SM: Now, Jack, this is a pleasure for me to have the chance to interview you for my oral history of UCI. My doctor, Tom Cesario, tells me that you know the most about the actual moving down from Los Angeles. Now at lunch I have learned that you also know what happened before that, and you've even produced the name of a dean I never heard of. So I simply would like you to tell me in just as much detail as you wish what the situation in medicine was in osteopathy and why the decision was made. You tell me they were thinking of going to Caltech, and there were maybe other places also before that. So just in your own words, as you did at lunchtime, tell me all this. You can have as long as you like, Jack.

(JB: (chuckling) Well, Sam, thank you very much. Let me first thank you for asking me to join in with this. I'm very flattered. I am sure that as an academician I will suffer from the fault of all academicians: I can't say in ten words what I can say in one hundred words. So I'll count on you to please stop me and guide me. If I get too verbose, just let me know when to be quiet.

SM: (chuckling) Okay, I'll do that, Jack.)
JB: Well, there is a background, and I think it is important to an understanding of what transpired. I learned about the background from what I was told by the first chap, who was the first dean, a very fine gentleman by the name of Benjamin Wells.

SM: W-E-L-L-S?

JB: W-E-L-L-S. Who had a background of having served as a dean of two other medical schools in the United States, and who came here to what was then a brand-new medical school being created in 1962, from a position in the Veterans' Administration where he was the Deputy Director in Charge of Education and Research.

SM: Was that in Washington, D.C.?

JB: In Washington, D.C. So he had quite a stature and he was well recognized in administrative ranks, and he was a very splendid individual to be obtained for this venture. What he came to in 1962 was a school created by mutual agreement between the California Osteopathic Society, if that was the proper name, and the California Medical Association; and the American Medical Association, I think, was involved. I'm not factual about that, but I think they must have been involved in the thing as well. The whole motivation was to seek a means of amalgamating osteopathy and allopathic medicine within the state of California. It was impossible to do this nationwide because there could be no agreement apparently on the part of all parties concerned, particularly the osteopaths, who fought
this idea. The people in California, to their great credit, in my opinion, stood aside and were willing to risk their own situation, their own status within the field of osteopathy, because it rowed its own boat, the [California] Osteopathic Society. They sort of seceded from osteopathy and on their own made an arrangement with the State of California.

There were several conditions that attended this and a number of different motivations, but the conditions and the understanding from a medical interest were, first of all, that the medical school in osteopathy as it existed in Los Angeles across the street from the Los Angeles County Hospital and immediately across the street from a special building that the osteopaths had had built for them. It was then under their jurisdiction known as the Los Angeles Osteopathic Hospital, run by the city part of the Los Angeles County Hospital system.

SM: And that was five stories, the one you were mentioning?

JB: Oh, yes. At the time this happened— and took place, it was about five years old. It was a five-story building, as I recall, and if you can imagine a five-year-old hospital in a rather impressively fine building as of that time that was theirs, well, that was then to become part of the total possession of the new medical school that was going to be created. The buildings that existed and had been the osteopathic school across the street would become the fundamental initial buildings for the new medical school. All
the assets possessed by the osteopaths in their own association, and they had the practice, it's my understanding, of imposing a tax upon every osteopathic graduate of that school, who contributed each year to maintain it. It amounted to a sizeable amount of money, and that was a great source of support that they had, apparently, plus whatever tuition they obtained. All of this was to be ceded to the new medical school.

In exchange, the following was to take place: one, the students who had been enrolled in the osteopathic school would be continued. Their education would be assured, but it would then be under allopathic medicine's supervision. Secondly, henceforth there would be no more osteopaths licensed in the state of California. That would be contingent upon approval by the electorate of the state of a referendum that would abolish the Board of Osteopathic Examiners, so there'd be no way of getting a license anymore. And, finally, that osteopathy itself as a practice would cease to exist by dint of the fact that all presently licensed osteopaths in the state of California would overnight be granted an M.D. degree by the newly created medical school.

And out of that background then there came into being an institution called the California College of Medicine. It came into being as of one morning without a faculty. All the osteopaths, most of them, summarily dissociated themselves. With a hospital for which they had no staff except a few who
were employees on a full-time basis and remained temporarily, and a student body which had to then take State Board examinations in the State of California for regular medicine; the senior class then within the next year with the background that they had.

SM: And the medicines, drugs and all that, they had to be examined . . .

JB: Whatever background and education they had received to that time, plus whatever else might be given to them. But all of this with no faculty, with nobody. This was just a paper creation overnight, but there was no one there. So the first thing that happened was they had--actually it must have preceded this because this had to be assured beforehand--there had to be an agreement, too, to maintain a medical school for some period of time. It is my understanding, and this history has been written . . . There was a chap at one time in the School of Hygiene at UCLA who wrote a thesis on the historical background of how osteopathy was lost in California and how it was changed over into medicine. So there was a document actually published, and it came from the School of Hygiene at UCLA.

SM: Have you seen it?

JB: I've seen it.

SM: Is it in a book form or manuscript form?
JB: I can't tell you that, I'm not sure. I've seen it and I know it's around, and I think that Warren may very well know about it.

SM: Well, I'll tackle Warren about it.

JB: The facts that I . . . or what I think are facts, they're hearsay pieces or word-of-mouth that I heard about it. Not having a faculty or anything, they had to be guided first, so they thought that the first thing they needed was a dean.

Oh, I must back up. They had to assure that there would be sufficient wherewithal to maintain a medical school to do something for a period of time, but they could not underwrite doing this forever because this was a venture now jointly taken by the California Medical Association with practitioners of medicine throughout the state paying their dues. Now, that's not going to be sufficient to run the medical school. But they provided a sum of money, the precise amount of which I don't know, and a foundation—and my recollection is it was the Macy Foundation—provided a sum of money. My recollection there is, too, from what I was told, it was in the neighborhood of about $5 million.

SM: That's a lot of money in that time.

JB: Yes, and I believe that the American Medical Association threw something into the pot as well. But that was enough all put together, they figured, for the school to operate for one year.
The first individual they wanted, therefore, was a dean who could then take over and try and operate this group, and so Dr. Benjamin Wells, about whom we spoke earlier, was selected to be that dean. His first concern was getting a faculty, and the two major branches in every school of medicine are fundamentally Medicine (the largest and the basic department) and Surgery. So his efforts first went to the fields of Medicine and Surgery. That's when I came into the picture.

