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Truhlsen, Stanley, M.D.

University of Nebraska Medical Center

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Transcribed by: Benjamin Simon
Oral History: Stanley Truhlsen

Gerald Christensen: Well, good morning. I'm Dr. Gerald Christensen. And this morning I'm interviewing Dr. Stanley Truhlsen. And we're here on the luxurious third floor of the Truhlsen Eye Institute. And we're located on the University of Nebraska Medical Center campus here in Omaha. Dr. Truhlsen grew up in rural Nebraska and was very well known in Ophthalmology as a teacher, a clinician, and, for many reasons, also included being a very generous benefactor to the American Academy of Ophthalmology, as well as the University of Nebraska Medical Center. So, to begin with, Stan—if I may call you Stan.

Stanley Truhlsen: You may.

Gerald Christensen: Thank you.

Stanley Truhlsen: And you have in the past. [Laughter]

Gerald Christensen: [Laughter] Yes. So, tell us a little bit about your background and where you grew up, and where you went from there.

Stanley Truhlsen: Okay. I'll begin at the beginning, I was born and raised in Herman, Nebraska, a small town of about three hundred and seventy-five people. It's halfway between Blair and Tekamah, here on the eastern edge of Nebraska. Attended Herman High School during the Depression. I was lucky to be able to go to Lincoln—to the University of Nebraska, where I took my pre-med. And then, was also fortunate and lucky to be accepted to the medical school. It's interesting, at that time, Dr. [C.W.M.] Poynter was the Dean, but he was also the admissions committee. And... it's kind of interesting, and this is an aside, I was late getting in my application; and my father-in-law-to-be said: "Does your father know any of several doctors?"

And I said: “Yes, he knows Dr. Morris Nielsen in Blair, Nebraska.” He said: “Go talk to him.”

So, a few—week before medical school started, Dad and I went to see Dr. Nielsen, who was also my father’s physician, and told him that we were kind of [Inaudible] out of the class, because of my late application. And Dr. Nielsen leaned over and picked up his phone, and dialed the Dean’s number, and said: “Charlie, how are you? How are the kids? Where... where are you... where are you vacationing this year?” Carried on a personal conversation for a few minutes, then said: “I’ve got a boy up here that’d like to get in medical school.” He said: “Fine, I’ll tell him.” He turned to me and he said: “Be there Monday morning.”

Gerald Christensen: Wow.

Stanley Truhlsen: And that was my lucky admission to the University of Nebraska College of Medicine. By the way, it was a college then—part of the university, such as the ag [agriculture] college, and the business college, and various ones. It wasn’t till later that it became a campus of its own with its own Chancellor. We had a Dean here and he was just like the Dean of the law college—part of the... the whole administration, which was centered in Lincoln. This was just an off... off-campus college.

Gerald Christensen: Well, tell us a little bit about later on during medical school and afterwards. And I know you had some military training. It was during the time of World War II.

Stanley Truhlsen: Well, I was very fortunate. That was the summer of 1941 when this transpired with Dr. Nielsen. So, our class started in September of 1941. And, of course, a couple of months later Pearl Harbor occurred. We were at a loss as to what might happen to us. A few weeks later the government stated that they would be taking over all medical education. And started a program called the ASTP, Army Student Training Program. Came in and we... we

either went into the army or the navy, if you could pass your physical. Most of our class went into the army, but we had a few navy. And then, a couple of poor fellows who couldn't pass the physical continued in school. They couldn't get into service anyway, but they had to pay their own tuition.

Gerald Christensen: Really?

Stanley Truhlsen: We were paid as a Private for a months and then we were made a Private First Class, which paid us a hundred and forty dollars-a-month. We dressed in army uniforms, had reveille every morning, marched in parades, had platoons, and kind of lived as—a military life in medical school, going to classes. Of course, because the government was following us, you didn't dare miss a class or behave in a manner that was not acceptable to the army. We were also accelerated. And we started in September of '41. And our class graduated—was the first one to graduate in three years, instead of four. We graduated in September twenty third of 1944. Following that accelerated program, we went into an accelerated internship, which was nine months instead of twelve. I was, again, fortunate. In determination of my internship, I applied for a residency in Pathology at Albany Medical School and was awarded another nine-month residency in Pathology before I went into the service. All of us who were taken into the service were committed to a minimum of two years of military service, after completion of our internship or residency. After I finished my Pathology residency, I waited for my military orders. And they didn't come. And I was anxious to get started. And it's interesting that I finally decided to go talk to my congressman, who was from Omaha. His name was Buffett. He was a very conservative Republican congressman, and he listened to my story, and a week or two later I got my orders to enter the Medical Corps of the United States Army. I was assigned to a terrible

