RODMAN WILSON

August 5, 1996

Dr. Fitzhugh Mullan,
Interviewer

Mullan: What is your date of birth?

Wilson: April 4, 1921.

Mullan: The date is the 5th of August, 1996, and we're sitting in Dr. Wilson's office in the Alaska State Medical Society. It is a very damp August morning, and we're here early to accommodate both of our schedules.

I'd like to ask, Dr. Wilson, if you would start by telling me about yourself. You, like, I think, many Alaskans, didn't begin here. You began in Texas, I believe. Tell me about your birth and growing-up and early years.

Wilson: I was born in a small town at home in East Texas, a town called Nacogdoches. I have a twin sister who was born a few minutes after me. My mother was from that town, as were her forebears, and my father was from Fort Worth, as were his forebears, although both families had migrated to Texas in the middle of the last century, my father's people from Virginia, where I was distantly related to Woodrow Wilson, who was also from Virginia, through Kentucky to Texas and my mother's family mostly from Louisiana to Texas. I have an older brother and a

younger brother. All four of us children are living, and my father lived until age 82. My mother died two years ago, or nearly three years ago now, at age 103.

Mullan: What did your parents do?

Wilson: My father was a Baptist minister. In my early life, we lived for five years in Japan in the 1920s, where he was a missionary. Thereafter he worked administratively, mostly for Baptist missionary offices, and we were located mostly in the New York area and for a while in California.

Mullan: Did they consider leaving their Texas roots a boon or a bane?

Wilson: They had some problems with some of the cultural elements of the South, related mainly to discrimination, but were deeply in love with their heritage in Texas and the South otherwise, even though we didn't live there much after my birth. We would always return there for vacations and to see relatives.

Mullan: Did you have much identity with Nacogdoches personally?

Wilson: Only summertime vacations perennially during the late twenties and thirties and at Christmas time thereafter to see relatives, but I never lived year round in Texas myself nor had any education there.

Mullan: Do you have friends that remained there or family that you remained close to?

Wilson: Oh, yes, even 'til today, and, indeed, one of my children lives in Texas now. So we still have connections, and I was able to turn on a Texas accent when I was down there and say "cain't." But it's hard to claim that I'm really a Texan except by birth.

Mullan: Tell me a bit more about what you remember first of Japan and then of New York growing up.

Wilson: Well, I barely remember the great earthquake and fire storm of 1923 in Tokyo where over 100,000 people-- nobody knows how many died--of earthquake and fire. I was sitting in my high chair, and the house began to shake. My father grabbed my twin sister under one arm and me under his other arm and ran out of the house. That's one memory of Japan. I remember other scenes: mountains, railways, people, bicycles, gardens, family life. But we returned when I was a little over five years old and lived on the East Coast for many years after that.

Mullan: That was in the New York area? Tell me about that.

Wilson: We lived in several towns in New Jersey--Summit, Montclair, Westfield, all commuting towns. My father worked in Protestant missionary offices in New York City all through the

late twenties and thirties, and we lived in those towns, all of which had excellent schools, good neighborhoods, nice life, Boy Scouts, hiking, athletics at school are distinct memories.

Mullan: During those years, as you began to think about your future, what did you have in mind? Was medicine anywhere on the horizon? Were there any doctors who figured into your experience?

Wilson: Yes. I had two uncles in Texas, both of whom were physicians, and they were role models. There was subtle and not-so-subtle pressure on the part of my parents, particularly my father, to go into the ministry or be a medical missionary if I ever got that far. I didn't finally decide to go to medical school, though, until much later in college.

Mullan: Was your father's religion an active religion? Was it tangible to you, or was it more of a business?

Wilson: Oh, very active. He was a bright guy. He was an alternate Rhodes Scholar from the University of Texas, never did get to Oxford, but he was intellectual, as was my mother. I call them thinking Christians. They were constantly struggling with spirituality and the meaning of life. They were both dedicated Christians. They were the antithesis of fundamentalist Christians who just swallow the Bible and other things lock, stock, and barrel without question. Now, I'm not saying that

that's bad. For some people, that's what they want and that controls them and steers them in generally good directions, but that's not what my parents were like. My father wrote some theological or books on religion. He was a very dynamic guy.

Mullan: Was religion meaningful to you as a child?

Wilson: Yes, it was. A lot of my social life, not so much in New Jersey, but later in high school when we were living in California, centered around church groups, and it was quite meaningful to me.

Mullan: I guess these years of perhaps high school were years of the Depression. Did the Depression have impact on your youth in any particular way?

Wilson: We never missed a meal. My father never missed a day of work. He was glad of that and proud of it. I wasn't aware that we were poor. We were never rich, by a long shot, and I think we were all aware of what was going on around us and the hard times in the country, but we didn't suffer in any significant way.

Mullan: You went, I gather, away to boarding school.

Wilson: That was only one year. That was the equivalent of the last year of high school, twelfth grade. My father was on an around-the-world trip to visit all the Baptist missionary

stations, or almost all of them, and he took my mother, so the kids had to be farmed out. My sister and I were sent from Pasadena, California, to Massachusetts to go to Northfield Mount Hermon schools for one year. My older brother was already in college, and my younger brother was sent to Texas to relatives.

Mullan: Was that a good experience, the Mount Hermon year?

Wilson: I was having such a ball at high school in South Pasadena athletically, academically and socially in the church group that it would have been hard to beat. The teachers were excellent. They were also excellent at Mount Hermon, and it was a beautiful place and a good experience. So it was a toss-up. It was a good experience.

Mullan: Tell me about college and what happened next.

Wilson: My older brother was already in Princeton. My father had gone to Yale Divinity School, but I guess living fairly close to Princeton in Westfield, New Jersey, we had an affinity for Princeton. My brother was enjoying it. I applied to Stanford and Princeton and was accepted to both, and chose Princeton. I can't quite tell you why.

Mullan: How were the Princeton years?

Wilson: Academically it was excellent. Looking back on it, I'm proud and glad that I went there. The first couple of years were socially not good, and I wondered what I was doing there and why I shouldn't have been at Stanford or some other place, and that's because in those days, and still to a certain extent, most of my classmates were of an economic class quite a bit above me, and a lot of them, frankly, were snobs. I was a waiter in a Commons, which is the dining area, right from the start. I remember one of my classmates, and we had white or tan coats on as waiters or something, one of them he said, "Boy, boy, get me--" whatever. He was a Kentucky Colonel. He probably didn't realize what he was doing, but I had to tell him in no uncertain terms, "I'm not your boy." [Laughter]

So instead of conforming to the system and in the second year going into one of the "eating clubs," which had a social hierarchy--I don't know whether they still do or not, but were from top to bottom, Ivy to Gateway, all had class distinction--I and some other classmates started our own club in an old house there called Prospect Club, so we had our own club. More plebeian. I was the ringleader and president.

Mullan: What did you study at Princeton, and how were your plans coming for what you wanted to do with yourself?

