THE SOCIETY OF MEDICAL CONSULTANTS TO THE ARMED FORCES

Archives and Medical History Committee

Oral History Program

Interview

with

Gustave J. Dammin, M.D.

by

Tom F. Whayne, Sr., M.D.

April 18, 1986

Edited by William S. Jordan, Jr., M.D.

Transcribed and edited by Robert M. Hall, M.D.

Preface

The Society Of Medical Consultants to the Armed Forces is a national association of physicians who have served in a consultant capacity in one of the Armed Services. Among its goals are those of furnishing assistance in the development and maintenance of the highest standards of medical practice in the Armed Forces, the preservation and dissemination of the experience and knowledge of military medicine gained during armed conflict and peacetime practice and research, the fostering of an awareness of the obligation of civilian physicians to participate in the continued development of the Medical Services of the Armed Forces, and responding to the call of the Surgeons' General for advice and assistance on problems of professional importance in the Armed Forces. The Society pursues these goals through meetings, the work of special committees, and frequent exchanges with the Assistant Secretary of Defense for Health Affairs and the military Surgeons General

The Society' Oral History Program was begun to enable it and its members to benefit from the experience and counsel of its earlier members, who had made possible so many of the Society's contributions to military medicine.

Gustave J. Dammin, M.D., "Gus" to all his colleagues and many friends, was born in New York City on September 17, 1911, the son of German immigrants. Early education in private school was followed by undergraduate and medical education at Cornell University and its Medical College. During the summer of his third year in medical school he was an exchange student at the University of Havana in Cuba, where he began his life-long interest in enteric diseases and tropical medicine. Interneship at John Hopkins was followed by Assistant Residencies at the Peter Bent Brigham Hospital in Boston, and at Columbia University's Physicians and Surgeons Hospital in New York. He entered military service in the Army in 1941. Nearly five years of active duty was distinguished by service in Puerto Rico, Burma, and India while rising in rank from Lieutenant to Lt. Colonel. His last duty station was in the Office of the Surgeon General, where he wrote a history of Medical Laboratories that became a chapter in Volume IX of the Preventive Medicine Series in the official history of the Medical Department of the U.S. Army in World War II.

After the war Gus was recruited to Washington University in St. Louis, to continue studies in experimental pathology, advancing to Professor and Chairman of the Department of Pathology and Pathologist in Chief at Barnes Hospital in 1950. In 1951 he became a member of the Commission on Enteric Infections of the Armed Forces Epidemiological Board (AFEB), which brought him to Washington, D.C. and facilitated his participation as a member of the Society of Medical Consultants to the Armed Forces, which he joined in 1954. He served as chairman of its Committee on Personnel and Training and as its President in 1962-63.

He 1952 he had returned to Harvard as Professor of Pathology and Pathologist-in-Chief at the Peter Bent Brigham Hospital. In 1960 he was elected President of the AFEB, a position he held until 1973. During his twelve years as President he guided the Board strongly, yet gently, through its deliberations on many difficult questions posed by the Surgeons General, decisions aided by personal knowledge gained during frequent visits to military installations throughout the world.

Gus brought the same wisdom and equanimity to his research as to his administrative leadership. He was one of the three outstanding physicians at Harvard - Dammin (pathologist), John Merrill (internist), and Joe Murray (surgeon) who pioneered kidney transplantation, becoming a leading authority on tissue compatibility and organ transplant pathology. Later, he studied Lyme Disease and borreliosis. When the vector of Borrelia burgdorferi, the agent of Lyme diseae was discovered, this deer tick was initially named Ixodes dammini in his honor, until it was determined that this northern form was the same species as I. scapularis.

After retirement in 1974, Gus continued as consultant and archivist at the Peter Bent Brigham Hospital, and lecturer in tropical diseases at the Harvard School of Public Health. He died of prostate cancer on October 11, 1991, shortly after his 80th birthday.

Dr. Tom F. Whayne, Sr., the interviewer, was the initial driving force behind the Oral History Program of the Society. An officer in the Medical Corps of the Regular Army, he served during the early days of World War II as the first Chief of Medical Intelligence in the Preventive Medicine Division of the Army Surgeon General's Office. He and his staff were the first to carry out the necessary research, and they prepared the numerous Health Data Publications that described the actual or potential health hazards that would constitute threats to operational effectiveness of U.S. military forces in the parts of the world where U.S. forces had been committed, or where there was a possibility that they might be committed to combat. These reports formed the basis of medical planning for military action on a global basis.

After serving as Assistant Military Attaché for Medicine in the U. S. Embassy in London, he became Chief of Preventive Medicine for the Twelfth U. S. Army Group in the European Theater of Operations, and soon after the end of combat operations headed preventive medicine activities for the U.S. Army Forces in Europe. During this time he worked closely with the Civil Affairs/Military Government program and the Quartermaster General's Corps in managing and operating the cordon sanitaire at the Rhine River, and other public health and disease prevention measures that were instituted on behalf of the refugees, displaced persons, and other population groups in postwar Europe, including U.S. prisoners of war held by the Germans at the cessation of combat.

Returning to the United States early in 1946, he twice served as Chief of the Preventive Medicine Division in the Office of the Surgeon General of the Department of the Army, with an interlude of two years at the Harvard University School of Public Health to write the story of the epidemiology of cold injury in World War II. He is the co-author, with Michael E. DeBakey, M.D., of the definitive volume, *Cold Injury, Ground Type*. He contributed chapters to the volumes on Preventive Medicine planned and edited by The Historical Unit, U.S. Army Medical Service, and published under the direction of The Surgeon General in the series that constitutes the official history of the Medical Department of the Army in World War II.

Upon his retirement from the Army he was appointed Professor of Preventive Medicine and Public Health at the University of Pennsylvania School of Medicine, where he also served as an Associate Dean. He later moved to the University of Kentucky, where he held the positions of Assistant Vice President of the Medical Center, Associate Dean of the College of Medicine, and Professor of Community Medicine until his retirement, including one year as acting dean of the College of Medicine.

The audiotapes of this interview were transcribed and edited by the undersigned, Chairman of the Society's Archives and Medical History Committee. The resulting transcription was then edited by William S. Jordan, Jr., M.D. Dr. Jordan, who also prepared the previous biographical data about Dr. Dammin, was a member of the Armed Forces Epidemiological Board for twenty-four years, and was Director of the Commission on Acute Respiratory Diseases of the Board during Dr. Dammin's tenure as the Board's President. Dr. Jordan has served the Society as chairman of many of its committees, and as its President during the period 1982-83.

Robert M. Hall, M.D.
Raleigh, North Carolina
July, 2000

Interview with Gustave J. Dammin, M.D.

April 18, 1986

Tom F. Whayne, M.D. This is an interview with Dr. Gustave J. Dammin, conducted in his office in the Peter Bent Brigham Hospital, Boston, during the morning of April 18, 1986.

TFW: Gus, I'm very appreciative of your willingness to participate in this interview, and to give the Society the benefit of your knowledge of its background and history. I'll start off, however, by asking you to tell me something about your family background. You were born in New York City in 1911. Perhaps you could tell me something about the family, its ambiance, and your perception of the environment and other things that were crucial to your development.

GJD: Well, Tom, I was born in Manhattan in 1911, as you say. Before I started grade school my family moved to the Bronx, and I had my grammar school education there. Then, the chance came to go to the Stuyvesant School, in downtown Manhattan. This was an opportunity I didn't want to miss, because I knew the status of Stuyvesant among the city schools in the middle 1920's. I enrolled there in 1926 and graduated in 1930.

It was a most exciting educational experience, and I think it started me right in on a career in science of some form. But I was guided, almost at once, by illnesses I had in the middle 1920's. I had pneumococcal pneumonia with empyema, and also appendicitis with peritonitis, and I saw a lot of hospital activity when I was just twelve and thirteen years old.

I was not aiming specifically towards a career in medicine, but I liked the sciences, and that's why the choice of the Stuyvesant School was such a good one.

TFW:. Before you go further, could you comment about what your father did, the environment in your family, were they music lovers, was there lots of reading, attitudes towards education, anything that you think would give a picture of the family environment in which you grew up?

GJD: Well, my father was an interior decorator and antique wood finisher. This brought him within New York City to big showrooms on 57th Street, and to keeping up with things that were happening in the art world and in the world of antiques, especially in furniture antiques. Those we saw a lot of at home, because we would have things at home which would accrue to him because of his work. It was a very happy family setting.

