

Tape # 12 Dr. Michael E. DeBakey and
Don Schanche, Houston 8/13/72

SCHANCHE: About Liotta's background?

DR. DeBAKEY: He's an Argentine. He took his medical work in Argentina and did some work there in the kind of an inadequate way, really, on...working on a pump, an artificial pump, but it was very crude and in a poorly controlled scientific....

SCHANCHE: Now this was in Argentina?

DR. DeBAKEY: Then he came here as a fellow, actually he came here from , he'd had a year, I think, up in Cleveland and wanted to spend some....to get some training in surgery, in thoracic and cardiovascular surgery, and he came in as a fellow, you see, we couldn't take him as a resident. He didn't have the proper background.

SCHANCHE: Did he have a surgical residency?

DR. DeBAKEY: No, he never did. He's typical of many of the South Americans really who first have very little in the way of ethical discipline, and secondly many have very poor and inadequate medical backgrounds. Thirdly, they

DR. DeBAKEY: are very sloppy in their thinking, particularly in relation to any scientific matter, it's hard for them to get the concept that you're supposed to have with precise data. It's one of the most difficult things when I had to work with him, to get him to be precise in his data. He was always very vague about it. This was terribly frustrating for Dr. Hall, who was the..... To show you how lacking in ethics he was, he sent an abstract, it's in that....

SCHANCHE: Yeah, I saw that, right.

DR. DeBAKEY: He sent an abstract to.....

SCHANCHE: Explaining he'd done ten calves before he'd even done the first one....

DR. DeBAKEY: Yeah, hadn't even done the first one. And giving the results. Then when they questioned him about it, well, he said, I had to get something in the program. And I said, well, if you can't submit data that you haven't even started to collect, how can you do that. Well, he said, he thought that

DR. DeBAKEY: could be taken care of by the time he got.....you know, just sloppy thinking. No understanding that what he did was wrong.

SCHANCHE: You didn't see that abstract until.....

DR. DeBAKEY: No, I didn't know it, until the program came.....

Well, it was after the program came out. When I called his attention to it, that's the answer he gave me.

SCHANCHE: Even so, that was like a week or two after when he and Cooley.....

DR. DeBAKEY: I've forgotten, the dates are there. Anyway, I had to wire them and told them I had to withdraw the program. It's incredible. And this the way..... you see, you talk to him, it's like trying to reach out and grab hold of something and it keeps getting away. Like a piece of sponge rubber, you just, nothing solid to get hold of. You just can't talk to him in any precise way and this was always the incredible part of our discussions. He sat right there in the chair in my office and told me that, yeah, he had agreed to work with Dr. Cooley and

DR. DeBAKEY: to put this in a human patient. And I said, well, how can you possibly advise him to do that when you know none of the calves survived even a day? Well, he didn'the said, actually he wasn't sure that he recommended that to Dr. Cooley. And I said, well, you took the pumps over there and you admit you took them over there in your briefcase, virtually stole them from the laboratory. Yeah, because Dr. Cooley wanted them. He began then to put more of the blame on Dr. Cooley, so he was the one responsible for putting it in the patient, which he was. But Dr. Cooley obviously believed what he said, because he never saw the animals, he didn't know anything about what took place.

SCHANCHE: Well Cooley did see one of the animals because one of the assistants said that they described him coming out of the film room.....

DR. DeBAKEY: I think he came over, yeah, I think he came over one night, late at night and they photographed an animal. One of them said that that happened.

DR. DeBAKEY: But even so, there the data was very clear. These animals couldn't survive and nobody has yet been able to get an animal to survive very long. It's just incredible. What is even more incredible is his statement to me that we ought to have one available in every operating room, and if the patient isn't getting off the table, put him on it. Well, I said what are you going to accomplish? Oh, you can do a lot of research that way. And I said, well, you can do that research on animals, can't you? What are you going to accomplish? And he said, oh, but you'd be using human beings. And I said, well, I know, but do you think it's ethical to prolong the death of a human being? How do you communicate with a person whose mind works like that? That's the incredible part.

SCHANCHE: When he came here as a Fellow, what was his major emphasis. He just wanted to learn something about cardiovascular surgery.

DR. DeBAKEY: Yeah, sure. He wanted to learn something about cardiovascular surgery.

SCHANCHE: But his primary interest and background was in trying to build a pump.

DR. DeBAKEY: Well, his prim--- he wanted to do that. He had attempted to work in that field, but he didn't really have much in the way of a scientific background or training to work in that field, and his knowledge of physiology, for example, was primitive. He didn't even know how to collect data. (Phone)

He just back from his travels about the world, and he made a great film that we are very pleased with in Sweden, he's now cutting it. He's had pretty active....some travels are pretty hectic, I guess he did, that's what I heard. He wants, he may be able to come and visit with me. They want to film this little film clip for the Muscular Dystrophy.

They're going to come down and do it. He wanted me to appear on his Labor Day Telethon, I did it last year and the year before, it's always fun to be with him. But unfortunately I'm going to be in Greece at that time.

SCHANCHE: Well, back to Liotta. What led you to keep him here and put him to work. You must have had some.....

DR. DeBAKEY: Well, let me put it this way, when a man shows a desire and interest to work in research lab, we try to make it available, and he did demonstrate an interest in working in the lab and in doing this kind of work there is a lot of sort of technical work that has to be done, leg work. And you've got to have some kind of technician to do it. So when he indicated his desire to work, we put him to work in the lab. Dr. Hall, who then was with me, also had just completed his training. Completed his training in thoracic and cardiovascular surgery, and was well trained and had had considerable training in physiology. So that he was a well trained physiologist and had some scientific discipline. So that he was really in charge, I put him as director, and he had Liotta and several other people, as a matter of fact working under him, technical assistants, putting

DR. DeBAKEY: together the material, the equipment, doing the particular pieces of experimental work on animals, and doing certain experiments. He was, while he was not a good scientist, he was a hand.

You have to have these hands to do a lot of the small pieces of sort of technical assisting things. And that's all he wanted, he never wanted anything else.

SCHANCHE: So Hall was the primary worker. Hall left at the end of 1968. Why did he leave?

DR. DeBAKEY: He got this very good offer from the Southwest Foundation, which gave him a better job, more money and an opportunity to sort of set up his own lab and his own shop, so to speak. I encouraged him to take it. I thought it was a good....I hated to see him go, but at the same time, you can't advise a man not to take an advance in his activity. He's done well.

SCHANCHE: Well, when he left, that left Liotta alone there.

DR. DeBAKEY: Yes, it left him alone, I hadn't been able to fill the

DR. DeBAKEY: job, but not entirely, because I was still supervising it and directing it, even directing the animal experiments. This particular experiment, actually we started before Dr. Hall left. He and I, in fact I drew out the design, which actually is in one of the papers, of how to put it together, before Dr. Hall left. We started working on the design and actually made a few models before Dr. Hall left. So that all he had to do was to continue to work on the design which we..... He really had no innovative concept at all. He was really quite a dull person. I had already made up my mind that as soon as I got a new director, I would get rid of him. But he precipitated the necessity of getting rid of him, which really made it a lot easier. I felt sorry for him, even when Dr. Hall would come to me and say, we've got to do something about him, I can't continue to work with him. I sort of pleaded with Hall to try to do what he could to keep him on and at least for the rest of this year and give him a chance to find

DR. DeBAKEY: something else to do, because he had no where to go.

SCHANCHE: Had he been....had anyone indicated to him that his days were numbered?

DR. DeBAKEY: I think he sensed it. He sensed it I'm sure. I hadn't told him, because I hadn't given him a definite date.

SCHANCHE: Do you think that was a factor in his action?

DR. DeBAKEY: I don't know, because you see, this, he started to work with Dr. Cooley actually before that happened. He started to work with Dr. Cooley, or at least he told me, that they'd made an agreement to work together secretly some four months before this occurred. Which, of course, would indicate that he didn't realize that I was trying to get rid of him, or I wanted to get rid of him, because I hadn't said anything to him and I don't think Dr. Hall had either, except from time to time Dr. Hall would say I'm going to speak to Dr. DeBakey about you. And I think he may have had some sense of relief when Dr. Hall left. Because Dr. Hall was the one that put the pressure on him all the time.

