

**Ellis Benson, MD**

Narrator

**Dominique A. Tobbell, Ph.D.**

Interviewer

**ACADEMIC HEALTH CENTER  
ORAL HISTORY PROJECT**

**UNIVERSITY OF MINNESOTA**

## **ACADEMIC HEALTH CENTER ORAL HISTORY PROJECT**

In 1970, the University of Minnesota's previously autonomous College of Pharmacy and School of Dentistry were reorganized, together with the Schools of Nursing, Medicine, and Public Health, and the University Hospitals, into a centrally organized and administered Academic Health Center (AHC). The university's College of Veterinary Medicine was also closely aligned with the AHC at this time, becoming formally incorporated into the AHC in 1985.

The development of the AHC made possible the coordination and integration of the education and training of the health care professions and was part of a national trend which saw academic health centers emerge as the dominant institution in American health care in the last third of the 20<sup>th</sup> century. AHCs became not only the primary sites of health care education, but also critical sites of health sciences research and health care delivery.

The University of Minnesota's Academic Health Center Oral History Project preserves the personal stories of key individuals who were involved with the formation of the university's Academic Health Center, served in leadership roles, or have specific insights into the institution's history. By bringing together a representative group of figures in the history of the University of Minnesota's AHC, this project provides compelling documentation of recent developments in the history of American health care education, practice, and policy.

## **Biographical Sketch**

Ellis Benson was born in 1919 in Hsuchang, Honan, China, where his parents were American missionaries. He did his undergraduate education at Luther College in Wahoo, Nebraska, and then Augustana College in Rock Island, Illinois. He received his MD from the University of Minnesota in 1945. He interned at the Cincinnati General Hospital from 1944-45, then served as a general medical officer in the US Army's Medical Corps from 1945-47. From 1947-49, he took his residencies in pathology then internal medicine at the VA Hospital in Minneapolis. Benson joined the faculty of UMN in 1949 as an instructor in medicine and pathology. In 1953, he was appointed assistant professor of Medicine and Pathology and Associate Director of Clinical Laboratories. In 1957, as a senior resident fellow of the US Public Health Service and Associate Professor of Medicine and Pathology, he spent one year in the Carlsberg Laboratory in Copenhagen carrying out research. In 1959, he became Associate Professor of Laboratory Medicine and Biochemistry and Director of Clinical Laboratories. He was promoted to full professor in 1961 and appointed head of the Department of Laboratory Medicine in 1966. In 1989, he retired from his position as professor and chairman of the Department of Laboratory Medicine and Pathology. Benson is an internationally recognized expert in pathology training and his research focuses on cardiac muscle, including both chemical and electromicroscopic studies.

## **Interview Abstract**

Ellis Benson starts with his background, including growing up in China (his parents were missionaries), why he went into medicine and academic medicine, and his educational history. He discusses his residency in pathology at the UMN, his internal medicine residency at the VA Hospital, joining the Department of Laboratory Medicine, his work while he was in charge of the blood bank, his work as director of Clinical Laboratories, and his work as head of Pathology. He offers reflections on cardiac surgeons Richard Varco and Walter Lillehei and how they dealt with the Lab and the Blood Bank, as well as working with the Department of Surgery and surgeons more generally. He discusses the appointment of Robert Howard as dean of the College of Medical Sciences in 1959 and Howard's deanship, the Vice President of the Health Sciences search and the appointment of Lyle French. He also discusses Franz Halberg, and David Brown.

He discusses his work on protein chemistry and going to the Carlsberg Laboratory in Copenhagen, the UMN's Clinical Laboratory providing community services to anyone in Minnesota, the Medical Technology program, why technologists tended to be women, and specialization in medicine. He describes the founding of the Academy of Clinical Laboratory Physicians and Scientists, the creation of the Department of Laboratory Medicine at the UMN in 1959, space issues in the late 1950s and early 1960s, the merger of Laboratory Medicine and Pathology, and the relationships between the clinical and basic science departments within the Medical School. He discusses the attempt to establish a second medical school in St. Paul, relations between the Medical School and other UMN health science schools in the 1960s and 1970s, faculty attitudes toward the

reorganization in 1970, the impact of the introduction of Medicaid and Medicare, the attempt to create a School of Allied Health Sciences in the late 1960s and early 1970s, relations between the Medical School and the Mayo Clinic, and relations with the University Hospitals.

**Interview with Ellis Benson**

**Interviewed by Dominique Tobbell, Oral Historian**

**Interviewed for the Academic Health Center, University of Minnesota  
Oral History Project**

**Interviewed on December 1, 2009**

Ellis Benson - EB  
Ann Benson - AB  
Dominique Tobbell - DT

DT: This is Dominique Tobbell. I'm here with Doctor Ellis Benson. It's December 1, 2009. We're meeting at Doctor Benson's apartment at 3701 Bryant Avenue in Minneapolis.

So thank you, Doctor Benson. You were just starting to tell me a little bit about your upbringing, but can you, for the record, tell me where you were born and how you got into medicine?

EB: I was born in China in Honan Province. That's in central North China, part of what they call North China. The Yellow River runs right through it. It's mostly flat. There are mountains in the west. I was born there and grew up, mainly, there; although, my folks came home on furlough.

When I first came home at three years old, I could speak only Chinese because I had a Chinese ah-ma [nursemaid], and I played with Chinese kids. I couldn't speak any English. My grandparents had to learn some Chinese, and two elderly bachelors downstairs in their duplex took a shine to me and learned Chinese, too, and talked to me in Chinese. They made me sweet potatoes, which I loved, and carrots.

DT: [chuckles]

EB: They found that out. Pretty soon, my grandma said, "Why is Ellis not eating anything?" Then she found that Mr. Beers and his friend were feeding me, and she gave them notice that that had to stop.

[chuckles]

EB: That's part of my beginning.

When I started high school, I went to a boarding school. It was owned by the Lutheran mission and run by them. The American School of Kikungshan, it was called. It was up on a mountain, a beautiful spot. I can still see it in my mind's eye. Ann [Mrs. Ellis Benson] and I have been back there twice, once in 1983 when my Chinese students invited me over for some lectures and a tour. That was very nice. Then, in 1992, I went up with a group of missionary offspring, all fairly elderly by then, on a tour called "Homecoming." It was dedicated to going back to the mission field and visiting the homes where we were born and we went to school and so on.

DT: So the boarding school was in China?

EB: The boarding school was in China. It was right in the same province as my folks... It was at a place which had been selected to be a resort for missionaries in the summer months on the plain. It got very hot in North China in the summer months, so they had a refuge there at Kikungshan, a beautiful area. Two of the missionaries had selected it and bought that property from the Chinese. We had a home there that we bought from another missionary. It was just used in the summer time, except when we had to leave our field. Then we used it the whole year around.

I have vivid memories of battles taking place between the forces of Chiang Kai-Shek and the northern war lords. The war lord for our area was General Wu P'ei-fu. He had a big area up there. The general that was on Kikungshan [Mountain] was General Chin. Chin Dà Rén is what they called him. Dà Rén means general, literally big man. He had a palace there on Kikungshan, and that's where his troops were. I can remember when they lost a battle there. Forming on the parade ground, I looked down at them, because I was on a hill above. I can remember that very vividly. A bugle for retreat was sounded, and they marched down the mountain to Sinyang, the nearest city down below going further north.

Chiang Kai-shek was moving further north all the time. That's one of my memories. Mostly, my memories were very pleasant ones. It was a nice setting to grow up in. When I came home, I missed it acutely.

I went into medicine partly because I had the idea I was going to go back to China as a missionary. But by the time I got through school, China was no longer open to missionaries. The Communists had taken over. When I got through school and my internship, my stint in the Army, and so forth, it was being closed up then, so I knew I couldn't go back; although Ann and I had planned on it.

So I went into pathology. I was really headed for internal medicine, and that's when I got a call one day from Doctor Gerald Evans, who was in charge of lab medicine—it was part of the Department of Medicine then—offering me a job as an instructor at \$4200 a year. Well, okay. I talked to Ann that night. I had not planned to go into academic

medicine; I had planned to become an internist and go to North Dakota to practice, because I thought North Dakota was quite a bit like China.

[laughter]

EB: Do you know North Dakota at all? Have you been there?

DT: I've been to South [Dakota], but not North, no.

EB: I love North Dakota. I spent a whole summer working on a farm there, so I became attached to it.

Anyway, we considered it and decided, that, yes, we'd try it. My salary was only \$3300 as a resident, so it was a boost in salary—but that wasn't the main thing. I didn't think it was a great salary. I wasn't interested so much in that. It was just to have enough money to take care of my family, and do something significant and meaningful. And that's the way it turned out. Lab medicine was a part of medicine then, so I was in medicine.

I finished my residency in pathology anyway. Gerry Evans wanted me to do that, because he thought lab medicine was going to become a part of pathology, which it was. He was a very farsighted man. He's the one that really founded lab medicine. My role in lab medicine, mainly, was to get it established as an academic undertaking. Before that, it was kind of an ancillary one, laboratory service like nursing service or something. I think I succeeded in doing that, too. At least, I've been recognized for that. [chuckles]

I was one of the founders of the first Academic Department of Lab Medicine, and, also, of the national society that's called the Academy of Clinical Laboratory Physicians and Scientists, ACLPS. I remember the first little bout we had with some people who wanted to call it University Pathologists. They thought that was more dignified. I decided that there were too many other people that weren't pathologists in lab medicine. There were internists. There were clinical chemists. There were microbiologists. There were a lot of med techs [medical technicians]. And we should include them all, so I stood up for that, and that's what was decided to do. The Society was founded in 1965 at NIH [National Institutes of Health], Bethesda [Maryland]. I was the first president. Lately, I've been honored by the Society in naming an award after me for young faculty in lab medicine. They award that every year to somebody who has done some significant research, and they get a chance to present their work at the national meeting and so forth.

That's enough of me now.

DT: [laughter] Well, I've got some follow up questions. Where did you go to college? You came to the States?

EB: I came to the States in the summer of 1937.