I had one sibling, my sister, who was a year and a half younger than I. She went into secretarial work as time went on. My mother had been a governess, and had a lot of experience in training and raising children. They had a very happy family life.

When the time came to go to some surroundings that had more greenery we moved out to what was called then Wakefield, which was just on the Mount Vernon border of Westchester County. We moved there in 1921, and the house still stands. My parents died while I was actually on active duty in Puerto Rico. My uncle, who had lived with us for part of the time then took over the house, and it was his home until he died in 1973.

TFW: Could you continue with your education? You were talking about Stuyvesant.

GJD: Yes, what made us so proud of the school almost at once was that as we got into the science courses almost all of the texts that we used were written by the faculty of the Stuyvesant School. I guess that the only competitor among the schools in those years for Stuyvesant was the Townsend Harris Hall which was a comparable type high school, with selected students who were going into careers in science and perhaps literature.

Thinking back on what were really happy days in learning so much from those who were the expert teachers, I recall the teacher we had in German, who made that study so rewarding that I took four years of German at the Stuyvesant School. I really found much use for that later, just in ordinary reading, and when coming across German terms, and when my military duty took me to Germany a number of times.

TFW: Was your ethnic background on either of your parents' side German?

GJD: Yes, my father was born in Berlin and my mother was born in a part of middle Europe that had been, I guess, a German colony that became part of Hungary and then later became Roumania. They encouraged my taking German courses because they weren't teaching me its influences in the courses in literature and music at the high school.

Then I competed for the New York State Regents Scholarship for Cornell, and had aims toward a school up in New York state. I applied also to Dartmouth, and thought of scientific institutes like Stevens Tech and others, but I happened to just squeeze into the group that was accepted for being awarded a scholarship. That's why I went to Cornell in 1930.

That year was the beginning of some very lean years for the country and for everybody in it. It was a hard time in many ways, for it wasn't the college life that had preceded this one, the college life of the 1920's. It was still a very good experience, but it didn't seem to me, and maybe this is what I should have gotten more from the years at Cornell, the same

kind of excitement, of meeting teachers the way that we met them in high school because the classes were bigger and it was harder to be closer to what was going on. There were a few teachers, like the psychology professor, who impressed me very much and I took some extra courses in psychology and that became my minor study. Biology was my major, as a pre-med.

TFW: How did you happen to choose medicine as a career? What were the events that led up to that?

GJD: It was mostly the illnesses that brought me into contact with so many physicians over a relatively long period in 1925 when I had the illnesses I mentioned. And it was dealing with students who were preparing for medicine at Cornell, in Ithaca. And also in those years, Cornell had two years of medical school in Ithaca and, of course, four years in New York, but you could take the first two years in Ithaca. Some of the courses, in physiology and biochemistry at Cornell in Ithaca were really aimed towards pre-medicine, so that helped solidify that.

The times were not that great for getting into medical school, but many of us, because they knew about us through Cornell University, were accepted for admission to the Cornell University Medical College in New York. Of course, that school had just moved from its original buildings down next to Bellevue Hospital up to East 68th through 70th Street, across the street from the Rockefeller Institute. Later, of course, the Sloan-Kettering and other institutions related to medicine and all kinds of health research followed.

It was a good place to go. Also, during most of the years from 1934 to '38, when I was in medical school, I sometimes lived at home. I often moved in at times when there was extra study and extra preparation. My closest friend during those years was Frederick Hughes who later became Major General Hughes.

TFW: I know Fred Hughes very well.

GJD: Fred was really a model kind of fellow. He was the son of a physician from Plainfield, New Jersey. The Hughes name was known all throughout that part of New Jersey, I learned later.

Fred was a studious fellow, and dedicated. He had been at Cornell during the previous years and so we started off in the same class in 1934, went through medical school together, and had occasional meetings later. He stayed on at Cornell-New York Hospital. The most memorable meeting with him was, I think, in 1970 when I was making a medical consultant visit after I done a lot in kidney and other types of transplantations. I had done some research on the enteric infections, and had a number of lectures prepared.

Fred was then surgeon for the European Command and invited me. He made sure that the helicopter at his elbow was going to take us to all the installations where I could conduct a CPC or give a lecture. It was a very nice reunion with him.

TFW: Was there anyone in medical school, a particular person, a professor that influenced you more than casually?

GJD: I was always interested in the laboratory, I guess because of the emphasis on laboratory science at the Stuyvesant School. I wanted to work in the laboratory. Our professor of anatomy was Charles Stockard, known world-wide for his work on the genetics of certain anatomic disorders. In ob-gyn, the whole team had come from Johns Hopkins to staff that department at Cornell, and Drs. Standar, Chouse and Marquety were among my favorites because they gave us so much responsibility.

TFW: Were there honors involved? Did you graduate with honors or any particular distinctions that ought to be mentioned?

GJD: Well, to my surprise the honor that I got when I graduated was in gynecology because I just liked working with that group.

But what really led me into what I was going to do for almost the rest of my medical life was working with Dr. Morton Kahn. He was the professor of Preventive Medicine and Public Health, and he had set up an exchange relationship, worked out with Fulgencio Batista, the ruler of Cuba in those years. In the exchange, four of us third year students from Cornell Medical School went to Cuba during the summer of 1937; the Cubans sent up a group of radiologists for training in our department at the Cornell New York Hospital.

In that group of four was Stewart Sanger, son of Margaret Sanger, Wilbur Downs who became a well-known arbovirologist and parasitologist, and Jack Hunter who ultimately went into practice on Long Island, New York. I made up the fourth. We had a very instructive time. Cuba still had just about all of the diseases that you had to know something about if you were going to work in tropical areas. We were there from early June to late September.

TFW: Was that in a medical school?

GJD: This was the University of Havana. The Dean, a very personable fellow who took a great interest in us, was Dr. Pedro Castello. We got to know him very well. He did a lot of work in leprosy and cutaneous diseases.

But our real leader in the program down there was Dr. Pedro Curie, Professor of Parasitology and Tropical Medicine. It was his course that we took throughout the four

month period that we were there. That was a theme I picked up with some vigor there and followed in my Army career.

TFW: That counts in a way for your interest in tropical medicine.

GJD: Oh, yes.

TFW: Could we move on to your postdoctoral training?

GJD: Sure. To our surprise, and "our" means Dr. Ed Momeny and me. We were graduating in 1938 and had applied to Johns Hopkins for interneships. I wanted to go into medicine, because they had a strong infectious disease group in medicine there, and Dr. Momeny was planning a career in ophthalmology. We were both accepted for our appointments at Johns Hopkins, and we learned later that we had been the first two accepted for appointments at Hopkins for some twenty-five years. [Dr. Dammin had died by the time this interview was transcribed, so could not be questioned about this statement.] So we were very pleased to be honored that way.

It was a very good experience. There was a very active medical service under Dr. Warfield Longcope. Among my assistant residents while I was in training there were Barry Wood, Kendall Emerson, and a few others who became distinguished in internal medicine and in other fields of medicine.

After one year all of us were going to other institutions for further training, and I was accepted for an appointment here at the Peter Bent Brigham Hospital by Dr. Soma Weiss. Soma Weiss had been a Cornell Medical graduate of the class of 1924, but had at once come to Boston to work at the Thorndike Laboratory [a Harvard unit at the Boston City Hospital] with Drs. Peabody, Castle, and Max Finland. The whole group in those years were the leaders in infectious diseases, as well as endocrinology, metabolism, and hematology.

So I came here as an assistant resident in medicine, and actually began my appointment the same day that Dr. Soma Weiss became Hersey Professor of Medicine and Physician in Chief at the Peter Bent Brigham, having come from the Boston City Hospital. That was September 1, 1939.

I stayed for that year, working primarily in infectious disease with Charlie Janeway, who had also come from the City to be one of the three physicians on Dr. Soma Weiss's staff.

TFW: And you also were at Columbia for awhile in your postdoctoral training?

GJD: Having discussed this a number of times with Soma Weiss, he said, "I can see you are going to enjoy life seeing medicine from a laboratory rather than as a clinical physician,"

so I applied for an appointment at Columbia-Presbyterian. I went into pathology with Drs. Pappenheimer, von Glahn, Smetana and some of the others who were the leaders in pathology in those years.

However, before I finished that year, since I was a reserve officer, I was called in for a physical exam in December, 1940. Those were the years when you were given orders that read, "One year from this date you will be returned to your home" after having served as a reserve officer on active duty. Well, they found I was six feet six according to their tape measure, which was the first basis for rejecting me. Then, they thought that what was left from my infections in 1925, the rib resection and the fibrosis in the lung might not fit with my responsibilities as a soldier, even though I would be a medical officer. So they didn't accept me then.

