

TAPE # 15 Dr. Michael DeBaKey
and Don Schanche, Houston,
8/17-18/72

DR. DeBAKEY:where was that now?

SCHANCHE: Dacron grafts, 74.

DR. DeBAKEY: Yeah, well, as I say, we tried all kinds of ways to improve them, but..... We even tried impregnating them with gelatin and so on, but that didn't work either.

SCHANCHE: Even tried brown tissue....

DR. DeBAKEY: That's right, and that didn't work.

SCHANCHE: On page 79 is your very first mention of carotid endarterectomies and patch grafts.

DR. DeBAKEY: Well, that's because we had made a report and I had gotten the U.S. Public Health Service to make a grant for collaborative studies at that time. You see, this is '59, 61. By that time we had, that's the first time, you might say, we made this report in here, with the significance being we had gotten this Public Health grant. This was based upon about five years of experience and we had demonstrated, and you will see in one of the papers we published, because I think I did the first operation in '53 or '54. By this time we had had enough experience so that we could say, with

DR. DeBAKEY: reasonable assurance, what the results were, and I was trying to spread the word, so to speak. So having been on the council of the heart institute, I tried to push for their putting some money into this area. And finally got them to set up a meeting, which I addressed, of research workers from different schools throughout the country and that led to the recommendation that there be established what was called a collaborative program, with about ten or twelve institutions throughout the country having specific research grants for the study, using a common protocol. Now this meant that the institutions themselves would initiate studies, and initiate areas of interest in the carotid and sub-clavian area, in the stroke area. Well, this study went on for nearly ten years and it did a lot of good, because then you had little centers of interest throughout the country on this special subject, strokes. The neurologists and the surgeons in that, in those centers, became more interested in doing something about it. So, it was a way of accelerating the word,

DR. DeBAKEY: and in a sense, the mission of dealing with strokes in a more effective way.

SCHANCHE: When you began doing this operation in the mid-fifties, didn't the neurologists and the medicine people rather staunchly resist the whole

DR. DeBAKEY: Oh, yes. Oh, there was great resistance. Great resistance and great criticism of what I was doing. I had a very difficult time....

SCHANCHE: What were the grounds of the criticisms? Did they say, oh, you're just messing around with the carotid and actually the event of having a small stroke.....

DR. DeBAKEY: Sometimes it was that, sometimes it was that the patient, once he had a stroke, you see, he was not going to be helped by it, that the best way to control this stroke was to put him on anticoagulants so it would stop the embolisation, that the lesions themselves were not that significant, that they often saw lesions like that and they weren't causing any trouble at all, and that's true, it does occur. But the...it's the usual sort of general conservatism that exists in

DR. DeBAKEY: the medical profession. As I said before, philosophically, one has to accept that fact as possibly a useful thing in medicine, because otherwise you would have almost chaos of every Tom, Dick and Harry to start a new idea simply because it's different, having no valid basis for it. Whereas, by having a certain amount of resistance it takes time to overcome that resistance and it has to be valid to do so. Now, the disadvantage is that that resistance sometimes is too great and thus it takes too long for it to be overcome and one has to simply persevere, gathering more information and more facts and finally breaking down the resistance completely. Now that's essentially what I've done in all these areas, because in almost every area there was resistance. Even, take for example, aneurysms of the abdominal aorta, even five and six years later there were articles written condemning the procedure. Five or six years later, by that time there was no question

DR. DeBAKEY: in the minds of most people. But still there were prominent internists, for example Dr. George Birch in New Orleans, who wrote an article, an editorial condemning the procedure.

SCHANCHE: Most of these were on statistical grounds, weren't they ? That so many people with aneurysms live eight to ten years.....

DR. DeBAKEY: That's right, and they'll die of heart disease and you're really not prolonging their lives and you'reyou add all the complications, they're doing this now with the by-pass operation. Dr. Birch wrote a similar article not long ago.

SCHANCHE: The coronary by-pass.

DR. DeBAKEY: For the coronary by-pass. This same, virtually kind of article, he could have taken the same article and inserted instead of aneurysms, inserted the coronary.....It simply, again demonstrates thethis interesting spectrum among people and you'll find it in almost all walks of life. It is especially interesting in medicine, because there

DR. DeBAKEY: you are dealing with, let's say, the lives of people and their suffering, and this resistance tends to in a sense prolong their suffering. Because it takes time to overcome it, in the meantime, many people could have been helped who were denied that help by this resistance. In among the doctors, I would say the neurologists in my experience, have proved to be among the most conservative. It may be because of the kind of training, or it may be because of the kind of people that go into neurology. For a long time it was a kind of classically, let's say, a field in which the major emphasis was a point of categorizing the disease, that is, naming it, defining it, diagnosing it, and of course, they took great pride in the fact that they could be very precise, because the neurological anatomical tracks in the body and the brain had been all mapped out. If you stuck a pin in the toe, they could tell you what nerve that sensation was transmitted by right to the brain.

DR. DeBAKEY: And what part of the brain sensed it. Anatomically, it was pretty precise. So they had this classic attitude that they were sort of more scientific than many other But their interest were not so much to treat the patient, they were interested primarily in making the diagnosis accurately and then walking off.

SCHANCHE: They could diagnose but they couldn't do anything.

DR. DeBAKEY: They could do very little about most of the things they diagnosed. If they had a brain tumor that they diagnosed, they'd have to call in a neurosurgeon. Well, a great majority of those didn't do well. So they took a kind of very distant and somewhat casual attitude towards any kind of treatment. Almost cynical. Here comes this upstart and says that you can do something about strokes, you can prevent them, you can help them and they were pretty cynical about this.

SCHANCHE: Did you suggest at some point that there was perhaps an alternate means of circulation to the

SCHANCHE: brain and.....

DR. DeBAKEY: Oh, yes, you see, that was another thing. I took the point of view that on the basis of our experience it was clear that there was a distinct difference between death of the brain cells and lack of function of the brain cells, that it could be viable and still function, but, I mean, it could be viable and not function clinically in the normal fashion, but that if you restored circulation to it, its function would come back. Well, this didn't.....this was a concept that didn't sit well with them, because they had always taken the attitude that if it didn't function, it was dead. In most instances, they were right. I pointed out that the circulation of the brain, where it had tremendous collateral flow, that is, that allthere were alternate routes by which circulation could get to the brain. You block one, it could get around to the other, if the collateral circulation had developed, so that if you had a slowly developing lesion that was just slowly constricting that artery,

DR. DeBAKEY: that collateral circulation might develop, and keep that part of the brain functioning and even alive but that if a critical level of blood flow occurred, that is, at its critical level, if it got below that critical level then function would no longer occur, but it might be still alive, enough blood to keep it alive. If you raise that above the critical level, it would start functioning.

SCHANCHE: You came to this conclusion from observation.

DR. DeBAKEY: Yes, from our clinical observation, exactly.

SCHANCHE: Your observation being what?

DR. DeBAKEY: Well, we had.....we restored them to functioning normally. And their symptoms disappeared.

SCHANCHE: Can you think of a case?

DR. DeBAKEY: Oh, I can think of any number of cases, sure.

SCHANCHE: I mean just one to illustrate this.

DR. DeBAKEY: Well, I remember one patient, for example, who was an oil executive, an oil man. He had symptoms of attacks when he would be out, temporarily. He'd be working on some project and all of a sudden

DR. DeBAKEY: everything went blank. He knew he was there, he knew he'd been working on something, but he couldn't think about what he was working on....

SCHANCHE: He didn't collapse or anything like that....

DR. DeBAKEY: No, he didn't become unconscious. He had episodes when he would just....the room would start going round and round and he felt like he was dizzy and floor was coming up to meet him, and he'd get panicky. He had at night, he would have the craziest kinds of hallucinations and he was getting panicky. He'd be driving along and all of a sudden it'd hit him. He'd have just enough time to stop on the side of the road and he got panicky about that. Well, when we studied him we found that he had both of his carotids were markedly constricted, both of his vertebras were gone and I operated on both of them and restored normal circulation to them and he has never had a symptom since then.

SCHANCHE: Using dacron.

DR. DeBAKEY: Yeah, a little patch.

DR. DeBAKEY: This is a good illustration of that.

SCHANCHE: You said that normal functions had been restored in seventy percent or.....

DR. DeBAKEY: Seventy percent of patients with this kind with these kind of diseases, seventy percent of the strokes will have this kind of lesion. You see, there are other things that can produce strokes, hemorrhage in the brain, brain tumor, they can all produce strokes too. I remember one girl for example, who was a housewife and when she arrived here she was virtually a basket case. She couldn't walk, she couldn't read anymore, and she was barely able to get to....she could hardly feed herself, she couldn't really, we had to feed her. She had block of all of these main vessels, all of them. We restored circulation to all of them and did some bypass grafts, and she went back to leading a perfectly normal life. She was able to read newspapers before she left the hospital. Complete function was restored in all.

