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Rowen Zetterman 9/8/2017

Transcribed by: Benjamin Simon  
Oral History: Rowen Zetterman

**Robert Wigton:** It's my pleasure to be here today with Rowen Zetterman. I'm Bob Wigton and we're planning to do our high sch—our medical school years of fifty years ago. And try to get some insight about what the differences are with today and what they mean. A little bit of background: I came from Omaha, went to Central High School, and went off to Harvard, and then came back here for medical school. And I've done most of my career in internal medicine here and joined the faculty in 1974. And I've had a really good time doing academic research and some teaching and patient care. And so, here we are. Rowen.

**Rowen Zetterman:** Thank you, Bob. So, I'm Rowen Zetterman. I'm from Shickley, Nebraska. One of the many farm boys that was in our class. Graduated, obviously, Shickley High School. I had fifteen in my graduate; I guess which was not atypical for a lot of the young men in—

**Robert Wigton:** Where is the Shickley?

**Rowen Zetterman:** Shickley is—if you go out to York, Nebraska on the interstate, turn south on Highway 81, go south about 40 miles, and then turn right about another seven, it's in South Central Nebraska. So, it's... it's just off of Highway 81. And I started here in 1976. I was one of the last of the obligated volunteers for the Unites States Army. So, I had two magnificent years, actually, because we were no longer fighting in Vietnam. So, I never was deployed. I spent my time in while—Walter Reed in Washington, D.C. for two years. A spectacular opportunity in training. And then came back here in 1976.

**Robert Wigton:** Great. Well, we—I think we'll start talking about medical school. Going through it year by year, just to talk about what our experience was. I was actually late to medical

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school. I was coming back from Boston and my car broke down. In fact, the axle broke of all things. And—

**Rowen Zetterman:** The green—this was the green Volkswagen?

**Robert Wigton:** It was a green Volkswagen that had seen its better days. [Laughter] And...

**Rowen Zetterman:** Yeah. Actually, it was one of—it had to be one of Hitler's that he used when he was—

**Robert Wigton:** I think one of the biggest surprises about coming here to school was that everybody knew that I was late, and they knew I had a green Volkswagen. And, of course, from Harvard, you'd... it'd be really hard to find one or two people who even knew who I was. So, it was a completely different attitude. Everybody really pulled together. They were all friendly and it was just a joy to go to school here, because it—because of the people there. The students were collaborative, as opposed to competitive. Well, except one or two, maybe.

**Rowen Zetterman:** Yeah. Yeah. There was a little bit of competition. It wasn't—I don't think it was awful, but it was definitely there. I only remember a little bit about the very first day. And that was orientation. Orientation took maybe a couple hours at the most. And, of course, Mary Jo Henn, who was the Dean of students, led the orientation. And the only thing I remember her saying to us was that, starting that day, we basically had to behave like professionals. Because if you had a white coat on, everybody would assume you were a physician. And, therefore, it was our obligation to... to come well-dressed and, you know, be professional in how we... we behaved. Of course, it turns out that when you have your white coat on and you go to the grocery store, they think you're the butcher. But, you know, other than that, you know, that's how it worked.

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**Robert Wigton:** Yeah, that was another year or two before everybody behaved professionally. Most of... most of the class, I—probably ninety-seven percent of the class joined one of the two fraternities. There had been five fraternities back in the '30s, but what remained was Phi Rho Sigma, which had a... a fraternity house just... just catty-corner across the street where the Clarkson parking lot is now. And the Phi Chi Fraternity, which was three or four blocks down Dewey Street and was the old Metz mansion. And both of them had really good, very cheap lunches. And so, everybody congregated there... there. And they had a number of people who stayed there. And Rowen was Phi Chi and I was Phi Rho. But there were very few that weren't one or the other. The advantage, I thought, from the fraternities was you got to know the people in all years. And they'd be hanging around or...

**Rowen Zetterman:** And they were the social hub for the medical school. So, that one or the other—you know, you had parties throughout the year. You know, and the parties were serious parties, I remember.

**Robert Wigton:** Serious parties, yeah. [Laughter]

**Rowen Zetterman:** I remember the... the one at the Phi Chi house was the purple passion party, which was, as you might guess, grain alcohol and grape juice. And Tom Kkeinkauf was in our class. And he was the one serving—working at the bar that night. And when we got all done, he said, “I'm going to bed.” He said, “Don't anybody step on my hands on the way.”

**Robert Wigton:** Yeah, right. [Laughter]

**Rowen Zetterman:** Because that's how he had to get up the stairs after the purple passion party.

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**Robert Wigton:** There were—traditionally, there were keggers every Friday night. And they alternated between Phi Chi and Phi Rho. So, one... one night—one week, you'd go to the one, and the other. And that was important for the serious and single ones of the group.

**Rowen Zetterman:** I keep telling you, we had more fun in those days.

**Robert Wigton:** We did. My recollection of medical school were just a... a joy, both the people and the... and the subjects. Because you go into medical school not knowing whether it's going to click with you or not.

**Rowen Zetterman:** Mhmm. Or whether you'd be there tomorrow.

**Robert Wigton:** Yeah. I was so relieved to get in and say, “Hey, this is really fun—I mean I really like these subjects.” Because I had been an English major, so it was a little more... little more uncertain. Anatomy was... Anatomy took up half the first year. Anatomy and Biochemistry were the two main things. Anatomy had—was separated into several courses like Neuroanatomy and main Anatomy course, and Micro, and Embryology. But those were all done with the... with the Anatomy faculty. Along with a few graduate assistants and some preceptors who came in—who tended to be surgeons in town who would come in in their afternoon and help us dissect. The course had very few lectures. It was mostly just learning by yourself out of... out of the big book, of which you really got to know, maybe, a tenth of it. Well, I only got to know a tenth of it. But, I mean, it was much more information than I was going to retain, basically. What was the name...? [Laughter]

**Rowen Zetterman:** Gray's.

**Robert Wigton:** No. The other one.

**Rowen Zetterman:** I didn't... I didn't use the other one. So, I used Gray's. Then I had another small—I had another smaller one, because Gray's was interminable to read. So, I read one of the others that I had.

**Robert Wigton:** So, they... they recommended about three big Anatomy books.

**Rowen Zetterman:** Right.

**Robert Wigton:** And then, everybody learned about some smaller, sort of... summary texts that you could go and get.

**Rowen Zetterman:** Right. There... there wasn't a huge—you know, there—that's an enormous difference today. Course, there was nothing online. The libraries only had standard textbooks. And they only had the same ones that we could buy, essentially, in those days. Because there were just a handful of... of truly recognized books in Biochemistry or Pathology. You know, like Robbins Pathology or W.A.D. Anderson Pathology. One of those two Pathology books is what most schools used. And... and... So, you know, you—the—we... we all had them. And, you know, and, remarkably, they were—in retrospect—relatively inexpensive. You know, you... you didn't have to spend four or five hundred dollars for a book. You know, I might make a guess at Gray's, which was probably one of the more expensive books that we bought, was probably forty or fifty dollars at the most.

**Robert Wigton:** Yeah. I... interestingly, they had previously had quite a number of lectures. And we—at least I felt that we didn't have enough lectures. And a couple of us went in to Doctor (Edward) Holyoke, who was the Chairman then, and said, “Could we have some more lectures?” Because... he was particularly good at integrating these into systems. Like, what's the... what's the shoulder girdle about. How does it work? That sort of thing, which you really didn't get too

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much out of a book, where you were studying all the muscles and things. But we still didn't get very much in the way of lectures. There was a class in the morning—several classes in the morning, like Embryology and Anatomy and so forth.

**Rowen Zetterman:** Histology.

**Robert Wigton:** Histology. And in the afternoon was how many days a week? There was lab.

**Rowen Zetterman:** We had... we had four... we had four Gross Anatomy labs every week.

**Robert Wigton:** Yeah.

**Rowen Zetterman:** And we were in Biochemistry, we had two, as I remember.

**Robert Wigton:** How long did the Gross Anatomy last?

**Rowen Zetterman:** You know, here's my memory is that we were on a trimester system. And so, we had three segments. We had two segments of Gross Anatomy. And you—then in the second or third room, we had two segments of Biochemistry. And then, when Anatomy finished, we had one segment of Physiology. Although, we again had Physiology the whole next year.

**Robert Wigton:** That was an innovation by (A. Ross) McIntyre, actually, that—he felt that it would be nice to have an introduction to Physiology, and then have the main course the following year. I thought that was a great idea. Because I remember several of the courses that were so detailed that it was like a first second week of the course before I ever figured out what... what the course was about. I remember being kind of puzzled by microorganisms.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** And, you know, what are these? What's the different—l?

**Rowen Zetterman:** If you failed one of those, you were out. I mean, there wasn't—you didn't re-mediate. So, my memory says we lost seven classmates at the end of Anatomy, and we lost two

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more at the end of Physiology. That may have been both Physiology and Biochemistry. It may have been from... from one or the other. Because I think they ended together. And so, you know, that's a remarkable number to think about. We lost more than ten percent of our class in the first year.

**Robert Wigton:** And... and actually in previous years, they lost about thirty percent. I mean, like twenty, thirty years before.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** One of the reasons was that the... the intense competition for seats at the class was not there the way it was later. In fact, I ran across a statistic at one time that it was somewhere in the '20s—or the teens or the '20s before they had more applicants than they had seats in the class. That they actually took everybody in with the idea that a fair number of them would flunk out. Dr. (John) Latta's class, who was previously the chair of Anatomy but taught Embryology, particularly, was known as the class you had to get through, because there were a lot of people failing. That wasn't really true our year. I think Anatomy was probably the toughest one then.

