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## Holyoke, M.D., Ph.D., Edward A.

University of Nebraska Medical Center

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Transcribed by: Benjamin Simon  
Oral History: Edward Holyoke

**Frank Menolascino:** All right. We'll start in. Actually, the filming today is on the events of the career of Dr. Edward Holyoke, initially as a student here at the University of Nebraska College of Medicine; and also on the rather long and illustrious career as a member of the Department of Anatomy here at the College of Medicine. Actually, the event today is a part of the centennial, as you know, Dr. Holyoke, for the College of Medicine, which was in 1980. A hundred years. And could I start off by asking you when you came on campus here as a medical student?

**Edward Holyoke:** As a medical student, I came on campus in September of 1928.

**Frank Menolascino:** 1928. Okay. What were things like at that time?

**Edward Holyoke:** Things at that time were... oh, much as they were clear up through World War... through World War II. The impression you got on campus, coming up to it, was: the quadrangle, with the south building over here, and the north building over here, and the hospital sitting in the middle, with the steps and the columns and all that. That was just about... that was just about the major format of the campus for years and years and years. And that's... that's what it was when I came to school, of course.

**Frank Menolascino:** Who were your teachers then? Like, say, in basic sciences?

**Edward Holyoke:** Oh, we started off in Embryology. That was the first—our first morning of the first day. With Dr. [John] Latta introducing you to your medical education. And he used to introduce you in a very very effective sort of way. He'd... the student body—the brand new freshman class was invariably all assembled, because he didn't come into the last moment. Then he came in through the back door with that quiet way of his. He started down the steps. And he

goes... It was silent when he came in and the silence deepened, and the silence deepened, and the silence deepened, until it was totally profound. By the time he got down in front of the lecture table and then he turned around. “Gentlemen, it is my pleasure to introduce you to your work in medicine. Embryology is a very excellent elimination course. It has many intricacies.”

**Frank Menolascino:** And started off.

**Edward Holyoke:** And he started off with a historical review of the subject. We used to devote a good deal more time and effort to that kind of thing—to the background of what we were doing, than we seem to have time for now.

**Frank Menolascino:** Basic sciences then in your first year of medical—

**Edward Holyoke:** So, that was the beginning. That was the beginning of the course in Embryology. And then you started that same afternoon with Bacteriology. Had a man by the name of [J.T.] Myers here teaching it then. He left not too many years afterwards.

**Frank Menolascino:** How many were in your class at that time?

**Edward Holyoke:** Oh, at that point, when the class started, it must have been ninety-eight. Something of that kind.

**Frank Menolascino:** Ninety-eight. Okay.

**Edward Holyoke:** That was about what was coming. That’s in round numbers.

**Frank Menolascino:** And you had a four-year curriculum?

**Edward Holyoke:** We had a four-year curriculum. Of course, full summer vacations. It was just like any other academic curriculum. You began late September, you were done about the first of June, and you had the summer off.

**Frank Menolascino:** And were they usually, the first two years basic science?

**Edward Holyoke:** First two years are almost exclusively basic science. And the clinical—the sophomore year, they began introducing clinical subjects, through a series of introductory courses. There was an introductory course in Physical Diagnosis. There was an introduction to Internal Medicine. There was an introduction to Obstetrics. There was an... [Pause] Those are the ones I remember very clearly. There were one or two or three more. All very very small. You all—the first two years were almost exclusively devoted to basic science. So much so, it was rather easy for a student, in those days, to take two years here and then transfer to another school for his last two years.

**Frank Menolascino:** So, you were on campus, then, as a student from 1928...?

**Edward Holyoke:** I was on campus as a medical student from 1928 until I graduated in 1934. Well, that's six years. So, I obviously was going right straight through medical school. 1930, I went into the Department of Anatomy as a graduate student. Did a year there. And then, in the summer of 1932, when I was about to start my senior year, which would have graduated me in '33, they offered me the job in the department teach—helping to teach Gross Anatomy. Well, that necessitated being away from classes long enough so that I had to split my senior year and take it in two years. So, that accounts for the other two years delay. And I finally graduated as a medical student in 1934. Then, I got into graduate work again while I was an instructor in Anatomy. You could do that in those days, be a full-grown instructor and a regular faculty member *and* registered in the graduate college too. And completed the PhD in 1938. Then had been... I was made assistant professor—practically handed you that with a degree, and I've gone from there.

