

J. ARNOLD BARGEN, M.D.:

AN ORAL HISTORY

Recorded by
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FORWARD

This is the second in a series of oral histories undertaken by the American Gastroenterological Association to document the history of gastroenterology in this country. The interview was conducted in 2 morning sessions, October 23 and November 20, 1968, in Dr. Bargaen's consultation room at the Riverside Medical Clinic, 3660 Arlington Avenue, Riverside, California.

Dr. Bargaen was born in Mountain Lake, Minnesota October 25, 1894, and was graduated from Rush Medical College in 1921. In 1923 he began a career of research, teaching and clinical practice in gastroenterology at the Mayo Clinic which lasted until his retirement in 1960. He began a second career in 1960 at the Scott and White Clinic, Temple, Texas, as a gastroenterologist and medical educator. In 1968 he again retired and now lives in Sun City, California. He is still active in the clinical practice of medicine two days a week as consultant in gastroenterology at the Riverside Clinic, and as a teacher and medical writer.

During the 45 years since 1924, Dr. Bargaen has studied ulcerative colitis and related disorders. His investigations have covered the etiology, clinical manifestations and treatment of ulcerative colitis. He was the Secretary of the American Gastroenterological Association from 1942-1947 and its President in 1949. He was awarded the organization's Julius Friedenwald Medal in 1967.

JAMES D. BOYLE, M.D.



J. ARNOLD BARGEN, M.D.

EARLY YEARS

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Q: Dr. Borgen, tell me about your early life. Where were you born?

BARGEN: Well, I was born in Mountain Lake, Minnesota. That's a small town about a 160 miles from Rochester. My grandmother was a physician, trained and educated in Germany. She came to this country, I think in 1874 and practiced medicine in and around Mountain Lake, Minnesota. My father, who was a school teacher, made up his mind that his son was going to be a physician. So from the age of 8 I never knew anything else but the fact that I was going to be a doctor someday.

At the age of 8 I had pneumonia followed by empyema. My father took me to the Mayo Clinic, in 1904, and I was operated on by Dr. Will and they put tubes in me. Dr. Will told me that to expand my lung, I should start playing a cornet, and later I played in the Carlton Band and the University of Chicago Band. That helped me because the band got a little money -- I think I got \$50 a month. It helped to put me through, and I've always been very grateful for that early advice that I got to expand my lungs.

In my college days at Carlton College, I took a good deal of biology, and as a result of that I was sent to Woods Hole, Massachusetts for one summer to do research on sea urchins and all those other things down there in the Marine Biological Laboratory.

I didn't finish Carlton College, largely because the First World War came along. I felt that I should start my medical career and so I went to the University of Chicago and there I was enlisted in the M.E.R.C. -- the Medical Enlisted Reserve Corps -- that's what all the medical students were put into. Then they were deferred and allowed to continue their medical course. I graduated in 1921 and interned for 2 years at St. Luke's Hospital in Chicago, and a year as the first John J. Borland Fellow in Medicine, and then went to the Mayo Clinic as a Resident. I spent 37 years there. It took me that long to get through!

Of course I knew what the Mayo Clinic was by my having been a patient there. By the time that I got to medical school, everybody in that area was talking about the Mayo Clinic. Also, it was near home even in those days.

Q: When did you begin your interest in gastroenterology and intestinal diseases?

BARGEN: Well, actually -- that's the interesting part about my work. I had the John J. Borland Fellowship in Medicine at St. Luke's Hospital for a year under Dr. Joseph Capps, before I went to the Mayo Clinic. He got me interested in investigation, and I studied bacterial endocarditis for one year. Then when I went to the Mayo Clinic, I worked under Dr. Logan who was Head of one of the Gastroenterology Sections. He got me interested in ulcerative colitis. I was in that field ever since.

Q: I see. What were things like as a Fellow in those days, as compared to now?

BARGEN: Very different. The reason I went to Rochester at that particular time was because Dr. W. J. Mayo and Dr. Arch Logan were looking for someone to investigate the problem of ulcerative colitis. Dr. F. Gaurde and Mr. Harwick came to Chicago to interview me in Dr. Capps' office. Dr. Capps had sort of intimated that he wanted me to go in with him in his office when I finished my Fellowship. Of course I knew then about the Mayo Clinic, so when they made me this offer, Dr. Capps said to me, "Well now, Jay, you do as you like. I will tell you that I would like to have you come to my office when you finish, but if you would like to go to the Mayo Clinic you have my blessing."

That's what made me go up there. I didn't go as a regular Fellow. I went as a First Assistant in the section of Dr. Logan, so I never was listed as a Fellow. Later on, they listed me that way, because they couldn't put me on as a staff member for 3 years.

Q: Many people went abroad to study and others didn't.

BARGEN: In those days, almost all of them went over to Germany for a year or two of post-graduate study, just the opposite of what happens now. Now they all come over here. A young man's education really wasn't complete unless he went to Europe, particularly to Germany. Some went to France and England, but mostly Germany.

Q: What entered into your decision not to go to Europe?

BARGEN: The main thing was that I didn't have the money. I've been to Europe 5 or 6 times to meetings and once I spent three months there at the various clinics, but I never went there as most of these physicians for a regular post-graduate course. I went to visit clinics several days at a time, you see, and went from one place to the other.

Q: I want to ask you more about the Mayo Clinic later. You retired from the Mayo Clinic and went to Temple, Texas, in 1961?

BARGEN: That's right. I went to the Scott and White Clinic in the Department of Medicine and became Director of Medical Education there in 1963.

Q: You then retired from there earlier this year and began a third career here in California.

INVESTIGATIVE CAREER

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Q: Could we talk about your investigative career, Dr. Bargaen? Tell me how you first began working in ulcerative colitis and how your interest developed.

BARGEN: Well, the men who got me interested in it were Dr. Logan and Dr. Rosenow. E. C. Rosenow was the "focal infection" doctor. He had a very large laboratory at the Mayo Clinic. First I injected rabbits and dogs. In the earlier days my work on the cause of ulcerative colitis was confirmed by a number of sources. Of course it's not a question of work not being thorough and accurate, but that certain people did not have the same conception of the disease that we had. Anyway, we injected rabbits and dogs and produced lesions that looked like the lesions of ulcerative colitis. To me one of the most important things that I did was to infect the canine teeth of dogs with the streptococci from human colon lesions, and those dogs developed ulcerative colitis. We proctoscoped them and so on.

To me there isn't any question that the streptococcus is a factor in the production of ulcerative colitis. Whether it's the only thing or not I don't know. There are so many other factors, so many other things that have come into existence, that I don't know just how big a factor it is, but it is a factor.

Q: Could you give me some background on how you ran into the streptococcus in the laboratory?

BARGEN: Dr. Buie was then the chief proctologist. He and I were very much interested in this, and we would do the proctoscopies. You see, there is only a very brief phase in ulcerative colitis when you can actually see miliary abscesses and crypt abscesses through the sigmoidoscope. If we had a patient in that stage, we would take a Pasteur pipette and suck out these little abscesses. Those abscesses had streptococci in them, big fat diplostreptococci. That's the organism we found in there, you see. Then we injected that into animals. For a number of years, every patient that was proctoscoped with ulcerative colitis routinely had smears and swabs and specimens taken. Those were then cultured. I had a girl in the laboratory that did nothing but culture the material obtained through the proctoscope. That was her whole job. After she would culture it, I would take it up to the laboratory and carry on from there.