place. Camp Polk, Louisiana, out in the sticks and swamps, where there had been training prior to World War II. As a matter of fact, Eisenhower and Patton did their early tank training in that area. I was assigned as a laboratory officer in the base hospital, because of my path training. And a few months later, it was determined that Camp Polk would be closed down. I had had just barely time to bring my family to Louisiana, and all the sudden we had to pack up and send them back to Omaha while I was transferred to a... a enlisting station in Midwest City, Oklahoma.

Gerald Christensen: Well, you seemed like you were on a course to be a pathologist, but you wound up as an ophthalmologist. So, how did that occur?

Stanley Truhlsen: Well, I took Pathology—Pathology residency, as I intended to go into internal medicine or general surgery. And I thought Pathology would be a good basis for it. So, during my Pathology residency, we had an excellent technician who did celloidin sections as a type of preparation of tissues to study microscopically. And she also did celloidin sections for the eyes that were removed during—in the hospital during that time. As I studied the various diseases of the eye, I became more and more interested in the specialty. Had to consult in the library and the journals various sources for learning Ophthalmology, and became interested enough that I decided that that would be a good speciality and I would like to enter it. Also, I figured out that learning about Ophthalmology and the eyeball, which was about an inch in size—diameter, was a little easier than studying for the whole body, which is—has various organs, and the brain, and the liver, and so forth.

Gerald Christensen: Lots of information, though, even for just that one square inch.

Stanley Truhlsen: Well, for that one—one little organ, the eye, I later bought a fifteen-volume set of books written by a world-famous English ophthalmologist. So, even though it was a small

area, he had fifteen volumes to write about it. [Laughter]

Gerald Christensen: Yeah, that was Sir Duke—Stewart Duke-Elder, I believe.

Stanley Truhlsen: Duke-Elder. I met him while I was a resident in St. Louis.

Gerald Christensen: Well, when you first... when you first finished your residency in Ophthalmology and came here, could you tell us a little bit about the location of the clinic; and what sort of resources you had for running a clinic?

Stanley Truhlsen: Yeah, I finished the residency. And, strangely enough, three of us were able to take our written exam for the American Board of Ophthalmology before we finished our residency.

Gerald Christensen: Wow.

Stanley Truhlsen: Because one of the members of the staff was on the board and he arranged that for us. And... I finished my residency in June of '51. And the academy was in the fall of '51. And the three of us were able to finish our orals for the American Board of Ophthalmology that year. So, I was only in practice about three months before I was awarded my diplomat of the American Board of Ophthalmology. I came to Omaha to practice, although Dr. Post, who was the one who was on the board, offered me a position with him as an associate in St. Louis. I came home, so to speak. I knew before I left that Dr. Howard Morrison, who was a well-known ophthalmologist in... in Omaha and on the faculty at the medical school, was willing to accept me as an associate. His other associate was my future father-in-law, Dr. [William] Haney, who was an otolaryngologist. So, when I finished my training in St. Louis, I chose to come to Omaha. Dr. Haney retired, and so Dr. Morrison and I continued at 1500 Medical Arts Building, downtown Omaha, where the Omaha National Bank now stands. We practiced there for a few

years and then moved to the South Doctors Building on the campus with Clarkson Hospital. And one of the first things I did on... moving to Omaha was apply for faculty on—in Ophthalmology at the medical school. The Chairman of the department, at that time, was Dr. [Hewitt] Judd. We had a very active volunteer faculty. No full time people. And the eye clinic, as well as the otolaryngology clinic, were on the second floor of what we called the South Building. It was a large—fairly large room with little cubicles on the side. We had a slit lamp and a machine for visual fields and... and we conducted glaucoma clinic, motility clinic, general eye clinic—all in that one room. I was assigned, at first, a glaucoma clinic. And I came over and supervised that clinic a half-day a week, Friday afternoon for three months at a time. And I was laid off, then somebody else took it, and we rotated through. Later I was assigned to the motility clinic. We did have the beginnings of the subspecialties, although we didn't consider them as that. But they were taken care of in the eye clinic as... as general Ophthalmology, or glaucoma, or pediatric Ophthalmology.

