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This is an interview with Leon S. McGoogan, Senior Consultant in Obstetrics and Gynecology, University of Nebraska College of Medicine. The date is July 13, 1979. I am Bernice Hetzner, Emeritus Professor of Library Science, former Director of the University of Nebraska Medical Center Library now known as the Leon S. McGoogan Medical Library.

Dr. McGoogan, when did you decide to enter medicine? Have you always wanted to be a doctor?

I've always had a desire to be a physician since I was a young lad in grade school. I went through high school in my freshman year in Sheridan, Wyoming, and my last three years at Lincoln Central in Lincoln, Nebraska, and when I finished high school, enrolled in the College of Arts and Sciences at the University of Nebraska at Lincoln in September of 1918. My courses were tailored towards the premedical courses with the expectation of eventually applying for medical training either at the University of Nebraska at Omaha or some other medical school, preferably one on the east coast such as Harvard, Penn or Hopkins. I spent three years on the campus at Lincoln, with my courses somewhat tailored toward science, but still with many of the humanity courses in my curricular group of studies.

This latter group of studies I enjoyed very much and have subsequently realized that a wide basic training in humanities for medicine is a most important portion of pre-medical training and that a student who does this is more likely to be more widely read and a better trained individual as far as basic education and understanding people and people's problems than the individual who spends most of his time in the science courses.

This particular facet of pre-medical education seems to have been abandoned in subsequent years and it is only in the last three or four years that I have noticed articles in the current literature of medical
education that there is a reemphasis again on the humanities in basic training in the non-science group of college requirements.

During my last two years of studies at the Lincoln campus my family had some financial reverses.

Hetzner
This would be your second and third year at the university?

McGoogan
Third year. I decided because of financial situation that it would be more proper to enroll, if possible, at the University of Nebraska College of Medicine at Omaha. An application was made for that particular medical school. I was accepted by the then dean, Dr. Irving Cutter (laughter) and incidentally, I have recently given Mrs. Hetzner a copy of that original letter of acceptance.

My family had reached an agreement with me that if at the end of my first two years at Omaha, that if I were successful in finishing my two years and had the basic requirements and the financial situation was such that it could be arranged, that I would express my former desire of going East to school by making application to one of the eastern schools and possibly being enrolled. I did apply to several schools and was accepted to the University of Pennsylvania and entered the junior year there in the fall of 1923.

Hetzner
Did you find the atmosphere and the academic community there much different than the campus in Omaha?

McGoogan
Yes, there was quite a difference. In fact, after I had been there about two weeks I would have been very happy to pull up stakes and come back home. In fact, I think I was probably lonesome and a little homesick, but very shortly I adapted to the different curriculum and the different methods of education that they had there. Since I was now in clinical years instead of pre-clinical years, I would have probably had the same trouble in Omaha. I thought that most of my problems there in adaptation were adaptation of environment rather than to a medical education.
School turned out to be very pleasant; the classmates that I had there were all very helpful in the adjustment. One very interesting facet of my undergraduate work at Pennsylvania was the fact that I lived in the Phi Chi house. There were about thirty of us who were in school, members of the chapter, who lived in the chapter house. There were only four of us who came from north of the Mason-Dixon Line and we fought the Civil War every morning for breakfast.

I came from Nebraska so consequently, I was a Yankee from the Nebraska territory. So both the North and the South elements ruled me as neutral, and I could argue either way without any difficulty.

I had one other advantage that my grandfather, who was a physician in New Orleans, had been a member of the Confederate medical corp in the Civil War, and who, unfortunately, lost his life before the war was over. But the southern group really accepted me on that sort of a basis. They thought I was a damn Yankee by birth only and not by actual birth.

I finished my schooling in the University of Pennsylvania, graduating from there in June of 1925. I had applied for an internship at the Hospital of the University of Pennsylvania and I was accepted there. The internship was interesting in its conception of format in that it was a two-year internship given over to minor subjects in medicine for the first year in segments of a little over five weeks apiece.

Hetzner  Tell me what you mean by minor subjects.

McGoogan  We had one segment on pediatrics, one segment on orthopedics and neurology, one segment on obstetrics, one segment on gyn, two segments on pathology, and I off-the-cuff can't give you the other nine, but then we had six months in general medicine and six months in surgery. Pennsylvania also differed a little bit in its licensure program in that you could not take your state boards examination until you had been officially credited with your internship.

Hetzner  Wasn't it that way at Nebraska at one time?
McGoogan  No, you took your licensure when you graduated from the school. When I was enrolled here there was a short time when you had to take a year of internship before you got your degree, basically, I think, but there was a variation in there. At Penn, I did not take my medical licensure examination until July of 1927, two years out of school, or six years out of anatomy. It entailed a tremendous amount of studying during the time that I was doing a very heavy internship at the same time.

The internship was different too in the fact that most hospitals in those days did not accept married individuals for their internships. The pay was board and room and laundry. Time off varied with the different hospitals. At the University of Pennsylvania your time off was regulated by your ability to get somebody to take your calls while you were gone, and that meant that your work had to be completed before you could get off. Nobody would take your calls until your work was all done and they knew they were coming on a clear service. Many of us went a week or ten days at a time without ever getting out of a hospital except maybe to go to the corner to get a newspaper or an ice cream cone or to do an errand or to get mail or something like that. We were allowed two weeks vacation each year and that was always cared for by the chief resident who covered our service by substituting another individual in that service.

I stayed on for one year after completing my internship in the Department of Gynecology where I was Chief Resident, and from there went to the Royal Victorian Montreal Maternity Hospital in Montreal. This hospital is the teaching hospital in obstetrics and gynecology for the McGill University.

Hetzner  This is both ob and gyn?

McGoogan  But my residency program was entirely devoted to obstetrics in the year that I was at the Vic. The experience in Montreal was interesting
in that I came into contact with a great many Canadians; I came into contact with faculty who had most of their formal education abroad, particularly in Scotland, Ireland and England. I formed many friendships there which have persisted until this day. Incidentally, of the eleven of us who were residents at that time at the Royal Vic, all of us reached a professorial rank in either obstetrics or gynecology or one of its branches, which is a very unusual record.