We made a vaccine from that organism, and for many years we gave it to these patients. Until the advent of Azulfadine, I think the vaccine was the most effective treatment we had for ulcerative colitis. I had many patients that became completely asymptomatic under the use of the vaccine, you see. The Azulfadine works much quicker, so gradually the vaccine became replaced. It's not being used at all any more, because other methods are so much more efficient.

Q: I'm interested in the development of Azulfadine, in Sweden, I believe. Was that designed for use in ulcerative colitis?

BARGEN: No, I'll tell you how that came about. Dr. Nana Svartz, who was then Professor of Medicine at the Karolinska Institute at Stockholm was particularly interested in arthritis. When they started using Azulfadine, they used it in arthritis. If it hadn't been for the steroids coming out at that time, it would still be used in arthritis, I'm sure. The steroids work better in arthritis. She had a couple of patients with both ulcerative colitis and arthritis to which she gave this drug. They had remarkable remissions of both their conditions. That's how it started. I was the first one in this country that used Azulfadine. She wrote me about it and sent me the first of the medicine that was used here. The first report I made was on just 14 patients. We got so much better results than we had ever gotten with anything. To me, the steroids couldn't replace Azulfadine in arthritis.

Q: Before vaccine and Azulfadine, how did you manage ulcerative colitis?

BARGEN: One of the best medications was Tincture of Iodine. We used U.S.P. 7% Tincture of Iodine. It was the best medicine, and sometimes it achieved remarkably favorable effects.

Q: Was that given by enema?

BARGEN: No, by mouth. We gave them anywhere from 10 to 15 drops of the U.S.P. 7% Tincture of Iodine in adequate amounts of water -- if we didn't it would burn the throat -- 3 or 4 times a day on a full stomach. That was one of Dr. Logan's treatments. We used that for a number of years before we used the vaccine. It wasn't very effective, but it was effective in a fair number of patients, enough to encourage us to use it.

Q: Was the role of surgery in ulcerative colitis different than now?

BARGEN: I think in the earlier days, at the Mayo Clinic at least, we operated more than we did after medical treatment became better established. In my later years we rarely operated on a patient, and that's been my dictum, unless there were complications.

Q: I understand that when Burrill Crohn proposed the term "terminal ileitis", you influenced him to change the title.

BARGEN: That was in 1932 at the meeting of the AMA in New Orleans. It was the last time that the AMA met there, because hotel accommodations weren't big enough. Dr. Crohn was listed on the program with the title, "Terminal Ileitis". I had seen more patients with regional ileitis by that time than he had, but I hadn't made any report. I was listed to open the discussion and I proposed changing the name. "Terminal ileitis" gave the connotation of being a terminal condition rather than being in the terminal ileum. Also the condition occurred in other places in the small intestine than the distal ileum. Instead, I suggested the name of "regional ileitis" or "regional enteritis". When he published the paper, he had changed the title from the one listed in the program to "Regional Enteritis".

Q: Could you give me any information on the controversy over right-sided colitis and granulomatous colitis?

BARGEN: The first paper of Dr. Crohn's was titled "Right-sided Colitis". My first paper called it "Regional Migratory Ulcerative Colitis". Why I put "migratory" in I'm not quite sure, except that I thought this was a disease which began in some segments of the colon and migrated to other segments. It was always obvious that not all these cases of regional colitis were granulomatous. I still think that the term "segmental" or "regional" is much better than "granulomatous", because there are both granulomatous and ulcerative types of segmental colitis, and you can't tell which is present until you have the pathological specimen before you. I think the term "granulomatous colitis" is not well chosen, because it doesn't describe the whole picture. You have just as many cases of ulcerative segmental colitis as you have granulomatous.

When you use the term Crohn's disease of the colon to mean the same as granulomatous colitis, that's very undesirable, because Dr. Crohn's first report of 14 patients had both ulcerative and granulomatous forms of regional colitis. I think that Morson, the pathologist in London, has done much to promote this misunderstanding about granulomatous colitis. He called it Crohn's disease of the colon. Well, that's all right if you wish to set aside one group, but then you still have another group with ulcerative segmental disease of the colon. You see, it's very confusing to have Crohn's

name applied to one small group and not to the other group. Anyway, now people talk interchangeably about Crohn's disease of the colon and granulomatous colitis and forgetting -- or not knowing, I think mostly -- that there is an ulcerative group which is probably just as large as the granulomatous group.

By and large, the total number of cases of segmental colitis, or regional colitis as I like to call them, is very small compared to diffuse ulcerative colitis. In the years when we saw about 4000 patients with ulcerative colitis at the Mayo Clinic, we saw about 200 with segmental colitis. That's about 5% or so.

In the last few years, all the talk is about granulomatous colitis. Janowitz wrote a fine paper on it. Burrill Crohn finally tried to clarify the situation in a paper a couple of years ago about what I'm telling you.

Q: Dr. Felsen felt that ulcerative colitis might arise from an infection.

BARGEN: Joseph Felsen, from New York City, was particularly interested in bacillary dysentery. He and Arthur Hurst from London were the two advocates of the idea that chronic ulcerative colitis was a sequel to bacillary dysentery, and they wrote many papers and gave many discussions trying to show that this was the case. I was never impressed with the idea, because it was a rare exception that the patients I saw had bacillary dysentery before they had ulcerative colitis. But they worked out the thought that the patients must have had bacillary dysentery first, and Joseph Felsen was a great advocate of that.

There was another subject about which we disagreed very substantially. He wrote a paper at one time showing that in some 890 patients he had seen with ulcerative colitis, not one developed cancer -- not a single one. He was always expressing the idea that carcinoma did not occur more frequently in patients with ulcerative colitis than in the ordinary population and there were a number of papers that he wrote, particularly one paper where he had a large series of 890 patients, and not a single one of them developed cancer. I refer to that in my book that is going to be off the press in the next month or so. He was always arguing that carcinoma was not more prevalent in ulcerative colitis, forgetting that when ulcerative colitis starts in young people, they are very definitely more prone to carcinoma than the normal population.

Q: Was he a surgeon or an internist?

BARGEN: He was an internist from Holland before he came to New York. I've always felt that it wasn't a question of ulcerative colitis

being a precursor of cancer, but simply that patients whose disease began in the youth and in whom it was not controlled were more prone to carcinoma.

Q: Your interest in ulcerative colitis is still active today, Dr. Borgen?

BARGEN: I have just finished my latest book, to be published by Charles C Thomas. It will be out before the first of the year. It's entitled "Chronic Ulcerative Colitis: A Lifelong Study".

Q: I see. I'll be looking forward to that.

BARGEN: Yes, it will detail most of the things that you've asked me.

GASTROENTEROLOGY AT THE MAYO CLINIC

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Q: Dr. Bargaen, you told me how you began at the Mayo Clinic in 1923, working on ulcerative colitis under Dr. Logan. When did the Gastroenterology Section begin at the Mayo Clinic?

BARGEN: That's pretty far back. Because there again the Mayo Clinic was soft of in the lead. George Eusterman had the first Section. In his Section, he had Alvarez, Rivers, Hartman and Snell at first. That was long before I came there. You see I came there in 1923 and by that time they already had 3 Sections.

Q: Were they accepting men for training in gastroenterology?

BARGEN: Yes, but that was called Internal Medicine with preference in gastroenterology.

The Residency in Internal Medicine was three years, of which the Resident would take at least 2 years in gastroenterology. In those days they didn't call them Residents but rather Fellows. That's been changed since I left there. The set-up the country over has made that necessary, because Fellow has a different connotation than a Resident. A Resident takes his training in, say, Internal Medicine and then has a bent towards a certain specialty and may become a Fellow, say in Gastroenterology. We have that in the clinic where I just came from, the Scott and White Clinic. In fact, this clinic established a J. Arnold Bargaen Fellowship in Gastroenterology, to which they appoint one man each year.