DR. DeBAKEY: But I knew that he had to go, because as soon as we got a new director, he would probably....

Even the people over there began to recognize that there was something funny about him.

SCHANCHE: You, at some point prior to the animal experience, told him that you did not think you should use animal or human valves, which he wanted to do, right.

DR. DeBAKEY: Yes, well, this is typical. I told him and Dr. Hall told him the same thing, that we'd been through that and knew that that wouldn't work, it's not satisfactory. What is more, if you're going to build an artificial heart, you've got to build an artificial heart with artificial valves. So I said, well, this is silly to do something like this which leads nowhere, and besides I'm certain that they wouldn't work satisfactorily, but he insisted upon doing and went ahead and did it. These are the kind of things that used to irritate Hall. And, of course, it didn't work. So I had to get after him about that and then to my amazement he put in the wrong kind of valve. I told him that those were

DR. DeBAKEY: the wrong kind of valves and that they too wouldn't work.

SCHANCHE: Was that that Wan-----valve?

DR. DeBAKEY: Yeah. So that's typical of the way he behaved when Dr. Hall was here. He was in a sense almost stupid about it. Just couldn't carry out proper instructions. He used to get Hall so frustrated and irritated. You give a man directions, but if you're going to stay there and do it, you may as well not have him. But the reason you have him is so that you can do something else.

SCHANCHE: One of the witnesses described him as a very good plastics technician. Was he good at this sort of thing?

DR. DeBAKEY: No, he really wasn't. He really wasn't doing any of the plastics, that was done by the girls, they got to be pretty good at it. You see, these things are made using plastic materials because they're easy to work. They can't possibly serve any long term function, because they won't wear, but they're just easy to work with. He was really not a good technician.

DR. DeBAKEY: When he was here as a Fellow in cardiovascular surgery, we learned then that he was not a good technician, as a matter of fact, one reason that I was willing to let him work in the laboratory was because I could see right off the bat that he would never be a surgeon. He was just poor with his hands. To some extent I think it was because he never had any real training with his hands in surgery, and secondly, there are just some people who are inept. He was not a good technician for anything really if he was going to be using his hands.

SCHANCHE: Was he an amiable sort?

DR. DeBAKEY: Yeah, very.

SCHANCHE: So that he got through on this quality.

DR. DeBAKEY: Yeah, he was very amiable and kind of dull-like you know, you'd give him hell and there wasn't a response.

SCHANCHE: What did he look like?

DR. DeBAKEY: Well, he was a kind of a heavy set, short---not short, but about moderate, medium size, sort of thick body.

SCHANCHE: Dark?

DR. DeBAKEY: Not dark complexioned, but brunette. He was a
.....he had a rather dull-looking face. He had a
kind of a stupid look on his face. He didn't have
any real life in his face. Dull-looking face, we have
pictures of him.

SCHANCHE: Well, right after the incident, he and Cooley did
two things: one, they substituted the paper on that
operation for the one that you had pulled from.....
and another, they applied for permission from the
committee on human experimentation.

DR. DeBAKEY: Well, that was a later thing.

SCHANCHE: Yeah, well, that was not long after this. Within a
couple of months.

DR. DeBAKEY: Well, you see, when I fired him, he went...Cooley
hired him. And Cooley at that point was trying to
develop a big program for experimental artificial hearts.
And put him in charge of it. And it again shows how
lacking in understanding of what it takes to do the job,
because Cooley had never had any experience in
experimental laboratories and somehow he had the

DR. DeBAKEY: the impression that Liotta had done all of this and that he was very good at it. So he thought by hiring him he could get him a program going right away and it would show that he was really working on the artificial heart. Well, of course, that proved to be, that proved to be a great mistake. It wasn't long before Cooley found out he couldn't do anything. He put him, now I'm told all of this, because I don't know except through second-hand accounts, so he tried to use him as an assistant in surgery and he bungled everything he did so badly they had to make him quit operating, you know, even assisting. So they put him in the catherization lab, working with the people in catherization. He bungled that so badly, he killed a couple of people, and so they threw him out of that. There wasn't....they couldn't find anything he could do, so they finally had to get rid of him. Again, it shows how little he knew about this whole program.

SCHANCHE: Well, in trying to get the committee's approval of experimenting with human subjects, was this just something Cooley did for the record or was hedid he honestly think that he could get approval?

DR. DeBAKEY: I really don't know.

SCHANCHE: It's quite clear he had to have your signature as department chairman on it.

DR. DeBAKEY: Oh, sure.

SCHANCHE: Did you think he honestly expected you to approve , you would approve that?

DR. DeBAKEY: Well, I don't know what he expected. I think he thought that by doing this, by showing that he was developing an experimental program, that he might have approval after the fact. Well, of course, my reasons for disapproving it were clear and I gave the arguments. Simply shows again how little he really knew about the program. There was not difficulty at all in getting this confirmed by the committee because they had already, the research committee already knew what was involved, they

DR. DeBAKEY: knew what the guidelines were and they knew this didn't meet the guidelines. So how could you do it. There was no, you know, if you read my letter, my comments, there was no way that anyone could argue this fact. These were facts. Again, you see, it simply demonstrates how ignorant he was about scientific experimental work, if he had any sense at all, any understanding or appreciation of good scientific experimental work, he would know better than to do what he did, but he didn't. He was so, in a sense, so inherently, almost megalomaniac, about what he could or couldn't do, that he didn't think he needed any peers. This is absurd.

SCHANCHE: How did he get the St. Luke's committee to go along with him?

DR. DeBAKEY: Well, there wasn't a member of that committee that knew any more than he did. That's one thing and the second thing is that that committee is a, merely a window-dressing committee, they don't really function. They never have and the reason is they've

DR. DeBAKEY: never done any research over there, like we do here. So they aren't even, let's say, knowledgeable in research.

SCHANCHE: One thing that sort of astonishes me is the number of people who seemed aware of what Cooley and Liotta were up to , but didn't tell you. Didn't report this.

DR. DeBAKEY: Well, I don't agree with you and that really astonishes me too, but you've got to keep in mind that most of these people are pretty second rate people to begin with. They are mediocre people and secondly they are the kind of people that don't want to get involved in anything, they're afraid to tell me, simply because they were afraid to get involved. So they avoided telling me. That's the measure of their mediocrity, really.

SCHANCHE: Well, two of them at Rice, Dr. Hellums and Mr. O'Bannion , both knew two days before that Cooley was going to implant this in a human being and both wouldn't have anything to do with it. I would think that one of them would have called you with some concern and said, hey, do you know what's going on over there.

DR. DeBAKEY: Well, I would have thought so, too. I can't understand that. But again I point out to you...

SCHANCHE: They're responsible enough tothey didn't want to get involved.

DR. DeBAKEY: But they're not....they're pretty mediocre people and you've got to accept the fact that they are mediocre and that I've known all along. That's what you had to work with. They are really not very high grade of people.

SCHANCHE: Well, what's been the state of the artificial heart project since then?

DR. DeBAKEY: Well, it has moved, I think, reasonably well. I would say that we have a much stronger program now because we have been able to get better people into it and we arewe have a pretty active program. One of the most active in the country.

SCHANCHE: Who's directing it now?

DR. DeBAKEY: Dr. John Kennedy. I brought him down to direct it. He's a very good man, doing very well with the program. He's a scientist, he deals with scientific.....I think

DR. DeBAKEY: he's done extremely well. But, it's a far cry from being anywhere near ready for human use. We can't keep these animals alive, the most we can do is a week. They begin to deteriorate from a day to a week after the thing is implanted. So, that we're a good ways yet from solving the problem. That's the first thing. Secondly, we're a good ways from having materials that will last. Materials themselves will usually break down. It's really a tough challenge.

SCHANCHE: Still the blood interface problem, too.

DR. DeBAKEY: That's still present, exactly. That's still a big problem. It's going to take time to finally resolve all of these problems, but you've got to keep working at it, you will never resolve them otherwise. It's the only way to do it. In the meantime, there are a number of spin-offs from it. We also are better equipped to do mechanical assistance. We understand that better, we have better techniques for that. So that that's doing a lot better. It will be quite

DR. DeBAKEY: a long time before that problem is fully resolved. We're active, we have a program, I think our program is a bigger program and a better program in terms of research, than it's ever been.

