

Note:

Some of the Jim Murray Film interview transcripts contain occasional typed errors. These transcripts may have been transcribed by a third-party transcription agency, a film crew member, or a campus employee. This interview conversion into written form may have been used for initial review, film planning, etc.

These documents are digitized and provided on an “as is,” uncorrected basis, in order to maintain their historical integrity.

Some examples of the kinds of errors to be found in the transcripts are provided below.

Filename	PDF Version Page	Error
jmf_int_transcript_Williams_2_2_1976.pdf	20	“Parkalnd”
jmf_int_transcript_Foster_2_2_1976.pdf	2	“trememdous reseurce”
jmf_int_transcript_Neaves_1976.pdf	6	“Andreas Baselius”
jmf_int_transcript_Schermerhorn_1976.pdf	18	“Moreove”

Dr. Sprague

Bill

MARKED
AND OUT

I think that perhaps you ought to talk to our Jonathan Uhr, chairman of Microbiology and Rupert Billingham, chairman of Cell Biology. You don't have many basic science people here actually. These are mostly clinical. Well, you have Bill Neaves.

? _____?

Billingham.

? What did you have in mind?

Both of them are very outstanding people and prominent positions in other institutions, who have come here and, well, in the last five years, and just trying to get some input from the basic science programs and the interrelationship between the basic sciences and the clinical sciences. Curiously, at some schools, medical schools, there is a real schism between the basic and clinical departments. In fact, I've visited schools where the basic science department chairmen wished ^{that} they were not even on the medical school campus. Which I thought was just absolutely unbelievable. I ~~thought~~ couldn't conceive of a medical school where there wasn't not only compatibility but real collaboration between the two because ~~that's~~ , biomedical research is really a marriage of biology and medicine and you really need to have the best possible mixture of basic ^{tists} ~~sciences~~ with the clinical faculty with a single, or in a single geographical setting. I'm sure, and even our buildings here you will note are all interconnected with that in mind to , I hate to use the word maximize, that sounds like Washingtonese, but anyway to make it almost force people together physically,

more

Sprague Add 1

le at least for
and make it as easy as possible ~~for~~ them to get together
physically so they don't have to ~~all~~ go down on an elevator
and walk across to another building and that sort of thing.
?Is this a nontraditional approach?

No, it's a traditional approach. The thing that's
surprising to me is despite the fact that they were, well,
Flexner at the turn of the century when he surveyed medical
schools, he plugged for strong basic science departments and
fulltime faculty. Well, since that time medicine in this
country has flourished and we've outstripped the European
well, medicine now in the United States is viewed as the
best in the world and the training that's received here and
so forth. But you'd have thought that this having proved
itself as being such an effective way of both teaching and
providing the best climate for biomedical research, that it
would flourish, but now we find that in some instances, they're
trying to pull apart, and I don't know, I don't understand
this at all. It's some sort of, it's a paradox to me. Now
you think that here, this is proven to be the best arrange-
ment you could possibly have, ~~and~~ yet, so, I think it's
almost in personalities and power plays and things of that
political, rather than really looking at it objectively
and the soundness of it in principle. I don't think that
anyone has ever challenged the principle of it. It's
surprising to see how these other extra...can get involved
to the extent that it will....

Well, you understand what I mean when I speak of basic
science versus clinical....

more

Sprague Add 2

?Relationship of basic sciences to medical school?

Well, I don't know how much you've gone into this, but historically the basic science departments since the school's inception have been a part of the medical school. And they have indeed offered ~~the~~ undergraduate medical school courses programmed for graduate students, masters and Ph.D.'s, even though we did not have a graduate school, the medical school awarded not only the M.D. degree but masters and Ph.D. degrees in these basic medical sciences. But I know when I came over here 10 years ago, it was very apparent well, when I came looking at the position of dean of the medical school, it was very apparent that the weakness of the institution resided in the basic science department. Not that there ~~were~~ weren't some good people, but they had some really superlative clinical departments but no really outstanding basic science program here, and no outstanding basic science department. And for a variety of reasons, I'm sure, one of the things that encouraged me to come was the commitment of the clinical faculty to strengthening the basic science department. Their ~~was~~ awareness and appreciation of the need to strengthen, if indeed we were ever going to be the kind of medical school that you know, everyone seemed to want, and they were willing to see some of their own resources diverted to the basic sciences. The building program was entirely for expansion of the basic sciences. There was no clinical facilities included in that. This last building that's now coming on the line is the first building really for the expansion of the clinical department.