Q: How was the Section on Gastroenterology organized when you arrived in 1923?

BARGEN: By that time we had 3 Sections of Gastroenterology at the Mayo Clinic, headed by Eusterman, Snell, Logan. Through the years and after Dr. Logan retired, I took over his Section and it became Eusterman, Snell, and Bargaen. Each one of us had more or less a part of the GI tract but each had a general interest in all of gastroenterology. Eusterman's was chiefly the stomach; Snell's was chiefly the liver and pancreas; mine was the intestine, small and large; but then as time passed on, each of us took over all phases of gastroenterology.

Later on we added another Section, so then there was Butt, Wollaeger, Morelock, and myself. Then I was appointed as Chairman of the 4 Sections in 1956. The 4 groups worked very closely together. Each Section of the Department had 6 consultants and about 5 Fellows. Each one of us had also a first assistant, so that was a big field, in fact gastroenterology had the largest group of physicians in the Mayo Clinic when I left. It's a field that has grown and grown and grown.

Q: Tell me about William J. Mayo.

BARGEN: He and Charley were the founders of the Mayo Clinic, as you know. Everybody knows Will Mayo. Like all great men, he had personal likes and dislikes. He was very fond of one of my daughters. At the time when he got to know her, she was only about 8, but all through her teens he made a great fuss about her. I had 5 children. The others weren't noticed, but Loretta was the one that became a great pal of his. He would call up and take her for a ride, and so on. I got to thinking that maybe she was bothering him, so I asked her not to go see Dr. Will. They lived right across the street, you see, and some weeks passed.

One day he was making rounds with his entourage, and I was with my group at St. Mary's Hospital. We each had about 10 or 12 physicians with us. He stopped me in the main corridor of St. Mary's Hospital, and he said, "Which one of you, your wife or you, Jay, asked your daughter not to come to see me?" I said, "Neither one of us told her, but we thought she might be annoying you, so we asked her not to go unless you called her", and he said, "Jay, when your daughter annoys me, I will let you know".

I'm just saying this because it is so typical of him. He was a very austere person. Nobody would ever think of anything except standing at attention before him. He also had very endearing qualities.

Q: I am sure there are many early members of the Mayo Clinic on this list of deceased members of the American Gastroenterological Association which I have here. Could you tell me something of them, Dr. Bargaen?

BARGEN: Donald C. Balfour was the second Director of Medical Education of the Mayo Foundation. Louis B. Wilson preceded him and was in that job until his death. Then Dr. Balfour, at that time a prominent surgeon at the Mayo Clinic, was appointed. He was Dr. Will Mayo's son-in-law, and he was, of course at Dr. Will's suggestion, appointed as Director. He made a wonderful Director.

Well, all his professional life he was interested in gastroenterology. He did gastrointestinal surgery, largely gastric. I don't think he was ever an Active Member of the AGA. He was made an Honorary Member. Late on he was given the Friedenwald Medal for his accomplishments in medical education. He was a very wonderful person.

I was very close to him at the Clinic, because we were interested in the same field. Then, when he became the Director of Medical Education, I had a very large service in Gastroenterology, and ever so often he would come and go on rounds with me and see how things were coming along. We had so many foreign guests and guests from all over the country, and he would always send them to me to make rounds. I had a great respect for him, and I think he did for me.

When he retired, and Victor Johnson became the Director, he became sort of a senior consultant and advisor, and he would go around, with all the different young Fellows. The Residents adored him. He had that warm feeling towards them, and he had the essence of a real physician and also the kindness toward humanity that is so necessary. Never in my whole time there have I heard an unkind word about Donald C. Balfour from anybody. That gives you an idea of him.

In addition to that, he had some other very fine accomplishments. He was a very fine accomplished musician. In his home he had a pipe organ, and very often when he entertained, as the people came in he would be playing the pipe organ.

Joseph Bank was an internist in Philadelphia and later went to Phoenix, Arizona. Henry L. Bartle was another internist in Philadelphia. Walter A. Bastedo was a pharmacologist from New York City. He was a physician but his chief interest was in pharmacology. When any paper that had to do with therapy was presented, he was always on his feet to discuss it in a very intelligent way.

Russell D. Carman was Head of the Roentgenology Department at the Mayo Clinic and one of the early roentgenologists. Carman's sign was named after him, of course. I was just a youngster at the time. Everybody looked to him with great respect. I'm sure that anybody that knew him will know this: he had epigastric distress and he had an X-ray made of his own stomach. One of his colleagues did it, and he read the films not knowing that they

were his films. He was always very terse in his statements, "Inoperable carcinoma of the stomach". Then he found out later it was his own films. Well, he was a fine roentgenologist and a fine person.

James T. Case also a great roentgenologist from Chicago. He discussed any paper that had any roentgenologic aspects.

Mandred W. Comfort was one of my colleagues. He was the early student of the pancreas and did much of the fundamental work on the pancreas. James Wier was Head of the Section and Comfort was second to him. He did many fine studies on the small intestine and on the so-called relapsing pancreatitis. I'm quite sure he gave it that name. There was a group of these cases that he studied, and his patients made a fairly complete recovery and then had another attack, of typical pancreatic disease. He was the first one to report relapsing pancreatitis.

Q: I recall he died just about the time he was about to assume the Presidency of the Association.

BARGEN: He was elected President and he died before he took office, and Clifford Barboraka, the President-elect, served actually 2 sessions. I was a pall-bearer for Comfort. A very fine gentleman.

Next, there is George B. Eusterman. I don't think there's a man in the organization that doesn't know about George Eusterman. He was the first Head of Gastroenterology at the Mayo Clinic. His chief interest was the stomach. He was one of the early associates of the Mayos. He came from a small town right near Rochester, Minnesota and had about 3 brothers. His brother Matt took his Fellowship in Dental Surgery at the Mayo Clinic and then opened office in Rochester. He was my dentist for all the years that I was in Rochester. George wrote many fine papers on the stomach, and then of course the Eusterman-Balfour textbook "The Stomach and Duodenum" is, I think, used everywhere. He had the knack of not only presenting fine papers, but of making excellent discussions -- always to the point. He was a great clinician, highly respected in the Mayo Clinic throughout his career, and for a long time after he retired, I would consider him among the very highest ranking members of the American Gastroenterological Association -- one of the top men. He just died last year, at the age of about 84. His wife Ethel and he had been at a reception, had just come home and were sitting down for a little snack, and he just fell over.

Howard R. Hartman was George Eusterman's right-hand man. That Section at the Mayo Clinic, when I came there, included in this

order: Eusterman, Hartman, Rivers, Alvarez, and Comfort. Howard Hartman was not a prolific writer, but he was a very fine clinician. He endeared himself to the South Americans. He was sort of an ambassador to all patients who came from South America to the Mayo Clinic. He had large numbers of them, and he brought them there because he treated them so well. He spoke Spanish, and of course that helped.

Byrl Kirklin was Head of the Department of Radiology at the Mayo Clinic. He succeeded Carman and wrote many fine papers on radiologic subjects.

William Carpenter MacCarty was the Chief Pathologist in Surgical Pathology at the Mayo Clinic. We talk about Papanicalau as the originator of the single cell study for cervical cancer, but MacCarty did that long before him. I don't think he wrote too much about it, but he constantly was talking about it long before I ever heard of Papanicalau. MacCarty was constantly talking of making a diagnosis of early cancer by the characteristics of single cells. I know he was quite disturbed when Papanicalau received all the honors for that, but I know myself that he did this long before Papanicalau. He was one of these doctors that discuss papers and could ask provocative questions which would create further discussion. He did that extremely well.