It's interesting. When I left China, I left it on a Canadian liner, the *Empress of Canada*. They always have a little paper and the newspaper noted an incident that had taken place between the Japanese and the Chinese at the Marco Polo Bridge in Peking. That was later designated the beginning of the Sino-Japanese War [July 7, 1937]. It started two years before the European War and extended through that war, really.

Then I came home. I decided to enroll at a little junior college, Luther [College], because two of my older schoolmates at Kikungshan had gone there, and they liked it. That was Luther College at Wahoo, Nebraska. It was just a junior college and it's now defunct. I went back there with Ann one time and just visited the old campus. It hadn't changed much; it still was there, but the college is no longer extant. Those were two good years, and they very much like my boarding school in China. There was no dancing, no smoking, no alcohol, very much like I grew up, you know. [chuckles] A very congenial student body and teachers, too.

I thought I was going to go into chemistry. I hadn't had any chemistry yet. I thought it sounded very good. But I decided when taking it that I wanted to go into something a little bit more human oriented, and medicine seemed to be the best choice there, so I took the pre-med curriculum.

I took the two years at Luther and then two years at Augustana College [Rock Island, Illinois]. They were both Lutheran Colleges. I had to go to a Lutheran college pretty much because my dad was a minister in the Lutheran church, besides being a missionary, and I got a break, actually. I would have gotten even a better break at Luther if I'd had a little more gumption. I found out that they gave a tuition break to anybody who was a valedictorian. There were only three in my graduating class. [laughter] And I was the only one that [unclear], but we were all within one percentage point. I wrote the Principal...back there [unclear] and said, "Could you look at that again and see whether you can get mine up a little higher?" He wrote back, "Sorry, Ellis, you should have thought of that when you were here."

[laughter]

So I couldn't do anything about it. Anyway, I did get a break, and I waited tables at both institutions.

[interruption as announcement is heard on intercom]

EB: We broke off about the...

DT: With Augustana College.

EB: ...Augustana College at Rock Island... They were both colleges of the Augustana Synod of the Lutheran Church, which is the Swedish. There was the Norwegian [Synod]. There's a Danish and there's a Finnish—and German, of course. A lot of Germans were Lutherans like Luther was. Curiously enough, when I went back for my sixtieth



anniversary of graduation—it was a nice affair—the baccalaureate address was given by a Catholic sister, who was one of the chaplain’s at Augustana. [chuckles]

DT: Wow.

EB: So they have a Catholic chaplain there. Then the next time somebody visited me from Augustana, they told me, “You know, fifty percent of the students there are Catholic now, and maybe even more than fifty percent.” I said, “Compulsory chapel is no longer...?” “No, it’s long gone.” It’s become a regional liberal arts college...that area. It’s a great college for western Illinois. It’s where Knox [College, Galesburg, Illinois] [unclear] attract most of the students.

Part of that education I got there, particularly there, is they were good in science, so I got a good basis in science. I majored in chemistry and mathematics.

When I came to the University [of Minnesota], I was kind of overwhelmed at this big place. I came up first to take the MCAT [Medical College Admissions Test] and, then, I found out I was admitted, and when I started out up here, I was overwhelmed by the big size of the University. Most of my classmates had taken their undergraduate pre-med at the University of Minnesota. So I said, “Oh, my, I’ll bet I’ll have to work here for the first time really hard.”

[chuckles]

EB: I was fortunate when I was in college. At the boarding school in China on the mountain there, we had to study. We had a study hour every evening of the week, the weekdays, from I think seven-thirty to nine or something like that. We couldn’t get out of it. We were supervised in the study, too. So, anyway, I developed fairly good study habits, which a lot of my classmates had not in high school. So I knew how to study, and I worked hard that year.

My mother was kind of distressed when she found out I had brought home an arm from my cadaver to work on at home.

[laughter]

EB: I was trying to memorize all the muscles. She said, “No, Ellis! You can’t keep that here. You’ve got to take it right back.” So I brought it back to the school in the back of brief case.

I worked hard that year. In those days, they were still ranking us. At the end of the year, they posted our class rank, and, to my surprise, I was number three in the class. I heard people say, “Who is Ellis Benson, anyway?”

[chuckles]

EB: Another thing I learned was when you start out something, you better do well the first year or so, because then you establish that kind of a track record and people start thinking of you as being pretty good—not that I goofed off after that. But it made it easier for me in the next...

The only other thing that I remember... Am I giving you too much detail?

DT: No. This is great!

EB: Okay. The only other thing I remember from that first year—I remember a lot of things—one of the things that sticks in my mind, is this. Doctor [E.A.] Boyden was our anatomy professor. He was a very kindly man, very dedicated, and very strict. He liked to have outside speakers, particularly surgeons because we were more impressed by surgeons than we were by anatomists, per se. So he had one of the local surgeons lecturing to us on the gall bladder, and he connection of the gall bladder and the intestinal tract. Like other anatomists, the surgeons were good at drawing on the blackboard. So this man—I don't remember his name now—was up there drawing away. Then he said, "I wonder if any of you students could come down and tell me what are the pancreatic ducts and where they are that flow through the pancreas from the gall bladder. They're not discharging anything from the pancreas, but they're discharging gall from the bile, actually, that the gall bladder to the liver." I was sitting down there in the front, and I looked around to see who was going to go down, and nobody went down. So I got up and volunteered and drew, then, duct, the Duct of Wirsung and the Duct of Santorini. He said, "Oh, very good. Nice going. What's your name?" "Ellis Benson." Boyden was listening, I saw.

My classmates gave me a hand even. I was so exuberant going back, and I took a shortcut. We could jump over the seats that went up like this and came down. My foot went up and down through and I couldn't get it back up, so I was kind of trapped there.

DT: [laughter]

EB: The surgeon came up to help me and Boyden came over to help me. The classmates around me all tried to help me, too. It was quite a commotion for a while. Finally, somebody had the idea, to take my shoe off, which they did. Then I could slip my foot back up. My face was beet red by that time, of course. After that, every time I met Boyden in the hallway, he would smile at me and nod his head, benevolently I think.

DT: He knew who you were. [laughter] No wonder you remember that.

EB: Yes, right. That was one of my star performances in Medical School.

DT: What led you to do a residency in pathology in medicine?

EB: Well, I'll tell you. That's an interesting story, too. I was in Germany in the Occupation Army, right after the war. I went over in 1946. For six months, I was assigned to an engineering regiment. They had companies all over the American Zone,

so I was sent out to see them, see that they were getting good care, and inspect their mess, and check on their VD [venereal disease]. VD was an infallible. The VD detachment they always assigned them to if they had any kind of VD, mostly gonorrhea. Finally, the last six months, I was assigned to Hanau where the First Battalion was. I was there for a year, and for the last half year, I was commanding officer of a clinic there, which covered all the dependents and military and any Germans working for the Americans. We kept pretty busy. I had another doctor as an assistant. Of course, everybody there was about as old as I was, you know.

[chuckles]

EB: I had just had my internship at Medical School. Before that, they assigned me as a psychiatrist just because I had six weeks in psychiatry. But hardly anybody had any psychiatry at all. But I got out of that, and I was in general medicine there.

I met my wife Ann there. She was over staying with her father who was a civilian director of a spare parts depot there in Hanau. I was right on the Main River, just east of Frankfurt. That's where I was.

When my time was coming up to go, I suddenly realized I was going to be going home in six months or even less, three months maybe. I said, "I've got to get a residency." So I wrote to Cincinnati General Hospital, where I had interned, for a residency in medicine. I liked Doctor [Marion A.] Blankenhorn there very much. I wrote to Doctor C.J. Watson [University of Minnesota]. C. J. had always told us a good background to medicine is a little time in pathology. So I said, "I'll spend it in pathology," so I wrote to Doctor [E.T.] Bell. I got a letter from Doctor Bell saying, "Yes, I will give you a residency at \$3300 a year." "Oh, my golly," I said. "That's the most I've ever earned."

[chuckles]

EB: I heard from Cincinnati that they'd filled all their positions already, and I didn't hear from Doctor Watson. "I'll take that," I wrote to Doctor Bell. Then, I got a letter from Doctor Watson saying I had one in medicine, but I already had committed myself to Bell. So I wrote back and explained to Doctor Watson that I would take at least a year in pathology and, then, come into medicine. "That's fine," he wrote back. "We'll hold a place for you, Ellis. Don't worry."

Then I also said, "Now it's time to get married."

[chuckles]

EB: Ann was there and we had really become good friends. We'd gone on several walks. We'd even gone to a dance at the officer's club. One night, I was walking her home to her place from the officer's club, and I said, "Ann, will you marry me?" She was shocked. "Oh, I don't know. I never really thought of it." Anyway, to make a long story short, she said, "Ellis, I like you a lot, but I'm planning to go to art school next as

soon as I'm through with my other studies. Then, I'll see, and, maybe, if you're still available...

[chuckles]

EB: I said, "Well, I'm not sure I'll be available then, Ann. I'm really ready to get busy with my life, you know." She said, "I should just say 'No' then." The next night I got a call on the telephone, "Uhhh... I've changed my mind. Do you still want to marry me?" "Yes! I do, still."

DT: [laughter]

EB: It wasn't quite that fickle, you know. It turned out, she told me later, that her mother had gotten a hold of her and said, "Ann, why did you turn Captain"—I was a captain then—"Benson down?" "I want to do some other things." "You won't get another chance like that. Those chances don't come along..." Well, I don't know that I was that much of a prize.

DT: [laughter]

EB: At least the Branstetters thought I was. We did get married then. It was the big social event of the year. We came home on a ship that was just full of officers and their wives and their families. I was in a big stateroom with a whole bunch of officers from captain on up, and Ann was in another room with wives and children. It took sixteen days. Have you crossed the Atlantic at all?

DT: I haven't—not on a ship. No.

EB: It took sixteen days on the *Zebulon B. Vance*, an old converted liberty ship, from Bremerhaven to New York. We were passed en route three times by the *Queen Mary* going into New York, and back to Bremerhaven, and back to New York.

[laughter]

DT: And you were still moving.

EB: We were a slow boat. Anyway, we got home, and I went to Minnesota.