**Rowen Zetterman:** Yeah. Yeah.

**Robert Wigton:** And Biochem.

**Rowen Zetterman:** The—it didn't happen to us, but one of Dr. Holyoke's favorite questions—because we wrote—we did essays in those days. You know, nothing was computerized, obviously. There were no computers. And usually they weren't, you know, multiple choice. It was, you know—and one of his favorite questions, which thank God he never asked us—was, “Name the origin and insertion and innervation of all the muscles required to pick a pen up off



the table.” And if you think about that, you now have everything in the arm, everything in the shoulder girdle—you can argue about whether bending over was in there and whether, you know, there were some abdominal and chest muscles involved. And to know the origin and insertion was one thing, but to know the innervation of each one of them besides... That level of detail had—you know, I'm sorry to say, has no relevance to the practice of medicine, unless you're a neurosurgeon, or perhaps an orthopedist, or something like that. And that's the time to learn it, just in time. Not... not when you're starting out in medical school, so...

**Robert Wigton:** That's right. Hol—Holyoke was a very clever guy and he had a high level knowledge of Anatomy.

**Rowen Zetterman:** Excellent teacher. And was a physician.

**Robert Wigton:** And what happened later is there... the... the very few people trained as anatomists—so, most of the Anatomy people in schools in the country are cell biologists, or something like that, who have taken a course in Anatomy in order to teach it. But... but these guys—like Holyoke wrote a number of papers describing parts of the body that hadn't had that kind of description before. His particular area was fascial plains and contributed a lot to several operations. Particular inguinal hernia operations, because he described the fascial plains and the... and the pelvic girdle.

**Rowen Zetterman:** So... so, the Gross Anatomy lab, there were generally five or six students around the cadaver during dissection. And we had partitions that were not floor-to-ceiling. There was a gap above and a gap below, and an area you could walk in. And so, you know, you didn't necessarily see the people in the next cube or anything like that. And Dr. Holyoke had a peculiar voice pattern that very few of us could mimic, and I certainly am not one of them. But there was

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an apocryphal story in one of the classes behind us that apparently there was a student demonstrating something with... with... you know, with a pointer or something and using Dr. Holyoke's voice to do the demonstration. And Dr. Holyoke walked up behind him and stood there and listened. And, of course, everybody else was just mortified in there—because they could see Dr. Holyoke was there, except for the kid that was talking. And he apparently finally got all done. And Dr. Holyoke said to him, “I don't know if you sound like that or not, but you better sound like that to the end of this class.” So, he had a sense of humor in his own way.

**Robert Wigton:** Oh, it was a very sly sense of humor. And he pretended to be tougher and meaner than he was, really.

**Rowen Zetterman:** Yeah, true.

**Robert Wigton:** And he got a lot of fun out of doing that. But the students, of course, didn't know whether he was kidding or not.

**Rowen Zetterman:** Oh, that's right.

**Robert Wigton:** But he had a lot of phrases... He'd go around and... he... he was the person, if you found some little wisp of tissue in your dissection who could tell you what it was or what it had been a part of. But he'd always critiqued the... the kind of blunt dissection that some people would do. And... and one of his phrases was, “What do you got there? A saw?” And... lot—he had a lot of those that you came to anticipate during the time. But Anatomy was a lot of fun. It was overwhelming, but fun. And it's, of course, really interesting to learn about your body. I think that Anatomy nowadays must be about half of what he had in terms of ours.

**Rowen Zetterman:** Oh, yeah. No, I think that's true. I will say there are a couple of changes that are very positive. And that is, we knew nothing about our cadavers. We didn't know who they

were or anything like that. So, the cube next to me—you undo—you did the head last. That was the very last thing you did. So, it was wrapped throughout all of this. And then, the cube next to me, when they finally unwrapped the head, all of these young men in that particular cube had actually taken a course at UNL from this instructor. He taught Medical Greek. And so, you know they really—it really bothered them. I mean, I—I mean, they'd spent the entire year, and then all of the sudden at the last—kind of the eleventh hour, they discovered who it was. Well, today, they know a lot about their cadavers. They know about their diseases. And, of course, we found all sorts of diseases. Ours happened to have megacolon. They have—had a megacolon. And, you know, cancer was not uncommon. And there was lots of different things that were found in the cadavers. But we really knew nothing about the cadavers. And, you know, today the tradition is much more knowing—sometimes even the name. And then, at the end of Anatomy, having a service for all the cadavers and having the families come. And I think both of the two medical schools here in town do that now. And...

**Robert Wigton:** Yeah. There was a change around the '70s towards a much more thoughtful approach to patients and... and corpses. A lot had to do with a... two British Anatomists—man and wife—who came on right after we left. Metcalf. And they really put in a lot of changes that had to do with that sort of consideration, I think. And that was very much helping us transition into the future. But, of course, what also happened—it's interesting, part of the changes that happened in the 1980/90 period was a great emphasis on integrating clinical work. And so, there were preceptorships even at the end of the first year, which—that's maintained. And a lot of other small group introductions to things that were clinical ideas. But I... I—Rowen and I looked back at the bulletin of our class. And I... I was surprised to see—we had a thing called Clinical

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Correlations, which was a very nice, I think, weekly class where they'd pick some disease and try to correlate it with what we were studying in Biochem or Anatomy or, later, Physiology. And I was surprised to see—that was like eighty hours or ninety hours.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** So, there actually was a fair amount of that. During the sophomore year, they decided that, if... if we didn't have classes on Saturdays, we'd do something frivolous like play golf. So, there were a number of things Saturday morning. One of which was a CPC run by Dr. (John Rudolph) Schenken of the Pathology Department. And they were very good CPCs and... and they weren't dumb down—

**Interviewer:** What is that?

**Rowen Zetterman:** Clinical Pathology Conference.

**Robert Wigton:** Oh, sorry. Yeah.

**Rowen Zetterman:** CPC. Clinical Pathology Conference.

**Robert Wigton:** That's where... that's where you present a... you present a patient and then somebody discusses it, trying to decide what—without knowing—trying to decide what the disease was. And it... it's a common thing in—or at least it *was* a common thing in clinical departments—that they did this for the sophomores. What amazed me about that always is... was that, before they announced what it was, we had to run up with a little white sheet of paper and write down what we thought it was and put it in. And they would—they'd count it up and announce how many people had gotten the right diagnosis. This was soph—mid-sophomore year. And it came out about seventy percent right. And I was always surprised that this seemed, like, so mysterious and yet everybody had information they could put the right disease down.

**Rowen Zetterman:** You remind me that... that the Socratic Method was the common way to teach in those days. So, you got quizzed with all sorts of questions all the time. And, for some reason, the class fell into this habit of knowing that, if it was common, the answer must be eighty-five percent. Because the answer would be—you'd say eighty-five percent. And somebody would say, "Well, yeah. It's seventy-eight percent, but that's close enough." And then, obviously, if it wasn't common, you knew it was fifteen percent. And they'd say, "Well, you know, you're right. It's nine percent. But, you know, that was a pretty good guess." And so people would ask questions in the class—the faculty would ask questions. And somebody would say, "Eighty-five percent." And the class would laugh. And the instructor had no clue about why they were laughing. But it became kind of a standing joke in some of the classes—either be fifteen or eighty-five percent for the answer.

**Robert Wigton:** The departments were variably up-to-date. Some were teaching the same stuff they taught ten years ago and some were up-to-date. And I think most of the ones that were really up-to-date had clinicians involved in course design—that sort of thing. Physiology was a good example, because it was mostly taught by clinicians who had PhDs in the field, or else were involved in research. Fritz... Fritz (Frederick) Ware and Fred Paustian and...

**Rowen Zetterman:** Stratbucker.

**Robert Wigton:** And Bob Stratbucker—who were clinicians who taught these courses. But, in the first year, there was a... a... a Biochemistry lab, which we had all the time. And I have to say that, most of what they taught in Biochemistry lab wasn't too relevant, because we spent a lot of time learning to do chemical tests on serum and urine, which was, even then, done by the laboratory all the time. And... and so, it was really interesting, but you... you came out into the

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ward and realized you didn't ever do any of these things. I'm sure there was a lot of theory involved, but... but it wasn't...

**Rowen Zetterman:** It wasn't... It wasn't apparent to us.

**Robert Wigton:** [Laughter] No. We couldn't figure it out. One of the things we did—and I... I suppose they hadn't done it for a long time—is, we had to take a great big jug and—home with us and get a twenty-four hour urine sample.

**Rowen Zetterman:** Eating... eating some particular kind of diet. You could be—fasting was one of them. So, you didn't eat for twenty-four hours. Obviously, you got a lot of ketones in there. You had to prove it said all the ketones in there, because if you didn't, they knew you cheated.

**Robert Wigton:** [Laughter] Cheated, yeah. And yeah. So, we were—we brought this to school and worked on it with tests for about the next week as we did a sugar reaction, and proteins, and so forth and so on. But it was obvious to even—us even then that that wasn't going to be an important clinical skill.

**Rowen Zetterman:** Yeah. The... the Biochemistry teacher was Dr. Jacobi. And he was a really excellent teacher. I mean, he was very—

**Interviewer:** Herbert.

**Rowen Zetterman:** Herbert Jacobi.

**Robert Wigton:** Herbert Jacobi, yeah.

**Rowen Zetterman:** Excellent teacher. But it was a traditional basic science, hardcore Biochemistry class. Right down to learning, you know, the Krebs cycle and knowing all the structures and everything like that. I mean, it was—it had so little relevance to clinical medicine it was almost laughable when you—when you look back.

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**Robert Wigton:** Exc—except for the acid base part. And he was...

**Rowen Zetterman:** Yeah, acid base.

**Robert Wigton:** He was a good explainer and I... I think—I've got as clear an explanation from as anyone subsequently.