SCHANCHE: Cooley had no program. This whole thing.....

DR. DeBAKEY: Why sure. Absolutely,.....

SCHANCHE: A grand case of grand theft.

DR. DeBAKEY: Well, sure, it was a grand theft and also you can't help but feel that part of it was a publicity stunt, because they had the TV people there, they had the news people there and they were all ready, they had the movie, they had everything, they were all set. So, it was plain. The only extraordinary thing to me is that even the, some of the local news people here knew about program, were thoroughly aware of our program, they knew Cooley had no part of it, and wasn't involved in the program. And you'd think that they'd begin to question, you know, where is this. What is this, how many hours did you work on it, how many animals did you work on and so on. It was amazing. Just shows the quality

DR. DeBAKEY: of the news media here and the news reporters.

SCHANCHE: Well....I'm not really acquainted with any of the
.....but, I guess you don't have the top flight....
reporters and medical writers here, do you.

DR. DeBAKEY: They're pretty second rate. Very second rate.
You know, to be very honest with you, I think,
at least my experience with news media people
would indicate to me that you've got the same
sort of bell curve in everything else, and that you
have only a small, very small percentage of
top flight people and the rest of them really are
either mediocre or even worse. Always amazes
me when I got to someplace and they want, the
TV people there and the news reporters there, and
they don't even know what questions to ask you.
They don't know enough about it to ask you an
intelligent question about it. A good many of
them substitute, want to substitute for an intelligent
news report something sensational. That's a
substitute for lack of being able to do a good job.

SCHANCHE: That's true of all.....

DR. DeBAKEY: Well, that's true in all areas. I'm sure it's true among lawyers and bankers and everybody else. You've got people.....

SCHANCHE: Journalists fix it so they can usually survive their mistakes. In the Karp case, Cooley's report on that, on the two operations, he makes it very, an obvious effort to make it seem that Karp recovered consciousness and was happy and talking and in a splendid state of mind after the first operation, with the pumps in him.

DR. DeBAKEY: That's not true. See, again, that's being dishonest. Even his report is dishonest.

SCHANCHE: Well, I noticed in the investigating committee's report they spoke of Karp as being semi-comatose.

DR. DeBAKEY: Yeah.

SCHANCHE: In that period and then comatose after that.

DR. DeBAKEY: That's right. You see, when they....well, he was comatose when they transplanted him. He was not he was virtually dead when they did the transplant.

DR. DeBAKEY: Because his kidneys were...had already died. His reaction was typical. The animals did the same thing. Right afterwards they look like they are alive, they look like they react, for a few hours, and now we can keep them looking like that for a few days, but they all do the same things. Their kidneys go out, their lungs go out, their brains go out, and it's a very progressive deteriorating kind of phenomenon. Once that occurs, once you start that deterioration, there's no way to come back, no way to bring them back. The argument that he used, and I think you may have seen it in one of the papers, was that he did this in order to save this man's life, hoping that he could then have a donor. Well, now that is an invalid argument, because you never know when you can get a donor. And the only way then, if you're going to do that, the only way that you could do it, would be to do it when you have a donor available, and then transplant. So if you're going to do that, why not just transplant it.

DR. DeBAKEY: That is the....now we've had patients, for example, who arewho have waited for weeks and weeks for a donor and then died, because we didn't have a donor. A donor is an accident, you can't alter the accident or can you predict when it's going to occur. It's a very special accident. It requires a very special kind of accident to a relatively young person. An accident which simply destroys the brain. So to say that he planned to just use this as an emergency measure, waiting for a donor merely indicates that he was simply planning to do it. Not to save the man's life, because if he was going to operate on him to save his life, he could be.... he waited a month to operate on him and at the time he operated, he wasn't any worse than he was when got in.

SCHANCHE: There was one perplexing thing in the report and that is that the patient did not want a transplant.

DR. DeBAKEY: He didn't , that's right. He didn't want a transplant.

SCHANCHE: Had he ever agreed to this?

DR. DeBAKEY: That's a serious question. Nobody can be sure. He handled it himself, and he said that he finally did agree to it, but he had made this claim before. I don't know any more about it than what people have told me, so I have to go by what others have said.

SCHANCHE: In the animal work that Liotta did, the last calf that he kept alive was a cadaver for 44 hours, curiously in his false abstract he said for periods of from 24 to 44 hours, didn't he. Do you suppose he did that just to cover up his tracks in that abstract? The fact that he needed one 44 hour figure to.....

DR. DeBAKEY: Well, I'm not so sure that. I wouldn't want to say for certain, because I had said, I had told him, you see, I had to get to him, I would go over each animal as the animal experiment, then I ...we would go over the next animal, and I told him, I said, now on one of these animals what I want you to do is to continue to pump the animal even though the animal is dead neurologically. Because we want to see how

DR. DeBAKEY: long we can actually pump the animal and keep a pressure going and too we want to also test the mechanical equipment, and thirdly, I wanted to find out what effect this had on the blood for that long. So we could get blood studies. Now the interesting thing that he didn't do....he did it but then he didn't get the data.

SCHANCHE: Then he didn't do the blood studies?

DR. DeBAKEY: No. I raised almight hell about that. So it may well....he may have been doing it with that purpose in mind too, I don't know. He was very peculiar in mentality really.

SCHANCHE: Did he have to have your authorization before doing an animal experiment in each case?

DR. DeBAKEY: Yes, oh yes.

SCHANCHE: I notice that Cooley did actually pay for two of those.

DR. DeBAKEY: No, he didn't.

SCHANCHE: He had bills of sale in there, you know, the charges.

DR. DeBAKEY: No, no. But they never were paid. He tried to do that, and sent this over to the Business Office....

SCHANCHE: All the correspondence is there.

DR. DeBAKEY: Yeah, he tried, but he didn't. The Business Office called me about it and said he was paying for two and I said what for? This was all after this happened.

SCHANCHE: But the dates on them are in February, three months before.

DR. DeBAKEY: I know... I know, they were post dated.

SCHANCHE: Oh, you mean, then that stuff came in afterwards.

DR. DeBAKEY: That shows again how dishonest he was. It's incredible.

SCHANCHE: He's hard to believe.

DR. DeBAKEY: That's what I'm saying, it's hard to believe all of this. It's incredible. The Business Office called me and said now did you authorize this, and I said, well, of course not. It's ridiculous. They said well, they've sent over the funds to pay for two calves. And I said well, why two? Why didn't they want to pay for all of them? Again, it's just incredible, it's hard to believe what took place.

SCHANCHE: The scene when you learned about this, you were in Washington.

DR. DeBAKEY: Yeah, you see, I had left to go to Washington for a meeting of a special committee on the artificial heart as a matter of fact, I was a member of the committee. And I hadn't the slightest idea that this was taking place, and when I arrived in Washington it was the first I knew about it that evening. The next morning all the members of the committee knew about it and asked me about it.

SCHANCHE: Who told you that evening, did someone call from down here?

DR. DeBAKEY: I think, if I remember correctly, I got in to the hotel....

SCHANCHE: Was that the Hay-Adams?

DR. DeBAKEY: The Hay-Adams. And I'm trying to remember but I think someone did call me from down here to tell me about it. I've forgotten who. But, I did get the word that night, but I didn't get any..... I didn't know the facts about it. So the next morning when I got towell, actually the next morning on the television news they had a picture of the artificial heart and Liotta and Cooley there and

DR. DeBAKEY: there was the pump, the one we made in the laboratory. They had been using it on their own. It was obvious. You could look at the pictures and see. It's just incredible.

SCHANCHE: So you were at the Hay-Adams and you learned more detail in the morning.....

DR. DeBAKEY: No, all they knew was what had been presented in the news and I've forgotten who said something. I don't remember, one of my associates here called me.

SCHANCHE: Did you debate telephoning Cooley or Liotta?

DR. DeBAKEY: No. That wasn't important now, I knew that. Because they knew they had done something that was really dishonest.

SCHANCHE: Well, the next morning where was your meeting?

DR. DeBAKEY: At NIH. In Bethesda.

SCHANCHE: What did people say? Did you set the scene?