Wilson: I didn't know what I wanted to do, so I did not want a direct pre-med course. Princeton didn't have a pre-med course as such, anyway, but most all the kids who were going to medical

school majored in chemistry or biology. I majored in English. I'd been powerfully stimulated by both my parents, who loved to write and read, and a couple of teachers at Mount Hermon, and I was thinking of the Foreign Service, diplomatic service. I was good at languages. So I wasn't about to do straight science, particularly if I was going to be a doctor. I'd be doing that for the rest of my life. I wanted to do something else so I majored in English language and literature and wrote my senior thesis on Nathaniel Hawthorne.

Mullan: Those were what years?

Wilson: I was in Princeton from '39 to '43 war years.

Mullan: How did that impact on your thinking?

Wilson: The war started in December of '41 for the U.S. I was in my junior year, and school was accelerated. So we went to class through the summer and got out four or five months early. January 1943 is when we graduated. By that time I'd already--maybe under pressure of the draft, I don't remember--I signed up in the Navy Hospital Corps. By that time I did know I was going to go to medical school. I forget the details, but anyway, I was a reserve ensign because I was on the way to medical school.

Mullan: When did your thinking about medical school crystallize?

Wilson: It must have been in 1941 sometime. I remember I took a tour with my mother of medical schools. It must have been early '42 in spring break or something. I didn't want to go north of Pennsylvania. But anyway, we went down through Baltimore and Charlottesville and Nashville and clear down to Baylor in Texas and saw six or eight medical schools.

Mullan: Between Foreign Service and a scholarly career and perhaps the ministry, what had decided you on medicine?

Wilson: I think part of it was I decided the best way to escape from the subtle and not-so-subtle pressure of my father to go to divinity school was to go to medical school. That was not quite as holy as being a straight minister, but it was acceptable, I guess. At least that's the way I looked at it. My father never would have put it in those terms.

Mullan: Did he respond favorably to your decision or neutrally or how did he take it?

Wilson: He was very supportive.

Mullan: He wasn't disappointed you didn't go to divinity school?

Wilson: Oh, no.

Mullan: So you left Princeton, and you made a decision?

Wilson: I graduated from Princeton. In those days, I don't know whether medical school was that competitive or whether I just knew I was pretty good academically. The reason I went to look at medical schools was that I was choosing which one I was going to go to, not which one was going accept me, or at least I thought that was it. And I think it was true. I chose Johns Hopkins. I graduated from Princeton in late January and started medical school in late February of 1943.

Mullan: What was it like?

Wilson: I was terribly restless, terribly restless, because of the war. In fact, I almost quit during the first year. By that time we'd all been popped into the Navy V-12 program for medical students who were headed for the Navy or the Army, ASTP, or whatever they called it. So the bulk of the class, except for a few girls and disabled people, we were all in the Army or Navy. So I was in the Navy program. In fact, we even wore uniforms. But I was very restless.

Mullan: Restless in what sense?

Wilson: All my college classmates and friends were in the war, and I wasn't. I was sitting around. I had my plan all fixed up. I was going first go to the dean and ask him if I could come back after the war, get that squared away, and then I was going to go to my commanding officer and tell him that I wasn't going to

continue in medical school. I knew what would happen to me. I'd be put in the Hospital Corps as a seaman or whatever, and just be a corpsman, Navy corpsman. That's what I was going to do.

Mullan: But you didn't. You stuck with it. Tell me what it was like.

Wilson: The reason I didn't do it is I fell in love. I met a girl who was working in the Department of History of Medicine at Hopkins under a famous scholar there, Henry Sigerist. She was a research secretary. My best laid plans went awry.

Mullan: Tell me more. This is your wife?

Wilson: Yes. So that's a long story which I'll truncate here. Hopkins is in East Baltimore. It's a miserable, dirty place. It's better now, but still not that great. And there were no athletic facilities for the medical students at that time, but we found an abandoned church a block or two off campus that had some basketball boards and nets set up at the ends. We used to go over to that dingy, dirty church and play basketball.

I ended up getting some terrible sores on my feet which were more than ordinary athlete's foot because they were on the dorsal surfaces with a bunch of ulcers. They just wouldn't heal. So I went into the Hopkins Hospital and stayed a month on potassium permanganate soaks. They couldn't culture a fungus, never did know what it was, but my feet finally healed. Because I had

missed most of the biochemistry quarter--ordinarily, in a non-war year, I would have been required to make up biochemistry in the summer somewhere in order to go on with school. But the school said, "Well, this is wartime and you don't have time to do that. If you can pass the examination which we gave your classmates a couple of months later, we'll forget about the lab and let you go on." So I knew I had to get out of the medical fraternity house where we lived, to study better. I went over to the library and got a carrel to study, because I was having to keep up with the other stuff plus the biochemistry, and that's where I met my future wife. So I say that I met Gwynneth because of athlete's foot. [Laughter]

Mullan: What is her background?

Wilson: She was Baltimore true and blue, born and bred in Baltimore, of German background mainly, and I would have to say lower middle class, not the hoi polloi, but a wonderful, bright woman who'd gone through the Baltimore schools and graduated in history at Goucher College in Baltimore, and was working as a research secretary to Dr. Henry Sigerist. We got married in December of 1944 in medical school. This was frowned upon. They didn't even like their residents to marry in those days.

Mullan: Hopkins in particular, as I recall.

Wilson: Yes. That's right. But we did it anyway.

Mullan: Did you ever know Sigerist?

Wilson: Oh, sure. And later visited him in Lugano, Switzerland, after he retired.

Mullan: Any reflections on him?

Wilson: Very stimulating man. He was a marvelous historian to begin with, not just medical history, but a real scholar, quite ahead of his times in terms of social thinking about public policy and health and welfare and so forth. He helped set up Saskatchewan's first provincial health service.

Mullan: Tell me then about the balance of medical school. You got married what would have been your junior year?

Wilson: Yes. I finished in March of '46. I think the fact that I was married was prejudicial in getting an internship in internal medicine--I knew I wanted to do that by that time--at Hopkins, but there were some terribly bright guys in that class, too.

I got an internship at Bellevue Hospital in New York City, and we migrated up there, lived with my parents on the Upper West Side. They had moved in from New Jersey to the city during the war. Bellevue is on the Lower East Side. Gwynneth worked for the New York Academy of Medicine. The war had ended in August 1945, and I graduated in March 1946. So to get interns and

residents back to pre-war rotation, my group had fifteen months of internship, from April 1946 through June 1947, I had a mixed surgical and medical internship. We were still in the Navy, back on reserve, not in uniform then, but scheduled to return to active duty after completion of an internship. So we were required to take surgery.