**Rowen Zetterman:** The real—yeah. Right. No, I think that's true. And there were some aspects of... of diabetes and... and glucose metabolism that was crucial, and renal function that was in there, crucial. But you know, everything was in silos. So, you... you talked about kidneys in Anatomy, you talked about kidneys in Biochemistry, you talked about kidneys in Physiology, you talked about kidneys in Clinical Medicine. It was just all—everything siloed. And that's what went away in the '70s. It all went to an integrated format, in which you'd have all of that together and you didn't repeat things. Now, there were advantages to repetition. Because the most times you hear it, the more times you do it.

**Robert Wigton:** Yeah, we—

**Rowen Zetterman:** And there were advantages, I think, also, to the labs in that Micro... Micro Anatomy Lab and... and Pathology Lab. If you're a visual learner... You know, to see a glomerulus that's been ravaged by lupus, that picture sticks in your mind and reminds you of the manifestations of kidney disease from lupus erythematosus. Whereas, if you've never seen it, it's just memorizing a... a fact.

**Robert Wigton:** We did a lot of microscope work.

**Rowen Zetterman:** Yeah, we did. We all had our—we all owned our own microscopes. They—school didn't provide them. They weren't provided.

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**Robert Wigton:** Right. Everybody had to bring... bring their microscope. And it was probably way in excess of what we would ever use or needed. But it certainly got you to be a good microscopist and recognized tissue very well. And that was a good prelude to Pathology.

**Rowen Zetterman:** Mhmm. Right.

**Robert Wigton:** I don't know how much of that traditional tissue pathology is taught now, but...

**Rowen Zetterman:** Well, it's all... it's all video-based. It's all computer-based, at least. But it would... it would still be there.

**Robert Wigton:** Yeah. Yeah.

**Rowen Zetterman:** But not like what we did. Because we spent, you know, as I remember, if I think, we had about a two-hour laboratory at least once a week in Micro Anatomy to go through Histology.

**Robert Wigton:** And Histology was a really strange phenomenon. Because you would—the... the instructors ask you to draw all the cells you saw in the microscope. So, there was this little tapping all through the class, because they're stippling the... the little cell contents. Especially [Unintelligible] and things like that. [Laughter] Everybody had colored pencils and made—and the... the fellow in Neuro... Neuro Anatomy, who was probably the strangest of our teachers, had... had us develop a... a cardboard made up—

**Rowen Zetterman:** Five-by-seven cards.

**Robert Wigton:** Several cross sections of the spinal cord.

**Rowen Zetterman:** Yeah. On five-by-seven cards.

**Robert Wigton:** We had to put... little strings that represented the different pathways through it. And it was a nice idea, but I don't think it worked real well.



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**Interviewer:** Who was that?

**Rowen Zetterman:** That was H. Chandler Elliott.

**Robert Wigton:** It was.

**Rowen Zetterman:** And he had his own textbook. And he was into British military sorts of things, if my memory's right. And that was kind of scattered throughout the book. But, you know, you reminded me of something else that I thought was really unique then, that is not there. The other thing the Anatomy classes did—or all these classes—these things that—they always seated us alphabetically.

**Robert Wigton:** Yes.

**Rowen Zetterman:** So, as you might guess, Wigton, Wiseman, Zetterman.

**Robert Wigton:** We got to know each other very early.

**Rowen Zetterman:** You know, we all sat... we all sat end at one end of the bench. We got to know everybody very well, because we sat together. The cubes were very different—the Anatomy cubes. Because you... you picked out five of your... of your whoever, and that became your cubes there. But when it came down things like Histology or Pathology, we were seated alphabetically. So, Lorne Vranish was in there someplace, and Willie Wiseman was in there, and you and I and I don't remember who else. But we were all at one end of whatever, you know, somewhere.

**Robert Wigton:** We'd be at the same table.

**Rowen Zetterman:** Yeah. We'd be at the same table. So, you got to know those... those people really well.

**Interviewer:** Would you have already had a cadaver donation program at that point?

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**Rowen Zetterman:** Yeah.

**Robert Wigton:** Mhmm.

**Rowen Zetterman:** Yeah, there was. I think it's far far better today than it was then. You know, I think it was a little more hit-or-miss.

**Robert Wigton:** The... the... the thing they have today, is they have need for cadavers in a lot of the Allied Health fields.

**Rowen Zetterman:** Right.

**Robert Wigton:** And I don't know—

**Rowen Zetterman:** And undergraduate schools.

**Robert Wigton:** Yes. And undergraduate schools.

**Rowen Zetterman:** It's used in undergraduate schools, which didn't exist in those days. So, yeah—no no, it—it was—it's dramatically different. And... and, you know, I—you know, there's a lot of—well, you can think about a lot of reasons why they may have changed, but... but nonetheless we didn't—we certainly had plenty of... of cadavers for our class. Class was '87, '88, something like that when we started. And I think we had six per... per cube, so it wasn't bad. But, you know, I think those were the advantages to the... to the labs and things like that that we had that have largely gone away. The other thing is, that there wasn't any recording of the lectures. There wasn't any... any recording even with tapes and there wasn't a note service. Nobody was—we weren't smart enough to think of having—so...

**Robert Wigton:** Well, we did... we did have a little bit of note service.

**Rowen Zetterman:** Did we?

**Robert Wigton:** Yeah. One of the classes.

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**Rowen Zetterman:** Did they? I don't remember that.

**Robert Wigton:** Yeah. Yeah. But that... that was about it.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** And what you had for note service was you'd borrow one of your friends' notebooks to see if you got the same things that they got down.

**Rowen Zetterman:** So... so, you'll remember we started in 1965. We actually had a Cuban emigres in our class, whose English was very limited. And he... he tape-recorded all the lectures so that he could go home and listen to them again at night and take additional notes at night. And he—my memory says that he was one of the students that rose up against Castro. And he had to flee Castro—he had to flee Cuba and came to Miami. And... and how he got to Nebraska to be a medical student, I don't know. He did not graduate with us.

**Robert Wigton:** That's an interesting progression of... of notes. Because just overtime watching it as an instructor—in... in our time, they were doing it pretty much as they had been before. Just trying to write down what you thought were pertinent little pearls of wisdom that were passed down. And then, somewhere in the mid 70s, there was a movement—national—of wanting to have typed out memory-graphed notes. In fact, insisting on it. There were a lot kind of rebellion about that. And if you didn't have your class notes as an instructor written up, you'd get a lot of complaints. And I think that had to do with the appearance of Xerox machines everywhere. Because, previously, if you got a copy of notes, it would be done on a spirit duplicator. A lot of... a lot of how the classes went and how notes went had to do with the technology of the time.

**Rowen Zetterman:** Sure.

**Robert Wigton:** I wanted to mention one piece of technology that always intrigued me, because it was... it was basically right out of the '30s. And they had a number of carbon arc projectors. These were massive things that sat in the center of the North laboratory, which doesn't exist—I mean, North amphitheater, which doesn't exist now. And they could do two things with it. One was they could project slides. And many of them were set for what they call the lantern slides, which was a two-by-three, I think, that you could type on. You could actually type your four or five lines on that, and a lot of lecturers did. They used that for a class note. But the other one that I thought was really intriguing, and a few people used it was—this carbon arc had an intensely brilliant light. It was just two pieces of carbon that were brought together with an electrical charge. And they'd arc, and then that would be—instead of the bulb. But you could use that and... and... and place a microscope with the butt towards you, and the eye piece down here and project a slide onto the ball very clearly—or onto the screen, or something like that. And a couple of our Pathology—would use that. But it was used quite a bit before, because they couldn't mass produce these slides for us—for them. But there was some kind of holdover. So, I thought that was an intriguing thing. And sometimes it was better than the slides, because they could move them around, point out little details, and stuff like that. But that was a holdover. Another thing we wanted to mention was that most of the buildings that we were using in '65 were built in the 19... 1915—1913 through 1928. And then came the Depression. And all the money for the medical school came through the legislature. So, basically, the legislature had almost no additional monies to spend with us. So, we had a period of about twenty years where very little was built. And we were using a lot of stuff that they were using in the '20s. The only money for patients came from the state also—from the counties. Originally, they got about three dollars per

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person, per day. And by our time, they... they got thirty dollars per person, per day. So, the counties would send in indigent people into the University Hospital that they couldn't or didn't want to put up in the county or they did consultation. But that wasn't very much money for... for the hospital to subsist upon. So, everything was a little bare... spare.

**Rowen Zetterman:** Well, at this end of 42<sup>nd</sup> Street, as you point out, there was the North Lab, the South Lab, and the hospital. So, this was all green space out here where Wittson (Hall) sits today. And so, it was a... it was a beautiful—there was a circle drive that went around—went up to the front steps. And the steps went up to the fourth floor then—of the hospital. And that's where you went in. So, yeah, it was dramatically different. And then—so, it all existed west of 42<sup>nd</sup> Street, between Dewey and Emile Street, essentially. Except for the heating plant that was on the South side of Emile.

**Robert Wigton:** The only new buildings of... of importance that we had that they didn't previously was NPI (Nebraska Psychiatric Institute), which was built in 19... 1958, I think. Something like that. And the... and the research building.

**Interviewer:** [Unintelligible] research lab. Shackleford.

**Robert Wigton:** Who?

**Interviewer:** Shackleford?

**Robert Wigton:** No. The airport. The hotel guy.

**Interviewer:** Oh, Eppley.

**Robert Wigton:** Eppley. Eppley Lab.

**Rowen Zetterman:** Oh, Eppley. That Eppley was put up. Yeah, the Eppley lab was there. Yeah.

**Robert Wigton:** And that was new as of about '64 or something.

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**Rowen Zetterman:** Yeah, it was shortly before we got here.