Gerald Christensen: Well, you kind of eventually honed in on motility and...

Stanley Truhlsen: Well, I was fortunate in my residency to have Dick Scobee as one of my... my instructors and teachers and professors. He wrote a couple of books on motility that were very clear and...

Gerald Christensen: Famous... famous books. Dr. Scobee.

Stanley Truhlsen: He was the best instructor I ever had, as far as his ability to lecture and describe complicated problems in... in motility. And, matter of fact, he inscribed one of his books to me as: "To Stan, a good muscle man." [Laughter] So, I did quite a bit of motility when I first came back and practiced. Although, in those days, we didn't have the subspecialties in

practice. There was no one in Omaha that was in a particular subspecialty. We all did general Ophthalmology. We did glaucoma. We did cataracts. We did squints and crossed eyes. And plastics. And the whole... the whole works. Matter of fact, Dr. John Pemberton trained in retina in Boston, and was the first ophthalmologist to come to Omaha and be... indicated that he was a specialist.

Gerald Christensen: Trained specifically in retina.

Stanley Truhlsen: In retina. So, the... It was fun to be able to do all of those things. But that was kind of the beginning of the subspecialty era.

Gerald Christensen: Yes, I remember when I finished my residency and started out, we did everything.

Stanley Truhlsen: Yes. It... the times changed gradually in... the various... the various fields.

Gerald Christensen: Now, you had some... We had a residency training program, I think—started around the mid 1940s. And you were involved with that as well?

Stanley Truhlsen: No. Dr. Judd was chairman. And he started the residency training program here at the University of Nebraska. Laurence Gridley and Frank Eagle were the first residents; and that was in '46. They went, as a matter of fact, to St. Louis, where we had a... a nine month rather intensive basic course in Ophthalmology in which they taught all the various things. We used... The residents also sat in on those courses. And we used Duke-Elder as our textbook. And we read and were quizzed on various aspects of that. So, those two fellows started the residency program. And then, we had a continuing number of local ophthalmologists. Dr. [John] Filkins, Strain, and various ones. Duree... Dr. Duree... trained under Dr. Judd here. Dr. [Harold] Gifford—going back to Dr.—Senior Dr. Gifford, back at the turn of the century, had a training

program. But those... those people who—many of whom later joined him in practice—were really trained in his office, and went with him to the operated room and learned their surgery by assisting Dr. Gifford. And the residency programs didn't come on till a good deal later.

Gerald Christensen: Well, I remembered when I was recruited to come here, one of the first people who interviewed me was Dr. Frank Eagle. And... and also Dr. Filkins, as well. I had to...

Stanley Truhlsen: They both trained here.

Gerald Christensen: Yes, and I had to pass the test with both those fellows.

Stanley Truhlsen: Well, they had some good people.

Gerald Christensen: Yes.

Stanley Truhlsen: They picked some good... Well, anyway. After a few years in the South Building, we moved the eye clinic over into the hospital building, in the third floor wing. We took one wing. We had the various examining rooms. We had a path lab. Dr. Gifford was interested in Pathology—high Pathology. We had a very active group of teachers that were all volunteer staff. There were no full time faculty—matter of fact, there were only about two full time people on the whole medical school faculty, at that time, in Pediatrics and OB. So, we didn't have any full time. All of the teaching for the medical students was done by volunteers. They came to the clinics. They lectured to the medical students. Although, Dr. Judd did a lot of the lecturing himself. And we had a Wednesday morning conference that Dr. Morrison started. And all the volunteer faculty, as well as the residents, attended that. And the residents might give a paper, or we might have an internist talk about diabetes, or we might have various other specialties talk to us about the relationship with Ophthalmology. And it was—it worked very well, and it was a good teaching program. Unfortunately, Dr. Gifford's successor was not too

interested in that type of thing. And that Wednesday morning program gradually faded away.

Gerald Christensen: Well, Dr. Gifford was one of the primary people who recruited me to come here, because we both shared this interest in ophthalmic Pathology. And I... I'd been to a number of... of regional and national meeting with Dr. Gifford, and we got to be pretty good friends. And he was very very supportive of our laboratory setup and promoting ophthalmic Pathology as a subspecialty of... of the department. So, I'm very grateful for Dr. Gifford's help especially when the—in the Pathology sector.

Stanley Truhlsen: I'm smiling because it was my intent to continue in ophthalmic Pathology. My residency at Dr. Ted Sanders—a graduate of the University of Nebraska—was the pathologist for Washington University.