SCHANCHE: Complete?

DR. DeBAKEY: Absolutely.

DR. DeBAKEY: Restoration of all of her functions. So this was a beautiful illustration of the brain being totally depressed, but still alive.

SCHANCHE: Was she young?

DR. DeBAKEY: Yes, she was relatively young. She was about forty-four, forty-five. Coming back to the resistance, it was very interesting, you see, they'd use almost unfair tactics. Here I was a surgeon, and II was not a neurologist, and they would take the tactics that I didn't really know anything about neurology. That I was not a neurologist, that my patients weren't properly studied neurologically and yet I had a neurologist and their attitude was he was a very poor neurologist. He wasn't good. This is typical of those kind of tactics that they'll use and the reason they use those tactics is because they are people, you see, they're not really scientists. They're not behaving like an objective scientist anymore. Petty people.

SCHANCHE: But this is now gone, the resistance is all past...

DR. DeBAKEY: Oh, yes.

SCHANCHE: Sixteen, seventeen years.

DR. DeBAKEY: That's right. As I told you, one of them, a fella by the name of Baker made a, when they had the meeting here, made a nice tribute to me, and he was one of my worse critics. He was the most conservative of all them. He refused to let anybody operate on a patient in his institution in Minnesota. As a consequence then, he never did develop the field in Minnesota, the University of Minnesota.

SCHANCHE: They don't have it?

DR. DeBAKEY: No. Well, they have some now, but very little.

SCHANCHE: What has been the record in the number of patients you've followed-up?

DR. DeBAKEY: Oh, excellent. We've prepared a ten year report, a follow-up report. What happens to them over a.... from one to ten years. One of the papers. Yeah, I'll give you that. It's been excellent. The follow-up.

SCHANCHE: On page 88, you're personal activities become very interesting. This was the year you received the Distinguished Service award of the AMA and.... among other things.

DR. DeBAKEY: Yeah. You know, when I received the Distinguished Service award of the AMA that year, they I was on the state with President Eisenhower.

SCHANCHE: That was 1958, wasn't it?

DR. DeBAKEY: Yeah. He also got honored by them. That's right.

SCHANCHE: Did you chat with him much?

DR. DeBAKEY: Well, just briefly. I had met him before, during the war and I had gone up to see him one time to see if I could get him to increase the appropriations for health, education and welfare and he was very pleasant and gentlemanly about it, but he turned this over to his doctor, who was General Snider, an old Army surgeon, and he justwe just got the casual treatment. That was the year that I became chairman of the Board of Regents for the National Library of Medicine. Among the things

DR. DeBAKEY: that I did as chairman was to push ahead very strongly, again over considerable opposition, to the computerization of the Library.

SCHANCHE: This is about time when you first broke ground and built that new building in Bethesda, isn't it?

DR. DeBAKEY: Yeah, that's right. The National Library of Medicine.

SCHANCHE: While we're on that, what...you know, there have been quantitative terms, sort of an event in American medicine of having a national library in medicine and having it computerized. ...Increasing this information and access to it....

DR. DeBAKEY: Well, you see, the Index Medicus, for example, which for years was prepared by the AMA, was about the only source of reference list that you could use. It was prepared, as I say, by the AMA. Now, this was really quite a burden for the AMA, financially or otherwise. It was a slow, tedious process of getting it done. The Medlar system, which is a computerized system which was developed in the Library, they told us it couldn't be done.

DR. DeBAKEY: This is, you know, there were people who, even the librarian, and I had , I remember at one meeting, I was very fond of him, a fella by the name of Rogers, he was a little resistant to it. I had to take a pretty position about it. We were trying to put some money into getting this done and we wanted to see that it was done.

SCHANCHE: Was he a medical man?

DR. DeBAKEY: Yeah.

SCHANCHE: Medlar is an acronym for what?

DR. DeBAKEY: It's a contraction, I've forgotten now.....medical engineering library something....I can get those words. It took a little doing to push ahead on this when we were getting this resistance and it was almost impossible, the language hadn't been developed...and I said, well, develop it. That's ridiculous...we're talking about that you don't have the technology to do this and of course it was finally done. It's an example of so many of my experiences. Of how you get resistance doing all

DR. DeBAKEY: of these things and you just have to persevere to overcome it.

SCHANCHE: The situation now is what at the...if they...if a doctor will be searching someplace, wants to search the literature for certain terms, how does he go about doing it.

DR. DeBAKEY: All he has to do is to indicate the area he wants to search and he can get within a matter of minutes, if he goes up there, and within a matter of hours if anywhere, in any part of the country, he can get what he wants in the way of references. Indexed, abstracted...it's been computerized, all this information just comes out within a matter of minutes.

SCHANCHE: That's international?

DR. DeBAKEY: Yeah, sure. It's the largest in the world.

SCHANCHE: I think I have pretty much the story here, the development and..... Let's look at your other things....

DR. DeBAKEY: Well, you see, I've got an honorary faculty appointment at the University of Brussels in 1960.

SCHANCHE: You have been there earlier....

DR. DeBAKEY: Oh, yes, you remember I told you about getting there and I haven't got that date, I don't see it here.

SCHANCHE: I saw it.

DR. DeBAKEY: Golden Slipper Square Club of Philadelphia. Medical Achievement Award. That was the year, 1960, that I served, as chairman of the Advisory Committee on Health Policy for the Advisory Council of the Democratic National Committee. And that was the year that we came out with our report. Now, I should have a file or a folder on that, what we had recommended, in the report. I held a press conference and that was probablyin the recommendations that were made why not bring in Medicare, and I was so strongly criticized in the country and got all of these telegrams which virtually said that I was a renegade in the medical profession.

SCHANCHE: Was it just the year before you had gotten the AMA Distinguished Service award?

DR. DeBAKEY: Yeah, I think it was the year before, 1959.

SCHANCHE: That must have been something of a triumph for you, to get that award.

DR. DeBAKEY: Oh, it was because I think we went through one of the previous ones, the report, didn't we?

SCHANCHE: No, we talked about the Gold Medal for your exhibit out in San Francisco, but we haven't talked about the Distinguished Service Award, except in a very light way.

DR. DeBAKEY: There it is, 1959. This was quite an honor because this is awarded by a vote of the board of trustees and the board of governors, I mean, not the board of governors, the delegates, about three or four hundred delegates at a meeting, they come from all over the country for this. This is a high honor to be selected by your peers and they vote on you, there will be four or five nominations of distinguished people across the country. You win it on the basis of the vote.

SCHANCHE: I don't mean to make a frivolous comparison but it's comparable to being in the baseball hall of fame if you're a baseball player.

DR. DeBAKEY: I would....yeah, I guess so.

SCHANCHE: Supreme recognition.

DR. DeBAKEY: By your peers, that's right. It's the highest award that your peers can give you. There is no other award that is of that...that is selected in that fashion by the doctors, in the medical profession, is what it is. Most other awards are selected by small committees. This really represents what the medical profession thinks of what you've done.

SCHANCHE: This is not for a specific thing, but for.....

DR. DeBAKEY: Oh, yes, it's all

SCHANCHE: It's for your whole career, isn't it.....or are you cited for one thing?

DR. DeBAKEY: Well, yes,no, you are cited for an achievement, but it doesn't have to be a specific achievement, it can be more than one thing. I was cited for my work in pioneering the work in vascular....cardio-vascular surgery. Now, here it is...there's the ---Jones committee, it was in 1960. A member of the committee of consultants on medical research

DR. DeBAKEY: to the subcommittee on the Department of Labor and Health, Education and Welfare, the committee on appropriations of the United States Senate, that's Senator Lister Hill. He was chairman of that subcommittee that was called the committee of consultants. That subcommittee. That was Bo Jones committee.

SCHANCHE: You see any other noteworthy points....
You went to India, but you told me about that.

DR. DeBAKEY: Yeah, I spent ...I was visiting professor and Diana went with me. We spent nearly two weeks there and toured the various places. Spent most of the time in Bombay. The King Edward Hospital. It was very impressive to see the extensive poverty there, the crowded conditions, the people, really a rather sad and depressing experience. There were of course some very interesting, also impressing, experiences about the culture and background of India. We visited the caves, for example, which absolutely fascinated me. I never did under....I

DR. DeBAKEY: never did understand the ... some of the culture of India, though. I've always wondered as I have traveled about the world, this is just a kind of a, you can't about things like this when you've traveled about, the people, whether the... whether India's condition, you might say, of it's people, hasn't come about because of their having to accept their way of life and therefore, having adopted and developed a religion that makes it possible for them to accept that way of life, because it seems to me that for generation after generation over the centuries, the structured society that has developed there, has fixed the place of the individual in that society. From the time that he is born until he dies, and he is really in a hopeless situation. There is no real opportunity for him to improve himself or better his life, or the chance to, you might say, achieve a better meaning of life. I have the impression that this religious development that has taken place has been a means of accommodation

DR. DeBAKEY: and not truly a way of satisfying the spiritual values. Because one can't separate, in a sense, the way one lives from his being able to have some spiritual values.