Another very short story of surgical internship. I had this ancient man with a big mass in his abdomen, which was carcinoma of the transverse colon. The surgical resident insisted on operating on this depleted man with this incurable thing, and on the third day he began to leak fluid from his wound and dehisce. A surgical grand rounds they were taking me the intern on the case, over the coals for not recognizing immediately what the fluid meant, that he was coming apart. I mumbled and stumbled around and finally blurted out, "Well, at Hopkins I never saw a dehiscence." Next case. [Laughter]

Mullan: As you left medical school, went to Bellevue, chose internal medicine, what was your thinking as well as you remember about what you saw doing in medicine? Was missionary work still there?

Wilson: I was headed in either of two places: I was either going to be a medical missionary, because that really appealed to me in lots of ways, or I was going to go practice in Nacogdoches, Texas, a small town, and be either a family practitioner or

general internist in East Texas. I don't think the word "general internist" had been invented by that time.

Mullan: So either go back to Texas or pursue missionary work?

Wilson: Yes. Gwynneth really didn't want to do either. She wasn't real forceful or vocal about it, but the thought of living in a small Texas town--she'd been down there two or three times by that time--wasn't that appealing, and missionary work, although she's devoutly Christian, too, Episcopalian, and I had become an Episcopalian, too, neither of those was terribly appealing, but that's where we were headed if you can head two places. But I wasn't thinking standard practice in Anchorage, Alaska, or Madison, Wisconsin, or New York at all.

Mullan: What happened next? You spent just a year, I believe, or fifteen months?

Wilson: Well, we had a fifteen-month internship, and then I had to go into the Navy, and I was fortunately assigned--I don't remember an election at all on my part--to Bethesda, Maryland, the center of Navy medicine. Bethesda was just for a few weeks until everybody was reassigned. I guess there was some indoctrination or something.

I've got a quick story there. I was Officer of the Day a few days after I got there, sitting in the rotunda at the Bethesda and greeting everybody who would come up the marble

steps, and I had the duty, and up bounded an aide de camp to Admiral King, who was the top guy in the Navy. This was right after the war. The aide, kind of adjutant, whatever he was, said, "Admiral King's sick. Admiral King's sick."

And I said "Who?" and he had to explain who Admiral King was. I said, "Well, wait a minute. Let me get my stethoscope, and I'll go out and take a look at him." So I sauntered out to this long limousine where Admiral King was sitting in the right front seat, and he had had what today we would call a transient ischemic attack, TIA, you know, a little dizzy, a little giddy, and kind of lost track of things a little bit.

So I sat there and leaned on the car and talked to the admiral for a little while, and between the two of us, he was the patient and I was the doctor. I decided, well, I'll let him go on home. He'll probably be all right. "But call back if things don't go all right." This commander who was driving him was a little uneasy about this, but I was the doctor, and so he went off.

Well, I went back to my station, and pretty soon, after a while, my commander came along, a four-striper of some sort, said, "Anything going on, Wilson?"

I said, "No, not too much. It's been kind of quiet. Oh, Admiral King had come by a little while ago and had been feeling dizzy." The Captain just hit the roof. It turned out all right.

Mullan: It did? Admiral King did all right?

Wilson: Yes.

Mullan: So what happened for your period in the Navy then?

Wilson: Once in Bethesda, you just sort of had your pick of where you wanted to go, and I ran into two of my Hopkins classmates who had interned elsewhere, and they were both going to Egypt, to the Navy Medical Research Unit over there which had succeeded the U.S. Typhus Commission of the Army during the war years. I also had a chance to go to Shanghai. My wife was leaning towards Shanghai, and I was leaning toward Egypt. One way or another we decided that Egypt sounded pretty nice.

About that time the University of California was mounting an archaeologic expedition down the east coast of Africa, and the admiral at the research part of the Navy wanted a doctor to go along with them, and he wanted somebody to go along with my classmates to NAMRU. I went over to see the admiral and said, "Sir, I would like to go to Egypt."

He said, "What do you know about research?"

I said, "Nothing, sir."

He said, "Okay. You can go." [Laughter]

So we were put on a Navy tanker, both me and my wife. She was apparently only the second woman who had ever been allowed to sale on a commissioned Navy ship (at least in recent years). This alarmed the skipper, but he turned out to be very nice about it all. But all the sailors came around, taking photos of Gwynneth at every turn all the way over.

We had two marvelous years in Egypt, where our first son, Thomas, was born and where I plunged into research, background or no background. I arrived in the midst of a huge cholera epidemic, and we had other febrile diseases and worked on typhoid and other things. I had a great time.

Mullan: That was '47 to '49?

Wilson: '47 to '49. Part of the extra duty there was being detached and assigned to the Count Bernadotte's Palestine peace-keeping force in 1948. He somehow got the Arabs and the Israelis to stop fighting. I was only with them for a few weeks, but the mission went on for several years until Bernadotte was shot and killed.

Mullan: And you were in Egypt at the time of the Israeli independence?

Wilson: Yes.

Mullan: What was that like? Were tensions mounting or palpable or was it just on a political level?

Wilson: No. It was very intense. The Egyptians were very unhappy about it. They weren't about to go to war themselves at that point. Americans were quite unpopular. So we had to kind of watch out and stay home rather than move around freely.

Mullan: Was that in general or just at the point of independence?

Wilson: At the point of independence, then it settled down.

Mullan: And what were Egyptian-American relations like in those days? This was the time of King Farouk?

Wilson: Yes. They were good. They liked Americans. Farouk, in particular, liked Americans, preferably blond women. It didn't make any difference to him whether they were married or not. He would commandeer them or try to. A couple of the diplomats had to go home because their wives were being importuned so much. But, no, they liked Americans. You see, Egypt was coming off of British rule. They didn't like the Brits, but they liked the Americans.

Mullan: Was there any sense, on your part in particular, of the durability of the Arab-Israeli confrontation that was reaching a high point at that time? Did you have a sense that you were in on an early chapter of what would be a thirty-years' war or a hundred-years' war?

Wilson: I think we did. It was tough. By that time, we had come to like Arabs and like Arabic culture. We both were taking lessons in Arabic. I got pretty good in colloquial Arabic. We could see the issue from their standpoint. Everything in the

United States, almost everything, was from the standpoint of the *New York Times* and the Israeli side of it, and we could see--or we thought we could see both sides, and to this day we still think we can. I was just thinking the other day, all this terrorism in the world. You know, that's when it all started. With that partition of Palestine started the terrorism that we really know in the world now. Not that there wasn't some terrorism here and there, but the whole confrontation of the Near East countries began there. And it's still going on today.

Mullan: The research you did and the medical work you did, tell me a little more about that, and how did it influence your plans?

Wilson: The person in charge of the NAMRU-3, the Naval Medical Research Unit Number 3, was a real scientist, a fellow named Robert A. Phillips out of the Rockefeller Institute. He was a doctor, and he was a kidney and metabolism expert. So we did work on renal function in cholera, for example, and I wrote a paper with a colleague on that, and did some work on the cardiovascular system and typhoid fever. I even knew in medical school I was not a scientist. Now, I've written a couple dozen papers, some of which are reasonably good, but I am not a scientist or a lab scientist or a basic scientist. So I never had any thought of going into medical research.