But as time went on, and Virgil Cornell had been selected to develop a laboratory for public health and clinical work in Puerto Rico, I was called back for another physical in late February. By the middle of March I was on active duty at the Army Medical School. Shelly Marietta was the commander and my chief was Sinclair. Harry Plotz was there in rickettsial diseases, and Genz Gow was the biochemist. That was a very good preparation for what I was going to be doing in Puerto Rico. Lots of infectious disease and also epidemiology.

After finishing some four months of training, I left for Puerto Rico in July, '41. We finished the construction of the laboratory and then set up our programs for investigating the venereal diseases which were very important then, and malaria, which was widespread. Schistosomiasis was all over the place. We started off with our hands full.

In the meantime I had met Anita Coffin here at Childrens Hospital where she was a nurse, and we were married in July of '41. Some months later, I guess in September, she joined me and we were together for most of the tour that I had in Puerto Rico. That ended in February, '44.

Because I had had so much experience in the field, Dr. Bayne-Jones worked out a plan with the Commission on Parasitic Diseases of the then Army Epidemiological Board, although it didn't have that name then. I was given a period of training, and, according to the rules then, you couldn't be a medical officer in Washington unless you had an assignment in Washington. So we had to move to Baltimore, and I commuted until June when I left for India as executive officer with Carl Kenbrook and John Nelson of the Rockefeller. This tour lasted until December of 1944. We investigated the diarrheal diseases and dysenteries, first in Calcutta and then up on the Lido road with Ravdin's

outfit, the 20th General. It was a wonderful experience to see how hard those diseases were to control, and there are still unanswered questions about them.

TFW: Along the way you went to Washington University, which is my medical school. Say a brief word about that.

GJD: When I came back from the work in India and Burma, I was made director of the laboratory division in Steve Simmons' preventive medicine service. I stayed until May of 1946, thinking I might go back into pathology at Johns Hopkins, but an offer came from Robert Moore and Barry Wood to go to Washington University and Barnes Hospital. I went there in the summer of 1946 and stayed until 1952, when I was called to come back to the Brigham as Pathologist in Chief. I did that in November of 1952, and stayed on until I retired.

TFW: Gus, you've already mentioned to some extent your wartime experiences while visiting the Far Eastern Theater and the 20th General. Can you be a little more specific about other wartime experiences?

GJD: Among the professional activities, I was parasitologist and pathologist, actually serologist, at the Puerto Rican Department laboratory. We had a very active time, with the help of Tom Weller who joined us in 1941. We did some major studies in malaria epidemiology and control, and especially of schistosomiasis. We did a major study of some twenty thousand recruits who had passed all parts of the physical examination, but were found to have, in some fifteen percent of them, positive stools for the schistosome eggs. The question was, what are the legal implications of this, or what are the health implications of having schistosomiasis that was asymptomatic to the extent that you could pass a physical to get into the Army. This created problems, because the action from headquarters was that this might be serious, so anyone who had a positive stool was deferred from active duty. You can picture what may have happened in the places where the specimens were collected. Maybe our figures were a little skewed, because this was a way to stay out of uniform, at least for awhile.

TFW: You were in uniform all this period?

GJD: Oh yes, I was a first lieutenant when I got off the troop transport in 1941. Then, through something that went on in Washington or Boston or New York, I was made a captain in a few months. I couldn't understand what I had done and neither could Virgil Cornell. I thought the commanding officer was the one who recommended promotion. Anyway, in a few years because I had to take over the laboratory when Colonel Cornell went to set up

the 15th Medical General in Italy, I became a major. Finally, when I was in the surgeon general's office, I rose to Lt. Colonel and that's the rank I had when I was discharged.

TFW: Were there any unusual or outstanding experiences while you were in the surgeon general's office that need to be made note of before we move on?

GJD: One of my projects after the war had to do with writing a history of the medical laboratories.

TFW: Yes, I've read your work.

GJD: I kept records of our work, weekly and monthly, along with Arthur Stull and Jack Evans. These and other reports came in very handy in the preparation of this publication, this chapter in volume nine of the Preventive Medicine series. This came out of my assignment in the Surgeon General's office.

TFW: I've read it. It's a part of the official history.

GJD: The other big event during that period was going to Germany with Jonas Salk.

TFW: I'm going to have to change tapes. I'm sorry. [Later] Please go ahead.

GJD: According to the epidemiological data on influenza occurrence since 1918, the winter of '45 - '46 was going to be a big year for influenza. So, Jonas Salk as a civilian consultant worked with Tommy Francis. I was a Major by now, and executive officer for this team. Our headquarters was in Darmstadt. From November until February, the winter of '45 - '46 we visited laboratories in Europe, making sure they were equipped to make influenza diagnoses, using the egg inoculation method for identifying influenza types and so forth. We also inspected and made notes on what the laboratories needed to serve better as area laboratories or clinical laboratories in hospitals or clinics. That was very good experience because we also expected streptococcal infections and dyphtheria, among other infections, in that setting, post-war Germany, this was just six months after VE Day and things were terrible. Winter was coming, and there would be crowding, and all kinds of problems.

TFW: In fact, there was a little dyphtheria outbreak, as you know.

GJD: Yes. We worked together for those four months, and covered the area in Germany. We went also to the stations in France, and also to the ones in Saltzburg, in Austria. That was a big chunk of good work, good hard work during the tour in the Surgeon General's Office.

TFW: Please move further into your consultant activities after you got out of uniform, including a thumbnail sketch of your association with the AFEB. I think you were President of it for a number of years.

GJD: Well, when I left the Army in 1946 I was appointed a consultant in pathology, and went to periodic meetings at WRAIR. The Society of Medical Consultants was started in 1946, and I knew everybody in it who traveled in Europe, India, and Burma. I didn't feel free to be active in the Society since I was going to a new appointment in St Louis.

A few years later I joined, and soon was on committees having to do with personnel and training ,and a number of other committees that are listed in the reports of the Society. What made it easier for me to be active in the Society was being called by Colin McLeod and Tommy Fantas one day. They said that Tommy Fantas wished to be relieved as President of the Board because he thought that someone who had a better working relationship with those in uniform could get more for the Board. They called me one morning in April, 1960 and I said, "This isn't April Fool's day, but are you serious?" Well, they were and I was appointed.

TFW: You had been a member of the Commission on Tropical Diseases and perhaps some other commissions.

GJD: Yes. Because I had worked so much in the enteric infections, I became a member of the Commission on Enteric Infections in 1951. I had been meeting occasionally with the Board but regularly with the Commission under Sarge Cheever, Albert Hardy, and Jim Watts and the others who were then the leaders in the enteric infections field.

TFW: What would you consider the outstanding developments during your tenure as President of the Board?

GJD: There were many because we had a dozen commissions at times. They brought together the best talent that you could get from academic life and the government, from the NIH and the military services, who were associate members of our commission. Things moved ahead on a very broad front in dealing with the problems of the viral, the bacterial, the mycotic, and other infections. I would have to consult the record to pick out the things that were outstanding.

TFW: Let's move on to the affairs of the Society. What's your perception of the origin of the Society. I've always thought that Elliot Cutler was the one whose idea this was, but I don't know. Tom Warthin had some other ideas. What is your perception of how the society began?

GJD: I wish I knew. I was not a part of the Society from its beginning, even though I knew a lot of the officers in the early years. Of course I knew Elliot Cutler from my training here, and Walter Bauer from having been in Boston before, and Frank Berry and Henry Thomas, but

I have no idea how the move to establish the Society in the way it was established came about. I have a copy of the first program, which I'm sure you are familiar with.

TFW: Yes, Tom Warthin gave me a copy of that yesterday while I was interviewing him. We included that record of bringing together Eisenhower, Bradley and the outstanding physicians of the day.

GJD: It seemed to be such a natural development, because some of the physicians in academic life right after the end of the war had served as consultants. Perrin Long and some of the others were active in various theaters. So the move to form a society that would keep that kind of activity supporting the military was a very natural one. I don't know who the principal movers were.

TFW: Tom mentioned yesterday that he had made an effort to study Elliot Cutler's papers, and that that there was a hiatus in his records from '43 or '44 until his death in '47. Are you aware of this? Do you have any idea about what happened to these papers?

GJD: No, I have some bound papers, but they are mostly reprints of scientific papers. There is nothing very personal, and I didn't find very much in the Brigham Annual Reports. I've got a complete set of them for those years.

