

An Oral History of

ROBERT HAMBURGER and STANLEY CHODOROW

Circa 1999

1 **HAMBURGER:** Original transcriptions that I had copies made of and sent to each of the
2 major participants in this, what we call the Origins of the School of Medicine Symposium, a mini
3 symposium consisting of James Arnold, John Galbraith, Clifford Grobstein, Robert Hamburger,
4 Clark Kerr, Roger Revelle, Joseph Stokes [III], and Herbert York, in alphabetical order. Sent
5 each of them a copy and said—and I think there may be actual copy of the cover letter. Yes,
6 there it is, saying, "This is a transcript. I find it almost unintelligible. Plus, I'm not sure that it's
7 really what you said at the time. So, would you not just edit it for typo errors but for content."
8 And I got back, and you'll see in here Roger Revelle. The main one was Clark Kerr, who—
9 What's the nice word for confabulated? What? There must be a nice word for what he did.
10 Here's Joe Stokes', I think.

11 **CHODOROW:** He rewrote history, is what you're trying to say.

12 **HAMBURGER:** He cleaned it up. Okay? There's a picture of the three originals. Here are the
13 master tapes. This is a library special, a personal history receipt from you. I think this is from
14 Brad [Bradley Westbrook]. Is this from you?

15 **WESTBROOK:** Yeah.

16 **HAMBURGER:** Okay, so somewhere you have it, or you never got it.

17 **WESTBROOK:** We never got this.

18 **HAMBURGER:** Okay, well, there it is.

19 **WESTBROOK:** This, we never got.

20 **HAMBURGER:** What happened was this was so unbelievable, so bad, that I wrote the
21 version that you do have.

22 **WESTBROOK:** Which is what this is for.

23 **HAMBURGER:** Exactly.

24 **CHODOROW:** Right. Which is— Which I read.

25 **HAMBURGER:** Which you read. And it just—infuriates is strong, too strong a word. But it was
26 very disappointing because not only was I there, but you know what a squirrel I am. You've got
27 25 or 30 boxes of my files. I keep everything. I could document that none of what they said was
28 the way it really happened. So, that's why I wrote my version. You now have— I have given to
29 you everything I had from that era.

30 **WESTBROOK:** Great. That's great. That's great. Before we launch into the business I'm
31 working on— [*Crosstalk*]

32 **HAMBURGER:** I'm finished with the preamble.

33 **WESTBROOK:** It occurred to me that you're a close family friend to David Bonner, right, or
34 were?

35 **HAMBURGER:** Very much so.

36 **WESTBROOK:** Do you know what happened to his personal papers or his professional
37 papers? There is a collection of family papers bearing his father's name [Walter D. Bonner] at
38 the Utah [State] Historical Society. David is— and his brothers are represented in that collection.

39 **HAMBURGER:** Well, by his sister. He had a PhD sister, too. Five brothers and one sister.

40 **WESTBROOK:** I can't swear to that. I talked to Dr. Arnold about this, and he gave me two
41 names; James Bonner, who was at Caltech—

42 **HAMBURGER:** He's still at Caltech. He's retired but still at Caltech.

43 **WESTBROOK:** That's good to know. And then Francis [Bonner], who had been at SUNY
44 Stony Brook, I guess.

45 **HAMBURGER:** Yeah. What about his son? What about David's son?

46 **WESTBROOK:** I don't know. Anyway—

47 **HAMBURGER:** He's in L.A. somewhere. He's a professor.

48 **WESTBROOK:** Oh, okay. The only evidence I could get of Bonner papers anywhere were
49 this group of family papers, anywhere in the country, I mean.

50 **HAMBURGER:** His father was—

51 **CHODOROW:** His son may know something of that.

52 **HAMBURGER:** His son could know where it is. Also, somebody over in Bonner Hall might
53 well know where they're buried. But I'll bet you that they never got— I mean he died suddenly
54 and happily and unexpectedly. His wife was an alcoholic and totally irresponsible with regard to
55 technical stuff like this or making sure that his heritage was properly stored and so on. So, she
56 may not have done anything.

57 **CHODOROW:** When you say he died suddenly and unexpectedly, he certainly was suffering
58 from a deadly disease.

59 **HAMBURGER:** Oh, for 13 years.

60 **CHODOROW:** And then it—

61 **HAMBURGER:** I was his secret physician. All I did was see to it that the physicians that he
62 did consult with were tops in the country for that disease.

63 **WESTBROOK:** It occurred to me, or I seem to have this very vague memory in the work that
64 we did together, or something Lynda [Claassen] said to me, although, she can't remember ever
65 having said that, but someone had said that at the point of his death or shortly after, the papers
66 just got put in the trash. Does that ring a bell?

67 **HAMBURGER:** That doesn't ring a bell to me.

68 **CHODOROW:** Well, I hope not.

69 **WESTBROOK:** Well, I hope not, too. That's why I can't validate that.

70 **HAMBURGER:** I doubt if he brought his Yale papers with him. But he has a lurid history that
71 really should be documented somewhere. The man was accused by a co-professor in the
72 botany department at Yale of being a communist or fellow traveler. He was brought before the—
73 What the hell was the name of it?

74 **CHODOROW:** The House Un-American Activities Committee or the Senate? *[Crosstalk]*

75 **HAMBURGER:** Yeah. The committee— What's the—

76 **CHODOROW:** Oh, the Senate. Yeah, I think it was Sullivan. *[Crosstalk]*

77 **HAMBURGER:** Yes, the Senate.

78 **CHODOROW:** Yeah, with the—

79 **HAMBURGER:** What was the name of the character? Not Sullivan.

80 **CHODOROW:** You're not talking about McCarthy.

81 **HAMBURGER:** McCarthy.

82 **CHODOROW:** Oh, that's the Senate side.

83 **HAMBURGER:** Yeah, he was brought in front of McCarthy.

84 **CHODOROW:** The Select Committee.

85 **HAMBURGER:** Oh, he beat the hell out of McCarthy, in public. Then was totally exonerated.
86 If anything, he was an overly loyal citizen. He may have been a great liberal, but he was also a
87 hell of a patriot. He went back to his department and demanded to be transferred out. That's
88 how he got to the Med School. He was transferred from botany over to the main campus over to
89 the Med School on the other side of New Haven, into the microbiology department. There, he
90 became world-famous for his work on the Neurospora [*Neurospora crassa*]. He's a fabulous
91 guy, a really fabulous person. I should do something about it. I've written a little bit about him.

92 **WESTBROOK:** Do you know the son's name?

93 **HAMBURGER:** Yes. But you have— If you make the mistake of asking me names throughout
94 this discussion, you'll find that not just old age, but this defect was since I was a little boy.
95 There's a hole where names are. Underneath them, the names are buried. They're there, but
96 recall is very slow.

97 **WESTBROOK:** I have that same hole. I understand.

98 **HAMBURGER:** The two boys were my patients for years and years. He had two sons. One
99 had cerebral palsy and the other one was a wonderful, beautifully healthy kid. The CP kid was
100 damaged at birth in the newborn nursery. He had an oxygen problem. Okay, Dave and Miriam.
101 I'll get it. Neither name will come at the moment of the two boys. *[Crosstalk]*

102 **CHODOROW:** I'm wondering if whether you may have used their—said their names or
103 written their names in that memoir *[Origins of the School of Medicine at UCSD]*. Take a look.

104 **HAMBURGER:** Oh, I'm sure. I'm sure.

105 **WESTBROOK:** I have it right here.

106 **HAMBURGER:** You don't have the epilogue, I don't think. I hope not. *[Crosstalk]*

107 **CHODOROW:** I didn't see it there.

108 **HAMBURGER:** Hold on.

109 **CHODOROW:** No.

110 **HAMBURGER:** You don't have Eugene Braunwald's commencement address.

111 **CHODOROW:** No.

112 **HAMBURGER:** Which is a fantastic thing that he did here. After he came back, he—
113 Everybody was expecting him to badmouth the place because he had such a bad time with
114 [Marshall J.] Orloff. Orloff drove him out of here. Orloff refused to give his wife an appointment
115 for a long time. The politics was hideous in those early days. When Gene came back,
116 everybody said, "Oh, boy, he'll get in his little—" Au contraire. Nothing but raves. He watched us
117 from afar and he was a fair and honest man that said what a great job we did here. Let's see.

118 **WESTBROOK:** There's a little sidebar from your little history. The people who came and went
119 or didn't come because of the live connection aren't in Newmark's wonderful story.

120 **CHODOROW:** Right. That's right.

121 **HAMBURGER:** That's true.

122 **CHODOROW:** That's right. There were people who, they attempted, especially since—
123 *[Crosstalk]*

124 **HAMBURGER:** There's a fantastic psychologist that they tried to bring from Yale, besides
125 Irving Janis.

126 **CHODOROW:** Was it [Neal E.] Miller?

127 **HAMBURGER:** No. They did actually got Miller here on a visit but never could recruit him. No,
128 this guy's name began with a K. My wife [Sonia Hamburger] was recruited to help recruit him.
129 She walked him on the beach. A beautiful La Jolla day and tried to find out what the hell was
130 troubling him because he was being very difficult. He finally broke down and said he was just
131 not into wife switching and he was not about to move his wife out here. He'd heard that this
132 place was rampant with wife switching.

133 **WESTBROOK:** Oh, that's interesting. That's a new one.

134 **CHODOROW:** That's a different— That's a new one, right.

135 **HAMBURGER:** Yeah, well what he was— There actually was a little group of
136 oceanographers who were into little party games of that nature when I first came here in '60,
137 '61. But it was certainly a very isolated thing and hardly anybody I knew involved in it. So, I think
138 he'd heard something that— No, we're way past it.

139 **CHODOROW:** It'll be in the little biographical thing that you did.

140 **HAMBURGER:** Okay, Roger. Didn't I do David first? No?

141 **CHODOROW:** No. You did—

142 **HAMBURGER:** Here's David. Okay. You got the bit about the Cairo Jews?

143 **CHODOROW:** Mm-hmm. Yes, I thought that was very interesting.

144 **HAMBURGER:** How they trapped peaches.

145 **CHODOROW:** I have a good friend who passes. There was some place where you said he
146 married. It would be early, I think, in the biography.

147 **HAMBURGER:** You think it was very beginning?

148 **CHODOROW:** Very beginning where you're giving the—

149 **HAMBURGER:** That's Roger. It's missing several pages. This is not—

150 **CHODOROW:** This is 28.

151 **HAMBURGER:** Yeah, no, it's on both sides. Excuse me.

152 **CHODOROW:** There's 29.

153 **HAMBURGER:** Two children; Matthew and Nicholas. Matthew was called Matt.

154 **WESTBROOK:** The one in Los Angeles is—

155 **HAMBURGER:** Is Matt or Matthew.

156 **WESTBROOK:** He's faculty somewhere?

157 **HAMBURGER:** Yes. I think at USC but don't quote me on that. Thank you for that. This was
158 to save paper. As you can see, I'm not good. He's— *[Crosstalk]*

159 **WESTBROOK:** What discipline might he be in? Medicine or—

160 **HAMBURGER:** No, no. He's in either chemistry or biology or something close to that. In fact, I
161 have connections of people who can find him, if you don't. If he doesn't turn up in one of your
162 directories.

163 **WESTBROOK:** I'll find him.

164 **HAMBURGER:** Because he should be in a—

165 **WESTBROOK:** I could not find any reference to James [Bonner], though, at Caltech, at all.
166 I've—

167 **HAMBURGER:** Really?

168 **WESTBROOK:** Yeah.

169 **HAMBURGER:** Maybe they dump their emeriti like we do. *[Laughs]*

170 **WESTBROOK:** Could be.

171 **CHODOROW:** As everybody does.

172 **HAMBURGER:** That's funny, because when you become emeritus, you get this lovely thing
173 that says you're entitled to a half a secretary and a half an office. Then, there's a little thing that
174 says, "Facilities permitting," or something like that. Of course, they don't permit.