That's how I got into the pathology. I took two years of pathology. I have to tell you that for one year, Doctor E. T. Bell—the name is familiar?—was head of the department then. He was the professor, a very good guy. He got Don Gleason and me—we were the two residents that started together—into his office and said, "One of you has got to go to the Laboratory of Medicine. I've decided that that's important." He'd never thought of it before, pathology just was surgical. It was anatomic pathology. He said, "One of you has got to go into that to learn to be a clinical pathologist as well as an anatomic pathologist." Our chief resident, Walter Subby, tossed a coin and one of was heads and

one was tails. I don't know which one. Don went on into surgical pathology and I went on to lab medicine. Don is a world figure now. He died a couple years ago. Don Gleason...the Gleason staging system for cancer of the prostate. When I was in Europe, I went to a conference, and they were mentioning, "This is staged by the Gleason system." It was such and such used everywhere. I went into lab medicine and became head of Lab Medicine eventually and, then, actually took over Bell's job, which was a real honor to me. We both did well and others in our class... Bob Howard was in my class, and you know him.

DT: Yes.

EB: I don't want to go over them all now, but there were several other distinguished figures.

Am I telling you too much?

DT: No, this is great.

EB: Okay.

After a year in anatomic pathology and a year in lab medicine, I went into medicine with Doctor [Richard] Ebert at Vets [Veterans Administration, Minneapolis]. I was on that residency and really enjoyed myself.

Then, I got a call one afternoon from Doctor Evans saying, "We have an opening here in Lab Medicine as an instructor at \$4600 a year. Would you like to take it?" I said, "I better talk to my wife first." That night, I talked to Ann. She said, "Oh, well, why don't we try it?" I said, "Okay, I will try it." The next morning, I called Evans, and I've been in Lab Medicine ever since.

[laughter]

DT: Wow. That's an interesting story...surreptitious.

My understanding is when you first joined the Department of Lab Medicine, you were in charge of the blood bank? Is that correct?

EB: Yes, that's right. My first job was being in charge of the blood bank. When I'd been in Lab Medicine the year before, I spent my whole time in chemistry, which was my interest anyway. So I told Gerry, "Doctor Evans—I always called him Doctor Evans—I don't know anything about blood banking." "Ellis, you don't need to know anything about it to be in charge of it. You just use your noodle."

DT: [chuckles]

EB: Well, it was a little more complicated than that. It was enjoyable.

I'll tell you at least one experience there. In those days, the blood bank in Saint Paul and the blood bank in Minneapolis were just getting started. Most of the blood was drawn at the University Hospitals. The residents were in charge of getting a family in to give blood so there would be enough for their relative. Some services were always at a positive balance; others always had a negative balance. One of those was purple surgery.

Doctor [Owen] Wangenstein used vast amounts of blood because he was such an aggressive, radical surgeon. At that time, he was embarking on a program that tried to cure *all* cancer with surgery. Even if there were metastases, he was going to get them out. Well, that was a very bloody deal, you know, and, pretty soon, we were all out of blood. We were all out of certain types of blood, and I had to make the decision to close the blood bank, except for emergencies. We had to save blood for emergencies. I told the interns, the residents that came down from surgery about it. They said, "If you're going to do that, you've got to talk to Doctor Wangenstein about it." I said, "Aren't you going to talk to him?" "No! *you*, Doctor Benson, are going to have to do the talking." [chuckles] So I went up on the ward to look for him and found him up there on the surgical ward making rounds with a big retinue of people, nurses, residents, junior staff, medical students, about twenty people around him. "Doctor Benson! What do I hear about closing the bank?" I said, "Yes, I'm sorry to say we have to do that, Doctor Wangenstein." "Uhh...Doctor...are you a real doctor?"

[laughter]

EB: "Yes, do you want to see my medical degree and my license to practice?" "How can you close it? Don't you know that we as physicians are dedicated to saving lives?" I said, "I'm sorry, Doctor Wangenstein. The trouble is that you have managed to exhaust our bank, the Saint Paul bank, and the Minneapolis bank of blood. In order to be prepared for emergency surgery and other emergencies, we have to reserve whatever is left for that. We just had to make that kind of decision now." Well, he grumbled about it, but he accepted that. Later on, we became good friends. We had *lots* of good talks after he retired. He knew so much history of medicine. It was just a treat to go up to his office and sit down and chat with him.

But that was my first big emergency issue at that time.

DT: When did the blood bank start receiving donations of blood from the public?

EB: Hmm...many years before that. I think about the time of World War I.

DT: But, then, you said that mostly you were getting donations from family members of patients?

EB: Yes, and visitors and friends and so forth.

The surgeons were so good at recruiting blood donors that they had to have police out on Washington Avenue to direct traffic...

DT: Oh, wow.

EB: ...when they had announced that there was an emergency situation for blood. There were so many cars that came. Mr. Amberg was in charge. Do you remember that name, Ray Amberg?

DT: Yes.

EB: He was the hospital director. He said, "You can't do that." He told them they couldn't use the phone to call for donors anymore because of the traffic jams and everything that went on outside. So many people had to be turned away because we got more blood than we could actually take care of.

DT: That's incredible. The Surgery Department was very effective at recruiting...?

EB: Oh, yes. And the people here in Minnesota are awfully goodhearted, too.

DT: You were in charge of the blood bank for a while, but, then, you became associate director of the Clinical Labs?

EB: Yes, I didn't right away. I decided I needed to go somewhere to get some more training... If I had to do research, I had to learn more about doing research. Gerry Evans' idea was I'd just go to the lab and putter around and something would come up. But I knew it was more complicated than that. So I went over to the Chemistry Department and began learning more about protein chemistry. I was working on heart muscle then. I decided that I ought to go to some laboratory which was really active in research in the protein chemistry area. Doctor Rufus Lumry, who was over in Medicine and taught physical chemistry, had taken me in hand, and he recommended that I go to the Carlsberg Laboratory in Copenhagen [Denmark]. He said, "That's one of the top protein laboratories in the world right now with [Kaj] Linderstrøm-Lang there," who was a real leader in the field. That was the best thing that ever happened to me as far as research was concerned. I had just been playing around before that. I was there about a year and a half, and I learned how to do research in a systematic and meaningful way. I learned more protein chemistry and more physical chemistry and macromolecular chemistry that helped me through the rest of my career. That was really a change for me.

When I came back, I told Doctor Evans, "You know, most everybody"—they had eleven or twelve visiting scientists there; then I returned to the United States alone; they had [unclear] other places, too—"most from America there, no further along in their career than I am, are getting a lot more salary than I am."

[laughter]

EB: “I would like to get a raise to about such and such.” He said, “Well, Ellis, what you have to do is try to get an offer from another place then.” Ohhh, I said to myself. That stinks. If I’m doing a good job, I should be rewarded, you know. I don’t have to do tricky things like that.

But I didn’t have to do anything, because another guy that was in the lab at the same time as I recommended me for a position at the University of Washington-Seattle, in the Department of Biochemistry, actually, which was nice. I’d be running the clinical chemistry laboratory there, but, I’d, also, be in the Department of Biochemistry.

I was working on some very high level protein work at that time that Linderstrøm-Lang had gotten me on called hydrogen-exchange. It was a way to check the motility of proteins. Proteins before that were thought kind of as globules, but Linderstrøm-Lang showed that they were fluctuating all the time, and the rate at which they were fluctuating often determined the rate at which the reaction was taking place. I had learned how to do the technique he was using for hydrogen-exchange.

So I went to Washington. I can’t remember the name now of the very prominent biochemist who was head of the department [Doctor William Rutter?]. They offered me a job, and it was considerably higher in pay, almost twice my pay here. [chuckles] I came back and told Gerry that. Gerry said, “We’ll get your salary up now.” So, they upped it about fifty percent. They didn’t get me as high as Washington, but I was happy to stay at Minnesota for that.

Then I became director of Clinical Laboratories, over all the labs. That was my next step.

DT: What were your responsibilities as director of the Clinical Labs?

EB: My responsibilities were seeing that there were people running them and good staff there and responsive to the needs of the Medical School, be alert to new things that had to be developed. I ran Chemistry, too, actually. I was over all director, but I let the microbiologists run Microbiology. The blood bank man had been ill, and he was back, and he ran the blood bank. My over-all responsibilities were just to be a guide to them and help them with their problems and so forth. Then, I carried on my research, as well, and taught lab medicine, also. That was a juggle.

It became a separate department then. In 1959, it was one of the first departments—it’s not the first; I think Oregon was right in there with us, too—of laboratory medicine in the United States. Now, there are lots of pathology and laboratory medicine departments like ours is now.

DT: How many staff members, physicians, and technicians were working under you when you were director?

EB: Let’s see. When we started, there weren’t a lot. There was one chemist. There was a microbiologist. There was a hematologist. There was a blood banker. There were



some trainees, and one or two people that were learning to become lab medicine specialists who were MBs, [master's in biomedical science] either internists or pathologists. So maybe there were ten in the department all told. It wasn't a big department—but it grew, of course. By the time it was merged with Pathology in 1973, it was one of the stronger departments at the University of Minnesota, I might say. We had really done a good job. It was a bigger department than Pathology, which is quite unusual. We were known for lab medicine. People would call us from Harvard [University], and that's what [unclear] because Yale [University] had established the department patterned on ours when Gerry was still in charge. Other offices sent faculty members here to see what we were doing. So, in a way, we were certainly in the vanguard of laboratory medicine in the United States.

DT: The lab, obviously, provided service functions, say, to the Medical School and to the clinical staff.

EB: Yes.

DT: What kinds of tests was the lab doing? Were you just servicing the University Hospitals or other hospitals, as well?

EB: To answer your first question, most of our staff at that time under the pathologists or the MBs—not all of them were pathologists—were med techs. They were in what is now called the Program of Clinical Laboratory Science. Now, they're in the School of Allied Health, I think. They were in lab medicine, at that time. They were really the backbone of the department. I must say that. They were first-rate people, some of them scientists in their own right, but they didn't have Ph.D.s, so they weren't accorded all the honors as they would have had otherwise. They were very bright, very able. They were respected by the clinical staff.