**Robert Wigton:** So, just in time for us.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** But physically, we might as well have been in the '30s for... for a lot of this stuff.

**Rowen Zetterman:** Yeah. Well, yeah. You know, the wards in the hospital were open wards. You know, you had one or two private rooms and everything else was just a big open ward with, I don't know, twenty beds I suppose, something like that.

**Robert Wigton:** Mhmm. Twenty beds. And no ICUs. [Intensive Care Units]

**Rowen Zetterman:** No ICUs. Didn't exist.

**Robert Wigton:** And the whole hospital had two monitors. One was in surgical suite and one was moved around. And no air conditioner.

**Rowen Zetterman:** And no ventilators.

**Robert Wigton:** No.

**Rowen Zetterman:** No ventilators when we started. They didn't exist.

**Robert Wigton:** It was... it was... it was fly by the seat of your pants. [Laughter] We could be very creative.

**Interviewer:** How would you get a private room for special patients?

**Robert Wigton:** Well, they were just at the end of the open wards.

**Rowen Zetterman:** They were infected.

**Robert Wigton:** And there were two of them. And...

**Rowen Zetterman:** And you were infected, basically, to get into a private room. You had to—some reason to isolate you.

**Robert Wigton:** Yeah, it wasn't private because you were rich, it was private because... because you had to be away from the other people.

**Rowen Zetterman:** No, that's right. There was... there was one private room on the OB [Obstetrics] floor. And it... it—since largely it was people who were indigent or they were students or residents, or their spouses that were there getting care—that room was often rotated between the faculty members. Remember, they're almost all men in those days. So, the faculty member's wife, or if that was—it was empty, the resident's wife had next priority. And then, the... the medical student's wife would have the next... next opportunity for that room. And... you know, so... you know, and... And the nursery, the nursery was a single door with glass and a single door. And if you went to see your baby, you would ask the nurse to bring the baby up and hold it in front of the window. There was no viewing into an open nursery like there would be—would have been after that. And there certainly was no—there were no babies in the room with the mother. That didn't exist at all.

**Robert Wigton:** No pediatric ICU either.

**Rowen Zetterman:** So, I—two of my boys were born in the old OB, and one of them in the new OB. And my... my mother-in-law was mortified that her grandsons were born in this indigent hospital where, you know, there was, you know, one private room and... and no nursery that you could see. Because her other grandchildren were all born at one of the fancy private hospitals in town. So...

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**Robert Wigton:** We—we might mention, getting into the third year, that the hospitals were a little different in that the main teaching hospitals were the VA, County, University, and Clarkson, with some specialties at Methodist, which at that time was at 36<sup>th</sup> and Cuming.

**Rowen Zetterman:** Right.

**Robert Wigton:** And... and then moved out while we were there? Or while we were interns, or something.

**Rowen Zetterman:** I think it was while we were residents, they moved out to... to 84<sup>th</sup> street. The other thing I'll tell you about it is, when you walked up the steps into University Hospital, into the fourth floor, on the right hand side was the one hospital director's office, and on the other side was the one nursing lead's office. Those were the two people that ran the hospital. One hospital director ran what was, I suppose, about a hundred and twenty-five bed hospital, or something like that.

**Robert Wigton:** The—and, in fact, not so long before that, the one on the left was the Dean's office. But then, when they built Unit Three, which was sometime in the early '60s.

**Rowen Zetterman:** Early '60s. Early '60s, yeah.

**Robert Wigton:** They added on... gosh, the whole north area—

**Rowen Zetterman:** Right.

**Robert Wigton:** ...of the emergency room and...

**Rowen Zetterman:** Some clinic space and...

**Robert Wigton:** And the Dean's office was west. West of the... Unit Three.

**Rowen Zetterman:** Dean's office went down there, yeah.



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**Robert Wigton:** And they changed the cafeteria. Cafeteria was really interesting. It's... it was the first wing that on the ground floor, if you came into the hospital, it was on the left. And there was a—instead of the regular sun porch, there was a—I mean, instead of patients' sun porch, the sun porch was occupied by the faculty. And they had a lot of quaint things, including a blackboard on which all of the guesses about who win would which football games were always recorded. But, to just give you an idea of how small it was—and I mean the whole personnel—is, if somebody walked into the cafeteria and was unknown to the people, people would all look and try to find somebody who knew who that was who walked in. It was...

**Rowen Zetterman:** It was a small town.

**Robert Wigton:** Small town.

**Rowen Zetterman:** Yeah. I have two memories about the... about the cafeteria. One is, one day I followed J. Calvin Davis into there, and he had a thermometer to measure the temperature of the soup, because he was convinced it was not hot enough to keep it from becoming contaminated with bacteria. And the other was, that somehow it got the reputation as the place you washed your hands after you ate.

**Robert Wigton:** [Laughter] We joked that when you had the roast beef, it was sliced so thin, because the gristle, that you could see through. And it was very tough... it was very tough.

**Interviewer:** What about the library?

**Rowen Zetterman:** So, the library was on the fourth level of the old hospital, but covered more than one level. So, it was in—I think it was in three—was it in three total levels? Or was it—there was a level and a half.

**Robert Wigton:** Two—two and a half levels, yeah.

**Rowen Zetterman:** There was two half levels. Right. Two and a half levels in it.

**Robert Wigton:** Because the... the... the stacks were under the reading room. And they were—

**Rowen Zetterman:** Right. Right. So, the reading... Yeah, the reading room was on four. And it was a nice reading room, although it's narrow, you know, as you... as you know, because it's just in that one wing. And then you had stairs that you wandered down through, to get into the stacks and to get your... get your books out.

**Robert Wigton:** It's so interesting to think of how hard it was to retrieve articles then as it isn't now.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** And, in fact, before Grand Rounds in medicine, one of the chief residents duties—while we were students, not later—was to pull the bound volumes that contained the articles pertinent to the case that was being presented and put them on a special table. And then, if you wanted to learn ahead of time about the Grand Rounds—because you often got asked something in those days. But, again, not our days.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** But, you... you would kind of read up on it ahead of time. And... they'd be out—Grand Round was Friday and they'd be out Thursday, or something like that. But it was—it took—if you wanted to find out about something, it took a fair amount of searching and bringing some books out.

**Rowen Zetterman:** One of the other big differences was, in the Sophomore year, we... we did physical diagnosis. And so, physical diagnosis included a series of lectures, mostly by Dr.

(Robert) Grissom, throughout the year, as the Chair of Medicine. And he—I mean, clearly he

was the master diagnostician, I would think, of all the people who were here in those days. And—but then, we spent—starting at some point in the fall, we spent one afternoon with a preceptor in one of the hospitals examining patients. And, of course, in those days, you know, there weren't big clinics. Everybody was in the hospital. So, you know, you'd be listening to murmurs and, you know, you'd—they'd... they'd go—your preceptor would go out and find a whole bunch of patients with aortic stenosis or aortic insufficiency, or whatever they had. And would take you around and . . . and, you know, that's how physical diagnosis was done. Very different from today, in which it's... it's compressed into a smaller and shorter period of time. And then, you kind of get a bunch of it right before you start your Junior year, in most of the schools in the country now, including ours. So, you know, that was... that was a big advantage. We spent a lot of times examining patients before we went out. The thing I remember was, my... my preceptor was a... was an internist from Council Bluffs named Jim Knott. K-N-O-T-T. And Dr. Knott was a good internist. He had... he had done his residency at the VA. The VA had its own residency, if you go back far enough. And so, we did all of our work at the VA, which meant, as you might guess, we only examined men. And one day he said, “Well, it's time for you to examine women.” And he took us all to Council Bluffs to Jennie Edmundson (Hospital). And that was an unnerving experience for a little farm kid from Nebraska, you know, to listen to the heart of a woman for the very first time. And... and do an examination. But, you know, it... it's one of those things that... that he recognized we also needed, and... and... but—

**Robert Wigton:** The other good thing about that was, that you'd meet about once a month. And then, after awhile, you started having to do a history physical on—I mean write it up. And, of course, in your first few you'd ten pages, or something, of—

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**Rowen Zetterman:** Right.

**Robert Wigton:** It takes a long time to get—to be able to write a terse historical physical. And the current computer storage of all that information has really changed that around, to the extent that I think that there no longer is a really well agreed-upon content of that, except to what the computer asks you for.

**Rowen Zetterman:** Right.

**Robert Wigton:** And so, the—kind of the creativity of making that a diagnostic exercise is gone, to some extent.

**Rowen Zetterman:** And—yeah, the other thing is that, you know, it was an era in which physical diagnosis was really crucial. There was no echo-cardiogram. There was no ultrasound. There was no CAT scan. There was no MRI. You had fluoroscopy traditional chest films, and they were just—they were doing heart cath, but it was just on the early end of heart catheterization. And... and—when I was a—I think I was a senior student on cardiology, and my attending was a cardiologist in town. And we had a lot of private practitioners that helped teach, and Ted Hubbard was one of the cardiologists in town. And so, he was our... he was our attending. And so, we had a patient, and... and a patient whose name I remember, because he has a very famous name, and therefore—he wasn't famous himself—but he had aortic stenosis, aortic insufficiency, and mitral stenosis from rheumatic heart disease. He was a young man. And we presented the cath data to Dr. Hubbard. And, because he'd already had his heart cath done before Dr. Hubbard saw him, and he said, "It's not possible. My cath data can't be correct." And so—it was in the evening. We were making rounds in the evening. And he took the patient down to an exam room away from the ward where it was really quiet. And he spent about fifteen or twenty

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minutes in the room, and walked out and said, “The cath data's right.” And—this was somebody who grew up in the era of listening to hearts and learning what that meant before there was catheterization. And, you know, making decisions about operations and things based on what it sounded like. And he wasn't kidding. I honestly believe he was that good. Because it was a different era in which your ability to hear murmurs was. . . was remarkable. And... and I've never forgotten that story, but in part because, like I said, I remember the name of the patient very clearly in my mind.