Charles S. McVicar was also in Dr. Eusterman's Section in Gastroenterology at one time and later on became a part of Snell's Section. He also was a very active Member and a great participant in the discussions. He died on the golf course, quite young.

Frank C. Mann, Sr., was Head of the Physiology Laboratory at the Mayo Clinic. He and Bollman did so much work with the liver, removing dogs livers and so on. He did many other basic studies in physiology which I think have been pretty much accepted everywhere.

Albert M. Snell was Head of a Section of Gastroenterology at the Mayo Clinic, at first in Eusterman's Section. Then that split off, and he had his own Section. He was particularly interested in the liver. Later on, after the Second World War, he left the Mayo Clinic and jointed the Palo Alto Clinic in California, and became very well recognized on the West Coast.

John M. Waugh was one of our fine GI surgeons at the Mayo Clinic, and he did a great deal of gastrointestinal cancer surgery. He had a summer home up near Duluth on Lake Superior. On week-ends in the summer, he would drive up there, and on one particular

evening he hit the bridge abutment and was killed instantly. I don't imagine John was more than 60 -- one of the finest surgeons that the Mayo Clinic had.

Finally, Harry M. Weber was Head of the Department of Roentgenology at the Mayo Clinic following B. R. Kirklin, and his chief work had to do with the colon. He was the one that did the early work on the double contrast studies of colon lesions. He and I were very close. We wrote our first paper together in 1930 on a subject which we titled "Regional Migratory Chronic Ulcerative Colitis", which had to do with segmental colitis. It was published in the American Journal of Roentgenology; that's why most internists didn't see it. We thought at that time that this disease migrated from one section of the bowel to another. We wrote this long before Crohn wrote about it.

GASTROENTEROLOGY IN CHICAGO

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Q: I am interested in Chicago as the center of gastroenterology in the first half of this century. You went to the University of Chicago and to Rush and then were an intern and Fellow at St. Luke's. What are your recollections of gastroenterology in Chicago?

BARGEN: Chicago was very prominent. You see, there was B. W. Sippy and his brother. They were the big gastroenterologists.

Q: Oh, his brother was a gastroenterologist too?

BARGEN: Both of them, and then his brother's son became a gastroenterologist. B. W. Sippy probably had the largest gastroenterology practice of any man ever in the history of our field. He had big services in 3 hospitals: Presbyterian, St. Luke's and one on the north side. In each place, he had an Associate who made rounds every day, and he would make his rounds about every 3rd or 4th day. He had that many patients! Tremendous!

Q: I have found out very little about Sippy. I wonder if you can tell me what he was like as a person?

BARGEN: Well, very interesting -- rather egocentric as you might imagine. He had a tremendous practice. He didn't write a great deal, but he was a great teacher. He had a big clinic.

Arthur Dean Bevan was then Professor of Surgery at Rush, which became the Medical School at the University of Chicago later on. There was Hektoen, Sippy, Arthur Dean Bevan, and Plemister. They were all on the teaching staff of Rush Medical College. Once a week, Bevan and Sippy had a gastroenterologic clinic for the medical students and the interns -- one of these auditoriums that went up, with the operating room in the center down below. On this particular occasion, they were talking about ulcer and the need of surgery in ulcer.

Sippy said, "Now surgery isn't often necessary for peptic ulcer, but when it does become necessary in the hands of a great surgeon like Arthur Dean Bevan, it's no great problem". Then Bevan answered, "And of course in the hands of a great internist as B. W. Sippy, we don't get sent many of these patients". These two bragging about each other, you see, in front of the medical students.

I guess everybody knew Sippy as the originator of the ulcer diet. So many people talk about the ulcer diet as being the Sippy diet. I think Bertram Sippy had the largest gastroenterology practice of any clinician that I've ever heard about. He had patients in 3 hospitals and he made rounds every third or fourth day in his hospitals. The majority of his patients were ulcer patients, and he was probably one of the few people that didn't always rely on the X-ray for a diagnosis of ulcer. He relied on the history. To show you how impressive he was, he would have all his patients wash out their stomachs with a great big tube that was about 1/2 inch in diameter. He passed the idea on to many of his younger associates. Many of my internist colleagues that were supposed to have had an ulcer, would wash out their own stomachs every night -- (pass the tube themselves and wash out their stomach.) Well, he was that impressive. This was one of the standard treatments of ulcer, to wash out the stomach at bedtime.

Walter Palmer was in my class in school and he became prominent at the University of Chicago. Then Ralph C. Brown followed Sippy at Presbyterian. At Northwestern they never had much of a gastroenterology department until later on when Cliff Barborka and Texter came, but that was quite a while later. I always thought the gastroenterology field in Chicago was very well covered.

Q: Among members of the AGA who were from Chicago, I see Frank Valdez. Do you recall him?

BARGEN: Yes, he was at Loyola. He was a very good friend of mine. And Grant Lang was at Northwestern.

Q: Did you know A. J. Carlson?

BARGEN: Oh yes, and of course Andrew Ivy was the student of Carlson. I had one quarter of physiology under Carlson in our medical school and then one quarter under Ivy.

Q: What was Carlson like as an individual?

BARGEN: He was kind of a rough Scandinavian. Extremely outspoken, and yet very friendly. I guess every doctor that ever has gone to school in this country knows the name A. J. Carlson. Ajax we called him. He was one of the great physiologists of his time. Everyone respected him and I must say "adored" him.

He was a very simple Scandinavian who spoke with a very Scandinavian accent. I remember one time Andrew Ivy, A. J. Carlson, Harry Oberhelm, Ivy's son, and I drove from Chicago.

They had a summer resort cottage on the other side of Lake Michigan, and quite a group of us from the University of Chicago used to go up there on the weekends and holidays. Carlson spoke with a very strong Scandinavian accent. We were going through the country and he was talking about the juniper trees. "That's a nice yuniper", and, "That's a nice yuniper", and Andrew Ivy said, "Yes, and that's a nice juniper". Finally the kid said, "Dad, which is it, 'yuniper' or 'juniper'?"

He was a great fellow and a great physiologist and a very positive man. He would listen very closely to a paper, and then he would find some thing wrong with it, and then he would say, "Vot is de effidence?" He would go on and explain why he didn't think the thing which had been said had been proved. He was a very remarkable man.

Leon Bloch was a prolific writer, from Michael Reese in Chicago -- very fine gastroenterologist. He was sort of a contemporary of Sippy's, although a little younger. In Chicago, before Walter Palmer came along, it was the Sippy's and Leon Bloch.

Ralph C. Brown was Bertram W. Sippy's protege number one. In my school days, he was just beginning as Sippy's assistant. When Sippy passed on, Brown took over practically his whole practice in Chicago and was very successful. He was chief at the Presbyterian Hospital, that's where Sippy was in his charge, you know. I don't know much more about him, except that we had many very pleasant interviews. He was a little older than I. I'll always think of him as Sippy's ranking student.

James B. Eyerly was a classmate of mine at Rush Medical College and was one of Sippy's students. He was probably next to Ralph Brown in command at the Presbyterian Hospital, and he had a very successful gastroenterologic practice. I have many lay friends who have gone to him as their physician. He died about 2 years ago.

Lee G. Gatewood was an assistant to B. W. Sippy.