I must say that one of the things that Gerry and I got going early on was a training program for MBs going into laboratory medicine. We got together a training grant that we submitted to NIH for. Just before I went to Denmark even, Gerry had agreed to go to [Cairo] Egypt for two years to work at the Navy laboratory there. He wanted to get away for a while. They put me in charge. I ran the department then. When he aboard the boat, he received a wire letting him know that the grant had been awarded. That made him feel awfully good, I must say. [chuckles] It made me feel good, too. We got two residents in that program right away. It helped us build the department. There's no question about that. We attracted some very good people that wanted to do more than just learn to do research in our field.

When I became director, there were a couple things that happened that I'll use as examples. I think you like these anecdotes.

DT: Yes. Definitely.

EB: I got this program going. One thing I didn't like was that particularly the surgeons would come down and hound the med techs for getting something done in a hurry, to put it ahead of everything else and so forth and so on. The med techs were kind of distracted by that. I decided they didn't need that. Their work was important, and they didn't need the prima donna type surgeons coming down telling them what to do. So I instituted a program. We had about six residents or so then and they would be on call in rotation, just like they would be in other departments. One of their jobs would be to act between the clinical staff and the laboratory, so if the resident would come down and start bothering the med tech, they were referred to the resident on call for their complaint. Well, you know, it didn't take long before there was a big complaint. You've heard the name Doctor Richard Varco.

DT: Yes.

EB: [chuckles] Well, you know, he was a very hard nut. I liked him a lot. We got along very well together. He jumped on one of our residents because he had made a request for some kind of a real odd procedure that didn't we didn't usually do at night, and the resident turned him down. I backed the resident. Varco did not like that at all. He invited the resident to come to a surgical conference in Todd Theater. That was a very tough conference. I knew the resident. I had just started on this program. I knew he was intent on just chewing the resident out royally, and making him go away with his tail between his legs. I didn't want it to happen because I didn't want this program to fail. So I told Varco, "He's not going, but I'm going to take his place." "Oh! Ellis, you shouldn't take his place." "Well, I'm going to."

DT: [chuckles]

EB: He went and complained to Gerry. Gerry just said, "Well, if Ellis has decided that, I might not agree with him, but I think that's his prerogative." So I went there. You know, I can take a chewing out. [chuckles] I'm not going to resign over it or anything like that. Anyway, it was very mild. Dick really was mad for quite a while.

This resident went on to a position at Walter Reed Hospital. He was actually in the Army at the time. The last time I saw him, he was in the Armed Forces in student pathology. He was a world expert in gynecological pathology. He took me out to the airport. We sat and talked. He remembered that time. A lot of heartwarming things like that happened.

Another thing, similar... When I came back from Denmark after my year and a half in Denmark—I came back in the fall of 1958—Walt Lillehei and Dick Varco had launched their big effort to correct congenital heart disease. They were pioneers in that field of open heart surgery. I viewed that. I could see what was happening, that it was something really *big*—and it was. They were real pioneers.

Anyway, Gerry decided, after I came home, it was time for him to go on tour of other laboratories in the country. Before he did that, he fired the head of the blood bank, who the surgeons just loved.

[laughter]

EB: It was a very, very, very tricky thing, dangerous thing to do. The reason why Gerry didn't like him was that he did everything himself and he felt that he didn't delegate enough to either the residents or the med techs, and, therefore, he wasn't a good teacher. Well, the surgeons just loved him because he did everything they wanted him to do. So there was a big backlash against that, but Gerry had already left. So who got jumped on was Ellis Benson.

[chuckles]

EB: I was sitting in my office one day thinking on things, probably working on a paper or manuscript or something. Dick Varco came in and announced to me, "You know, since Doctor [Newell] Ziegler was fired as director—he had tenure as a faculty member so he was still a faculty member but he wasn't in charge of the blood bank any more—of the blood bank, we've had six major transfusion reactions, all of which caused death. "Oh, my, god!" I said. "Hmmm. I'll look into that." We got the names of all the so-called victims and, fortunately, Newell was very good. He'd keep some of the blood that was given to everybody to make sure later that there wasn't an error made in not matching it correctly. So we had that, and we had blood from the patients that died. There wasn't any evidence of any cross-match failure, you know. I told Dick that, and he said, "Ohhh, Ellis, you don't know enough about blood banking. Probably there are some minor ones that you haven't been able to pick up by your crude methods." [sigh] We had an internist running chemistry at the time, Jim Melby, and he helped with this. He and I investigated all these cases, and we came to the conclusion that, no, none of them had had a transfusion reaction. They had something about it that happened, but it wasn't a transfusion reaction. I said, "The only other thing that it could be would be that the surgery caused some block of the kidneys, so the kidneys no longer functioned.

So I went down to Mayo [Clinic, Rochester, Minnesota] to see how they were doing it, and I, also, went down to the University of Texas-Houston, Texas Children's [Hospital], and others where [Michael E.] DeBakey and [Denton A.] Cooley were operating. They received me very nicely and let me come into the operating room and view what was going on. I came to the conclusion that both at Mayo and at Houston, their perfusion packs were much shorter than here. Here, they averaged at least an hour. They did more difficult cases here. There, they never went beyond half an hour. I concluded that what was happening is they were monitoring pressure but they weren't monitoring blood flow. I examined what they were doing up here. They were probably getting shunt away from the kidney, decreased blood flow. I told Doctor [C. Walton] Lillehei that. I went to see him. "Oh, Ellis, we found that out. We discovered that already." [laughter] They never apologized to me for accusing me of having caused all these blood transfusion reactions. That's the way they were. I just accepted that, because they were surgeons, after all. We sailed through that crisis. I had more confidence in what I was doing after that.

I viewed what was going from lab medicine. I had quite a ringside seat because blood was so important to their procedures, and we provided the blood. I was kind of a ringside spectator to that whole development and that was very exciting.

DT: I'm glad you mentioned those two anecdotes, because I was reading in the archival materials some of the angry exchanges from the surgeons like Dick Varco and Walt Lillehei complaining about not getting the services they wanted from the Clinical Lab...

[laughter]

DT: ...and either you or Doctor Evans standing up for whoever was being attacked by the surgeons. It really seemed as though they were putting so much pressure onto the Clinical Lab expecting you to do what was beyond the Lab's capacities.

EB: They wanted to run it themselves, I think.

DT: Yes.

EB: That never would work.

DT: I saw a letter—I don't know if you had written it or Doctor Evans had written it—where there was reference to the so-called surgeon temperament, that they were quite temperamental as it sounded.

EB: Right. It was a good strong Surgical Department, and I wanted to be supportive to it. I came to respect Wangenstein a lot because he was one of the leading surgeons in the country to put a lot of emphasis on research. People were attracted here because they could take, essentially, a graduate program along with surgery. That was an advantage. He was placing heart surgeons and other surgeons all over the country in academic positions. It obviously, was very fruitful.

C. J. was very great in his own way, too. He was a *real* gentleman. I got along well with him. I don't know why. I was in his department for a while. For the first ten years, I was on the faculty. Lab Medicine was part of Medicine so I'd attend medicine conferences, and I would go on rounds with the residents a lot. I'd fill in for residents who got sick or had to take off for some reason. I got to know Doctor Watson, and he started referring patients to me, which was nice. [laughter] He showed some respect for me, I guess. I enjoyed it in Medicine. But, once I became department head, I didn't have any more time for doing any of that. I had to hold myself down to running the department.

It was a nice department. Ann liked it a lot, too, because it was smaller. We'd have all the residents over to our house about three or four times a year for a party or for a dinner or something. It was just kind of homey. When we combined it with Pathology, not right away, but in time, the department was so big that we couldn't do that at all. If we were

going to have any, we had to have it in the Campus Club or at the Minnesota Museum of Art or something like that.

DT: It's important for people to realize that behind the Surgery Department in the 1950s and 1960s and afterwards, that their success was very much dependent on the Department of Laboratory Medicine.

EB: Absolutely.

I've got an interesting sidelight on that when [Doctor John S.] Najarian asked me to come in to talk to him about a problem. It had to do with this. There was a woman, a youngish woman, in North Dakota who developed an inflammation of the heart. It was probably a viral one. Her heart was failing. They put her on the artificial heart temporarily to tide her over, and she was sent down to Abbott [Northwestern Hospital]. Abbott was just getting into heart surgery then, and they were going to do a transplant. They asked us to do the histocompatibility testing, which our lab was able to do. It was one of the best ones in the country for that. Ed Yunis had set it up. Najarian told me—I'll never forget that conversation—"Ellis, you shouldn't do this." I said, "Well, we're a community laboratory. We present ourselves to the community as the laboratory. We can't turn these things down." He said, "They don't know what they're doing at Abbott Northwestern. How do you think we would operate here if we didn't have the laboratories that you run, the basic science departments, and the whole apparatus of the Medical School, as well as the various departments? We couldn't do as well as we've done without that." I thought that was very good insight that he had. I said, "I understand that, John, but I don't want to turn this down because we're being asked to do it, and we've put ourselves up as a place to go for specialty laboratory work that has to be done for communities of Minnesota. I don't think we can back off from this." He said, "Okay. I see." Anyway we did it for them. The woman survived the operation.

DT: This was in the 1980s, presumably?

EB: Yes, this was probably in the 1980s.

DT: Do you remember the name of the resident that Dick Varco wanted to chew out?

EB: Gene is his first name. What is his last name? His wife was a doctor, too. I can't do it right out of thin air. My memory on names is getting rusty. I could dig it up for you, if you need it.

DT: At a later time. No rush. If you think of it then... Not a problem.

EB: I'll try to think of it or who else might know? Pat Ward, I think would know. Do you know Pat [Patrick C. J.] Ward?

DT: No.

EB: You've got to meet him some time.

DT: Okay.

EB: He's a real character...up in Duluth, one of our former residents. He's chairman of the Department [of Pathology] up there, such as there is.

DT: You mentioned that you were providing community services for anyone in Minnesota who needed clinical labs done?

EB: Right. We were in competition with Mayo in a way, too, but we got along fine with Mayo. We were good friends. They seemed to respect us and we respected them. But, you know, just the same, we didn't want all the specialty work to go to Mayo. In some areas, we were better than Mayo. In many areas, they were better than us, but in most areas, we were at least equal to Mayo. I think we were better than they in some areas, including transplantation immunity. That was an important thing.

