morgulis in Biochemistry, of course. And Herb Jacobi was still another.

And in the Clinical Departments there were many going back to my day in medical school but I'm sure you've got plenty of material on those individuals.

Dr. Wigton: Everyone had something to say about them.

Dr. McFadden: All right.

(Laughter.)

Dr. Wigton: That's good.

Dr. McFadden: Good or bad?

Dr. Wigton: Well, almost all good memories, I think; yes.

Dr. McFadden: That's right.

Dr. Wigton: What are your thoughts about the way medicine evolved? Do you have any thoughts about what we are missing now that we had then, or vice versa, the wonderful things about it now that we didn't have then? You had kind of a long perspective on this.

Dr. McFadden: Bob, I think people of my vintage have been able to live through really a golden era of research and development in medicine. There have just been so many changes and developments in every discipline that it's just unreal to me that these things have all happened. The miracle of penicillin which began in the nineteen twenties, you know, and became productive of penicillin as a medicine in World War Two is just an amazing story, and the story of developments in anesthesia and radiology and medicine and psychiatry and neurology. You name any of these disciplines and it just is unreal. I think there is no question that the opportunities for the health of people is so much greater now than it was then. It's unreal. I can remember cases of diphtheria, for example. I think most physicians now have never seen a case

of diphtheria, and hopefully, they never will. I think now most physicians in this country have never seen a case of poliomyelitis. Hopefully, they never will. In a few parts of the world, polio still exists, you know. I do think infectious disease will continue to be an evolving problem for medicine because of the development of resistance by microorganisms, bacteria, fungi, and viruses to various antibiotics and chemotherapeutic agents. So that will be an area of emphasis, I think, into the future and currently because of bio-terrorism potential. But I think medicine is much superior to what it was in those days. When my father was a family physician in country practice, he did home deliveries. I did one or two home deliveries when I was a medical student, believe it or not. I think that ceased shortly after I was a student, but that's a bygone era, although, it may be coming back to a certain degree nowadays. But it's so much better now than it used to be, it's unreal. In my father's day, they had an opportunity to do things with their hands to patients. They had very few good medicines so they practiced a good deal of psychiatry, and they practiced a good deal of talking to people and telling them how they could get well by themselves, so to speak. But the modern medicine has made for greatly increased costs, and now one of the problems is to pay for all of the advances in medicine and whether it comes to rationing or we can afford all of these advances, who knows what the future will bring in that regard. Hopefully the politicians will be wise in their judgments and decisions in that particular area. I hope they are better judges than in some of their deliberations and I don't mean that in a negative way, but there are lots of problems facing modern medicine and facing the world in just the modern era, I think.

Dr. Wigton: Well, it's been a wonderful time and you've had a long and illustrious career here so we certainly appreciate your coming to talk to us.

Dr. McFadden: Bob, it's been a lot of fun and what I've enjoyed and so I've been very happy throughout my whole life in that regard.