more

Sprague Add 3

So there was a strong commitment as well as appreciation
of the clinical faculty, the need for a strong basic science
departments. As I say, ~~there~~ they were willing to see ~~the~~
some of the major sources of the institution diverted from
the clinical area into the basic science programs, and we
were fortunate to recruit some of the really outstanding
basic science chairmen, beginning with Dr. Estabrook ~~and~~ in
biochemistry and then Dr. Billingham in cell biology and Dr.
Uhr in microbiology and they have flourished since that time.

And there were new graduate programs that they wanted to
develop and there was also the feeling that to give these a
proper home that, and the school had grown very substantially
that it would probably be best to ^(maybe re) designate the whole campus
and have a graduate school even though the faculty of the
graduate school are essentially the faculty of the medical
school. All of the medical school faculty in the basic
sciences are a member of the graduate school essentially,
other, ~~in~~ well, there are a few I guess in the school of
allied health who also have faculty appointments in the
graduate school, but it's not, there's no faculty of the
graduate school who are not either faculty of the medical
school or the school of allied health. It doesn't have
any, you know, free-standing faculty of its own unlike most
graduate schools.

And that's...I don't view that as a problem myself. I
rather view that as an asset in that it again forces them
into the programs of those other schools. Once they're free
and autonomous then they tend to become segregated and they're's

more

Sprague Add 4

less and less communication with their counterparts in the clinical departments or even in the school of allied health. So I think it's actually a means of actually forcing them ⁱⁿ to those programs much as the building program forces them geographically together, and I ~~don't~~^d, as I said earlier, I think that probably the greatest achievement this country, I think its historians might review it a hundred years from now, will be the advances made in biomedical science over the period say the post-World War II, well, the rest of this century perhaps. And it is, it's the linkage of the biology, the biological science to medicine that have done this, and that means the marriage of the basic science departments to the clinical departments, promoting maximum interaction between the two.

?What need for basic science does clinical faculty recognize?

Medicine is rooted in biology and, therefore, in the biological sciences, and just as we have numerous Ph.D.'s who aren't even based physically in a basic science department. They're physically based in a clinical department. The department has recognized they need, if they're going to progress in this area, they need a biophysicist, or they need a biochemist or they need a physiologist or they need a pharmacologist. They need that kind of input or either that or they themselves have ^{to} go elsewhere and get that kind of training. Now as you talk to Joe Goldstein and Mike Brown, you'll ~~get~~ learn, now these are both M.D.'s but they've spent extensive time learning basic biochemistry and very advanced biochemistry for that matter so that both

more

Sprague Add 5

of them are really superb biochemists even though they're M.D.'s and not Ph.D.'s. But they recognize the need for that kind of, you know, understanding and expertise. If they were indeed going to solve these clinical problems. But most any clinical problem, it's some alteration of basic biological phenomenon, and you have to have that basic understanding in order to deal with these, and often you don't find it in the normal situation. It's in the abnormal like, again quoting Goldstein and Brown where they found this genetic abnormality, it leads you to what the normal mechanism is because you have a defect here that sends the thing off on the wrong tangent and by studying that problem, then you can learn what the normal process is. So it's essential that in the biological sciences you have ^{that} the kind of expertise if you going to really address in a logical scientific manner the basic problems, clinical problems that the clinical faculty deals with.

?Understanding of normal process - orientation?

Well, it certainly, you, it's the basis, you know, you first learn as best you can what is normal, but some of them are so complex and so forth that you learn the normal only when there's something is abnormal with that particular system, often through some genetic abnormality. Now as a medical student starts out, he learns normal anatomy, normal physiology ~~xx~~...then he moves into pathological anatomy, ^(y or patho) ~~pathology~~ physiology, where there is derangement in function, where you understand how the heart functions.