Gerald Christensen: He was in St. Louis, wasn't he?

Stanley Truhlsen: In St. Louis. And with my background in Pathology, he put me to work in the path lab. And I did a lot of path work for him to—actually, he had a backlog. He procrastinated and put many... many specimens on the shelf and didn't get around to them. And he said: "Clean these up, Stan." And I worked for years, though, taking those specimens off the shelf and examining them under the microscope and giving him a report. And I in—fully intended to come back to Omaha and continue ophthalmic Pathology. But Dr. Gifford was so involved. And I attended with him a few times. But it was apparent to me that my future at the University of Nebraska in Pathology was very limited. So, he continued as long as he was chairman.

Gerald Christensen: Well, I think one of the legacies that Dr. Gifford had was that his father, the first Dr. Gifford at the turn of the century, was also interested in Pathology. And, in fact, we have a whole closet full of slides that are left over from that era. And they're still down in the

basement of the old building. I thought I'd get around to looking at them, but I haven't seen many of them so far.

Stanley Truhlsen: I wrote a... a paper about the—about him for an Ophthalmic History Society. And he was one of the earliest ophthalmologists who became interested in Bacteriology. This was back in the 1880s and 1890s. In addition to Pathology. And was a—he was a very ardent student. He took several journals—foreign journals, French journals, German journals—and was an interesting person. And it's fun to read about how a man in Omaha became so involved in things like Pathology and Bacteriology. He was an authority on things that... various types of diseases... traumatic sympathetic ophthalmias, and things like that.

Gerald Christensen: Lot of those... Lot of experience—people in the Civil War with those—with that disease, which is virtually unheard of today, because of our differences in how we can handle things. But I remember Hal Gifford telling me one time, when he was growing up, one of his responsibilities was he had to feed the rabbits that his dad had out in a cage in the backyard, because they were using those animals to study these bacterial infections in the eye.

Stanley Truhlsen: His father experimented in many ways. He even tried to... to... on Sanford—that would be Harold's older brother, who became a famous ophthalmologist and professor at Northwestern. Dr. Gifford Senior tried to graft skin from one of those kids to the others' arm...

Gerald Christensen: Really?

Stanley Truhlsen: ...back in... early—when they were just small children. He had... he also—

Gerald Christensen: Wanted to get them before their immune system builded up, huh?

Stanley Truhlsen: Well, he... he wasn't successful, but he was experimenting and trying to... trying to graft. He... [Laughter] I don't know whether this is part—should be part of this thing,

but I'm going to tell this story about Dr. Gifford Senior. And he did many cataracts. And, at that time, they didn't have sutures. So, he operated over the—he'd turn the patient around so that the head of the patient was at the foot of the bed, and he had a low railing. So, he operated right in bed. And they put a patch on that; and those patients got—were immobilized, so to speak, for about a week following the operation so that the wound could heal. During that time, and this doesn't have much to do with—

Gerald Christensen: This is a story that has to be told.

Stanley Truhlsen: [Laughter] my... my training and history. But the patients were older patients. And because they were immobile and couldn't get out of bed, many of them became constipated. And Dr. Gifford thought: "I wonder if I feed them vaseline, it might be helpful." So, he took a container of vaseline home. And as his children came to dinner, with a tongue blade, he would have them stick out their tongue and he would put a large glob of vaseline on their tongue, before they had their dinner. And tried to follow their... their bowel habits. And he wasn't sure. So, then he transferred this same type of treatment to these patients, making vaseline sandwiches. These were not very well accepted by the patients.

Gerald Christensen: He's not making this up, by the way.

Stanley Truhlsen: And then the... pat—as the patients were discharged from the hospital, the nurses would clean up their rooms, and get ready for the next patient, and they would find hidden sandwiches under the bed, in the bureau, in drawers, and all over the room as they had rejected his method of treatment. [Laughter] That's real—that's going back quite a ways.