I was approached by Dr. Wells to assume the Chair in Medicine at this school. When he approached me about it and described the background that I've tried to recapture now, he also told me that one of the charges given him when he took over, one of the things that attracted him to come and give up the position that he had, was that he was to find a home—and that is the word that he used—a home for this new college of medicine. That this was something that was created for the immediate needs, but a recognition that this was not permanency, that it had to become a first-rate medical school, and for that it needed an identification with some acknowledged academic institution that would be recognized. And that the first approach made—I don't know who initiated it or that I don't know anything about—but the approach, which was in the works at the time, was with Caltech. Because Caltech had a great involvement in basic scientific matters, and a medical school was a natural to expand those interests.
that Caltech was so well-known for. Therefore, his representation to me was that he wanted me to be the Chairman of the Department of Medicine at this new school, which within the year's time would become the medical school of Caltech. So I accepted thinking I was coming to Caltech.

SM: (chuckling) That's amazing!

JB: When I arrived here in January of 1963, I was the first professor, and there was just the Dean and myself--that was the faculty.

SM: I would think they would have had a Chairman of Surgery.

JB: Well, at the same time as he was recruiting me, he was looking for a surgeon, and he did get the surgeon. This comes into the story as well. He selected a surgeon from Philadelphia, who had become extremely well-known in all surgical centers--it was quite a well-known name--who had been the first to initiate an operation on the heart, one of the early heart surgeons. He devised the technique of putting a finger into the chambers of the heart and stretching, just by manual stretching, a valve of the heart which had become scarred and would prevent the heart from functioning properly. He had done all this work, but along the way he had apparently turned off many of his colleagues around the country because of his personality and the way they thought he was promoting this matter and so on. So he wasn't apparently totally acceptable to many of his own colleagues.
When it was announced that he and I were to be the first two appointees, I apparently got away okay, but there was a hue and a cry about him. The surgeons in the Los Angeles area refused to accept him. Their strength lying in the fact that he could not effectively function if he did not have the ability to operate within the Los Angeles County Hospital, which was the hospital right across the street. The surgeons of the Los Angeles County Hospital persuaded the authorities that they would not admit him to the staff of the hospital, so he was left now without a surgery. That turned Dr. Wells off and led to a considerable dispute between that group, their representatives on the one hand, and himself, and resulted in his leaving, returning to the Veterans' Hospital.

SM: The Dean?

JB: The Dean.

SM: The Dean went back to the Veterans' Hospital?

JB: He went back to the Veterans' Hospital in about six months. Now, in that period of time . . .

SM: Now, who made these decisions, Jack? Is this the body of surgeons in Los Angeles who could turn thumbs down or not permit this surgeon to practice?

JB: No, they can't forbid him from practicing, but they can deny him privileges in a hospital.

SM: Oh, I see, I've got you. And they are just general surgeons, a body of surgeons who are a regulatory group, are they?
JB: Yes, each department regulates, just as you select faculty members for a university. You vote upon them by selection committee, a search committee, and by others who will review the credentials and so on. They just made it clear that this individual is not acceptable. So that led to the demise of Dr. Wells.

Before he left, however, it was he who told me again about Caltech. Now, I had come in January of 1963. The school was started in, I think, the middle of 1962; that's when he first came around to talk to me. The Caltech prospect apparently fell through before I even arrived. Here I thought I was coming there, but by the time I got there I found that was out. Instead, the whole movement, having gone through a lot of other avenues, began to center upon the University of California, led largely by the interests of a graduate of that osteopathic school up in Los Angeles who was a very potent, outstanding member of the Senate of California [in Sacramento] and a close political ally of the then Governor Pat Brown.

As a consequence, his interest, his influence, mutual interest on the part of everyone else involved with the creation of this school, and everything else, the California College of Medicine indeed became part of the University of California. My recollection is, subject to correction, that this took place officially in about March of 1963, when the Educational Code of the State of California was amended to establish officially and within the code the California
College of Medicine as a branch of the University of California.

SM: Is it Senator Steven Teale?

JB: That's correct.


JB: Correct, T-E-A-L-E.

SM: Okay, so now they're part of the University of California, and you didn't know you were going there? (chuckling)

JB: No, I did not.

SM: How soon did the next dean take over from the departed Dean Wells?

JB: Well, then we had accumulated a couple of members of the faculty. Before Dean Wells left we had acquired some others, just a very few. I was running helter-skelter all over Los Angeles to every friend that I had and knew to get volunteer faculty because we were confronted with students. I came in January 1963, and in June of 1963 that senior class was going to take board examinations, and I had no faculty.

SM: I'm afraid I'm just lost some here, Jack. What is the time that Dean Wells was appointed? What's the year?

JB: Nineteen sixty-two, I think.

SM: I've got it. I'm all right now.

JB: And all that did was create (audio difficulty).

SM: And he went out in 1963, right?

JB: That's right. He lasted about six months.

SM: Okay, got it. I'm okay.
JB: And he made a lot of contributions in the short time he was here.

SM: Is that right?

JB: Yes, he did, he did a good deal. Now, this is where I became a little privy to some of the things that we're talking about now that are background to all of this. He was the one that informed me about how Caltech came into it and then the fact that one of his charges was to find a place for this college of medicine, a permanent place. So, when I asked him directly once, are there any limitations, what are the definitions, and what sort of places and so on, he said: none.

SM: Now who is that saying that?

JB: Dr. Wells. Anyway, he would have me travel with him around to all sorts of institutions that had evinced an interest in the possibility of having a medical school that they would sponsor, among them the City of Hope. He felt that they couldn't possibly support a medical school, but they were interested.

SM: Where is that located, Jack?

JB: Duarte.

SM: Duarte, that's right.

JB: Another was--and this I knew nothing about, he told me, but this anteceded my coming--Loyola University in Los Angeles.

SM: That's when the cardinal came in?

JB: That's what I was told.

SM: That's a good story! (chuckling)
JB: The cardinal came down to represent them and made an offer to bring the medical school up there. But once it became part of the University of California, as of this effective change, then that changed the entire picture, and we knew we were in California. But then began the question: What are we to become within the University of California? What are we to be? Where are we to grow up? Now we're in California, so forget looking for a home somewhere. Our home is in California, but physically our home is in a slum area in Los Angeles down the street from the University of Southern California [USC], and we are on a collision course with them because they're only a street block away from each other, we want to remain friends. They were very helpful. I used to call the faculty to come down and help give lectures and things like this, and our association was excellent and has always remained so, but we could foresee that the future would inevitably be a collision course. We'd be competing directly with each other.