Hetzner: That is an amazing record, yes. Were they mostly from Canada, or were they United States citizens?

McGoogan: Most of them were Canadians. One of my fellow residents was Dr. Newell Philpott, who originally came from Chicago but stayed on at McGill as a teacher, and eventually became Chairman of Obstetrics and Gynecology and Director of the Royal Victoria Montreal Maternity, President of the American College of Surgeons. I hear from him now and then.

Hetzner: This was quite a distinguished crew that you were with.

McGoogan: Yes, it was. In fact they said it's the most distinguished group that has ever gone through and completed the residency program at the Royal Victoria-Montreal Maternity. Following my completion, my internship and residency program at McGill and the Royal Victoria, I had doubts as to whether I wanted to stay on in academic environment or whether I wanted to go to a non-academic environment, and decided the only way to do that was to live in a non-academic environment for a year. So I accordingly went to Fall River, Massachusetts, where I was offered a position in a clinic, half-time in general surgery and half-time in obstetrics. I enjoyed my year at Fall River, again in a new environment in a very old part of the colonial area of the United States with many definite restrictions as to who you went out with and who you saw, depending somewhat upon how far your forebears went back to the days of Plymouth Rock.

Hetzner: A little of that still exists back there, I believe.
McGoogan: I used to go up from Fall River to Boston to the Boston Lying-In every week or so on Thursday afternoons and spend some time at the Boston Lying-In with Dr. Frederick Irving, who at the time was Professor and Chairman of the department at Harvard. I discovered from my associations at Fall River and my associations with Harvard that I really wanted to stay in an academic environment so I began searching for an academic area, and after considerable amount of searching for a location, decided, when the opportunity was offered, to come back to Omaha and enter private practice with the late Dr. Charles W. Pollard who was then Chairman of the department, and accepted a teaching position at the University of Nebraska College of Medicine as an Assistant Instructor.

Hetzner: Got started at the bottom?

McGoogan: The lowest rank on the teaching ladder, as far as the campus was concerned, when I came back.

Hetzner: Now, this would be when?

McGoogan: This is December of 1930.

Hetzner: And how did you find things here then?

McGoogan: The weather was as I remembered it when I was in school. The campus at that time was winterized. None of the flowers were in bloom that the English gardener, Darcy, had so carefully developed over a period of years, which was one of the pretty sites in the city of Omaha in those days. And the campus itself consisted of the North Building, the South Building, Conkling Hall, the first and second units of the hospital as well as the heating plant, Darcy's greenhouse, and one or two other small area buildings. In back of the hospital was remnants of the track where some of the boys used to keep in practice with running.

Hetzner: The nurses' dormitory had already gone, burned down, right?
McGoogan That I don't remember.

Hetzner Oh yes, because Conkling Hall was already opened. But there was a track there where the cross country runners trained.

McGoogan Hospital capacity then was small; I don't remember the exact bed capacity at that time. The administration offices were on the first floor. The house officers lived on the fifth floor. Surgery consisted of two operating rooms in an amphitheater.

Hetzner In Unit I.

McGoogan In Unit I. And the library was in Unit II, where it stayed until 1960 . . .


McGoogan I was going to say 1969, but '70 is right. And even in those days it was a little crowded.

Hetzner I don't believe they had the mezzanine floor yet, then. They just had one level of stacks. Were they having trouble equipping the second unit of the hospital and paying for staff?

McGoogan I don't remember all of those particular details, Mrs. Hetzner. The second unit, the top floor, the north end was a private psychiatric wing. The top unit on the south end was a student laboratory for clinical clerks.

Hetzner Oh, yes. It was that way when I came.

McGoogan The rest of the actual ward assignments I would have to get out and take a look at. As I recall, wards A and B were medicine, C and D were surgery, the south half of the next floor, the third floor, was OB, the north half was not GYN yet because we didn't have a GYN department, it was in general surgery. And over on the other side,
ward H was women's medicine, and the next floor up was neurology, orthopedics and pediatrics.

Hetzner: And it remained that way for some time, because it was that way in the forties.

McGoogan: The diningroom and the kitchens were on the ground floor of Unit I. The emergency room which was about 8 x 10 inside was on the north side of the ground entrance.

Hetzner: Well, now, when you came back in 1930, Dr. Keegan was dean. No, by that time, Poynter.

McGoogan: Dr. Poynter was dean. There were a good many letters that I had from Dr. Poynter, and I'm sorry that I don't still have those letters from Dr. Poynter or from Dr. Pollard in regard to coming back and beginning work in Omaha. Dr. Poynter was the dean at that time. He had been Professor of Anatomy in my freshman year and he was most helpful in encouraging and urging me to come back to Omaha to practice.

Hetzner: Would you care to comment on the other deans that you served with? Poynter was one personality and he was followed by Lueth, who was a different personality.

McGoogan: Dr. Harold Lueth was appointed, I think, after Dr. Poynter, if I'm not mistaken. He came from Illinois, was not very well liked or received by a great many people on this campus, as they thought he was a little too aloof and not sympathetic with either student or faculty or patient problems. The next dean was (hesitate) . . .

Hetzner: Perry Tollman.

McGoogan: Oh. I'll have to say . . .

Hetzner: Excuse me, didn't we have an Acting Dean, Ruben Saxon?
Oh, that part I don't remember, but we might have. But before Dr. Lueth retired, or left Omaha, we had a very urgent problem in the Department of Obstetrics and Gynecology. The chairman of the department was relieved of his duties as chairman and stayed on as professor for awhile, and I think I've given an account of this in the history of the department, but at this particular time when I was approached as being acting chairman of the department, both Dr. Lueth and Dr. Gustavson, who was Chancellor at Lincoln at that time, were very helpful, very warm, and very encouraging in asking me to step into the vacancy at that time. My respect for Dr. Lueth and my liking of him increased during that particular controversy, as he did seem to take a side and eventually sided with the faculty rather than the individual.

Even though the individual was from the same hometown, right?

That doesn't... Yes, he was also from the same hometown. Perry Tollman became full-time dean and there may have been a time when Ruben Saxon was acting dean, I don't remember that. If it did happen, I don't recall it at the time.