Gerald Christensen: Wow. I'll say. But that's... that's a well-known story that... that really has stood the test of time. But... Tell us a little bit about when the clinic—the third floor clinic was

expanded. I know they got some help from the Alliance International to—

Stanley Truhlsen: Well, beginning—we had a... a regent who was a—happen to be a lawyer and was very prominent in the Lions, both locally and internationally. And he persuaded the Lions Club here to be supportive financially for the laboratory and the eye clinic. By that time, Dr. Gifford had a technician who worked in the eye Pathology lab, preparing his sections and so forth. Though, we had—at the end of the... of the clinic, we had this lady Mrs. Lipp, who did all the... the eye sections. And Hal Gifford then read them. The eye clinic became more and more involved with the eye... the Lions became more and more involved with the eye clinic. And so, when the time came that we moved our clinic from the hospital up to 40th and Dewey, the Lions Eye Bank took over a section of the building in the basement, and established the Lions Eye Bank. And several of us were on the board. Dr. Filkins was very involved with it, because he was one of the first to do corneal transplants. And the Eye Bank was very helpful and very supportive financially, and many other ways as... as the department grew. It's interesting that they moved the Eye Bank. At the time, I was involved as an interim chairman. And they were developing new geographic areas for clinics in the hospital as they were adding on clinics for Orthopedics, clinics for Cardiology, clinics for Pediatrics. But there wasn't any for Ophthalmology. I went to the Chancellor. He was actually the Dean at that time—and said: "We need to stay here with the hospital. Ophthalmology is part of medicine, and we don't want to be a satellite up on a hill away from the medical school." Well, they didn't have room for us and they moved us anyway into a building that had been previously used, I believe, for Pediatrics. And it was ill-suited for Ophthalmology. It was small, low-ceilings, small rooms. And we used it as our Ophthalmology clinic for a number of years. It was... not something that we were very proud of. And, as a

matter of fact, when we had visiting professors, I chose to show them the hospital and the various things on the campus, but I seldom took them to see the eye clinic. It wasn't something that we were very proud of.

Gerald Christensen: Well, it did have the one positive factor. It did have a parking lot. And parking was a real problem in the other—

Stanley Truhlsen: It had a parking lot and the Eye Bank in the basement.

Gerald Christensen: Yep. Sure did. Well, since... I've been wondering, you know, as an Ophthalmologist, we're certainly make a good living. And... but not to the level where we can do philanthropy, as you've done not only for Ophthalmology at the national level, but locally. So... And you'd mentioned your early relationship with... with Congressman Buffett. And I was wondering if that carried over somehow and was related to your becoming a philanthropist.

Stanley Truhlsen: When I met Congressman [Howard] Buffett trying to get into my early service obligations, I had no idea he had any children. But as later developed, we had a internist and cardiologist on the staff of Clarkson Hospital who was a... a friend of Warren Buffett's, and they both worked on Warren's miniature railroad. And they were together one day and Warren said: "I just have got to find out some place where I can raise some money." He was in the process of asking family and family friends and so forth to invest money in a partnership that he was developing. The... the physician said: "Well, I'll go down to the Clarkson Hospital and see if I can get a few people interested enough to come and hear you give a talk." And we met in the Mallard Room of the Hilltop House at 49th and Dodge. Had about fifteen or so members of the Clarkson staff. He made his pitch. He told us how he intended to handle these partnerships and how the money would be and, among other things, said: "I won't tell you a thing that I'm doing

till the end of the year when I give a report. You'll find out whether you made money or not. But I'll guarantee you six percent interest." Next morning at the hospital in the coffee room, where the surgeons gathered between cases, this was a subject of conversation. One of the elder staff members, Dr. Phil Redgwick, was gray-haired and rather pontifical, and said: "Oh..." He said: "I don't think I'd investigate with this kid. Nobody knows him. They don't know what he can do. He may make a million bucks and leave the country." Whereupon, several other members of the staff said: "Yeah, that's not for me." But some of us did invest with Warren Buffett. And through the success of his work during the ensuing years, it enabled us to develop a... a financial ability to philanthropically contribute to the medical school and to other things in the Omaha area. And so, the... the Eye Institute is in large part due to the fact that I was fortunate to invest with Warren Buffett. In the present time there's a—three hundred and some million dollar cancer hospital being built on the campus—the Nebraska Medical Center campus. And that's going to be called the Pamela Buffett... Nephew, in relation—of Warren's had the money to sponsor this and be the principal in the building of the new Buffett Cancer hospital here at the University of Nebraska, which will be of tremendous value and importance to the reputation of the University of Nebraska Medical Center.

Gerald Christensen: Well, I... I know you won't bring this up, but... in addition to being a past President of the American Academy of Ophthalmology, I believe you're probably the largest benefactor to... to that institution. Am I right about that? Largest single benefactor.