DT: Can you tell me a little more about the medical technology program? As you said, it seemed to be very important.

EB: Very important. Gerry Evans pretty well ran the department on that, before I joined it. These young women were very skilled in the technology. Gerry himself, and Doctor [William A.] O'Brien before him, had put much emphasis on learning to do good and reliable lab work. Two of the med techs just before I joined the department, Verna Rausch and Esther Freier [two medical technology faculty], had pioneered in quality control in chemistry and had made a national reputation on that. They published that and that was a seminal paper in that field. The effect it had on the laboratory was like this: that before that—I was here when it really came to fruition—when the result that the clinicians got from a laboratory didn't correspond with the judgment they had made on the patient clinically, the lab had made an error. That's true, you know. I mean, that's what they focused on. Once they got used to quality control, it just turned right around. They had more respect for the laboratories than their own clinical judgment.

DT: [chuckles]

EB: If they got a laboratory result and it was supported by good quality control methods, then they began to look... Well... Hmm. I've overlooked something here. [chuckles] So that changed medicine, in a way.

Technology improved while I was here, too. That was largely due to the work of the med techs in the laboratory. They were super. They were very dedicated. They were proud of their work, and their work was first rate.

Some of the advances that occurred in the laboratory had a big impact on medicine. I'll give you a couple of examples. One of them was that when I first joined the department, people were dying after surgery or in a diabetic coma, because there was no good

analysis for sodium and potassium. It wasn't known that these were becoming abnormal, particularly potassium. There were patients suddenly dying from their heart stopping after major surgery and diabetic acidosis. Then, when we got a good, reliable analysis by flame photometry for potassium and sodium, they didn't die anymore. It was found right away when both these electrolytes, especially potassium, became so low the heart stopped. When that was corrected, many, many lives were saved.

Another area of improvement that happened in my time was the analysis of calcium. When I was in Medicine, I was specializing in endocrine and metabolic disease working with Doctor [Edmund] Flink. At that time, the diagnosis of parathyroid disease was made by very cumbersome methods: twenty-four hour urine calcium. For example, I think another test phosphorous clearance testing on the urine was not easy to do either. As the method for the analysis of serum calcium improved... When I first came to the lab, it took two days do one serum calcium reading. It was not a very accurate test anyway. Then, atomic absorption spectrometry came in. These ladies were so good at picking up new technology, new machines, and knowing how make them work properly. Calcium became much more reliably and quickly determined. You'd get it in just a few minutes. Then the most reliable method for making the diagnosis for hyper- or hypoparathyroidism, which was not a common diagnosis, was serum calcium, because you could see that it was high or low right away, that maybe either the parathyroid was over active or there was a tumor in the parathyroid. So it changed the way of practicing medicine in that area, overnight—not overnight, but in a short period of time.

DT: Why is it that the medical technologists were mostly all women?

EB: It seemed to be a woman's field like nursing. Most nurses were women, too. There are a lot more male nurses now. Our son is a male nurse, in fact, out in Vermont.

Ruth Hovde ran the program in Medical Technology then, the teaching program, and Verna Rausch was her assistant. I said to Ruth and Verna, "There are a lot of people, a lot of young women out there that don't know that med tech is a field to go into, particularly in minority communities. They're looking for things to do, the black and Asian communities. We ought to make more of an effort to recruit them into med tech." Ruth said, "Oh, Ellis, you don't know what you're talking about. We don't discriminate against them." "Well, discrimination is one thing, but how much effort do you do in recruiting them, make affirmative actions?" "Ohhh, we don't need to. We get plenty of good students without trying to do that." That's true. They did get good students. Then, they began to get more diversity in the program. Even now, I think, if you run across students who are looking for something in science, medical technology, clinical laboratory science are good fields to go into because there's still a shortage of workers in the field.

DT: Yes, certainly.

One of the things that seemed to be difficult for the department in the late 1950s and early 1960s is the lack of space for the department. Can you speak about that?

EB: Yes, we were short on space, all right. We worked hard and tried to improve it, and when there was an opportunity after the Mayo Building had been built... No. We were only in the old University Hospital, the Eustis [Hospital] and Todd wings. We also got money from an NIH grant to help build a laboratory area, which is known as the Southwest Court. It's in the courtyard between the Mayo Building and the old hospital, next to Eustis on one side. So that helped to alleviate the space shortage. From then on, I think we did okay. We got enough space. We needed space for research. Most people said, "You've got plenty of labs. What do you need space for research for?" "Well, we do research, too, you know."

[chuckles]

EB: "We can't just do research on the clinical laboratory work. We do that, too. That is a fruitful field, of course. We have laboratory needs beyond that. We can't take over the clinical laboratories."

Do you know Franz Halberg at all?

DT: Yes, I do.

EB: All right. Well, Franz could have turned our whole chemistry laboratory into a chronobiology laboratory if I'd let him do it.

[chuckles]

EB: He had all kinds of projects for me to do that required a heck of a lot of work, and I had to be a little tough on him on that.

DT: He had a lot of success in building chronobiology.

EB: Yes, he did.

DT: Are you going to speak to how that came about, that kind of growth in chronobiology?

EB: [chuckles] I'll try to do that. When I started in pathology when I was at Vet's, a man came on the ward who was in internal medicine, and he was doing some work on eosinophils. He was the first person I invited to dinner at our place. I told Ann, and he came to dinner at our place—it was at a time when I was doing autopsies out there; it was my first year, I think—and it was Franz Halberg.

DT: Ohh!

EB: He and Ann had to do most of the talking, because I was so tired. I had done four autopsies that day and I was just absolutely pooped.



I got to know Franz and watched him. But, you know, he could drive you nuts. [chuckles] He could think of projects for you to do that would take all your time. Some of them would take all the capacity in the laboratory for that particular area, and we had to take care of the clinical needs of the laboratory. He never understood that, really. Ohhh, I think he was a very blunt guy—still is. I don't know. Is he still around over there?

DT: Yes, he is.

EB: I went up to see him the other day, since I retired anyway. I went up there and found out that he was on the same floor as the Department of Laboratory Medicine offices...

DT: Yes.

EB: ...the central office where Doctor [Leo] Furcht is. I went in to see him, and here he had his whole staff in to see me. They were all wearing Holter monitors.

DT: Yes.

EB: He wanted to clamp one on me, too. I fought him off.

[laughter]

EB: He was in my department, you know.

DT: Oh okay.

Going back to the question about the space needs again... Obviously, you needed space for research, but it also seemed that you must have had some fairly sizable technology that, also, needed space, as well. The electron microscope, I think required quite a bit of space.

EB: Yes, that's right. We were able to get it. I got space for electronmicroscopy. NIH financed it, too, from my grant. It was in Diehl Hall. It still is there, I think. I was able to buy an electron microscope, too. That was the beginning of electronmicroscopy in our department. Later, when we combined the two departments, the electro microscopy space was in the basement of the Philip Wangenstein Building. It's way down in the sub basement. I think it's still there, but I'm not sure.

DT: Early in the 1960s, it seemed to be that Doctor Evans was kind of phasing out his leadership...

EB: Yes.

DT: ...and bringing you in. But it seemed to take quite a long time.

EB: It did. For a while, I was ready to leave, you know, because I got a nice job offer from the University of Chicago, which is a good university. A friend of mine was running the department down there. Gerry didn't do anything about it at first. Then, later, he came in. He was almost crying. He said, "Ellis, I don't want you to leave." I said, "Well, I don't see any future for me here," which was true. It was a nice job down there, and the University of Chicago is a fine place. There were a lot of other attractive features, the Laboratory School for the kids. The University of Chicago at that time—probably still does—pays all the college tuition for children of faculty members at the level the University of Chicago charges or the same, which is fairly generous, you know, around the country, too.

It came right down to... I was going to give them my final word at the end of February 1963 and about February tenth, Bob Good...

DT: Yes.

EB: ...the name sounds familiar—asked me to go out to eat lunch with him. I went out to lunch, and he said, "By the way, Ellis, you really don't want to go to Chicago, do you?" I said, "Nnnnooo, I'd rather stay in Minnesota, I must admit, but I have a very attractive offer from Chicago, and I don't see any future for me here." Gerry had already indicated that he wanted somebody else to be department head. [chuckles]

DT: Oh!

EB: He and I had had a fight, you know. I loved Gerry, but he could be very stubborn. He'd indicated that he was interested in somebody else for department head. I knew he was going to retire before long. If I wasn't going to be in the running for it, I thought I'd better look for some place else.

Anyway, the next thing, I got invited out. After Bob took me to lunch and said, "You shouldn't go down there. We need you here, Ellis," which was nice, I went out to Gerry's house. Ann and I were invited out there for dinner. The dean was there. [laughter] Doctor [sounds like Lar-see] wasn't there, but Doctor Watson was and Doctor [Maurice] Visscher and Doctor [John] Spizizen from microbiology and a few others. They put on a big bite on me about staying at Minnesota. The next thing I know, I get a letter from Dean [Robert] Howard, who was the dean at that time, saying that if I stayed, I would be the next department head, which was not the right thing to do, you know.

[laughter]

EB: "You'll be the next department head." This letter was signed by the president, who was Malcolm Moos then and it was going in my file. "But you mustn't talk about it at all," he said. So, then, I decided. I called Chicago and said, "I'm going to stay in Minnesota." That was sort of a tidewater mark in my career.

DT: It seems like for the next couple of years, until Doctor Evans retired, that you took on more administrative responsibilities.

EB: Yes, I gradually did. I had a wonderful time with Gerry's last years. We'd go out for lunch about twice a week—I don't think it exists anymore—to the Tempo Bar and Grill on Franklin Avenue. They had a nice steaks there and Manhattans.

[laughter]

EB: Every time I had a couple of Manhattans, I wasn't much good for after dinner work, but it was a wonderful time to get to know Gerry better, his mind better before he left. He left about three years after that.

DT: Can you speak a little about what led to the merger between Laboratory Medicine and Pathology?

EB: I can do that, I think. When Doctor [James] Dawson retired, I was asked to be chairman of the search committee for a new department head. Bob Howard drove around the country to other departments of pathology to get their advice. A couple of them called him back and said, "What are you doing that for? You've got Ellis Benson right there in Minnesota. You should appoint him right away before he goes somewhere else." Bob said I had removed myself as a candidate. So we appointed Bob Good at that time, you know.