Mullan: What did you do when you came back? How did that transition go?

Wilson: All my cadre or cohort were putting in their two years in military service and then going on residency training. I think I said earlier, maybe incorrectly, I knew I was going into internal medicine. I don't think I did. I still wasn't quite sure what I wanted to do in medicine, whether general practice, which it was called in those days, or a specialty. My peak learning period was the fifteen months at Bellevue. I learned so much every day that I thought, "Well, gosh, if you learned so much as an intern, why not do an internship again?"

[Begin Tape 1, Side 2]

Mullan: This is Dr. Wilson, tape one, side two, continued.

Wilson: I reapplied for internship. I don't think I've ever met another doctor who had two internships, and if I ever do I'll still beat him because my first one was fifteen months, rather than 12 months. I applied for a mixed internship at Cincinnati General, Minneapolis General, a big hospital in Houston and Charity Hospital in New Orleans, and chose Cincinnati. It had a good reputation in the East, even though it was across the Appalachians. So I went to Cincinnati General and had a mixed internship.

I chose exactly what I wanted. I had three months of psychiatry and a couple of months of dermatology, orthopedics, and urology, and the rest of it medicine. Of course, I was so far ahead of the other interns that I never went through a night

without sleep. I was just so efficient and ahead of the rest of them that I could tell them how to do it. And then I went on to three years of medical residency on top of that, the last of which was as chief resident in medicine at Cincinnati General Hospital.

Mullan: And you were thinking at that point, clearly, along internal medicine lines. What had decided you?

Wilson: Because I hated OB and wasn't good on infants. And I didn't like surgery. I thought it was a bore. I liked the cerebral part of internal medicine. You have the license or the franchise or the right to know everything in medicine, and that stimulated me. In internal medicine I can encompass everything. I've never found quite the right words to say what I'm talking about, but all of medicine was mine.

Mullan: How were you thinking about translating that now into your professional career, having done a good deal of training?

Wilson: Still as a medical missionary. In fact, we were interviewed by some church execs seeking missionaries for India, Pakistan, and a couple of other places. These interviews were always with Gwynneth and they didn't go very well, but not because she and I were disagreeing. Both my wife and I could sense after each of these interviews, you know, there's something not quite right for us about this, and I think it was the

requirement to proselytize. I mean, "Sure, you can be a medical missionary, but we want you to preach and proselytize, too," and that just stuck in her craw and my craw. It's not the Episcopalian way, for example. So we came to realize that that was really not correct for us.

Mullan: So the service part of it appealed but the theological or the missionary, the proselytizing part did not?

Wilson: That's right. Part of it was because of the wash of Arab culture. You know, there's some marvelous things about Islam.

Mullan: That you came to know?

Wilson: We had firsthand experience with other religions.

Mullan: Was it Cairo where you lived?

Wilson: Yes.

Mullan: So what did you do?

Wilson: We fumbled. So then that left Nacogdoches, and I had such close ties with my dear uncles. One them had died by that time, but the other one supported us partly through residency because we made so little then and had kids. He'd always made

it very plain that there were no strings attached to this. One of the very toughest things I ever did, really, was when I was chief resident. I came finally to admit that I was far too trained to be a small-town internist. Nacogdoches wouldn't have been right. It would be okay today because of how they train specialists and how they diffuse to smaller places partly because of the market there. But at that time I would have been considerably overtrained for that little town and little hospital. But that was a very difficult letter to write my uncle and say, "No, we can't come," because he was counting on it. But that's what we did.

Mullan: The Gardner Board and Carton Company.

Wilson: Yes. So that was part of the fumbling. So we weren't going to be missionaries. We weren't going to go to Texas. What were we going to do? There was a lot of pressure from the department of medicine at Cincinnati for me to stay on the faculty and teach. A new Veterans Hospital opened in Cincinnati about that time, in 1954, a year after I finished the residency. I had one year as an industrial physician at the Gardner Board and Carton Company in Middletown, Ohio. And then, at the end of that year, I was appointed chief of the medical service at the new VA hospital, with a concurrent appointment at the University of Cincinnati. I stayed there three years.

I wrote some more papers, but then I finally came to another realization. I must be pretty slow on these things. I realized

that I didn't like to teach. I'd been teaching. Gwynneth, had come from a long line of public schoolteachers and a couple of university teachers, and she thought that teaching was the most wonderful thing in the world. I agree. There's nothing finer than a good teacher. But I finally realized that I didn't like teaching. I become impatient. So I wasn't going to stay in academic medicine.

Mullan: What were the options then, or what was your thinking then?

Wilson: Well, we had five kids by that time, and I had to do something pretty darned quick.

Mullan: The industrial medicine activity you didn't like particularly?

Wilson: No. No. That was just interim. So I went into practice in Denver, Colorado, with a friend who had been at Cincinnati. That was a part-time deal. I had a half-time job at the University of Colorado Department of Medicine and half time in practice with my colleague, which I enjoyed, but it wasn't going very well after one year, partly because right after the war hundreds and hundreds of doctors thought that Colorado was a nice place to live. So it was very over-doctored.

So we just looked around for another place to practice. Because I like hiking, mountain climbing, and so forth, Alaska

sounded fun. We heard of a job up here in a clinic and took it sight unseen. We often say that if we'd come up and looked at the clinic and looked at the town, we wouldn't have come. But the clinic was smart enough not to offer to fly me up and let me look at it.

Mullan: How did that contact come about, and what was it like moving up here?

Wilson: It had come about because one of the clinic partners knew a professor of anatomy at University of Colorado who, in turn, had been a colleague of my practice partner's father. So we heard of the job. I got in communication with them by letter.

Mullan: This was 1958?

Wilson: Yes.

Mullan: What was it like moving to Anchorage in 1958?

Wilson: We drove up the highway with our five kids in a Pontiac station wagon. It took nine days from Colorado up over the gravel ALCAN highway. It's all paved now. It was quite an adventure.

Mullan: But you'd never been to Alaska?

Wilson: Oh, no. No. There was only one stoplight and two paved streets in Anchorage. Got here in the first week of September. Housing was very tight. It was fairly difficult getting settled. Kids are very adaptable, as you know. They were still pretty young. We lived in some government housing for a few weeks, then found a nice log cabin for the first winter. I was getting paid something for the first time in my life, really--well, not the first time, but at least I had some money for a change.

Mullan: What sort of practice was it?

Wilson: General internal medicine in a clinic.

Mullan: Clinic meaning that it was not--

Wilson: Well, it was a group practice, a couple of surgeons, OB/GYN, a couple of internists, a couple of family practitioners.

Mullan: What sort of patients? Was there a clientele?

Wilson: I got to see all the tough cases, the adults. I got to do literally all the consultations at the hospital in internal medicine. Oh, there was one other internist who had just come in another clinic. But I enjoyed the medicine immensely right from the start. There were very few diabetics up here, for example, because they didn't think they could be taken care of. They didn't dare stay here.