Stanley Truhlsen: They send me a note every once and awhile, but I don't know if they actually rate them one, two, three. But I've done—I've been supporting them for years in their annual money raising efforts.

Gerald Christensen: And a wonderful museum of the history of Ophthalmology going back to the very beginning of time almost.

Stanley Truhlsen: Well, I was involved, after I served on the board and as president of the academy, and—for awhile in the foundation, I was involved in a committee—a kind of a historical committee. A museum committee. And this evolved into two or three types of committees; and one of which was the archives, in which we attempted to gather all the archives of the academy going back to 1896 when it started. And we've attempted to bring all those up to date and digitize it, so that we can use a computer—you can use a computer to go to the academy and look up things that happened in 1910 or 1930, or when have you. Also, the museum developed—Dr. Fred Blodi, who was Chairman at Iowa, was largely responsible for the museum. And we have a... a museum in our academy headquarters that has over thirty thousand artifacts, and continues to develop them. So, we have the archives of the academy and the... the museum of Ophthalmology, which collects all sorts of artifacts relating to the past. Instruments and histories, and so forth. And it's something we're all proud of.

Gerald Christensen: Well, I should say. Well, this has been extremely interesting. And I definitely want to thank you for... for everything that you've done for Ophthalmology, and everything that you've done for the Med Center here. And... and also for coming here and telling us a little bit about it. We really appreciate it.

Stanley Truhlsen: Well, it's been an interesting experience to come to the University of Nebraska Medical Center. And to see—well, I must give credit to Dr. Harold Maurer, who came as Dean about fifteen years ago and was responsible for many of the new buildings that have developed on the campus. he became friends with Dr.—or Mr. Charles Durham, who was a

philanthropist—was apparently a very rich man. And we have two research towers—Durham Research Towers. We have Durham Outpatient. And we have various other buildings on the campus that have been rejuvenated, rebuilt, or are new. I’m reminded of a story which—Dr. Maurer was talking to Chuck Durham and said: “We’re having problems. We don’t have enough parking.” Chuck said: “Well, what’s... what’s over on that area right south of—west of the nurse—old nursing home.” By the way, when I started medical school, there were only three buildings here. The North Building, the South Building, the hospital, and Conkling Hall, which was the nurse’s building. And well, right west of that Conkling Hall, Chuck said: “Build one right there.”

Gerald Christensen: Really?

Stanley Truhlsen: So, we got the parking lot as a gift from... from Mr. Durham also.

Gerald Christensen: Wow.

Stanley Truhlsen: Yeah, he did many many things that... I’ve had the experience of serving on... on several search committees for Deans, as I mentioned earlier to you. One was Cecil Wittson. Where the Chancellor and Roy Holly, who was an OB man—the three of us finally met over at a restaurant on Leavenworth. And Cecil was one of our committee. So, we met kind of behind his back, so to speak. And at the the conclusion of that meeting, the three of us decided that we would pick Cecil Wittson to be—and he was a... a—preceded Dr. Maurer in having bricks and mortars and buildings.

Gerald Christensen: It was a great great choice.

Stanley Truhlsen: Build on the campus. And, subsequently, I was on about four other Dean committees too. They all did pretty good, but didn’t quite do what Cecil did.

Gerald Christensen: Well... He certainly did a great job. And also, very outstanding was Dr. Maurer as well.

Stanley Truhlsen: Did we cover—?

Gerald Christensen: Anything else you want to talk about?

Stanley Truhlsen: I don't know. The—that thing had some... [Picks up paper] Well, I mentioned the fact that the University Medical Center and Clarkson finally joined. When they built the... Clarkson Hospital—I can remember when it was just a row of houses—and they built Clarkson Hospital and it was just north of Dewey. And the people on the Board of Directors, including Peter Kiewit and Bob Storz, were very protective. The Clarkson was down at 26th Street. And they built the new one here and they wanted to keep it separate from the medical school. As a matter of fact, Mr. Storz drew a line down the street—center of the street and said: “This is the medical school and this is Clarkson and never the twain shall meet.” [Laughter]

Gerald Christensen: Wow.

Stanley Truhlsen: Well, time... time takes care of things like that. And in recent years, we've had a... a joining of Clarkson with the medical school, the university hospital, and so forth, all into one large unit, which, I think, we can all be very proud of. As Dr. Maurer used to say, we are one of the largest... We have one of the largest employee lists in Omaha. We contribute greatly. The medical school and the Medical Center and the hospitals contribute greatly to the economics of the city of Omaha.