**Frank Menolascino:** So, you finished medical school and took a graduate work right in the

middle of the Depression?

**Edward Holyoke:** Oh, yes. In fact, that had something to do with my doing it. Here were all the people coming out of medical school, going into internships with little or no way of getting their bread and butter, and going on into practice and really hav—meeting a clientele that paid them off with ham and eggs or bacon, or what have you, because they didn't have any. It was a very very good time *not* to get out and start practicing medicine, which, of course, most of our [Inaudible] did.

**Frank Menolascino:** Okay. Okay. And during the '30s, what happened with the College of Medicine? You said it stayed the same till—

**Edward Holyoke:** The College of Medicine stayed—oh, essentially—a lot of—essentially the same. A lot of things happened. Conspicuous building, no. There was some building done under the auspices of the federal programs. The Federal Works Administration, and so on. It was under that program that they put steam tunnels in and renewed them. And they—eventually, they put an addition on the west end of Conkling Hall. And, eventually, toward the end of that period, just before World War II started, they got the west addition put onto the south building.

**Frank Menolascino:** Let me go back a little bit now—

**Edward Holyoke:** But there were other things—well... all right.

**Frank Menolascino:** Who was Dean here when you first started your medical—?

**Edward Holyoke:** When I came as a medical school [J. Jay] Keegan was the Dean.

**Frank Menolascino:** Dr. Keegan.

**Edward Holyoke:** Dr. Keegan was the Dean. He had been since 1925.

**Frank Menolascino:** Okay.

**Edward Holyoke:** That following summer, he resigned to go full time into his neurosurgical practice. And [C.W.M.] Poynter went in as acting Dean for a year and was made permanent Dean a year later.

**Frank Menolascino:** Now, Poynter—Dr. Poynter had been from Anatomy also?

**Edward Holyoke:** Poynter was Professor of Anatomy. He'd come up from Lincoln, when the school moved up he was Professor of Anatomy and he held that position clear up until he was made Dean. He was acting Dean for a few months during World War I, when Conkling was away.

**Frank Menolascino:** So, when he came on as Dean, Dr. Poynter, he then stayed as Dean for... for how long?

**Edward Holyoke:** He stayed as Dean for seventeen years. He finally... he finally resigned in 1946.

**Frank Menolascino:** Okay. And... He resigned in '46. Then who came on as Dean at that time?

**Edward Holyoke:** Then they brought in [Harold] Lueth, who was fresh out of the army. And who stayed on as Dean until 1952. At that point, Perry Tollman came back as Dean. And you go from there up to the time that [Cecil] Wittson came in.

**Frank Menolascino:** All right. All right. All right. Okay.

**Edward Holyoke:** But there were a lot of other things that bear mentioning in the '30s. In the first place, it was kind of—nothing moved very fast, but nothing moved very fast anywhere. Our budget had been cut by the legislature and it was more-or-less a matter of “hang on.” The curriculum stayed very much the same through all those years, with minor modifications. That was the period when the old guard was rapidly disappearing. There were a few of them left—

well, a number of them left in 1928 and 29 when I came to school. And by 1938, they were practically all of them gone. And I'm talking about [August] Jonas in surgery, and E. L. Bridges, and W. O. Bridges, and J. E. Somers, and [Harry] McClanahan in pediatrics, and [James] Patton in Ophthalmology, and [Harold] Gifford disappeared from the scene right along there. You can go on and on and on. That whole old guard that was the backbone of medicine in Omaha were... were with us hanging on, pretty much, in 1928. And by 1934 or 35, they were practically all of them gone.