175 **CHODOROW:** Let me tell you where I would like to start this conversation, at least. What I
176 have been asking the founding chairs of departments is, "What was their intellectual vision when
177 they founded their departments?" I'm interested in their perception at the time of what their
178 disciplines were doing and where they were going, about their own situations in the previous
179 place they had been in, with respect to those disciplinary issues. You'd find, for example, that
180 some of them were people in battled departments where there were wars going on between
181 what seemed to be the new thing and what seemed to be the old thing. You certainly can
182 imagine that in biology at that time, right?

183 **HAMBURGER:** David was a prime example of it.

184 **CHODOROW:** Yeah. Then, following up on that, having a vision. They started recruiting
185 senior faculty. How did the process, the early years of recruitment affect the implementation of
186 that vision? To what extent did it enhance it? To what extent did they run into problems and
187 have to go a different way? I'll give you an example. Len [Leonard] Newmark had a clear view of
188 following out on the Chomsky Revolution, although in a broadminded way and went seeking
189 senior people who were real leaders in that area and found it, in the end, impossible to recruit
190 them. It was a big house of cards that he created in recruitment and it all collapsed in a very
191 dramatic way.

192 **HAMBURGER:** And partly—I don't know whether he says this, but I was there—partly
193 because there was not a tremendous amount of enthusiasm for his vision, which was scary to a
194 lot of people.

195 **CHODOROW:** I have no doubt of that.

196 **HAMBURGER:** "No language. No this. No that. We're going to teach in a new and novel
197 way." Well, people don't know. "What do you mean new and novel?"

198 **CHODOROW:** New and novel is okay in your own field, right, but not in somebody else's.

199 **HAMBURGER:** Right. Exactly. Especially when you don't spell it out.

200 **CHODOROW:** What Leonard then did was he went to all those people he had been trying to
201 recruit and he said, "Give me your very best student." So, he built young instead of building old.

202 **WESTBROOK:** Or middle-aged.

203 **HAMBURGER:** Right. There was no old, because everybody was young and _____.
204 *[Crosstalk]*

205 **CHODOROW:** That's right. So, that is an example of what we're hearing. Now, in most
206 cases, the recruitments were more successful, the senior recruitments were more successful.
207 But of course, you succeed, and you fail, and you get particular kinds of people. How did it turn
208 out? That's the way. We're looking at, more or less, the first ten years.

209 **HAMBURGER:** The first ten years being from '60 to '70 or from when?

210 **CHODOROW:** Well, most of the time, it's from '60 into the early '60s because some of the
211 departments were not founded until the early '60s through, say, the early '70s. At that point,
212 you'd find that almost all departments had established a corporate life of their own. In your
213 terms of your memoir, they were regressing toward the mean.

214 **CHODOROW:** *[Laughs]* That was _____. *[Crosstalk]*

215 **CHODOROW:** The role of the chair was—of the original chair, the founding chair—was now
216 being overtaken by that corporate life. So, the story would change and become a different kind
217 of story. What I've been interested in is in that early years, in those early years. Now, in your
218 memoir with regard to the medical school, you emphasize— There are certain points in which
219 you focus some attention on the intellectual idea, the kernel idea, and I want to get to that. But
220 you emphasize structural things. I'll give you an example and I want you to explain it a little bit.
221 The strictly full-time faculty idea and the salary structure, which was built into that.

222 **HAMBURGER:** So, probably you don't have—

223 **CHODOROW:** Would you think—

224 **HAMBURGER:** Probably you don't have it on the main camp.

225 **CHODOROW:** That's correct. It is a medical school issue.

226 **HAMBURGER:** Law schools, too. And a tremendous problem there.

227 **CHODOROW:** I saw it when I was at Penn in that medical school. It was a very serious—
228 There were some faculty making a million dollars a year and others who were—

229 **HAMBURGER:** I can imagine how much time they put to being faculty.

230 **CHODOROW:** Right. But one thing that you assert in your memoir, which I found very
231 interesting is that of all of the things that determine the character of this medical school, that
232 was the most important.

233 **HAMBURGER:** Strict full-time salary structure?

234 **CHODOROW:** That's right. I would like you—

235 **HAMBURGER:** But for many reasons, not just one.

236 **CHODOROW:** Yeah. I would like you to explain that a little more fully than you did there
237 because it isn't entirely clear to an outside why that should be the case. I have an idea. I could
238 make a story, myself. But I'm not sure it's the right story and I want it from you. So, why don't
239 you start there. Then we'll turn to the question of basic and applied science and its
240 consequences. The statement that you start off with in the quotation that you—

241 **HAMBURGER:** Bonner.

242 **CHODOROW:** Bonner.

243 **HAMBURGER:** Yeah, there's no such thing as applied and basic.

244 **CHODOROW:** Right, good or bad.

245 **HAMBURGER:** It's good or bad science, research. The reason that strict full-time salary
246 structure, which existed at the time that we were founding here—and only five med schools, if
247 my memory serves. It's a frightening structure to the management group, the regents here, the
248 board of directors at other places, because it commits to a tremendous amount of money with

249 no guarantee that these doctors will bring in the kind of income that will heavily subsidize if not
250 wash the _____. *[Crosstalk]*

251 **CHODOROW:** The structure of it is that there's an academic salary component and a clinical
252 salary component. The clinical salary component, which actually makes the academic—the
253 whole salary much larger.

254 **HAMBURGER:** That incomparable rank, yes. *[Crosstalk]*

255 **CHODOROW:** That was on the general campus.

256 **HAMBURGER:** Yes, but locked. There was no fudge factor. There was no incentive factor.

257 **CHODOROW:** Right. It didn't go up and down.

258 **HAMBURGER:** See, those are the things that change the quality or character of a med
259 school. If you have, as we later—the second stage before the third stage—the second stage
260 was to stick in a little bit of incentive. But I need to go back for one moment, because there were
261 several consequences of that structure. One, I just mentioned, the management people who are
262 afraid of it.

263 **CHODOROW:** Right. Because they're committed to whatever that—

264 **HAMBURGER:** The whole thing.

265 **CHODOROW:** That whole salary, yes.

266 **HAMBURGER:** Yeah. See, they're committed to your FTE [Full-time equivalent] on campus.
267 But there, they're committed to the FTE plus the percent, whatever it was.

268 **CHODOROW:** Plus, what they regard as an unfunded percent.

269 **HAMBURGER:** Exactly. Well, —

270 **CHODOROW:** Unfunded because—

271 **HAMBURGER:** Well, they know from looking at other medical schools that those doctors are
272 capable— In those days, were capable of bringing in twice the amount that it took to buy them.
273 So, that they made money on their faculty. They had to hide it because it was illegal to—

274 Nobody was allowed to benefit on medical care in those days. That was actually unethical and,
275 in most states, illegal. You couldn't hire a doctor, pay him a salary, and take whatever he
276 earned.

277 **CHODOROW:** This was the Kaiser talk?

278 **HAMBURGER:** Yes, originally. We've come a long way from that. You know there's so many
279 ways around it now that there are many, many _____. [*Crosstalk*]

280 **CHODOROW:** It was a big issue in the University of Pennsylvania, at the medical school
281 when I was provost.

282 **HAMBURGER:** Well, the regents didn't seem to be bothered by it at all. They just assumed
283 they're going to take whatever comes in. Because they were underwriting and guaranteeing
284 salaries. The second important consequence was something that happened, to my knowledge,
285 only here and at none of the other full-time med schools. And that was, that the surgeons, up
286 front, agreed to subsidize the—what's the word? "Have and have nots." The surgeons, the
287 radiologists, and the pathologists, they'd bring in—

288 **CHODOROW:** They would subsidize the pediatricians and the rheumatologists, and all the
289 rest of them.

290 **HAMBURGER:** The pediatricians, internists, and family docs or community medicine or
291 whatever they were called, because, for the number of hours worked, and most eager-beaver
292 physicians worked in the neighborhood of 60 hours a week and we had David at that time. The
293 pediatrician worked 60 hours for something like \$16.00 an hour. The surgeon worked 60 hours
294 for something like \$200.00 an hour, because he would work for 3 hours one morning and take in
295 \$3,000.00. Then he saw patients for next to nothing. Return visits, changing—

296 **CHODOROW:** Follow-up.

297 **HAMBURGER:** —pulling stitches, whatever. The nurses did it all. I didn't do any of that. But
298 the differential, which was recognized in insurance and everywhere you looked, was an
299 accepted phenomenon. It's the "marketplace". What does a surgeon make out in practice? He
300 makes \$300,000.00. What does a pediatrician make? \$85,000.00. We're talking 1970, okay. So,
301 what the surgeons did here—and I can tell you the name of the guy who was the chair of the
302 negotiating committee between the surgeons and the pediatricians and internists—I just bluffed

303 and said I was going to make a name. He was, for a long time, a division chief of Mayo— What
304 the hell was the Mayo [Clinic] surgical service?

305 **CHODOROW:** Oh, you mean the urologist?

306 **HAMBURGER:** Urology. Yeah, it is urology.

307 **CHODOROW:** Yeah, urology.

308 **HAMBURGER:** His name, I just got it. It does come up. Ruben [R] Gittes. Ben Gittes, did you
309 ever hear that name?

310 **CHODOROW:** Yeah, sure.

311 **HAMBURGER:** Okay, Ben was the first full professor and chief in Urology here. He left and
312 went to Harvard. Then when the surgical department chair came open again, the whole thing—

313 **CHODOROW:** Yeah, after Orloff stepped down.

314 **HAMBURGER:** Yeah, Orloff was stepped down.

315 **CHODOROW:** Yes.

316 **HAMBURGER:** He applied for the job, and they decided, in their foolish wisdom, that if a
317 super specialist was not what they wanted to chair this department of surgery— Those were
318 considered like super specialists like I'm a super specialist in pediatric because I specialize in
319 immunology, biology, or genetics or whatever. Anyhow, they turned him down. He was eager to
320 come back, and he ended up over at Scripps Clinic and Research Foundation as the head of
321 urology and probably one of the top people in the country. Not probably, is as good as they got
322 in the country. He's just superb. And to be in that position rather than chairing a major
323 department is absurd, but that's how it fell out. Anyhow, he was the one who negotiated— I can't
324 remember whether it was Henry Wheeler—I think he was on the—I just don't remember who
325 those people were. But each of us— I represented the dean's office at that time, the
326 pediatricians, because there wasn't nothing here yet. You do let me talk about Bill [William]
327 Nyhan, at some point, because he was really something special. I brought him here, and to
328 this—

329 **CHODOROW:** In fact, we'll get to that because the second part of the conversation should
330 focus on your recruitment of chairs, your participation, and what you were trying to accomplish
331 in doing that, intellectually.

332 **HAMBURGER:** Yes. No, no. That's the only thing—I mean you have to remember that the
333 med school was founded in a period where nobody asked you how much it would cost. That
334 wasn't the question. The question was, "Is it a good idea or not?" If it was a good idea, it was
335 funded. That was that. The same with buildings. "What do you mean you want mahogany
336 panels in the basic science building? What the hell do they need mahogany panels in—"
337 Nobody said that. We wanted mahogany panels, they put them in. It's such a different era that
338 you really had to—

339 **CHODOROW:** There was none of that value engineering.

340 **HAMBURGER:** No. You need to have that perception to realize why it was that we could
341 focus exclusively on intellectual content, quality, research ability. Yet at other places, they had
342 to say, "Hey, can this guy bring in enough money? Is this guy a hot-shot surgeon? Is he
343 recognized and, therefore, can charge higher fees?" I mean, we didn't have any of that. That
344 came years later.

345 **CHODOROW:** So, the strict full-time faculty salary plan, essentially, had the effect of
346 ensuring that the faculty would not have an incentive to pay less attention to their academic
347 activities?

