Telephone conversation with Dr. Francis Moore, Boston.

Dr. D: I think that somebody that's half my age would do a better job because he would remember all the details and put up a better fight than I seem to be when it's needed. So I've told Calvin Plimpton whom I gather you know that I hope he could find a target date some time early in the coming calendar year when it would be not in the adverse interests of the School or Department and at his convenience when we could find an appropriate person to be the new chairman.

Dr. M: Is Cal taking over as Chancellor?

Dr. D: He's President of the Downstate Medical Center. They don't have a Chancellor for SUNY. They have a President of the Downstate Medical Center and he's currently looking for a Dean also. He is the first man we've had with the wisdom to recognize that it really requires two people. He's like a breath of fresh air here. I think he's really going to make something out of it.

Dr.M: He certainly has the medical background and he's got the university background.

Dr. D: As soon as I started thinking about this I didn't even have to communicate my thoughts to Plimpton, but around this place as soon as you start thinking about some - thing everybody's whispering about it. First thing I know people are offering me positions elsewhere. I want to know this. They wanted me to go down and take charge of their teaching and research in the Veterans' Administration, surgical teaching and research. I looked that over and decided this wasn't quite my cup of tea. Then Ted Cooper has been talking with me. I'm going down and talk with some of those folks again on Wednesday about the possibility of taking over this applications part of the Heart-Lung Institute business which includes the artificial heart and some oxygenator business and the pacemakers. The artificial heart part of it is the main part of it and to me this would be a very fascinating business. Do you think it looks as though I am absconding in joining the enemy when I am currently Vice-President of the American Surgical to be considering such a thing?

Dr.M: No, not at all. In the first place we all have to work with the Government. You probably couldn't get to our little seminar, but what I said there that Government is very willing to listen and is listening closely to what we have to say is important. When you get over into the NIH as that would be, of course you're into something that's even closer to Government and I don't see any issue there at all.

Dr. D: You don't think this would be inappropriate at the moment?

Dr.M: No, not at all. I don't think it would be the least, bit. I think it would represent stable leadership down there in that program and in a way that would be probably more meaningful for American surgery than what any one of us might do in an individual department.

Dr. D: It looked to me like a real opportunity in that regard as I've been a little unhappy with some of the decisions that have been made and up to the present time all discussions indicate that they are willing to let me revise the policies as seems best to me which rather surprises me. Dr. M: How old are you?

Dr. D: 62-1/2.

Dr. M: I think that's great. I had a nice chat with Monte DuVal last summer and he's taken a tremendously important step.

Dr. D: Yes, he has. Even Monte has called me about this. With regard to Downstate, I must say Calvin Plimpton has gone about this in a really thorough fashion. He's talked to everybody in the Department wanting to know what kind of a man they want and he says they're really looking for somebody that's everything, aren't they, and I said sure you've just got to be a good administrator, a top-notch clinical surgeon and a real good investigator. I don't know if anybody mentioned being a good teacher.

Dr. M: Thanks, Clarence. I think it's great.

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