DR. DeBAKEY: Well, they asked me about it and I said I don't know anything about it, gentlemen, I don't know more than you know. I left Washington....I left Houston last

DR. DeBAKEY: night and arrived here, and found out about it last night just in a phone call that it occurred and that's all I knew. They were anxious to go into details. And they were particularly intrigued that Cooley had done this because they hadn't associated him with this work at all. I said, no, he hasn't done any work on it, I just don't know. Finally when I got back, well Cooper was anxious to get all the details.

SCHANCHE: Cooper was.....you too on this.

DR. DeBAKEY: Yeah, that's right. And he wanted to get all the facts. And I said, now you write me a letter and tell me specifically what you want, and I'll get it for you when I get back. So he wrote me as president of the college to get the facts and particularly to get the facts relating as to whether or not this was, had been approved by the research committee, because they have the responsibility. The funds are approved only on the basis that they follow the guidelines. Well, of course, it hadn't been approved by the committee at all. That put us in great jeopardy because, you see,

DR. DeBAKEY: because the committee was responsible. That's when we had to establish an investigating committee and I immediately recognized that it would be best for me to just pull out of the whole thing because I knew that there would be few.....that DeBakey is trying to persecute Cooley, you see. So I got out it completely and had nothing to do with the investigation in any way. Mr. McCollum appointed the committee and appointed the committee and the trustees and the board of the faculty, the board of trustees and the faculty as a second committee to review the findings of the committee and to make recommendations about what action they should take. And that's when the committee recommended that he be removed from the faculty. That's when we were forced in a sense by the NIH reviewing committee that came down, they sent another committee to investigate the whole school, and that reviewing committee made a report which substantiated our reviewing committee, but in addition to that, the NIH

DR. DeBAKEY: wanted some kind of assurance that this wouldn't happen again. That's when we developed the mechanism of having every faculty member sign a statement. He was told by intermediaries that the faculty committee had recommended that he be dropped from the faculty, in other words dismissed. So he used this as an excuse to resign. Well, from the standpoint of our board and faculty, it didn't make any difference what excuse he used to resign, as long as he was off the faculty, that's all. The school wanted it, because the school was only concerned about what would happen to the school in terms of research funds. By getting rid of him we then had reassurance on the part of everybody that we had taken all the action that we needed to take. They wanted to know what action were we taking about this, we just couldn't let it go unattended. That's when he wrote his letter and you saw my letter, didn't you in response to his.

SCHANCHE: During that same time period, another Baylor faculty

SCHANCHE: member transplanted an eye, that must have been an unwanted embarrassment to top off....

DR. DeBAKEY: Oh, Jesus, and how. I don't know what got into this young fellow. He's a kind of nice boy, very obviously lacking in judgement and I don't know what got into him to believe that this could be done successfully. Because you can't transplant the eye without in a sense transplanting the communications to the brain, the nerves. Everybody knows that doesn't work. So un.....that this man save, well, he tried to claim that what he was doing was trying to transplant an eye so that it would act as a false eye but look like an eye. Well, of course, that was absurd too. No way that you could get that to take, it would be rejected too. Well, the whole thing, you know, was nonsense, and then he made the great mistake of telling the reporter something that she claimed he didn't tell them. They claimed he did and he got into controversy there. We really were very much embarrassed about it.

SCHANCHE: What happened towhat action did you take in that case?

DR.DeBAKEY: Oh, he was censored, given a year in which he was not to engage in any research activities of any kind on a sort of probation period and then finally he was really sort of taken off of the full time staff. He still had the clinical appointment, but he

SCHANCHE: He's still here.

DR.DeBAKEY: Yeah. It's hard to believe that a professional man with any sense of ethics and any sense of knowledge about the field would do things like this. It's hard to explain, very hard to explain.

SCHANCHE: Well, to have two of these disastrous events right on top of each other--like that, didn't that kind of shake your faith in your own ability to control the faculty?

DR.DeBAKEY: Well, it shook my faith in human beings, I must say. It was very depressing. Very definitely. You see, Don, frankly, the medical profession is like any other group of people, they have the same bell curve, with a very small percentage who are really top notch in quality, now unfortunately the general impression is

DR. DeBAKEY: that all doctors are top notch in quality. The truth of the matter is that they're made up of people like the people they come from in that society. And in that society you've got people of all qualities and all characters and all spectrum of ethics. Those that are very high in ethical character to those that are really little or none, actually to the criminal areas. So in among the medical profession you have this too. I think I would hope and believe that among the medical profession you perhaps have a little higher quality, at least of educated people who've been exposed to better standards, but there still remains that segment that is very flexible, and whose avarice and greed bends their ethics easily.

SCHANCHE: Now the.....

DR. DeBAKEY: And then you have those who really are sort of ignorant enough, and yet ambitious enough, to believe they can get away with certain things and they try to do so .

SCHANCHE: The guy who did the eye operation, I gather he also had theto get the approval of the committee....

DR. DeBAKEY: No, not only that , but he hadn't done any research. He was like Cooley, he didn't have any research background either. That's what's incredible. It's just like that, now you take Cooley, performing that operation where he transplanted that ram's heart, now, first that shows a great.....

SCHANCHE: I've seen that referred to in some places as a pig's heart and.....

DR. DeBAKEY: No, it was a ram's heart. It was in the newspapers. It showed a picture of it. They tell some funny stories about how the ram kind of slipped away from them and they had to run around and catch him. But that illustrates, you see, the fact that a person is ignorant.

SCHANCHE: But the report said, Mike, that the ram got away and they couldn't get his heart out so they shifted to a pig because they couldn't control the ram. The operation actually was with a , according to the news reports, was a pig's heart. Tried the ram, but the ram was kind of rambunctious for them.

DR. DeBAKEY: Well, I'm a little vague on the details of that now, I'd have to go back and get the....

SCHANCHE: You know, even thinking about a ram's heart is pretty stupid.

DR. DeBAKEY: Why, sure. They had a ram there, that I know, because people have told me, people saw the ram there, but even so, I mean, it simply shows a lack, well, again, there are two things lacking, one is ignorance, lack of knowledge, and the other is ethics. You know, you wouldn't, no ethically sound person would do a thing like this. This is the worst kind of experimentation, on a human beings. And then to hide behind wanting to save somebody's life by doing this, that's even worse, that's being doubly dishonest. If he believed that he was trying to save somebody's life that way, then he is more ignorant than he should be. He shouldn't be doing this kind of work if he's that ignorant. It's really just that simply.

SCHANCHE: One last question about Liotta. Liotta wrote a very

SCHANCHE: bitter and accusatory letter to the editor of whatever publication it was that you finally published the research report on the animal experiments. Disclaimingaccusing you of stealing his notes and misinterpreting them and so forth. And I didn't find any response to that and wondered if there was any.

DR. DeBAKEY: I don't know whether there was....whether the editor prepared a response, I'll have to check that to see. At the time that I saw it, I said disregard it, we have the signed statements of every single co-author on that paper, that everything in there is correct. So I had their signed statements and I did this purposely, I don't do this as a routine. You just take it for granted, but I sort of deliberately must admit put him in the position he was in in the paper because I wanted to assign him in a sense the status that he had. You see, he had contributed nothing to this program, except as a technical assistant.

SCHANCHE Did you write that paper?

DR. DeBAKEY: I wrote every damn word of it. Of course. Listen,

DR. DeBAKEY: I wrote most of everything else. Virtually every other paper, the ones which we even gave him, all the previous papers where we gave him and tried to help him a little bit, you know, as I do with most of my people. To help them get some kind of bibliography, I'll put their names first on a paper, and frequently will put my name last, and yet I've written every damn word of it. Now either Hall or I wrote everything, he, of course, couldn't write at all. There was nothing he could do really well. My attitude towards the letter was to ignore him.

SCHANCHE: Let's shift now to just the whole subject of heart transplantation. You're not doing it now and I gather you have a.....

DR. DeBAKEY: No, you see, our position on the transplantation is essentially this and it was in that editorial which I wrote.

SCHANCHE: Yeah, I want copies of that editorial. I've made a note of it.

DR. DeBAKEY: Didn't I give a copy to you?

SCHANCHE: I have a copy of it over there, but I want a copy of my own, so I'll have a copy of it.

DR. DeBAKEY: Well, why don't you just take a copy of it?