**Frank Menolascino:** So, you saw much transition occur, then, as you—

**Edward Holyoke:** So, in that respect, there was a tremendous transition. The generation that grew up then and got into the saddle... oh, included men like [Charles] McLaughlin, he'd come back. [Leon] McGoogan turned up at that time. Tollman got back from his internship at Peter Bent Brigham. Dewey Bisgard came over the hill right along in those years. [Ernest] MacQuiddy...

**Frank Menolascino:** In internal medicine.

**Edward Holyoke:** was beginning to grow up in internal medicine. So, that whole generation was just... just coming into the picture. Then there were some intermediates that kind of bridged the gap. Like [Rodney] Bliss in Internal Medicine. And then [Frank] Conlin and so on.

**Frank Menolascino:** Now, these were all voluntary faculty, basically.

**Edward Holyoke:** All voluntary. All the clinical teaching was done by a volunteer staff. We had a little help in Clinical Pathology from a man or men that were paid part time. We had [James] McAvin here who helped with the Anesthesiology and did some work in Radiology. Then we had a full time man come into radiology by the name of Peters. He came from Michigan and, I

think, probably turned up in '27, or along in there. I know he resigned in '29 and they brought in Howard Hunt. And, of course, you know the rest of that story. The years and years and years that Howard Hunt ran Radiology. But that was it.

**Frank Menolascino:** Actually, there was another change you lived through, I guess, more recently that was the full time staff in clinical sciences. Clinical.

**Edward Holyoke:** Oh, yes. Oh, yes. That entire thing... that entire thing developed within my time.

**Frank Menolascino:** That was in the—

**Edward Holyoke:** Most of it after World War II.

**Frank Menolascino:** Yes. In the '50s.

**Edward Holyoke:** In the '50s. The first step in that direction came out of the Maternal Child Health program in, I think, '41. And they brought in a man in Pediatrics and a man in Obstetrics. Namely, John Gedgoud, we remember very well, and Willis Brown, who was here for two or three years and moved on to the University of Iowa.

**Frank Menolascino:** These were full time or part time?

**Edward Holyoke:** They were full time.

**Frank Menolascino:** I see. I see.

**Edward Holyoke:** Neither of them was in charge of the department.

**Frank Menolascino:** But it was in the middle '50s, then we began to have the full time individuals—

**Edward Holyoke:** Yes, there were—things began moving in that direction rather before that. It must have been about '50 or '51 they brought in a full time chairman for Obstetrics and

Gynecology. And he lasted one year and left. And then, that was about as far as it went, until they brought in the four full time chairman of the four major clinical departments, other than Psychiatry. And the four men that they brought in, they must have come in '53 or '54. I wish I could be precise on that, but I know that is very close. [Merle] Musselman in Surgery, and [Robert] Grissom in Internal Medicine, and [Gordon] Gibbs in Pediatrics, and Roy Holly in Obstetrics and Gynecology.

**Frank Menolascino:** So, that's a whole new era—

**Edward Holyoke:** Now, a whole new era begins to dawn very rapidly there. Because they began bringing in clinical staff with them—full time clinical staff. And then, of course, the “town and gown” situation began to develop, with the volunteer faculty beginning to feel sort of pushed out of the picture. To some extent, I think, because the—some of the full time clinical people didn't quite appreciate them. And, to some extent, they were here and the other people were not. And working them in got to be a little bit difficult. I don't want to take sides on that thing, but... Because I knew both groups of people so well that when the “town and gown” fight began to really get kind of warm, I used to feel rather uncomfortable about it. I had very much the feeling that here the birds and beasts were at war and I was a bat. That was about the position I was in.

**Frank Menolascino:** [Laughter] All right. All right. So, that was the move toward full time faculty in the middle '50s. And then...

**Edward Holyoke:** Then... let's see. I should have picked up dates to come over here—precise dates. But, within a very few years, they brought in another full time head for Otorhinolaryngology and that was Tom Yarrington. And, of course, we went to a full time head in Neurology and Psychiatry—since, of course, made into two separate departments when... I think

it was the time that Rich Young died. Sure it was. And the pressure, as far as the faculty were concerned, at that point, was to put Bob Wigton in. Well, Cecil Wittson was down here at NPI, they put him in instead. So, we'd gone, you see, to a full time person there—full time in the sense that he was devoted to institutional work full time. He was really alive with the... with NPI rather more than the College of Medicine, which promptly changed. It took them until... not too often long ago to finally bring in Ray Records for Ophthalmology. See, Gifford headed that department until... I guess, pretty close to 1970. Somewhere along in there that Records finally came.