SCHANCHE: So it's very comforting if you have no alternative.

DR. DeBAKEY: That's what I mean, you see, in a sense, it's almost, the alternative is a fantasy. I think that it does affect the personality, the drive of the people, it's my general impression that most of the Indians I've encountered really don't have a great deal of drive. At least as I've seen them there. They've....they accept their lot pretty well. There are exceptions, of course.

SCHANCHE: It's awfully hard to bring an Indian intellectual in touch with reality. I don't know if you've noticed that. They're not looking at what they're arguing about.

DR. DeBAKEY: Yeah, well, it's easier for them, it seems to me. They....the fact that they accept their kind of religion. There was a writer, what was her name, now. She's written a number of delightful books about India.

DR. DeBAKEY: She's married to an American. She lives in New Orleans? Her husband is in New Orleans? Her husband is an American. Well, you know, I met her there. Her mother is, was one of the leading sort of advocates of birth control. Her mother is a delightful lady, a rather large lady. Delightful, though, and charming. This was actually, I met her on the occasion. There were a number of parties while I was there for Queen Elizabeth and Prince Philip. Oh, yes, they took the place by storm. At one of the parties I met her and had the chance to talk with her. There were several garden parties and things like that they put on for them. I was invited because I was with some people who were invited. When I say I, Diana and I both. I remember I got into a discussion with her. I told her I had read some of her books and I had enjoyed them. I thought they were delightful and that they had given me a better insight into the way Indians lived and so on, and I was trying to learn a little bit more about it. I said,

DR. DeBAKEY: one thing you can do for me is to help me understand the Hindu religion. I've read about it as much as I can and I don't understand it. She looked at me with a little smile on her face and she said you never will. She said I can't make you understand it, there is only one way you can understand it. You have to be a Hindu. That ended our discussion. Now that's not quite correct, because she did say this-----I said, well, can you explain this to me, I happen to be a Christian because I was born that way and at least we have some rather simple things that are easily understood. For example, we have the concept of heaven, we have the concept of hell. They may mean different things to different people, but they're at opposite ends. If we're good, we go to heaven and if you're bad, you go to hell. It's very simple. And I said, what is comparable to that? For example, we have a single God. We believe that there is a supreme being of God. She said, well, the Hindu religion accepts all of these things and it is very flexible. I said, well, what happens when you die then,

DR. DeBAKEY: in the Hindu religion? She said, well, the closest I can come to telling you about it is this, what happens to a drop of water, when it's raining, a raindrop, when it hits the ocean?

SCHANCHE: Leaving you utterly bewildered.

DR. DeBAKEY: It's.....it's interesting, for example, now, you go to India and you see this tremendous poverty, crowded conditions, really depressing life of the people and you go to Japan and you see again very crowded conditions, but you don't seeyou don't feel that sense of poverty, you don't feel that sense of depression . These people are busy , they're working, they seem aggressive, energetic, a lot of drive and you don't see.....there seems to be a complete lack of energy among these Hindu people. It just doesn't exist.

SCHANCHE: Did you meet Nehru?

DR. DeBAKEY: Yes, oh, I had a fascinating experience with him. Not too long before he had his stroke, which is interesting, because I made the comment, I went there to see him, I had an Indian surgeon friend,

DR. DeBAKEY: I became very friendly with, he was not too popular among the doctors and yet highly respected. One reason he wasn't too popular was because they thought he was too close to the communists. He had great friends in Russia and he would go to Moscow frequently and he was the one really that was a great friend of the Chinese Embassy people and made arrangements for me to get the visa. When I say he made arrangements, he had contacts there and he said they had indicated, you see, actually this came through some of my surgical friends in China wanting me to come .

SCHANCHE: What was his name?

DR. DeBAKEY: It'll come to me. He died..... As a matter of fact I'm going to give a lecture in his honor in December, so I'll give you the name out of that. It starts with a B. Baylor or Bater or something like that. But anyway, he was a friend of Nehru's and he said to me one day, he said I'm going to try to get an audience with Nehru for you. And I said, Oh, I'd be delighted and he did. So we went up there to

DR.DeBAKEY: New Dehli and traveled up to New Dehli and went to see him. We waited for a few minutes, he was a little delayed because somebody hadn't gotten rid of...but then we went into his office. He looked just like his pictures. He was sitting behind his office desk, a huge desk and in a rather spacious room.

SCHANCHE: Did he have his little cap on?

DR.DeBAKEY: Had his little cap on. That's right. And dressed as you see him dressed in his pictures, but with a nice smile, greeted me nicely. We sat down and he said I want to tell you how much we appreciate your coming here and doing the things you are doing to help our people, our medical people. Our friend, Dr. B....has been telling me about all that you are doing and what wonderful work you have done and we deeply appreciate it. We talked for about thirty, forty minutes and every once in a while I would notice that he would sort of stare out into space and his face would kind of go blank. Just very transient. So ithe way....as though he wasn't with us. I remember

DR. DeBAKEY: saying to this doctor after we left, you know, I enjoyed it very much, but, by the way, did you notice what I noticed today? He said yes, and as a matter of fact, I've been concerned about it, he's not been too well, and it wasn't too long after that that he had his stroke. I think he was having small strokes. He was having transient episodes. But it was fascinating to talk to him. He asked me a lot of questions about the medical conditions and so on and I told him, I tried to again lobby for, doing a little missionary work, I tried to tell him how important it was to improve the health of the people and I thought that was extremely important and that a great deal could be done in India, that they had good doctors and they needed to set up more facilities and resources and training. At that time, we had these government funds, I've forgotten the name of them now, it was a number.

SCHANCHE: Point four.

DR. DeBAKEY: That's right, point four funds. And I tried to urge him to use more of those point four funds for health.

DR. DeBAKEY: He was very nice about it. He said, you know, we have so many important areas and the priorities for them and that's what our problem is. But the general impression I got from my visits to India, were generally depressing. I went up, for example, to New Dehli to see these places, the place that Rockefeller had built..... you know, they built them a magnificent hospital and a new medical school there and they were going to try to develop it along the lines of the American medical schools with full time people and they were going to develop a cardiovascular service there. Now there is a private clinic in New Dehli run by a fellow by the name of Sims and it again illustrates the same kind of thing that happens in all countries. It doesn't matter what kind of people you have. You wouldn't think, or at least, I wouldn't have thought that this would be so strongly developed in India, but in this private institution therethey were fighting this medical school, fighting the people there because they were full time and they didn't want them to have any

DR. DeBAKEY: private practice, they didn't want them to see any private patients and they wanted them isolated.

SCHANCHE: Is that S I N H?

DR. DeBAKEY: No, his name was Sen. S E N. S. K. Sen. He was a good man, he developed a private clinic there that was one of the best in the country. No question about it. I remember when I went down to Puerto Rico, on a project I did for the new school down there, I got into the typical town-gown relationship, with doctors in the town were strongly opposed to the doctors in the medical school having any practice.

SCHANCHE: When you see someone that might, as in the case of Nehru, and you actually observe symptoms happening before your eyes, do you ever speak up and say you ought to go see a doctor.

DR. DeBAKEY: No, I couldn't very well do that. It would be very inappropriate, I hadn't really examined him. It was just an observation I made and it was just interesting that not long after that he had a stroke. I did make

DR. DeBAKEY: the observation to this doctor.

SCHANCHE: He died in about '64, '65.

DR. DeBAKEY: Yeah, something like that. But it was fascinating, it's always fascinating to go to a country and look at the situation that exists there and see in a sense theabout the only place where I've been that you don't find that because it's wiped out is Russia. Now the interesting thing is in Russia even that you will find pockets of private practices, even within the system. Definitely. And the big they get their private doctor, sure.

SCHANCHE: A private doctor is part of the system.

DR. DeBAKEY: Oh, yes. Completely. He gets paid for being a private doctor and you can go to him as a private patient.

SCHANCHE: Is this legal?

DR. DeBAKEY: Oh, yes, it's legal. They pay income tax. They have to report it, but they do as much as they can of it. That's the interesting thing of it. They seek it. They all go for the money, no matter dedicated they may seem. They go for the money.

SCHANCHE: Soviet medicine has advanced them to limits,
but they're all on a very low level, aren't they?