**Robert Wigton:** Dr. Hubbard was the cardiologist who worked with Dr. (Delbert) Neis, who was really the only one in town doing open-heart surgery at that time. And it wasn't... it wasn't for Bessel disease. That came...

**Rowen Zetterman:** No. That came later. That's right.

**Robert Wigton:** That came after.

**Rowen Zetterman:** They were doing Weinberg's in those days.

**Robert Wigton:** Right. And correcting malformations and stuff like that. But they went to about six hospitals. So, they'd start in the early morning and make rounds on all these patients from Council Bluffs over to Methodist and so forth, and so on.

**Rowen Zetterman:** Yeah. And Dr. ... and Dr. Neis did the heart catheterizations and Dr. (Theodore) Hubbard did phonocardiography, where he listened to the heart while the catheterizations were going on. One more reason why he was so good at listening to sounds and yet had the data—the actual percentage changes in... in pressure, et cetera, based on them.

**Robert Wigton:** And you bring up the real change in the patients we saw. For one thing, we saw lots of ulcers.

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**Rowen Zetterman:** Oh, yeah.

**Robert Wigton:** Which we don't see too much of. And the other thing was we used to see many many with—who had had rheumatic heart disease and that has virtually disappeared from our ward—at least the people who had had—

**Rowen Zetterman:** Yeah.

**Interviewer:** Is that the result of rheumatic fever? Or...

**Rowen Zetterman:** As a... antibiotics.

**Interviewer:** Oh.

**Rowen Zetterman:** Antibiotics. And so, you prevented the streptococcal infection from becoming serious. So, I had one case of rheumatic when I was a student. But I may be one of the only students who had a rheumatic fever case from that point going forward.

**Robert Wigton:** Oh, an actual case. Yes.

**Rowen Zetterman:** An actual case. I actually had—

**Robert Wigton:** There was lots of people with mitral valve problems and stuff.

**Rowen Zetterman:** Yeah. We had a lot of people who had rheumatic heart disease left over from the days before. But I actually had one patient with acute rheumatic fever. But, again, the availability of penicillin, you treated the... the streptococcal infection before it got severe enough.

**Robert Wigton:** And of course, it was the people a decade ahead of us that got these. That the... the widespread treatment of strep was happening. Also, we saw a lot of syphilitics at different stages. And we just don't see that anymore.

**Rowen Zetterman:** Yeah. In fact, the Department of Dermatology was named the Department of Dermatology and Syphilology in those days.

**Robert Wigton:** Syphilology. The... Syphilis was, for us as students, a lot like AIDS was in the last couple decades. Because, first of all, you really worried about catching it, because it could—you had to wear gloves and stuff, because it could get through the skin. I don't know how common was, but... but we saw at all three stages of syphilis. And... and there were quite a few. And... and I saw what I never ever saw again, which were people with the final stage called [Unintelligible], which was a tumor up in the brain. And they tend to be a particular kind of... of crazy people. They sort of—"gibbering idiots" was the name that was derived from seeing people like that. They... they were just non-compus mentis wandering around. But physically fine.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** And I think I saw, like, four of those. I never saw it again.

**Rowen Zetterman:** We still had World War I veterans when we were at the VA. No surprise. It was in the late '60s. From, you know, from 50 years before—40 years before. So, you know, we had a number of men who got syphilis during World War I. And... and were there, as you point out, with tertiary syphilis and late stage of the disease. So, no, no. Not at all uncommon.

**Robert Wigton:** Yeah. It—and—so, you'd go up on the ward now, I think, see a very much different set of diseases. For one thing, the [Unintelligible] heart disease hadn't peaked by then. And in the next two decades, it started being extremely common—was a lot of your patients.

**Rowen Zetterman:** The other thing that was different in those days—now, we're talking about the Junior year, is: I mentioned before that there were nine that went out of our class the first

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year, two more went out of our class in the Sophomore year. They repeated the sophomore year and then graduated a year behind us. But we replaced all of them with students from either North Dakota or South Dakota, because both of those schools were two-year schools.

**Robert Wigton:** Yes.

**Rowen Zetterman:** We got—and I assume we got 10 or 11. I don't remember how many came in. But, you know, they were—

**Robert Wigton:** They replaced the people who flunked out.

**Rowen Zetterman:** They—yeah, they replaced the kids who flunked out. And... and they came here. So, they went to Minnesota, Iowa, Nebraska... Because they were just one and two year schools. So... so...

**Robert Wigton:** Even Dartmouth was a two-year school at that time.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** But the University of South Dakota certainly was.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** And we got... we got 10 or... 10 people.

**Rowen Zetterman:** Yeah, at least 10.

**Robert Wigton:** Eight, five, people. 10.

**Rowen Zetterman:** We got at least 10. I would think 10.

**Robert Wigton:** That was interesting. But the trouble with third and fourth year, and I'm sure it's still the same problem, is you didn't see your classmates much. Because you... you went on this rotations where there'd be maybe four or five going to medicine at the VA, and you wouldn't see anybody else for two months, except if there was a special class. Before us, by



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about 10 years, they still had a very active set of classes in the morning for third year students.

We had—

**Rowen Zetterman:** We did for about half a semester, there.

**Robert Wigton:** Yeah.

**Rowen Zetterman:** Maybe it was one trimester.

**Robert Wigton:** But it was like one or two classes.

**Rowen Zetterman:** Yeah. We had Clinical Pathology and—maybe we were still doing CPCS, or something. So, we had like two hours from 8 to 10.

**Robert Wigton:** Yeah. Yeah and there was a—

**Rowen Zetterman:** And we finished rounds after that.

**Robert Wigton:** They ran through all the things like kidney disease and heart disease. And stuff like that.

**Rowen Zetterman:** Yeah. Right. Right. And... and then we did rounds after that.

**Robert Wigton:** But... So, that's kind of a... kind of an interesting dichotomy about medical school is that you have this big class for two years, and the you have... then you go your separate ways, you know.

**Rowen Zetterman:** Right.

**Interviewer:** And there was nothing like the rural... the rural rotations that we have now.

**Robert Wigton:** And the rural rotations. Yes.

**Rowen Zetterman:** No... no, you did. We did. So, we went out—we did 10 weeks. You had to do a 10-week rotation. You couldn't do one—I've forgotten if you could go as close as Fremont

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(Nebraska). About—I know they wanted us to go out into a small town, so I went to Aurora (Nebraska). I had a wonderful time.

**Robert Wigton:** I went to Auburn (Nebraska). And I had a wonderful time.

**Rowen Zetterman:** You went to Auburn?

**Robert Wigton:** That was very important. When we—in 1965, when we went in, across the country, twenty-five percent of graduates were still going out into practice without a residency. And... and they—with just an internship, which might be just one or two years. And at that same time, when we entered, fifty percent of Nebraska graduates were going with just an internship. Now, by 1970, or—especially '72 or '73, that had changed considerably. And one reason was that the family practice residency program had appeared.

**Rowen Zetterman:** Right.

**Robert Wigton:** And that started up in '72, I think.

**Rowen Zetterman:** Right.

**Robert Wigton:** And it was sort of the last bastion of somebody who would decide to go out into general practice without residency. And so, now it was sort of the standard that everyone would have—at least had a three-year residency before they went out into practice. So, that was different too, especially the clinical teaching, because the Senior year was your last of—at least the internship was the last chance. But everybody was sort of oriented to giving you the skills that were pretty close to what you'd be doing with the patients.

**Rowen Zetterman:** Sure.

**Robert Wigton:** And now, it's—you know, it's...

**Rowen Zetterman:** Yeah. We did a lot of procedures as senior students.

**Robert Wigton:** Lots of procedures. When I was at Auburn, I did... I did an appendectomy, basically.

**Rowen Zetterman:** Sure. Sure.

**Robert Wigton:** Of course, the guy was saying, “Oh, cut there.” “Where?” “Oh, a little lower.”

**Rowen Zetterman:** Yeah. No, no.

**Robert Wigton:** “Which way do I cut?” You know? That—but I mean, at least you went through it, and...

**Interview:** Did you deliver babies? Deliver babies also?

**Rowen Zetterman:** I delivered... I delivered... I delivered over 50 babies as a medical student.

**Robert Wigton:** Yeah.

**Rowen Zetterman:** Thinking I was going to be an obstetrician, I actually took an extra rotation.

Well, so, for one thing, the junior and senior thing were both structured. The junior year was fully structured, so you had 10-week rotations. Except for Pediatrics and OB was five each, for example. But in your senior year you still did OB. You went to clinic and you did OB clinic. So, the first junior year was all in-patient, and then the senior year had more outpatients. So, I did...

I did OB clinic here in the old university clinics. But at night I took call at Emmanuel. And that

turned out to be a remarkably wonderful time, because Dr. (Leon) McGoogan—that was his

principal hospital. And he was—when I was a medical student, he was about 65 years old. And,

supposedly, they told me that he had doubled his price, because he wanted to cut his OB down

and he doubled his price. And it apparently doubled his practice. But, I remember I was there

every third night on call as a student—as a Senior student. And I swear he delivered a baby in the

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middle of the night every night that I was there. And so, you know, that's when I changed my mind about OB. I decided not to.