It was a poor geographic location. We could never build a first-rate university hospital and attract private patients to come down into that area from the outskirts of a city as wide and broad as Los Angeles is. So the great question became then: Where would home be? And that led to the next pursuit of homes and locations. One of them, I might say, I'd sort of like to keep this off the record because it was off the record at the time, but I was okayed to go, and did, and
I had some interesting conversations with what is now the Cedars-Sinai Medical Center, because they at that time . . .

SM: That's the one in Beverly Hills?

JB: Yes. Because they at that time were two different institutions and were merging with each other. They were having a great contention trying to find a common home. So the proposition was that their home might be one joined in with us and be a university hospital, which they would then support. We were looking for all those sorts of things.

SM: I'll interrupt to tell you something interesting. You were talking about Duarte. One of the twelve final sites of the southeast Los Angeles campus, which became Irvine, was Duarte. There was an area there but one of the Regents, whose name is Phil Boyd, he withdrew his name from this whole enterprise because he had a conflict of interest, he claimed. But they didn't choose Duarte, they chose Irvine.

JB: I knew Regent Boyd's doctor.

SM: A wonderful guy.

JB: And I got to meet him and he really was a wonderful fellow.

SM: A wonderful man.

JB: And he was advising us. He gave us some very good advice on the background.

SM: Well, he was the Chairman of the Committee for New Campuses and was a very . . . I've looked all over the minutes of that committee and he was quite a statesman. He kept pushing, because I don't think Ed Pauley . . . and I know Pat Brown
didn't want the campus to be at Irvine. But Phil Boyd has my great admiration. And you'll be interested, he came to a meeting when we were all founded, and we were in the temporary building but setting up our faculty and getting our curricula, and he asked to come to a meeting. Because all he said he heard of was money and raising money, and he said, "It's so nice to come and hear you talk about your curricula and what subjects should be taught," and he was quite inspired. We all felt good, you know, that he felt a reward for all the work he'd done. Well, continue.

JB: Well, we're at the point now where I think I've set the background that you could see the ferment that we had. The ferment at that time was: now find a home. And this is where everyone was desperately looking. Now, inherited with the former osteopathic school came a board of governors for that school, trustees of that school, and a president. They were very much of a mind that the school should be right where it was now and improved by the erection of new buildings and build a new campus. The medical school then would be cast in the same frame as the existing School of Medicine at the University of California, San Francisco, formerly associated with Berkeley but now an independent campus. Well, that then meant establishing a campus, investing an enormous amount of money into new buildings in that area geographically, with proximity to the University of Southern California, and it
raised a very serious question as to whether that was a wise thing to do.

SM: You said you were on a collision course with USC.

JB: Well, we thought we would be inevitably. Inevitably we would be competing for the same things, and now, all of a sudden when the people . . . and it was USC at that time what was known as College of Medical Evangelists, but subsequently renamed Loma Linda University, they moved away from there and just left USC in charge of the large County Hospital. USC was very dependent upon them because that was supplementary income, and that's the only way they could support faculty. They had totally no interest when it was the osteopathic school in that osteopathic hospital, but when it became Unit II and part of a new medical school, then they got a great interest in the thing. Because we had a five-year-old building and they had an old, massive structure up there, so they looked with covetous eyes on that building. So all of this was by way of background; and this was the ferment that was going on. So there were tugs-of-war on all sides, depending upon where the interests were.

Now those tugs-of-war were engaged in as well by the Supervisors of Los Angeles [County], because the last thing that they wanted, under the method by which they operated the County Hospital throughout the entire county of Los Angeles, was to lose the support of the physicians coming from medical schools. And they did not want to see . . . Now Loma Linda
had moved away, and we were supplying something in the County Hospital. What would happen if we moved away? They'd be entirely related only to USC, and that would be an enormous burden to carry because it's the largest county hospital in the United States. So they were very anxious for us not to move. Or if there was an insistence, for whatever good reason, that we do move, they wanted it to be within the confines of Los Angeles County somewhere. Indeed, one of the suggestions made--an interesting aside--was to go up to West Los Angeles close to UCLA where there was a hospital that was originally operated by the County principally for tuberculosis, known as Olive View, I think the name of it was. I think that was the name. They offered to reconstruct that entire area into a brand-new hospital at our specifications if we would move up there and then operate that new Olive View Hospital.

SM: Olive . . . What's the second name?

JB: I hope I have the right name, Olive View. I believe that was the name of it.

SM: And where was that precisely located?

JB: Well, it was in the Valley, just across the Valley from Westwood where UCLA is, in the San Fernando Valley.

SM: Oh, yes, of course, the San Fernando Valley.

JB: Interestingly, and this is all parenthetical, that was not accepted, we didn't go up there. But they had to build a hospital and they did. They built a whole brand-new hospital,
which would have been, if we had acceded to the wishes expressed then, the university hospital for the California College of Medicine. That was the hospital that was destroyed in the last great earthquake. The entire thing was collapsed. That would have been the destruction of the hospital we would have been in. That's a little aside.

SM: That's a very interesting aside.

JB: Well, at that time we recognized we had to go somewhere, and it didn't seem reasonable to erect a campus where we were. And that tore at a lot of people because many felt that we would rather exist as an individual institution, as a campus just like San Francisco is, but this didn't seem like the (audio-difficulty), nor did we want to leave that hospital, which was a beauty, as far as a teaching hospital and as far as we were concerned. So there were all sorts of conflicting tears all around. At the same time, we then became bombarded by various medical societies.

SM: Excuse me, an important question, who was the dean at this point that you're talking? Who succeeded Dean Wells?

JB: The successive dean was Warren Bostick.

SM: And when did Warren Bostick come to the campus? He was at San Francisco Pathology, wasn't he? He came from UC San Francisco.

JB: Yes.

SM: And when did he arrive? Was he in all this question of going out to the Valley, maybe?
JB: Oh, yes. Warren was very much involved with the concerns about exactly what we would develop into and where. He was very much a part of that. I can't tell you exactly when he came, but my estimate off the top of my head would be a matter of about four or five months, within that period after Dean Wells left. There was a small hiatus when we were without a dean until we were able to find Warren Bostick.

SM: Appoint a new one, yes.

JB: Warren threw himself in with great aplomb and efficiency and knowledge and took firm hold, but he got very much involved... now in this crucial decision as to where we would go. Now the final coloration that came in, all this is new leading to the area that we're principally interested in our discussion. Irvine campus came into being at about the same time. At the same time that the California College of Medicine was created, Irvine was created. About 1962, isn't that right?

SM: Dan Aldrich was appointed in January 1962.

JB: So it was just open ground at that time.