As I recall, and we of course can check the records, is that Perry Tollman was in the Air Force at the time Dr. Lueth left, and in that interim between the time that Dean Lueth left and before Perry Tollman was discharged from the Air Force, we had Ruben Saxon. Our Operating Superintendent was Acting Dean.

Yes, he was superintendent of hospital and grounds, as I recall.

Operating, they called it.

Operating engineer.

And we had Allyn Mosher directing the medical services.

Well, Perry had been brought up in Nebraska and had been Professor of Pathology, was acquainted with a good bit of Nebraska's history and background and problems. And although a competent dean, was
never a forceful dean in that he did not seem to make things happen on the campus in the way of either changing some curriculum or in buildings and equipment. He may have been anxious to get these particular things done, but they just never seemed to happen.

**Hetzner**

Well, it was during this time, was it not, that F. Lowell Dunn was appointed chairman of the Buildings Committee and the 1/4 of a mill levy was put through the Legislature for our capital improvement. But, in the middle of all this development, then, came the controversy on full-time faculty, right?

**McGoogan**

I don't remember the exact timing on that, but when I came on the campus in 1921 as a student, other than full-time faculty in the department of, the pre-clinical sciences, there were no full-time faculty people. When I came back on the campus in 1930 in December, the only faculty member that I can recall that was a paid faculty member was Esley Kirk, who was the director of clinical clerks. He received a salary for his services.

**Hetzner**

Kirk?

**McGoogan**


**Hetzner**

What's his first name?

**McGoogan**

Esley. E-S-L-E-Y. He is now retired. The class of '26, I believe, or '27. Esley Kirk was a very flamboyant character when he came onto the campus because when he came on campus he had a convertible car and a wife.

**Hetzner**

Sounds like he was in the money.

**McGoogan**

Maybe he was, but married students were few and far between in those days. Yes, full-time people were few and far between in 1931. It was shortly after I came back, probably in the mid-thirties, and I can't
remember the exact date, when the department (break in tape)

(End of #1, Side A)

McGoogan  Subsidized by the United States Government in the Maternal and Child Health Care Program. His name was (hesitate) ...

Hetzner  Brown?

McGoogan  Yes, Brown. Dr. Willis Brown.

Hetzner  But, wasn't there a great deal of opposition to full-time clinical faculty and also opposition towards taking the federal money?

McGoogan  I don't recall any particular great opposition. I think there was some opposition in the Department of OB when Dr. Brown came in because unfortunately, his curriculum had not been outlined for him, his job description had not been written, and the then chairman of the department said, "Here's an office, here's a chair, here's the medical school. Go to work (laughter)." And Willis Brown was a very energetic ambitious young man who tried to fill a lot of shoes and ran into some problems, some of which were as great as the ones that occurred with subsequent appointments. But, he did have some problems with the volunteer staff. But I think a lot of that was all due to the fact that there was no job description written for him.

Hetzner  Well, then they called in Leon S. McGoogan to come and straighten out the department.

McGoogan  No, no, no. That wasn't ... Willis Brown had come and gone and there were other people along the way. Willis Brown was here in 1940, that was when Dr. Sage was chairman of the department and that would have been in the late '30's. It was after Dr. Sage's retirement as chairman of the department that we ran into the difficulties with the full-time individual who was also chairman of the department, and
that would have been in '50, '51. So there was quite a hiatus in
time.

Hetzner You're referring to Dr. Odell?

McGoogan Dr. Lester Odell. At the time I was asked to assume Acting Chair-
manship of the department in 1951, there were other changes occurring
in staff and faculty. Dr. Willis Moody became Chairman of the
Department of Medicine, Dr. Herbert Davis became Chairman of the
Department of Surgery, Dr. Herman Jahr was Chairman of the Department
of Pediatrics.

We all found and appointed juniors in the staff department, the
philosophy being that if you could bring a young man in from the
outside who was full-time but not director of the department who
could become acquainted with the part-time faculty and the volunteer
faculty, and they could get acquainted with him and they could be
used to working with one another, that the eventual transition of
the medical school to a large, full-time faculty would be much easier
and more acceptable.

All of us relinquished the chairmanships of our departments in the
spring of 1956. And people who had been in the various departments
on a full-time basis but with junior appointments now became chairman
of the department. Dr. Roy Holly became Chairman of the Department of
Ob/Gyn, Dr. Grissom became Chairman of the Department of Medicine,
Dr. Gibbs became Chairman of the Department of Pediatrics, and Jim
Musselman became Chairman of Surgery.

Hetzner When was the residency program for the Department of Ob/Gyn accredited
and how many residents did you have?

McGoogan I'd have to go back to my notes on that, Mrs. Hetzner, but the first
resident, there was one resident, and that was a young man by the name
of Russell Hosie, H-O-S-I-E, who was in a perinatal residency program
at Chicago Lying-In, and with an arrangement with Chicago Lying-In, he
was appointed resident at the University of Nebraska at an equal rank of a third-year resident at Chicago Lying-In. Our residency was accepted on a third-year level and that was during the time that Dr. Earl Sage was chairman of our department and would probably have been in 1937, '38, '39, along in there some place . . .

Hetzner I can look it up.

McGoogan But I'm sure it was before the aggression in World War II. The following year we accepted a resident from Washington University in St. Louis, Dr. Herman Gardner.

Hetzner And was this also an advanced?

McGoogan This was again a third year. We remained in that position of only a third-year resident until the cessation of war activities.

Hetzner Really? That would be until about 1946.

McGoogan 1946. And with that we established a three-year program. The exact history of the residency programs in other departments, you'll have to get from them. I don't remember.

Hetzner I'll try to get that from Herbert Davis and some of the others. Well, then, I take the next big stir around the campus was when we decided that we needed to expand. The capital improvement program. There was some discussion, do we go east, do we go west, do we go north with the campus. From looking at some of our scrapbooks there was quite a discussion on that and the group of volunteer faculty that approved such a move, and others thought that University Hospital was big enough the way it was.