348 **HAMBURGER:** And in fact, it was much stronger than that because the only people who were
349 common to those conditions were the ones who didn't care about the extra money and who
350 were cherishing the idea of spending much more time in the lab than they were permitted at
351 their med school. Much more time in the lab that doesn't bring in money, they thought, but, in
352 fact, turned out later those guys brought in pot loads of money, because at that time, the NIH
353 [National Institutes of Health] exploded with money. The National Institute of Health far
354 surpassed the—

355 **CHODOROW:** The NSF [National Science Foundation] and so on.

356 **HAMBURGER:** —the NSF, which was, at that time, the place you got research money.

357 **CHODOROW:** Even if you were a physician?

358 **HAMBURGER:** Exactly. The physician was in very bad position, competing with PhDs
359 whose—90 percent of their life was devoted to research. The clinician, if he was lucky, was 30
360 percent and, in many places, 20 percent. If he came here, he could put 50 percent in and not
361 have to worry, "Oh, maybe I ought to have two more clinics, because I'm not going to make my
362 salary."

363 **CHODOROW:** Okay, so one of the things that was strategic in the founding of the school
364 was to construct a faculty system, which included the salary system, that, at its inception, would
365 recruit the right kinds of people, help you recruit the right kinds of people.

366 **HAMBURGER:** Wrong by the regents' standards, but right by our standards. [*Laughs*]

367 **CHODOROW:** Right, by your standards. Second, by virtue of the way it operated, maintain
368 the quality and the character of your faculty and over time.

369 **HAMBURGER:** And in fact, what would they bring in? Research post-docs and what kind of
370 post-doc. Well, some PhDs, but a large proportion, MDs like themselves who wanted to spend a
371 significant amount of time in the lab, these are the dreamers in our business. They're the guys
372 who want to cure something. "I want to get rid of rheumatic disease," or whatever, you know? Of
373 course, that takes 100 years or so, but the desire to do that brings in a very special kind of
374 medical faculty. And in fact, they look a lot like your eccentric people on the campus. The
375 chemists and the biologists, they look a little kooky, you know? Because they're dreamers. They
376 think big, a bit grandiose. They're wonderful teachers. They're exciting because they're excited
377 about what they do, not just their clinical practice. So, we lucked out with what we called, in
378 those days, triple threats. Guys who could go into the clinic and behave like real docs, come
379 back in the lab, turn off that warm, kindly façade and become a cold, statistically significant
380 looking for a P value in the lab, then gather around them excited students who they could
381 inspire, both clinically and—you don't even ask for that today. We didn't really ask for it. We just
382 kind walking into it. We got a lot.

383 **CHODOROW:** Let me ask about the basic and applied science idea, because when I read
384 that quotation from Bonner, what came to mind, instantly, was the principle they built into the
385 University of Pennsylvania, which was announced by Ben Franklin and which was, in its
386 essence, Baconian. Ben Franklin said was that he wanted to found an institution which was, in
387 fact, the first—not only the first university in North America, but also the first secular institution,
388 so far as I know in the world.

389 **HAMBURGER:** Was it originally funded by the state?

390 **CHODOROW:** It was not funded by the state.

391 **HAMBURGER:** Commonwealth of Pennsylvania.

392 **CHODOROW:** It was nonsectarian. It was not designed to train clergy. It was designed to
393 train—

394 **HAMBURGER:** Like Yale was.

395 **CHODOROW:** Right. And like Harvard was. It was designed to educate people who would
396 be socially useful. What he said was that he wanted to educate people in both practice and
397 theory.

398 **HAMBURGER:** I didn't know that. That's very interesting.

399 **CHODOROW:** Originally, I thought that that was because he had fallen under the influence
400 of the Scots. Because that notion that education and research is of social utility was first
401 announced in Scotland.

402 **HAMBURGER:** Really?

403 **CHODOROW:** One of the reasons why the School of Medicine in Edinburgh was so
404 important in the 19th century and the early 20th century was because they had— Most medical
405 schools, to that date, were not, in fact, university based.

406 **HAMBURGER:** Absolutely.

407 **CHODOROW:** They were in hospitals.

408 **HAMBURGER:** They were a barber shop. That's the place you went to give blood.

409 **CHODOROW:** Exactly. So, that's where I thought it came from. In fact, it's probably closer to
410 Francis Bacon's idea that the purpose of the practical experience of knowledge or the use of
411 knowledge is that it produces the seeds of theoretical knowledge. So, the question I have is
412 what Bonner was after? *[Crosstalk]*

413 **HAMBURGER:** I think that's closer. Yeah, you're right. Yep. The notion that they fed each
414 other, that you shouldn't have two departments, one in chemistry and one in biochemistry and
415 one in the main university other than the med school. These were the really great chemists.
416 These were okay chemists, but you had to pay them more to get them to go over into a med
417 school, which meant leaving the main— All of the consequences that are buried underneath that
418 you don't see when you specify, "We'll have a department of chemistry. If you need chemistry
419 taught in the med school or the law school or the dental school, well, we'll take care of it. We
420 biologists or we chemists will teach it. You'll give us a few FTEs to allow us to expand our
421 faculty sufficiently to take care of those requirements." But under that was you didn't bring the
422 chemists in to teach med school biochemistry. You brought the chemists in to do exciting, new
423 research. Right? So, if you don't want to teach in the med school, there ought to be some
424 goddamn doctors over there who understand what you're interested in, what's really exciting,
425 and who will feed back to you where the problems are, the fundamental problems in underlying
426 rheumatic disease— I keep picking that. [*Laughs*]

427 **CHODOROW:** Well, you're an immunologist, right. In other words, the notion was that the
428 docs in the clinics were coming up against questions, problems they could not puzzle out. In this
429 community—

430 **HAMBURGER:** Are they even smart enough to know that there was a basic biologic problem
431 underlying it, which they needed some help with? Most physicians, even to this day, you hear
432 me criticizing dermatologists who seem to be content when they name the rash rather than
433 asking, "What's producing that rash? Why have you got that rash?"

434 **CHODOROW:** Well, as Bill [William N. Kelley] who was the dean, until recently, at Penn
435 said, "In dermatology, there are those diseases that are susceptible to cortisone and there are
436 those that are not. That's all they can accomplish." [*Laughter*]

437 **HAMBURGER:** So, not asking the question was not considered a bad thing in medicine.

438 **CHODOROW:** So, what you were trying to do, in part, then was to create an environment
439 within which clinicians would learn how to ask those kinds of questions and, by doing so, would
440 stimulate, both in their own work and in the work of these basic scientists.

441 **HAMBURGER:** You heard me use the term that— I think Dave coined it. I'm not sure.
442 Interdigitation.

443 **CHODOROW:** Right.

444 **HAMBURGER:** He always did that. We did that. It was a symbol of you could not decide
445 where the idea's going to—that ideas do not have to come from the PhDs or the MDs. Just put
446 them together and see where the stuff bubbles up from.

447 **CHODOROW:** There's a set— How does the idea— *[Crosstalk]*

448 **HAMBURGER:** But you have to think scientifically. I'm sorry.

449 **CHODOROW:** Yeah. How does the— *[Crosstalk]*

450 **HAMBURGER:** If you don't think like a scientist, you're not going to ask a basic question.
451 You're going to say, "Oh, well, that's interesting. People who have fair skin are more likely to get
452 Lupus. Hmm." That's considered a scientific observation. Rather than, "What the hell is the
453 genetic relationship between Caucasian or a very fair-skinned Caucasian and the increased
454 susceptibility to certain autoimmune diseases?" It's the same question, but one is asking it in a
455 way that would turn on a molecular biologist or geneticist and the other would only interest
456 medical students, and certainly not interest the scientists—

457 **CHODOROW:** Right. Who would use that as a— When somebody comes with a set of
458 symptoms to say, "Oh, you're very fair-skinned. I better check for Lupus." Right?

459 **HAMBURGER:** Right. A good clinician.

460 **CHODOROW:** That's what a clinician does. That's right.

461 **HAMBURGER:** Yeah, that's right.

462 **CHODOROW:** Now let's tie that to something that comes up in your memoir that I found
463 interesting, which is that apparently what Bonner and you and Stokes and the others have come
464 to think was that medical education should be transformed from a professional education to
465 what a craft into a graduate program.

466 **HAMBURGER:** That came from Yale. That did not come from me.

467 **CHODOROW:** Okay, that was the idea at Yale?

468 **HAMBURGER:** That was at Yale, and I think Chicago, maybe one or two other places where
469 the symbol of that belief was the requirement for a dissertation or something that mimicked what
470 the PhD thesis looked like. In some places, it's actually a thesis. *[Crosstalk]*

471 **CHODOROW:** Research Project.

472 **HAMBURGER:** Here, it turned into an ISP. I don't know what the hell ISP stands for.
473 Individual—

474 **CHODOROW:** Special Project?

475 **HAMBURGER:** —Special Project, something like that. It was a way of not stepping on the
476 toes of the PhD. It was a thesis. You just didn't call it a thesis.

477 **CHODOROW:** It, generally, should have resulted in one or two publications, at least, I
478 presume.

479 **HAMBURGER:** Or at least a thesis that would be placeable after approval by three professors
480 in the library, so it could be documented. Didn't require— Today, there's a lot more use of
481 publications.

482 **CHODOROW:** But one consequence of that strategy was that the first-year courses,
483 following the old [Abraham] Flexner idea that you did basic science and then you did clinical
484 science, that the first-year courses would be mixed, beginning graduate students and beginning
485 medical students so that they— *[Crosstalk]*

486 **HAMBURGER:** Yeah, that lasted two years, but that was a—

487 **CHODOROW:** So, they'd be educated the same way.

488 **HAMBURGER:** In fact, the PhD students sat in on courses taught by MDs in their early med
489 school. As I say, that didn't last too long because of a complication we hadn't thought of. That is,
490 "Where do you do your doctoral work?" If you rotate around for the first year that you do your
491 PhD program and you get to work with a whole variety of professors, you're very likely to select
492 one that you found exciting, stimulating. Well, bloody damn if they weren't starting to select
493 MDs. The PhDs live or die by their graduate students. The MDs don't. The MDs live or die by
494 their post-docs and their med students. So, an unexpected consequence was that that system

495 broke up early because you couldn't be sure the PhD candidates wouldn't go to work with one of
496 these great scientist MDs. They were authorized in this - *[Crosstalk]*

497 **CHODOROW:** It didn't do for the— The spigot only ran one direction, because medical
498 school students weren't sufficiently interested in pursuing research in the same way.

499 **HAMBURGER:** Oh, it's not that. The PhD was not interested in having a guy working in his
500 lab that wasn't going for his PhD, going for his MD. See, it was only one way, but not for that
501 reason.

502 **CHODOROW:** I see. So, it was one-way because of the attitude of the faculty rather than the
503 attitude of the students.

504 **HAMBURGER:** Absolutely. A legitimate consequence. I mean their life blood is their trainees.
505 So, you can't have them being diluted out by these superb MDs, research MDs that you brought
506 in. Nick [Nicholas A.] Halasz was a beautiful example. I recruited him. He's a surgeon from Yale.

507 **CHODOROW:** I know who he is. I knew him well.

508 **HAMBURGER:** You knew him. He just died recently. A wonderful guy. He's one of the few
509 really intellectual surgeons I ever knew. He ran the anatomy program. Other med schools had a
510 fit when we named a surgeon to head the anatomy program. Who ever heard of such a thing?

511 **CHODOROW:** Because there still were anatomists.

512 **HAMBURGER:** Anatomists.

513 **CHODOROW:** Now there aren't.

514 **HAMBURGER:** You bet you. PhD, of course. We were just way ahead of our time, but it was
515 causing havoc. Excuse me for the digress.

516 **CHODOROW:** No, it's perfectly okay. Well, let me stop. Brad, do you have any questions
517 you want to raise?