DT: Yes.

EB: That was in 1969.

Well, Bob left in 1973 to go to [Memorial] Sloan-Kettering [Cancer Center]. The department was very short on space is one of the reasons why I didn't want to take it over earlier, and the budget wasn't very good either. But Bob did a lot for both of those things. The budget was much better and there was much more space. So, I decided I would be a candidate in 1973. They just had a quick compete, the search committee, so-called. They drilled me. I know one thing they said, "Ellis, you know one of the things that the department needs very much is more surgical pathologists, because they're very short," which was true. They only had Bob Hebbel and Paul Lober. Hebbel was partly retired then, too. "What can you do about that?" I said, "Well, I'd have to go out and recruit some new first-rate surgical pathologists." "Suppose they ask for a lot of money." I said, "Like what?" "Well, \$75,000 a year." That was quite a big sum at that time. "If they ask for that and I really want them, I'll have to figure out how to raise that money." Anyway, they finally offered me the job, and I took it. My wife, Ann, a very loyal and perceptive partner, told me "Oh, Ellis, your Lab Medicine isn't big enough for you and me. I don't want the huge..." But I had a lot of ambition, and I knew what I could do with Pathology. I'd been on NIH study sections, and training grant committees, and so forth. I was on the American Board of Pathology also then, so I had quite a few national

responsibilities. I became president of the Board, even when I was assistant in Lab Medicine, of the Association of Pathology. So that was kind of nice. I said I would do it. I knew that I had to get busy and recruit for Pathology.

Right way, Dick Estensen in Pathology came over to see me. He said, "Doctor Benson, I hate to tell you this, but there's a real crisis. We don't have any residents anymore. We don't have anybody to do autopsies." "Well, that is a problem."

DT: [chuckles]

EB: "We'll try to tackle that." I decreed that everybody in Lab Medicine that had been trained in anatomic pathology, including myself, would help do autopsies. So the first thing I got to do as department head was do autopsies. Then, when I was recruiting the surgical pathologists, [Doctor Louis P.] Dehner (Pepper, we called him) was one of them. He told me later, "You know, when I was being recruited, they took me down to see the morgue. I looked in there and there was a man doing an autopsy, kind of gray-haired, glasses. I said, 'Who is that?'" "That's Doctor Benson, department head." "Ooh, stand back. That's the first time I've seen a department head doing an autopsy."

[laughter]

EB: Bob Anderson, who was a good pal of mine, was head at the University of New Mexico. He told me, "Well, you know, Ellis, it was noted around the country that you did that and that was a really good thing." A lot of people thought I'd just make it into a grand department of Lab Medicine and forget about Pathology entirely. That wasn't my idea at all. I was going to really improve Pathology to get it up to the level of Lab Medicine. Doctor Bell had been a *wonderful* pathologist and loved by the students and respected all over the country. I wanted to get it back to that level, and I did.

I was lucky. I knew Juan Rosai at Washington had not been appointed to take Doctor Ackerman's place as head of surgical pathology there and might be available. I knew him, so I went right down there immediately and worked on recruiting him. I invited him up. He was being recruited by Stanford, and M.D. Anderson Hospital down in Houston, a place like the Mayo Clinic, a big surgery hospital. He told me later that Dr. Ackerman said, "You should go to Minnesota. Doctor Evans and Doctor Benson run a first-rate department there." So he came to us. He quickly became one of the leaders in surgical pathology in the country. We went from way down at the bottom to the top, all of sudden. Doctor Hebbel was just very pleased with that. At first he thought, well, you know, maybe you're going to replace Paul Lober, but Paul Lober was all in favor of it. He said, "Oh, yes, you should get him if you can." I did get him. I asked him what he needed. "For salary, what do you need?" "Fifty thousand dollars a year." "Okay." [laughter] The biggest problem was he needed five surgical pathology fellows. What I did was just switch five of our positions to surgical pathology, and that took care of that. I, also, took the space that had been the Pathology laboratories over in Jackson [Hall] and converted them into laboratories for Rosai, Dehner, and his group. So it worked out okay.

When I was going to retire and announced to my friends that I was retiring as department head, I was on a site visit with Doctor Leonard Jarett, who was head of the department at the University of Pennsylvania and with Ray Cotran, who was head at Peter Bent Brigham Children's Hospital in Boston. They said to me, "Ellis, it's terribly important that they pick a good replacement for you. You have the best department in the country."

DT: Wow [whispered].

EB: That made me feel... I succeeded.

DT: Certainly. I think it's incredible.

So the two departments merged essentially because you were head of both of them, and it just made sense.

EB: Yes. By Gerry's insistence, I had finished up my training in anatomic pathology. I did my work in Lab Medicine, but I, also, took a full time rotation in autopsy pathology at the University Hospitals that first year. I developed an ulcer before the year was over.

DT: Ohhh.

EB: That's the only time I've ever had an ulcer. Ann has had an ulcer. She said, "Oh, you gave it to me."

DT: [laughter]

EB: She's been a wonderful wife.

DT: It's clear from the archival material I've seen that even in the 1970s, administrators and people at the University were well aware of how much you transformed the department and brought it up to such high repute.

EB: Yes.

DT: And that was in the 1970s, and you then had another fifteen, twenty years. [chuckles]

EB: After that, I had at least fifteen years, I guess.

DT: Can we switch focus to other questions about the Medical School now?

EB: Oh, I should say so!

DT: [laughter] There's lot more to cover.

EB: Yes. Am I doing the right things, though?

DT: Yes! You're perfect. This is fantastic. Just let me know if you run out of steam.

EB: All right.

DT: We can always reconvene at another time.

Obviously, the 1950s and 1960s were a period of transition for the Medical School, in general, and for the Academic Health Center.

EB: Yes, it was.

DT: Can you talk at all about the decision to appoint Bob Howard as dean of the Medical School in 1959, and how the faculty approached him as dean?

EB: I wasn't in on it at all, but I think Doctor Watson, certainly, was his major proponent. Bob was a bright guy. He petitioned to be dean. Not everybody wanted to be dean, but he did. He was a logical pick, I think. He was known to have the ability. Harold Diehl had retired and they were picking a successor for him. Diehl had run the school kind of in a very offhand way. His advisors were Visscher, Wangenstein, Watson, and Bell. They backed him up on dean. They thought Bob Howard would be a good successor to Harold Diehl.

DT: It seems, though, that early in Bob Howard's tenure that he confronted some challenges particularly regarding faculty practice.

EB: He sure did.

[laughter]

EB: That was really something. I think he was injudicious in trying to push that through. Actually, they're doing it now the way... I tried to tell him that. "You know, Bob, they're finally getting around to the time that you had pushed it." The trouble was at that time, he just thought he could get it by decree because he had Watson and Visscher and Bell—not Bell so much—and Wangenstein, too, in fact, behind him on what he was doing. The trouble was there was some powerful faculty members that managed to stir up a lot of opposition. That was Varco, Lyle French, and Donald Hastings, a triumvirate, and they had many clinical faculty behind them. They went to see President O. Meredith ["Met"] Wilson, who was president then, and got his backing. And that was the end of Bob Howard. I don't think he ever got over it, in fact.

DT: Yes. That's certainly been the consistent message that I've gotten from the other folks I've spoken with, and even Doctor Howard himself thought that the faculty practice issue had sort of tainted his deanship in some ways.

EB: Yes. That's too bad. I'm sorry.

We weren't around for a year about that time. Bob took a final sabbatical to go to Switzerland to work with an old friend of his, Paul Frick. He came down to Rome, where Ann and I were on sabbatical, he and his family, to visit us. We went on a Greek tour together. I really enjoyed it. Bob and I were good friends starting from Medical School and, then, through my early career. We both had cabins in Wisconsin on the same lake. He got us out there, in fact, so we got to know each other very well out there in a relaxed setting. I liked Bob. I still do. He's a good friend of mine, and I try to keep in good contact with him. He's had a tough time, because of Lorraine [Mrs. Howard], who went through this long Parkinson's disease, a problem you know of going down hill. He spent a lot of time taking care of her before she finally died. He's got a nice companion now, Ardy Skoglund. They live in California.

DT: Yes.

EB: You met her?

DT: Yes, I did.

EB: She's very nice.

DT: Yes, she was wonderful.

EB: We see him when he comes out here. I don't travel very much anymore. I don't get out to California at all—for two reasons. One of them is I don't want to spend all my money before I die.

[laughter]

EB: And you know, with the stock market, my portfolio went down a good bit; although, my financial advisor is a very shrewd woman, who is very conservative on it and has kept it from going down too far.

DT: That's good.

In addition to the faculty practice issue, there was, I'll say more generally, national concern about a shortage of physicians and dentists at this time.

EB: Oh, yes—and there still is somewhat, mainly in primary care medicine. There are plenty of specialists, plenty of pathologists, plenty of other specialists.

You know, too big an emphasis on specialty medicine has been one of the causes of running up the cost so much. I know from my own experience. Since I retired twenty years ago, we had land up north and we built our house up there on a lake. We liked it so much; we decided to move up there. So we lived just south of Duluth at Barnum, just

outside Moose Lake, for ten years. It was lovely there, and I got good care in Moose Lake. My physician and Ann's, too, was a young woman who had graduated from the Rural Physician's Program here. Her name was Lynn Stotler. She was very good. I liked that. She didn't depend on specialty care, really. She handled most things. The specialty care that they got was from Duluth. Every once in a while, a gastroenterologist would come down. If people had a problem in gastroenterology, they'd see that person or GU [genitourinary] or whatever, you know. But down here, I have a very good doctor; that's Doctor [Greg] Vercellotti. Do you know him?

DT: No, I don't.

EB: He's in the Department of Medicine at the U. He's a hematologist, very good. He's an old friend of mine. He takes very good care of me, but I notice I get referred to specialists a lot more than I did up there.

DT: [chuckles] Yes.

EB: I have trouble with my lung and wham, bang, I'm on.... I had not only Vercellotti, I had a dermatologist—they always schedule you to come back anyway—and a urologist and a pulmonologist...