Gerald Christensen: Absolutely.

Stanley Truhlsen: We're all very proud of that. So, the medical school has grown in stature and size. We new—have a new Chancellor now who's continuing that growth effort. And it's

something that people on the campus are interested in developing, to quote Dr. Maurer, a world class medical school and institution. And I think we're well on our way to doing that out here in the middle west. As example of the ebola unit we have...

Gerald Christensen: Absolutely.

Stanley Truhlsen: ...and various things. This new cancer hospital will make us a cancer center. Hopefully competitive with M.D. Anderson, Sloan Kettering and things like that. So, it's been interesting to watch the development and growth of this medical school. I have—I graduated, I said, in '44. And I don't have any classmates left. But if I could bring one or two of them here, I could lose them in a hurry over across the street as they tried to navigate from one area of the Medical Center to the other, as the old lecture halls and the old clinics and so forth are all changed. And we all can be very proud of the things that are happening.

Gerald Christensen: Oh, yeah. It's been great.

Stanley Truhlsen: I... Didn't say—I haven't mentioned it, but, in addition to the academy, I was proud to have served as President of the American Ophthalmological Society. And this is a smaller society with an invitational form of—

Gerald Christensen: Well, you're much too modest. Let me interrupt here so that people understand that, actually, you're probably, at least up until very recent time, probably the only person from the state of Nebraska who was selected for that society.

Stanley Truhlsen: No, I've got to correct you there.

Gerald Christensen: Okay, I'm sorry.

Stanley Truhlsen: Howard Morrison and Harold Gifford, Jr.

Gerald Christensen: I see. Well, that's right. Yeah.

Stanley Truhlsen: So, there were three of us.

Gerald Christensen: Okay.

Stanley Truhlsen: Yeah But it's a—

Gerald Christensen: Pretty select group, though.

Stanley Truhlsen: Well, it is select. And I was proud to serve as president. And, as a matter of fact, I received their Howe Medal, which is a rather prestigious award that they give once-a-year to members. The first one going to [Karl] Koller, the one who developed cocaine for uses in eye anesthetic. He was the very Howe Medal recipient.

Gerald Christensen: Well, they might want to take it away now, with the reputation of cocaine, but...

Stanley Truhlsen: Well, that was a... He gave that report back in the 1880s and it wasn't until the 1920s that he was given the Howe Medal, so...

Gerald Christensen: Well, one thing I wanted to interject and mention too is that the American Ophthalmologic Society is more than just a social group—prominent people—it's a scientific group. And... and I think that's worth noting.

Stanley Truhlsen: Well, yeah... They have an excellent scientific program. They now have a symposium on various subjects. They're interested in education also. And it's the oldest specialty society in America. Started in 1854 in New York City, limited to two hundred and twenty-five people. And it's been fun and an honor to... to have been invited to write a thesis, which you have to do and have your thesis accepted to become a—an active member of the society. They have interesting nationally-known lecturers. The present head of the NIH [National Institutes of Health] came and gave us—gave a lecture one time several years ago. And he's the

one that researched and developed the human genome—and completed it.

Gerald Christensen: Really?

Stanley Truhlsen: And we had a talk. And he got up in front of this August group, many of which had gray hair and were older—and he said: “Any of you physicians who graduated before 1980 will know—will not know what I’m talking about from here on.” [Laughter] Then we talked about genes and genetics, and all the things that have happened in that area.

Gerald Christensen: Well, he was certainly right about that.

Stanley Truhlsen: Yeah.

Gerald Christensen: Anything else you think we need to talk about?

Stanley Truhlsen: Well... Dr. [Shane] Havens, who was somewhat instrumental in this, made one notice that I would find very difficult to comment on. And he said: “What’s going to happen in the future?” My... my personal time in Ophthalmology has been wondrous. I saw the development of sulphonamides, antibiotics, corticosteroids, contact lenses, intraocular lenses, and gene therapy. And these are so many important parts of what medicine is and developed, over my—the span of my medical lifetime. It makes you wonder what’s next. What can they do? It—it’s a little like the fellow—the story of the fellow who ran the U.S. Patent Office. He accepted patent applications for the U.S. Government in a patent office. In 1893 he made a statement—1893—“I think we can probably close the patent office. Everything’s been invented that can be.” So, what’s going—

Gerald Christensen: Isn’t that something?