**Interviewer:** [Laughter]

**Robert Wigton:** We... we should... we should imagine the difference with what happened in emergency rooms. Most of the hospitals—well, essentially all of the hospitals in this city were manned by a... either a... intern or a... a nurse. And when they got a patient in they called the person's private... private doctor who came in.

**Rowen Zetterman:** Right.

**Robert Wigton:** At that time, doctors were very very possessive of their patients. If you treated somebody's patient in an emergency room and then called them and said, "I treated them."

They'd get... they'd get really verbally aggressive on the phone and say, "I want to be called and I want to come in and decide this." Because they didn't want to lose the patient. We... we went from a period of where doctors generally didn't have all the patients they'd like to one where they had as many as they want.

**Rowen Zetterman:** Yeah. Right.

**Robert Wigton:** But the old saw was that you'd spend about three years in practice before you made any money. That was somebody from the late '30s talking—or early '40s. But... but then somewhere in the '50s or '60s, there just--medicine did more good than previously.

**Rowen Zetterman:** Well... Of course, the other thing that made a big change is in 1965, as we started medical school, Medicare began.

**Robert Wigton:** Yeah.

**Rowen Zetterman:** And before I started medical school, I remember distinctly meeting a Lincoln physician who was a urologist. And he tried to convince me to not go to medical school. He said, “Socialized medicine, they’ve ruined it forever.” Well, I can guarantee you that, as a urologist who generally takes care of men over 65, this guy made a fortune. Because it was pass through billing in those days. Whatever you charged, that’s what Medicare paid. It wasn’t until sometime later that they began to ratchet down the reimbursement. And so, suddenly, we had physicians that made money. The year after that, Medicaid popped up. And Medicaid, again, you know—there... there was a—I don’t remember his name, but I remember distinctly reading in the paper about some North Omaha physician that made over \$100,000 in Medicaid payments one year. Well, the answer is: the years before that, he just didn’t get paid by any of those patients. You know, he just took care of them.

**Robert Wigton:** We were kind of vaguely aware of it. But really an enormous change in medical schools was happening about when we were a Junior, because of this. Because now, instead of getting \$30 from the state per day, these... all these indigent hospitals could now charge. But then—well, there was the other thing, and that is: the patients who went to the indigent hospitals now could go to Clarkson and Methodist and so forth, because...

**Rowen Zetterman:** Right.

**Robert Wigton:** But what that did here was it brought all kinds of clinical money into the university. So, they didn’t have to keep relying on this... this very small amount from... from the state. And they could start actually hiring more physicians. Because, you know, the... you know, the first full-time physicians in major departments came in the '50s. But even by the '60s, the medicine department had probably—early '60s—probably eight to 10 paid people. And then big

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upheaval about in the late '60s where people now were billing just like a private doctor. And, of course, that made in a big change in hospitals. A lot of indigent hospitals closed and... and a lot of... a lot of other hospitals got really rich.

**Rowen Zetterman:** Sure.

**Robert Wigton:** But it has been a tremendous boon and it meant that we could have more teachers around, basically, that weren't just volunteering their time. Not that that was bad.

**Interviewer:** How was working with Dr. McGoogan?

**Rowen Zetterman:** Oh, he was a wonderful guy to work with. The... the... the... the mothers all loved him and thought he was a wonderful man. And he was good. And—but, you know, he was—deservedly so. I mean, we have this beautiful library that... that's named after him. You know, he was very devoted to the medical school, though this was not his medical school. I think he came from Pennsylvania, right? From University of Pennsylvania?

**Robert Wigton:** University of Pennsylvania. My dad had done his internship there, so they were kind of close from that point of view.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** He actually was—let's see, Fred was at Pennsylvania Hospital. But I think McGoogan was at the University of Pennsylvania. I think that's right.

**Rowen Zetterman:** Yeah, I think so too. But, yeah. So, he was very devoted to the school. And, of course, the raising money for the library became a real... real cause for him and—at the end. But he was a good teacher and... and highly valued. And he was a fascinating guy to talk to and spend time with. But, you know, it was... it was—in those days, you know, you... you called the—hopefully called the obstetrician to get there at just the right moment. That didn't always

happen. And I... I delivered several babies for him before he got there, as a student. On the other hand, was also at the era in which the women got scopolamine and some sort of nitrous oxide, usually, for the delivery. And so, they were asleep anyway. Or at least they were out of it. Scopolamine—you know, people don't have any much memory of whatever there's going on around them when you use scopolamine. And so, they didn't know whether he was there or not. And... and it was rare. It was uncommon that he wasn't there. But, no, he was—he was an interesting guy. And he had... he had several good partners also. And one of them, whose name escapes me at all. I can't think of his name, I'm embarrassed to tell you. But he always made rounds at five in the morning. And, not only did we have to get up and make rounds with him and... and up—so, we were ready by five in the morning. But you'd see these young mothers who would get up and put on their makeup and all at about four or four thirty in the morning so that when he made rounds, you know, they felt like they were presentable. And I was fascinated by that. But they—you know, this... obstetricians, as you know, carry a lot of—for the young women, you know, they're very important in their lives at that moment. And... and so, these guys were revered. But McGoogan was a great guy to talk to. No question.

**Interviewer:** So, talk about the A. Ross McIntyre thing.

**Robert Wigton:** Oh. Well, that... that involves two things. One is: there used to be—up till about '65, there was a great tradition of—excuse me, '75—the great tradition of having a senior banquet. And they... they got kind of rowdy and they... the... they evolved eventually so that they had skits, which made fun of anything that wasn't a medical student, basically. The... the doctors, janitors pushing the medical students out of the way—that sort of thing. And they would

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have a whole bunch of funny awards. Like at our senior banquet, one surgeon received a pair of two left gloves. And just kind of nasty, but not—it was more like a roast. It was hollering.

**Rowen Zetterman:** Some more pointed than others.

**Robert Wigton:** That's right. And some were along the line—now, I don't think—I think it would have been fairly recently before us, maybe five to 10 years, they developed a, what was called, the A. Ross McIntyre Traveling Trophy, which was a statue of someone's hand making a rude gesture, basically.

**Rowen Zetterman:** But my memory says that that was the... the original one was just the finger award.

**Robert Wigton:** That's right.

**Rowen Zetterman:** But he won it so many years in a row they finally retired it and said, "We won't give it to him anymore, but we'll just name it the A. Ross McIntyre Traveling Trophy."

**Robert Wigton:** Ross... Ross had a way of teaching, where he gave a very interesting lecture about—

**Rowen Zetterman:** Curare.

**Robert Wigton:** About pharmacological research, especially—he'd been at University of Chicago and had a lot of stories and—how this was discovered and so forth. And then he'd give a very hard test that was right out of the book and nowhere else. So, if you hadn't read the book and you—

**Rowen Zetterman:** And it was Drill's Pharmacology. The single most boring Pharmacology book one could read.

**Robert Wigton:** Drill's. And he'd give you about 40 pages of it. But small type like this.



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**Rowen Zetterman:** But... but he had a written chapter on curare, that's why we had Drill.

**Robert Wigton:** And so, if there's anything that stirs...

**Rowen Zetterman:** Hatred.

**Robert Wigton:** ...students up, it's unfair test questions. And it was full of unfair test questions. And he was also kind of haughty in his apparent manner. And it wasn't... it wasn't really like that, but...

**Rowen Zetterman:** Yeah. And he had this penchant of calling students into his office, even when they weren't doing that badly. But if they weren't getting As, he had this penchant of calling students into the office and saying, "You know, I'm really concerned about you. You may not get through this class." Well, you know, as I told you before, you know, one class and you either repeated the year or you were out of other options. The Sophomore year you had the chance to repeat, that was the one advantage. Freshman class, you almost never got the chance to repeat the Freshman year. And so, you know, he... he scared a lot of students also in that regard. But it was the thing over curare, I mean he never got over the fact that he had done all this research on curare. And... and Drill's Pharmacology, the chapter—he had written the chapter in Drill, and all of those. So, but, yeah, no, it was there... there were some times it was given out to some faculty members that really felt just awful in receiving it. And, in fact, it disappeared one time and they had to re-manufacture it for the cl—one of the class.

**Robert Wigton:** Our class re-manufactured it.

**Rowen Zetterman:** Was it your—our class that did it? Okay.

**Robert Wigton:** I—some of them I didn't understand. Well, I don't want to get into who got it. But sometimes you...

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**Rowen Zetterman:** Yeah.

**Robert Wigton:** You couldn't quite figure why a number of people were really in—

**Rowen Zetterman:** Why that person—yeah. Why that person—yeah.

**Robert Wigton:** Uh huh.

**Rowen Zetterman:** You know, I was chuckling—you were talking about equipment and the... the... the projectors—and I'm sitting there thinking—I thought you were going to start talking about smoked drum kymographs.

**Robert Wigton:** Oh, yes. A wonderful thing.

**Rowen Zetterman:** What a terrible messy thing. You get soot all over yourself trying to—you smoked a piece of paper and put it on a drum, and that became your physiologic recorder drum. And then you treat the carbon that was on there afterwards to permanent—make it permanent, so you could then store it and hang it on the wall.