McGoogan I remember when I was on the campus in the thirties and forties, that the University had acquired from time to time, property on the north side of Dewey Avenue between the railroad tracks on the west and 42nd Street on the east. I remember that particularly because there used to be a couple of lots down west of 44th Street on Dewey that
the Phi Chi's looked at to purchase to build a fraternity house and discovered that they were being looked at by the University. And we thought that there was no sense in buying them at the time, so we did not go into that.

The school did own some property, however, which was eventually leased to Lutheran Hospital and they had a five-year lease at the end of which time they were either to renew it or release it. During the five years that the Lutherans had the lease on this property, they had talked rather vigorously about putting up a private hospital. And when it came within six or eight months of renewing the lease there was a good bit of pressure put on the Lutheran Board by people not on the Board to not renew the lease. Some of these were medical people, some of them were not. Some of the medical people said that if you build a private hospital across the street from University, it's not going to be long until your staff will be taken over by the full-time people at the University. You will no longer have an independent hospital, you will have a university oriented hospital. This argument was so well presented to the Lutheran Board that they did not renew the lease, which was immediately picked up by Clarkson Hospital (laughter).

Hetzner: I knew that Lutheran at one time had decided, but I didn't know why they gave it up.

McGoogan: Well, they gave it up on the basis that they would be overwhelmed, eventually by University full-time faculty who would gradually invade their hospital with private patients and eventually become directors of various departments and they would no longer be a basically independent institution. They would be ruled and regulated by the rules and regulations of the Board of Regents. Indirectly, of course, but still, ruled that way. Even after Clarkson built its hospital and began functioning as an independent hospital, that thought has reared its "ugly head" several times.

Hetzner: Would you care to comment as to whether or not that is why Children's Hospital has made the decision that it leave the campus?
I'm not familiar with all of the political problems that have arisen at Children's Hospital. When the Doorly family and the Omaha World-Herald promoted the idea of a Children's Hospital, it was promoted on the idea that it would be a teaching hospital for both schools of medicine in the city, both Creighton and Nebraska. The location of that hospital on a neutral piece of ground was one of the points that Creighton insisted upon. When, however, the Board of Children's leased the land from the University, to build on their present quarters, Creighton School of Medicine withdrew its support because their idea was that leasing the land from the University, locating the hospital so close to the University of Nebraska College of Medicine, would give the early impression that Children's Hospital was dominated by the University of Nebraska with only a very minor role being played by an off-campus group such as Creighton. That was one of the very early controversies.

Another controversy that happened at Children's that affected its program for a long time was the fact that in its original organization, Children's active staff was to be limited to people who were pediatricians or specialists Boarded in their respective specialties. This immediately antagonized all of the private general practitioners who now found that they could not admit a child to Children's Hospital under their name. It would have to be admitted under the name of a full-time Children's Hospital staff membership and they would no longer have control of medical care of that particular patient. The census of Children's, therefore, was low until they revised that particular hospital admissions policy and let general practitioners become active members and remain in control of their patients.

There's never been a satisfactory working agreement between the Department of Pediatrics at the University, as I see it, even though Dr. Jahr tried so desperately to do so and Children's Hospital because again, I feel that the Children's Board was fearful of the domination by the University of their hospital policies.

Clarkson Hospital really didn't help in solving some of the problems because they continued to maintain a pediatrics department within a
block of the Children's Hospital. At one time University presented to the Children's Board a program of leasing so many beds from the Children's Hospital on an annual basis and moving their Children's Department over there. But that was blocked because, again letting the camel's head inside the tent, the whole camel would move in very shortly.

Some of the more recent objections to staying on the campus close to the University has been "the University does not allow them sufficient room for parking."

Hetzner Oh dear (laughter).

McGoogan And that when parking is available, it is hazardous to people who do park their cars because of the location of the hospital.

A third thing, another thing that happened is that in the workings of the hospital and administration they needed some help and they appealed to John Estabrook at Methodist to help them out and he sent one of his staff to help administer some of the hospital problems, and shortly after that, the Department of Radiology and the Department of Pathology at Methodist took over the respective departments at Children's. Methodist has really had a good bit of input into the management and conduct of Children's Hospital for quite some number of years, long before the idea of moving Children's as a separate wing to Methodist.

Hetzner I see. So your analogy about the camel really does work.

McGoogan It did work in this particular instance, yes.

Hetzner Only it was a different camel inside.

McGoogan It was a different camel, came under a different guise. They invited the camel in this time.
These are, I think, facts that can be verified and really bear a little bit of further investigation on somebody who really wants to do some research on the history of the Methodist Hospital–Children's Hospital. I think it would be very interesting and I'm sure that John Estabrook and Jerry Schenken or even Rudy Schenken can really give you lots of the political, medical program changes that have been going on for the two institutions over a long period of time.

Hetzner: Well, I will explore that when I talk to Dr. Schenken.

McGoogan: He may deny all that. I can't say that I didn't say that, because you got it on the tape.

Hetzner: Well, I asked Dr. Hunt the same question and we'll see how all the versions come out.

McGoogan: Well, I think probably Dr. Ralph Moore would know a little more about that than Dr. Hunt would.

Hetzner: Well, that's what Dr. Hunt said, that he has not been . . .

McGoogan: That Dr. Moore was in the diagnostic end and Dr. Hunt was in the therapeutic end and the two really didn't see eye to eye to one another as far as managing a chairmanship of a department and there would be very little therapeutics at Children's compared to what there would be in the way of diagnostic work.

Hetzner: Well, now you've been . . . go ahead . . .

McGoogan: As far as the rest of the campus expansion controversy was concerned, there was a lot of opposition by landowners to expansion of the campus east, but a lot of that has disappeared as the University Board of Regents has supplied money to buy land to the east of us. Of course, I think one of the fortunate things that happened in one way for the University but unfortunate as far as the institution was concerned, was the eventual closing of the convent and the placing of the Home
of the Good Shepherd for sale and eventually the University acquiring that piece of property which gives them a considerable amount of land for expansion to the east in the future, because basically they can't expand much further to the north because of Dodge Street. They could jump the tracks, I suppose, and expand west of the Missouri-Pacific. South, they've got the Missouri-Pacific and Leavenworth. So basically, their expansion, easiest expansion, is by going to the east. I think at the present time they may have land available now for expansion in the foreseeable future, particularly if the consolidation of parking spaces can be arranged so that they don't take up too much flat space with parking cars.