**Frank Menolascino:** You've seen that move then—

**Edward Holyoke:** So... And then on each case, the departments more and more completely staffed up with their own people here, and depended more and more on the full time staff, and less and less on the volunteer staff.

**Frank Menolascino:** A distinct change, then, in the evolution.

**Edward Holyoke:** So, currently, the volunteer staff functions, more than in any other way, looking after the students as they go off on services in the affiliated hospitals, like Clarkson, and like Methodist, and so on.

**Frank Menolascino:** Now, in the '70s, then, you also saw not only the increase in staff, but also physical construction. Buildings.

**Edward Holyoke:** Building began back in the '50s. When we went through that... that whole episode that finally led to a portion of six million dollars for construction at the College of Medicine and was—and precipitated the putting-up of unit three of the hospital. And during the very early 1950s, the new nursing school—the at that time new nursing school—went up. And,

of course, the nursing school then promptly pulled out of Conkling Hall. That had been the nurses' home up until then. And the memorial research laboratory down over the hill was put up during that era. The real build—the real big building program that really changed the face of the place came after Dr. Wittson became Dean and finally negotiated the construction of the—we called it the Basic Science Building then, now Wittson Hall—with the library riding sort of piggyback on top, which, of course, is what we have now. And then came unit four on the hospital. And then, of course, the last step down the line was the so-called ambulatorium. That was what everybody called it at the time that it was being built. We call it the Clinic Building now.

**Frank Menolascino:** Right. Okay.

**Edward Holyoke:** And during... during that same episode, coming up to about 1970, they put up the permanent parking structure across the street and began to move over across 42nd Street. Then it was after the '70s that we really went across the street and began by putting up still another brand new College of Nursing and the pharmacy college, which moved up from Lincoln.

**Frank Menolascino:** So, you've seen many changes, then.

**Edward Holyoke:** So, all that—the entire face of the place has completely changed.

**Frank Menolascino:** Getting back to—

**Edward Holyoke:** I didn't get back to putting up of the Eppley... the... the...

**Frank Menolascino:** Eppley Institute.

**Edward Holyoke:** The Eppley Institute.

**Frank Menolascino:** Right. Getting back to yourself. Now, you finished graduate work. You then taught here at the College of Medicine.

**Edward Holyoke:** I finished my graduate work in 1938. So, at that point, I went from instructor and graduate student—as far as anybody in the student body was concerned, I was an instructor all the way through that—to a little bit more permanent member of the staff, namely an assistant professor. Along about in there I was beginning to get notions of getting married. And a year or two after that, of course, World War II came over the horizon. And then, since I had a reserve commission at that point, I was promptly told to resign that I was an essential teacher here. So, I obviously sent out the war here. Well, by the end of the war, I was past the point of no return. I'm talking about going over to clinical practice. By that time, I had a family. By that time, I was getting on into my late thirties. And it seemed as though, by that time, every time I began thinking about possibly making a change, why somebody came along and tacked a little bit more onto the salary. That sort of thing happened. So, one way or another...

**Frank Menolascino:** You stayed in Anatomy.

**Edward Holyoke:** I simply stayed on. I stayed in Anatomy.

**Frank Menolascino:** How did things go in Anatomy for you? Did you enjoy the work?

**Edward Holyoke:** Very much. That was—fitted me very very well. I very much liked doing it all the way. I was spared the phase of medicine that I never did like the idea of; and that is the economic phase. The business of sending bills. The business of making collections, and all that sort of stuff. I was in a position where I very rarely had to charge anybody for anything, so the monetary end of medicine never came into the picture. I used to practice some. During those graduate years, for one thing, I used to fill down at the Lutheran Hospital, when a resident they had there used to go off on his two or three times-a-month benders over the weekend. I used to fill in there. I used to, from time to time, fill in for some of my friends around town. When they

went off on vacation, I ran their offices for them. I did that kind of thing. But I never actually went into my own individual private practice.