Well, when the heart fails, what happens then to the normal

more

OK to see if this is useful as it looks

Sprague Add 6

cardiovascular physiology when the heart fails as a pump?

So then you begin to learn the abnormal.

But it's, I think there's always been the tradition of trying to understand as much as we can of the normal, and the abnormal after that, but oftentimes there's no way, particularly ~~when there's~~ some enzymatic deficiencies and so forth or enzyme systems, there's no way of getting at that, the normal function until you get some derangement that results in some biochemical abnormality and that leads you back perhaps to the normal. And that's why Goldstein and Brown are, have sort of revolutionized the research in atherosclerosis cholesterol metabolism because they took this genetic defect and worked back from that and now have elucidated the mechanism of cholesterol metabolism. And that's been worked on by hundreds of millions of dollars I'm sure have been invested in that kind of research, but trying to determine what the normal mechanism is, the normal pathway is, but once they had this particular genetic abnormality, and with some very sophisticated and innovative approaches to the research, you know, they've now come up with an elucidation with of the mechanism that heretofore was just not known.

of this too

?Contrast between tradition and changing?

Well, we are probably more traditional than most schools, you know, innovation is sort of a catch-word now, and everybody...but some have sought to change just for the sake of change almost it seems. And there have been a whole host

more

Sprague Add 7

of curricular revision--going to three years and tremendously abbreviating the basic science experience of students, giving them more and more elective time on their own, ~~we~~ don't grade them, pass-fail, and...Medicine done right, medical education is a very...it's an arduous, tough program. There's no shortcuts as far as I'm concerned, and I think what has happened, we've seen a significant erosion, in my opinion, in medical education in many schools in this country with all these so-called innovations, and what the hell does it matter whether a student gets through in three years or four years out of a, first, ~~what's~~ his total education is what? 16, well, 20 years counting his graduate training. What does one year difference make really in terms of it all? And at what cost are you ...well, they say, "Well, he performs essentially the same on examination." Well, he does and he doesn't, and we've seen enough of our own students plus some of these ~~others~~ graduates of three-year programs and so forth, and we also know that what we feel they need to have, there's no way we could get ^(them) that material ^(in there) in three years. We've probably got as tough, maybe the toughest undergraduate ^(medical) program in ~~medical~~ of any in the country here. But, as I say, there is no shortcut to providing the student, if you want to provide them a basic understanding of normal and pathological anatomy and physiology and so forth, so that he learns to address a clinical problem, using the scientific method ⁱⁿ and the best sense of the word. It's not just a matter of trying to recall information but he approaches it with a problem-solving mode and he's been taught how you do this, how you carefully assess the patient, both from the history-taking

Sprague Add 8

from physical examination, ~~from~~ so that you have a logical
kind of laboratory study, and then you attack that as you
would a research problem. Well, if you provide that kind
of education, it's a long and arduous proceeding, and that's
why they say that we're more traditional and more competitive,
and they call us a lot of things. But ~~in this business~~ the
students not only do well in competitive examinations, but
they do well when they go out to practice medicine. I'd say,
and we hear this where they go for interns, residencies, and
so forth, and our own students say that they feel very, very
comfortable about their training compared with the students
coming from the very best schools elsewhere in the country.
They feel they have as good a basis or better for proceeding
with their graduate education, and graduate education I'm
referring to now is intern and residency training. That is
as important to a physician as his undergraduate training
because ^{it} is an education, it's not just on-th^e-job training.
It's far more than that if it's done well.

?Clinical research, everything overlaps?

Yeah, it's translation, ~~you~~ you know, or the melding of
the research program with the clinical care program and so
forth.

?Interdisciplinary cooperation?

Correct.

?All three schools?

You're right. I think that might well be excellent.
That's right. It is a good lead-in. Well, it is a very,
very good unit of its kind. Some of those are ~~to~~ ^{now} that

more

Sprague Add 9

good, and I attribute a lot of that to Charlie Pak. He's done a very fine job and...

?Some said that sort of patient-oriented research wasn't possible?