Hetzner Maybe the OPEC nations will take care of that.

McGoogan They may take care of that or there may be some new things that may happen that will allow us to do vertical instead of longitudinal parking of cars such as much less expensive building costs than they are at the present time.

Hetzner Or if student and staff housing in the area became more desirable.

McGoogan Of course, the big impetus to expansion came with the appointment of Dr. Wittson to the Chancellorship. The history of Dr. Wittson is an interesting one too because he came in as the Director of the Nebraska Psychiatric Institute and was a very effective and progressive Director down there. Before he was director there, Dr. Richard Young was Chairman of the Department of Neurology and Psychiatry at the University, and then Dr. Young had to resign because of his development of a severe Parkinsonian syndrome which left the chair of Neuro-Psychiatry empty. The . . . I don't know whether I should tell you this or not.

Hetzner Go ahead.

McGoogan The search committee interviewed a good many people and made a recommendation that Dr. Wigton, Dr. Robert Wigton be appointed as Chairman
of the Department of Psychiatry and Neurology. I think this is right. The administration, however, overrode the recommendations to the search committee and appointed Dr. Wittson (laughter). Did you know that?

Hetzner No. But I didn't realize they had search committees back in those days.

McGoogan Well, it was a committee that was appointed, like a search committee, now I'm not sure . . .

Hetzner Like an Executive Faculty, probably?

McGoogan Now that may have been Director of the Psychiatric Institute, I'm not sure. It was either the chairmanship of the Psychiatric Institute, one of the two. But, I bet it was chairmanship of the department.

Hetzner Well, we can check on the dates of the death of Dr. Richard Young.

McGoogan Well, I know that the two of them were in very strong competition for an appointment and people had interviewed both Dr. Wigton and Dr. Wittson, and most of the people were in favor of Dr. Wigton but the Wittson people won out.

Hetzner Well, when he first came here the Psychiatric Unit was over in Douglas County Hospital, right?

McGoogan Probably.

Hetzner Yes, and he was instrumental in designing this building on the campus here and getting support from various sources, locally, federally, and so forth. When I talked to George Round, he had told me that he was in on the negotiations to put together the package that made the buildings and the subsequent operation of NPI. Very interesting story, apparently.
Well, it was an interesting story, I'm recalling memories of things that I hadn't thought about for a long time. The accuracy may be a bit foggy, but I do know that the controversy between the appointment between the two that the administration overruled the recommendation.

When I talk to Wittson I'll see if I can find out, but he probably won't tell me anything. We were talking about the campus expansion and Dr. Wittson's part in this.

Dr. Wittson seemed to be,/didn't seem to be; but Dr. Wittson is an individual who is an expert on being able to envision future growth in medical schools, particularly at Nebraska, and to be able to take that vision and put it into blueprints and find the money with which to transfer the blueprints into actual buildings. And in a vast majority of the cases, find the money to maintain the building after it's once been built. Probably there has never been a period of expansion of medical facilities in the University of Nebraska Medical School that equals what was accomplished when he was Dean of the College of Medicine and eventually Chancellor. Certainly the development of the Wittson Hall and the Library, the Eppley Institute, the second addition of the Eppley Institute, the acquirement of the land across the street, the building, or at least the initiation of the building of the College of Pharmacy.

And the College of Nursing.

And the College of Nursing, either had their initiation in or consummation of, during his service.

And the development of the Meyer Children's Center.

Well, I'm not sure exactly when that occurred, but I think that was in part of the Wittson regime, the Meyer Institute, the Lord School for Handicapped Children, the moving of the Hattie B. Munroe Home onto
the campus, and the development of a children's center that really
was unique in the United States. And I'm sorry to see Children's
leave, I'm sorry to see that the services at Hattie B. Munroe have
changed, but that whole institution was built on the basis of care of
the handicapped children who had polio and heart disease, effects of
acute rheumatic fever, and those two diseases are slowly disappearing
so that the need for care in that particular field is certainly
lessened. The newer things, of course, are the children that are
handicapped by congenital or genetic factors, so that the Hattie B.
Munroe Home has changed its character and its policy. The Meyer
Institute and the Lord School are still serving a very large population
with rehabilitation.

(End of Tape #1, Side B)

Hetzner Moving of the Booth Hospital to this campus and the building of that
building.

McGoogan Yes, I think that was also during the time that Dr. Wittson was chief
administrator of the campus. I also think that Dr. Warren Pearse was
Chairman of the Department of Obstetrics at the time that That move
occurred and was very active in that.

Hetzner It was during Dr. Wittson's administration that the family practice
division became really outstanding. Wasn't that one of the first?

McGoogan Well, the idea of a Family Practice Department had been discussed, I
think, in many centers after World War II, but the first full-time
professor of family practice in American medical schools was the late
Dr. Fay Smith when he was appointed as chairman of that department at
the University of Nebraska College of Medicine. The first year or so
that he was chairman of the department, most of his activities were
directed toward the organization of the Department of Family Practice
and the actual department did not get into operation until several
years after his appointment. Dr. Smith was also very active in helping with the Library Fund Drive in '68, '69 and '70.

Hetzner: Were there any, shall we say, developments in the Department of OB/GYN under Dr. Wittson's administration, anything startling?

McGoogan: Well, I don't think there was anything startling.

Hetzner: Just steady growth.

McGoogan: Just steady growth to a certain extent.

Hetzner: Well, one of the areas that I wanted to ask you about in addition to work in the OB/GYN Department are all the special activities that you seem to get involved in. I noticed that in the school announcements that you had been a member of various committees. One of them was Admissions and School Standing Committee. That goes way back. Do you remember working on that committee?

McGoogan: Well, I was on the Admissions Committee of the college. I don't recognize that school standing part. I always thought it was just the Admissions Committee, but I did serve on the Admissions Committee for five or six years. We had the problem as the Admissions Committee has today of sorting through the various applications and trying to decide who was really interested in the first place in coming to the University of Nebraska College of Medicine, and whether their application presented enough material to judge on how good a student or physician they might be. At that time the Admissions Committee did a good many off-campus interviews. And it was while, I think, I was on the committee, that the off-campus interviews were instituted. When I came to medical school in 1921 most of the interviews were done in the Dean's Office during the summer.