SM: And the campus was accepted in 1960, that I remember. I've got to look up my notes.

JB: Well, into consideration now came this whole question of why, since there are reasons not to want to have a campus developed in the area there, why not become the College of Medicine of the new campus? That's what gave birth to that idea. Well, however the people may have felt on the new campus, certainly to those who were controlling the medical school in the past...
in its current existence, who did not want it moved, were opposed to any movement there.

SM: Are you speaking of the board of trustees that you mentioned?

JB: Yes, and the president and others who . . .

SM: The president of the board of trustees?

JB: No, they called him the president, I think, of the college, a chap by the name of Ballentine Henley.

SM: Ballentine Henley. He came to our deans' meetings.

JB: A very well-known orator, very capable as an orator. And let me say that in any way I'm not being critical; I understood their position very well. I understand their interest and why they wouldn't want to keep it there. We were torn. We also were confronted by a lot of other choices that came up. One of them while Dr. Wells was still the dean and still here, and one that he was favoring and which he I think had a role in helping to bring about, was an offer to purchase forty acres of ground next door to the Long Beach Veterans' Hospital, which was still then in Los Angeles County, for $1 an acre from the government, with the creation then by the Veterans' Administration of a hospital on the ground. It would then be the medical school. It was in keeping with the wishes and the concept of the Veterans' Administration as to how they wanted hospitals to go in the post-war era: to have close affiliation and association with the medical schools. They wanted them geographically as close as possible, they wanted a deans committee supervising the Veterans' Hospital,
they wanted the Veterans' Hospitals to be given the high academic stature in a place that the public would feel they were getting excellent care, that staff could come to and have pride in being associated with it.

SM: Jack, is that the one, the present hospital that we run, don't we?

JB: Yes. Well, the offer at that time was, according to Dean Wells, as he told me, he had an assurance that we could have that--I guess this must have been presented by him, but that I don't know for sure, but at least so he told us--forty acres of ground, and to boot, the Long Beach Medical Society put together a brochure in which they outlined all the advantages of a medical school developing in the Long Beach area and expressed their great wish to have a medical school come down there. So they entered into the pot. They were sort of lobbying to bring the medical school down there. And it was a very, very great temptation because this was a great answer for everything.

Now, I'm not sure of what I'm about to say. This may not be factual, but I was told that the big negative was the Regents of the University of California who looked askance and with little favor upon erecting a new campus next door to a Cal State University campus. Because Cal State Long Beach is next door to the Long Beach V.A., they're adjacent, so it meant that it would be a University of California campus immediately adjacent to it. Now I don't know if that's
factual, but so we were told. So there was a negative input there, and these were the tugs that were coming back and forth. With the Irvine campus coming into creation, then this brought in a brand-new idea, and the differing groups were at loggerheads with each other.

We were, in the meantime--those of us on the faculty--confronted with the job of trying to recruit, not knowing for sure what we were recruiting anybody to, not knowing for ourselves where we were going to go. I was living in the Hollywood Hills and I was afraid to give up my house. I didn't know where I was going to land at that time, that was a far cry from the Caltech I thought I was coming to, and there was great uncertainty all over the place.

But the University of California was still in excellent grace in the state of California. Anything that the university would request seemed reasonable to the citizens and would be approved, bond issues and so on, and we were in an excellent position to get favored son treatment because we were in the business. We were operating a medical school, we weren't sitting around dreaming up what curricula would be or having five years to find faculty. We were on the firing line and it was very, very difficult. We also felt that with the new campus the two coincided just beautifully.

It so happened at that point of time I was the chairman of the faculty, served two consecutive terms as a matter of fact. So in the contention that then grew up, centering as
the rest of them were put aside between do we stay where we are and develop there against becoming the College of Medicine at the University of California at Irvine, there were divisions of opinion back and forth, divisions on the existing faculty as well as to what to do. To try and find a neutral, authoritative group, a three-dean committee was asked to come and review the situation.

SM: Three deans?

JB: Three deans from other medical schools. Led by ... I can't recall his name now, it began with a G, and I think he was at the University of Chicago. He had become well-known in medical education circles because of his advocacy of new thoughts and new ideas about medical schools and his advocacy of the fact that flowering of a medical school is best within the confines of a total campus where there would be enrichment on all sides rather than existing as an individual institution. He favored that. He, the Dean of the University of Michigan, and the Dean of Jefferson Medical College, (Jefferson Medical College representing the private school existing as an individual college of medicine without a university connection at that time) to get all kinds of views. They came, and they came several times, and they rendered a report. Their report favored the removal of the college and its growth on the campus at Irvine.

SM: Say that again.
JB: The committee of the deans, they recommended that the college of medicine be moved to the campus at Irvine and grow there.

SM: We'll go on in a second, but one very quick question. If, when you made an appointment, which you were making (inaudible), you have a faculty, now the department recommends to Dean Bostick. Now does this Provost . . . what's his name, Henley? What's his name Ballentine?

JB: Ballentine Henley, W. Ballentine Henley.

SM: Did he have to approve the appointment, too?

JB: I think so.

SM: Okay, well, back now to these three deans recommended your move to Irvine. Okay, this is all new to me, I'll tell you.

JB: Well, then it became a matter of trying to reconcile the differences, and this was sort of an agreement that even the receiving party hadn't altogether agreed to. Because it soon reached us that we weren't altogether very welcome, that there were many people on the campus who were not very keen about what they were led to think were a bunch of osteopaths coming down from . . . This was not a prestigious group to come down to a university, the campus that they were very proud of and wanted to become a very prestigious unit in the totality of the University of California. So there were very mixed feelings about whether or not this campus should really invite this college of medicine down--very, very negative feelings, as a matter of fact. All that was thrown into the pot. Now
I found myself in the position where I had to try and bring all warring parties together.

My own personal reaction, after looking over the situation, I had been initially well attracted to the Long Beach offer when that first came out. But my own personal feeling, after thinking of all the pros and the cons and various arguments and reasons for or against, favored going to the university campus, if that was to be a home. My own personality being what it is, I wanted to go whole hog. If we're going to the campus, let's go to the campus. And we'll make friends when we're there. If we're not welcome now, we'll make them there. My song was a very simple one. I said, "When I am asked by the professor of English to take care of his ulcer, and when the professor of Obstetrics delivers the wife of the professor of Music, and we live together and meet and have lunch and talk with each other and get to understand that we don't have horns coming out of our heads and that we all have the same hopes and aspirations and the same egos and the same desires, we're going to be very close friends in a uniform group."