Well, you know, it's a matter of degree rather than, you know, it was or was not possible. I think you've always had patient-oriented research or clinical research as it's often referred to for many, many years. But granted we didn't have any of the sophisticated instruments and methods that we now have, that's true.

?Community programs form of research?

Well, I think these are...I wouldn't...I don't like to call that research. I guess one might. It's more kind of experiments in health care delivery. Now you can have. I'm sure many would call that research in health care delivery. I don't think there's any question about it, but it's...well, it doesn't have some of the attributes that what I like to think of research being, you know, where you really apply the scientific method and in your analysis of data and so forth. It's not that kind of sophisticated approach to health care. It doesn't ~~lend~~ lend itself very honestly, but I'm sure many people would refer to it as research in health care delivery, and I'm sure that some of the funds available for health care research would support that kind of endeavor. But generally we don't think of that as research. ~~In there~~

?Is there any other place a program like that can be developed?

You mean any other kinds of institutions where that could be developed or...Sure, I think it could be done outside.

more

Sprague Add 10

In fact, one of the problems with it is society is looking to medical schools to do all these things, but there could be a nonprofit organization in Dallas that could develop programs, apply for funds and so forth, to mount neighborhood health clinics and things of that sort. There are many ways this could be done other than through the medical school. In fact, I think they should be done. I don't object, in fact, I think ^{they} ~~we~~ should be done. I don't object, in fact, I think we do have some obligation ~~on~~ almost to do some experiments in these sort of things, but to try to meet the need, there's no way, I mean, medical school again, that's where I think some schools have gone so far in trying to meet all these society problems that the real thrust of the institution has been diverted from what it should be, namely, education and research, into service areas that they're really not, that's not their business very honestly. You know, on large scale anyway, they should try to establish prototypes and things like that that can be replicated, but you know to try to meet the needs of the whole community or region, that's just not the role of medical schools.

?What are two sides of that?

Well, are you speaking now of society's views of its needs and how they feel those needs should be met as opposed to how we feel they should be met? or...

?Dr. Eichenwald and Dr. Seldin differ but tolerate each other's views?

Yeah.

?Balance?

Yeah, well, it's true that we don't have that kind of

more

Sprague Add 11

balance within each department, in fact, you can't have. You're not going to find many ~~department~~ chairmen that are going to ~~have~~ feel, they're going to have, you know a commitment along one line or another, just, you picked out two pretty good, you know, disparate ends of the pole. I'd say the one department where we do have the kind of thinking you'd find with Dr. Seldin but also a bit of Dr. Eichenwald is the department of obstetrics and ~~g~~ynecology. They have one of the most sophisticated research programs, it's probably the outstanding dpeartment of OB-gyn in the country, many people say it is, has an absolutely magnificent research program, but also has a tremendous outreach program. It's very seldom you'll find that kind of department. ~~It's~~ ^{You} usually find it either like Eichenwald's where there's more of the outreach and not a strong core of basic research or like Dr. Seldin's department which has a strong core of research and sort of minimal outreach, but as an institution you know you try to balance things out because I don't think there's a finer department chairman in the world than Dr. Seldin. I think that is the best department of medicine or certainly, I shouldn't say the best, certainly one of the best anywhere, and it's generally ~~right~~ recognized as such. And I think it's contributed enormously to medicine generally. Now I personally would like to see them do some things they're not doing, but you know if I brought in somebody that was going to do those, they most certainly would not do some of the other things that Dr. Seldin has done marvously well. So you then see as you try to swipe

more

Sprague Add 12

the chairman of surgery ~~or~~ OB-gyn or ~~no~~ somewhere, you try to get somebody with a slightly different orientation, so from an institutional standpoint, you bring these things sort of into balance, and not just into balance, but also ~~into~~ it's surprising even though they may disagree with the other fellow's approach, it influences them, and they, like Dr. Seldin, they've done a lot of things in the outpatient department that he realizes, you know, that should have been done before, and I think it's because of some of his colleagues in other departments, and hearing continually what they feel needs to be done, it's impacts on them, so it works the other way around too. Say, "Why in the hell don't you get soemthing going over there in research[?]" and they become a little embarrassed so that tends to spur them on.

?Diversity between departments healthy?