518 **WESTBROOK:** No.

519 **CHODOROW:** Want to change— Stop for a second and let me ask you, "What's your
520 background?" *[Audio skips]*

521 **CHODOROW:** Question of chairs, because I think we've done a lot on the basic theory. We
522 now have an idea, both from your memoir but also from our conversation about what it was you
523 were trying to do intellectually. The first chairs were probably medicine and surgery that you
524 were—I have a list here. You did Gene [Eugene] Braunwald, Bob [Robert] Livingston, Marshall
525 Orloff, and Joe [Stokes]. But Joe came as dean to start with.

526 **HAMBURGER:** Joe was recruited before any of the others. Again, I have to be careful with
527 my memory. It's one of these self-correcting things, just to make things fit and may be wrong.
528 But it seemed to me that Livingston was the next person that we actually talked to. The third
529 one, third and fourth were Braunwald and Orloff. They were almost simultaneous. Stokes was
530 the leader on both of those recruitments.

531 **CHODOROW:** Right. Well, Orloff came from Penn, I believe.

532 **HAMBURGER:** I thought L.A. [University of California, Los Angeles] but go ahead.

533 **CHODOROW:** Well, he was trained at Penn. I know that.

534 **HAMBURGER:** Oh, yeah. Oh, no, no. You're right. But we brought him from Torrance where
535 he was— Torrance, in those days, was part of UCLA but not the main— It would be like being at
536 [Scripps] Mercy Hospital, at this point. It's an affiliate, and we rotate people over there. But it
537 ain't the main hospital. He was a really aggressively upward mobile guy. This man was going to
538 be a chair before he was 38 or die of the attempt. I mean he really wanted it. I'm sorry to say, I
539 do not remember. I believe it was Sherm [Sherman] Mellinkoff who put Joe onto Orloff. I believe
540 it was Sherm Mellinkoff who put Joe onto—

541 **CHODOROW:** Braunwald.

542 **HAMBURGER:** The reason I say that is Sherm was our supervisor or chairman of the
543 advisory committee to us, but he was really a father to Joe Stokes. I didn't know him before that.
544 Though, I became extremely fond of him. This was a man who was willing to rise above his own
545 petty needs. He actually gave us people that he would have loved to get at UCLA and allowed
546 us to recruit free-handed because he knew how hard it would be to try and get something going
547 here. The first one that I personally did was [Averill] Liebow.

548 **CHODOROW:** Oh, Liebow.

549 **HAMBURGER:** I went to see Liebow at Yale, only to ask him who was what Sherm was
550 doing. I said, "We need a particular kind of pathologist. We've got one here in San Diego who is
551 anathema to me. He's a superb pathologist, but he's wants exactly the opposite of what we
552 want. What we want is a pathology department that can face in both directions, will have no
553 trouble working with molecular biologists and chemists and whatever, and have no problem
554 working with the surgeons and their surgical pathology problems." Right? "And will teach the
555 medical school." I'm blocking the name. He's got Alzheimer's now and he lives down in La Jolla
556 Shores. I can see his face. Maybe his name will come to me. But he was, at that time, the man
557 who put Scripps Clinic and Research Foundation on the map. A world-famous
558 immunologist/pathologist. He wanted the chair here. He was going to bring Barry [Baruj]
559 Benacerraf out with him. He was a Nobelist, immunologist from Harvard. He had a vision with
560 what he was going to do with our med school. I went to Liebow to stop him. I didn't want him. He
561 was exactly the opposite of all that we were dreaming of putting together.

562 **CHODOROW:** Because he would have built a fief.

563 **HAMBURGER:** Absolutely. There was locked into the med school that didn't want anything to
564 do with anything that wasn't medicine. He wanted to bring in his own doctors, his own PhDs, his
565 own researchers. This is a man who wanted a kingdom and fiefdom, as you said. He wanted a
566 kingdom and he wanted to be king. That works in some places, but it would have killed us. It
567 would have been— You have to recognize that pathology is the bridge. It's the bridge between
568 the free and the— The pre-clinical and the clinical.

569 **CHODOROW:** It's the most basic scientific part of medicine.

570 **HAMBURGER:** Yeah, exactly. So, I went to Liebow, who was, in my day— He was one of my
571 professors, not the chair of the department. He was what I considered myself, and that is one of
572 the great second men in the world. I always was a— I don't know if I quoted Stokes as saying
573 that. He told me that I was one of the really great assistant deans. What is a great assistant
574 dean? That's a mouse studying to be a rat. Liebow was one of the really great second bananas
575 in the pathology department at Yale. He served under two of the biggest names in the business;
576 [Milton] Winternitz, who was a former dean at Yale then went back to being the chair of
577 pathology, and then a guy named [Nicholas M.] Greene, who was another Harvard type who
578 chaired—and Liebow just stayed there in that second position and ran the place. He kept
579 pathology great at Yale. Pathology was great a Yale. Greene and Winternitz got all the credit

580 and Liebow was the hard-working, good old man who kept the place running. So, I went to see
581 Liebow. "I know you know everybody in the business. I need—" and I described to him what I
582 needed. I described to him what— He knew this chap whose name I'm blocking, who was now
583 at Scripps. Had come from Pittsburgh, was at Scripps Clinic and was running the place, and
584 wanted the job. He knew that I was right, that this would be destructive to us. He'd been
585 watching our development. In the middle of our conversation, he said to me, "Well, have you
586 considered somebody as old as me?" Because we had been talking about youngsters who
587 could—who were moveable.

588 **CHODOROW:** Right, 40-year-olds?

589 **HAMBURGER:** 29, 39, anything. Yeah, really. Yeah, you know, how business, you know, you
590 just start to come into your own at 40. We were looking at 30s, in the 30s. Anyhow, Liebow was
591 a good deal older than that. Of course, later, I discovered what a wonderful human being he
592 was. But, I had no idea. That man had an iron wall between himself as a person and his
593 professional life. You never got to see what a great guy he was until several years after he got
594 out here. Turned out to be just a wonderful human being.

595 **CHODOROW:** So, he understood and accepted the vision in a key department?

596 **HAMBURGER:** Oh, absolutely.

597 **CHODOROW:** What about these other guys? Well, Livingston seems— Livingston was an
598 MD?

599 **HAMBURGER:** PhD.

600 **CHODOROW:** I thought he was a PhD.

601 **HAMBURGER:** Oh, I'm sorry.

602 **WESTBROOK:** He was an MD/PhD.

603 **HAMBURGER:** Let me take— No, he wasn't. He was an MD who was not practicing. That's
604 why I said that, but he was an MD who had not practiced. He had all the proper training, but he
605 worked full time in neurosciences under John Farquhar Fulton, one of the great physiologists at
606 Yale, where the name goes back generations. He'd go right. He's an MD but behaved exactly

607 what we were talking about. Creative, wild-eyed, very imaginative, very eccentric, wonderful
608 scientist. But he could talk to both quite well and was a great teacher.

609 **CHODOROW:** So, you created a department in neuroscience—

610 **HAMBURGER:** He did.

611 **CHODOROW:** - which was not neurology. It was neuroscience.

612 **HAMBURGER:** No. There wasn't anybody who was capable of practicing the first year that
613 we started. Nobody could practice medicine.

614 **CHODOROW:** But the notion was that you would absorb the neurologist, the practicing
615 neurologist into neuroscience.

616 **HAMBURGER:** Oh, absolutely. It was to be the number one—

617 **CHODOROW:** So, the conception of the department was fundamentally scientific rather than
618 fundamentally clinical.

619 **HAMBURGER:** Clinical was going to be brought in. I hate to say this, but we had this really
620 nasty attitude that you can buy a clinician. "If you need somebody to cover a clinic or take care
621 of sick people, you can buy them. Where the hell do you find great scientists in medicine?
622 That's what's hard to find." So, there was a kind of little, petty arrogance there that was very
623 operative in the neurosciences department.

624 **CHODOROW:** But was it clear in '67, when you recruited him, that what was going to
625 happen in neuroscience in the next 30 years?

626 **HAMBURGER:** No, absolutely not. There was a vision that this was an area that was going to
627 finally figure out or solve some of the underlying problems in psychiatry.

628 **CHODOROW:** In psychiatry. So, brain chemistry and that sort of thing.

629 **HAMBURGER:** Psychiatry was this big, black box. The great Freud had said, "Someday we'll
630 under the function of the brain at the chemical level," and the neuroscientists said, "That's our
631 mission. That's our job. Because the psychiatrists are so busy taking care of whackos or taking
632 care of neurotic people that they'll never get around to doing any fundamental research." So,

633 neuroscience's mission in the world was to solve the problem to how the hell the brain works.
634 Why do we get nuts? But the fact that it was going to become a molecular research area was
635 not really clear to us yet. *[Crosstalk]*

636 **CHODOROW:** Not clear at that time.

637 **HAMBURGER:** No.

638 **CHODOROW:** Then, when you recruited Arnie [Arnold] Mendell to be the chair of psychiatry,
639 how did he relate to what was being planned in neuroscience?

640 **HAMBURGER:** He thought it was fantastic. The man—now this—talk about eccentrics. Do
641 you know why we got him? There was only one reason—again, I think he was— no, that was
642 David Hamburg. David Hamburg up at Stanford town led us onto him.

643 **CHODOROW:** Uh-huh, the man who then became Carnegie Foundation president.
644 *[Crosstalk]*

645 **HAMBURGER:** Yes, yes, now, but David was a psychiatrist, head of the psychiatry
646 department at Palo Alto at Stanford and a good friend of mine. The names are spelled different.

647 **CHODOROW:** Right.

648 **HAMBURGER:** No relationship, but a good friend. My daughter worked for him, one of my
649 daughters worked for him in research. He had a wonderful research program. David told us that
650 nobody would touch Arnie Mendel because he was about to die from testicular cancer. So, he
651 wasn't going anywhere because he's been given a death warrant.

652 **CHODOROW:** Where was he at the time? Was he up at Stanford or somewhere else?
653 That's less than— That's not so important.

654 **HAMBURGER:** I'm sorry; I don't remember where the hell he was, but he was somewhere on
655 the West Coast.

656 **CHODOROW:** That's okay.

657 **HAMBURGER:** But we should know that. We should know that.

658 **CHODOROW:** Well, we can get that information.

659 **HAMBURGER:** Arnie was another phenomenon that nobody knew about. Everybody knew
660 about his drama and his research and his incredible ability to bring in grants and wonderful,
661 exciting people in his department. He had a great second man, who is now a leader, but is still,
662 in my view, a great second man. Lew [Lewis] Judd. Lew Judd kept the department functioning
663 and made it function well while Arnie went around being mad.

664 **CHODOROW:** But you were willing to take a chance on his surviving his testicular cancer.

665 **HAMBURGER:** If he could give us two or three years, what the hell? He surprised everybody
666 by being one of those miracles. I had one in my family, at that time, a distant relative who had—
667 in fact, I diagnosed his lump as cancer and sent him up to Stanford for surgery. They opened
668 him up, eviscerated him. Just cleaned everything out, anything that comes from the testes.
669 Then, radiated the hell out of him and he's still alive. We're talking about the same era. Arnie is
670 more—

671 **CHODOROW:** I think they're more sophisticated now, the treatment.

672 **HAMBURGER:** Oh, the treatment was horrendous, but before that, it was 100 percent lethal,
673 100 percent. Nobody survived a testicular cancer, period. Okay? So, Arnie was a miracle.

674 **CHODOROW:** Now they win the Tour de France.

675 **HAMBURGER:** Yeah. He was early, too. He wasn't in a period where it happened very often.
676 When he was treated—I forgot his name but I—

677 **CHODOROW:** Lance Armstrong.