TFW: Tom was under the impression that because Elliot was so ill at that time, he or some member of his family, or of his staff perhaps, felt that this period should not become public, and that his papers were possibly destroyed. Do you have any thought on that?

GJD: This question has come up several times in discussion with Tom. I remember years ago when Roger Cutler, his nephew, was head of our development office here. I got to know him very well, and I would say, repeatedly, "Has anything in the family files turned up that would tell us just what troubled Elliott when he left the Army in '45, and for the next few years. I know that he was ill for a long period. His physician was Fred Ross, of Pittsfield. Fred was on the surgical house staff when I was here in 1939, and he knew a lot about Elliot's illness because Elliot picked him as his physician. He was with him until Elliott said, "Please take me home. I don't think I need any more hospital care." During the last period, whatever length it was, Elliot simply stayed at home.

TFW: Is Dr. Ross still living?

GJD: Oh, yes. If you think an approach to him is in order to see whether there was anything that he learned from his caring for Elliot in that period, I would be happy to ask him.

TFW: I would leave that up to your judgment.

GJD: Tom knows him also.

TFW: He didn't mention it, so I would leave that up to you and Tom. I'm not sure it's important enough to disturb Dr. Ross about unless you are fairly sure he has something that would help. I don't think the point is that important. I had hoped to establish just exactly how the Society had been started. Maybe this will become apparent as we go along. If it does not, maybe we can ask you or Tom or both of you, to get in touch with Dr. Ross.

GJD: It's obvious, with this list of four pages of members put together in time for a meeting in October, 1946, that a lot was going on by way of organization. Maybe a lot was also done by the others who were handy to the Washington area, like Maurice Pincoffs.

TFW: And the Baltimore group. I wouldn't be surprised if Bill Middleton wasn't involved also, and many others.

GJD: Sure, and Hugh Morgan, who was the Chief Medical Consultant in the Surgeon General's Office.

TFW: And Mike DeBakey, possibly.

GJD: Yes, he was among the movers.

TFW: Let's see what comes out of it as we interview the other, and not disturb Dr. Ross at this time.

At what period did you become a member of the Society?

GJD: I would guess it was in the early '50s, after I began to come regularly to Washington to the Commission meetings. I became a member of the Commission on the Parasitic Diseases, and just as I was appointed Director of that Commission I was asked to become President of the Board. That was in 1959 to '60. By then I had lots of reasons to come to Washington.

I had begun my trips as a consultant in 1956, when I went to the Far East. That was while Joe Bloomberg was the commander out there. I went to the Far East again in '64 and '66. I must have become a member of the Society in the middle '50. I soon found myself working with several of its committees.

TFW: What is your remembrance of the organization of the Society at that time, in the sense of furnishing consultant services. I don't mean the standard President, Vice-President sort of thing, but the committee structure. I have heard that one of the principle tenets of the original organizers was that this should not become a "last-man out society," and that it should have an active program and continue as a useful force in military-medical affairs. From that point of view, what do you remember of how it was set up to accomplish its functions, and how did it accomplish them?

GJD: There were many consultant visits to the various commands in the ZI [the Zone of the Interior, i.e., the continental U.S.] The reports of the visits were presented to the Society's Council and the members at the annual meetings. the Council and at the annual meeting. A number of factors seemed to get in the way of expanding this program. There was the Berry Plan, through which the military service of physicians was deferred while they received more training. They then went on active duty for their two or three years of service. They were well-trained people, in charge of the services at the major hospitals. For them it wasn't so important to have a close working relationship with consultants. They wanted help with respect to their teaching programs more than with operations in the hospitals.

TFW: Are you referring to teaching hospitals or post-doctoral training programs in the Army hospitals and laboratories? What would be the scope of this teaching you are speaking of?

GJD: Well, in the big cities where there were several medical schools in a region with larger military hospitals, the consultants were called on to make visits, give a lecture on their specialty, make rounds, and give lectures that had to do with updating. Often, the big military hospitals were not that close to teaching standards so that the staff could, en masse, keep their training going after they reached the hospitals. Of course, a lot of that was carried on by the newly-trained people who had been through the Berry Plan. However, having tried to make training in the military hospitals attractive so that they could recruit residents of their own, the services had to show that they really did have teaching and training programs, even to the extent of possibly having medical students take clerkships at military hospitals.

I think that went well for awhile until it became a financial matter. There had to be some quid pro quo for what the consultants were doing, and they received honoraria. I know that with the overseas travel, which was of course a lot more expensive for the military, there was a change sometimes in the middle or late '60s. Suddenly, those who made consultant visits to the stations outside the country were primarily high-ranking officers from hospitals here in the US. We didn't think that was a very good idea, even though it saved them a lot of money. It would take the officers away from their posts here, and it was not easy to spare a chief or an assistant chief of a big service in a big military hospital. Furthermore, because of their position in the organization, being near the top, they were really not in a position to do a lot of up-to-date teaching on the newer

methods of controlling this, or the newer operations for that, or the use of antibiotics in controlling infection. So I thought the consultant system was going downhill.

TFW: Before that, is it not true that consultants, representing the Society had a signal impact on improving what amounted to residency training programs and hospitals, both in the zone of the interior and the larger hospitals overseas?

GJD: Oh, sure.

TFW: I have the impression that in the earlier days a good many consultants travelled in both the ZI and overseas, and were responsible for bringing the standards of clinicians in the Army up to a higher level.

GJD: Absolutely. And what the Berry Plan didn't do was continued by the visits of consultants from academic institutions, from the university hospitals, to the military hospitals. That was all to the good. I know that in the Washington area some of the best people I knew in medicine were regular visitors to Walter Reed and to the Naval hospital in Bethesda.

TFW: Did you have any feeling that there may have been a difference in receptivity or effectiveness between these efforts in the zone of the interior as compared to overseas areas? Were they received better overseas, perhaps?

GJD: I always enjoyed the reception I got. I'm sure that others would say that the staffs of the hospitals over there flocked to these meetings that were conducted by the outstanding consultants. I'm not so sure that the level of enthusiasm remained for consultants who came from the SGO.

TFW: What I was getting at is a comparison between the ZI, the zone of the interior, and overseas. Did you perceive any significant difference in the two areas?

GJD: Well, I could tell from my visits, especially to Germany where most of the installations were, that they were doing a lot of their own post-graduate training. At times I would go to the hospital library and I would see the tapes of the up-to-date courses that had been sent over from the Education and Training Division, and I could see that they were put to very little use. It was so easy, when you weren't pressed to perform, to not keep up to date. Some of the things, unfortunately, suffered from neglect, namely the tapes that came from the American College of Cardiology, and the infectious disease groups.

TFW: What was the source of those tapes? Were they furnished by the military? Did the Society have a role in helping to develop them?

GJD: I think the Education and Training in the SGO set up contracts so that the tapes were sent out. I don't recall that they had to be requisitioned by hospitals.

TFW: In Preventive Medicine we did this same sort of thing with the cooperation of the Signal Corps. I wonder if this probably was the same.

You mentioned that you thought the consultant system began to go downhill around the early part of the '60s or a little later. Why was this?

GJD: We prepared reports on what we did, in some detail. We would comment on what we thought was good or not so good. Our reports had to clear the office of each surgeon general before they were released by the Society of Medical Consultants. Obviously, if you saw something that needed criticism you had to make a note of it. When I went to medical consultants meetings later, in the '60s and early '70s, we never saw the reports of the consultants, who might have been someone such as the chief of cardiology or neurosurgery at Walter Reed or at Fitzsimmons. We didn't know what they did. Now, maybe they did exactly what we did, and were just as critical of what they saw, and tried as hard as we did to improve things, but we didn't know. we never saw their reports and we didn't know wht they did. I thought that this was a money-saving move on the part of the surgeons general, although my travel was always as President of the Board so I wasn't a charge against any consultant funds in the military service. I visited with equal emphasis Army, Navy and Air Force installations whether it was in Ismir, Turkey or Naples or where it was.

TFW: That leads me into the next question. Initially, the Society was more oriented towards the Army, or better received by the Army than it was by either the Navy or the Air Force. Is that your perception, and if so, why do you think that was?

GJD: I really don't know. At the beginning they all had their consultants, and not all of the consultants for the other two services were that active in the Society of Medical Consultants. They would have their meetings. Navy would have its meetings with its medical consultants, and the Air Force had its roster of experts to meet with and call in when they needed them, and it was not done through the Society. We thought if we were going to be a tri-service organization we should have shared the experiences, and let the other two services know what we felt our mission was as consultants to the Army Medical Department.