Leo L. Hardt was a gastroenterologist in Chicago who did many studies for 4 pharmaceutical houses, testing out their products. He was particularly known as being the chief gastroscopist in Chicago. He was one of the founders of the American Gastroscopic Society. He gave a course each year for the physicians who were interested in the field of esophagoscopy and gastroscopy. He worked with Schindler, and I think anybody that ever went to

that course -- some of my associates went -- were very much impressed. He later on moved to Florida and died there.

Sidney Portis was the very outspoken gastroenterologist and critic of Sippy in Chicago. He was a very fine doctor, but very outspoken.

THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION:

ITS HISTORY AND ROLE

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Q: Let me ask you how you first heard about the A.G.A. and about the events leading up to your becoming a Member.

BARGEN: In the Mayo Clinic, there were at least 5 or 6 members of the A.G.A. before I came, including George Eusterman, Walter Alvarez, Albert Snell, Andy Rivers. They were members of the A.G.A., and I was working with ulcerative colitis. George Eusterman asked me to present a paper in 1927 -- that was the first paper that I presented at the A.G.A. In those early years, the Association always met in Atlantic City. That's when I became interested. I became a Member in 1928.

Q: Can you give me any recollections about that first meeting in 1927?

BARGEN: Well only this. I'll always remember that room. It was in the Traymore, the big hotel on the Boardwalk beyond the Claridge. The room was upstairs. I don't suppose it seated more than a 100 people, maybe not that many. It was kind of a low-ceilinged room. It was a very nice meeting but a very controversial meeting.

I simply reviewed the clinical picture of 200 patients with ulcerative colitis. I was a youngster, and I'll never forget Dr. Tom Brown. He was Professor of Gastroenterology at Johns Hopkins, and he opened the discussion on my paper, and these are some of the things he said. "Gentlemen, I see about 12 or 15 patients of ulcerative colitis in a year, and so-and-so sees maybe a dozen, and mirabile dictu, here comes a young man from the mid-west and says he sees 200 patients with ulcerative colitis in 2 years. Obviously they couldn't all have been ulcerative colitis!" Those were practically his words, so then Burrill Crohn got up. He didn't really know me, but he knew George Eusterman and knew that Eusterman had recommended me. He very sternly criticized Dr. Tom Brown, because Brown had actually called me, in a gentlemanly way, a liar.

I'll never forget, from that time on, Burrill Crohn became a very good friend of mine and always will remain so throughout the years. He just got up and called Tom Brown down for saying what he did.

Q: That's very interesting.

BARGEN: In those days the meetings were very informal, and every paper was discussed. There was an open forum.

Q: Was there a rigid time limit on discussion?

BARGEN: No, no. The chairman eventually stopped them because they had so many papers to give, but there was no rigid limitation. Some fellows discussed practically every paper. I remember B. B. Vincent Lyon, a handsome fellow who had a natty moustache. He discussed practically every paper.

Q: Well, were there many guests as opposed to members?

BARGEN: No, there were, compared to now, relatively few guests. Of course the membership was small. I don't remember how many members there were at that time, but it was a pretty closed organization. There were some guests. Doctors brought their friends, and so on. Nowadays, for instance at the 1967 meeting in Colorado Springs, there were for more guests than members. I imagine 3 or 4 times as many visitors as members.

That's the way the interest has grown in gastroenterology, of course. More and more people have become interested in the specialty, and more and more people have been doing good gastroenterology. It used to be that even the so-called gastroenterologist did mostly internal medicine, and the digestive tract was just part of his interest.

Q: Were the papers by and large different then?

BARGEN: Mostly clinical. There were very few research papers. That has changed, you see.

Q: Can you tell me about the social life, the banquets, the lunches that went on at the annual meeting?

BARGEN: Oh yes, that's very interesting. I don't know just when they started, but I was an officer when Friedenwald made his contribution. In the early days the banquet was the important occasion. We had a banquet speaker, and the Friedenwald Medal was always awarded at the banquet. Then the recipient would make a great oration about his experiences and his research work. I remember B. B. Vincent Lyon spoke for two hours.

Q: What do you recall of the character of the banquets?

BARGEN: From the first time I was in the organization, it was always a very formal affair, all dressed in evening clothes, black tie. The ladies had dinner dresses and so on. We would always introduce the people at the head table and tell a little story about them, because they were all rather prominent. Then we would introduce people from the floor, and then we would have a guest speaker. When I was President, I had Harold Stassen. He was then President of the University of Pennsylvania. I knew him as Governor of Minnesota, and I knew him very well. He gave a wonderful talk. Usually after the guest speaker, we had the Friedenwald Medal presentation. It was on this occasion when Vincent Lyons made his long dissertation that the Board decided that from now on, instead of having the recipient make the speech, the fellow that gave the award would make the speech, and the recipient would simply respond by saying "Thank you". When Hugh Butt was President, he changed this and had the Friedenwald Medal presented at the Scientific meeting instead of at the banquet.

Q: You were Secretary from 1942 to 1947 and then rose to become President in 1949. Are there any events which you recall that were of interest during this period?

BARGEN: I'll tell you one thing about the time of my Secretaryship. The program always used to be just a group of papers with no organization and no order to the program particularly. One might have a paper on peptic ulcer and the next one would be about carcinoma of the rectum or something like that. I organized the program into related sections. We had a section on physiology, one on the stomach, one on the colon, and so on. I think it created much more interest. I got interested in organized programs at the Mayo Clinic. Then I also limited the discussion, I forget whether to 3 or 5 minutes.

As far as my Presidency, no, I can't think of anything unusual.

Q: Do you recall any of the events concerning the setting up of the journal GASTROENTEROLOGY: The fight over the American Journal of Digestive Diseases, which was the A.G.A.'s publication; and how the A.G.A. became dissatisfied with Beaumont Cornell?

BARGEN: Beaumont Cornell was the owner of the Journal of Digestive Diseases, which was our official journal, but he owned it and published our material in it. There was always a group in the A.G.A. that was anxious for us to have our own journal, a journal run and operated by the American Gastroenterological Association.

Q: Do you recall the membership being dissatisfied with the journal?

BARGEN: Yes, that was the point exactly.

Q: What was it that they didn't like about it?

BARGEN: Russell Boles was one of the fellows that was particularly unhappy. I don't know just what was behind it, but I think it was largely the fact that certain members felt that here was a man making money which the A.G.A. should have. Abe Aaron was active in starting up the journal. Abe Aaron was also the man I think primarily responsible for the word "Gastroenterology". It used to be "Gastro-enterology", with a hyphen. He was the man that gave the name to the journal, which started out as GASTRO-ENTEROLOGY and he decided to do away with the hyphen.

Q: Very interesting. Frank Smithies was editor of the previous journal. I wonder if you can recall anything about him?

BARGEN: Frank Smithies was a very controversial figure. He was apparently a good clinician, but some people thought he had peculiar ideas. He was a very energetic person. He was one of those fellows that discussed many papers at each meeting, and he would make some positive statements and many people questioned them. He had a great many -- perhaps not enemies, -- but rather people who didn't particularly respect him, because he made so many broad statements that couldn't be proved. His enthusiasm often got the better of him. By the same token, he had a large practice in gastroenterology.

Q: What is your feeling about the role the A.G.A. has played in American gastroenterology, Dr. Bargaen?

BARGEN: The American Gastroenterological Association has always been the number one scientific organization in this field, and I think it's accepted as that the world over. Now almost in every country they have a gastroenterological association, but they always look up to the American Gastroenterological as the number one organization.

Q: What can you tell me about the American College of Gastroenterology?

BARGEN: It was organized as sort of a protest organization. Anthony Bassler started that.