[chuckles]

EB: ...and what have you. I can see why that can run up the cost of medicine.

DT: Yes.

It seemed that the issue of too many specialists was front and center, at least in the late 1960s and around the creation of the Department of Family Practice.

EB: Yes.

DT: There was a lot of agitation from local practicing physicians to create that department.

EB: Yes, and that was a good department, a very successful one. Doctor [David] Brown didn't like it.

DT: Why not? Why didn't Doctor Brown like it?

EB: Oh, he just thought it was too low level. Dave is a good guy. He came from our department, too, you know. He's a pediatrician also. He came into the Department of Lab Medicine, and when I was in Rome, he ran the department and did a wonderful job. So I made him director of Clinical Laboratories when I came back.

[break in the interview]



EB: In fact, he [David Brown] was my right hand man. In 1984, he became dean.

DT: Right.

EB: I think he was dean for ten years. He didn't have quite as big a problem as Bob, but he ran into some difficulties, too, with the administration and was asked to step down in 1994. He didn't want to, but he did. He has a little bit of bitterness about that. He's a very good man, and I like him a lot.

DT: What specific problems did he encounter in his deanship?

EB: Uhhh... I've got to think of some of that. It had something to do with the Najarian flap. You know Rob Anderson resigned on that because he felt [President Nils] Hasselmo acted too precipitously on that. I don't think Dave was in accord with the administration on the way they handled it either. He finally got eased out and now [Frank] Cerra is not only vice president, but, also dean, isn't he?

DT: That's right, yes.

EB: I don't like that combination. I think being vice president is enough—but I don't have anything to do with it anymore.

DT: [laughter]

EB: I don't say anything about it. The reason I moved up north for ten years was to get away from the department. People in the department were coming to me and saying, "Ellis, can you do this? Leo [Furcht] is doing something I don't like to me." "I can't do it. I'm not available for that at all."

[chuckles]

DT: Then there seemed to be a lot of agitation from Saint Paul physicians that there should be a second medical school created.

EB: No, I think that's nuts. I'm not at all sympathetic to that.

DT: Do you remember those...?

EB: Oh, yes. Dr. Davitt Felder is an old friend of mine. He was a big pusher of that.

DT: Yes. I'm going to be speaking with Doctor Felder on Friday.

EB: [chuckles] Are you? Well, I like Davitt. He's retired now, I'm sure.

DT: Yes.

In general, the Medical School was resistant to this idea of having a second medical school?

EB: Oh, sure, they were. They didn't see any point in it. It would drain some support that's needed from the state, from the current Medical School, and that doesn't seem to be wise. You know, we have Mayo already. We have, also, Duluth; it's only a two-year one. We won't ever get more than that, I don't think. But, we have Mayo down there, which is perfectly okay. That's enough. That's enough medical schools for Minnesota. It's not a big state. We don't need a lot of medical schools. Iowa has only one. Wisconsin had two; I expect they still do...the one in Milwaukee. But most states in the Midwest have only one medical school.

DT: The thing about Minnesota was that it was, also, catering to the North Dakota and South Dakota students as well.

EB: Oh, yes, but North Dakota and South Dakota both have their own medical schools now.

DT: Yes, sure.

Do you recall the name Herb [Herbert] Huffington?

EB: [pause] Who is that?

DT: He was the president of the Minnesota Academy of General Practice in the 1960s.

EB: Oh, was he?

DT: Then, he became one of the regents.

EB: Is that right?

DT: Yes. He was really pushing for the creation of the Department of Family Practice, but, also, was unhappy and represented the position of the Academy of General Practice and their dissatisfaction with the way the Family Practice Department was being run in the late 1960s and early 1970s. He put a lot of pressure through the regents on Dean Howard to change the way that...

EB: Didn't they get Ed [Edward] Ciriacy, then?

DT: Yes.

EB: He did a good job, I thought. Then, what was his name? The baldheaded guy? I can't remember his name now. He took over.

DT: Okay.

EB: I think this Doctor I had up north was a product of that program. I thought she was very well trained.

DT: In the 1960s, what were the relationships like between the clinical departments and the basic science departments within the Medical School?

EB: They were good in the early years. They kind of deteriorated some later, because the clinical departments became overly strong compared to the basic science departments. There wasn't enough balance. But I think it's pretty good now, quite good now. Our department was in the nice position of being both a clinical and a basic science department. I was on a Basic Science Council and on the Clinical Council, too. I think good department heads in the basic sciences were picked. I was chairman of the search committee that picked Ashley [T.] Haase, incidentally. He's been really strong.

I don't know who's running Biochemistry now. Who is the chairman of Biochemistry [David A. Bernlohr]?

DT: I don't know.

EB: I don't either. I've lost touch with a lot of that. I go over for some conferences, but very infrequently now. My health isn't that great.

DT: My understanding was that in the late 1960s, there were efforts to create a separate school of basic science so that the basic scientists would no longer be part of the Medical School.

EB: I don't know what effort that was. I didn't even know about it. [chuckles] I hope that that didn't succeed.

DT: It didn't succeed. [laughter]

EB: I think Dave Brown got a little suspicious of what I was up to, because I was a proponent of combining the two departments of Biochemistry in the Graduate School only, not necessarily in the undergraduate, or anything like that. He thought I was trying to move Biochemistry out of the Medical School, and I wasn't.

Here's my dear wife. Come on in, Ann. You can join us.

AB: Oh, hello.

EB: We're having a good time. Dominique knows a lot about the Medical School, I think more than I do by a long shot.

DT: No, no, no, no. [laughter]

Do you recall how relations were between the Medical School, and, say, the Nursing School, Dentistry, and Public Health in the 1960s and 1970s?

EB: Rather distant. I don't think we had much to do with each other. In Pathology, we taught general pathology to dentists and others. Dentists had their own pathologists who taught oral pathology, [Robert J.] Gorlin and [Robert A.] Vickers. We took part in the Mortuary Science Program, too. I think Pathology had good relationships with the various schools, but I can't comment on how... I think the Medical School would consider themselves superior to all these other schools.

[chuckles]

EB: Ann and I lived in Saint Anthony Park, which is a beehive of faculty members, not necessarily from the Medical School. It was a very good experience. I heard over there plenty of times, "Oh, those doctors in Medical School, they drive big cars and they smoke big cigars." I said, "I beg your pardon. We don't all do that."

[laughter]

DT: When the Health Sciences were reorganized in 1970, do you remember what the attitude of the faculty was towards that reorganization?

EB: I think it was indifferent, not too worried about it. They knew the Medical School was superior to them all.

[laughter]

EB: They didn't mind being in with the rest of them, as long as they weren't told what to do by them. That's my opinion, anyway.

DT: How about the decision that Bob Howard decided not to apply for the vice presidency position and ended up leaving?

EB: Oh! I think he wanted to be vice president. Whether he withdrew his application when he found out he wasn't going to get it...probably. He left because he was treated so poorly. He wasn't backed up on this practice plan. On that, I was neutral; I didn't take either side. I thought Bob was somewhat precipitous in pushing it and should have lined up more support for it and told us all more about it. I backed him otherwise. I was always known as a friend of his. People that didn't like him kind of looked rather suspiciously at me as being a friend of Bob Howard's. I can't chuck him as a friend because he offended some people. That didn't make me say, "Well, I can't be your friend anymore, Bob." I was still his friend.

DT: It seemed that with the faculty practice plan that he was proposing, maybe positions in the Laboratory Medicine would have benefited from it and that it was the big clinical

departments that had a lot of referrals and were earning a lot of private income like the surgeons who were the ones who were most resistant.

EB: Yes, we might have... But, you know, in about 1965 when Medicare came on, we didn't have a problem anymore, because we did a lot of work that qualified for Medicare reimbursement. A lot of slide reading, a lot of supervision of specialty tests, and interpretations of specialty tests, and so forth, so our income gradually increased. Of course, it was very sound on the clinical side. We had an outreach program that went out in the state, and we received and shared the income of that with the hospitals, because we used the hospital facilities. We got quite a bit of income from that, too. So we weren't bad off financially on the clinical side when we became a united department.

DT: I was wondering what the impact of Medicare had been?

EB: It had an impact, all right. It gave us more clinical support. It's interesting that the so-called state funding, you know, legislative funding, we couldn't have run the department on that at all. No question about it. We needed other sources. We had a certain amount of research funding [unclear], and then we got the clinical funding finally straightened out.

Before that, Doctor Evans, when he was working on the budget, would roll up his sleeves and be closeted in his office working on it just to try to get \$2,000 out for some thing that he wanted to do. You know, it was crazy. Then, he would say, "Ellis, I think your idea of the budget is that God will provide."

[laughter]

EB: In a way it was, actually.

DT: When Doctor Lyle French was appointed as the first vice president, do you recall what the attitude of the faculty was to his appointment? Did he get a lot of support?

EB: I think that a lot of them didn't understand why he was appointed, including myself. I liked Lyle in many ways, but I didn't think he was academic enough to be a good overseer of the whole thing. His ideas about basic science were kind of crazy, I thought. He would joke about the basic scientists, that they didn't have to work as hard as he did. Well, that could be debatable. They did different things.

DT: That puts perspective on the fact that in the 1970s, the basic scientists seemed to be clamoring to get more recognition within the medical curriculum and to just get more status within the Medical School.

EB: Yes. When I took over Pathology as well as Lab Medicine, one of my first problems was that pathology had practically disappeared from the curriculum. [chuckles] Pathology was being taught by surgeons and internists and so forth. I thought it was pretty weird, so I made a big fight, I remember, with Bill Krivit—he was in charge of so-

called Phase B, which was an integrated curriculum—to get pathology extracted from some of those integrated cores, so that we could really take charge of teaching real pathology and not pseudo pathology. [sigh] I succeeded largely in that, I'm glad to say.

DT: It seemed a continuous tension that there wasn't enough basic science teaching in the curriculum...

EB: Yes, right.

DT: ...and the clinicians wanted more clinical time.

EB: Yes, that's right. They had intruded on the basic science years.

DT: Also, in the late 1960s and early 1970s, it looked like there was some effort afoot to create the School of Allied Health Sciences and that you and your colleagues in the department had objected to that.