TFW: I think the Navy started off with perhaps a little different concept of the use of consultants. Did they not appoint as consultants such persons as Dick Kern, of Philadelphia, and make them high-ranking? I was under the impression that that was possibly one reason why the Navy was reluctant, in the early phases, anyway, to cast its lot with the Society. With respect to the Air Force, I wonder whether it was not so

oriented towards the details of aviation medicine that its greater emphasis was on that field rather than the more prosaic clinical fields. Is that a fair estimate?

GJD: Yes. As the space program developed they were bringing in others who were looking at the problems of space flight, and bringing in experts who were not of general medical use to the other services. I remember my visits to the Air Force installations in Texas. There were lots of things taken up there that were exceedingly important to the space program, such as living in space, that were focused on that. They would have been of little interest to the Army and Navy hospitals, although there were representatives of the Navy and the Army in some of those space flight programs.

TFW: We've been talking about the relationships of the Society to the Army, Navy and Air Force specifically, but it also had a very fine relationship with the Assistant Secretary of Defense for Health and Medical. You've mentioned Dr. Frank Berry a number of times. I wonder if you would discuss the relationships of the Society with the office of this Asssistant Secretary of Defense, and some of the significant things that happened or didn't happen in those relationships, including the Berry Plan.

GJD: Soon after Frank Berry was appointed to that position I thought it wise, even though I hadn't heard that he had met with the Armed Forces Epidemiological Board at its annual meeting before, that we should have him meet with us. He had picked several items that he thought his office should be responsible for, such as the blood program, and also nutrition in the armed forces of other nations. This kept him very busy. Once he was invited to meet with us at our sessions at WRAIR, at the Walter Reed Institute of Research, he became a regular visitor.

It was during one of those meetings that we talked about the Berry Plan having done so much for various segments of medicine. I proposed that there be a Berry Plan that would guarantee a supply of trained preventive medicine types who would be deferred for training. When they came on duty they would be much better prepared to accept responsibilities in preventive medicine. In one of the meetings of the Committee on Personnel and Training we talked about the meeting that we had with Dr. Berry's office. The Committee in 1966, as listed in the program of the annual meeting for that year listed Tom Warthin as the chairman and I was a member, along with Dr. Skoba and Bill Stone and Chris Zarafonetis. In the minutes of that committee meeting is the notation that, "Dr. Dammin's concern over the unfilled deferrals in preventive medicine in the Berry Plan helped broaden this group to include young internists and other specialists with epidemiological interests." We couldn't fill what they allotted us in the Berry Plan with

those who were primarily interested in epidemiology and public health, and we thought that those internists interested in infectious diseases as a specialty could get deferrals for preventive medicine training and then fill positions in the military. This paragraph ends with the statement, "This should enable the Department of Defense to fill a large number of vacancies." There were eighty-nine vacancies that year, in that specialty. I think the program worked, especially for the Army. The Navy and the Air Force, I thought, were rather meager in their assignments of preventive medicine types to their installations. It was often an assignment in preventive medicine that was given to someone who had another assignment, whereas in the Army preventive medicine was identified as a position in the large installations.

TFW: Of course, in the Air Force preventive medicine activities eventually shifted primarily to the veterinarians.

GJD: Exactly.

TFW: That's not all bad, by any manner of means but it had its limitations, also.

GJD: The same Committee Report noted a conversation and some exchanges that I had with Admiral Rickover, and it mentions that the Personnel and Training Committee, when it met with representatives of the three Surgeons General, had written to congressional members of the Armed Services Committee and the Hubbel Committee with respect to concerns about physician retention in the Armed Forces. It reads, "While urging consideration of 'The GI Education Bill for dependents,' other means of bringing remuneration levels up to the other federal services were encouraged. Admiral H. G. Rickover thoughtfully presented the concerns of this Society on this matter to the Subcommittee on Appropriations of the House on May 1, 1967."

In essence, what emerged was a conversation I had with Admiral Rickover on a plane ride. I told him who I was and what I was doing because I recognized him right away. When he got the essence of what he heard we were doing through the Society of Medical Consultants he took up the lead, and in a note to me on June 8, 1967 he wrote, "I believe you will be interested in reading the enclosed excerpts from my testimony before the House Appropriations Committee on May 1, 1967. Thank you, again for giving me your thoughts which made this testimony possible. Sincerely, H. G. Rickover."

In Part six, "Appropriations Considerations," of the hearings in 1968 is a heading, "Special Briefing, Admiral Hyman Rickover." He was asked, " . . . are there things you would recommend that Congress do to the Navy's ability to hold highly-trained and experienced people?" Admiral Rickover answered, "the only practical way that you can

do it is by money. Some people are devoted to their jobs, love their jobs and will stay without giving too much consideration to pay, but ninety-nine percent of the people are motivated by what kind of living they can make. Therefore, the Armed Forces must pay what the job is worth. Unless the military establishment can attract and retain the type of men it needs to efficiently carry on its complex functions it is bound to fall behind." Then, as an aside, "This has to do, not just with the medical officers or the officers in the medical department, but with officers in general throughout the military. No amount of tradition, no issue such as pay or method of promotion should be allowed to deter the prosecution of reforms which would result in attracting the requisite people to pursue a career in the military services.

"In a recent conversation I had with Dr. Gustave Dammin, Professor of Pathology at Harvard medical School, he described to me a proposal being formulated by the Society of Medical Consultants to the Armed Forces. Dr. Dammin is a member of this Society's Committee on Personnel and Training. In substance, the Society's proposal would provide each career medical officer, on completion of ten years of active duty fifteen hundred dollars per year for four years of education for two dependent children. In other words, up to three thousand dollars extra per year. The proposal would further provide to each medical officer, upon completion of fifteen years of active duty fifteen hundred dollars per year for four years for an unlimited number of dependent offspring so long as he continues as an active member of the armed services. The proposed plan provides similar provisions for career noncommissioned petty officers in the medical ratings. I want to emphasize this program concerning the enlisted men because we often tend to overlook them. Today we know that the chief difference between the enlisted men and the officers of our Navy is one of opportunity."

Admiral Rickover then quotes from Shakespeare and continues, stating, "I think that Dr. Dammin's plan is a good one and should be adopted for all military officers and career petty officers. There is no question that many valuable personnel are leaving the service because they cannot afford to send their children to college. The Navy would save a lot of money if it could find a way to hold on to some of its trained and experienced personnel. A provision in the military pay law along these lines may be just the thing that would cause a large number of these officers to stay in and make the military a career. I suggest you give this idea consideration, sir."

He is then asked, "Admiral, what would you think of approaching that problem through a tax credit instead of a tuition assistance?" Rickover replies, "My immediate reaction

is, I do not think you should treat military people any different from anyone else on taxes, sir." "You are treating them differently, though, when you give them tuition" is the reply to his comment. "A lot of people in civilian life face the same problem. This could be done by a tax credit." Rickover then comments, "but if a tax cut method is used it should be adequate to accomplish the objective."

That covers the most of it which goes on for another page of consideration of that proposal.

TFW: And what was the upshot of this? Did it result in new legislation? Were there any concrete results from it as far as you know?

GJD: I don't know what followed. At least, it was an effort through the Society.

TFW: That's important to record as part of the history, and I'm glad you brought it up

You also mentioned a moment ago something about reporting on a consultant visit to the hospital at Fort Devens.

GJD: That was an important event for a number of people and institutions, because on November 3, 1969 the Cutler Army Hospital, named after Elliot Cutler, was dedicated at Fort Devens. It was an impressive ceremony. Colonel Caskey was the Master of Ceremonies. The commanding general, Brigadier General John H. Cushman, introduced the guests. This was followed by the corner-stone laying, and the benediction, and music by the 18th U.S. Army Band. The brochure given those of us who attended gives a sketch of Dr. Elliot Cutler's career, and, highlighting his dedication to serving in the Army, which he did in World War I and, of course very impressively and with many honors accruing to him for what he did in World War II. It talks about his getting the second award of the Distinguished Service Medal for his outstandingly superior ability. It states, "The percentage of wounded dying in the European Theater was lower than during any war to that time."

After the war General Cutler was a leading figure in arranging inter-allied conferences in medicine and surgery. He was made an Honorary Fellow of the Royal College of Surgeons and was placed on the Editorial Committee of The British Journal of Surgery, a position that no non-Britisher had ever occupied. There is a brief description of the 116-bed medical treatment facility that is named after him. The brochure then states, "to those who knew him there will remain the picture of a surgeon and healer whose Army career was motivated by a burning desire to give the American soldier the finest care possible."