Mullan: What was Alaska like from a paint of view of the population? This was now pre-statehood by four or five years?

Wilson: No, pre-statehood just by a few months. Statehood was decided on in June of '58, and we got here in the fall of '58. I had one of the last territorial licenses because we didn't officially become a state until January 3, 1959.

The population was young. It was still sort of a subsistence economy. People would go out and get their moose and fish to tide them over the winter. There was quite a bit of construction jobs and government jobs. But we enjoyed it right from the start and so did the kids. We got a better house after the first year. There was, for several years, just one hospital, and hospital life was good. I enjoyed practice a great deal.

Mullan: So you felt like you found your semi-overseas niche?

Wilson: Yes. I liked it because, in my mind at least, it was more interesting and challenging than Dubuque or Lincoln, Nebraska, someplace, more challenging recreationally and even from a medical standpoint, more opportunities.

Mullan: You were in that practice from 1958 through 1982, I believe?

Wilson: Yes.

Mullan: Give me just a sort of sketch of how it developed.

Wilson: I'll put it this way. Toward the end of that time subspecialists were coming into town, a cardiologist and a gastroenterologist and a neurologist and so forth, and it was developing so that I would not feel correct medically in doing the whole thing anymore, that I would subcontract off to the gastroenterologist and the cardiologist, and therefore I wasn't the cock of the walk as much anymore. It's not that I didn't feel pretty darned confident, but I knew that I should bring these other fellows into it. So therefore, medicine to me, internal medicine, was getting less interesting. I thought for some time of going back and getting sub-specialty training myself, and it would have been in rheumatology if I had done it, but I never really took the steps to do it. Alternatively, I decided that maybe it would be better if I went into public health, that that would be more interesting.

Indeed, I did apply and was accepted at Harvard School of Public Health to get an MPH and was in the process of doing it at Hopkins, too, and I think I could have gone there, too, when along came a job, and I didn't do that. Some public health doctors here reassured me and said, "Well, you know, an MPH is okay, but you've got a leg up on public health if you know a lot of medicine to begin with, and we'll help you when you need it," and indeed they did.

The present governor of Alaska, Tony Knowles, had just been elected major Anchorage. This was in 1982. He'd been a friend

and patient. In fact, I had a little shack that I rented to him. It was his first home up here. So we knew each other very well and liked each other and trusted each other, and so I asked him if I could run the city health department for him, and he said yes.

Mullan: This was when he was mayor of Anchorage?

Wilson: Yes. So I was his public health director downtown and had a ball.

Mullan: This was the mid-eighties?

Wilson: '82 to '87. Nearly six years, yes.

Mullan: Did you maintain your practice or you stepped out of your practice?

Wilson: No. I had to stop the practice or almost all of it. One very pleasing, satisfying part of my practice was being an airline doctor to Air France and Scandinavian Airlines, SAS. In exchange for taking care of their people, my wife and I could travel anywhere they went. So we did a lot of travel. Even in the job in the city I maintained that work. There wasn't much work to it and a lot of benefit.

Mullan: This was anyone who was evacuated off a plane who had a problem?

Wilson: Crews, if they got sick in a hotel, or sick passengers that needed to be attended to. There were a lot of flights between Europe and Tokyo at that time which stopped in Anchorage. They've all gone away now.

Mullan: It was gratifying because of the travel. Was it an interesting practice?

Wilson: It was because I really got to like the personnel. With few exceptions, they were fine people, really, the French people, crews, cockpit crews and the cabin crews and the SAS people. In fact, we made some fast friendships and visited some of them in Europe at later times and made some fast friendships with some of the patients that were sick enough to be taken off flights. So it was a very good experience all round.

Mullan: You described the phenomenon of the gradual arrival of and encroachment of medical subspecialists, and the disappointment, in a sense, that that was for you in terms of restricting your practice. If you can step back from a personal professional level to a policy professional level, this phenomenon has obviously occurred all over the country as our system has prepared more and more subspecialists with more and more expertise in smaller and smaller areas of human biology.

How do you see that on a policy level? Has that been an asset for the health of the population or not?

Wilson: It's an asset if the diagnosis is precise, but all too often a physician with a fairly narrow or very narrow interest misses the point. They don't recognize why the person is in the office in the first place, and they start to do highly technical things which may not really be pertinent to what is bothering the patient or what the patient wants. They go down the wrong path. They do it very skillfully, but it may not need doing in the first place. But I think that there's still a lot of room, a need for what are called nowadays primary care physicians, pediatricians, internists, family practitioners, and OB-GYN to some extent.

Mullan: Let me draw you out a little more on this because it's such an important, really seminal issue for our policy in education deliberations at the moment. As I've traveled, actually, doing interviews, particularly in more rural areas, even cities in rural areas, the story is, of course, the same of the gradual migration of both medical subspecialists as well as surgical subspecialists and proceduralists into, obviously, in cities, the welling up of them and then the migration of them into smaller communities. With that, obviously, comes expertise and comes precision of activity, but with it also comes a balkanization of care and, in the eyes of most, an increase in the cost of care. How does one draw the line, if one were able,

between the appropriate amount of sub-specialty availability in a practice community and a surfeit, obesity as it were, of sub-specialty availability?

Wilson: I think the marketplace will, and probably is, taking care of that right now. Now, we don't have much managed care up here, certainly no HMOs in the usual sense. So my knowledge is not firsthand on that, but I think they know that they don't need as many cardiologists and gastroenterologists and so forth as are available. So that's one thing that will happen. One thing that's very precious in America is the freedom to choose and freedom to go to whom you want, and I hate to see that restricted in any absolute way; but I think this trend toward a primary care focus in the first instance and then referral is a good move.

I don't like the word "gatekeeper" if the gatekeeper has absolute power to open or close the gate, but I think the principle is a good one, that you've got to go through a certain screening level first to see if what's necessary.

Mullan: So, in your judgment, some combination of market forces and therefore altered practice patterns, would put a bit more rigor in the decision--both doctor and patient decision--to move on to subspecialty intervention?

Wilson: Yes. But how you keep some option in it I don't know. For instance, if you've got a rash, really the best place to go is straight to the dermatologist. He or she knows more about it,

knows what to do and what not to do a lot better than an average primary care physician. You can't say that for twinges of pain in the chest though or pain in the abdomen. So that sometimes, or many times, it's cheaper and better to go straight to the specialist.

Mullan: If you can recall back to the latter part of your days in practice as the sub-specialty availability became greater, I'd like to capture the recollections of a medical generalist seeing his pattern of practice altered in ways that were disappointing. Surely in some instances having a subspecialist available for what was clearly a sick or tough circumstance was gratifying and relieving, but in other cases, as you've described it, it probably was frustrating.