SM: Did you use the words, "this is my song," did you say?

JB: Yes, that was it.

SM: Okay, I've got you. Go on, this is fascinating.

JB: There were a lot of individuals that we had to try and convince, and ultimately, as you know, the decision was made, with the approval of the former Chancellor Dan Aldrich and all
other authorities that may have been responsible for that, and with reluctance, an agreement (on the part of the representatives of the College of Medicine at that time) to make the move. We had to have a staged move because we had to have a hospital to continue to teach in.

Now, let me add here at this point, and this seems to have been lost somewhere, but one of the persuading things for us to move to the campus, one of the things that kept hope aflame and enthusiasm at its pitch, and one of the big things that attracted me and that I in turn used to convince my own colleagues, was that the architect of the campus, [William] Periera, had included in his architectural scheme a hospital. We saw the plans and the outlines of a hospital and its location. And I recall very well coming down here with Warren Bostick when all we had was a bunch of mud, and as Warren would put it, "barley and jackrabbits," and nothing else, and the great view of what Dan Aldrich could project of what would ultimately appear on this ground and in all this muddy area . . .

SM: I don't think I have the original plans. I have them, I guess they're at home, but you not only have a hospital, there is a stadium there for football or events, a stadium right over past where the faculty housing is.

JB: Oh, really?

SM: Yes, you look at the plans, you'll see a stadium.

JB: I didn't know about that. That's a new one to me.
SM: Yes, I've got it absolutely. Well, go ahead now.

JB: Well, we saw this hospital. Warren had it and then we were enamored. I came down to this one time with Warren and we walked around, and it was difficult truly for me to see with the same imaginative fashion that Dan Aldrich was seeing this campus, and in turn he had Warren look. And I was looking through both of their eyes now and trying to project all these buildings. I couldn't imagine in my wildest imagination what exists today or what I saw created down in there. It's just been an unbelievable model and miracle, and one that's enthused me no end, of course. Well, we had to find a home until such time as something physical came into existence on campus, and that home was Orange County Hospital. That's where it was at that time.

SM: The County Hospital.

JB: The counterpart of the Los Angeles County Hospital was the [Orange] County Hospital. Now, there's a little story there that may interest you. I can place this one in time, and as an historian you can verify the exact date. It was the day that Sandy Koufax pitched the last game that the Dodgers won the World Series on. Whenever he won that victory, that date is when this took place.

SM: I'll check that out.

JB: Because there was a reception at President Ballentine's home that he was having, and there was at that time assisting the President of the University of California, who was Clark Kerr
at the time) a chap, a doctor/physician, by the name of Clint Powell.

SM: That's right, yes.

JB: And Powell was his . . .

SM: Advisor on medicine.

JB: Advisor on medical affairs, a very nice chap, and I think he used to be with the NIH [National Institutes of Health] at one time. I was late to the reception at Ballentine Henley's because I wanted to hear the last part of the ball game on the radio as I was driving down in the automobile.

SM: Good for you! That's the way to go!

JB: When I got there, I saw around the table gathering were all the eagles, Warren Bostick, Ballentine Henley, Clint Powell, and a few others, and they seemed to be engaged in a very serious conversation. Now, this is purely personal as an aside. I edged my way into this little select group, and I found that what they were discussing was that Clint Powell was proposing that they would build a university . . .

(End of Side 1)

JB: I think we were talking about the reception at Ballentine Henley's and the group that was having a discussion that I edged my way into and found that what was being discussed was a proposal that Clint Powell was putting forward to have the university build on the grounds of the Orange County Hospital a clinical center that would serve as housing for laboratories, office, faculty, and there we could operate in
a decent way pending the completion of all the necessary buildings on the Irvine campus. Now this was something that I for one felt deeply about in opposition. My reasoning was, and I expressed it—very foolishly, but expressed it—that the minute a hole was dug in the grounds of the County Hospital we were fixed in cement at that place.

SM: Well, you couldn't have been more correct.

JB: That I would not want to see anything like that happen, because that could become a threat to the accomplishment of what we had set out to do: to become a college of medicine on the campus of the University of California at Irvine. And I recognized that that could not develop overnight, that there had to be an awful lot of construction. Time was involved. But I felt that I, surely as an individual, and I felt that I could persuade enough of my colleagues to agree to this, that it would be just as well with us if we had a vision of the future before us, a real vision, a real something, not just a bunch of words, but we saw it and we lived it and we were part of it, that our mixed-up genes that made us come to a school like this, a school that we were in at California in Los Angeles, would prevail. That, if they wished, they could go out and buy what during the war we called "must hospital," M-U-S-T, and I've forgotten what it stood for, but I think that was the name.

SM: Must get it done right away, I suspect.
JB: Well, this was dropped from helicopters. It would be dropped on the ground. It was all packaged. It was a packaged hospital. You would just put down wooden boards, erect tents. There was equipment for beds and cots, operating equipment, the crudest sort of a thing. If you've seen any of the television shows, M*A*S*H . . .

SM: I watch it all the time.

JB: All right. Well, it would be a hospital like M*A*S*H had, created with all this equipment which you erect just like that. And we would live in that sort of a thing so long as we were on the campus watching a medical school being erected in front of our eyes, knowing that it's for real and we're seeing it and we're participating. I would just as soon do that for years and become part of the faculty and mix with the faculty.

One other reason impelled me to that very strong view, that as the chairman at the time, seeking to win friends on both sides and bring opposing views together, journeyed down here to campus and met with the officers of the [Academic] Senate, who I must say were extremely nice, very cordial, very helpful, although I knew very well their feelings and really their coolness and their opposition to the whole idea. But in treating us as gentlemen and one professional to another, they were just marvelous. Abe Melden, I think, was the . . .

SM: Yes, he was the first Academic Chairman.

JB: Jim McGaugh was one, I remember.
SM: He wasn't head of the Senate. He became Dean of Bio Sci when Dean Steinhaus resigned.

JB: He was on the Senate Executive Committee (inaudible).

SM: Yes, he was on the Executive Committee, right.

JB: And others like that, and I know how they felt. Abe was a very good modifying influence. What I succeeded in getting them to agree to--I'm very grateful to them for doing it--was, in order to promote this association and get to know each other, it was as important for the existing faculty that we had to be moved into positions on committees and representation within the Senate, immediately become an active part of that Senate right now. To do that, I would make recommendations to them for individuals to serve on the various committees, and I was put on the Committee on Committees. And through that medium, we were able to nominate and they approved . . .

SM: That's a key committee.