TFW: There was no mention made of his activities in helping to establish the Society?

GJD: There was nothing about his role in the Society. Here is the note which I wrote about the dedication, and I guess I must have submitted to the Society for its Minutes of the meeting held on November 23 and 24, 1969.

It would be nice to know how things were brought to the point in 1946 that the Society took off in a great rush. It had all of the important consultants who had ever served as such for the military.

TFW: Unfortunately, nearly all of those who were in that group are gone now.

GJD: This is why I mentioned Hal Thomas; he was in the early group. I don't know when he was President, but it was in the early years of the Society. [1948-49]

TFW: Is he still living?

GJD: No, he died a half a dozen years ago. But anyway, he had started something and it turned up in one of my readings of Minutes of the Society's meetings. Are you in touch with Mack Harvey at Johns Hopkins?

TFW: No.

GJD: He was a member of this Society. I guess he couldn't be very active because of what he had to do at Hopkins as head of the Department of Medicine.

TFW: Can we move on to your own participation, first as the Vice President and then as the President of the Society. What were the highlights of your tenure in those capacities? What do you consider the major accomplishments of the Society under your leadership?

GJD: I wish I had notes of those years. Most of the things I have in detail start a few years later. All I can say is that I was very active with the Society and the Committees because it was then that I found I could organize my travel around Commission meetings and Board meetings. I spent a lot of time in Washington once I became President of the Board in 1960, so throughout the '60s I had many visits to Washington and went to most of the consultants meetings.

TFW: You were Vice President in 1961 and 62, and then President the following year, 1962-63?

GJD: Yes. In those years the consultant system was very active. It was in the years when the Korean War presented the problem of the Korean Hemorrhagic Fever. I recall that Barry Wood was among the consultants who were called in and were looking for the agent, possibly a viral agent that would explain the devastating effect of that infection.

TFW: Joe Smadel was intimately concerned with that, in the field and in the laboratory in Korea.

GJD: Tom Warthin succeeded me. What points did he think were important during the succeeding years that were important as Society activities?

TFW: I don't recall all that in detail. One point that he made was the bringing of the Air Force into the Society. It had been in the Society but had not been an active participant. He felt that one of the major things that occurred during his tenure was an improved participation of the Air Force in Society affairs, and their beginning to utilize the Society in a consultant capacity.

GJD: One of the activities that I was pleased to have a part in had to do with the organization of the Pathology Committee in the Society. In 1967 I communicated with Bruce Smith who was then Deputy Director of the Armed Forces Institute of Pathology. I wrote to him and said that, "I was pleased to learn in conversation that you felt there was a need and role for the new Committee on Pathology of the Society of Medical Consultants. Since AFEB Commission meetings and other meetings bring me to Washington periodically we can discuss this during one of my visits." I guess that this was the beginning of a committee that included the best people we could get. I think the AFIP was helped, especially during the time when there was some question about the organization of the Institute of Pathology, because it had in it a civilian organization, the American Registry of Pathology.

Do you remember the conflict in those days? There was no question about the military relevance of what the AFIP was doing in its major programs. There also was a tradition of service to the civilian pathologists. This was a consultation service, which permitted any pathologist to submit a case for review and a decision. That activity, of course, required some expenditures on the part of the AFIP. The question was, did the government auditor accept this as an activity that rightfully belonged under the AFIP, or should the American Registry of Pathology be removed from the AFIP. Physically removed, which would have harmfully affected both the AFIP and the Registry, because they work so closely together in their teaching programs, especially for the military and for civilian pathologists.

It was in those years that what was called UARAP was organized, the Universities Associated for Research and Pathology. This organization was set up as a funding operation for the American Registry if the American Registry was going to have to function without Army funds. That worked out well, except the criticism came when Dick Taylor said the UARAP group had raised a lot of money through applications for grants and contracts for service to the American Registry and that, since the AFIP or any organization in the Army can not accept volunteer services, they were going to fire such

people as Chaplain Benford and some of the others who had been long-time participants in the work of both the AFIP and the Registry.

Well, when threats like that came along some of the top people in the AFIP resigned, and they went to very good positions in academic medicine. I remember the chief of radiology, Captain Theros, and Dr. Iring, who was in charge of toxicology in relationship to pathology. He felt that he couldn't continue in his present position under these circumstances.

That became an activity of the Society of Medical Consultants. I remember writing letters to Ted Kennedy, pointing out that this long tradition of the Registry had begun in 1922 with the first Registry of Lymphomas as a problem that requires diagnostic analysis, and the Registry of Ophthalmology and Otolaryngology were now sixty years in their history of service to the military and to civilian medicine.

Of course, I was in the middle. Maybe I was the one who was most closely identified with both the Society and this move to save the AFIP and the Registry, and to work out a way so that they could continue to work together for the good of military and civilian medicine.

TFW: Gus, you have talked about your own consultant activities as related to the Society. I wonder now if we could discuss, in an overall sense, what the consultant function of the Society has been over time. What changes have come about during the period that you've been familiar with, almost from the beginning.

GJD: All I can say is that it was one of the best moves made by any civilian group on behalf of the military; to organize the Society the way it was organized, and, in the early days, the way in which the military services, especially the Army, accepted the help offered by the Society through its membership. I think that was excellent.

But what I thought were unfortunate developments came along some twenty years later. In the early years the Army facilities, both in the US and abroad, welcomed the visits by consultants who came from the university hospitals and medical schools to help teach, and help look at general problems in organization of a medical or a surgical service. This changed.

TFW: I'm sure you recall, and this is related to the Army activities in the early days of the Society, that during the Spring the Board of Consultants, as I think it was called then, would meet with the staff of the Surgeon General and his Chiefs of Services or Departments or Divisions, whatever the terminology was at the time. I was Chief of Preventive Medicine during part of that time, and participated. I had the feeling, at least

from the point of view of one being on the other side of the fence, that this was a very productive sort of exchange. Did you attend some of those meetings? How did you feel about this?

GJD: I remember writing to somebody about one of those Council meetings being the most useful meeting I had ever attended in Washington, because we knew what Si Hays and the others were facing in some of their dealings with the legislation that was not going to be in favor of the military services, personnel especially. We helped directly by having selected members of the Society meeting with the surgeons general.

TFW: And their staffs.

GJD: Yes. I was recalling in recent years when we might have been helpful to the surgeons general by either helping to explain what wasn't well enough understood or by being the medium to reach the public and the congress as civilians. We could say from our position that, yes indeed, this requires correcting. This is what you have heard, but it is not the way we understand things actually happened, when so and so was treated for this or that, not in accord with the best practices of today, or something like that.

TFW: I also have the impression, and of course I could be biased because I was on the surgeon general's staff side of these meetings, that we had a better rapport. There was a better opportunity to inform the Society under these circumstances than has since been in the rather prosaic discussions of this or that problem by military medical officers, many of them obviously very competent, but so immersed in what they were doing that there was too much detail. The broader implications of the role the Society could play to be really helpful seem to have been compromised a bit. Am I wrong about that?

GJD: I think that you are absolutely right. Maybe it had to do primarily with the staffing of an organization like a general hospital, or maybe it's the quality of the staff that represents that military installation to the Society. We could be of a lot more help, and we should be asked to do more. I think the public would say, "Well, now, did you know that the professor of surgery at Harvard and the Chief at the MGH said that what they did here in this case is entirely within the proper practice of that medical problem today. They have nothing to say in the Department of Defense except what is brought to the Assistant Secretary of Defense for Medical.

TFW: I was about to say that one of the things that would complicate the continuation of that Board-Staff Conference in the Spring would be the fact that now there are three services to be included. You mentioned the Secretary of Defense. Conceivably, this could be done at the level of the Secretary of Defense. Is that a viable thought.

GJD: I would think so. What worries me the most today, as it has for the last five years when the problem has been expanding and becoming more bothersome, is the litigation.

TFW: Yes.

GJD: I think the military should be preparing itself far better because we should get the best help we can get through, I suppose there are consultants in the field of medical-legal jurisprudence. It wouldn't matter what they had to be paid in order to serve as advisors to the military and the Department of Defense. I think that should be strengthened because some of these types, like Belli and other entrepreneurs, expect to be paid half of the expected award before the wheels are moved in his or her behalf. I think we need to have a broader representation in the best that the civilian professional groups can offer/

TFW: That leads right into the next thing I thought we might talk about. That is medical manpower and the Society's activities in trying to help solve the problems of procuring adequate personnel, not only in numbers but in terms of training and competence. What you were talking about is sort of a double-edged sword,in a sense. There is the same threat now in terms of malpractice suit for the military services, but at the same time I think there is considerable mounting evidence, at least for the last few years, of bringing into the medical services inadequately trained, or both inadequately-trained and incompetent persons. Do you have anything you would like to say about such a situation?