**Frank Menolascino:** But you were in Anatomy.

**Edward Holyoke:** Yep. For years and years I used to get called over and scrub-in with a surgeon, when he thought he was going to get into an anatomical problem that he might want a little help with. I'd been doing that off and on, up until about—I almost dropped that when I became chairman of the department, because there didn't seem to be time.

**Frank Menolascino:** When did you become chairman of the department?

**Edward Holyoke:** 1960.

**Frank Menolascino:** 1960. 1960. You're writing some of your recollections and anecdotes about some of your colleagues, both from basic science and clinical... How do those events affect your life, as far as—Let me be very blunt. I first met you twenty-five years ago and you scared me to death. The cubicle and the star chambers, as far as examination. Was that something you were accustomed to? Or was that part of the treatment?

**Edward Holyoke:** That was part of medical student life. And, I mean, my generation got the same treatment from a slightly different group of individuals. Dr. Latta, of course, was one of the most frightening things that ever presented himself to a brand new class. And then there was [Manuel] Grodinsky up there in anatomy. And his chief claim to fame was how he could tear a student apart. I think he went into teaching Anatomy with the idea that medicine is rather traumatic anyway, we might just as well give them the works as freshman students here and see if they can take it. And how he could give them the works.

**Frank Menolascino:** So, try and desensitize them in a rather traumatic way...?

**Edward Holyoke:** Well, whatever he did, it was traumatic. Didn't make any difference how good you were. The slightest little flaw, or something like that, he'd take off and rip you up one side and down the other. Usually in that big stentorian voice that he had, that you could hear all over the floor of the old north building.

**Frank Menolascino:** You spent a long part of your life on that fourth floor, didn't you?

**Edward Holyoke:** I should say I did.

**Frank Menolascino:** That's right. That's right.

**Edward Holyoke:** And then Poynter was a rather imposing character to a freshman student.

**Frank Menolascino:** He was an anatomist and then he became Dean.

**Edward Holyoke:** Then he became Dean. I think Poynter is remembered as a really colorful factor—as kind of a unique personality. A good deal more by the people that had him in his years as Professor of Anatomy than the students that were here during the time he was Dean. He was still the same kind of a personality, but he was a little bit more remote. He was off there in the Dean's office and he didn't play quite the same role in the medical education that he used to as Professor of Anatomy. But the point was that here at work, you came into school with a group of, say, a hundred students. That was cut to eighty-five after a while and was stable there for years and years. You knew perfectly well that that class was going to be down to somewhere around seventy-five to eighty by the time it got through with the sophomore year. Then a good deal of what was done to what will be done in the freshman year... You were playing for high stakes. You really didn't know whether you could make it or not. And, very obviously, it was a high pressure proposition. And, very obviously, a lot of particularly insecure students that were on the borderline found it very traumatic. Those of us who were fortunate enough to stand up

here a little higher in the class began to get a little bit more secure when we found out that we were making it.

**Frank Menolascino:** But does that have something to do with intelligence or just your overreaction to stress? I... I...

**Edward Holyoke:** Oh, I think in most cases, the students that didn't make it didn't make it for a combination of, let's say, aptitude, plus interest, plus motivation. Some of them weren't quite motivated enough to really and truly study effectively. And a few of them, I think, that might perfectly well have made it, folded up under stress. I do think that is true with a few. And perhaps still is, but I don't know how you build a certain amount of stress out medical education. You're playing—any way you look at it, you're playing for what you hope is going to be your life career. Now you're facing the test and are you going to make it or... or aren't you? There's no way of keeping that out of the picture. It just wasn't quite so blatantly stuck in your face all the time now as it was then.

**Frank Menolascino:** Looking back over—and it's almost fifty years—what do you think the significant changes in medical education? You alluded to some in basic sciences earlier.