Q: They started out in New York as the Society for the Advancement of Gastroenterology in 1932.

BARGEN: That's right. I don't know why, but Bassler was not accepted in the American Gastroenterological, so he started his own organization. It soon was called the National Gastroenterological Association and later it became the American College of Gastroenterology. There are many fine gastroenterologists in this association, but they don't have any particular requirements for membership other than an interest. If you have an interest in gastroenterology, you can be a Member. Quite a number of the Members of the A.G.A. belong to it.

It's a clinical organization. Interestingly enough, instead of the program being given by Members of the College, about 65% or 75% of the program is by Members outside of the College. I've spoken there a number of times, but I've never been a Member, and as I looked over the programs, most of the speakers were from the outside.

Its function became that of bringing together a group of people that were interested in listening to gastroenterological papers. The A.G.A., on the other hand, is a group of physicians interested in promoting and developing research in our field. They're very different.

I was Secretary of the Section on Gastroenterology of the AMA and later Chairman. I was on the AMA Council on Scientific Assembly for 10 years, and every so often an investigation was made and representatives from different groups were brought in to address opinions relating to the field of gastroenterology. If I hadn't stopped it, a half a dozen times the authorities would have had a member of the American College of Gastroenterology as the representative of American gastroenterology in these discussions, simply because this is a big organization -- more than a thousand members.

I'm very proud of being a member of the American Gastroenterological Association. I think it has done more to promote and establish the specialty than has any other organization.

Q: I'm interested in hearing more about the role the A.G.A. may have had in shaping the actual practice of gastroenterology in this country. Do you recall any comments about the old time "stomach specialists", who others have mentioned as a breed of physicians who practiced gastroenterology without any particular training, more quack than anything?

BARGEN: Yes, there were quite a number of clinicians who were practicing under the guise of specialists, the so-called stomach specialists.

They had no particular training in the gastrointestinal tract at all and they were simply giving medicines to cure all kinds of ailments. I think that's one of the big reasons why the American Gastroenterological Association came into being. It wanted to attract properly trained people to take care of gastrointestinal problems and to let the world know that there were people who weren't just "stomach specialists" but who were trained scientifically to take care of problems of the digestive tract.

Q: Were some of these people around in the Midwest when you began practice?

BARGEN: Yes, but I don't recall anyone in particular. There were some in Chicago.

Q: Between the two forces, the A.G.A. and Certification by the American Board of Internal Medicine, which has done more to elevate the standards of gastroenterological practice in the community? Does A.G.A. membership have as much to do with a man's stature in the medical community as does Board Certification, would you say?

BARGEN: No, I don't think so. Among those who know the A.G.A., yes; but physicians in general look more highly upon Board Certification.

Q: How about the role of the A.G.A. in research? Do you feel that the A.G.A., as opposed to the universities or national agencies, has had a role in shaping gastroenterological research?

BARGEN: I think so. Of course in recent years, the national agencies with all their money have played a big part too.

Q: What's your view of this? Do you think this is entirely good, or do you think there are maybe drawbacks to the federal financing of research?

BARGEN: Well you're asking that question of a man from the era when there wasn't such a thing as federal support. In my years as an active clinician like yourself, clinical research was underwritten by private institutions. I've never gotten over the idea that this is the best way. I do not believe that the business of financing clinical research through government agencies is the best.

Q: I haven't had the perspective of seeing it the both ways, and you have.

BARGEN: Every type of clinical research can receive some government grant. The younger fellows I know are all for this idea of getting

as much money as you can from the government, but you forget one big important thing, you are the person who put the money there. Why not get it from the Ford Foundation or some private granting institution?

Q: Can you see any ways in which this federal support has had a deleterious effect on the direction of research?

BARGEN: Right now, money isn't too easy to get and the National Institutes of Health has placed more restrictions this year and last year than they did 5 years ago. There was a time at least when you just got money to do research, and how important that research was, was another story. When you had to do it on your own, by a grant from private individuals, I think you concentrated your efforts on the research itself, rather than concentrating first on getting the money and only later finding a problem to study.

Q: What changes have you seen in training gastroenterologists since the 1920's? Do you think we're heading in the right direction?

BARGEN: Yes, I believe so. We are doing much more intensive and serious research than we did in the 1920's. A gastroenterologist was then primarily a clinician. Now a gastroenterologist has to be an investigator as well as a clinician. Today they are both better trained, and they are being trained in greater numbers.

Q: Was it a relatively uncommon thing in the 1920's for someone to complete his clinical training and then spend a year or more in investigation, as you did?

BARGEN: Oh, very uncommon, yes.

Q: Was gastroenterology a fairly well-recognized clinical specialty in those days?

BARGEN: It was not. In fact gastroenterology was not recognized as a specialty in itself, until -- well I really don't know -- but I'm sure not more than 25 years. It was always part of internal medicine. In fact, medical chiefs in most clinics and in most universities didn't like to talk about gastroenterology. Their major teaching had to do with the cardiovascular system. You weren't an internist unless you were a cardiologist, but a gastroenterologist -- that was just kind of a side issue.

The two men who have done more to advance the specialty of gastroenterology and give it status in the field of Internal Medicine were Dr. H. L. Bockus and Russell S. Boles, both of Philadelphia. In all the South and Central American countries, the

name of Bockus is synonymous with gastroenterology, and there is an International Bockus Society of Gastroenterology.

THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION:

ITS MEMBERS

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Q: I'd like to ask you about your recollections about any other members of the Association whom you may recall. The first group on this list are the original Founders of the Association.

BARGEN: Well, Max Einhorn was a short, very exuberant sort of a person. He was one of these fellows that was always discussing things. Stockton was a reserved person, a perfect gentleman. Allen Jones, the same kind.

Julius Friedenwald was a very fine gentleman, always very proper. He was the very revered and respected clinician and gastroenterologist in Baltimore. He gave the original money for the Friedenwald Medal. He gave it with a very fine thought in mind, not so much to publicize himself but to reward the Senior Members who had accomplished something in a definite way. A very fine clinician.

Q: This other list is of deceased Members of the Association. Can you recall anecdotes about any of them?

BARGEN: I know practically all of them, but some not too well. I'll talk more about those that I knew well.

Let's start with William Osler Abbot. The only thing that I can say was that he was a very highly esteemed gastroenterologist in Philadelphia. He and Miller are known for the Miller-Abbot tube. Abbot actually did the work, you see, and Miller was the senior man, as I remember, but the tube has gone down in history as the Miller-Abbot tube. His presentations at the meetings were always very lucid and very much to the point. He didn't use a lot of extra words.

Irvin Abel was a surgeon from Louisville, Kentucky. He was one of the earliest surgeons to become a member. He was a very fine typical southern gentleman.

David Adlersberg is the man that wrote a lot about the small bowel. He was an early student of small bowel disease and deficiency

problems. It wasn't called malabsorption syndrome in those days; it was simply a sprue syndrome. He did early X-ray studies on small bowel disturbances of the deficient type.

Albert F. R. Andresen, I'm quite sure you must have known of him. He was the great proponent of the idea that most of the GI diseases that we think of as inflammatory, such as regional enteritis and chronic ulcerative colitis, were allergic phenomena. I'll always think of him and the man in San Francisco, Paul Rowe, as the 2 men at opposite ends of the continent who were such ardent proponents of the importance of allergy in the gastrointestinal tract. Time and again Dr. Andresen would harp on that subject.