GJD: You sense that some of the problems are within the medical profession, as represented by state medical societies that are so reluctant to criticize a member of their society. Some things are allowed to happen without analysis or without reprimand when a reprimand is justified. I don't know how the medical departments of the military should be preparing themselves for that, but it certainly should be developed with the legal parts of the Department of Defense.

TFW: The Society has spent a good deal of its effort, particularly in the last few years, it seemed to me and I think that Tom went along with this view in a way when I interviewed him, that the shift in the activities of the Society has been one away from actual consulting and teaching and training to political activities and concern with trying to find ways to bring the necessary manpower into the services. Would you agree with that?

GJD: This raises the question of the role of the uniformed services university. I understand that all their slots are filled. What kinds of career patterns are their graduates following? Are they building up a cadre of top-notch experts in the various fields the military needs, and to what extent can the medical consultant society do anything that needs improving? I

don't know whether it can. I have no idea about how needs compare with the filling of those needs.

TFW: I don't know the answer to that, Gus but I would have this observation, that the USUHS, the Uniformed Services University of the Health Sciences is training only about 125 per class. The graduates of this program are, in some way, to be divided between the Army, Navy, Air Force, Public Health Service, and Coast Guard. That's a student body of a little less than 500. A graduating class each year between 100 and 125 gets spread pretty thin. I don't claim to know the answer to this, but I have the impression that the university is doing a very fine job of training these young people.

They have the added responsibility of giving them background and training that will enable them to serve in the military, understanding tactics, strategy, logistics, and preventive medicine. There is great emphasis on preventive medicine. All of this is important, but one individual can't encompass all of this and still be an outstanding clinician or outstanding pathologist.

I'm not sure that it should be the role of that university to try to train these outstanding clinical or scientific specialists. Now, that is not to say that certain individuals shouldn't go these routes, but to try to meet the needs for them is a moot question.

GJD I'm not qualified to comment, because I'm not familiar enough with how things are working out. In the meantime, is the VA staffing itself with enough of the top people in the various specialties so that there are careers in the Veterans Administration for the care of those who have had military careers?

TFW: I don't know the answer to that. Of course, the VA and the military services are completely separate. I don't think the University has any relationship with the VA. I think that relationship varies a great deal according to the location of the Veterans Hospital. For example, those that are located near an important medical center have a wonderful teaching and research relationship. At the University of Kentucky we have the University hospital and the new Veterans Hospital, connected by what we call the Umbilical Tube, a hundred foot bridge. On the other hand, care is less comprehensive at a VA hospital in a city without a medical center.

GJD: I was thinking of the medical activities of the VA hospitals in relationship to the military hospitals. Is there any career incentive for those who have been through the Health Sciences University to join the VA after they have served in the military?

TFW: I don't know of any such relationship.

GJD: It's been so long since I've been able to travel to the Society of Medical Consultants meetings that I don't know what the attitudes are about getting away from the needs of clinical teaching.

TFW: A note of that came out in Tom's comments yesterday. You were wonderful people as consultants over the years, and have kind of worked yourselves out of a job in a sense of developing teaching programs, post-doctoral training programs, and to some limited extent, research programs. As a result of the earlier cooperative efforts of the Society and the military, some very excellent clinical people have come out of these programs. The medical services, at least in the big, general hospitals or what used to be called the general hospitals can be said to be comparable to the better of their civilian counterparts. In that sense I think that the military began to feel a little more competent and perhaps didn't need as much help from the Society in this field. This was coupled with the reaction to the military that came from the Vietnam experience, which caused a very violent reaction on the part of young people against the military. Since Vietnam the emphasis in the Society has been, "How do we get people into the medical services, physicians particularly?"

GJD: Well, I can tell you that the reaction at one period during the Vietnam experience was such that we had to t ake down the sign across the hall from my office that announced it was the office of the Secretary to the President of the Armed Forces Epidemiological Board. We were told that anything identified with the Army in a civilian hospital was going to be demolished.

TFW: Is there anything you would like to say further about manpower? I don't know what experience you've had with the students that have participated in these sorts of things, and other efforts of the Society to try to help the armed forces in obtaining competent staff.

GJD: No, I have not. All of my files end sometime between '72 and '74, which is when I retired from the Brigham.

TFW: We've discussed in general terms the Uniformed Services University of the Health Sciences. Is there anything further or any other aspect of that you would like to discuss?

GJD: I understand that all of the departments are well-staffed. They have a good staff in preventive medicine. They took one of our professors from here, Ed Michaelson. He's one of the world's snail experts when it comes to schistosomiasis. They are doing lots of good work, working closely with the NIH on the AIDS problem. I don't know how the quality of the staffs at the higher levels in the university is reflected in the types of graduates from

the university, and in what his or her career pattern is going to be. I don't know what the experience has been in saying, "Our graduates are exactly what we want them to be." They are oriented towards careers in the military, possibly. Are any buying themselves out of the program?

TFW: I havn't heard of that.

GJD: That happened in some of the deferment programs.

TFW: My impression is that the University has developed a pretty exciting program. They send these kids off on field maneuvers, dealing with evacuation, helicopters, you know down in San Antonio and training areas overseas, with specific problems to solve. At the same time they are utilizing all of the highly qualified government hospitals, the NIH hospital, the Naval Medical Center, Walter Reed, the VA hospital, and so forth. The potential for excellent training is there, and I think it's happening under the excellent leadership of Jay Sanford.

I have a heading here that asks how the Society has been able to help the military in getting ready for combat, or combat readiness and field training with its emphasis on preventive medicine, logistics, and the like. Would you have any comments about that? I don't mean in today's programs, but when you were active in the Society. Did you have any feel for what was done in these fields?

GJD: Well, I know that as a group we went to Fort Sam when the new version of the MASH hospital was being developed, but we had a very small role in its development and testing. There would be very few members in the Society who would be in a position to advise unless it was specific things that would not necessarily be specifically military, such as the management of blood loss, or the management of burns. That's where we could help. Are you prepared to treat extensive burns, extensive fluid loss from diarrhea, poisonings, gas or whatever the emergency might be? I don't see how we were in the position to do so. It's just like the space program. There are certain things that our physiologists would know about weightlessness and so forth, but it would take a very small group of people to fill a need, so it's not something the Society would do as a group.

TFW: Well, I have a feeling that the University is helping to fill this gap.

GJD: I'm sure they are being asked to do things that have a specific military or space orientation.

TFW: Let me ask you if there is any comment you would like to make about the legislative and legal roles of the Society. For example, you've just mentioned the support of the University. It seemed to me that the Society tended to shift its emphasis from training

and clinical expertise to trying to be helpful to the medical services in presenting subjects to the Congress, or in other political ways that would encompass subjects that the surgeons general themselves couldn't bring up.

GJD: I would see a role for us only if the problems were well-defined by the military services. Then, through our membership or possibly through our communication with the Congress, we could assist the military with whatever problems they cannot present to the Congress.

TFW: Yes. I think that's a trend that has come about in the Society. Were you active during the controversy, pro and con, about the development of the university?

GJD: Yes, when it first was proposed by Hébert. I didn't like the idea as much as another proposal that I thought should be tried. This was to learn if the medical schools of this country were willing to open positions to those who were selected by the military for careers in the military, but get their training in established medical schools through a program of support for later commitment to service. Whether that shouldn't be tried before we spent millions of dollars was my position in the early 1970s. This was just before the surgeon general, primarily the Army Surgeon General and the R & D Command decided that they couldn't afford the expense of the Armed Forces Epidemiological Board.

TFW: Do you think that this represented pretty much the view of the Society as a whole?

GJD: I know that I got private communications from Pete Rousselot, for example. Would I reconsider the position I took suggesting that another method for guaranteeing good physicians to the military would be preferable to going to the expense of building a school and setting up a facility that might make it very expensive to provide medical help to the many government services that need it. But I guess that's the way it has worked out. I can't put myself in the position of evaluating this now.

TFW: I don't know that I'm in a position to evaluate it either. I've been impressed with what they've done. Now, on a cost basis, whether it justifies the total expense or not, I think it's beginning to be felt that it does. It was an expensive campus to build. Have you visited it?