JB: Yes. We were able to have approved individuals for the various important committees having to do with the governance of the campus, and then they would journey down here, and we got to know each other. And just as I had thought would be the case, and I don't mean to talk in the singular this way, but to my satisfaction and great happiness that's exactly what happened. We got to know each other and then they got to realize that apparently we weren't quite the devils that we were conceived as, that we did have academic interests, and
that some of us did have fairly decent credentials, that we did have great aspirations, and that we were as anxious to have the finest medical school that could be constructed as they would have been to have as part of the campus.

The first battle that really had to be joined down here was a real donnybrook, and you may know all about this and I've heard it from others who know far better than I, because I was somewhat peripheral but engaged in it only as a part of the executive group that was involved, and that was a sharp division of opinion by the campus and Ralph Gerard and others on the one hand and Warren and the faculty of the College of Medicine, by and large, on the other as to the extent to which the College of Medicine should in traditional fashion continue to operate medical schools called basic science departments. The great thinking on the campus was that San Diego had agreed to do this, and it was felt that Irvine should, too, and that is that the basic sciences should be operated fundamentally by those who were knowledgeable in that area on the campus. Chemistry should be a Chemistry Department not a . . .

SM: Physiology (inaudible), yes.

JB: Yes, and so on and so forth. And that was a very sharp difference. And there Warren, who can speak very effectively of course for himself, had a very distinct opinion and was willing to fight to the death for it.

SM: That's right.
JB: And the opinion was equally as strong on the opposite side. Ralph--with whom I became very friendly and whom I had deep admiration for--and a number of the others felt equally dedicated to the opposite view. Not being involved in a basic science, being involved in a clinical science, I was sort of right in the middle: able to understand the views of both sides, not quite sure how it would work out to have non-medical people operating basic science departments, because that was a new departure. And on the whole, leaning, I suppose, more in favor of Warren's view and the campus view. But that led to some wounds, and that took a lot of time and I'm not sure that they're entirely healed yet, or whether in retrospect there aren't some views still held, I don't know. But anyway, some effort was made throughout the time to find some compromise situation between the two that would permit things to go on. I know that Dan Aldrich was torn between the both sides and it made for some problems.

SM: Well, now a question, Jack. The faculty has now come down to Orange County and they are teaching in the area around the Orange County Hospital. Is that right?

JB: The clinical faculty is, and the basic faculty is on campus, and our ties with Los Angeles are totally gone.

SM: Go on now. All right now, did you leave any behind when you made the move? For instance, were some non-tenured people, like assistant professors, who you just left behind and only brought the tenured faculty . . . ?
JM: That's correct.
SM: Is that what you did?
JM: Exactly. Only there was no tenured. They couldn't hold tenure in the University of California. But those who were running departments, say the basic sciences that we inherited when we first took the place over, those who had established abilities and regarded as excellent teachers and had a record of success, and who made themselves part and parcel of our total effort thereafter, a number of them did come along with us in the category of lecturer.
SM: Was Barney O'Laughlin one? He's Radiology, isn't he?
JM: Oh, yes, Barney was very much involved in the move because Barney, who is one of those that we recruited after my arrival, and Barney is one of the early recruits that we managed to bring down, Barney was the one individual among us who knew the University of California. He had spent his time at UCLA, so he was our director. He was the one that told us how to move, and then he served a tenure also as Chairman of Faculty just before our move down here, but very much involved. Tom Nelson, and he, and Jim McClure, who is now deceased...
SM: Who?
JM: Jim McClure was (audio difficulty). That was the (inaudible) group. Then, shortly after Warren Bostick came, then Jack Connolly was recruited in Surgery.
SM: What about [James E.] Hall, who is the Australian who was Physiology, wasn't he? His name was Hall and he came from the University of . . . He was originally from the University of Melbourne and he was the head of the Department, I thought, of Physiology. He served his time, like seven years, and then [Stanley] van den Noort switched the chairmanships. What was his name? You can look it up in the catalog, he took a position in Massachusetts for some kind of a . . . oh, you'd call it a foundation. They were doing particular research. We were friendly with his wife, also, both Australian. Well, no matter. He was one of Warren's appointments then.

JB: I don't know Hall, I'm sorry to say. It doesn't ring a bell to me offhand.

SM: A very nice chap, a very capable guy, very good. He's back now in Australia at the University of New South Wales as a Chair there.

JB: I can't recall.

SM: That's a good group who came down.

JB: Well, let me say--again, this is a biased view, I admit--but the group that came together in an effort to establish what we could see in our mind's eye as something that could develop into an unusual situation starting from absolute scratch, and it's not given to too many people to start from scratch in a new medical school.

SM: Oh, no, it's like my Humanities. I had nothing when I started. (chuckling)
JB: Exactly.

SM: But you've very well answered [question] three: How was it determined whom should move to Irvine? and the answer was: the tenured faculty.

JB: Well, (inaudible) tenure.

SM: What sort of reception did you receive? You've answered that. What you say, you try to get them together, try to live together and so on, be in the Senate committees, all that. You rub shoulders together, you get to know each other. And yet there were some who didn't feel they were received so well. What sort of reception . . . Can you give in as much detail as possible your evaluation of the faculty? Well, you've really done that, Jack, but you evaluate a very capable group who accept the decision to come down to Irvine, and they come down.

JB: Well, I'd like to expand on that if I may.

SM: Yes, please do.

JB: I started to say that, in answer to that question that you had asked me in our evaluation--and I will talk with some bias, I'm certain, but I'll try to avoid as much bias as possible--I would repeat again that though there were these differences in thinking and sharp differences on some fundamental concepts, the relationship--at least mine and I think universally--was a very cordial one with the faculty. We did not meet any terrible receptions. We never had meetings with very sharp differences where we never left friendly. There was always a
very warm relationship there, and I think that grew with the years when it became recognized that we weren't quite what had been pictured. We weren't wild men out of Borneo, that we really had academic backgrounds as well and interested.

Now, having said that, I would say that as one looks in perspective on that, the last twenty-five years is about the time that we have been officially part of the University of California, Irvine. I moved a group down, myself and two others that I selected in my department, Medicine, in 1967, to what was then the Orange County Hospital, and I went from Laguna Hills each day to Orange County, to Los Angeles, back again, running two departments and two county hospitals for a year. I didn't get this gray hair out of nothing. (chuckling)

SM: You went to L. A. County?

JB: Every day.

SM: Oh, what a terrible drive!

JB: We did not move down officially until 1968, and I wanted a one-year lead, again propelled by the feeling that we had to make friends. I don't want to move in abruptly and be like new grooms all of a sudden. I wanted us to establish some warm relationships beforehand.