Hetzner: Oh, the potential student had to come in.
The potential student used to have to come to Nebraska or at least there was enough letter writing back and forth instead of coming here. But we used to go to Lincoln and we interviewed people from UN-L, from Wesleyan, and from Doane College at Crete.

Hastings?

No, Hastings was a separate visit. People at Wesleyan and a few out-of-state students who happened to be in Lincoln were seen at the time we were doing our interviews in Lincoln. We also did other interviews. There was a Hastings group, and then there was an interview down in the northwest corner that would catch Chadron and any schools from Wyoming, South Dakota and that area that might happen to be interested in coming.

Did you have a lot of applicants then in relation to the number of places that you had in the class?

Well, when I was on the Admissions Committee, as I recall, our admissions class was somewhere between 90 and 100. The number of applicants I don't remember but I'm sure that we must have had more than adequate number of people even on acceptable applications. The Admissions Committee worked on the scholastic record, the recommendations of the counselor at their various schools, the MCAT, and the interview, of course, predicated by the fact that you were a Nebraska resident.

That always helps, doesn't it?

That always helped. The various methods that many students used to establish their residency in the state was seen in many applications, and many families were disappointed in their offspring not being accepted at Nebraska in the non-state residency policy in spite of the fact that they owned a considerable amount of land and paid a considerable amount of taxes in the state, or that the parents were graduates of either the medical center or graduates of Lincoln and considered themselves still attached to Nebraska as a home base. We
had the same difficulties with MCATs that people have today, for students who are not used to taking examinations, an MCAT can be a horrendous first experience and secondly, we had some students who did very poorly on MCATs but who were excellent students and discussing it back with them they hadn't slept well the night before, they had an acute infection of some sort, or they had a nervous diarrhea (laughter) or an acute flu thing, and they were just not up to their usual performance and that these emotional problems did bear a considerable influence on the way they performed in an MCAT. If you accept cold facts, the MCAT had to be accepted as a figure and consequently, many students were refused on that basis, even if a subsequent examination may have been a very excellent one.

Coming back to something I said before, it is interesting to note that in some studies of success of physicians in their practice after they have graduated from medical school, success has been traced not so much to their MCAT standing or their academic achievements in school as it has to the fact that they have apparently been broadly educated in many of the humanities and had courses in literature and ethics and sociology and foreign languages and have had a minimum requirement in the sciences. I'm hoping that somebody will eventually get back to the idea that students should go through four years of college for admission to medical schools, and it would do well to have counselors who are educated to the requirements of practicing medicine rather than requirements of admission to medical school.

Hetzner

Yes, yes. Too much emphasis on the science. Another area that you seem to have had a responsibility in is Budget and Policy Committee. What did you do there?

McGoogan

Well, the Budget and Policy Committee that I served upon was during the time that I was Chairman of the Department, and as Chairman of the Department I had to make a budget up to present to the Dean of the medical school. And working, of course, with the Executive Committee you get into that, but the Budget and Policy Committee was basically as I recall in my service on the campus center, was basically a budget for a department. And in the days that I was Chairman of the Department,
my maximum budget was $35,000 a year (laughter). That was in 1951-1956 and that included my salary and a secretary and the incidental expenses that went along with her, the residents' salaries.

Hetzner Including the residents' salaries?

McGoogan Yes, the residents' salaries were too big in those days. They were, oh, $150 or $200 a month, you know. And some salary for a part-time man. I remember when we employed Dr. Holly to come down and we didn't have enough money in the budget to pay him and I had to cut my own salary to find enough money to pay Dr. Holly to come down and to accept the position.

Hetzner How about that.

McGoogan But I'm sure other departments had the same problem.

Hetzner And did do the same. It seems as though you did quite a study on hospital affiliation. In other words, I seem to recall that you traveled around the country and visited medical centers to discover how other medical schools used hospital affiliation as a teaching setting. This probably came about when they were talking about increasing the size of the hospital.

McGoogan Yes, Nebraska Medical Center, University Hospital is small in the number of beds. The enrollment of the medical school body is quite large and there are not enough acute cases in the hospital for patient teaching for classes that we have of the size that we have of 150 freshmen. It became necessary, then, to look at other sources of teaching materials and the private hospital apparently was a source which could be tapped, and we had used those hospitals long before the first wing of the University Hospital was built in 1915.

Hetzner 1917, wasn't it? Well, it was started in '15.
I recall seeing some pictures of the tornado in 1913. The first unit of the hospital was under construction and was slightly damaged as a result of that tornado in March of 1913.

The North Building was under construction.

It was the North Building. I remember there was something else on campus then. But anyway, they used Methodist Hospital and they used Clarkson Hospital and they used Immanuel Hospital for teaching long before they had a University Hospital of their own. In fact, when the school was first founded they used St. Joe.

Yes, Omaha Medical College used St. Joe.

Yes, St. Joe was the first hospital until Creighton Medical School was founded; then the St. Joe Hospital became affiliated with Creighton and Nebraska re-emphasized its affiliation with Methodist primarily, so that with a long history of affiliation of those hospitals, and programs were set up for teaching in those areas as far as juniors and seniors and even some residency programs. And those hospitals are still used today. At that time I made some trips over the United States to various medical meetings and while I was at these various meetings I frequently would talk to various people in the local hospitals in the city which I happened to be at. For example I was out to a meeting in Portland, Oregon, I recall, and visited the Acting Chairman of the Department of Obstetrics and Gynecology as to how the University of Oregon was using their affiliated hospitals and found that basically they're pretty much the same format from one city to another. And I think most medical schools have affiliation policies.