Wilson: Well, I didn't agonize over it, and I had fun seeing the colleague participating. It was uncommon in the early eighties, late seventies, for that subspecialist to know much more than I knew anyway. Maybe now it's different, because technology has progressed and they know a lot of things that I wouldn't know, but it was more wanting to make sure that the patient got every benefit that was available. Part of it was fear of liability, malpractice defensive medicine. So I didn't agonize over it. I just thought medicine wasn't quite as much fun as when I could do the whole thing myself. Even though, in most cases, I knew that I could still do the whole thing myself, I didn't dare do it.

Mullan: And was that your conscience speaking, or was it your lawyer speaking, or was it the patient speaking?

Wilson: My conscience. My conscience, because in the late seventies and the early eighties, my recollection is that it was uncommon for the patients to ask for a consultation, to ask for a second opinion. That phrase didn't really come in until about that time. Some insurance company invented that phrase. That wasn't a medical phrase. Maybe a lawyer's phrase. And by the same token, patients didn't used to want to be or need to be as fully informed as we are careful to inform them today. Typically, when you would start to explain things to patients in technical language or trying to make it simple, they would say something that was completely off base or not related, which was a signal to me that they really didn't want to know that anyway. Or if you would ask them, "Well, tell me. These are the options. What do you want to do?" They wouldn't tell me. Maybe they do now. What they would say was, "Whatever you think is best, Doc." They'd leave it up to the doc. Now the docs now don't want to take that responsibility, and maybe the public doesn't work that way anymore.

Mullan: The public is certainly more intrusive and, if not better educated, at least more activist than they were at one time, I think.

Wilson: I had a woman patient here with a lot of money, and she was in her mid-thirties. She had severe achalasia of the esophagus, which had been operated on two or three times at Mayo Clinic. She was in a lot of trouble, and she was going to drown from aspiration of all the mucky juice in her esophagus. She went all over the country with my help seeking a famous esophageal surgeon. She didn't want to go back to Mayo; one in Cincinnati (Heimlich), one in Cleveland and somebody in California and so forth. This intelligent woman and her intelligent lawyer husband finally came back bewildered, and they said, "Rod, tell me what to do." And I said, "Susan, lie down and let Dr. von Hippel here operate on you," which he did very successfully. She's been fine for fifteen years. He took out her esophagus and pulled her right colon up to her cervical esophagus. She was the most informed person I ever knew, but couldn't handle it.

Mullan: I'm sure there must be many, many patients that your mind passes over from time to time, but in terms of what was meaningful to you about your medical practice, if I asked you to tell me about one or two or three people, are there people who come to mind?

Wilson: I just told you about a success. Mainly I remember my failures, the things I missed, not all the ones that did well. I can't remember them unless you give me some clues or their names come up. That's all a blur. This bothers me some. Medical

practice here when I was doing exclusively internal medicine for nearly twenty-five years is pretty much a blur except these outstanding cases that I missed.

Mullan: In terms of missed the diagnosis or--

Wilson: Well, I had a patient who was a climbing friend and climbing buddy even. Maybe that's why I particularly remember him. He had frontal sinusitis, and I missed a subdural empyema, secondary to the sinusitis--a treatable condition. I missed it cold, and he died. It still bothers me. It may not have been curable anyway. Or a missed carcinoma of the colon. Medical practice is a blur, and that bothers me in the sense that, if you were an architect, you'd still have your buildings to look at, or if you were a poet, you'd still have your poems to read, but my accomplishments don't seem discrete or palpable.

Mullan: Is there any sense of community-building? Realizing Anchorage during this time grew to a very large city, do you have any sense that, prior to your public health period, you were contributing, beyond theoretically but in some palpable sense you were contributing to the well-being of the community?

Wilson: Well, I hope I have. My wife has done much more than I have. She's been very active in a variety of things. I've been active in the mountaineering circles and getting trails and this wonderful park we have here back of Anchorage, the Chugach State

Park, and in naming some of the geographic features, the mountains and that kind of thing. I've been active in medical legislative affairs, in getting some decent laws on the book, I think. I think we've contributed.

Mullan: But those are different than your clinical labors?

Wilson: Yes.

Mullan: That's an interesting observation. You did make this major change in 1982 from personal, one-on-one medicine to being a public health official. You considered pursuing the MPH, and then you sought the job. What was it you were seeking? There must have been some itch there that you wanted to scratch that was different than seeing more patients. What was it, and then how was it when you got there?

Wilson: Well, I told you why I had the itch, because of the subspecialists coming into town. I think that getting an MPH probably would have been just really an ego trip. MPHs aren't that hard, and they're not that worthwhile. I took a couple of the statistics courses out at the local university, which is the guts of it anyway, once you know medicine. But I truly believe that in public health you can do more good for more people through primary prevention and good public health measures than you can by treating diseases once started one by one. So I enjoyed that. There's very little glamour to public health, not

nearly enough recognition of its importance unless you get some star like [former Surgeon General C. Everett] Koop who will come along to glamorize it a little bit. But I enjoyed public health. I thought that I would enjoy the venereal disease work, the standard infant and child programs, tuberculosis control, and other infectious disease control a lot, but I ended up enjoying the environmental quality things more, the water and the air, and starting to clean up streams and lakes and that kind of work. I enjoyed that more. I even enjoyed animal control.

Mullan: And you were able to learn as you went you found?

Wilson: Oh, yes. It wasn't that hard, a lot easier than practicing medicine.

Mullan: And how about managing people?

Wilson: I didn't think that was difficult. I don't know what they thought, but--

Mullan: How large a--

Wilson: I had 125 people when I started at the municipal health department.

Mullan: And how about the politics of it?

Wilson: I got some bloody noses on that, but I had good support from the mayor all the way. He'd bail me out most of the time, and I kind of got to enjoy politics so much so that I subsequently ran for the State legislature a couple of times in a Republican district. I was a Democrat. I didn't make it either time to the legislature, but I would have enjoyed it, because I know that I can write, and I know that I can write good bills. In fact, I've written them. There are sections in Alaska statutes now that are my words precisely because I've fed them to legislators. Part of that was because I was perennially the legislative chairman for the Alaska State Medical Association during the sixties and seventies.

Mullan: I'm going to flip the tape over.

[Begin Tape 2, Side 1]

Mullan: Dr. Wilson, tape two, first side.

In public health, one engages forces in a political fashion that, at least in my experience, is somewhat different than engaging a patient one-on-one or even sometimes a community, in terms of its pure public health or biological needs. There are many other factors that drive people in the cauldron we call politics that sometimes cause a health officer to be kind of caught between pure science and pure human instinct dressed as politics. I wondered if that rings true with you in terms of your own experience, either with the health department here in

Anchorage or in your other political and public dealings, and if you have any reflections on that?

Wilson: Well, that's true. I try always to be sure of my ground scientifically, and once I was sure of my ground, then it gives you a lot of confidence that you're right and makes your arguments more cogent to the political types. Now, sometimes there'd be fiscal realities, that you just couldn't spend this much money on a thing, but I found that it was fairly uncommon for the scientific correctness of a position to be overthrown.