GJD: No. I know where it is. As I tell my friends, I'm up to one trip a year. This year it's going to be to Washington for the Centennial meeting of the Association of American Physicians, which as you know had its first meeting at the Army Medical School in 1886. The outstanding military medical people were a part of it, which was quite a tribute to them. George Sternberg, who later became Surgeon General, was among the founding group.

TFW: Is there anything you would like to say about the annual meetings? They have changed in their perspective over the years. Is there anything you would like to say about that?

GJD: I wish I could, but I've been to only one annual meeting since I had to retire back in '74.

TFW: What about the period prior to that?

GJD: Oh, prior to that I thought that they were very good meetings. We had a good turnout from the military representatives, and the committee meetings were well attended and we felt useful.

As I recall, we had our committee meetings on a Saturday morning, scientific meetings in the afternoon, and then a dinner at night. Then, there was another program. . . .

TFW: More logistics type, the military. . . .

GJD: . . . the next morning.

TFW: For a period there, and it was only for about three years, there was an excellent scientific program. It was sponsored largely, I think, by John Seal and Alf Evans, at Yale.

GJD: I remember the one on hepatitis. That was put on by Bill Jordan, who was Chairman of the Preventive Medicine Committee. It was very well done, and I felt I really was up-to-date on hepatitis when that meeting ended.

TFW: Unfortunately, they only did this for about three or four years. That's been discontinued, now, and I think that is a shame. For the past several years there have been primarily programs put on by members of the military services, without any presentations by members of the Society, or so it seems to me. I wonder how you feel about it?

GJD: Well, I think when you are presenting a program on hepatitis, if you can't draw the top people to cover the major aspects and cover the newer developments you're not going to get the audience that you would like to have. That hepatitis meeting was an open meeting, and there was lots of good discussion. I think that should be a part of every annual meeting, to have one segment put on by experts in the field, whether they come from the NIH, from academic life in the area, and whether or not they are members of the Society. After all, if we're going to serve the military and I hope that they are going to be prominent in the audience, then you should do something for them. I remember, when we had Commission meetings in room 341 at WRAIR, we had the best people in the field who were members of the Commission or were contractors. I would walk around WRAIR, or around the hospital and say, "Did you know that the Commission on Enteric Infections, or the Commission on Motor Vehicle Accidents is meeting in room 341? Please come up." We were meeting there for the benefit of the military.

TFW: Yes, I attended a number of the meetings when I was in Washington.

GJD: I think that's a role for the Society to take on if it wants to both keep the Society members and also those in the metropolitan area of Washington and Bethesda.

TFW: I'm glad you said that. I'd like to put an exclamation point after it, too, because I agree with you so thoroughly. I hope the Society sees fit to go that direction.

GJD: You know, there was another aspect of that in those days. Science was moving along and there was friendly competition between the in-house research and the research being done under contract in the universities and the medical schools and the research institutes. There were times when somebody would say, "Are you citing the work in your laboratory, or are you reporting on what you've heard at a Commission meeting or something like that?"

TFW: I think this has covered the major things I wanted to talk to you about. I have another heading here, and will ask whether you wish to say anything about it. It's a summary of major accomplishments of the Society, if you wish to comment about that. Then I have one other thing I want to ask you to comment on again.

GJD: I'm sure that in the early years of the Society it filled a very important need and had good purposes. I was very proud to be in the group once I had joined it. As I said, I didn't become a member until some years after it had been founded in 1946. It was the same feeling I had with being with a member of the Commission and the AFEB. It was a feeling that you were doing something. You were teaching, and learning, and helping, all at the same time. Helping the military. I remember Rammelkamp saying, "Listen, you can talk about this kind of science and think that you are going to do a lot in your field with the support you get through the Army contract with the R & GJD Command but remember why you're meeting here. This is an Army installation."

TFW: When we were not recording, you spoke of your ideas of the scope of this oral history project, as well as your views on documentation versus interviews, and the combination of the two. I think that it would be very valuable if you would summarize your thoughts on that for the record. I think that it is something the Society needs to consider, or the Council needs to consider, very carefully. Would you do that?

GJD: I think that some of these tape interviews are going to be full of valuable information that will not be useful to others unless the tapes are supported by transcriptions that are catalogued under titles. Under those titles would be included materials like pages from the Congressional Record containing Rickover's comments that I read earlier. The Congressional Record is not easily accessible, and people who might want to know about Rickover's idea with respect to setting up a tuition program in order to retain military

personnel might not have access to it. If you are going to find out what the background is for programs for retaining personnel in the military you're going to have to have access to these printed records, to letters, to reports, to all kinds of things. I think the tapes, with that as backup, or accessory information, would make a library of these tapes very valuable to the Society. It would be valuable to anyone who is interested in the history and efforts of the Society on behalf of the military services

TFW: You would have no objection if I presented this, as your idea of course, to the appropriate persons, and got it to the Council?

GJD: No, I wish you would, because I am thinking of this in relationship to the experience I'm developing here at the Brigham as an archivist. I want a document with everything I can get when they say, "We need a display on Dr., Hartwell Harrison and his work as the outstanding urologist of his period." To present it you are going to go to your files and get photographs, letters, reports, and copies of books he wrote. Then you can say, "Now, I think people looking at this will know who Hartwell Harrison was."

TFW: Let me ask you this. One of the things that's bothering me is where these tapes and related documents should reside. Should they be in the library of the Uniformed Services University of the Health Sciences? Should they be in the National Medical Library, which is more or less across the street. Would you have any views on this?

GJD: I would suggest two possible places. Is there still a Historical Unit at Forest Glenn?

TFW: No.

GJD: Does that unit still exist in the Army?

TFW: There is a unit, but it has deteriorated to the point where I don't think that it is the place for this sort of thing. Copies, perhaps, but not the originals. This is because what used to be at Forest Glenn, headed up by Coates and later by Charley Simpson and Frederick Byrd, has been subsumed by the Army's Center for Military History. This means that the historians concerned with the whole Army story would be in control. Also, this has been one of the programs that, in the economy movements that are in vogue now, is being shot at. I'm afraid that it would get lost.

GJD: Where is the Center for Military History?

TFW: Downtown in, I think an old post office building. It's just down Massachusetts Avenue from the old railroad station.

GJD:: Yes, and they are still working on some medical aspects. I've been trying to put together another volume on preventive medicine, sort of a summary, an evaluative volume, but this has run into many snags. I would not favor that.

GJD: In that case the other alternative, the only one that comes to mind at al, would be the National Library in Bethesda. There it's in a location that makes it usable, even when you have Society meetings. You would have a place to go if you wanted to look up something about our Society's records. If they are willing to accommodate the records of the Society as of enough medical import as a national resource, then I think that would be the place.

TFW: I favor that, too, if we can arrange it. There will be some feeling that it should go into the library of the University. Are there are any other subject you wish to discuss.

GJD: If I had been able to maintain a closer contact with the Society through participation in the annual meetings I would feel better prepared to make suggestions. As I look at the early years, without repeating myself, I felt good about what the Society was doing while being in the company of those who felt the same way. It's not like some of those who were invited to join in the work of some of the commissions under the AFEB, and were offered the chance to compete for the chance to do investigative work. The potential investigator would look at us and say, "Gee, you're putting in an awful lot of time. What's in it for me?" Well, if you ask that question, we don't need you. No, I don't have any other comment.

TFW: Any amusing or pointed anecdotes about your experience with the Society that might be fun to relate?

GJD: Just that one with Rich Trimble and his introducing Tom Powers incorrectly. I don't remember the year. [1960] I knew Rich Trimble because I was an interne at Hopkins in medicine back in 1938 and '39. At the meetings there was a warmth in him that made people enjoy his company. The time came for him to serve as President, and be the moderator of our program at the annual meeting. We had selected Thomas Powers, the four star chief of the US Air Force, to deliver the annual address to the Society. In his introduction of the speaker Rich Trimble announced, however, that we were privileged to have the Chief of the U.S. Army Air Force to deliver the annual address.

I don't know where the colors came from, but they were reflecting the color of his blue uniform. He turned blue, and could hardly contain himself, waiting to explain that there hadn't been a US Army Air Force for many years, and that he was speaking for the US Air Force.

TFW: Gus, I want to thank you for spending a long, long morning that you could have spent been busy with other things.

GJD: No, I set this time aside because I wanted to do this. I found myself frustrated with my files, sometimes, because they didn't have all of the things I would have liked to have referred to.

TFW: For me, it's been a very valuable experience. I know that will be the feeling of the Council and the Society. I thank you, very much, and appreciate your taking all this time with me.