SM: I can see you're a statesman, sir. That's the way to go!

JB: So we formed, two other people in my Department of Medicine and I--I got them to volunteer to do this--were the avant garde. We went down first and we spent a year here. I might
say also, Sam, that those in Los Angeles and in Orange County, even though my position, for example, as Chairman of the Department of Medicine automatically would make me the physician and chief at the hospital, I never occupied that position. I insisted that it be the individuals from the staff who held that. I was just a member of the staff in the Department of Medicine at the hospital, but Chairman in the Medical School. I felt it was far better to do that rather than usurp their position, to in any way appear to be a threat.

The one thing we had to guard against so deeply is this town/gown problem. It exists with every medical school in any area, particularly within a town. We had to prove to the practicing physicians in Orange County that we didn't come down here to take away their practices. We had to prove to the academicians in basic sciences that we were not nincompoops totally in that area. We had to justify ourselves and become acceptable human beings to a lot of people who very understandably would have concerns. I would have shared them if I were on the opposite side. I could understand that very well. So this was quite a move that we were making, and then we finally came down here. Now, I would say that the group that we managed to recruit, and which we have recruited since then and time and time over, is a group for which no apology need be made at all. I think the record of achievement, if we look in twenty-five years, from 1968 to the current date,
roughly twenty-five years, at what has happened to this College of Medicine and where it stands, that speaks for itself. It's an accomplishment that I think, if anything, we can be very proud of.

SM: When did Stanley van den Noort join the faculty?

JB: I recruited Stan. I recruited the entire Department of Medicine.

SM: So you recruited the head of Neurology?

JB: Yes.

SM: [And Jack Connolly you recruited to head up Surgery?]

JB: No, no, not Surgery.] Neurology was a part of the Department of Medicine; that was not a separate department then. I brought Stan here from Case Western Reserve.

SM: That's right.

JB: I was told by the chairman of his department that he would rate Stan among the top five neurologists in the United States, and he would fight me to the death to keep him from coming with me, so it was a great achievement. I managed to get some other people who had very distinguished records, who were willing to come for millions of reasons that may have had nothing to do with purely a medical school, because they had to come here for other reasons. What was there to come to? What was there to come to when we came to Los Angeles? It was an impossible zero. And if one had any investigative interest, you had to have a reason for coming.
Now, in my own particular case, I have these mixed-up genes, I like to be into something brand-new, get it started. I've done that the rest of my life. Fortunately, I could bring a grant with me and I had a research fellow who was willing to move with me so I could continue to operate, but I continued to operate in a kitchen, by the way, at the Los Angeles Hospital, using a burner, because we didn't have any other equipment, a stove. We had to have many other reasons for doing it. Whatever the reasons, we got a group who have produced a decent record, and I think we can stand on it.

SM: That's very good news. I do want to take up, before you get tired out, your evaluation of the various attempts to build a hospital on campus. That's question number six.

JB: Well, you touch a point now where I suppose that's a fitting end for this very pleasant discussion, and one for which I apologize for being so verbose.

SM: Not at all.

JB: But my feelings about it, I think that, if I may be forgiven for saying so, I view myself as a latter day Moses. I was instrumental in leading the flock to the Promised Land, but I've never seen the Promised Land and I don't think I ever will.

SM: Meaning you're never going to see a campus hospital?

JB: No.

SM: Well, what they say is that yes, we will. They're not going to call it a hospital. They're going to call it an institute
of special research. It has 200 beds, and then in this corner you have, say . . . Or we could make a real specialty, as you know, of lasers, so the lasers are there. Then we make a real specialty of cancer, so the cancer is on this corner. And we make a great specialty, say, of Stan's work in neurology, and put that there, and all this work of memory and the brain and all that. Then there's another one there, and this I have been told is what will eventually occur. Do you hear this and have you any opinion on that?

JB: Well, I don't think my opinion is worth anything. I would say that I admire the idea. This is a creation of the very fertile, innovative mind of Walter Henry, the current Dean. It is actually an adaptation from what he was brought up on at the NIH, where the clinical institutes operate with the various institutes at the NIH. I am attracted to it myself because I think it does represent innovative and modern-day thinking. I would agree that, battle-scarred though I am and disappointed as I may have been that we never got a university hospital, as I look back in all honesty in retrospect, it may have been a fortunate thing. Because in truth, as things have evolved in medicine, the university hospital of the sort that we had envisioned in our minds twenty-five years ago and felt was a matter of life or death has not become an obsolete institution. I don't think anyone would want to create university hospitals anymore of the ilk that existed in the
last half century or so. So this thought that Walter Henry is bringing forth, I think, merits a lot of support.

SM: As you probably know, Jack . . . Were you at the twenty-fifth anniversary where the medals were given to Joan Irvine Smith and to Clark Kerr?

JB: No, I missed it. I was out of the country at the time.

SM: Okay, well, if you'd been there, she made a long speech, of which I have a copy, about twenty-five minutes, and she says towards the end that she's got to give a large sum when her business is settled as to the rate of interest. Did she get interest on her money, she and her mother, or not get interest? When that's settled she'll give this money to a medical research institute, she says. I think I'm correct, it certainly fits in with what Dean Henry wants to do.

But I really interrupted you. You say you're a latter day saint, you know, Moses, but you haven't reached the Promised Land. But you've reached a fair bit. You've got Med Sci I over there, and you've got the [Beckman] Laser Institute there, and you've got the renamed building, the Allen Building that's now renamed the . . . What's it called, the Irvine? Is that right? Because Mrs. Clark, Athalie Clark, gave $2 million.

JB: Yes, the Nelson Building.

SM: The Nelson Building is now called the . . . I think, Irvine. Anyhow, she gave $2 million. Because I talked to Jack; that was part of my talk with Jack Peltason. Then you've got the
Hitachi, which gets us into a bit of problems, but that's a lovely building, don't you think? And you've got all that, yes? Now, of course, you've got to go nine miles over to the hospital. (chuckling)

JB: Yes, we continue to live . . . Unfortunately, Sam, the reason I said that, and jocularly in many aspects, is that I live on a triangle. People can't believe that I can go through a normal day for me and find when I get home I've driven a hundred miles. And that's no existence. Part of my crazy ideas that I once voiced to them also was to try and convince Dan Aldrich and the others that if they counted up the number of hours and the cost of salary and all other accessory funds paid to members of faculty, per hour, and the number of faculty floating all around the freeways and the great danger to them of life and limb doing all of this. And the number of hours wasted in unproductive, not even thinking as we're driving the number of hours, that we would do far better, and no more cost, and save an awful lot of wasted mental abilities by having a helicopter service. It would just transport us. If we have to live like this, just move us around in a helicopter instead of driving and all these things.