He was the chairman of a committee which eventually had Gastroenterology certified as a subspecialty of Internal Medicine. He personally designed the committee, in which they had 1 representative from the Section on Gastroenterology of the AMA, 2 from the American Gastroenterological Association, 1 from the American College of Gastroenterology, and a fifth member, from the American College of Physicians. Those 5 gave the examinations for the Subspecialty of Gastroenterology.

Q: What was he like, as you recall?

BARGEN: A very fine person. He visited me in Rochester a number of times. He was fairly imbued with the idea of the importance of GI allergy.

I've learned that people with ulcerative colitis who are in the active state frequently don't tolerate milk. Well, I think it's largely because milk in many people causes a lot of gas, and these people already are suffering from a lot of gas; but he attributed that to allergy. They were all "allergic" to milk. What I do is to take them off milk to start with, but as they improve, then I give them milk and they take it perfectly well. I've been very unimpressed with the idea that allergy is an important factor in ulcerative colitis, but he argued on the other side. We had many friendly discussions.

All that I can say about Boris Babkin is that he was a well known physiologist who always attended the meetings. He always took part in the physiological discussions. I think he was a very able and well grounded physician and a specialist in his particular field.

Albert A. Berg was the chief surgeon at Mount Sinai in Burrill Crohn's active days. He did nearly all of Burrill Crohn's surgery. They were very close. He had one characteristic

that everybody always commented about. Everyday, he wore two things: a red necktie and a red carnation. I always thought he was rather a radical surgeon. It seems that he would operate on every patient with ulcerative colitis. He was an excellent surgeon, and a very fine clinician. If he weren't, Burrill Crohn wouldn't have thought so much of him.

John Blackford was also a graduate of the Mayo Clinic, and he had his Fellowship there. Then he joined a group in Portland, Oregon, and he became the chief surgeon there, while Noble Wiley Jones was the chief internist there.

Q: I understand that Noble Wiley Jones is still living and in his 90's.

BARGEN: The man that succeeded him, Howard Lewis, is now the Chief and is Professor of Medicine at the University of Oregon.

James L. Borland from Jacksonville, Florida had a very successful gastroenterologic practice. I think he was probably the one outstanding gastroenterologist from Florida until the more recent years. You have several Members from there now, McNaughton and Donald Marion. James Borland and Donald Marion were sort of contemporaries. Jim died when he was in his early sixties.

Thomas R. Brown, he was Professor of Medicine at Johns Hopkins. I mentioned him earlier. Later on we had many pleasant visits. Dr. Brown was one of those fellows that couldn't see anything good coming from anywhere beyond the Allegheny Mountains. He told me one time that he went to Europe every year, but he'd never been further west than Pittsburgh in the United States. That feeling doesn't exist now, but in the last generation it was quite common that many doctors felt that the best medicine was on the East coast and that there was nothing like it anywhere else.

Richard Cattel was the senior surgeon at the Lahey Clinic following Dr. Lahey himself. He was slated as the "heir" to the throne at the Lahey Clinic but then he took sick with a very serious illness, and he died quite young. I think his death was quite a blow to the Lahey Clinic, but they recovered. He was a very fine person, and obviously an excellent surgeon. Prime Minister Anthony Eden came over from England to have him operate on him.

Louis Gregory Cole -- I guess everybody knows him. He's another roentgenologist of national reputation.

Q: He seems to have been a very interesting person.

BARGEN: Yes, a very interesting person. He was another one of those men that was on his feet a great deal. In the early days, the American Gastroenterological Association was pretty much a discussion group. When a man presented a paper, there would always be 2 or 3 people discussing it. Later on, as the Association grew and so many new things were learned, I was the one who put similar subjects in groups together, with a discussor at the end of each session. We had to do that because some of the verbose people made the programs too long and interfered sometimes with the person presenting the paper. By evolution, there gradually was less discussion. Louis Gregory Cole was one of those fellows that could discuss almost any paper.

E. N. Collins actually started the Department of Gastroenterology at the Cleveland Clinic. Now Charlie Brown, who was one of his men, has taken his place as Head of the Department. Collins was a man rather less articulate than most of these that I've talked about. He didn't have much to say, but when he did, he usually said it well.

Felix Cunha, I don't know too much about him, except socially. He was in San Francisco. From the early 1940's until last year, I was active in the program activities of the American Medical Association. First I was Secretary and then President of the Section on Gastroenterology, and then I was appointed to the Council of Scientific Assembly where I served 10 years. During that time, being a gastroenterologist, everytime I went to California, where the AMA met every four years in San Francisco, I was always entertained by Felix Cunha. I'm sure he was a good gastroenterologist, but I don't remember him ever presenting a paper at the meetings.

Q: He was very interested in history, I understand.

BARGEN: He was a historian. He did report on medical history at both places: at the Section of Gastroenterology of the AMA and also at the American Gastroenterological Association. The history of gastroenterology and the history of the men in gastroenterology, that was his field.

Percy V. Davidson was a gastroenterologist in Boston, not at the Lahey Clinic, but in practice by himself, and a very highly respected physician in the city of Boston.

Chauncy W. Dowdon was from Louisville, Kentucky. He was a typical southern gentleman. One thing that I recall about him was -- he liked his bourbon -- he always had his name engraved on his whiskey bottles, "The Dowden Whiskey". If he ever had any discussion of a paper, it was always brief and very much to the point.

Elmer L. Eggleston was the chief gastroenterologist at Battle Creek Sanitarium. I was invited there once to talk to the staff and the only thing that I know particularly about him was that he had very elaborate quarters, elaborate offices and so on.

Elman was from St. Louis. He was a surgeon. He, too, was elected President and died during the year of his office, I think. He was unable to attend the annual meeting at which he was to preside, and he died very shortly afterwards. His field was the surgical approach to the pancreas, and he presented many excellent papers on the subject.

John H. Fitzgibbon was the prominent gastroenterologist in Portland, Oregon. I don't think he was as well known in the American Gastroenterological Association as he was in the American Medical Association. He was on the Board of Trustees of the AMA for a good many years, and he was very well known because he was active in the years when the government was trying to socialize medicine. Truman's administration wanted to socialize medicine and Fitzgibbon was particularly active in fighting the idea.

Ernest Gaither was also from Baltimore, a very fine internist.

John H. Garlock, from Mt. Sinai in New York, was another gastroenterologic surgeon, did most of Crohn's surgery after Berg passed on. I think you must have read papers by Crohn and Garlock. Most of them are on regional ileitis.

Irving Gray, from Brooklyn, was a very active, well thought of gastroenterologist.

Franklin Hollander, everybody knows him for the Hollander Insulin Test. He was the physiologist at Mt. Sinai Hospital. I always remember him as a man who would discuss many papers and would discuss them extremely well. He was interested in all phases of gastrointestinal physiology and he became particularly well known for this test that he developed to test for completeness of vagotomy.

Chevalier Jackson was a great gastroscopist and endoscopist from Philadelphia, and I think he is probably one of the best

known men in that field. He was a very good friend of Harry L. Bockus and the other people in Philadelphia.

Clement R. Jones came from Pittsburgh, a well known gastroenterologist there.

John Kantor was a well-known gastroenterologist in New York city. He also had a tube named after him, the Kantor tube. Many of those men loved to discuss papers, and he was one of those.

Sara Jordan; well, there is no need to say anything about her, because she was revered, highly respected, and the only lady in gastroenterology, from the Lahey Clinic. You see, later on Dr. Vanzant was made a member, but until then, Sara Jordan was the only lady member of the American Gastroenterological Association. A very gentle type of a lady, she had patients from all over the world -- highly respected. Hearsay about her going to the Lahey Clinic is interesting. Dr. Lahey was making rounds with B. W. Sippy at the Presbyterian Hospital in Chicago. Sara Jordan was Sippy's assistant, and Dr. Lahey was so impressed with her that he offered her a job working at the Lahey Clinic. As I heard it later, Sippy and he had quite a discussion, because Sippy wanted to keep her. She went on to the Lahey Clinic and became known all over the world as an outstanding gastroenterologist.