When I was at the University of Pennsylvania, although we had a 460-bed unit hospital, we still used Philadelphia General ( Blockly) which was across the street. Some of the people went to classes at the graduate hospital which was basically for graduate education. We went to Phipps Institute for our tuberculosis. We went to the institution that was the predecessor of the Philadelphia Lying-In.
I don't remember the name of it; it was basically a clinic, however. There were a few people who also went to St. Luke's in Philadelphia and on Saturday afternoons, although we were not required to do so, we were reminded that it was a good policy (laughter) to attend the surgical clinics at the Lankenau Hospital in Philadelphia which were conducted by the late Dr. John B. Weaver.

So in my experience with medical education affiliated hospitals have been a method of teaching medical students over many, many years. As I see it today, the private hospitals do have a very definitive role for teaching and particularly for clinical teaching, ward round teaching for short periods of time and for very small classes, almost on an in-resident type situation of classes being limited to maybe four to six students in surgery, maybe four student in ob/gyn, and so on and so forth. I think the same holds true for residency programs and I think we are going to see as time goes on some more expansion in the particular fields.

There are some problems with affiliated hospital teaching, affiliated hospitals don't want to be everything, accepting nothing, so that there is a certain amount of required effort that is placed upon the student that goes to do history and some physicals. Also residents had to do some of what in common work was called slave labor, and the students are expected to follow certain lines of conduct and dress while on duty, but the original department of the medical center should have to a great extent a say as to what activities that student should follow in his particular assignment. In other words, if he is assigned to general surgery at Methodist Hospital, Methodist Hospital should see that he stays on general surgery and not move him to some other service just because they happen to be short of somebody in that particular service at that time.

This type of supervision is one of the things that has to be looked at with the residency programs and the dispute on this was one of the things that destroyed the projected unification of the Clarkson School of Nursing and the University School of Nursing when Clarkson Hospital
built and closed out its nurses' training school. If I may talk off the record for just a minute on that.

(Tape turned off)

When Clarkson decided to build across the street to cut down some of their overhead, they decided that they would cut out their nurses' training school and 'why have two training schools across a street from one another.' And with a good bit of cooperation between the Clarkson Hospital on one side and the School of Nursing and the Medical College on the other, an amalgamation was created.

When it came down to actual implementation of the nurses' training school at Clarkson, the powers-that-be in Clarkson said, "Assign us fifteen nurses, and we will put them where we need them." And the Dean at the College of Nursing said, "I can't do that. If I am going to maintain the program, my girls are going to have to be assigned to a certain area and they are going to have to stay there the entire time. If they're assigned to OB, they go to OB, they don't necessarily go to x-ray or carry bedpans in medicine and not get any teaching. You've got to have a teaching program." Clarkson apparently refused to recognize that particular obligation to the School of Nursing to follow the definitive curriculum and there was some pressure put on by outside people and lay people in the city of Omaha who thought that Clarkson had abandoned the School of Nursing and that it should be re-instituted. With their pressure and the conflict between the two schools on the exact assignment of nurses and what they were supposed to do, the whole program fell apart. It's really a shame that we still have two schools of nursing across the street from one another, neither affiliated with the other one.

Hetzner Well, the Clarkson program, though, is a three-year program, isn't it?

McGoogan Yes, the Clarkson program is now a three-year program, but the University had a three-year program at the time, too.
Hetzner  At the time?

McGoogan  It has since substituted the graduate program and now the progressive program, which, as I understand it, gives them a medical nurse's "degree" at the end of two years. If they want to stop there they can, they can go another two years and pick up a degree of nursing or they can go on and pick up a master's if they want to. Or at the end of two years it is so integrated, I believe, that if they want to switch to a medical technology or they want to switch into something else in the allied professional field, they can do so without loss of credit. I think Dr. Boyle has done a marvelous job of creating this type of progressive program and initiating it in the United States.

Hetzner  Very good. And then, of course, another special activity was the Library Committee.

McGoogan  I don't remember when I was appointed to the Library Committee; I'm sure that you do or you have access to that date.

Hetzner  We have access to that information.

McGoogan  But in the days when I was a novice in the Library Committee we used to meet once a month and as I recall, we met in Dr. McIntyre's department in the conference rooms. A major job seemed to be the review of various applications for various individuals in the faculty and various departments for the purchase of certain monographs and periodicals. On the periodicals primarily we had the money to add a new periodical to the overall commitment on the periodical purchase rate. There were other problems that came up with occasionally looking at total budgeting for the Library, but as I recall most of it was on collection data. We did that for a long time until Mrs. Hetzner began sneaking some blueprints out from underneath the table at us now and then and we had to look at blueprints as well as other things. I've been a member of the Library Committee ever since. The functions of the Library Committee have changed considerably. Very seldom do we
ever look at a request anymore for a periodical unless it is a very expensive one. We do see recommendations from the director for removing a periodical from the subscription list because it either is not used or the rate has gone so high that it becomes a controversial expenditure. Once in a while we do see some requests for purchase of monographs or series of monographs that are very expensive and whether we should use the money for that or not. But, the overall policies of the library are seen in Library Committee meetings now rather than purchase things. The development of lending policies, the development of policies on the use of endowment funds, the development of policies on food and drink in the library, reallocations of space, the necessity for implementation of personnel, are things that we do see practically at each and every meeting.

Hetzner: Well, when you were asked to head the fund drive to find more money for the library building this was not necessarily connected with your Library Committee, was it? Your committee did give you the background for it.

McGoogan: No, I think that was an outgrowth of my relationship over a good many years with the members of the many classes that graduated. I had a very close relationship with the younger members of my fraternity and I was very closely associated with them for many, many years, but have not been quite so active the last ten or fifteen years. I was active with the Alumni Association at that particular time and was doing some publicity work for the association and increasing membership. Interestingly enough, the other people who were at the dinner that Dr. Wittson gave at the Plaza Club to discuss the possibility of the fund drive were people who in many ways active in the campus the same as I was: Dr. Fay Smith, who was a very popular man on the campus and very active in family practice; Harry McFadden, who had always been a very popular teacher on the campus and who was also active in the Alumni Association; George McMurtrey, who was President of the Alumni Association; Dr. Wittson and myself. I'm not sure whether Perry
Tollman was in that group or not; I don't think he was. But anyway, I remember those people very well and Dr. Wittson presented the library program and the possibilities of getting the library built on a three-floor basis, the amount of money that it was going to take, the amount of money that they had, and the amount of money that could be gotten. They were about three hundred and some-odd thousand short of money on hand for matching funds for available money at the United States government level. Dr. Wittson thought that it was time that a community drive basically among alumni would be beneficial in making up the deficiency of matching funds.