SCHANCHE: Have you got one?

DR. DeBAKEY: Let me just look here. I was going through some things here and I may have---no, that's not it.

You've seen that article that I...did I give you a copy of the thing that was in Saturday Review on medical research?

SCHANCHE: Yeah.

DR. DeBAKEY: I wrote that before I had actually done a single case and yet that was done really with the purpose of setting in a sense my point of view. Which in a sense represents our point of view on the basis of our own experimental work and the experimental work of others. It's really in a sense almost prophetic, because if we take the clinical experience that we've had and others have had, or let's say, everything I've said in there has proved to be true. And it simply goes to show that if you have enough facts, whether they are experimental or clinical, you can make pretty good

DR. DeBAKEY: projections. You don't have to be a prophet except in the sense that you can make prophetic statements on the basis of what the facts show. In other words, you in a sense, can make a better guess about what the future holds. Now, our position is at the moment still the same. We have not stopped doing heart transplants, what we have done is found that we don't have the indications to do them, as we had before. That's one. Two: we find that the need to do them is really not as pressing as it was because we have moved ahead in....the greatest need was in coronary surgery, we've moved ahead in really applying better methods in dealing with coronary disease now than we could before. Secondly, the procedure of cardiac transplantation in terms of what you can accomplish makes thelimits its application even more stringently, because now we do know clinically what the experience experimentally had shown. We've confirmed it clinically. So that you would have to say to a person who needs

DR. DeBAKEY: a cardiac, because you can't treat him with anything else, now, you're chances of surviving more than a year are perhaps one in five. About 20%. Well, he might say, well, what are my chances of surviving a year if I don't have it? It's very difficult to say. Some may survive two or three years if they don't have it. Unless a person is actually dying, well, now under those circumstances, you don't have a donor. So the combination of having the need and a donor come so rarely, we don't... just haven't had that experience. We've had patients die because there just wasn't anything else we could do with their heart, but we didn't have a donor to transplant.

SCHANCHE: But you've stopped actively looking for them, right?

DR. DeBAKEY: No, not entirely, because we're still doing kidney transplants, and so we're still using the same donors. And when we have a donor for a kidney who might also provide a heart, we often we need at that moment. So the indication has become so restricted, so to speak,

DR. DeBAKEY: that the occasion to do one really has virtually not occurred. That is to have the combination of factors.

SCHANCHE: During that brief period in 1968 the occasion seemed to occur frequently.

DR. DeBAKEY: Yes, but the reason for that was that we weren't able to do for these patients what we can do for them now in the way of coronary, you see, they were virtually all coronary artery disease patients, there was only one congenital case, and one patient with.... and he was dying and that almost an accident, there was a good example.

SCHANCHE: That was the Yugoslav boy.

DR. DeBAKEY: Yeah, that was a good example of having all the things happen at the same time. The donor arrived that afternoon, the patient was dying, and within a few hours after the donor arrived we were transplanting his heart. He wouldn't have survived that night. He was dying in his room. But that was a good example of a combination of facts.

SCHANCHE: Well, does the future hold for transplants, from all that you now know.....

END OF SIDE A

SIDE B

DR. DeBAKEY:in any program because it allows for research, and it's a sort of gateway for research. It's useful in that sense. And of course kidney transplants, now that's different, and I point that out in the editorial. There I think it does have some usefulness and I think it may be more useful in the future, because you can transplant kidneys, you have a wider range of donors, you have a larger period of time, you can even preserve them, so that there is a wider range of donor availability, the logistics there is a different problem. It's the only organ we can transplant with any degree of success.

SCHANCHE: Other than the cornea.

DR. DeBAKEY: Well, the cornea is not an organ, it's just....tissue.

SCHANCHE: Well, do you see a time coming when immunology will reach a state where you won't have rejection?

DR. DeBAKEY: Yeah, that's possible, yeah.

SCHANCHE: Wouldn't that then make the operation more You'd still have your donor problem, of course.

DR. DeBAKEY: Still have the donor problem and it would certainly be, let's say, more, yes, it would have greater usefulness, but it still wouldn't have wide usefulness. The donor problem would still be the major problem.

SCHANCHE: You're still confident that the artificial heart will become a reality?

DR. DeBAKEY: Yes, you see, there isn't any good theoretical reason why it shouldn't. It's not like, let's say, immunologically let's say the rejection problem, there are some theoretical reasons why it may not be solved, until you can solve the true genetic basis for it. Well, if you can....the trouble with that is if you reach that point where you can change the genetics of tissue, then, of course, you can do other things. You can do things which may avoid the necessity for a transplant, in terms of the disease itself. My feeling is that theoretically you have a better chance of achieving an artificial heart than you have in transplantation. There's no theoretical reason why you shouldn't be able to do this.

SCHANCHE: Is this mostly a question of money at this stage?

DR. DeBAKEY: Well, it is a question of money, I wouldn't say it's mostly that, but it certainly a.....

In other words, if we went at this as a national commitment, like we did for space or the moon shot, and you put in three to five billion dollars a year on it, there's no question in my mind it would be solved in five years. But you've got to have money like to mobilize the total resources of the country.... you've got metallurgists, you've got plastic chemists, and so on, working on those other things because there isn't the money for them to work on this. That's what the space people did, they just polled all of these people in industry and elsewhere to work on various aspects of it.

SCHANCHE: As it's going now, even though it's fairly extensive work, it's still a relatively small program....

DR. DeBAKEY: Not as far as the national program is concerned, you see, itI'd say something like two and a half billion dollars for total research monies are available, you're spending about five or six million dollars.

SCHANCHE: Is that it, I thought it was about ten million.

DR. DeBAKEY: No, nowhere near that.

SCHANCHE: How much of that is being spent here?

DR. DeBAKEY: About close to \$375,000.

SCHANCHE: Figures of two and three million dollars in the investigation of the members, they're talking about all the research money in cardiovascular research.

DR. DeBAKEY: No, no. In terms of the artificial heart program, they're talking about the grant which was over a period of say, four to six years the total monies granted. It amounts to around \$375,000 a year.

SCHANCHE: Well, draw me a picture of what you see to be the future of medicine in terms of developing artificial body hearts and prolonging useful life.

DR. DeBAKEY: Well, you see, it's very difficult to draw that kind of a picture. People like to think in those simplicity terms, but that isn't...that's not reality, that's not the way things develop. The way things go in medicine is based largely upon, the direction of medical services, medical care and health delivery, is largely dependent upon what knowldege, what knowledge brings it.

DR. DeBAKEY: In other words, what are the scientific, what are the fruits of science in investigation. Depending upon what those are, will be shaped the way medical care goes. You take this to illustrate the point, let's assume that science within the next five years brings us a way of temporarily stopping the circulation and all metabolism of the body for a temporary period, so that a person could essentially go into hibernation. This is an animal who hibernates, goes into hibernation, the heart may beat once or twice a minute. The circulation is slowed down to almost stopping. If that should become possible for a matter of several hours or longer then you could reverse the process at will, the whole concept of anesthesiology would be wiped out. There is a speciality that would disappear. Now, let's assume that science finds a way to prevent arteries from becoming arteriosclerotic. There is a whole area of medicine, both in internal medicine and surgery, that would be wiped out completely. Now, these are the kind of developments that could take place and nobody

DR. DeBAKEY: can say when they'll occur, but they're possible , they're conceivable, they're possible. That would shape greatly the whole field of medical practice.

SCHANCHE: Certainly.

DR. DeBAKEY: That would reduce so much the need for certain things, like an artificial heart. Let's take another illustration, let's assume that the work in genetics proceeds to the point where it can actually be manipulated so that one could predict genetically whether or not there is going to be any birth defects, congenital defects. The whole field of congenital heart disease would disappear. My feeling is that rather than try to predict what the shape of medical care is going to be like , that is whether we are going to have artificial parts for the body, whether there is a need for, let's say an artificial heart or artificial lung, and so on, that I certainly would hope and I believe that before we have all of these things , we're going to have these other developments take place which will eliminate the need for these things. And that's, I think,

DR. DeBAKEY: a much more effective way of dealing with the problem and in spite of the fact that we may not... direct our funds for research along these lines. Research has a way of proceeding frequently to develop these kinds of activities. Even by people who are not directing them toward that ultimate goal, the person who is working in genetics may not really be directing his research with the purpose of trying to eliminate congenital heart disease.