DR. DeBAKEY: Mostly. Yeah, the big...for the most part....
I said that to one of them, I said you know I see
in this meeting, sixty to seventy percent of the
surgeons are women, but when I go to the institutes
and see who is in charge, the men are in charge.

SCHANCHE: What did he say?

DR. DeBAKEY: Well, he said, yes, well, we have a few. It's
the same all over.

SCHANCHE: Did you take Diana to the Taj Mahal when you were in
New Dehli?

DR. DeBAKEY: Oh, yes. And that's absolutely....there isn't any
question about it in my mind, it is the most beautiful
edifice in the world. Bar none in my opinion. The
symmetry, it just has such perfect proportions. It is
amazing, isn't it?

SCHANCHE: I was there for the rising of the full moon.

DR. DeBAKEY: Yeah, I know, I saw it in moonlight too. I saw it in
the day and toured the whole thing. It is absolutely

DR. DeBAKEY: you know, when you first look at it you're impressed with its beauty, but the more you look at it the more you are impressed. It just keeps growing on you. It simply goes to show you that this is just like an...like a magnificent painting, it just grows on you. The more you see it the more beauty comes out of it. Plus the fascinating story behind it all, how much is true it's hard to say, but it is interesting. Oh, yes, we saw it. We did a lot of sightseeing while we were there because we were there about two weeks. We traveled all over, saw all the caves, all....I think there are four or five major cave areas. We saw those and spent quite a bit of time in them. That is absolutely fascinating in those caves. It's hard to believe. Unless you see it, if somebody describes it to you. It's extraordinary. Just think over a period of, this went on for some five or six hundred years, building these things. You wonder about a culture that will do that. The people that did that could hardly be

DR. DeBAKEY: more than slaves. Now whether they were slaves in the sense that they were being told and directed or whether they were slaves by their religion or what, it's hard to say, but they were really slaves to that. Again it has to have some reflection of the quality of the people, it's bound to, it wouldn't have gotten done. I suppose genetically that's what you're dealing with today. Of course, it was a country that was dominated for the most part for centuries by others, foreigners. The dominated the people for centuries, two or three thousand years. So I'm sure that does something to people, too.

SCHANCHE: Do you want to drift back into the book?

DR. DeBAKEY: Yeah, these other things are more interesting. Well, let's see, where did we leave off.

SCHANCHE: Around page 88 or 89.

DR. DeBAKEY: Yeah. That was the year too that I was president of the American Association for Thoracic Surgery.

SCHANCHE: You never did neurosurgery, did you?

DR. DeBAKEY: No.

DR. DeBAKEY:Ohio State University in Columbus, 1961.

I have been visiting professor at most of the major universities in this country .

SCHANCHE: Do you always accept visiting professorships when they're offered?

DR. DeBAKEY: Yes, well, I try to. I can't always accept them, but I try to accept as many as I can because I feel an obligation to the academic world in medicine so I do my best to do that. I've done this elsewhere not only in this country, but in foreign countries as well. In Canada, in Mexico and some of the South American countries. It also gives you a chance to carry your mission, and there is a great deal of missionary spirit in me and in what I do, so I'm anxious to carry it out, and this gives you a means of doing it.

SCHANCHE: Broadens your acquaintances.

DR. DeBAKEY: Also gives you a chance to convert some people to your points of view. A great deal of what I've accomplished in moving the field ahead has come

DR. DeBAKEY: about from conversion and in speaking in a missionary manner about these things. Very often I'll go to places that surgeons will ask me to come to places because they're having a hard time with their local medical people who are very conservative, or their local neurologists. When I was in Tel Aviv, for example,

SCHANCHE: They want to use you to open the field.

DR. DeBAKEY: Yes, to open the field for them. I remember when I was in Tel Aviv at the hospital there they had some neurologists there and they wouldn't let them operate on any of the strokes. So they asked me to speak about this and they told me that the neurologists.... So I did speak about it and I did confront the neurologists with our observation and even said to them this can be done and I did a few operations while I was there. But it opened up the field, they needed to start work. Well, this happens in many places I go, the surgeons will ask me to come and with the idea, really of sort of breaking ground for the

DR. DeBAKEY: conservative medical people, cardiologists, neurologists and so on.

SCHANCHE: When you were in Tel Aviv was there any resentment because you are Lebanese , your background?

DR. DeBAKEY: No, as a matter of fact that never....no, no they are very friendly with me and I don't have any difficulty at all. I say II've trained a couple ofincidentally, one of their fellows is here, would you like to talk to him? One of the fellows I trained.

SCHANCHE: He's working upstairs?

DR. DeBAKEY: Well, he's visiting. He's in charge of cardiovascular surgery. He's here visiting and he's going to be upstairs tomorrow visiting with me and he's one of the people I trained.

SCHANCHE: Well, I might go up in the morning.

DR. DeBAKEY: He's one of my trainees. He'd be interesting to talk to. He's opened up the field there very nicely for them. I visited him when I was there, too, and saw him. I've got , I think, three or four that I have trained there. They are all heading up services, doing well.

DR. DeBAKEY: They've become missionaries of their own. Doing very well. No, I have been there twice and it's really, they've been very, very....well, they've honored me and good friends and have sent me patients here. So I get along fine with them.

SCHANCHE: Did you meet any political figures? Golda?

DR. DeBAKEY: No. No I didn't meet any of the political figures when I was there. Oh, I think I did meet their Minister of Health, but.....no, they.....the last time I was in Beirut, they knew I had been to Tel Aviv and they never....that didn't bother them at all. I don't think they think of me in those terms. They don't think that I'm considered a political figure in that sense. I've spoken so strongly everywhere I've been for the health of the people, for improving their lot or advancing medical science and so on, that I think my image is more in terms, identified in those terms rather than being of Lebanese origin. Well, I think you can see that these were very productive years just in terms of bibliography.

SCHANCHE: Yes.

DR. DeBAKEY: You know, it's interesting for you also to see the number of people, the increasing number of people who are making contributions each year, and all of these are patients. There are several doctors in here, Dr. Jacob Fein, he was really one of the leading surgeons in this country from Boston. He had an aneurysm I operated on. Still living and doing fine and it is now twelve years. Everyone of these, almost, not everyone, but almost every one is a patient.

SCHANCHE: These are the ones you don't bill...you don't send a bill to just tell them to.....

DR. DeBAKEY: Mrs. Basil McClain. Basil was a patient of mine and whenthe one I told you about. George O'Connell, he's an interesting character. He and his brother, two O'Connell's, and I operated on him for an aneurysm and he's from Canada, a Canadian. His brother was a contractor, quite wealthy, and his brother had a hobby of collecting old classic automobiles.

DR. DeBAKEY: He had one of the largest collections in the country. I went through his collection. In fact he gave me a 1912 Ford.

SCHANCHE: He did? What did you do with it?

DR. DeBAKEY: I kept it here for a long time and used to run it and I used to let the people in the, they have a club here, a classic car club, and they used have parades and they'd borrow it. It was in excellent condition. C. F. Urschel. He was a patient of mine and his wife and he was the fellow, he ...you remember the kidnapping that occurred oh twenty or thirty years ago and he....they caught the kidnapers because he remembered that at a certain hour....the plane would go over at a certain, and he was able to tell them and they found out what plane that was and when it got at a certain point and they caught the kidnapers. This was the fellow, Urschel. I told you about the.... about Mr. Mading, didn't I, how the department of surgery became the Cora and Webb Mading Department ?

SCHANCHE: Yes you did.

Tape # 15

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DR. DeBAKEY: Let's go on to another book. Let's see 1959,
61, 61-62. This is a heavy one too.

SCHANCHE: They seem to get thicker.

END OF SIDE A.

SIDE B.

DR. DeBAKEY:

This is a good paragraph here in the letter of transmittal. Let's see.

"The business of helping sick people and training others to do so is at once both overwhelming and stimulating. It concerns itself with an accumulated body of knowledge which governs every facet of the attention given a patient and implies a commitment on the part of the physician, not only to use, but also to increase this store of special knowledge. It demands that the physician use every means at his disposal to relieve suffering and prolong life, while at the same time and with equal fervor interpreting for the next generation all that is known of the human body and of disease which attacks it. And further, what can be done to curve the disease process. It is an undertaking of enormous and ever-expanded scope."

SCHANCHE:

That's very well put.

DR. DeBAKEY: That's right. And, you see, that really expresses very succinctly really my own sort of commitment. My own life. My own way of life and my commitments. And I'm so committed to it that I believe that it's.. that there is nothing better as a substitute for living. My commitment of this kind. I think the joy of doing this is really the joy of living.

SCHANCHE: And this is why you've given yourself over completely to it?

DR. DeBAKEY: Yes.