678 **HAMBURGER:** Yeah. When he was treated, it was not all that common to survive, to have
679 that kind of a successful survival. The damage from the treatment is often overwhelming. He
680 just is a superman. Arnie was a superman. I'm going to the wedding in July of the son of a
681 testicular tumor that I take a little credit for survival. I didn't do the surgery. I just made the
682 diagnosis before it was too late.

683 **CHODOROW:** Well, so Arnie was— Arnie's vision of— It would have been hard—

684 **HAMBURGER:** Arnie's vision was absolutely in tune with us. Hard science, great clinical
685 skills. I started to say, and I interrupted myself, Arnie was a covert, superb clinician. Nobody
686 knew that he could tweak disturbed people with great success. That's an art in psychiatry—even

687 to this day, with all the new drugs we've got, successful management of neurotic people
688 requires art as well as chemical skill, drug skill. Arnie was highly skilled. He was intuitive. He
689 had a sense. I know him personally from his work. I would have patients in common with him.
690 I'm not talking second or third-hand. He was gifted as a clinician, but nobody knew. He wasn't
691 famous for that. He was famous for his wildness and his wonderful research and the great
692 people he put around him.

693 **CHODOROW:** Talk about Orloff a bit. Orloff was recruited and built what looks, from the
694 outside as a standard, arrogant surgery department. [*Laughs*]

695 **HAMBURGER:** [*Laughs*] All of the above, yeah. It fit his mode.

696 **CHODOROW:** How did he relate, however, to the vision? Because he came in right at the
697 beginning. So, he had to—

698 **HAMBURGER:** I have to tell you that he—certainly, verbally—he endorsed our ideas 100
699 percent. The people he recruited were unusual surgeons in that they endorsed— He came here
700 a strict full-time system. That's the worst thing for a surgeon. That's the one thing—why? He
701 wanted to do research. He had himself built a whole building for himself, downtown, for
702 research. It wasn't a clinical building. It was a research building. How many surgeons do that?
703 What they build in their name is great operating suites, recovery rooms. Orloff was in our mode.
704 We're all the same as you just described; arrogant and aggressive, upward mobile, self-serving,
705 all of those "negatives", which are quite helpful in academia.

706 **CHODOROW:** Put together in surgery. And Braunwald.

707 **HAMBURGER:** Yes.

708 **CHODOROW:** What about Braunwald, who didn't stay more than two years or so.

709 **HAMBURGER:** Yeah, Braunwald was brilliant, but paranoid. Nothing that happened that
710 wasn't good for him wasn't deliberate, in his view, including his wife [Nina Starr], who was a
711 quite adequate cardiac surgeon. How often, in 1960, did you have women cardiac surgeons?
712 She wanted to be division chief. Orloff said, "You'll be lucky to have an appointment in my
713 department." Braunwald went through the roof. "How dare you? My wife is highly qualified.
714 You're no good, sexist, blah, blah, blah." As were almost all surgeons. Even to this day, there's
715 a woman busy suing Stanford surgery for— It's a sexist field and it's giving it up very slowly. We

716 in pediatrics have had fantastic women pediatricians forever. We've learned to live with it and
717 we're happy with it and they're great. So, we don't have to make special accommodations for
718 them. They now constitute 55 percent of all pediatrics, which is unbelievable in such a rapid
719 timeframe. That's not the case in surgery. There's plenty of them there, but they still have to
720 fight tooth and nail. In pediatrics, a woman can behave like a woman. She does not have to be a
721 pseudo male to be successful, either in academia or in private practice. But in surgery, a woman
722 still has to have male—what we call male characteristics of aggressiveness and pushy and self-
723 aggrandizing in order to be successful.

724 **CHODOROW:** What about— Was Braunwald's long vision for his department— Now I'm
725 asking you to speak for him in a way. How would he have built that department to reflect the
726 vision of the medical school?

727 **HAMBURGER:** It's not a big problem in medicine, in departments of internal medicine
728 because they have the tradition for being the most scientific of the disciplines of medicine. So,
729 there has always been a tradition for post-doctoral training, for taking out a couple of years
730 during your residency to do research. So, they've had that tradition. So, this wouldn't have been
731 a difficult recruitment in internal medicine. It might have been difficult in many of the field.
732 Neurology, for example, would have been, "What are you talking about? We're supposed to
733 take care of people with—"

734 **CHODOROW:** Brain damage or whatever.

735 **HAMBURGER:** Or nerves that don't work right. So, he was not a difficult recruitment. But he
736 was— A new school where they're making lots of mistakes and having lots of problems, if you're
737 paranoid and you think everything that we do is designed to hurt you, boy, you're in misery. He
738 was in misery.

739 **CHODOROW:** Did he go to Harvard as chair of their department.

740 **HAMBURGER:** He went straight to Harvard. Chair of medicine, but not in Mass General but
741 at— He put it on the map, by the way—Women's and whatever.

742 **CHODOROW:** Oh, Brigham and Women's.

743 **HAMBURGER:** Brigham and Women's. And he chaired them. But you know, Harvard is so
744 deep in talent at every level.

745 **CHODOROW:** Right.

746 **HAMBURGER:** We have two great cardiac surgeons. They have eight. Everywhere you look,
747 they've got depth. That's the same in medicine. They have chairs of medicine in three different
748 places, all of whom are superb. All of them would be tops anywhere that they went. It's not that
749 they're second rate. But like I said about Orloff being at Torrance, it wasn't the main place. Not
750 at Harvard. He put Brigham and Women's on the map. He went there and was very successful,
751 highly thought of. He is a cardiologist. He built, even in the two, three years he was here, he
752 started up a superb division of cardiology within internal medicine and left [John] Ross [Jr.] in
753 charge. He brought Ross here. Left Ross in charge. Ross has done a great job. Ross is a nut. I
754 hate to say this, because I love the man. But he's also a great second man. He is not a fearless
755 leader like Bonner. Liebow was never a fearless leader, but he turned out to be great. Ross
756 didn't have those characteristics, but he was great—is great.

757 **CHODOROW:** Let me ask about some of the other ones. Elliott Lasser in radiology. I'll tell
758 you a story. The first ad hoc committee I sat on when I became an associate professor was a
759 tenure case from radiology. I was clearly an outside member. I'll never forget a description of
760 this candidate is, "Very, very, very good and interesting, notwithstanding the fact that he takes
761 pictures of bones," which, of course, is what I thought radiologists did. So, —

762 **HAMBURGER:** Elliott Lasser is still doing research. He's been out of it for years and he still—
763 I was at a meeting over at Scripps and he presented some of his latest data not in an area that
764 I'm interested in. It's immunologic responses to these dyes that the radiologists use to make
765 areas visible.

766 **CHODOROW:** Right. That's obviously what they got into. They got into radiological
767 treatment, into diagnosis with dyes and all kinds of very sophisticated things. *[Crosstalk]*

768 **HAMBURGER:** Not just the use of them in clinical but what the hell do they do and how do
769 they do it and what complications do they produce.

770 **CHODOROW:** That's what you were trying to build. You were trying to build a science
771 department.

772 **HAMBURGER:** But who would be highly respected clinicians. You can't run a med school
773 with pure science. It's what makes the med school great. Some of the greatest teachers are
774 people talking about what they do. That's what gets them excited. I often used to lecture the

775 medical students and look, don't ever tell a professor that you don't think his area of prime
776 importance. He thinks just an only— "All the others are ancillary. This is what matters." So, for
777 goodness' sake, never make the mistake of being bored or yawning while the professor's talking
778 about his work. This characteristic of this place, they feel very enthusiastic about what they do,
779 and they are—

780 **CHODOROW:** Do you want to talk a little bit about Bill Nyhan?

781 **HAMBURGER:** Yeah, I love Bill Nyhan. As the two of us are getting old, people mistake me
782 for him, which I am always very flattered. We don't really look much like each other. He runs—
783 he's been a runner all of his life.

784 **CHODOROW:** I was going to say, he looks a bit like the scarecrow.

785 **HAMBURGER:** Yeah, he always been a little gaunt. He's an incredibly aggressive tennis
786 player. When he first got here, he would get me out there to warm him up, occasionally. He
787 gave up on me because I don't care. I don't give a damn. If the ball was too far away, I'll let it go.
788 That's not how you play tennis, and nothing gets by Bill Nyhan. Bill was a resident fellow,
789 actually, at Yale when I was a house officer and medical student. He was a year or two years,
790 maybe, ahead of me. I think he skipped the war. I'm not sure of that, but I think he missed the
791 war and I spent three years in it. So, when I got back, even though he was a year younger than
792 I, he was a couple of years ahead of me, maybe two years ahead of me, three years ahead of
793 me. I got to know him there because he was working with two giants in the field of pediatrics;
794 Uncle Dan [Daniel C.] Darrow—we used to call him Uncle Dan—Dan Darrow who invented
795 Darrow's Solution, and Bob [Robert E.] Cooke, who later went on to become dean at Harvard, at
796 Hopkins [Johns Hopkins University], and also a giant in the field. He was a fellow under those
797 two guys. Went to Hopkins with Bob Cooke when Bob left Yale. Was very successful, with a
798 medical student, discovered a new disease called Lesch-Nyhan Syndrome. Lesch was the
799 medical student. Nyhan was the professor, assistant professor, I think, in those days.

800 Then, he left Hopkins. About that time, I was just finishing up in private practice, paying off the
801 debts that I had accumulated going through med school with a wife and kids. He moved to
802 Miami to get a chair, to take a chair. You have to remember, in the years of the '60s and '70s,
803 the most prestigious and wonderful thing you could get was a chair in a medical department,
804 because every kid who got out of that place was your student. The same pride you had in your 1
805 or 2 PhDs at any given time, we would turn out 10, 15, or 20 every year who were all Nyhan

806 students. Bob Hamburger students. I chaired the department for one-year, pro town. But to be a
807 chair was a really wonderful asset and benefit. There was great pride, and everybody aspired to
808 it. Not everybody, but a lot of people aspired. He was an atypical chair, even though he was
809 quite successful in Miami in that he has—I was going to say zero personality, but that's wrong.
810 He has no personality. He is the most un— not— anti-social. He's unsocial.

811 **CHODOROW:** Very reticent.

812 **HAMBURGER:** Yeah. He doesn't have any social skills. We had people come into our
813 department and six months later not know anybody on the same floor because nobody would
814 take them around and introduce them or have a little reception, nothing. It was a department
815 that had no social behavior or graces. He had one other characteristic that suited me and many
816 of my other division chiefs to a T. He never came to see you. He never asked you any
817 questions. You had to go to him with your problem. For those of us who certainly tend to be
818 pretty autonomous, that was a wonderful way of life and have never occurred since. You've got
819 the first 15 years, and from then on, it's been— *[laughter]* I can't say that on the machine. Bill
820 Nyhan, as far as I'm concerned, is, again, like Arnie Mendell. Everybody knows about his great
821 science, his great laboratory, his discoveries, his two books or three books. Great. I mean they
822 are the definitive works in pediatric genetics. But he's a great clinician. I personally have gone to
823 him with a patient, now, in my clinic who was driving me nuts. I couldn't figure out what the hell
824 is going on. I'd drag him upstairs to see Bill and I'd go, "Bill, what the hell is this?" He's a
825 fabulous clinician. So, he was a true triple-threat man with defects that I've already gone—
826 overstated, frankly, because he was—

827 **CHODOROW:** How did he recruit people?

828 **HAMBURGER:** I think his name was what did it, his reputation, and anybody who would
829 check on any other member of our department. He brought with him three people from Miami.
830 He brought Jim [James] Connor, the head of infectious disease. He brought Faith Kung, who
831 turned out to be the best goddamn oncologist you've ever met. She has done some fabulous—
832 She, personally, is responsible for 30 percent of the 50 percent improvement in leukemia
833 survival. She's fantastic. And he brought Sam— I'm astounding myself. You don't realize what's
834 going on in here. Sam [Samuel T.] Giammona. Maybe it's because they're old memories. Sam
835 Giammona? Yeah, Sam Giammona, who subsequently went to his chair up at a second hospital
836 of UC San Francisco. I think it's called the San Francisco General or something like that. So, he

837 brought these people with him. I was already here. So, he had a nucleus of devotees. All four of
838 us adored him. Had no problem of any kind. Support.