SCHANCHE: He knows little about it.

DR. DeBAKEY: Yeah. And th....if you go back over the history of medicine, you'll find in general these are the big developments that have influenced the practice of medicine.

SCHANCHE: Well, you think the great breakthroughs will occur in medical biology rather than

DR. DeBAKEY: Clinical...oh, yes, certainly, no question about it. Definitely, and this is what's happened in the past. The future can best be prophesied by an analysis of the past and that's why it's so important to look back and see what has taken place in order to

DR. DeBAKEY: determine as much as you can what is going to happen in the future. Now you take in the field of polio, we had extensive centers for victims of polio and you remember the Sister Kenney program and so on, and the polio March of Dimes program, they had, they were virtually wiped out, and there were these people, who had a tremendous investment in this, all of a sudden now they were wiped out because there was a polio vaccine developed. They had almost to turn around to find something else to do. Because here was a whole field of activity that was wiped out completely, all by this breakthrough, really, in science. It gave them specifically the cause and then the development of the vaccine.

SCHANCHE: Weren't the results of a famous.....almost gone into.....to combat pneumonia, wasn't there, in the thirties, at regional centers.....

DR. DeBAKEY: Oh, yes, that's right. Yeah.

SCHANCHE: This was wiped out by penicillin, wasn't it?

DR. DeBAKEY: Exactly. Completely.

DR. DeBAKEY: These are the things that are going to shape medical practice in the future.

SCHANCHE: So you would like to be put out of business.

DR. DeBAKEY: Yeah, of course. And we will be, someday, I think. There's no question about it, this whole field.

SCHANCHE: You still need these things, assuming that all of these remarkable events, advances, you will still need the.....because you will have all kinds of injuries....

DR. DeBAKEY: Well, sure. There'll be surgeons still needed because you've got trauma and until all that occurs of course, you still have a great need for the kinds of things we're doing and we need to improve them let's say, refine them, make them less risky. So we need to work on what we're doing, no question about that. What I'm talking about how, what the future holds in terms of things that will be practiced ten or fifteen years from now. I think that we'll see some very great developments, no question about in my mind, scientists are going to continue to work.

DR. DeBAKEY: They'll be trying to solve these problems.

SCHANCHE: We're very close to that kind of genetic understanding right now.

DR. DeBAKEY: Very close. Absolutely. And there are some genetic defects they can predict now. They can predict at least in terms of let's say the odds. So that's why they've set up these genetic counseling services, and I think they're great things. I can visualize the time when they may not be able to at least prevent all of these things, but they can predict their occurrence with reasonable accuracy. And if so I can visualize the time when they'll have to pass laws and say you can't have a child, you've got the.... the odds are too great that you're going to have a defective child and society will have to take care of it. You have licenses for marriage.

SCHANCHE: It's really going to raise.....problems, isn't it?

DR. DeBAKEY: Yeah, sure it is. You have licenses and you have laws, for example, that you've got to take a test, a blood test before you can get married. Well, somebody says that's an invasion of privacy too. But that's also

DR. DeBAKEY: necessary for the protection of society. Now, if we have enough facts to be able to predict with reasonable accuracy two people getting married and having a child and bring him into this world with a high percentage of accuracy and a high incidence of defects, shouldn't be allowed to bring that child in, because society has to take care of that child, it's a burden on society. So you're justified to be in control of that.

SCHANCHE: Speaking of child....let's leave medicine and go back to your childhood. In telling me about your early years, you didn't mention friends, playmates and so forth. Who were your close friends? Can you give me some names.

DR. DeBAKEY: Well, I guess one of my closest friends was a fella by the name of Peewee Hines, Ed Hines.

SCHANCHE: Peewee?

DR. DeBAKEY: Yeah, we called him Peewee, that was his nickname. He was the son of a Presbyterian minister and lived just a few blocks from us and we were in class together. We got on together very well, I used to play, he played

DR. DeBAKEY: in the band and so did I. We played music for the church on Sunday evenings.

SCHANCHE: What did he play?

DR. DeBAKEY: He played the coronet. I played the saxe. He was one of my closest friends, but I had lots of playmates, friends in school.....

SCHANCHE: What did you do? What were the pleasures of boyhood in that part of Louisiana at that time?

DR. DeBAKEY: Well, we played baseball, we hunted and fished, and we played other games, football, baseball; we played pool, we had a pool table.

SCHANCHE: At your house?

DR. DeBAKEY: Yeah.

SCHANCHE: Were you good?

DR. DeBAKEY: Pretty good.

SCHANCHE: Do you ever shoot now?

DR. DeBAKEY: Well, I have one in my home now, that a doctor gave me that I operated on, it's one of those old fashion types, really sort of a collector's item now.

SCHANCHE: Ornate. Carved....

DR. DeBAKEY: Yeah. We just recently had it redone. The children

DR. DeBAKEY: play with it, they play on it, and their friends.
I occasionally will play with them, but I haven't
played in so long that I've lost my touch with it.

SCHANCHE: Did you ever triumph, like running a hundred
straight balls in straight pool?

DR. DeBAKEY: Well, yeah, when I was a youngster, my brother
was much better, he really was quite a player.
He played at it quite intensely and I used to play
just for the fun of it. I wouldn't play often I
liked to do a lot of other things. He was quite
good, though. Sometimes, I'd play with him
and we'd play a game called fifty no count.
You had to run fifty points or you didn't get any-
thing. And we'd play three or four games like
that and the fella who ran the highest count even
though he didn't make fifty, won the game, the
three games out of five, or something like that.
We used to play eight ball. But, you see, I did
a lot of things as a kid, I was very active. I did
chores, worked....

SCHANCHE: What were your chores?

DR. DeBAKEY: Well, I worked in the store after hours, I delivered, I cleaned the store, and I kept the books when I got a little older. By the time I was twelve, fourteen years of age, my father taught me how to keep books. I was pretty busy. And I gardened, in my vegetable garden, I won the first prize regularly. We used to have what they called the tri-parrish contest and they'd come around and look at your garden and the products of it and I was pretty good at it.

SCHANCHE: What would you grow in it?

DR. DeBAKEY: Oh, I grew everything. Corn, tomatoes, peppers, okra, radishes.

SCHANCHE: Where was the garden?

DR. DeBAKEY: In the back yard. We had a big yard.

SCHANCHE: How large was the yard?

DR. DeBAKEY: Oh, we had a yard that was quite large, you see. There were only three houses in our whole block, so I guess we had a yard that was something like maybe a hundred fifty feet frontage and two hundred feet depth.

SCHANCHE: Well, your garden was what about twenty by thirty feet?

DR. DeBAKEY: Oh, it was larger than that. It was about fifty by a hundred. It was a pretty good size garden, and I kept it spic and span.

SCHANCHE: Did you do it all by hand?

DR. DeBAKEY: Oh, yes, you had to, to be in the contest. You had to do everything yourself. And I kept it absolutely spic and span, and precise, the rows, you could take a string and see the rows were right straight down that string and things like that. That's the way they....the criteria for whether you won or not.

SCHANCHE: It's sort of like a 4-H Club contest.

DR. DeBAKEY: Yeah, exactly. So I really, with all this, I was very active, always. And it was fun.

SCHANCHE: When you went hunting, did it bother you to kill animals?

DR. DeBAKEY: No. I wasn't aware of that at that time, it didn't bother me at all, because everybody did it, you know. It was fun shooting and the fun came from being able to hit your mark.

SCHANCHE: Would you go and camp out?

DR. DeBAKEY: Yeah, oh, yes. Sometimes we'd camp out for three days, four days. We'd go up the river, for example, in the summer fishing and we'd go camp up the river, way up.

SCHANCHE: Who would go? Tell me about a fishing trip.

DR. DeBAKEY: Well, there would be maybe three or four or five of us.

SCHANCHE: You and Peewee and who else?

DR. DeBAKEY: Oh, several other boys. I can't think of their names now. And we'd go up the river and we'd take packs with us and stay overnight and you know, in the summer time it was hot. We didn't have to have too much, at night it would cool off a bit so that you could sleep easy under a net, we always had to carry a net because of all the mosquitos.