EB: Yes. I was not in favor of that because I felt that medical technology was part of Lab Medicine and that was their natural home. I wanted them to be with us. We had similar aims. I didn't see that going over as part of the new entity with physical therapy and occupational therapy and so forth was particularly a great move. I lost that one, I think.

DT: Yes, that's a shame. With Esther Freier, who was still leading the medical tech program at the time, and others [in the program] were also, against it, as well.

EB: Yes, right. When Karen Karni became head of the med tech program. She did a good job, but she didn't ever get along with Leo [Furcht], so that didn't last long.

DT: You mentioned a few times about going to the Mayo Clinic. How were relations between the Medical School and the Mayo Clinic?

EB: When I was on the faculty those first years, we had a combined graduate program with Mayo, you know. Both the Mayo and we were under the Graduate School of the University here in graduate education. That's all they aspired to be. They didn't have a medical school there. It was later that they created the medical school. So we would go down to review their graduate program. They did not like that, I must say.

[chuckles]

EB: "We don't go up and review yours. Why do you come down and review ours?" "Well, that's the way the Graduate School operates." Anyway, they finally broke away from that. On an individual department basis, we got along very well with Mayo, including Pathology and Laboratory Medicine. When we developed both Pathology and Laboratory Medicine as separate departments, they did, too. Then, when we combined... [laughter]

DT: They did, too.

EB: They started to think about doing it again, and I think they finally did. I know that they were pleased to have us up here. I think our relationships with our Pathology brethren and Lab Medicine brethren down there were very good.

DT: How were, generally speaking, the relations between your department and the University Hospitals? You mentioned Ray Amberg earlier, and John Westerman took over from him in the late 1960s.

EB: Ray was a pretty tough nut, you know, a curmudgeon. He knew what he wanted to do. He was hard a nut. His aspirations were good. I got into a lot of fights with Ray. He was one of those that if you fought with him and you didn't give up, then he had a bigger respect for you than he had before. I finally won his respect by fighting him enough on various things.

DT: [chuckles]

EB: But I had a respect for him, too. I liked him. His ideas were good

I didn't have trouble with the University Hospitals, particularly. We always would try to get more money out of them. But I think our relationship with the University Hospitals was positive for us, basically. When you had a good department, they appreciated that. We certainly weren't a drag on them. We probably generated more funds than we cost them, so I'm sure that from that standpoint, there was a good relationship.

DT: And that continued when John Westerman replaced Ray Amberg?

EB: Pretty much; although, I think Westerman was pretty much a lightweight compared to Amberg.

I remember him saying to me, "Ohhh, Ellis, I think you finally got appointed to a position higher than you can handle."

DT: Oh.

EB: [John Westerman continued:] "You're proving the Peter Principle. You got promoted above your level of competence." [chuckles] "Oh, do you think so, John? What about yourself?"

[laughter]

DT: Oh, that's...

EB: No, I didn't have a lot of respect for John Westerman, but Gertrude Gilman and Ray Amberg were my kind of people. The later ones, I thought were very good. Greg Hart, Bob Dickler, and so forth were excellent. I had a lot of respect for them. They were good to work with, too.

DT: How about relations at the other hospitals that the University was affiliated with?

EB: Well, for me, it was fine. With Vet's, we actually ran it, probably. We appointed the people out there, and they were connected to us, as well as to Veteran's Hospital. We had good relations with General, a first-rate bunch there, and still are. We had a little bit more difficulty with Ramsey, because they seemed to always be wanting to move away from us and run their own show. They had their own residency program. That was okay with me. I didn't want anybody that didn't want to be with us. If they didn't want to, if they wanted to run their own program, that was okay with me. We had plenty of residents as it was, and we had plenty of responsibility. We now have combined with Hennepin. In fact, the most recent director of the combined residency program came from General Hospital, and I think that's good move.

DT: Do you have any comments on how medical education has made a change in the last fifty or so years?

EB: I think the practice situation has been not a good one, necessarily. I think it was maybe better in the old days, when we had county patients and so forth, and it wasn't a big money maker. I can't say that wholeheartedly, because I think a lot of good things came along with that, too.

One of the places that tried to get me to move was the University of Rochester in Rochester [New York]. One thing I liked about them was that they had a very strong community base. They were involved with the operation of all of the major community hospitals there. It was a mutual arrangement. It wasn't just the University running them. It was the two working together. Jim Haggerty had a big role in that. He was head of Pediatrics there. He worked hard at that, did a good job.

Here, I think we always had a little bit of a problem. When I go to the History of Medicine lectures, I get some of that. [chuckles] Arne [Arnold S.] Anderson who goes to that, had a lot of fights with the Pediatric Department at the U and doesn't respect them and didn't like them, despite the fact that it was a very strong department. And I think our community relationships could have been better than they were. [Dr. Anderson was a leader in establishing the Minneapolis Children's Hospital].

DT: What do you think explains the tension between the community physicians...?

EB: We became competitors instead of just supportive of them. I think that was one of the things. That's my own gut feeling, anyway. We got along fine. We walked our own way.



People from North Memorial wanted to help teach. I was really short of teachers when the departments were combined. We had a lot of pathology teaching to do, and we didn't have all the faculty we needed. The ones at North wanted to help teach. I invited them on the faculty, and they got faculty positions. We never paid any of them a salary, but, at least, they got positions so they got in to the retirement program and so forth. We had a very close relationship, and they were excellent teachers, like Seymour Handler and Tom Semba and Tom Swallen. They devoted themselves to it, and they were really good teachers. It was a positive relationship, and it helped us in the community then, too. They were really community pathologists, but they, also, had a stake in the University.

DT: Do you have any other observations that you would like to share about the Medical School and the Academic Health Center?

EB: I think it's a strong Medical School. Now, I'm worried that it may be going down some. I think that the partnership or the merger with Fairview, or whatever it is, was probably inevitable, because they needed somebody to take over the cost of running...or paying the bill for the new hospital. [chuckles] But I don't think it was all positive. I don't think Fairview understands education at all, so they drag their feet, I think, along that line. I'm worried about them on that and from what I hear, you know. People that are still working at University Hospitals that confide in me say the same thing...the Clinical Department [unclear], you know. So I'm worried that it's gone down some. It was one of the top public medical schools and hospitals in the country, and I think it's slipped down because there is too much emphasis on practice and not enough on all the other aspects of being a medical school department.

DT: Ohhh. That's interesting. Oftentimes, you hear it's the other way around, that there's too much emphasis on research and not enough emphasis on patient care.

EB: Yes. Well, it could be that in some departments it might be that. I think that's not an over all problem.

DT: Can you recommend anyone else that you think I should speak to who would have some interesting insights on the history?

EB: Pat Ward up at Duluth is one. I might say that he was a resident here in the 1960s. He's from Ireland. He was the first Irish resident in our department, and, after him, we had a whole flow of them because he liked it and recommended it to other people. He had a knack for teaching, and I understood that. When the curriculum got revised back in the early 1970s or, maybe, in the 1960s even, there became room for electives—the last year was all elective, I think—I stimulated him to develop a course on use of the laboratory in Medicine. He developed a first-rate course that has been copied at a lot of other schools. He is a born teacher. Some people are good teachers; some aren't. He has a way of engaging the students that makes him very popular with them, and, still, they learn a lot, too. I think he's been very good. He would be worth talking to. He'd have insight on that.

Okay, who else? Leo Furcht would be a good one to talk to, since he's come up. He was my successor. I recommended him. He was my choice and the search committee picked him. Dave Brown would be good. Dave has got good judgment. Al [Alfred F.] Michael... is he still around?

DT: I don't know.

EB: I don't either. I haven't seen him for a long while. [laughter] I'm not a good one for recommending...

DT: Oh, this is great.

EB: Who else? Can you go to other places?

DT: Yes.

EB: You can? Jim Fine, who is head of the Department of Lab Medicine at the University of Washington-Seattle, was one of our residents. I don't know as many people in the field... Des [M. Desmond] Burke has retired. He came from here and went to head up Clinical Pathology at the Cornell Medical School and New York Hospital in New York. [J.] Jeffrey McCullough, who is still here, ran the American Red Cross [McCullough was senior vice president] for a little while with Elizabeth Dole [as president], but now I think he's some kind of an academic physician. Do you know him at all?

DT: No, I don't.

EB: He's in the Department of Lab Medicine and Pathology. Umm... I think if you went to Washington, you should see Louis Dehner there, who came here with Doctor Rosai. He's a dynamic person. He has a good perspective on things. He's out at Wash-U. I don't think he's retired yet. He's the Ackerman Professor of anatomic pathology there.

DT: Do you know if any of the women who were in the med tech program are still around?

EB: Carol [L.] Wells.

DT: Okay.

EB: I fired her at one time.

[laughter]

EB: I said to her, "I'll be glad to withdraw it." I did it because the microbiologists in the department didn't like her. It was not a smart move on my part. She was a lot better.

[laughter]

EB: She's forgiven me for that. Anyway, she ran the program for a while. Uhhh... Pat [Patricia L.] Solberg. Do you know her at all?

DT: No.

EB: Pat Solberg is a med tech who sort of is the *do-all* and *be-all* of the program. [chuckles] She knows med tech real well, and she would be a good one to talk to. I don't know who is the med tech in charge of the laboratories now. Kathy Hanson was, but I think she's retired now. She was excellent. I'm just too much out of touch with...

DT: No, this is fantastic! This is a great list of names. If you think of any other names, you can just let me know.

EB: I will do that. I'll try to think of other people that have gone other places. You went out and saw Bob Howard?

DT: Yes.

EB: That's good. Yes, I'll try to think about it and I'll let you know, Dominique.

DT: This has been fantastic. You've give me so much information, and I really appreciate all this time.

EB: Well, I hope it's been worthwhile.

DT: Oh! it has. It certainly has.

EB: I think it was a little bit too—what should I say?—wide ranging.

DT: No, no, no. You were perfect. That's what I hoped is that people would tell me stores that...

EB: I loved it at the U and had a lot of fun times and a lot of experiences that made me mature a lot from the young guy who didn't know anything when he started out.

DT: Thank you so much.

EB: Thanks a lot, Dominique.

[End of the Interview]

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