Stanley Truhlsen: So, what’s going to happen in medicine and Ophthalmology over the next generation, the next two generations... What’s—what our children and grandchildren will

experience is something—is wondrous to behold.

Gerald Christensen: I should say.

Stanley Truhlsen: I'm... I'm very proud of how things are going with the new Eye Institute.

We're developing more full time people. We're developing a new outpatient surgery area through the benefit of Dr. [Charles] Fritch, and—in the new Lauritzen building. So... the... We have a new College of Public Health. We just see increasing new things develop all the time.

Gerald Christensen: Sure do.

Stanley Truhlsen: They make you proud of what's going on.

Off-Camera Person 1: Good?

Off-Camera Person 2: Are you guys done? Is that a good ending?

Stanley Truhlsen: I guess so.

Off-Camera Person 2: And you can still make it to rotary.

Stanley Truhlsen: Oh, I'm going to make it. Yeah, I've got plenty of time. I don't know whether the thing had other things here. [Reads paper] It asked why I chose the career and I explained that, getting into Pathology at Clarkson.

Off-Camera Person 1: Did you want something like how—well, he kind of answered it at the end—how has Ophthalmology changed over his lifetime?

Gerald Christensen: Well... I think that would...

Stanley Truhlsen: How it's... how it's changed, you say?

Gerald Christensen: Yeah, I think that would take a long time to... Let's... That could be an hour-long interview...

Stanley Truhlsen: Well, the things I had just mentioned were kind of large developments in

Ophthalmology over my medical lifetime. The antibiotics and the lenses, and so forth. I'm sure there are going to be continuing changes. But Dr. Gifford, if he could return, would be amazed at what happens. And... and Dr. Thane just came back from...

Gerald Christensen: Haiti. Yeah.

Stanley Truhlsen: Haiti, where he was down volunteering his time and doing cataracts. And they go into these third-world countries and they do hundreds of cataracts. We grew up—

Gerald Christensen: And they put lenses in too.

Stanley Truhlsen: And put lenses in that—lenses in this country might cost two or three hundred dollars, and they cost ten dollars or less in Nepal or India or Haiti—various places. So, they... Orbis, which... which was developed by a friend of mine, who had the—David Paton had the idea...

Gerald Christensen: Dave Paton. Yeah.

Stanley Truhlsen: ...has an operating room in a hospital—in a flying operating room, he was instrumental in getting United Airlines to donate a plane. And they fly all over the world operating—doing ophthalmic surgery and teaching people—surgeons in various countries how to do this procedure and that procedure. And it's been a great expansion of—has saved the vision of untold thousands of...

Gerald Christensen: Oh, I'll say. And the other thing is that... One of the things that's so impressive about the fact that we can put the lenses in the eye, rather than when I started out—we put them on the glasses. And the problem was the type of glasses that you had to... to use in order to make that correction were very difficult to wear. They were heavy and very restrictive, as far as your side vision was concerned. So, with the coming of the intraocular lens, it just got

rid of a tremendous problem.

Stanley Truhlsen: Like you, when I started, you did the cataract, then took out the lense—you have to replace it with a big thick heavy lens that he's talking about.

Gerald Christensen: Coke bottles, they used to call it.

Stanley Truhlsen: Then the next step was contact lenses.

Gerald Christensen: Yes.

Stanley Truhlsen: And we used to have a technician who came from St. Louis, when I first started. And she would take a mold of the eye and from that mold create a contact lens that'd fit over the sclera. But it enabled these people to see without this heavy magnifying lens. And then later came the little tiny lenses that sit just on the cornea; and that was a tremendous change—tremendous improvement. But... So, people have ideas and follow through on them. And it's just amazing all the things that are... are developed.

Gerald Christensen: Well, it certainly is.

Stanley Truhlsen: Makes you proud.

Gerald Christensen: It does.

Stanley Truhlsen: I did enjoy, in my career, being editor of the transactions of the American Academy, and also the transactions of the American Ophthalmological, which meant I had to read all the papers that were given in those meetings that they had over the years. And it was educational as well as fun. But it also enabled me to make a lot of friends in Ophthalmology. Yeah. From all over the country and, in some cases, from around the world. So, I've had a very rewarding career in Ophthalmology.

Gerald Christensen: Certainly have. And a very valuable one for Ophthalmology as a

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profession. And for all of us that are coming along behind you. In my case, not too far, but...

[Laughter]

END OF INTERVIEW

Benjamin Simon 2/28/2017