SCHANCHE: All the bugs.

DR. DeBAKEY: Yeah, the bugs. And we'd fish and cook our fish.

SCHANCHE: What kind of fish would you catch?

DR. DeBAKEY: Perch and what we called goggle eye, a form of perch. And catfish, and we'd clean them and cook them ourselves.

DR. DeBAKEY: Very tasty, fresh fish.

SCHANCHE: Well, that's kind of Tom Sawyerish.

DR. DeBAKEY: Well, you see, you've got to keep in mind, this is life in a small town, a country town, you had to make your own amusements. We didn't have television. We'd maybe go to a movie about once every two or three weeks or something like that.

SCHANCHE: That was before talkies, wasn't it?

DR. DeBAKEY: Oh, it was, silent movies. So you made your own amusements, and what time you had left between your chores and school, you had to amuse yourself by what you did. We used to make our own toys, for example. Pop-guns, we used to make them ourselves. And what we called at that time, sling-shots. We made them, we didn't buy them in the store, they didn't sell them.

SCHANCHE: Those pop-guns, do you mean rubber band jobs?

DR. DeBAKEY: No, the pop-guns, what we called pop-guns, was, you took a cane, I guess you'd call them reeds, we called them canes, their wild growing canes, and we'd cut them at the ends and you had a hollow tube, then you

DR. DeBAKEY: a piece of wood and you shaped a stem to fit that tube, and you had a handle and it fitted it almost perfect---almost perfect. Then you would mash the end of it a bit and thread it so that you had the treads of it coming back and that acted as a kind of... when you wet it, wet it with spit and that acted as a good suction seal, it fitted in tightly and with the moisture, it sealed it. And we'd take these china berries and fit them into this and shove one to near the end of the tube, then you'd take the thing and pull it back and you were ready now to pop it out of there and you'd shove that end through and the air compression would shove that thing out of there. You know, pretty accurate for a distance of say fifteen, twenty feet.

SCHANCHE: That's pretty ingenuous. I've never heard of a..... like that.

DR. DeBAKEY: Yeah, we made them, used to make them, Of course, there were plenty of china berries, in the summer time there were.....we 'd go up in the trees and fill your pocket and then start shooting. Some of these guns

DR. DeBAKEY: were pretty fancy. You'd get you a good long cane.....

SCHANCHE: Usually they'd not run over a foot, foot and a half long?

DR. DeBAKEY: No, that's about the length, most of them were much shorter than that. About eight inches, but you'd sometimes get a good long one and we'd, you know, put our initials on them and make little fancy things on them, they got to be quite a nice job, you know. This was the way you amused yourself, because we didn't have a lot of money, nobody did to buy toys. We got those at Christmas, then you didn't get many. Usually they bought you things you'd wear. That was the time you got your Sunday suit, so that your parents had to be very careful what they bought you for Christmas. They couldn't buy you too much stuff that was a waste of money. So life was a much simpler form, took a much simpler form in a little small country town like that. I'm sure

DR. DeBAKEY: there are many, I'm sure there are hundreds of communities just like the one I grew up in all over the country. In a way, it's a shame that there has not been developed a substitute for that to conform with our present existence.

SCHANCHE: You don't even have any country anymore.

DR. DeBAKEY: No, that's what I say, no, you don't have any country either. There is no substitute for the kind of childhood activities, activities that a child engaged in that kept him busy in a healthy manner. He was occupied, and now there isn't anything to occupy him, for him to take the initiative.

SCHANCHE: Nothing challenges his ingenuity and.....

DR. DeBAKEY: No, that's right. And I think this is one of the great needs, I don't know how you'd get at it, maybe there ought to be some way.

SCHANCHE: Television isn't it.

DR. DeBAKEY: No, definitely not. You see, it's too passive. A child has a lot of energy. You've got to challenge and channel that energy. To be sure there are some games that do it, but you can't use games for the

DR.DeBAKEY: whole thing, it's not a total substitute. And there aren't enough chores for them to do. The more complex urban life, like a large city, especially a city where people live mostly in apartments, there is very little that child can do.

SCHANCHE: Yeah, there is very little place to play.

Where did you play baseball, for example?

DR.DeBAKEY: Oh, we had empty lots all around the place. And there was of course the playground at the school, both at the grammar school and the high school, a big playground and we played there.

SCHANCHE: Did you play things like tennis, also?

DR.DeBAKEY: Yeah, Well, we were more inclined to take on rougher games. Of course, baseball was very popular then and all sandlots had their own baseball team, in fact, I almost lost my eye playing baseball.

SCHANCHE: How?

DR.DeBAKEY: Well, I was catcher and I caught without a mask, largely because I had gotten away with it and secondly because a well-fitting mask cost a lot of money in

DR. DeBAKEY: those days. So most of us caught without a mask. I was too close to the batter, I got braver and braver as I got away with it. If you were far enough away, you could put...your reactions were good enough to take care of it....a ball that was just tipped and I was too close. The batter tipped the ball, and just hit me right there. Right in the eye and I couldn't see out of that eye for some time. Actually they have never completely recovered... never did completely recover normal sight in that eye.

SCHANCHE: What did you do about it?

DR. DeBAKEY: Well, there wasn't anything to do at the time. We did....the doctor saw it and decided the eye and put something over it, an eye patch. I did recover most of the sight in it and as time went on I compensated and I've had 20-15 vision ever since. So I just had my eyes examined just recently, Dr. Paton examined me, gave me a new set of glasses, mostly for distant vision, and he said that you've got excellent eyesight, 20-15, best you can get.

SCHANCHE: So you weren't handicapped?

DR. DeBAKEY: No, I never was handicapped. No, thank goodness.

SCHANCHE: What other things did you do?

DR. DeBAKEY: Well, I read a lot. I used to go to the library and I always had three or four books from the library that,.....and I'd read about everything.

SCHANCHE: Was Peewee Hines a reader, also? Were your friends as intellectually curious as you were?

DR. DeBAKEY: No, not as much. I guess I was much more intellectually curious than my associates, I think, because I did a lot more reading than they did. This was always apparent in my class, too, because I had a much broader general knowledge about things than any of my classmates. Whenever a teacher asked a question if there was anyone in the class that could answer, I was the one that answered. This was because I read a lot. They didn't read obviously as much as I did. I was always getting books out of the library to read. My problem was that my parents were determined that I get to bed and they used to force me to get to bed

DR. DeBAKEY: because I wanted to read some more, I wasn't sleepy. You know, 9:30, 10:00 o'clock came along and I was still wide awake and wanted to read some more and they insisted that I go to bed. It used to irritate the hell out of me and I used to resent that.

SCHANCHE: They expected you to turn your lights out?

DR. DeBAKEY: Oh, yeah.

SCHANCHE: You had electricity during that time.

DR. DeBAKEY: Oh, yes, but not , for example, I think I was about, I must have been about nine or ten years of age before we got electricity. We had gas, and I can still remember.....

SCHANCHE: Did you read by gas light?

DR. DeBAKEY: Yeah, sure. I still remember lighting the gas.

SCHANCHE: The mantel?

DR. DeBAKEY: And the mantel, yeah. We did. I can remember putting that mantel on and using it, and I think I must have been about eight or nine when we got electricity. But we had electricity, my father put

DR. DeBAKEY:father decided that he wasn't going to wait until the whole town could be electrified.

SCHANCHE: You had your own generator.

DR. DeBAKEY: So we had our own generator, yeah. So we had electricity long before anyone in our neighborhood had electricity. He was very....you know, he was very productive, my father was. He was always looking for something new and had a great interest in new things. New developments, scientifically and so on, anything that.....

SCHANCHE: He also became fairly well-to-do, didn't he?

DR. DeBAKEY: Fairly well-to-do, yeah. Not a rich man, but certainly very comfortable, quite comfortable. He was a very successful....in his business and so on. He could have, if he had, I'm sure if he had been a person who wanted towho was just interested in making a lot of money, he could have made more money, but he was very energetic, but he was....and he was very active, and very successful in his business enterprises, but I don't know, I just know that we were

DR. DeBAKEY: always very comfortable, even though we lived rather simply. We had no difficulty, for example, during the Depression. The Depression years, I can remember at college, I was in college during the Depression, and I can remember very well sharing my lunch money with some of my classmates. They didn't have any money, and yet I had enough. I never suffered from needing anything. I wasn't, to be sure, extravagant either. But I was one of the few people who had a car in those days. That was rare, you know. When I asked my father and told him that I would like to have a car, he gave it to me, so I had a car. This was after the Depression, really was after I got into medical school that I got my car.