Once in a while that happened. For example, the emergency medical technical people together with the fire department and some other people before I got there had started a program of training paramedics and firemen, how to do certain emergency medical procedures like a tracheostomy, sticking a large bore needle in the chest in the case of a collapsed lung or tension in the thorax, and stopping major arterial bleeding. They were training them on dogs that we were going to kill because nobody wanted to adopt certain dogs in the pound. There were too many. It was a very worthwhile program which had been going for a few years quietly. We had instances where those trained had saved lives because they knew how do these things across the state. Well, that hit the fan one way or another by the animal rights people, and I even took the mayor to one of these surgical training sessions. He was quite impressed and backed me for a while, but the political heat got so intense on that we had to back down. They were picketing the health department and writing

slogans against me and so forth. So that's where politics won out over something that was worthwhile.

But most of the time that did not happen. I closed restaurants when I had to. It would impress the public because I would go out on trips with the sanitarians.

Mullan: You've also engaged in public work of a political nature on behalf of the state medical society. I believe that you've been president of the Anchorage Medical Society, the state medical society, and now you're the acting executive director of the state medical society. What reflections do you have on politics and public management now from a point of view of what is arguably an interest group?

Wilson: I think the biggest thing that I see as a result of my public life and my position now is that I'm impressed at how little practicing doctors really know about their community--what's going on in their community and their state. They think they know what's going on, but virtually all of it's through the eyes of their patients. They talk to their patients about their lives and what they're doing, and they derive from that a picture of what the community is like and what the real issues are in their minds, but I think they're often off base on it. So they look at the community through a very narrow scope. Many of them are too busy to be active in very many walks of life. So they tend to be arrogant, opinionated, cocksure, and they don't really know enough to take those positions. For instance, in medical

malpractice they see it only in one light and don't see the other side of the argument.

Mullan: The term that has been used is numerator sensitivity or numerator knowledge. If you take the numerator as the individuals that a physician sees and the denominator as a whole community, they're focused on the numerator, the folks who come through their front door. That's numerator knowledge. They're blind to the denominator, which I think is what you're saying.

Wilson: Yes, exactly. A better, much better way of putting it.

Mullan: In your work as a leader in the medical community, and having walked both the public health as well as the private practice sides of the street, are you able to convey that sentiment, that perspective, to your colleagues at all?

Wilson: Well, I think so, or I hope so. I've always been about a half a step out of step with my colleagues, but nonetheless they have allowed me, and indeed chosen me from time to time, to be their leader. They slap me down every once in a while when I go too far in their minds, but I think I've been able to help them see things more broadly. I don't know. It may be arrogant for me to say that, but I have been, as you've noticed, named Physician of the Year three times, and there isn't anybody that's even been elected twice, I think. It's self-serving because it's this organization that does it (the Alaska State Medical

Association); it's not an independent organization. Self-serving.

Mullan: But at least it shows your colleagues think well of you. That's unarguable. You have done something that many people who've had rich and productive practice experiences have not, and that is you remained active as a contributor to the scientific and clinical literature in, from what I see in your CV, a very eclectic and interesting way. Tell me about that a little bit. Do you see yourself as a writer, and how have you seen that factoring into your ongoing day-to-day, year-to-year labor?

Wilson: Well, I love to write. My father did, and my brother and sister, twin sister, did end up writers, and, incidentally, my younger brother did go into the ministry. He tried to follow me into medicine and in fact did go to Hopkins, realized it was a mistake, dropped out, and became a Presbyterian minister. I've always liked to write. The topics aren't cosmic, but I think most of the papers are pretty darn good. I certainly worked on them hard enough. It takes me months and months and months to write a paper. I don't know why I can't write it the first time. There are a few people who can. I've known some people in medicine that can write it right the first time, but I can't do it, but I know when it finally is right. I don't know why I don't know that to begin with.

I'm very proud at age 75 that this year I'll have two papers published in the national journals. Now, they're not great

papers. One is just a case report, and the other one is going to be in the *American Family Physician* in September on baneful behaviors.

Mullan: I think it's fabulous. As you've gone year to year, how do you pick your topics? I mean, you've written on [unclear] trichinosis, and you've written on deaths in Anchorage, and you've written on altitude sickness, etc., etc. How do you flag a topic for observation?

Wilson: I don't know. They just need or should be written on. There's many scores more that I should have written up but never did. I think that things that are significant ought to be put down on paper. I don't know, in some ways it's just excreting stuff into the literature, which is already too big.

I've been a mountain climber. I've climbed Denali (Mt. McKinley) and done a lot of other climbing up here. I got as an internist most of the high altitude sickness flown off of Denali. They'd come right to Providence Hospital here in Anchorage. So for a while I was seeing more high altitude pulmonary edema and cerebral edema than perhaps any doctor in the world. So I had to write about those cases. I went to the conferences relating to mountaineering medicine. So that's how that came about.

When I went to the city health department, I discovered that the chief health officer of the biggest city in the state was not entitled to see the death certificates, which were state documents. So I called up a legislator, and I said, "Fix that."

And so we got that fixed in a few weeks' time. We just changed the statute. I was looking. I thought that the thing a health officer needs to know first and foremost is why are people croaking in town? Why are people dying? What do they die of? If you don't know that, you don't know anything. That's not all of public health by a long shot. So I started looking at all the death certificates, and I had to write it up. There is a denominator problem. You can't make a rate because people move in and out of villages and so forth.

Mullan: That's quite a contribution. Every year for six or seven years you wrote about deaths in Anchorage.

Wilson: For four years consecutively. Maybe a hundred years from now people will look at it and say, "Well, that's interesting. This is what the scene was like."

This case report of the carcinoma of the male breast after drug-induced gynecomastia, that's a case from the seventies. I knew that I should write that up. I didn't get around to it until after I retired, but case reports are not very useful these days. They tell me that once in a while, if something is one of a kind, that they ought to be briefly described.

Mullan: You said that you think writing is important, that you love to write. You've also said that writing is very hard work and is tough. So why do you write?

Wilson: Because I enjoy it immensely when I get it right, when every word says something and there aren't any words that don't add meaning in the sentence. Now, that's not the only way to write, but that's the way I like to write. That's where prose almost becomes poetic. So I enjoy it finally when I get it right, but for some reason I can't do it right the first time.

Mullan: You've seen medicine enter a period of great ferment and probably, ultimately, great change. From a generalist perspective and from someone with a huge overview, how do you feel about where medicine is headed?

Wilson: The science is going to get better and better. I think the past twenty years in this country and abroad has seen the development and the refinement and the maturing, ripening, of multi-center studies, which are very expensive. You know going in mathematically what you're going to have to show in order to show anything for sure, and we've learned how to do this. This is a marvelous advance in terms of determining what's worthwhile and what is not worthwhile.

Mullan: The science of getting at the truth has improved.