This is the period.. We built the building now and we've expanded our laboratory facilities and research facilities.

SCHANCHE: This was the period when King Leopold and Princess Liliane came. They're on page 64. And on 63 you are in Belgium receiving the Grand Cross.

DR. DeBAKEY: Well, that must have been when we broke ground here. Because they were here when we broke ground and helped us break ground.

SCHANCHE: You have a photograph of her watching you operate on page 64.

DR. DeBAKEY: Yeah. She used to love to watch the operations.

SCHANCHE: Is she a frustrated doctor?

DR. DeBAKEY: In a way, yes.

DR. DeBAKEY: Has she ever expressed to you a wish that she'd become a doctor and studied medicine.

DR. DeBAKEY: Yes. Oh, yes. Definitely.

SCHANCHE: That report also on page 62 lists among the fellows one Dr. Liotta from Argentina.

DR. DeBAKEY: That's the year I think he joined us. He became a fellow. That's right. Yeah.

SCHANCHE: Do many of the Fellows remain as assistant professors here or attempt to?

DR. DeBAKEY: No. Very, very few. But most of them, I would say the great majority of them are quite..become.. See, Hall was a Fellow too, you see. But he had finished his residency when he became a Fellow. But.. Now you take Balas from Greece. Well, he is a professor there now and probably one of the leading surgeons in Greece. Cartmill from Australia. Tim Cartmill. He's one of the leading cardiovascular

DR. DeBAKEY: surgeons in Australia today. Escobar in Mexico, Hamman from Egypt. Kawalski from Poland. That reminds me when I went to Poland the last time I had eight fellows there and they all met me at the airport. I had a great time with them. Kubo in Japan. Morales in Venezuela. Primo in Belgium is certainly one of the leading cardiovascular surgeons in Europe. Rykowski of Poland. Sabar of Turkey. Santibanez in Mexico. Suzuki from Japan. Thiele from Germany and Bob Wallace from the United States is one of the leading fellows in this country now at the Mayo Clinic. Heads up the service.

SCHANCHE: Don't you have a terrific problem of communication with some of the foreign fellows?

DR. DeBAKEY: No, most of them have.. You see, they have to learn to speak English.

SCHANCHE: Speak English, but I've noticed that in some the English isn't too good. Sometimes terribly confused.

DR. DeBAKEY: Yeah, it takes.. For a while, yeah. That's true. I see Dr. d'Abreu visited with us in 1962. I remember him very well. During the war it was rather interesting. It was.. I met him first in Italy. D'Abreu was a young British surgeon and our American fellows were all griping and complaining about having been in the service. You know, having been over-seas for two years or three years or something like that. Most of them two years. And they were complaining about not being able to get home. We were in a meeting and we were sitting down in the evening after the meeting. A group of us sitting around drinking and eating. I guess it was getting late--about 10:30 or 11:00. Just bulling. And all the American sugeons.. He was the only British surgeon there. And they were all griping about this. And they turned around to him and they said, "D'Abreu, how long have you been over-seas? When did you go home last?" See, they were griping

DR. DeBAKEY: because they hadn't been able to get home. And he said, "Well, I've been over..five years." They said, "You haven't been home in five years?" He said, "No, I haven't been home in five years." And they said, "... He said, "Not only that, but my brother's wife was killed in a bomb at home. He was killed over-seas." And he said, "I haven't seen any of my family in five years." And he said, "I'm, of course, hopeful of going back at the end of the war." But he said, "I don't know if I'll make it or not." Well, later after he had left, several of them who had been complaining to me, you see, I was the representative of the Surgeon General. They had been complaining to me about it.

SCHANCHE: This was in France, then?

DR. DeBAKEY: No, we were in Italy.

SCHANCHE: In Italy.

DR. DeBAKEY: They said--one or two of them said to me, said, "You know, I'm kind of ashamed of myself." One or two of them said. "Really ashamed of myself

DR. DeBAKEY: complaining the way I've been complaining, then compared myself to this British surgeon who hadn't made any complaints at all." He was doing his duty. It was very impressive. d'Abreu.

SCHANCHE: How do you spell his name?

DR. DeBAKEY: It's A. L. d'Abreu. d'-A-B-R-E-U. He was visiting here. That's why it's in this report-- '62. Visited with me in '62. A fine person from Birmingham.

I see where I got the Honorary Degree from the University of Brussels. This was a very impressive ceremony. I don't know where it would be, but I also got one from Lyon. And they give you an honorary degree there at the University and it's really quite impressive. They have quite a ritual and they dress you up and put on these beautiful capes. And have the gold caps. They don't have the typical cap we have--the flat one. They have these rather crown caps. And they have quite a

DR. DeBAKEY: ceremony and most of it's in Latin. They read everything in Latin.

SCHANCHE: Did you wear the red cape?

DR. DeBAKEY: Yeah. Yeah.

When I was visiting professor at UCLA, Dr. Longmire was professor of surgery there. And I'll never forget, I.. When I arrived at the airport, he met me. And he met me in a brand new Cadillac. And when I got in the car, I said, "Bill, this looks like a beautiful new car." He said, "It is. I just got it yesterday." And I said, "Well, how do you like driving it?" Oh, he said, "It's very nice." I said, "It looks very nice--a professor of surgery at UCLA. I think it's very appropriate." And he said, "Of course, I know that you had a Cadillac given to you." He was a visiting professor here at one time. He was here when I had a Cadillac given to me by a patient. And I said, "Bill, don't you like driving it." He said, "Oh, I do." I said, "You know, I'll tell you." I said, "It's very easy

DR. DeBAKEY: to get used to it." He said, "I'm finding that out." Getting used to it.

I was really quite.. I had a very enjoyable visit there. A great group of people, well-dedicated. He had built up a great service there. He had gone there and developed it from start too.

SCHANCHE: You've been visiting professor out there several times. You were out there last summer--or this year or last year.

DR. DeBAKEY: Yeah.

SCHANCHE: I may have missed things in that report because according to my notes there wasn't much that caught my eye that had not been in previous reports.

DR. DeBAKEY: Uh-huh. Well, you see also, that we've got a very.. a larger list of patients who have made contributions. This, I think, was the first mention of the DeBakey Medical Foundation. I guess it was started at that point in time.

SCHANCHE: What? I don't know about that, Mike.

DR. DeBAKEY:

Yeah. The DeBakey Medical Foundation was really started by some patients of mine who wanted to create a fund for me, you know, in my honor. And so I wasn't sure how best to do this. I didn't.. I couldn't set it up in the school as a special fund for me. So.. And they wanted it identified that way. So, I got some advice from several people in town--Mr. Taub, several others. And they suggested the creation of a foundation. They said just call it the DeBakey Medical Foundation.

And now when people want to give money to it, they can give it to the foundation. This allows you to accumulate funds and to use them the way you want them. Well, it has proved to be extremely valuable, because it has made possible for many people to give even small amounts of money. And there's a large list of contributors each year. And we have, as a consequence, accumulated enough money so that we have been able to make large donations. For example, when this building was built, we contributed half

DR. DeBAKEY: a million dollars.

SCHANCHE: Wow.

DR. DeBAKEY: To the Baylor campaign, the DeBakey Medical Foundation contributed a million dollars to Baylor. Endowed a chair, if they want. We didn't say. We just said use it any way you want. And over a period of years, we have rarely given anything to surgery. Almost all the monies have gone for other purposes. Mostly for the basic science people. Because I've always felt they've needed it. So it's been a very useful..

SCHANCHE: So this turned into quite a large fund.

DR. DeBAKEY: Yes. Yes.

SCHANCHE: And most of this or all of the money has come from former patients.

DR. DeBAKEY: Almost all of it. Virtually all of it.

SCHANCHE: Who runs the fund? An independent...?

DR. DeBAKEY: A board of trustees. Yeah. Henry Taub is a member of the board. There's also Mrs. Smith, who's a

DR. DeBAKEY: member of the board. A Mr. Gus Wortham--a big insurance man and he's a member of it.

SCHANCHE: Gee, to give away that much money, it must have built a hell of a lot of capital in the foundation in a short time?

DR. DeBAKEY: Well, we give.. We don't.. We just give..

SCHANCHE: You give away principle then?

DR. DeBAKEY: Oh, yeah. Sure. We haven't given just interest. No, no. We've got money that we have.. You know, the money is all invested, but we just.. when we decide to give a certain amount of money we just go ahead and give it. And take what's available to do so, as long as we've got it. And I.. That's been my philosophy. Hell, I'm not trying to build up a big foundation. We need the money now. Let's use it now. That's been our general policy. Well, I don't...

SCHANCHE: Do you think, incidentally, that that would be a better policy for foundations to follow then sequestering vast sums?