Up to a point, I think it's healthy. You can carry it to extremes where I think it can be disruptive and even maybe destructive, but I don't think it's that point here certainly. I think we've got a pretty healthy situation here, and I wouldn't want all Don Seldins or all Eichenwalds, very honestly. I wouldn't want either one across the board. I like to maintain some differences, but I'd like for it to be with reasonable limits ~~not~~ⁿ that you so antagonize one the other that they don't talk to one another, and all they do is pull further and ~~fu~~urther apart.

?Will go out in community OB-gyn?

But I would hope that, you know, when it ends up, it doesn't look like, you know, the major importance of this institution is ~~its~~ outreach programs and so forth. That's not

Sprague Add 13

these are important sort of, oh, I wouldn't say fringe, but peripheral to the major thrust and even those have to have some educational value and research value to the institution. But sometimes people think, "Well, that's the major thing we're doing," and that simply is not true.

?Probably because so visible?

Yeah, I understand, sure. Right.

?Orientation to Dr. Seldin's department?

Well, first I THINK in virtually any medical school the department of medicine is central. It's the guts of the operation. If you have a lousy department of medicine, you're going to have a lousy medical school, I don't care what you have other than that. And specifically at this institution there, I think if there were one word ~~that~~ that would describe the institution more than any other it's scholarship, and I would attribute that as much to Dr. Seldin personally the whole environment of this institution, now you know no one person is responsible, you know that, but he has very high standards, and although he and I may disagree on a lot of things and do, I attribute the scholarly environment and commitment and thrust of this institution more to him than any other person. As I ...looking back over the history of the institution now there have been some others. Dr. Harrison, who preceded him as chairman of medicine also had that kind of orientation, and I think that his absolute commitment and support of individuals who want to make a major contribution to medicine, not just through being good physicians although he, as much as any other faculty member here, is committed

more

Sprague Add 14

to having the best educational program possible for physicians, our physician graduates, and not just trying to train medical students that go into academic medicine. That's another false impression that some of our colleagues around the country have that all our students go into academic medicine. No more of ours than most schools, well, some schools, go into academic medicine. So I think that the major thrust of the department of medicine here at this institution has been to sort of lead the way in creating an academic environment of more scholarship , commitment to carrying on the best possible education program, the best possible research programs we can. I think that that is, provided that kind of leadership role for the institution. I attribute that largely to Dr. Seldin very honestly. As I say, there are some things that they do not do or some things they do not do as well as I would like. You know, that's what a university really is or what it should be, very honestly. I mean there are not many medical schools that are that any more, I must say. I'm sorry to say that. in my opinion, that are, that have that kind of commitment and thrust. They have gradually gotten involved and a wide range of service programs and they're so dispersed in their activities that they've really almost aborted the major purpose of the institution in my opinion.

?Other organizations? the Hines campus

Well, I don't ~~want to~~ it's called the Southwestern Medical Center, but I think just the importance, in other words, we would not be the school we are without Parkland

more

Sprague Add 15

Hospital and Children's Medical Center ~~and~~, you know, to provide us clinical outlets and so forth, and that these are important partners, I don't think you need to get involved in any detail, you know, descriptions of the programs or anything, but these ...

?The names?

Yes, right.

?Appointment to see Mr. Aston?

Right, good. Well, from their standpoint, I think, and somewhere I'd like to get this build in to this is , I'm sure it's not unique, but the unusual nature of our support. For a publicly supported institution to have the amount of private support, not just dollar support, but the understanding of the community is rather unusual in my experience. And the Southwestern Medical Foundation really should take a lion's share of the credit for that. It actually created the school, initially supported it for its first six years as a private institution, but even subsequently to the time it became a part of the University of Texas system in 1949, they have continued to view this as their major interest and have never been anything other than enthusiastic about helping us when we've gone to them for funds or political support or whatever. And I would just like for this to come out somehow or another in the movie, the importance of that organization and our appreciation of that, not only in the creation of the school but in its, I think we've continued to be the kind of school we are in large part because of that continued private support in the broadest sense.

more

SW Med Foundation

Sprague Add 16

?What do you think of _____?