**Edward Holyoke:** Of course, medical... medical education changed... Strea—streamlined itself in many ways. For instance, they'll tell you that... oh, three-fourths or more, and I think that's a conservative figure, of all that is known in medical science has turned up since I started medical school. So, there's a great deal more to learn. Well, at the same time, people were beginning to get restive with the idea that they couldn't get on the medicine—they couldn't get their hands on it until two years of basic science. And the feeling was that a student would be a little bit more highly motivated if he got around—got to being, quote, a “doctor” a little earlier in his career.

Now whether that is true or whether it is not, I don't know. I've always wondered about that. But that was the feeling. And then, there was the feeling that clinical medicine had grown to the point that perhaps some stuff that wasn't totally relevant was taking up time in the teaching of basic science—trim back the teaching of basic science—streamlike that—streamline that and make it more efficient, you'll have more time to teach the Clinical Medicine. The first target, of course, was Anatomy, because that had far and away the biggest block of time. So—and over the years—when I started medical school, a course in Gross Anatomy ran four hundred and fifty hours. And the Department of Anatomy collectively had something over nine hundred. We had the entire freshman year, except afternoons, for half a semester. And that was devoted to Bacteriology. Other than that, it was all Anatomy. Embryology, the Gross Anatomy, the Histology, and then the Neuroanatomy. That filled the whole year.

**Frank Menolascino:** How does that compare to now, as far as the time in Anatomy?

**Edward Holyoke:** All of anatomy, now, is pretty... pretty much taught in the first two quarters. And other things are taught at the same time. They're taking their Biochemistry now. I'm ashamed to say I don't know precisely what the curriculum for those students is, because I'm away from the curriculum committee, and it changes from time to time, but that's the general idea.

**Frank Menolascino:** Right. Right. Right. Any changes you see reflected as far as the clinical aspects of medical school?

**Edward Holyoke:** Oh, yes. The old... the old system of—as a junior student, you went up on the wards and were a clinical clerk. That was your hospital contact. That was your clinical teaching then. Plus all the various clinics when they brought the patients in in front of you, and

the lectures and so on that were held. The senior year, you went into the clinics. You put in your services there. You also had an outcall service. Packed up your little bag and went off the far reaches of Omaha and saw people at home. That, of course, is long gone. The over... old philosophy of clinical instruction, I think, has changed a good deal.

**Frank Menolascino:** Philosophy?

**Edward Holyoke:** The... the just plain lecture. Hour after hour after hour of sitting in lectures that we used to do has been modified. There were days every week, during that junior year, where you were literally sitting down there in that old medical amphitheatre for six or seven hours a day.

**Frank Menolascino:** What do you feel about the changes? Have they been for the better or... or what?

**Edward Holyoke:** Probably mostly for the better. I think there's been enough time pressure put on, particularly with a three-year curriculum. So, we've gone away, to some extent, from the philosophy of medicine. Your medical education comes so fast, you don't have any time to sit back and think about. One thing I think that may restoring a little bit—we're going back to a four-year curriculum. Nobody seems to have time anymore to develop the history of Embryology or the history of Philosophy of Anatomy, which used to be for us so very very ably by Latta, at the very beginning, and Dr. Poynter later on. You got a kind of a feeling for the atmosphere of medicine—as far as I can see, isn't given the student anymore. I do think, to some extent, medical education has... let's say, changed from what used to be a period of education into a period of training, if you can...

**Frank Menolascino:** Yes.

Edward Holyoke – 3/21/2017

**Edward Holyoke:** Nobody brings—Everything now has to be relevant. Everything has to be applicable. Everything has to be at the root of a definite clinical problem. Otherwise, you don't have time for it. This in spite of the fact that someday something that isn't particularly relevant, say Physiology or Anatomy, might turn out to be highly relevant to something that hasn't come over the hill yet in clinical medicine. I've seen that happen many many times.

**Frank Menolascino:** Okay. Okay. Well, thank you very much. I appreciate your sharing the events of your own career here at the College of Medicine; and how you've seen the College of Medicine evolve for almost the last fifty years. It *has* been fifty years. Thank you very much, Dr. Holyoke. Thank you.

END OF INTERVIEW

Benjamin Simon 3/21/2017