DR. DeBAKEY: Oh, yes. Definitely. Definitely. I've always felt that. Now I don't think they ought to give it without a good reason. I think they ought to have a good reason to give it. Not just to give it away.

SCHANCHE: They shouldn't feel so strained to guard their capital...

DR. DeBAKEY: That's right, exactly. I think.. You see, it depends for example the Rockefeller and the Ford Foundations are so huge that actually it's very difficult for them to give all that money away without really just distributing it..

SCHANCHE: Yeah, they couldn't wisely give it away.

DR. DeBAKEY: No. No.

SCHANCHE: At least not in a short time.

DR. DeBAKEY: No. That's why I think that generally speaking they've done a pretty good job.

SCHANCHE: Do you have '63-'65?

DR. DeBAKEY: Yeah.

SCHANCHE: On page thirteen, this is just a mincing question. Liotta is still listed as a Fellow there and he was a fellow in the previous '61-'63 report. I was just curious why he remained as a Fellow a long time..double time.

DR. DeBAKEY: On page.. What page is it?

SCHANCHE: It's on page 13. He's also listed on your faculty personnel as an assistant professor.

DR. DeBAKEY: Well, that doesn't matter. A faculty appointment and a fellowship. The chances are we paid him from the fellowship program. I was always scrounging around trying to find money to pay him.

SCHANCHE: Oh.

DR. DeBAKEY: So we had to list him as a Fellow. Yeah. That's about all we could do with him.

SCHANCHE: On page 23 I think is the first mention of a research grant from H. E. W. for an artificial heart. So that covers the..

DR. DeBAKEY: That's right. You see, that started .. That's right. That's when it begins. Exactly. That's when we

DR. DeBAKEY: got the grant. I think it was in '63 or '64.
That's right. I'm almost certain of it.

SCHANCHE: You have numerous awards on page 25, Mike.

DR. DeBAKEY: ..clinical investigation.

SCHANCHE: Yeah.

DR. DeBAKEY: In '64. And no..

SCHANCHE: The Lasker Award.

DR. DeBAKEY: The Lasker Award, yeah. And, of course, that's the highest award that you can get for medical achievement in this country. It's sort of next to the Nobel Prize. And it was interesting how I got notified. I was actually at a dinner party and I was staying.. I was visiting with Princess Liliane and King Leopold and staying with them. And it's been the custom for the Lasker Committee to have..once they have made their jury--they call it--once they have made their selection, to have a dinner that evening and then to call the people they selected to tell them they had been selected. And they go to great pains to call them that evening all

DR. DeBAKEY: over the country and sometimes they're just in other parts of the world. And I have, since I have been chairman myself of the Lasker Jury I've done this, myself. Now, I was in Brussels visiting with Princess Liliane and King Leopold and I was. . . She was having a dinner party. And it was after the dinner party that we were sitting-- half a dozen of us--having a cup of coffee, some after dinner drinks. And I guess it was around-- must have been about one or two o'clock in the morning.

SCHANCHE: Yeah, it must have been quite late.

DR. DeBAKEY: It was close to one or two o'clock in the morning. You know, they're late for dinner there as it is. I mean you start dinner at maybe eight or nine o'clock. And by the time you're sitting around for drinks and dinner, it may be one or two o'clock. I've often not gone to bed until three o'clock in the morning there. And, I got this call from New York. And the Princess came. Answered the phone and she came in and she said--she calls me Michael--she said, "Michael,

DR. DeBAKEY: they..Mrs. Lasker's on the phone and wants to talk to you." So I go over to the phone and it's Mary Lasker and she says..

SCHANCHE: Did you think, perhaps, it was a medical emergency?

DR. DeBAKEY: Yeah, I didn't know what in the world. And she said, "Mike, Dr. Wright, who happened to be chairman of the Jury at that time, wants to talk to you. Irving Wright, from New York." So he got on the phone and he told me. And I nearly fell out. And then Mary came on the phone and then she called the Princess back and told the Princess why she was calling. So we had another celebration.

SCHANCHE: Incidentally, are the Nobel Prizes of medicine always granted for basic research.

DR. DeBAKEY: Almost.

SCHANCHE: Yeah. That's been my impression.

DR. DeBAKEY: You rarely see any clinician get it. Rarely ever. He has to do some kind of research. I've been

DR. DeBAKEY: that I've been nominated, but that doesn't mean anything.

Now the St. Vincent Prize for Medical Science was.. is at the University of Turin in Italy. And that's an interesting one. It's a beautiful prize. I have it over here. It's beautifully done. And it amounts to about..varies apparently in what it amounts to, but if I remember correctly it was five or six thousand dollars, which was quite a surprise. And they do it up beautifully at the university there, really. And, of course, the lovely setting. They get up into.. The prize is with the University of Turin, but they put it on in the mountains nearby in a lovely setting that apparently belongs to the university. It's absolutely magnificent--the scenery there. It's in the Italian Alps, you see.

SCHANCHE: Done all in Latin?

DR. DeBAKEY: Oh, yes and beautifully done.

SCHANCHE: Is your prescription Latin good enough to follow one of these ceremonies?

DR. DeBAKEY: Yeah. (laugh) My wife was with me at the time and we have some beautiful pictures of it. And this thing in Padua was interesting too.

SCHANCHE: What was that?

DR. DeBAKEY: Well, this is what's called the Golden Eagle Award. This is the highest award they give at what they call their International Festival of Scientific Films-- Didactic Films. And it's also quite an impressive occasion the way they do this. Now the Wisdom Award of Honor is another interesting award. Some of these things I had known about before, but I was rather impressed with the way they did them. Well, the Honoris Causa from the University of Turin in '65. And the University of Ghent. I've got them from all the universities in Belgium--honorary degrees. The University of Athens. I'm going next month to Athens and get another honorary degree from the University of Aristotle which of course has some other meaning because that is, of course, where Hypocrites studied. And I must say that I especially

DR. DeBAKEY: appreciated the honorary degree from Tulane University.

SCHANCHE: Is that in that time period?

DR. DeBAKEY: Yeah. 1965. You see, they made me an honorary member of the Polish Society of Surgeons and also the Israel Surgical Society.

Well, they were nice. It's nice to receive these honors and to be recognized by your peers that way.

SCHANCHE: There must be hundreds of awards given every year.

DR. DeBAKEY: Oh, yes. All over. Yes, but they aren't too many that are truly meaningful. I mean, after all, there's only one Distinguished Service Medal of the American Medical Association a year. Interestingly enough, they don't always give it every year either.

SCHANCHE: Don't they?

DR. DeBAKEY: No. Some years they don't give it. You see, when I got it, I think I was only the sixth man to get it.

DR. DeBAKEY: You know? It's been in existence I've forgotten how long. The Lasker Award isn't given every year. There are a number of awards really that-- of that type. Now the honorary memberships from the various societies and of course honorary degrees from universities. But there aren't many doctors that will get these kind of honorary degrees from all of these foreign universities. And see, I've got honorary degrees from Tulane, from the University of Michigan--you know, a number of universities in this country that are quite distinguished universities.

SCHANCHE: Do you want to try one more?

DR. DeBAKEY: Yeah.

SCHANCHE: The '65-'66. There are two interesting things in that particular one. On page 7, you're just beginning Fondren-Brown or it is the first mention of it.

DR. DeBAKEY: Now wait a minute. What page?

SCHANCHE: Page 7. I think it's in your... I believe that's the first mention of it.

DR. DeBAKEY: Page 7?

SCHANCHE: Unless I'm mistaken.

DR. DeBAKEY: Yeah, there it is. 1964. "Ground was broken October 22, 1964." Ground was broken. That's right.

SCHANCHE: That was during the visit of the King.

DR. DeBAKEY: Yeah. They were here for the ground breaking ceremonies. Well, you know, it's interesting the way this came about, because Mrs. Fondren.. The interesting thing is that Mrs. Fondren was..is.. was asked by Dr. Keeting about the possibility of developing a little children's hospital--I mean orthopedic children's hospital. A bed unit. It was conceived as a kind of addition to the hospital. The original concept was not a building like this. And they wanted me to speak with Mrs. Fondren to support the idea. And so, I went with Mr. Bowen and Dr. Keeting to see Mrs. Fondren. And I said to Mrs. Fondren that this was a good thing to do. I said, "You know, Mrs. Fondren, we really need

DR. DeBAKEY: to develop more research in our activities. And this would be a great thing. We need a children's unit--orthopedic unit, where we can do some research and so on. We need to expand our research in the cardiovascular area. We have this special unit that we have when we got the center. A special bed unit was up on.. We built it. It was on the roof. There were only eight floors at that time. We built that ninth floor from the roof to put the cardiovascular beds in." And so the more I talked about this, the more I began to include more of the cardiovascular, you see. (laugh) They were getting a little worried that they might be edged out of the children's bed unit. But, I kept coming back to that. Well, she--they wanted to know about what it might cost and what she needed to put up. And I said, "Well, at least a million dollars." And she said, "You can't build very much with a million dollars." (Laugh) I knew we'd made a mistake then.