839 **CHODOROW:** You guys really basically then recruited other people?

840 **HAMBURGER:** We would back his recruitment to the T. So, if they checked around to see
841 what kind of a guy is he to work with, they'd have got nothing but positive, positive, positive.
842 "Don't be put off by the fact that he stares at you instead of smiling." *[Laughter]*

843 **WESTBROOK:** Well, I was just going to try to clarify something. The fact that he had no
844 social skills didn't mean that he couldn't engage in the matters of work and probably be very
845 dynamic in doing that.

846 **HAMBURGER:** Oh, absolutely.

847 **WESTBROOK:** It's just the small talk that—

848 **HAMBURGER:** Terrible teacher. The worst lecturer you have ever heard. He now is tolerable
849 after 25 years of giving grand rounds and lecture after lecture after lecture. He had these habits
850 of pausing for freaking intolerable length. I mean your guts would start to tighten up waiting for
851 the next sentence to come out. I just did it myself, something with his mouth. He had— I know
852 him too well, so I can do a take-off on it, which I shouldn't do. But the content, as you're
853 indicating, was so valuable, so important that you just would tolerate these terrible lecture
854 characteristics because you wanted to hear what he had to say. In the lab, he would surround
855 himself with PhDs and MDs. He had two guys working for him that didn't have any degrees. I
856 never—a bachelors or something—that ran different aspects of his laboratory and tremendously
857 productive. He was infinitely patient with this business of, "You go down to the clinic, you're
858 going to see 11 patients. Let's see some patients. Let's talk. Get the nurse. Da-da-da." Just like
859 that, like that. Very hard to come up to the lab and sit down at the bench and just think and be
860 quiet and not push somebody to do something. It's a different personality. So, when you're in
861 the clinic, you're a little bit dynamic. When you're up in the lab, you need to be not so dynamic.
862 You don't want to be dynamic at all. Just plod along and get the damn work done. The lab is a
863 very stern place that you cannot rush, and you cannot be in a hurry and you can't demand a
864 result. "Where the hell are my lab results?" That works great, fine when you're looking for a
865 urinalysis or a blood workup, but it ain't going to work in the lab when you're looking for the
866 results of a spectrophotometer or something. I don't want to overdo but he was so good that it

867 overcame the personality qualities and the lecture qualities and so forth. If he could hear me, I'm
868 sure he'd shoot me for being such a bad—

869 **CHODOROW:** There's a very famous story of a medievalist who gave a talk at Yale and fell
870 asleep during the lecture that he was giving.

871 **HAMBURGER:** He was giving? *[Laughter]* That will top Bill off.

872 **CHODOROW:** Puts Bill in perspective.

873 **HAMBURGER:** Do either of you know him?

874 **CHODOROW:** I know him. I know him.

875 **HAMBURGER:** Do you play tennis with him?

876 **CHODOROW:** No, but I appreciate especially what you have to say about his lecturing
877 because I happened to be on the other side of a conversation and waiting for him to—

878 **HAMBURGER:** Finish the next sentence.

879 **CHODOROW:** That's right. I want to do it for him.

880 **HAMBURGER:** Yeah. If you could fill it in, you would.

881 **CHODOROW:** Ken [Kenneth] Ryan, who came and went, but one of the things that's
882 interesting— I want to hear a little bit about him, but I also was struck by the fact that you called
883 the department reproductive biology instead of standard OB/GYN.

884 **HAMBURGER:** GYN, which is still to this day.

885 **CHODOROW:** I want to find out what you had in mind those days and was it like
886 neuroscience? That is, you wanted to get away from pure practice? Was OB/GYN midwifery
887 that you were trying to get away from? Or what was happening?

888 **HAMBURGER:** OB/GYN was, at that time, considered a little beneath the dignity of an MD.
889 How it ever got to be an MD specialty, you know, was kind of questioned. Then there were
890 people like Sam [Samuel S.C.] Yen. I don't know Ryan very well. He was— I didn't recruit him. I
891 was not even involved in his recruitment and I never really knew him either as a person or as an

892 academic colleague. But Sam was my buddy. I was in on some of the early work with Sam.
893 Sam, like myself, was a pilot, but he flew for the Chinese/Taiwan—later turned out to be the
894 Taiwanese military. But he was a pilot in the Chinese army. A great scientist. His work in
895 endocrinology, which was considered a medical—internal medicine specialty, he turned it into a
896 super specialty within OB/GYN. He has trained— Anybody in that field who calls himself an
897 endocrinologist was trained by Sam, no matter what, whether they're OB or internal medicine or
898 pediatric. So, that—and Ryan, I'm sure— I'm not sure. I have always assumed that he left
899 because he didn't fit, but I don't know that for a fact.

900 **CHODOROW:** Right. That, in effect, he came here and discovered a theory and a
901 construction of a school that he did not—was, in the end, very unsympathetic to. [*Crosstalk*]

902 **HAMBURGER:** Yeah. I understand he's doing very well— Where is he? Columbia or
903 wherever.

904 **CHODOROW:** Yeah, he went to Columbia. [It was actually Harvard Medical School]

905 **HAMBURGER:** P&S [Vagelos College of Physicians and Surgeons]. We, at Yale, when I was
906 at Yale, used to make jokes about the house there for P&S. All of us had— Do you know what a
907 peripheral brain is?

908 **CHODOROW:** No.

909 **HAMBURGER:** It's just a little book that has all of the data from the labs and the tests that
910 you can't possibly hold in your head, but you carried in your white jacket, in the pocket. All of us
911 had one. There was one specially for PEDS [pediatrics] and one for medicine. There was one
912 for surgery. The great one, in my day, was from Yale. But later, it was from Hopkins. Then
913 Henry Silver developed the definitive pediatric peripheral brain at Denver [University of Colorado
914 School of Medicine]. He had been at Yale and moved to Denver. He and Greene moved to
915 Denver and they created one of these peripheral brains. But it included how to take a history,
916 how to do a pediatric neurologic exam. You know, all the super subspecialties within pediatrics
917 were all covered in that brain. All of us had one. But you could always tell a P&S house officer
918 [doctor in the first two years after qualification] because he had two of them. They were so
919 insecure. Having been trained in New York, they were made totally insecure about any
920 knowledge they had. They had to carry two peripheral brains. [*Laughs*]

[END OF PART ONE, BEGIN PART TWO]

921 **CHODOROW:** —and he represented exactly what you were looking for.

922 **HAMBURGER:** He was—

923 **CHODOROW:** He was a scientist interested in sort of the foundations of reproduction, the
924 scientific mechanism—

925 **HAMBURGER:** Yeah, and he was not himself a great clinician. He was an adequate clinician.
926 But he brought in two or three very good clinicians who also did research, like [Jamie L.]
927 Resnik], and a couple of others. I can't think of their names anymore. That department, again,
928 instead of being one of those weak areas in medicine that should have never been an MD
929 became a highly respected part of this med school. You never hear anybody badmouthing
930 OB/GYN or reproductive medicine, whichever one you want to call it. We often refer to it as
931 OB/GYN, but we know it's reproductive medicine.

932 **CHODOROW:** Let me ask finally a couple of questions about the 31 FTE that were given to
933 departments on the campus for basic science.

934 **HAMBURGER:** That's the wrong word—

935 **CHODOROW:** Well—

936 **HAMBURGER:** —*given to*.

937 **CHODOROW:** —shared with—

938 **HAMBURGER:** Given to and taken away from.

939 **CHODOROW:** —and taken away. Well, it's—

940 **HAMBURGER:** *Shared with* is correct because it was part of the design that we didn't have
941 any choice in the matter. If this design was to be implemented, they had to have the FTEs
942 necessary to man or staff the—

943 **CHODOROW:** Right, because they would not have justification or funding for that many
944 faculty.

945 **HAMBURGER:** The Regents [of the University of California] had programmed in, or told us to
946 program in, lower salaries. Those were going to save a lot of money because—

947 **CHODOROW:** That was another one of your payments for the strict full-time.

948 **HAMBURGER:** Absolutely.

949 **CHODOROW:** You basically were asking them to take on a risk, take on a risk and—

950 **HAMBURGER:** A very big risk.

951 **CHODOROW:** —you were having to offer them some payment, compensation for taking on
952 that risk.

953 **HAMBURGER:** Sort of protective guarantees, but you know why they were taking on such a
954 huge risk? Because we were the only ones who were insisting this would work, that it would not
955 cost them a penny. In fact, in the early years, they did make money on us, but everybody else,
956 and when I say that—two other med schools, UCLA and UCSF—were badmouthing us to the
957 Regents telling them, "This will destroy medicine on the West Coast. This is the dumbest thing
958 we've ever heard of. It's going to bankrupt the Regents," blah-blah-blah. All of that because they
959 saw their pocketbooks being slashed, every one of them at UCLA and UCSF, they were all on—
960 *[crosstalk]*

961 **CHODOROW:** Yeah, they were afraid—

962 **HAMBURGER:** —these split FTEs. Every one of them went home at 4:00 in the afternoon, or
963 2:00, or 1:00 in the afternoon and made money, and they made money all over town. They
964 paraded their professorships, "Look at me. I'm a full professor, and that's why my fees are twice
965 as high as my neighbors." It was really exploitive.

966 **CHODOROW:** Let me ask a question about these—

967 **HAMBURGER:** Do you know what David said? I think I quoted him. David once said to the
968 Regents in front of Clark Kerr, "We have no intention of creating a rotten med school like the
969 one at San Francisco. Quote. This is in front of an audience, and Clark Kerr had a fit. I mean, he
970 agreed with us, but nobody ever said that out loud.

971 **CHODOROW:** David Bonner was somewhat self-destructive.

972 **HAMBURGER:** Oh boy. *[Laughter]*

973 **CHODOROW:** Let me ask a question about recruiting those faculty that ended up in these
974 general campus departments. What role did the members of the medical faculty play in that
975 recruitment? Were you looking for particular kinds of people who would be good for that
976 interface? Or did you trust the departments to hire people? In a way, you didn't care, as long as
977 they were good biologists, good chemists, that would work.

978 **HAMBURGER:** See, that was the point. We knew that they wouldn't dare damage
979 themselves, because those appointments were going to be in their department, not in ours, so
980 they were going to bring in the best they could get their hands on, and that's good enough for
981 us. Our attitude was, "If you wanted to parade them over here, all we would do is promise them
982 and guarantee them that under no conditions would we take back the FTEs. Our role was
983 simply to assure them those were for real, those are over in biology, those are in chemistry. We
984 had them in mathematics, we had them everywhere you looked.

985 **CHODOROW:** You needed them in mathematics for the statistics, for the biostatistics.

986 **HAMBURGER:** We had two guys from statistics who we could never have recruited into a
987 med school ourselves.

988 **CHODOROW:** [Adriano] Garsia is an example.

989 **HAMBURGER:** Yeah. These were top people in the country, and we had such an outstanding
990 math department, with the topologists and Corva and those guys, whom we couldn't hold, but
991 they could recruit anybody they wanted. We benefited. I thought we benefited enormously, and
992 it's just the natural regression that allows it to be destroyed. We'll coast for probably two or three
993 more decades before we get our comeuppance for changing the program. It was hard to get it
994 going, it will be hard to destroy it.

995 **CHODOROW:** Well, I'm essentially finished—

996 **HAMBURGER:** I'm still alive, but I appreciate— You've done a fabulous job.

997 **CHODOROW:** I think this was a very good conversation, and I want to thank you for it. I think
998 I had mentioned to you that Helen Ranney had suggested that if I was doing this with general
999 campus departments, I should also do this with the medical school departments. Now, not
1000 everyone is alive, and not everybody is nearby, although if Braunwald is alive and wants to talk
1001 about this, I would be happy to find a way to do it.