(End of #2, Side A, part of tape lost)

After a considerable amount of discussion among all of us I was notified that I was the one elected to be chairman of the fund drive, which I'm sure had already been decided long before the dinner ever took place.

Hetzner This was just a softening-up process.

McGoogan This was a warming-up period. Then with the cooperation of that particular group we started it. We decided to do it without any outside fund drive talent, to do it on our own. We were told that we would be unsuccessful in being able to accomplish our goal.

Hetzner Who told you that?

McGoogan People in Lincoln.

Hetzner Fund raisers in Lincoln, or the administration?

McGoogan Fund raisers in Lincoln, plus some people in Omaha who had been on fund drives. But we were a very active committee and had a lot of cooperation and had a very loyal Alumni Association who were very, I think, generous at that time, plus a fairy godfather in George Holling who was not associated in any way with the medical center who
Hetzner gave us $100,000 without being asked. We were very fortunate in being able to raise the sum of money that we did. I certainly feel that we have a building today which is very serviceable, a very attractive building which to store our resources and to encourage our students to study. It's been an eye opener, if I may say so, for lots of visitors from both coasts and from the north and south and I think to some extent, it has improved the general picture of the whole medical center. We are not some little group of buildings out here surrounded by cornfields and Indians and cowboys and we do have some literary and historical backgrounds which are really quite valuable.

Hetzner Do you want to say anything else about what you see in the future?

McGoogan Well, I asked Mr. Braude the other day if he thought it was time that we should begin to look at a five-year development program. He wasn't quite sure whether that was the time to do it, whether now was the time to do it or not. He thought that perhaps although the library expansion request for a fourth floor has gotten on the Board of Regents list, that perhaps it should go up the ladder a little further before we begin to do any particular beating the drums and looking at things in the prospect of being able to say, "Well, we're getting so close that we really got to do some studies to take a look and see what we need." I feel, however, that in the long run I would like to see the following things take place; I don't know whether they will or not. I would like to see administration moved out of its present quarters into a building across the street on 42nd Street, somewhere, and that particular area be expanded as library and that perhaps a twenty-four hour library access area be developed along that area along with some storage space. I would like to see, if possible, the replacement of the bindery in an off-building area, if possible, to eliminate the noise.

Hetzner But not get rid of the bindery. Keep the bindery but put it someplace else.
McGoogan: No, keep the bindery and someplace along the way, when some new building is contemplated on the campus that sufficient amount of space be place for a bindery that's going to be at capacity with service to the library. That would allow us expanding in a considerable amount in that area if that could be done. I wonder about the longevity of the neurosciences program, that if the present director should retire or be retired for one reason or another, whether that program would be viable over a long period of time. And reclaim that space.

Hetzner: The question is to whether or not that is really library activity and a legitimate . . .

McGoogan: I would like to see the development of sections of archives and museum if it's at all possible in the library itself, certainly up on the fourth floor if we get one. But, that would certainly be well worthwhile. I'm looking at a long-range program some day that perhaps some of our journals, for example, Lancet, which goes back to the 1820's. The paper is deteriorating in spite of good care; the binding is falling off. If all that material could be transferred to film and that space that is now occupied by that could be taken over by more recent publications. Perhaps we wouldn't need as many square feet of floor space or as many linear feet of rack space as we need today. I would not like to see the historical periodical be thrown out because every now and then you'll find something that's most valuable in it.

Hetzner: Well, that's a strength in the collection.

McGoogan: I would like to see a full-time librarian for the history of medicine and rare book section with adequate funds to maintain service in that area at least five days a week and possibly the development of a partial school of librarians, maybe not a full library school because I'm not sure we have the ability to do it, but it's something that should be considered in the long run.

Hetzner: At least some specialty training.
McGoogan: Yes, and that our people who become administrators have enough time to do something other than pure administration eight hours a day.

Hetzner: To be given an opportunity to do some teaching. I think most of them would like to.

McGoogan: Either teaching in school of libraries in the immediate area, or teaching medical school students, and library school students, and nursing school students, and pharmacy school students, how to use the library.

Hetzner: Yes, yes, making good users of the library.

McGoogan: And lastly, I would like to see a little more general public relations with the city on the whole. We've done a little in the last year, which I think has helped. But, it needs more.

Hetzner: Dr. McGoogan, this interview has been, from my point of view, highly successful, and this tape will go to the archives of the library. It will be transcribed and you'll have a chance to look at it.

McGoogan: Remember that there are some controversial dates, there are some controversial statements about certain people being displaced or replaced, and the times may not be exactly correct, so with those reservations, why . . .

Hetzner: Well, I will try to straighten some of those dates when the transcription comes to you, which will be, we don't know, in the next couple of weeks or so.

McGoogan: Well, I won't have time to do it any earlier. I'll do well to do this that I've already gotten here from Miss Cahill; I haven't had time to read that yet.

Hetzner: Well, we are most grateful and the scholars who are going to want to know about the campus development will have a source of very valuable
information here.

McGoogan I will also make to you, I'm sure you have a copy of the history of the department that I gave in 1977 or 1976 before the OB/GYN meeting.

Hetzner Yes, we have a copy of that.

McGoogan I have given two sets of lectures which are not in print; I have notes on them. Then my progress as a volunteer librarian has not been published yet (laughter). I read a proof of it, but it hasn't come out yet.

Hetzner Well, great.

McGoogan You know that one.

Hetzner I don't know that one.

McGoogan That's the transcript that I talked at the time we had the dedication library dinner.

Hetzner Oh, we have a transcript of that.

McGoogan You've got that? That's to come out sometime soon in the Nebraska State Medical Journal.

Hetzner Great, oh great. I didn't know that you titled it that. Very good.

McGoogan Yes, the Progress of a Volunteer Librarian.

Hetzner That's nice. Thank you very much, Dr. McGoogan.