SCHANCHE:

You set your sites too low.

DR. DeBAKEY:

Yeah. So, we kept going back to her and saying that. Well, then I got the idea that I was just going to go out now and try to get more money and get some matching money. And really build us a building that would house a cardiovascular center. Well, I had operated on George, I mean Herman Brown. I'd done two operations on him. One for cancer of the lung. One for an aneurysm. And he had done extremely well for some years and finally died of a heart attack. And George Brown, his brother, he and Alice were friends of ours. They had made some small contributions, you know--twenty, twenty-five thousand dollars. So, I decided I'd go speak with George and Alice. One Sunday afternoon I went over there. And I layed out the concept to them. I told them Mrs. Fondren was going to give some money for this children's orthopedic thing. And we could build a new building and house this cardiovascular center. That we could get some matching money. That we

DR. DeBAKEY: needed to have two or three or four million dollars to start with. That the hospital would put in a million or two and this could be a memorial to George Brown. Well, they liked the idea. And wanted to think about it. They liked the idea. We talked some more about it and they finally decided that..to give a million dollars. Well, actually, they ultimately gave about two and a half million. Mrs. Fondren put up about the same amount of money into it and the hospital put in some money and we got the matching money.

SCHANCHE: Federal matching money.

DR. DeBAKEY: And that's how we built.. It cost us about twelve and a half million dollars. You couldn't build this building today for probably twenty million. But, actually got started by Dr. Keeting and Mr. Bowen.. Yeah, well, they were anxious to bring me along to support this. To get Mrs. Fondren to go along because she was a great admirer of mine and she supported me and helped me. And that's how it started.

SCHANCHE: On page 9 you make some observations on the inadequacies of the curriculum. I think with reference to students not getting an early enough exposure to surgery.

DR. DeBAKEY: That's right. I was very.. Well, you see, I was.. They had changed the curriculum and I was unhappy with the changes because all they did was rearrange the curriculum within the same structure. I had been unhappy with the curriculum for a long period of time. And the first chance I had to do anything about it the curriculum was when I became president and I had an opportunity to get the students.. I sort of siked the students on the faculty. You see, that's how I got the curriculum changed. Because..

SCHANCHE: You major changes in the curriculum didn't come until '69 when you became president, did they?

DR. DeBAKEY: That's right.

SCHANCHE: You didn't... You wanted to go to the three year curriculum.

DR. DeBAKEY: That's when.

DR. DeBAKEY: It was right after that. That's right.

SCHANCHE: But this problem, I gather, was.. Your feeling was that students were unprepared to make a choice in their specialties..

DR. DeBAKEY: That's right. You see, all they did was postpone them..everything. I was trying to bring it up sooner. And I think that the whole.. To me this was a regressive step in the curriculum. Not so much just for surgery, but for all the fields. Yeah. And it, in my opinion, it hadn't improved the curriculum at all. And that's why I was quite upset about it.

SCHANCHE: Did it help you to ..in your cause to sound off on these subjects in your annual reports? Or were they kind of a form to your board of trustees?

DR. DeBAKEY: Yes. Oh, yes. Well, people knew my feeling about it because I had.. Especially because I couldn't do much about it. But, I would put them in these reports because they were read by.. You see, I sent these reports all over the country. There's a

DR. DeBAKEY: list of people. I sent them.. All the professors. And I sent them to all our trustees and all the faculty members. Not all the faculty members, but most of the heads of the departments. Oh, yes, I used these as a form and I used them as a means of influencing people and so on. Sure. It's the point of my whole philosophy that you work.. You've got to work within any system, whatever system you have you've got to work with that. I mean if you belong to the Russian system, you've got to work within that system. And you can't work in a chaotic situation. You've got to have a system to work in. And the people who say they want to break down the system. Well, alright. But, you know, what system are you going to work in. And it's stupid for some of these radicals to talk about the system is wrong. Well, any system is wrong. It doesn't make any difference what system it is. It's not going to satisfy you. And if you are satisfied

DR. DeBAKEY: with the system, it isn't worth a damn. So, you take whatever system you're in and you work in it. You work from within that system to make the necessary changes to better the lot of the people. This is all that I'm doing. I'm not satisfied with our system, but as far as I'm concerned I'm ready to work in it. And I do.

SCHANCHE: To improve it.

DR. DeBAKEY: To improve it, sure. I was on the phone today working within the system--lobbying for the Heart Bill. To get it through.

SCHANCHE: To get it signed? It's already through isn't it.?

DR. DeBAKEY: No, it's not through. No, no, it's out of the Congressional Committee. It's just waiting to be brought to the floor. But they've got a jam up there of things coming up to the floor, you see. And I'm trying to give it the priority. So I was calling people up and.. You know, calling certain Congressmen and even some of my Republican friends. Calling them. I don't hesitate to call them.

SCHANCHE:

Who did you call today for example?

DR. DeBAKEY:

Durwood Hall. Well, I called Paul Rodgers and I called Durwood Hall. And I called Bob Casey. And talked to them. Not putting any pressure on them or anything--just in a nice way. They're friends of mine. I call them by their first name. They know me. And they'll do what they can. I know that. But..you just keep after it day to day. Sure. When there were the differences in the bill between the Senate and the House version, well they were at a standstill, because they hadn't met yet. So I knew they couldn't resolve it until they met. They had to have a conference. They hadn't been able to resolve it by the staff. So I called Paul Rodgers and I called Senator Kennedy's office--talked to Leon Goldman. And then I called back and found out exactly where they were stuck. And then I called Paul and made a suggestion about it. And called Leon Goldman and made a suggestion about that. Fortunately they both agreed to the suggestion

DR. DeBAKEY:

I made about how to resolve it. And when they met in their conference it was agreed upon. Just exactly the way I suggested doing it. From a practical standpoint. It got through the conference and it's ready to go up on the floor. It's got to be called.

SCHANCHE:

What was the problem and what was your suggestion?

DR. DeBAKEY:

The problem was that in the Senate version, Senator Schieker had made an amendment to it which.. in which he wanted some ten or fifteen clinics set up for control. These would be clinics that would be in a sense paid for by the federal government, but available to all the people. Well, the AMA objected to that. They were preventive clinics to be sure, but they objected to it on the basis that this was interfering with the private practice of medicine. So, my suggestion was that you could accomplish the same thing in the centers. You have the authority in the bill to put in the centers whatever you want. If you've got the money, you could put those clinics

DR. DeBAKEY: in there and don't call them that. Don't put them in the bill as specific clinics for that purpose. But merely indicate in the report that it is the intent of Congress that these centers be able to do this. Simple way to do it. Now you've got the authority. If you've got the money, you can put them in the centers. And the A.M.A. can't object to that. They can't object to the centers and they don't. Well, they accepted that compromise. And so they resolved it. But you see, this is working within the system and this is what I have found out you can do. There are ways of achieving your objective if you're will to take the time to find out. Now it's true, you can't always achieve the objective when you want it--there are delays. They may not do it this year or the next year, but you keep on working until you do.

SCHANCHE: You've got to persist.

DR. DeBAKEY: Yeah. You've got to persist. Got to persevere.

SCHANCHE: You want to cut off now?

DR. DeBAKEY: Yeah. I think we'd better.

(PAUSE)

SCHANCHE: ..exposing yourself to risks or withdrawing confidences.

DR. DeBAKEY: No.

SCHANCHE: One thing I'm uncertain about is which of the witnesses in the thing asked for confidences and which didn't?

DR. DeBAKEY: Well, I don't really need to.. I have all the information I need myself.

SCHANCHE: Yeah. For your own version.

DR. DeBAKEY: My own versions of it.

SCHANCHE: It would be very nice to back that up with some impartial voices from the outside.

DR. DeBAKEY: Well, the thing is ... The essential facts of the story really are: first, that the heart he implanted was the same heart used in the animals--in the animal experiments. And that it was taken from the laboratory by Liotta who admitted that to me. Personally. This is all information that I have. So, that's one essential fact. Second is that he then claimed he and Liotta

DR. DeBAKEY: then claimed that they had done this. Which is a lie. Thirdly, that the basis for doing it was to save this man's life. When the animal experiments clearly indicated that it was not possible to do so. And the rest of the story is really one of determining whether or not this was justifiable. Well, the facts clearly indicate it was not justifiable. And that's all there is really. Those are the essential features of the story. Now, the manner in which it's all done is what makes the story a good story really. And I don't have to reveal any confidences, in a sense..