SM: Yes, you might be interested in this, that when I talked to Clark Kerr about the planning of this and so on, he mentioned that this business of carrying books and those sort of things between campuses . . . these buses that came in . . . And you know a bus comes from San Diego, Irvine, Riverside, to UCLA,
he said we should own a couple of helicopters and this is the way we should be doing. I'm talking about Clark Kerr speaking in about 1963 or something like that, just before we opened. Because we visualized when the decision was made to buy this little bus, which I've ridden in [to UCLA] and maybe you have, too, up to the library and done some work in there. I taught up there, twice I've taught [at UCLA], and I rode up in a bus, taught the course, had my office hour, and came home again. (chuckling)

JB: It's a terrible wear and tear, though I'm very flattered, really, to know that so brilliant an individual as Clark Kerr had voiced the same opinion.

SM: Well, he thought the movement of faculty and books and all those things, parcels, could be done by helicopter.

JB: It ought to be.

SM: That we ought to own one. It's just a short distance of time for San Diego to get the stuff up to L. A.

JB: What I said about getting into the Promised Land, really, Sam, what I was thinking is, and I will never see it achieved and so many others, we still are a faculty divided.

SM: Divided by geography or divided by philosophy?

JB: Yes. Oh, not by philosophy, by geography, and can't fully appreciate each other and enjoy each other because there's so many ensconced in one hospital, where they must stay there full-time, what's now the University Hospital. There's the Long Beach V.A. and those on the campus, and the scientists
and the clinicians are separated geographically so that their combined productive academic efforts are not as great as they might otherwise be.

SM: Well, they add to this, though, Jack, by building that large cancer research building at UCIMC [University of California, Irvine Medical Center], which could easily have been down here.

JB: Of course, if we had the clinical facilities for it.

SM: But you're adding it to another one. What's that big one going up that's mental illness, or what is it called?

JB: The problem, Sam, is that you can't separate those places from patients. You have to have people for those. And there our hospital is there. If our hospital were down on campus and we existed as a unit on campus, it would be fine going to the V.A. You can't make the government move veterans' hospitals, they like to keep them together. But that would be one thing. But our major operation where the faculty is a faculty and we're operating in one place. I've had an office on campus, I have an office at the medical center now, something like you have here only not as gorgeous as yours. Mine has a sign outside that says "Gentlemen." (chuckling)

SM: Well, these are paintings of Australia. I'll tell you about it after I turn the machine off.

JB: Well, that's the thing that's regrettable, that we haven't gotten to that. I'd like to close, if I may, in going back to the last question I think you asked me about the concept of
what we were, what did we bring down, what kind of a school, et cetera.

SM: Right.

JB: You recall that I said that I came in 1963, and six months later I had a group of ninety students who were going to have to take a board examination in California. I knew very well what the outcome of that would be: very poor. They did terribly. And I also knew in the rankings of the departments of medicine around the United States about where we would rank. Well, I will tell you, if I may, Sam, that was a rallying cry for me. I would stand before the classes repeatedly and say, "Gentlemen, you are members of the worst department of medicine in the worst medical school in the United States. There's only one place you can go: that's up. You can't get any lower than you are now. And that's where we went: up. That is the great thing. Now, I think that that accomplishment is to the great credit of this College of Medicine.

SM: Well, you're responsible for the same, which I've heard from a couple of people, that they went from a fifth-class medical school to a second-class medical school, and now they're almost a first-class medical school.

JB: Maybe if we had all these other things. But yet we have so many things to be proud of, small measures. One of the pieces of information I was hoping to get before the interview, and I couldn't make the phone call to get it. Take this one small
measure. You know that the establishment of chapters of Phi Beta Kappa on campus is dependent upon so many things within that college or that university that merits it. No one just gets a chapter just because they asked to have one. Well, the counterpart of Phi Beta Kappa in medical school is Alpha Omega Alpha. That's the honor medical society which was founded in 1902. I was responsible, with Warren Bostick's great help, in getting an AOA (Alpha Omega Alpha) chapter granted to our College of Medicine. I wanted to get the factual data to support it, so I hate to cite it now, and if I do cite it, keep it off the record. I'm not absolutely sure whereof I speak, but I feel fairly confident. We anteceded in getting AOA the other campuses that came into being with us.

SM: Really? That's fantastic.

JB: And I don't want to make this a personal thing, but I was the recipient just a few weeks back of an award that no other representative in my area in the University of California has received. Now that bespeaks something happening to the College of Medicine.

SM: Well, you are a Distinguished Professor. I saw it in my directory. There are only about six of them or seven in the whole university at Irvine. I'm impressed. How long have you had that?


SM: Very good. You are greatly to be congratulated. Now, is there anything else? I said here, "Please relate any stories
of the move to Irvine and your subsequent residence." Now, you are saying that you actually came down and lived in Laguna Hills and had to commute to Los Angeles, commute to Orange, and commute to Long Beach?

JB: For one year, to Los Angeles for one year. We moved down officially in 1968.

SM: In 1968. Now you just go to Orange and Long Beach, do you?

JB: Yes.

SM: That's a lot of traveling.

JB: On campus every now and then, too.

SM: Well, the laymen, that's all my faculty and myself, we are impressed with the research that's going on in your medical school. I mean, so many interesting new operations and you've got a very good PR department telling you what happens. There's a very lovely brochure that came out last week or the week before with Dean Henry and Stanley van den Noort standing there and what's going on in neurology. He said, "I started out by observing," because he didn't have any equipment when he started out. (chuckling) It's funny, it's typical of Stan van den Noort, you know. I'll tell you the funniest story about Stan. He was somewhat confrontational, as you know, and he was battling away about the medical school or whatever it was. And it came out, a story, that said that Stan van den Noort was born in China and that he was the son of a missionary. So, when I saw Stan--I get along real well with Stan--I said, "Stan, I didn't know you were the son of a
missionary. Now I know everything!" (chuckling) You know how he laughs, great laugh.

Well, I think that's about all I have to ask you. You've been very kind to give me extra time, and I've almost gone through two tapes--one and a half tapes. Anything else you'd like to add?

JB: No, only to thank you again and tell you it's been a great pleasure. I could go on for hours, but I think I've said too much already.

SM: Not all. You never can say too much, never.

END OF INTERVIEW