SCHANCHE: You told me once that your father followed the kind of sleep schedule that you do now, that is he slept very little.

DR. DeBAKEY: That's right. He was up at four o'clock in the morning.
He'd get up.....

SCHANCHE: But he still wanted you in bed with the lights out

DR. DeBAKEY: Well, I was a child and he felt that wasn't good for me, just like he didn't think I ought to drink coffee. And I really didn't drink coffee until I was in college. We didn't drink coffee, the children, no the children didn't.

SCHANCHE: It was considered almost evil for a child to drink coffee at that..... when I was a kid.

DR. DeBAKEY: Yes, that 's right.

SCHANCHE: It would stunt your growth.

DR. DeBAKEY: Well, all kinds of things that were bad for you, so I didn't drink coffee. I acquired a taste for it after college. But the one thing I never did acquire a taste for at all is alcohol. It is very interesting.

SCHANCHE: Did you ever try? I mean, as a student.....

DR. DeBAKEY: When I went to college, oh, yes. Sure, when I went to college I was seventeen and I was wanting to try everything. I was very eager to find out about life, and New Orleans was a good place to find it out. A lot of my classmates were older and more

DR. DeBAKEY: experienced than I and many of them lived in New Orleans, so they knew all about the city. I was eager to try all of these things. The strongest thing I had ever tasted, except as medicine, we had alcohol, we had whiskey in the house, but my father was a teetotaler and he wouldn't touch it.

SCHANCHE: What ailments....was the whiskey used for?

DR. DeBAKEY: To cover up the taste of castor oil. Can you imagine a better way of bringing up a child to get off of whiskey. Even today, that's one reason I can't stand the taste or odor of whiskey, because I easily associate it with castor oil. So ...it's repulsive to me. So, I took it when I got to college with the boys, because I wanted to be a part of the gang, and I sure as hell didn't want to be ostracized in any way, so I'd drink this terrible rot-gut whiskey that they had and it just made me sick. Didn't do a thing for....

SCHANCHE: That was Prohibition, wasn't it?

DR. DeBAKEY: Yeah. But it didn't do anything for me, it just made me sick. So I just decided I couldn't do it. I finally found I could have a good time without doing it. It didn't bother me a bit.

SCHANCHE: What did you do on your first night out in the big city?

DR. DeBAKEY: I went downtown really. Went downtown with the boys and we just

SCHANCHE: To the French Quarter?

DR. DeBAKEY: Oh, yes, and I saw these cribs for example, they took me down there. I had never seen that before. They told me that these were whores, prostitutes. And I was ashamed, in a sense, to inquire, I thought they obviously knew what this was all about and I didn't. So I just sort of kept my mouth shut and went along trying to find out more about it, faked a little bit. And gradually, you see, I progressively learned about what goes on. They had some dirty shows that they put on and I saw some of those things. But, you know, it's interesting isn't it, you'd

DR. DeBAKEY: never really, I guess I didn't ever get the kind of kick the other people have. Somehow I suppose I had some sense of, because I had been so disciplined, I had some sense of guilt about it all. And while I learned about it, I didn't find myself attracted to.....

SCHANCHE: Not pleasures you could partake in.....

DR. DeBAKEY: No, it didn't constitute any great pleasure for me. I was a little ashamed of it. I just had this sense of guilt about it, and so it wasn't long before I found myself avoiding going down there with them to do these things. I'd do the other things and I'd go to the speakeasy with them, too, because that was kind of fun, you know. They had these little bands, combos and so on, and I'd go down there with them and sip a beer. I could get by with that, it wasn't very good beer, either. But I'd sip it and they had somebody singing.

SCHANCHE: Did you develop a taste for jazz?

DR. DeBAKEY: Oh, yes. Well, I had already developed a taste for

DR. DeBAKEY: jazz before I had ever.....you know, I played jazz. So we already played jazz before I left Lake Charles, and I loved jazz. So I loved to go down to the bands.

SCHANCHE: Who were some of the musicians, do you remember?

DR. DeBAKEY: Most of them were Negroes. They had some white musicians, but I don't remember the....well, of course, they had some big name bands, they used to come down there and we'd go down and see them. Eddie Duchin and names like that. But they had a lot of small bands, especially in these speakeasies and very good, and they still do. Absolutely, sure. Even, it was even kind of better in those days. Much more commercialized now than it used to be in the French Quarters.

SCHANCHE: Because it was more informal.

DR. DeBAKEY: Yeah. That's right. Those people used to play for very small amount of money. If they made maybe ten dollars a night, that was a big thing for them. Well, today, they are all seeking money.

DR. DeBAKEY: So they are all playing for money, not so much for the fun of it. It's changed a great deal.

SCHANCHE: When you were a kid, were you ever a collector? In anything, stamps or butterflies, or anything like that.

DR. DeBAKEY: No. No, I didn't. I never had the bug of collecting. I've never done a collection. I think, to be a collector of any kind you've got to be.....well, you've got to disregard all the aspects of life, and as I was growing up, I was much too interested in everything going on around me and I was....there were very few things that didn't interest me. Things that I didn't want to find out more about. So, I never could concentrate on one single thing. I never got the bug of collecting stamps or butterflies or pebbles or anything. It never did appeal to me.

SCHANCHE: In your group of playmates, were there girls, too? Or was it a society structured male and female.....

DR. DeBAKEY: Yeah, sure. No, there were girls. We would have some parties where girls and boys were mixed in the

DR. DeBAKEY: parties, but these were often programmed by the older people. You know, they were church parties. We had a boy scout party, where the girls....of the families of the boys would come, sometimes sisters, and , so we....there was a mixture and I used to like to be with the girls, too. We used to date. Never in the fashion kids date today, for instance, it was so informal. You'd walk the girl home and then go to her house and sit down on the swing for a few hours, something like that. It wasn't as much....you didn't have the opportunity, you see, you didn't have a car to go out in and things like that.

SCHANCHE: Did you have proms and dances?

DR. DeBAKEY: Yeah, sure. Absolutely. But these were all sort of sponsored .

SCHANCHE: When did you first put on a tuxedo and give a girl a corsage?

DR. DeBAKEY: Oh, I would say, after I was, well, actually we didn't wear them. The formal attire in those days

DR. DeBAKEY: was a white linen suit. We put on a white linen suit and got all dressed up that way. After about a couple of hours you didn't look like much either. We didn't have air conditioning. That's the way we.....we didn't get into that kind of dress. This occurred only after I was in college, some of the formal dances we occasionally had to wear a tux. And then the Debutantes dances and things like that, this was much later.

SCHANCHE: Were you politically active as a.....?

DR. DeBAKEY: No.

SCHANCHE: Was your family?

DR. DeBAKEY: No. Had no political sense of any kind.

SCHANCHE: Politics of that era in Louisiana sort of passed you by.

DR. DeBAKEY: Completely. Even the period of Hewey Long. Louisiana is very political-minded state, but I never was involved in it and I never got any interest in it at all. And my father wasn't either. He wasn't politically involved. No, I don't think I really became aware of politics in the sense that I am aware of it now until after the war.

DR. DeBAKEY: And then only because I was really interested only in what it....in what I found it could do for what I was interested in in medicine. I wasn't concerned about, I'd say the politics of being a Democrat or Republican. I was a Democrat because my father was, we grew up in that environment.

SCHANCHE: Everyone was a Democrat.

DR. DeBAKEY: Yeah. I had no sense of, you might say, political concern or interest, but, I don't think any of my associates did, my classmates and so on. The youth of that generation was really not politically involved.

SCHANCHE: Well, for very good reasons, only....almost everyone was quite provincial at that time.

DR. DeBAKEY: Yeah, sure. Exactly.

SCHANCHE: It's very hard to see beyond the town limits of your own town.

DR. DeBAKEY: Absolutely. That's exactly right.

SCHANCHE: I think we've just about done two hours, Mike.

END OF SIDE B.