Wilson: Yes. Marvelously. In one way it's very tedious, but it's very exciting.

I worry about the relationship, the doctor-patient relationship, and it bothers me that some people don't seem to

care about it anymore, that the doctors are faceless and the patients want access, immediate access. They want attention right away. It doesn't really make much difference, it seems, who is seeing them, and that bothers me. The day of the personal physician seems to be vanishing. I don't think it will go away completely. I decry the fact that doctors aren't willing to be personal physicians anymore. I've always thought that any doctor, whether it was a urologist or whatnot, could be a person's personal physician if they would let themselves be that. In other words, the doctor to whom the person first calls, a urologist even, you know, as I said, "I've got this twitch in my face, Doctor. What do I do?"

"Well, you know, I think you ought to go see So-and-so. Let me call him."

But that strangely doesn't seem--access seems to be more important than that to many people these days. That bothers me.

Mullan: You've had five children?

Wilson: Yes.

Mullan: I'd like to hear a little more about them and how your family life has related to your medical life. But have any of them gone into medicine? Will you counsel any of them to go into medicine? Would you counsel them not to?

Wilson: No. None of them are in medicine. One tried to get into medical school during the peak of applications and didn't, and he's ended up being an air quality expert and, naturally, works for the city. He wasn't there when I worked there, not in the health department.

One daughter is a travel agent. One works for Federal Express. One has a heating and air-conditioning business of his own in Texas, and one is a mother in Seattle. They're neat children, and we had a good life up here, and three of them are still in Anchorage.

Mullan: Hypothetically, as a sort of barometer of how you feel about where medicine's headed, do you tell young people to go into medicine, or do you tell them to think twice about it? Or what do you tell them?

Wilson: Nobody really asks me. I think that if I were asked, I would say that if you really like biology, that's fine. If you picture yourself in research, that's fine. If you picture yourself as a teacher, that's fine. But if you picture yourself as a practicing doctor, I'd have trepidations about what it's going to be like and whether you're going to like it or not. It's so changeable. I don't think I'd do it again in this climate.

Mullan: Because what mattered to you is in jeopardy, and that's the doctor-patient relationship?

Wilson: Yes, one where there are not so many parties. When I started practicing medicine here, there were two parties. We didn't refer to them as such. As I said, the patient is the first party, and the doctor is the second party. Believe it or not, up here in the sixties and late fifties there wasn't any third party most of the time--no insurance company. So when I would treat a case of pneumonia or a bleeding ulcer or heart attack or whatever, at the end of the hospitalization my office secretary would ask me, "What should I charge?" And a number would pop into my head. I don't know quite where it came from, but it was an integration of how much time it took, the skill which I exerted as an internist, the length of the hospitalization, and the seriousness of the case. A number, like $80 or $240, would just pop into my head, and I'd tell my secretary that it was $240, and the patient would pay it. Well along comes the third party in a few years, and they'd say, "Doc, how did you get this $240 charge?"

I'd say, "Well, look up the hospital days. There were nine days. Divide nine into $240, and that was the daily charge." Well, you know, that didn't work for long. So it's vastly different. So I think that the type of entrepreneurial, creative, intellectually alive person that I submit I knew then is less likely to be attracted into medicine because he or she will be controlled and as Shakespeare said, "cabined, cribbed, confined" by all these other forces. Medicine will attract the less aggressive, less creative person because the creative, imaginative people will go into communications or engineering or

business or someplace where they can express their talents. They're not going to go to medical school picturing themselves in HMOs.

Mullan: Certainly a lot of them apply.

Wilson: Yes, they still apply.

Mullan: In terms of your integration of your work with your family, did that go pretty well, or did medicine put stresses on there that you wish hadn't been?

Wilson: Oh, they put great stresses on it. One nice thing about a town this size, there wasn't a lot of travel time between office and home so that you'd be there in a few minutes and could pop in and out a lot easier then maybe elsewhere. But the children tease me about it to this day, "Daddy, you weren't around," you know. I try to defend myself: "Oh, yeah, sure. I was here. I came home for dinner every night." My wife baits me about it still. It put a stress on things, but we had a good family, a good family life.

One of the best things we did was a year abroad when the kids were from ten to fifteen years old in the mid-sixties. We went to Europe and found a place in Switzerland, stayed all summer, and then moved to Morocco for the school year. I commuted a few times. That was just a marvelous broadening year for the family, and they're still talking about it. Whenever we

get together we start talking about that summer in Europe and the year in Morocco. And we had a pretty good family life, I think.

Mullan: Has your wife worked at all outside the home?

Wilson: No.

Mullan: She's been happy with that?

Wilson: Yes, and she's been very active in a variety of organizations and in a very eclectic way. So sometimes she sort of moans, "Oh, I'm not known for this or that," because she wasn't, for example, just a school board person. She was in lots of things: club work, mountaineering, a lot of charitable organizations, Samaritan Center. She's done oral histories herself on the early doctors here which have been published in *Alaska Medicine*.

Mullan: You've been very thorough and very thoughtful in what's been a fascinating set of activities. Is there anything I haven't touched on that you'd like to reflect on?

Wilson: I don't think so. I was fairly active in the American College of Physicians for a number of years. I was the first governor for the College here. I've been less active than I should have been with the AMA. No, I think we've covered about--

Mullan: Just to sort of bring us out on a generalist theme, in recent years anyway I've been aware that within the American College of Physicians there've been strains between the general internists and the very powerful sub-specialty internists, the cardiologists and gastroenterologists in particular. There's those who've argued that really internal medicine ought to split and that the general internists ought to move into closer coalition, perhaps, with the family physicians and the large powerful sub-specialty groups ought to go their own way, even including training programs, where cardiologists would perhaps move more directly into cardiology and spend less time on other medical specialties. Have you been privy to any of those discussions? Do you have feelings about what the future of internal medicine is, particularly general internal medicine?

Wilson: Well, general internal medicine is making a sort of a comeback. More people are opting for these slots now because they're afraid they won't get hired as a cardiologist or gastroenterologist, and they're moving back toward primary care. The American College of Physicians is bigger than ever. I don't think they've got any lingering plans to unite with family practice crowds, and they still have a lot of subspecialists in their ranks, although I usually get the feeling that those subspecialists' first loyalty is to, say, the American Gastroenterological Society rather than the ACP, but the ACP is going pretty strong. They've been a little out of step with the rest of American medicine. The ACP is still for universal care

or universal health care, which I certainly am, and they are for accommodating the HMOs more than some others are.

How do you think all of this is going to shake out? I think it's going to shake out sort of forty-sixty, because I think that the HMO will peak at about sixty or seventy percent, and the rest of the people are going to demand to go to whatever doctor they want on a one-to-one basis. So it's not going to all be HMOs.

Mullan: Yes. Not all of it. Why don't we end the interview with that?

Wilson: Okay.

Mullan: Thank you. This was very good.

[End of Interview]