**Robert Wigton:** And they had built—they had a machine shop over in Physiology.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** And a guy who ran it—who did this—and he built all sorts of equipment. And one of the things was he built these little things that went around and around, and you put the... you put the smoked paper on it. And then there were little—there were these little levers that were attached to some... I don't know, mouse heart... mouse heart or—

**Rowen Zetterman:** They'd scratch off the soot.

**Robert Wigton:** Oh, it would—frog heart. We did a frog heart.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** And it would beat and the thing would go like that. And it was... it was very very direct. I mean, it was... it was nothing between you and the recording. And so, it had a good effect. But it had this big broiler... [Laughter] It was about this long. They'd spread this paper across and smoke it up. And then, afterwards, they put a fixative on it so it wouldn't—but in between when they smoked it and had the physics—

**Rowen Zetterman:** You had soot everywhere.

**Robert Wigton:** Everywhere. You couldn't touch the stuff or anything. That was—the Physiology Lab was really good, but it was messy. There were a lot of—if you can stand it—a lot of dog... dog experiments. But we ended up being pretty good early surgeons about things like doing veinous cut downs and other simple surgical tasks. That stood us very well in the resid—in the internship. But... but eventually they just did away with some—I think a lot of things that I thought were really good went away because they just didn't have the manpower for them. And I know that talking to the physiologist that that's why those labs went away, and so... it was just...

**Rowen Zetterman:** Yeah. It takes a lot of people. And, you know, there were a lot of things that were just not well thought out.

**Robert Wigton:** Yeah.

**Rowen Zetterman:** Because... because times were different. So... so, for example, the OB call room for the students...

**Robert Wigton:** Yes.

**Rowen Zetterman:** ...was one... one room. And we had both men and women students. We only had a few women, but we still had both men and women students. Nobody thought about that.

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When they built—now, I may be wrong, but I think I'm right—when they built the new University Hospital, which will be 50 years old here in three more years—you know, they built a single call room off of the emergency room. And by that point we had a lot of women that were... were interns and residents. And yet, here we were, men and women sharing one call room.

**Interviewer:** That's where you're sleeping and...

**Rowen Zetterman:** That's where you're sleeping, yeah. And... and hanging out and... and getting up in the morning and showering and cleaning up. We had one call room. I mean, nobody thought about that you should have a call room for men and a call room for women. It's... it's bizarre when I think back on it and think about it. But, you know, the problem was it was basically men that were running the place. And so, they just didn't have that—apparently just was completely oblivious.

**Robert Wigton:** And there was problems with the lack of diversity amongst the... amongst the residents, particularly.

**Rowen Zetterman:** Oh, yes.

**Robert Wigton:** They were... they were... oh, you know, they were very—picking on different races, sexes, et cetera, which was weird because, of course, they're treating women, so you'd think they would not have that.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** To get back to that party at the end.

**Rowen Zetterman:** Oh, the—so, we had the super senior... the senior...

**Robert Wigton:** Senior banquet. I couldn't think of the word banquet.

**Rowen Zetterman:** Senior banquet. Yeah. Senior banquet was...

**Robert Wigton:** Anyway, what happened—we had the start of a three-year—not in our time, but like two years after we graduated, they started a three-year medical school. And they integrated it so there were three-year classes and four-year classes together, such that in 1975 there was a full three-year class and a full four-year class. And the three-year class didn't like being a three-year class. It was rushed and they thought they weren't getting as much. And they had a senior banquet that was so mean-spirited. And they picked on their own classmates a lot and they picked a lot on the thing that—there was a lot of talk of doing away with it. And this... and the classes said, “No, we'll just make it a lot calmer.” And it got calmer, but it was just dull as anything.

**Rowen Zetterman:** Yeah. Yeah.

**Robert Wigton:** And... and then, eventually, it's kind of dissipated.

**Interview:** I have three related questions about pre-medicine years. Did you take the MCAT? Was it required? Did you do what we would call—commonly call “shadowing” today? And then, did you—what was your interview—or was there an interview?

**Robert Wigton:** What was the second?

**Rowen Zetterman:** Shadowing. Shadowing.

**Interviewer:** Shadowing as a undergrad. Did you do shadowing of any kind? Or...

**Robert Wigton:** It wasn't formal, but it happened. It usually had to do with your uncle being a doctor or something like that.

**Interviewer:** Yes, so that might be different for a farm boy, or...

**Rowen Zetterman:** So, the answer is “no.”

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**Robert Wigton:** No.

**Rowen Zetterman:** No shadowing. Not even a—no questions asked.

**Interview:** MCAT? [Medical College Admissions Test] Did you have to take it?

**Robert Wigton:** Yes. Yes.

**Rowen Zetterman:** Yes. Yes.

**Interviewer:** You had to take it?

**Rowen Zetterman:** You had to take it.

**Robert Wigton:** Had to take it. But some were more—some knew about it and were more concerned about it than others. I think it was just becoming kind of a standard thing. I remember just being told, “The MCAT is tomorrow and you better be there.” And then... [Unintelligible]

**Rowen Zetterman:** Yeah. It—we never studied for MCATS in those days. Yeah, no, I... I did—well I only went three years to college. So, I decided for some reason, in the spring of that year that I'll, “Well, I'll just take the MCAT and see—” and... and I don't think I got my scores. I don't know that we got our scores in those—

**Robert Wigton:** No, we didn't. I, in fact—

**Rowen Zetterman:** We didn't get our scores in those days at all.

**Robert Wigton:** I—

**Rowen Zetterman:** And so, you applied and you gave them your scores. And so, I applied to only one place. Applied, and I got a letter one day that said, “Congratulations, you've been accepted.” I hadn't even been interviewed.

**Interviewer:** No interview.

**Robert Wigton:** [Laughter]

**Rowen Zetterman:** And so, then I went to the interview after that and I thought to myself, “What's going to happen at this interview?” And it was Bob Messer was one of the two. And I've forgotten who the other one was. I probably should remember. But I remember distinctly it was Bob Messer. And we went—we interviewed in Lincoln at—on the UNL campus. And the... the... so they obviously drove down and did evening interviews. And I was nervous, because, you know, I already had this letter of acceptance. And yet, here I was now being required to go to an interview to complete my application. And they were doing—that was a funny year. There were two people—two of us from Wesleyan that both got early acceptances. And, of course, there is an early... there is an early option now, today, still, that you can apply for and see if you get in. And then, theoretically, you can stop applying to anybody else.

**Robert Wigton:** In fact, it's grown, really... an important...

**Rowen Zetterman:** I'm sure. I'm sure it has.

**Robert Wigton:** Just for obvious reasons.

**Rowen Zetterman:** But yeah.

**Interviewer:** And was there a farm boy versus son of a doctor...?

**Rowen Zetterman:** The... the only thing was—they made a big point at orientation pointing out that there were more children of farmers than children of physicians in our class. I remember being—that being made. And all the farm kids said, “Yeah, but who had the better grades?” So, the question was, we may have more farm kids, but do we all have to have straight A's and high MCATs and the doctors kids just had to apply. You know, that was kind of the standard joke.

**Robert Wigton:** I have to say, I—

**Rowen Zetterman:** But that's what—it ended right there.

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**Robert Wigton:** I have to say, I wasn't aware of that as we went through. But that's probably because I didn't feel—

**Rowen Zetterman:** Yeah.

**Robert Wigton:** Being a doctor's son.

**Rowen Zetterman:** But after that...

**Robert Wigton:** But I wasn't aware of anything. But there was a difference that... It wasn't a big deal, but there were a lot of people who were Biochemistry majors who had taken a lot of Biochemistry courses. And one of the things they did to deal with that, was they had an advanced Biochemistry course where the people who had taken all these different courses could, kind of, bypass the lower level course that we took... and did that. So, that was I think the first time some part of the class [Unintelligible] Alpha... I don't know what you—which group you were in, but...

**Rowen Zetterman:** I certainly wasn't in the Biochemistry class. I can guarantee you that Anything but the regular Biochemistry class.

**Robert Wigton:** Yeah. That's right.

**Rowen Zetterman:** I had never taken Biochemistry in college.

**Robert Wigton:** Hadn't you?

**Rowen Zetterman:** No. Well, you know, the first place—you know, as I said, I only went three years to school, so...

**Robert Wigton:** That's right.

**Rowen Zetterman:** So, I took gen—and you didn't have the early outs and things like—for example, I didn't take Calculus until Sophomore year in college. And I didn't take Organic Chemistry until my Sophomore year.



**Robert Wigton:** They had these strict requirements, but it turns out in retrospect, they really could be not... not worried about if somebody was doing really well. If they had no doubts about how they were doing. While he was Dean, (Robert) Waldman tried to get people talked into getting rid of the heavy Biochemistry course requirements for admission, because he thought they were not needed. That... single—you know, single Chemistry course would be plenty. And then, you could take Biochemistry.

**Rowen Zetterman:** Right.

**Robert Wigton:** Which, probably, at that time, was more than we needed anyway. I don't know. Hard to know.

**Rowen Zetterman:** Yeah. You know, I—the only thing I'd—this would go back and say, and I said it at the beginning, is that I think we had a lot of fun as students. I think we had more choice. I think that's... that's... that's the difference, is because—you know, for example, there weren't any—obviously, when you ordered something, somebody had to fill out the lab requisition slips. So, if a student wanted to order an extra blood test, he just filled out the extra slip. No money was changing hands anyway, because there was this nominal payment from the county. The patients weren't paying for anything. And so, you know, we... we ordered—or if we wanted an... wanted an x-ray—one day... one day, one of the residents had done a procto on a patient. And it's a... it's a bizarre table that he was doing it on. And he kind of took this lady and kind of threw her against the wall and she bounced back and landed on her side. And, after the procto was over, she said to us—she said, “Am I supposed to have pain when I take a breath in my chest?” And she'd broken a rib in this... in this whole event—from this thing—the way it flopped her against a

wall and landed on her. So, we ordered a chest x-ray and ordered a post-procto chest film, which is something you would never do.

**Robert Wigton:** [Laughter]

**Rowen Zetterman:** And it was—the resident was—that... that—who had done the case was a very good resident. Very talented guy. But also was pretty self-assured. Well, so, anyway when the post-procto chest film with his name on it as the requesting doc got down there, and the lady had a chest film, of course—the res—the Radiology residents just went nuts. Called him up and said, “Your patient has a broken rib.” “What? What? What are you talking about? I didn't order any tests on a patient for a rib—rib detail.” But those were the sort of things we could do.