1002 **HAMBURGER:** You should do it. He's fabulous. Orloff is here, Braunwald is here, Sam
1003 [Samuel Rapaport] is here.

1004 **CHODOROW:** Right.

1005 **HAMBURGER:** Oh, you know who else we've forgotten?

1006 **CHODOROW:** Lasser.

1007 **HAMBURGER:** Yeah, Elliott is very much alive.

1008 **CHODOROW:** Arnie is in Florida.

1009 **HAMBURGER:** Arnie is still alive.

1010 **CHODOROW:** Bill is here.

1011 **HAMBURGER:** Two people we left out and should be on your list, and they're both women.

1012 **CHODOROW:** Oh, Helen, right? Helen Ranney.

1013 **HAMBURGER:** Of course, Helen, but she's medicine. I'm talking about _____.

1014 **CHODOROW:** Elizabeth—

1015 **HAMBURGER:** Barrett-Connor.

1016 **CHODOROW:** Barrett-Connor, Jim's [James Conner] wife.

1017 **HAMBURGER:** Yeah. Oh, Jim's wife. Jim is her husband. [*Laughs*]

1018 **CHODOROW:** Yeah, that's right. I coached their son, and I knew them well.

1019 **HAMBURGER:** Oh, she's a powerhouse. She's an absolute power, and a really great woman.
1020 I'm blocking the other name. Oh my god. We brought her here from Woman's College in
1021 Pennsylvania [Medical College of Pennsylvania], and she's a hematologist oncologist.

1022 **CHODOROW:** Oh, I know who you're talking about.

1023 **HAMBURGER:** She's a dear friend and I'm pulling—

1024 **CHODOROW:** Yes. I know who you're talking about.

1025 **HAMBURGER:** Anyhow, she now is into hospice—

1026 **CHODOROW:** No, she's not. She's living in Pacific—

1027 **HAMBURGER:** No, hospice, the—

1028 **CHODOROW:** Oh, you mean she's doing that.

1029 **HAMBURGER:** Yeah, she's the big macher in the hospice program in San Diego. In fact, they
1030 have something named after her.

1031 **CHODOROW:** But she's a pediatric hematologist.

1032 **HAMBURGER:** Yeah—

1033 **CHODOROW:** That's right.

1034 **HAMBURGER:** —and she chaired, before Barrett-Connor—

1035 **CHODOROW:** Howell.

1036 **HAMBURGER:** Doris Howell. Thank you.

1037 **CHODOROW:** She just actually sold her house. Peggy [Chodorow] sold it for her.

1038 **HAMBURGER:** Yeah? Doris—

1039 **CHODOROW:** She's moved into Pacific Regent [La Jolla].

1040 **HAMBURGER:** She is first class—

1041 **CHODOROW:** Hmm?

1042 **WESTBROOK:** What is Pacific Regent?

1043 **CHODOROW:** Pacific Regent is a retirement community in a large building right here by the
1044 campus.

1045 **WESTBROOK:** Okay.

1046 **CHODOROW:** It's kind of assisted living. You can get all three of your meals. There are
1047 various facilities. You can get driven places.

1048 **HAMBURGER:** She and I work out at WellStrong and—

1049 **CHODOROW:** She's a wonderful person. I always liked her a lot.

1050 **HAMBURGER:** Yeah, a very good person.

1051 **CHODOROW:** She's a person, though, early enough in this to include as someone -

1052 **HAMBURGER:** In her own area you see, the one I mentioned already, you really have to
1053 include Faith Kung and then followed by Doris Howell.

1054 **CHODOROW:** Right.

1055 **HAMBURGER:** The other person that was early— There were two people. One was a
1056 proctologist who also didn't stay very long. He was an assistant dean.

1057 **CHODOROW:** I don't know. What about Harold Simon?

1058 **HAMBURGER:** Harold Simon, that's the other one. Those were the two assistant deans.
1059 Harold has a—

1060 **CHODOROW:** Oh, you mentioned another assistant dean. I didn't pick up on the name, but
1061 I'll look it up.

1062 **HAMBURGER:** Oh, good. He was early on, and I don't think ever understood. I think that's
1063 why he left, because he was much more conventional, and Harold at first, found this place— I
1064 mean he's Germanic. Do you know Harold?

1065 **HAMBURGER:** I know him a bit.

1066 **HAMBURGER:** Yeah. Harold is Austrian-German type, and very rigid. He found this place so
1067 loosely put together and so badly run, so *laissez-faire* that it was driving him crazy, but it's
1068 amazing how he got in it. He got—

1069 **CHODOROW:** He stuck with it.

1070 **HAMBURGER:** Yeah, he got in it and got with it, and he kept of course the student things
1071 highly organized, which is necessary. I mean, those records and where the kids are, has to be
1072 done right, and he was just very good at that. But I will bet you that you'll be shocked at his view
1073 when compared to mine, and we went along and saw all the same things.

1074 **CHODOROW:** Right.

1075 **HAMBURGER:** Turn the machine off for a second. *[Recording Stopped/Restarted]*

1076 **HAMBURGER:** I'll soften those statements, but we have had a series of what I called second
1077 people who were thrust into leadership and couldn't hack it. I cannot quote Joe Stokes. Joe
1078 coined the term the syrup principle, which was the Peter in reverse.

1079 **CHODOROW:** The 'reteP'.

1080 **HAMBURGER:** The 'reteP' Principle.

1081 **CHODOROW:** The 'Peter Principle' reversed.

1082 **HAMBURGER:** In reverse, in which you sink to your level of competence. *[Laughter]* He
1083 claimed that's what happened to him: We brought him in here at the top, he finally got to be a
1084 professor of community medicine, in which he was superb. He was a damn good dean no
1085 matter what the records shows. I was there; he was good. He was honest to a fault, and that's
1086 what undid him. The Regents did not want to hear truth. They wanted to hear what they wanted
1087 to hear, and so we've had a group of chairs, the second and third line, who were not great. The
1088 deans, the same thing. Second and third and fourth deans were weak. Warm and nice people
1089 sometimes, sometimes not so warm, but not able to lead with excitement and charisma, and
1090 whatever it is, that unknowable thing that makes for great leadership, and often very competent
1091 in their business as clinicians or scientists. We can name names, but we won't go into that.

1092 **WESTBROOK:** You had said, I think, that David Bonner, before the Regents, had said he
1093 wasn't going to build another rotten school of medicine like UCSF, and I guess it's pretty easy to
1094 determine that you're not building a school like UCSF, but how did you know it wasn't a rotten
1095 school of medicine, nonetheless?

1096 **HAMBURGER:** It was a rotten school of medicine *[laughs]*.

1097 **WESTBROOK:** I mean, more general. *[crosstalk]*

1098 **HAMBURGER:** Do you mean how did we, why—

1099 **WESTBROOK:** How did you measure your success, or how did you know you were doing a
1100 good job?

1101 **HAMBURGER:** That's very important, because we were not using UCSF and UCLA as our
1102 models. We were using University of Chicago, University of Pittsburgh, Yale University, and
1103 then tertiary, Hopkins and Harvard, but you don't really dare to think in the terms of Hopkins and
1104 Harvard because of the thing I mentioned earlier, and that's depth. There was no way that we
1105 could bring in six of every great specialty. It's just not doable, not doable economically,
1106 intellectually. There aren't that many people around. An assistant professor at Harvard in
1107 immunology and my subspecialty can take the chair or a full professorship in nine out of ten
1108 med schools in the United States, okay? We don't have that. Our next man could take a chair
1109 maybe.

1110 **CHODOROW:** But Hopkins was a definite model for you guys?

1111 **HAMBURGER:** Hopkins and Harvard were models only of excellence.

1112 **CHODOROW:** But UCLA was not.

1113 **HAMBURGER:** UCLA was not, and UC San Francisco was not because these were a bunch
1114 of practitioners. The science that was done at UCLA was not done in the med school, okay?
1115 Sherm Mellinkoff, who was our guru, the chair of our advisory committee appointed by
1116 Mellinkoff, and we didn't want anybody telling us what to do from San Francisco. He turned out
1117 to be wonderful, because he had the same attitude. He was a Hopkins man. I believe he—

1118 **WESTBROOK:** Well, I remember snooping around in the [Stafford L.] Warren papers at
1119 UCLA when Warren was, I guess kind of the person that was a key developer of the med school
1120 there in the '30s and '40s.

1121 **HAMBURGER:** That's right.

1122 **CHODOROW:** His models were Hopkins and [University of] Rochester.

1123 **HAMBURGER:** I went to Rochester. Rochester was excellent, and Rochester developed after
1124 us, and you have to be careful about which year you're talking about, because when our model
1125 began to succeed, everybody started looking at Chicago and Yale and us and saying, "Here's

1126 an upstart little med school imitating Yale and Chicago and doing fantastically well. Let's re-look.
1127 Let's re-think it." Several, I think there's one in Michigan and one or two other places, that
1128 completely changed their program based on what was happening here, and I think San
1129 Francisco and UCLA said, "A little more science wouldn't hurt anybody." They're now highly
1130 respectable med schools. They're in the top 25 every year, so nobody is embarrassed to be
1131 from UCSF, and they still look at us as a fantastic upstart.

1132 **CHODOROW:** It is interesting, as a matter of fact, that a lot of these schools have developed
1133 a science base. They reinvigorated their science.

1134 **HAMBURGER:** Yeah.

1135 **CHODOROW:** In fact, at Penn, they were putting a whole new curriculum into place.

1136 **HAMBURGER:** I hate to tell you, but that's where the money is, if you can't make it, because
1137 you're competing with the damn community now. We were never competing. We stood above,
1138 aloof of the community. The community had to worry about us. We didn't worry about the
1139 community. Now, boy, the community will eat you alive, "Get the hell out of our bailiwick." They
1140 didn't want us in there taking their damn patients, and their money, so it's painful now.

1141 **CHODOROW:** It's interesting that one of the things that has happened in the curricular view
1142 at Penn has broken down the idea that you start with science, and you then go to clinical. What
1143 they're doing is they're putting in clinical and science together throughout all four years.

1144 **HAMBURGER:** Do you know who the first lecturer in the first class was, the first lecturer in
1145 the first class in the school of medicine at UCSD? Linus Pauling. We brought everybody down
1146 to Hillcrest from the campus. We bused them down there, and Linus Pauling in the auditorium of
1147 the new hospital, it was a brand-new county hospital, and it looked like one. But it had an
1148 auditorium, and Linus Pauling gave an introductory lecture on how a single-gene mutation in a
1149 hemoglobin molecule could cause a world-shattering disease, and how that disease was
1150 adaptive in the environment where it originally occurred. A brilliant lecture. Nobody taped it.
1151 Unbelievably brilliant lecture. He lectured two or three more times over the next couple of years,
1152 and then he left. He was here about five or six years.

1153 **CHODOROW:** He was here when I came.

1154 **HAMBURGER:** Yeah. A wonderful man. A brilliant, brilliant man. You have to forgive the
1155 vitamin C stuff. It was a little overkill.

1156 **WESTBROOK:** Coming back to these success measures, I mean even if you felt successful
1157 in emulating Hopkins and Chicago, you must have been pointing to something else besides,
1158 "Oh, we've managed to imitate them well here."

1159 **HAMBURGER:** No, we haven't. I mean, we didn't imitate— *[Crosstalk]* We couldn't imitate
1160 Hopkins if our life depended on it.