SCHANCHE: Did you talk to the other people involved--the lab people, for example? The woman who noticed the hearts missing after Liotta took them. And the woman had noticed...

DR. DeBAKEY: Oh, yes. I talked to all of them. I interviewed them myself.

SCHANCHE: So that anything they said you also knew directly.

DR. DeBAKEY: Absolutely. No there isn't any problem with confidences because you see all of the facts that

DR. DeBAKEY: they told to the committee, they told me.

SCHANCHE: I didn't realize that.

DR. DeBAKEY: Yeah. Yeah. So.. And there was a preliminary...

SCHANCHE: The only thing you didn't have was a session with Cooley.

DR. DeBAKEY: That's right.

SCHANCHE: And he was not very responsive to the committee.

DR. DeBAKEY: No. No. You see. You read his interview. It really sounds kind of childish.

SCHANCHE: It is.

DR. DeBAKEY: Very childish. And it really.. There was no... He had no basis. He had no basis. And he just, in a sense, sort of brazened it out really. That's what he did.

SCHANCHE: It was a marvelous reprehensible detective story.

DR. DeBAKEY: Yeah. It's a beautiful thing. It is.

SCHANCHE: Almost unbelievable.

DR. DeBAKEY: It is. You know, it is unbelievable. That's right. It is unbelievable. It's an incredible story. I don't know of any comparable story in the annals

DR. DeBAKEY: of medical history.

SCHANCHE: I'm sure there isn't any.

DR. DeBAKEY: There have been some rascal things done.

SCHANCHE: Well, you can go back to body snatching and things like that, but that's a different category.

DR. DeBAKEY: Yeah. Absolutely. And, of course, some of the things, you see, that are really available to me: the letters he wrote; the proposal he made. These are all things that are mine. I have all that. I don't have to break any confidences of any kind.

SCHANCHE: Well that's good, I didn't know that you had talked to each one of the people.

DR. DeBAKEY: Oh, yes. And you see, when we prepared the article that was published, I had every single one of them sign a statement. I said to them, I said, "This may become necessary later. Let's have it." So every one of them signed a statement that everything in there to their knowledge is accurate.

SCHANCHE: That was in the summary of.

DR. DeBAKEY: No, that was the one that was published in the Bulletin on the artificial heart. Our article which

DR. DeBAKEY: laid out the facts about the experimental..

SCHANCHE: Oh, yes.

DR. DeBAKEY: You see. No, no. And you see, the thing is that Liotta sat there. And you know he came to see me after I had dismissed him. He came to see me twice. The last time he came to see me, Cooley sent him. And he came and said that he was coming because Cooley had asked him to come and see me--wanted to meet with me. And, of course, Cooley wrote me a letter to that affect. I haven't shown you that.

SCHANCHE: You didn't show me that.

DR. DeBAKEY: I have that. I'll give you a copy of that too. And on this occasion what he proposed--what Cooley proposed was that the three of us join together in the program in a clinical research program on the artificial heart. It's really incredible. Incredible. Almost unbelievable.

SCHANCHE: That's the grand finale to the story.

DR. DeBAKEY: Yeah. It really is.

SCHANCHE: Have you been looking. . I noticed you had one of those reports open?

DR. DeBAKEY: Oh, I had just pulled it up here to see if that was the last one we were going to. .
Now, before we get started on it, let me say that I. . In regard to the documents. .

(Pause)

...from time to time.

SCHANCHE: Yeah, you told me.

DR. DeBAKEY: And I learned long ago the step you take to try to overcome it was worse than the headache. So I just tolerate the headache. It goes away after a while. There's not a damn thing you can do about it. And, you know, there's absolutely no knowledge of what causes it.

SCHANCHE: There's still no. .

DR. DeBAKEY: No. I can be absolutely relaxed in every possible way and wake up in the middle of the night with a headache.

SCHANCHE: Why don't you start a DeBakey research project for your own sake?

DR. DeBAKEY: Well, you know, it's one of those things. It's like so many other things. It's hardly worth it. So you go on about your business. I just disregard it. I never stop working or anything. I find that's the best way to deal with it. Occasionally it gets to be kind of severe and I have to take a little aspirin. But I know people who really have a hell of a time. And I'm sure it's a genetic thing, because it runs in families.

SCHANCHE: Did your father have them?

DR. DeBAKEY: My mother.

SCHANCHE: Your mother had them.

DR. DeBAKEY: And my brother has them. Three of my sister have them. I suppose I have the mildest form of it, but I can remember when I was a little boy I had them.

SCHANCHE: It's got to be caused by some..triggering of some..

DR. DeBAKEY: Something, yeah. Some chemical thing. But, I see people and occasionally have patients, and among other things, they have migranes. And they really are pretty severe.

SCHANCHE: I've known people who've suffered really. Sometimes it will absolutely..

DR. DeBAKEY: It knocks them out. Just knocks them out.

SCHANCHE: You manage to work through yours.

DR. DeBAKEY: Oh, yes. I operate and do everything. What I have.. This little sort of a dull headache I have now is not the migrane. I know the migrane type. It's a different kind of a headache.

Well, let's..

SCHANCHE: ..look in the book.

DR. DeBAKEY: Now which one. We left off '66-'67?

SCHANCHE: I don't think we went through '65-'66. You started to yawn..

DR. DeBAKEY: You sure we didn't go through '65?

SCHANCHE: Well, we started. You know we were up .. on page 9 you had some observations about the inadequacies of the curriculum there. And had just started to talk about them, when you started yawning. I don't know whether there was more in there or not that would strike your interest. There wasn't anything that caught my attention. Although it would be well to

SCHANCHE: look at your personal activities.

We did go over that first part and over your thoughts on curriculum and the students not getting exposed to a broad enough range with medicine in a total in that period.

(PAUSE)

DR. DeBAKEY: ..was that we continue to get large sums from the H. E. W. A number of grants--most of them all from H. E. W. And there again emphasizes the importance of the National Institutes of Health as a source of support for research.

SCHANCHE: By this time you had built up into millions of dollars.

DR. DeBAKEY: Yes. That's right. So that it constitutes really a very important.

SCHANCHE: Well, it's the most important.

DR. DeBAKEY: It refers here to three television appearances I made. One was on the "Twentieth Century" which Walter Cronkite had. And then I was on "Meet the Press" and then the British Broadcasting Company made a special documentary called "The Heart Man" which you see on this. I have a copy of that too. They sent me a

DR. DeBAKEY: print of that. It's very well done, as a matter of fact.

SCHANCHE: What was the subject of the "Meet the Press" show? Was that at the time of the left ventricle bypass?

DR. DeBAKEY: No, the subject of the "Meet the Press" show was really the.. That was really connected with the primarily with the work of the commission of heart disease, cancer and stroke. And the concept of the regional medical programs. You see, it was a kind of a new concept in the sense of..in the sense really of providing high quality care for a regional area by having centers of excellence and then stations out..

SCHANCHE: Satellites.

DR. DeBAKEY: Satellite stations. I see too that the National Advisory Council and the Regional Medical Programs came into being. And I was on that Council after it was organized. I received the award of Doctor of the Year. The Gold Scalpel Award from the International Cardiology Foundation. Centennial Medal, Albert Einstein

DR. DeBAKEY: Medical Center. International Award, James F. Mitchell Foundation for Medical Education and Research in Washington. The Order of General San Martin of Buenos Aires, Argentina. The Surgeon of the Century from the Syrian-Lebanese Cedar Society.

SCHANKE: It almost sounds like you're too busy getting awards to get any work done.

DR. DeBAKEY: This is true. Now this. This is a very interesting one. The Hunterian Medal which is.. Well, this is in London from the St. George Hospital. You know John Hunter was one of the great surgeons pioneer surgeons of the nineteenth century. And he worked at St. George's Hospital. And I was visiting professor there. And while I was there they gave me the Hunterian Medal. The Gold Medal Award of Phi Lambda Kappa. The Annual Citation, Midwest Research Institute. Edward Henderson Lecture Award, American Geriatrics Society. William

DR. DeBAKEY: Beaumont Award, with is a.. You know, William Beaumont was a great pioneer physiologist and physician and worked in Wisconsin. Honorary Doctor of Laws from Lafayette College. Honorary Fellowship, Institute of Medicine, Chicago. Honorary Membership, American Hospital Association. Foreign Corresponding Member (Honorary) of the British Medical Association. Presentations and publications continuing, as you see. Large numbers of them. '65-'66. '66-'67.

SCHANCHE: Okay. You didn't find any more in there?

DR. DeBAKEY: No. Now that's the year we completed and went into our new building, you know. We have a picture of it. The new building at Baylor. And the Fondren-Brown Cardiovascular Center was nearing completion. We point that out.

END SIDE B.