Frank H. Lahey needs no comment. He started the Lahey Clinic in the heart of Boston, the medical center of the world. He started a very successful clinic which is known everywhere. I knew him quite well personally. He was a very dynamic sort -- a small person -- he became President of the American Medical Association. We had a surgeon at the Mayo Clinic by the name of Fred Rankin, and Rankin was a little fellow. Frank Lahey was also a small person. The two were very good friends, and both were very good fighters. I recall particularly when they were each made President of the AMA, consecutively.

Frank Lahey was a great and able surgeon. He was called on all over the country and I suppose all over the world, because he spoke exceptionally well. He never appeared to take notes. He spoke extemporaneously, and his thoughts were extremely well organized. He spoke as an authority on the subjects that he discussed, and the fields that he was particularly well versed were the thyroid and the intestine. I have heard him talk numerous times and always very impressive.

The larger percentage of A.G.A. members were gastroenterologists per se, and then there were a few surgeons, a few physiologists, a few roentgenologists and a few experimental people, and the total of those was only about 20%. Frank Lahey was one of the first surgeons in, and then later on Waltman Walters, Dick Cattell and a few others.

Charles W. Lueders was a gastroenterologist in Philadelphia. He was with Bill Swalm at Jefferson.

B. B. Vincent Lyon was the duodenal drainage man and he was very much imbued with that subject. I think I told you that when he was given the Friedenwald Medal at the banquet, he spoke 2 hours on duodenal drainage.

Thomas Machella was from Philadelphia, a great student of the intubation of the small intestine.

Q: Oh yes.

BARGEN: John G. Mateer was Head of the Gastroenterology Department at the Henry Ford Hospital in Detroit. He was particularly interested in diverticulitis and all phases of that condition.

George M. Piersol, I guess everybody knows him for his writings. He was the editor of "The Encyclopedia of Medicine". For years he conducted that and got doctors together to write different sections.

Henry A. Rafsky was another gastroenterologist from New York City and his chief interest was the small bowel.

Stanley P. Reimann of Philadelphia -- I don't remember any particular phase of gastroenterology that he stressed. He was a very highly esteemed physician, a very fine clinician and very respected.

Martin Rehfuss was also from Philadelphia and he was, from my recollection, probably the most dapper gastroenterologist that I knew. He always had a very nice neatly-trimmed moustache and always wore a white vest and a bow tie. I can't remember one of the early meetings of the American Gastroenterological where he didn't discuss a half a dozen papers. He also had a tube named after him, the Rehfuss tube.

Andy Rivers was one of Eusterman's associates. His chief field was the stomach and pain. He wrote a book, which was published after he died, on the course of pain nerves related to the gastrointestinal tract. His textbook on pain was known the world over.

Adolphs Sacks was from Omaha. I don't know any contributions that he made, but I do know that he was a very highly respected physician throughout that whole area. You see, Omaha wasn't too

far from Rochester and everybody knew Adolph Sacks as an outstanding gastroenterologist.

David J. Sandweiss was from Detroit. His chief field was peptic ulcer and most of his writings were on that subject.

Harry Shay was from Philadelphia and a great physiologist and clinician.

I mentioned Frank Smithies. He was a very talkative fellow who started the first G.I. journal, the American Journal of Digestive Diseases. He is the father of the American College of Physicians. You know what an austere, highly respected organization that has become.

Horace W. Soper was probably the outstanding gastroenterologist of St. Louis. He's one that was called upon everywhere to talk, because he spoke exceedingly well. I don't ever remember him presenting any papers, any fundamental work, at the Gastroenterological Association, but he was frequently discussing papers. William A. Swalm was the head gastroenterologist at Jefferson and particularly interested in biliary drainage, because he worked with B. B. Vincent Lyon.

Frances R. Vanzant had her Fellowship at the Mayo Clinic and then went to San Antonio and became rather well known. She was interested in pain related to the gastrointestinal tract, and also one of the early people that studied exfoliation of cells from the gastrointestinal tract.

Paul B. Welch was a gastroenterologist from Miami, and the outstanding gastroenterologist there for many years. Don Marion later became the well-known man in that area.

Allen S. Wilkinson was at the Lahey Clinic. There were Sara Jordan, Everet Kiefer and then S. Allen Wilkinson. He became Treasurer of the Association and later became President. He was highly respected. I don't think he wrote very much. He was sort of a quiet reserved person but one of those work horses -- very active in the Association.

Well, I left out a great many men here that I've probably should have said something about, but while I knew of them, I had no special personal knowledge of them.

Q: This has been extremely helpful, Dr. Bargaen.

CURRICULUM VITAE

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DATE OF BIRTH : October 25, 1894.

BIRTHPLACE : Mountain Lake, Minnesota.

EDUCATION : Carleton College B.S. 1918
Rush Medical College (University of Chicago) M.D. 1921
University of Minnesota M.S. 1927

INTERNSHIP : St. Luke's Hospital, Chicago, Illinois 1921-22

FELLOWSHIP : St. Luke's Hospital, Chicago, John J. Borland Fellow in Medicine 1922-23

PROFESSIONAL APPOINTMENTS : July 1, 1960 - Senior Consultant in Gastroenterology, Scott and White Memorial Hospital and Sherwood and Brindley Foundation, Temple, Texas.

July 1, 1963 - Director of Medical Education, Scott and White Clinic, Temple, Texas. Retired 1968.

Lecturer, University of Texas Bio-Medical Sciences at Houston, Texas.

July 1, 1968 - Clinical Professor of Medicine, University of California at Irvine.

Riverside Medical Clinic, Riverside, California - 1968.

LICENSURE : Texas, June 1960; California, 1956; Florida, 1938;
Minnesota, 1923; Illinois, 1922.

BOARD CERTI-
FICATION : American Board of Internal Medicine, 1937.
Subspecialty: Gastroenterology, 1950.

SOCIETY
MEMBERSHIPS : American Medical Association.
Texas Medical Association.
Bell County Medical Society.
American Gastroenterological Association - President;
1949.
Texas Society of Gastroenterologists and Proctologists.
American College of Physicians.
Texas Academy of Internal Medicine.

EXTRA-CURRICULAR ACTIVITIES:

1. Medical Advisory Board, National Foundation for Research in Ulcerative Colitis.
2. Chairman, Council on Scientific Assembly, American Medical Association, 1963-65.
3. Medical Advisory Board, Sears-Roebuck Foundation.
4. President: Interstate Postgraduate Medical Association of North America, 1964.

SPECIAL HONORS:

"J. Arnold Barger Award" for best research project in gastroenterology by a Foundation Fellow, granted annually by Mayo Graduate School of Medicine, since 1960.

Guest Editor: "Postgraduate Medicine", September, 1959, Mayo Clinic; Special Gastroenterology Issue.

Guest Editor: "Postgraduate Medicine", May 1966, Scott and White Clinic; Special Issue.

Recipient of Distinguished Service Medal; Minnesota State Medical Association, 1957.

Chairman of Judges International Science Fair, 1963-64.

Caldwell Lecturer American Roentgen-Ray Society, 1966.

Recipient of Julius Friedenwald Medal, American Gastroenterological Association, 1967.

Recipient of Distinguished Service Award, American Medical Association, 1969.

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