1161 **WESTBROOK:** I mean were you able to, say that "we're pushing through 100 students a year
1162 as a figure, and 75 of them are going on not only to be clinicians but scientists, as well, or—

1163 **HAMBURGER:** That was the goal, because that was a measurable event. The number of
1164 your students who either took postdoctoral fellowships or went on to academic careers, or
1165 research and clinical careers, that was a measure of your success. There were monetary
1166 measures, like how many grants do you bring in, how much money can you— The real measure
1167 was what was the level of the students that you could bring in? What were their MCAT scores?
1168 We could get those numbers and compare ourselves to every other med school in the country.
1169 Those were published figures and available, and it wasn't very long before everybody was
1170 looking at us and saying, "How the hell did they get those students?" Okay, well, what we had
1171 was when we interviewed a student, there were these exciting scientist clinicians who were
1172 doing the interviewing, and we looked not for ticky-tacky people like ourselves, out of the box,
1173 we looked for interesting, slightly different or a little bit eccentric medical student who would
1174 come to a new med school with no history. Daring people, students with a lot of self-confidence,
1175 good head on their shoulders, so we got a hell of a boost right off the bat. The measures that
1176 you're talking about, like MCAT scores of the incoming students, the internships and residencies
1177 and jobs and appointments they got when they finished here, it wasn't ten years before we were
1178 on everybody's book as the biggest bringer-in of per capita grants. We beat UCLA and San
1179 Francisco within six years per capita. You have to be careful, because they had huge faculties
1180 and we had a small faculty. But, by any objective measure, both in students, faculty, money, we
1181 hit big very quickly, and of course it's self-feeding. If you're good right off the bat, good begets
1182 good. I don't know if I answered your question—

1183 **WESTBROOK:** No, you have.

1184 **CHODOROW:** Let's look at the measures.

1185 **WESTBROOK:** No, you have. Yeah.

1186 **CHODOROW:** The biggest criticism of the school that I used to hear was that you weren't
1187 producing very many clinicians, you know, fewer clinicians, and it was a good point.

1188 **HAMBURGER:** Not only that, but they were mandating. Every year, the legislature
1189 announced that they're going to tell us how many family docs we have to turn out, and if we
1190 don't turn out that percentage of family docs, they're going to dock us economically. It never
1191 happened, but it did get mandated that the total system had to turn out a reasonable number. It
1192 wasn't a problem because by that time, the kids wanted to be family docs but, scientific family
1193 docs. It's amazing what our kids do once they get out in the boonies. The few who do go on and
1194 go into the boonies, they revolutionize the community medical care. They go in and start arguing
1195 with people about the water systems. These are kids who don't just go in and take care of
1196 patients. They have a bigger view of what their role is in life, so you start with scientific clinicians
1197 for your educators, and you end up with a far superior product. That's not an opinion, that's
1198 been documented. They studied a group of Yale graduates working in the boonies in North
1199 Carolina, I think Virginia and South Carolina, I don't know, just a small area in the south, but not
1200 in the city, not city docs. And to a man, the Yalies, 15 years out of med school were still
1201 practicing a highly superior level of medical care. The message was, "You train them as
1202 scientists, and they're better doctors," and that's not lost on the people here. I think there are still
1203 a lot of us who believe that, absolutely.

1204 **WESTBROOK:** Is it fair to say that, in effect, you still had a professional school, you were still
1205 training doctors—

1206 **HAMBURGER:** You're damn right.

1207 **WESTBROOK:** —but it was just with a different emphasis.

1208 **HAMBURGER:** Absolutely.

1209 **WESTBROOK:** The reason I ask that, I was wondering, I mean the people in these
1210 departments, the way you've been describing it, and Stan's been talking about it, you had your
1211 own classical organization of OB/GYN and medicine and—

1212 **HAMBURGER:** Every department—

1213 **WESTBROOK:** —whatever, and you had the people that, and I was just curious to what
1214 extent there was some sense of a science program informing some of your choices, like in
1215 physics or something, they were going to concentrate on plasma physics and not nuclear
1216 physics because of environmental factors—

1217 **HAMBURGER:** Yeah, it's much more prescribed in medicine, in departments of medicine.
1218 There are areas that are always of interest to pediatricians: development, genetics,
1219 immunology, the immune system. We are so concerned with what the hell the fetus is doing and
1220 how soon can we get those shots in there to protect them, and what the hell is this system, and
1221 can we jack up the system and get it moving so I can put those antigens in earlier, so that there
1222 are natural areas where we gravitate. You're going to see great immunology, great genetics,
1223 and great developmental—embryology, if you will—in pediatric departments. Now you're going
1224 to see people worrying about deteriorating diseases in internal medicine department. You know,
1225 "What the hell causes aging? What causes the telomeres to shorten?" This new, exciting stuff
1226 with telomerase, the enzyme that chops and makes you age much faster, and so on. These are
1227 the things that you always will find somebody is doing research in those areas in internal
1228 medicine, and on and on and on. It's not so prescribed in the physics department. There's no
1229 telling what will be the emphasis, or in the math department—

1230 **WESTBROOK:** Well, I'm trying to see if there's an analogy or not to some of what we learned
1231 about the other disciplines as they established themselves here. I think anthropology was a
1232 good example, because Mel [Melford E.] Spiro said as he came in here, you know, he had all of
1233 anthropology to choose from, and decided that he was going to emphasize a few ethnic areas,
1234 the South Sea Islands—

1235 **HAMBURGER:** Right, but did he decide, or was he successful at recruiting and then decide,
1236 "Hey, that's a great area"?

1237 **CHODOROW:** No, he came in with a vision. *[Crosstalk]*

1238 **HAMBURGER:** He knew where he wanted to—

1239 **CHODOROW:** —psychological anthropology, and recruited people—

1240 **HAMBURGER:** And was successful in recruiting, but I think some of it was fortuitous. Some
1241 of the recruiting, if you hit big with a topologist in math, all of a sudden you have a little group in
1242 topology.

1243 **BRADLEY WESTBROOK:** Oh, sure, sure. It grows that way, yeah.

1244 **CHODOROW:** Brad's question raises a very interesting one in medicine, for the medical
1245 school. To what extent did Bonner, who had come here and created the Department of Biology,
1246 which was molecular biology, where every other place had 12 or 13 biology departments and
1247 there was zoology and botany and this and that, and microbiology and so on, and we had
1248 molecular biology. There was a vision there—

1249 **HAMBURGER:** No, he wouldn't let it be called that. It was biology—

1250 **CHODOROW:** It was biology, but his vision was that—

1251 **HAMBURGER:** —but we knew it was molecular.

1252 **CHODOROW:** —all of biology was now or in the near future going to be molecular in its
1253 orientation, or biological research. Was there a unifying vision? Did that vision get carried over
1254 to the medical school? As you recruited people in medicine, were you looking for people who
1255 were sympathetic with and interested in the biological revolution, the new—

1256 **HAMBURGER:** Absolutely, and it was actually genetics, and you probably saw that he,
1257 through me, put on a three-year course in genetics because he discovered when we were
1258 starting to talk about medicine that genetics in med schools was like 30 years behind.

1259 **CHODOROW:** It was still Mendelian.

1260 **HAMBURGER:** Yeah, and he said, "Oh my god, we can do something about that. I know all
1261 the key people in the business. Let's see if they'll fund it." Again, in those days, "Here's the
1262 money. You put on the program." For three years running, we put on unbelievable programs,
1263 and you had to be a med school faculty to enroll, to come here for, what was it, two weeks, ten
1264 days, 11 days? I forget. You would hear every big name in the field of molecular genetics and
1265 go home. I mean, the guys who went out of here were walking on air, so excited. I mean, they
1266 didn't even know about this stuff. The faculty that came down, several of them got together and

1267 wrote a little miniature monograph for the med school faculty. I mean, it was bursting, and so the
1268 med school just was a continuation of that excitement.

1269 **CHODOROW:** Yeah, that's what I sensed. It's interesting to me, because what Bill Kelley
1270 tried to do when he came as dean at Penn was to build the school, rebuild the school around
1271 gene therapy, basically, genetic research, and its clinical outcome. Every single department, he
1272 recruited chairs and faculty who had an interest in that—

1273 **HAMBURGER:** You're damn right, and that didn't mean you have to do it. It meant that you
1274 thought, "Wow, that's an exciting place to go," and that meant the youngsters that you bring into
1275 your department will probably have an interest in that. It doesn't mean you change your lifetime
1276 specialty, or that you've been working for years and years plotting away on some little esoteric
1277 problem. You don't suddenly drop that and go into what's new and exciting, but it changes your
1278 attitude, and then the young people coming in are going to be either collaborating with that or
1279 doing some aspect of that. The whole place becomes cohesive, and that was happening in the
1280 med school. There were people in almost every department who could talk to each other, and
1281 that, in most med schools, it just doesn't exist.

1282 **BRADLEY WESTBROOK:** Does it still exist here?

1283 **HAMBURGER:** Less. You'll hear guys complaining. The functional word is collegiality. Have
1284 you heard people bitching about a lack of collegiality? It's true. There's been a loss of it because
1285 we're so big.

1286 **CHODOROW:** Yeah. Size makes—

1287 **WESTBROOK:** We've heard this tale before of having short walls back in the '60s—

1288 **HAMBURGER:** Yeah.

1289 **BRADLEY WESTBROOK:** —and they're brought back up now between departments.

1290 **CHODOROW:** That's also a regression.

1291 **HAMBURGER:** It's a regression to the mean, it's a regression to the norm or whatever you
1292 want to call it. It can't be helped. If it gets bad, if that doesn't produce greatness, it will change.
1293 It's okay to go back, "Okay, so we're going to be a small Harvard. Too bad. I'll suffer with it."
1294 *[Laughs]* If it turns out that we're a small and not-so-good Harvard, you'll see a revolution.

1295 People of quality here just won't tolerate it. They would blow. But, if you regress and change
1296 this, they scream. I mean, when we diluted the pay scale, which I have said is very important,
1297 there was an enormous outcry. Almost nobody left over it. Okay? They learned to live with it and
1298 tried not to dilute their research too much because they had to now go out and make a few
1299 bucks. It was still a pretty solid plan. They didn't go whole-hog. No. Now we're doing something
1300 that was considered an absolute anathema. We're hiring clinicians to fill niches. If you want to
1301 hear something ugly and dirty, that was considered, to buy a clinician to take care of sick
1302 babies, or sick rheumatic fever patients, that was at a med school. You don't do that in a med
1303 school. You do that at Mercy Hospital or Scripps [Memorial Hospital La Jolla], but we do it.
1304 We're doing it, and with eyes open. It's called buying a clinician rather than recruiting an
1305 academician. Okay? You buy the clinical skill that you need to fill a hole so you can do
1306 medicine. I mean, you cannot ignore a group of sick people—

1307 **CHODOROW:** Yeah, and because—

1308 **HAMBURGER:** —and run a med school.

1309 **CHODOROW:** —you cannot make contracts with the big insurance companies any longer
1310 without—

1311 **HAMBURGER:** You have got to cover—

1312 **CHODOROW:** —covering everything.

1313 **HAMBURGER:** You have to cover. You have to be able to provide care.

1314 **CHODOROW:** What it means is you develop very rapidly a two-tier faculty system.

1315 **HAMBURGER:** You have a two-tier, and we've always had it, but they were called volunteers,
1316 clinicians. We had other kinds of titles. There were only a handful. Not a handful. That's an
1317 exaggeration. There was only a nucleus of people like myself who were FTEs, hard money
1318 slots, fully funded, and if I wanted to make extra money, fine, but I didn't have to. The rest of the
1319 faculty, you had to have a split FTE, you had a half an FTE, 51 percent of FTE. There was more
1320 construction of pieces of FTEs so you could magnify the size of the faculty with the limited
1321 resources. But now, they don't have any kind of hard money, there's not a piece of it. It's all soft
1322 money.

1323 **CHODOROW:** Okay. I think this was a terrific two hours. Thanks, Bob. You were terrific.

1324 **HAMBURGER:** I've never been known to be nonverbal, so ...

1325 **CHODOROW:** Okay. Thanks.

[END OF PART TWO, END OF INTERVIEW]