Whether that's right or wrong we could argue about. But we had some choice in what we did.

And we had some choice in how we chose to do certain things. We weren't—there wasn't the kind of work compression that there is today for the students in the house staff. We had time and—you know, it was not infrequent that... that—Bob started off talking about it: it was not infrequent, for example, that... that we'd go up to the embassy, which has long since gone, and drink a beer with one of the Cardiology faculty. Or, you know—you had—when we started, there were probably 10 or 12 internal medicine faculty. They all knew you. Each and every one of you. And you knew all of them. And so, everybody looked after everybody else. Well, now there's 220 internal medicine faculty. They don't know any of the students. They may only—that's not quite true.

**Robert Wigton:** And we don't know them!

**Rowen Zetterman:** And we certainly don't know them. You know? And, therefore, you can hide all the time. And... and you're—you don't have a bunch of people looking out for you, like there

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was in those days. And I think that's the big difference that was there. And, you know, the pressure... the pressure wasn't on to see one more patient—to write one more paper. I mean, they—all those faculty were doing research and writing papers, but it wasn't the same drive.

**Robert Wigton:** It was optional.

**Rowen Zetterman:** It was an optional sort of thing. They were there to teach.

**Robert Wigton:** Yeah. In fact, there was—there were people from time-to-time who were doing too much research.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** I mean they'd say, “I want you to do more teaching.” You know?

**Rowen Zetterman:** Yeah.

**Robert Wigton:** I... I... I think that's... that's absolutely right. The other thing is, there wasn't so much—there wasn't Evidence-Based Medicine per se, even though it had been around for—but this idea of... of tested protocols, where you—if you have somebody with, say, abdominal pain, and he did this and this and this and this and this, and if you missed one of those it's a... a fault. It wasn't anything like—you had a lot of creative ability too—as long as you could explain it, either physiologically or medically, and get behind it, you could go ahead and say, “I want to try this particular routine.” So, there was a lot of creativity, which meant that there was really a creative smart, then there was creative not-so-smart. I mean, there was a greater difference between the worst of physicians and the best, I think.

**Rowen Zetterman:** I... I suspect that's probably true.

**Robert Wigton:** Because there just wasn't anybody going around saying, “You know, you missed the fifth thing in this standard protocol.”

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**Rowen Zetterman:** And if you didn't know the answer to something with the patient in, you know, in your clinic, your option was to walk to the library and look up the answer.

**Robert Wigton:** Yeah.

**Rowen Zetterman:** As opposed to today when right—when they're both sitting there, you can look up the answer. And... you know? And—because everything was inside this building. It wasn't... it wasn't anywhere else.

**Robert Wigton:** Yeah. Or you would walk down the hall and find specialist.

**Rowen Zetterman:** Yeah. Find somebody that knew the answer. That's right. And—so, yeah, no—it was a... it was an interesting time for a lot of reasons. But I do think... I do think that, for lots of reasons of being pushed together in labs, being pushed together in a variety of other things, particularly in the first two years, we spent more time together. Now today, a lot of students don't come to class, because it's all video recorded anyway. So, why not stay home and sleep in and watch it this afternoon? You know? I mean...

**Robert Wigton:** You could truly know and probably did know almost everybody involved in your first two years.

**Rowen Zetterman:** Oh, yeah. Absolutely.

**Robert Wigton:** Students. All of the faculty.

**Rowen Zetterman:** Yeah.

**Robert Wigton:** But the typical full-time faculty in one of these departments, especially the basic sciences, were three. I mean, and there was three in Physiology...

**Rowen Zetterman:** Right.

**Robert Wigton:** Three in Biochemistry and stuff. Now there's twenty, thirty, whatever...

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**Rowen Zetterman:** However many. Yeah, that's right. Or more. Yeah.

**Robert Wigton:** Or forty or fifty.

**Rowen Zetterman:** Yeah. Exactly. Yeah. No, no. No question about it.

**Robert Wigton:** So, I think we've covered most of the water... [Laughter] How long did we go? Pretty long.

**Rowen Zetterman:** Long time. Long time.

**Robert Wigton:** But it's a really interesting set of changes.

**Rowen Zetterman:** We should close with one last thing, to show how different things were. In my opinion, of course. So, the County Hospital was the city hospital in those days. All the squads went to the county. They would go to the nearest hospital. But remember, there wasn't anybody there necessarily. Or, if there was, it was just another intern. So, on the first Jul—first day of July of 1969, the doctor in the ER at the County Hospital without any other resident or attending is Bob Wigton.

**Robert Wigton:** And boy did I know a lot.

**Rowen Zetterman:** That's right. The house doctor at the County Hospital covering the rest of the inpatient services on July first of 1969 was me. So, we began our internship together in the same hospital.

**Robert Wigton:** Between the two of us, we knew everything.

**Rowen Zetterman:** We had it all covered. We had it all covered.

**Robert Wigton:** I—when I started for work, I carried in this big bunch of books.

**Rowen Zetterman:** Sure. Of course. Absolutely.

**Robert Wigton:** And put them on my—put on the receiving desk.

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**Rowen Zetterman:** We lived by the Washington manual.

**Robert Wigton:** Yeah.

**Rowen Zetterman:** Least on the inpatient services, the Washington manual was the Bible you carried in your coat.

**Robert Wigton:** And that was a wonderful experience. And I hope it was okay for the patients.

**Rowen Zetterman:** Yeah, I hope so too. And I don't remember when it ended. And maybe you do remember. The other thing is, we wore a short white coat, like the students, except we also had white pants so that you could tell us apart from the students. But we did not wear long coats until we were a second-year resident. And then you could wear a long white coat. And so, the interns were very obvious running around. They looked like they were selling ice cream. You know, you had a white coat and a white pants on. And...

**Interviewer:** Just like they had from the '20s, or...

**Rowen Zetterman:** Exactly. It's the same. You look at the old pictures that are here, you can see all those interns' classes and that's... that's how they're all dressed.

**Robert Wigton:** Yeah, I think of us as being really clearly set in the middle, between...

**Rowen Zetterman:** In the middle of the change.

**Robert Wigton:** A really early way that this was done. Because, remember, there weren't interns in hospitals till the turn of the century, 1900-ish. Oh, a different hospital. And then—now there's 50 years.

**Rowen Zetterman:** Right.

**Robert Wigton:** So, we can look back to 50 years before us it was—weren't too different. And now, we look forwards to 50 years and that's not too exceptionally different either.

**Rowen Zetterman:** Right. And... and in those days, when we graduated, there—the only residencies that I'm aware of—and I can't speak to the Creighton side, I can only speak to the university side—there was a Pathology residency at Clarkson, a Pathology residency at Methodist, Pathology residency here, and then the other residencies were here. But those were the only residencies outside of here. But, Emmanuel, Methodist, Clarkson, and the university all had internship programs. And you went to Clarkson, Emmanuel, or Methodist if you were going to go out and do family practice. And you did your one year. And in Lincoln—the three hospitals in Lincoln: Bryan, Lincoln General, and...

**Robert Wigton:** And then Creighton and its crew. Similar kind of thing.

**Rowen Zetterman:** And they had theirs. They had a similar sort of arrangement. But, you know, they—those three hospitals in Lincoln, again, all had internships. And then, people went out—but they... they did have a general surgery rotation at one of the hospitals. Because I know we had a couple of classmates that did general surgery training there

**Robert Wigton:** Oh, I wanted to add one more thing that I thought of earlier, which was: when I went on my rural preceptorship, the... the nature of that medicine was fascinating because—we had some really good doctors down in Auburn. There were four of them. But—and they did their own x-rays. And they did a lot of operating. But what happened was, people drove down from Omaha, or the radiologist flew down from Omaha, and at the end of every week read all the x-rays. And the—anytime you had to do the... oh, like a knee or some orthopedic thing, or gallbladder, the... the surgeon would come in—the anesthesia would come in trav—we had a traveling itinerant anesthesiologist, and they would come in. And then, the general practitioner would assist. And this persisted for quite a... quite a while in there. Out of necessity. It was

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just—you wanted to have all this new, kind of, fancy medicine, but you couldn't train every person in their internship to do all these things.

**Rowen Zetterman:** Right. But there were a lot of patients that did not want to travel to Lincoln or Omaha in those days.

**Robert Wigton:** Absolutely.

**Rowen Zetterman:** And they wanted in those little towns and be operated on.

**Robert Wigton:** Yeah.

**Rowen Zetterman:** They didn't see any advantage. And there probably wasn't any... any real advantage of whether you operated there or not, because, as you pointed out, the surgeons that were doing the cases in Omaha were the same ones coming out of these little places, and...

**Robert Wigton:** Same one.

**Rowen Zetterman:** In Aurora, the... the orthopedist that we come out and—would come at—start about seven o'clock at night, and we'd operate until about midnight and do six or eight cases. And... and, you know, then he would.. he would leave and all the post-op care was done there. But he was very talented. I mean, he was a very talented surgeon. Had a huge practice in Lincoln. So, you know, they were getting the same level of care. And... and, as you point out, sometimes they brought their own nurse, sometimes they brought their own anesthesiologist, et cetera. So, that—things were... things were pretty good in... in that regard. So...

**Robert Wigton:** The good old days.

**Rowen Zetterman:** Yeah, it was. It was the good old days.

**Interviewer:** Thank you.

**Rowen Zetterman:** Thank you!



Rowen Zetterman 9/8/2017

**Robert Wigton:** Hey, thanks a lot.

END OF INTERVIEW

3/18/2018