Again, I think it may be personalities very honestly. Mr. Hoblitzelle, Dr. Cary, early on and Mr. Aston and Mr. McGregor since I've been here. The other two that I deal with and I just I don't know two finer people, and Mr. Aston, of course, has tremendous influence in the community, as you know. And he's very fond of the institution personally, and I don't know if it's because of his association through the foundation or whatever reasons, but I think it may well be because of the personalities that have been involved at a high level within the foundation as much as anything else. Now I don't know if that should be said, I'm just giving you my, you know,...

?Orientation?

(I understand)
Right, and you have to have that, I think. You need that in order to develop the theme, and I understand.

? ___?

I'm going to have to leave in about 10 minutes.

?Reason for asking us?

Well, I was just wondering where you were, and my impression at the moment is that you've really data-gathering up until now, and you haven't really sort of put other than idea that you might want to use the clinical research center as a kickoff, you know, point or , and then take it, you know, as _____ and then diverge from that.

? ___?

Well, that's, and I just wanted to know where you were, and that you weren't too far downstream on something and,

more

Sprague Add 17

you know...

?Information well laid out as far as structure of institution?

Yeah, but that's not what we're interested in as you well know. We ~~what~~ to get, it's more of ~~a~~ the essence, the philosophy, ~~a~~ right. And you're going to have to interpret all that to come up, and that's what I'm interested in knowing when you get to the point as to how you feel you can portray this, I'd like to get...I don't want to, you know, burden you or bother you, but I'd like to, when you get to the point that you feel you know how you can and would like to portray the character of the institution, that's really as you know, we discussed what's all about

?Yesterday when I asked him how he was able to carry out research?

?Not as far along filming as we thought we'd be?

It calls to my mind, as you well know, there are problems in most ~~institutions~~. There's almost an inherent built-in problem between the administration and ~~the~~ faculty. There's ^(sort of) just a natural ~~resentment~~ and you know, "Those damn guys don't know what the hell's going on," and up in that twelfth floor penthouse, and what-not, and I know that's what all the deans ~~sya~~, not only for them, but for me to spend enough time with the students and faculty to ^{understand} ~~know~~ what their problems are ~~and~~ and know what the hell is going on because they can not do that, you can't sit up here and shuffle papers and be a very good dean or president, I know that, there's far more to it than that, and that's something we have strived to do, and I think

more

Sprague Add 18

that there is, oh, we have problems, and I wouldn't want to say that we don't, but I think there is a conscious effort to try to , now I don't think that needs to get in there, but I think just for your information you should know that there is certainly an appreciation of that kind of problem and a real attempt to try to circumvent that problem, and I think to some extent we've licked it, but we still have problems, but it's an almost ~~o~~ impossible thing to do ~~as~~ as well as you would like.

? _____ ?

Well, I think that you really should because now..yeah, right, as opposed to the Ph. D. and yeah, right..because it really impacts not only on this institution but on this whole area. Pardon?

?Balance?

Well, it's...oh, it should be I think the graduate... oh, I don't know 70-30 or something like that I don't know.. but it is a very important thing because several things, number one, we have no geographic restrictions. We can accept house staff from anywhere in the U. S. and we attract some of the best students from throughout the U. S. to the programs here at Parkland and Children's. They in turn impact on the undergraduate teaching because ~~o~~ there's a lot of contact between the medical student and the house staff. In fact, the student often has ~~more~~ more contact with the house staff than he ~~s~~ does with the faculty so that it has a secondary role. Thirdly, the students who are attracted here from other schools, many of them roughly 40 per cent

more

Sprague Add 19

of out-of-state residents who come here for their training remain in Texas, and most of them remain in this North Texas region, in the Dallas area, and these are some of the very best students, from you know, other parts of the country. So that that impacts on the quality of care for the whole region apart from their participation just at Parkland, once they're through that program, a very substantial number of them remain in the area just to practice, so, and it's a very high quality program. It assists our undergraduate ^(medical) teaching, it provides us very good patient care at the hospital, and ultimately substantial, well, actually it's 37 per cent, to be exact, of about, I don't know, 800 and something we followed up remained in this area.

###