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### Samuel Kolmen interview (1) conducted on January 17, 1984 about the Boonshoft School of Medicine at Wright State University

Samuel Kolmen

James St. Peter

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# WRIGHT STATE UNIVERSITY

## School of Medicine Oral History Project

### INTERVIEW INFORMATION

Interview date: January 17, 1984

Interviewer: James St. Peter (JS)

Interviewee: Dr. Samuel Kolmen (SK)  
Wright State University  
Interview 1

### INTERVIEW TRANSCRIPTION

[Beginning of recorded material]

James St. Peter: My name is James St. Peter and this is the first in a series of interviews with Dr. Samuel Kolmen, first chair of the Physiology Department in the Wright State University School of Medicine. The date is 17 January 1984 the time is 11:00 am and we are in the office of Dr. Kolmen room 235D in the Biological Sciences building at Wright State. Dr. Kolmen can you tell me a little about your background prior to coming to WSU?

Dr. Samuel Kolmen: I got my PhD at the University of Texas, Medical Branch at Galveston in 1957. I did a year post-doctoral in England in 1958 and returned to Galveston as an assistant professor there in 1958. I was there until I came here in 1975. While I was there, I rose from the role of an assistant to a full professor. I ended up being the vice-chairman of the department of physiology during the last three years I was there. I was the research coordinator for the Shriners-Burns Institute, which dealt with children diseases and result thereof, for the five years prior to coming here. Because of my exploration in administration I became very interested and looked for a situation that would enable me to advance further in administration. Secondly, to try some idea I had relating to curriculum, faculty development, and what have you. The decision to move from Galveston therefore required that some school that was newly developed rather than some school that was established would be selected. Of the two I seriously considered, one being in Tennessee and the other being Wright State, I decided that Wright State was really the optimal one. I applied for the position as chairman and was interviewed and finally came here.

JS: Why did you pick Wright State in Dayton, Ohio over Tennessee?

SK: Many different factors. I investigated the depth of philanthropy in the area. The Cincinnati-Dayton area was, at that time, was one of the top ten areas of philanthropy in the country. That was not true in Knoxville. Secondly, Wright State University is a very young school. About 15 years old at that time. Minimal reputation but some very aggressive faculty and so now. I even heard about them through a colleague of mine in England who was interested in University Without Walls. I heard about Wright State before applying for this position. Finally, I delved into the reputation of the first dean, Dr. Beljan, through colleagues I had in Davis, California and found that he was very receptive to new ideas.

JS: When in 1975 did you come here to Wright State?

SK: I actually arrived in January of '75. I signed on a little bit earlier but arrived here in January. I was one of the first five or six people here. Dean Beljan, Ed Spainer, Tony Zappala, myself, in terms of hard-core people. Then there were some excellent voluntary people, like Manny Cowder of Children's Medical Center, Nick Thompson at Miami Valley, Jim... um, Pathology at Miami Valley. I can't think of his last name right now. These people showed interest in developing a new school. They were willing to try a different approach to clinical medicine and that further encouraged my interest in the place.

JS: How would you describe the state of development of the school of medicine when you arrived in January '75?

SK: It was a really interested place. We were at the Kettering Engineering Center at the Kettering Center next to the engineering building. We had a floor. Each individual was given an office and a secretary to start working on particular projects. Beljan assigned different kinds of projects to different individuals. One of my assignments had to do with bylaws. Secondly, to do with a basic science curriculum with Tony Zappala who at that time was designed as Assistant Dean for Circular Affairs. It was later he was named chairman of the anatomy. So, Tony and I worked on basic science curriculum and not long thereafter several faculty came abroad and we started to work on bylaws and other things. We had to develop guiding rules relating to what if a faculty member wanted to apply to medical school to become a medical student? At what level would that be allowed? There were just all kinds of little problems that we solved in the beginning. But the spirit was one of development. Very strong feeling of pride in everything and anything we did.

JS: When you talk about curriculum with Dr. Zappala what were the stages in initiating the planning for curriculum?

SK: The first stages, whether by design or otherwise, was a statement of goal of orientation towards each of the four years of the school. For example, the first year's primary goal was that of nomenclature, words, and concepts. Secondly, development of self-learning processes. Thirdly, development of methods requiring active participation in contrast to passive learning. These were some of the givens in terms of curricular design. Say for the freshman year or sophomore year, it went into the nonnormative processes. We avoided, at that time, the use of the word disease processes. Very important, not so philosophical, but very important differences in terms of the approach to medicine.

JS: Why?

SK: Disease process implies that there is something physical that can be chopped out or undone or bent or tied up or treated and once you did the appropriate process the disease would be either be extracted or removed or neutralized. The nonnormative processes concept recognizes that the body responds to its environment and sometimes it does not respond adequately. Or sometimes the response is not appropriate to the problem at hand. A very significant in the different approach to things. Among other reasons, that caused us to develop a very strong behavioral science component in our curriculum just as concept alone. Dr. Reece, who is still with us, and will be the oldest surviving member of the early group, I hear, came in early in the game. Dr. Blackwell, later on in psychiatry. Manny Cowder, himself, is very strong in this concept. He has left Dayton and in a type of practice in California that spouses this particular concept. That is how strong he felt about it. So, these people have had profound influence on this attitude. It showed itself later on in the student admission process. Rather worrying whether the students had a 3.6 average in science and 90 hours of science before they came into medical school, we were worried about their humanistic qualities. We were concerned that they had a broader range of courses and what have you. Recognizing that the nonnormative process exceeds those things that we are going to find in science per se. It really had a really profound effect on the ultimate development of the school in its various areas.

JS: How much time did you spend initially on developing curriculum? Did it take up a lot of your time?

SK: It took a lot of time. We also spent a lot of time early on in establishing rapport with other facility throughout this community. For example, we spent quite a bit of time at Wright-Patterson Aero Med Research Laboratories exploring possibilities for cooperative research between the faculty to become recruited and ongoing activities. We explored with the University of Dayton the bringing some of their faculty onboard as adjunct members of our respective departments. An example would be P.K. Bhojpi [sp?] in the department of physiology. He was the first or I think one of the first people to be given a joint appointment between University of Dayton and Wright

State at a time where politically Wright State and UD were at each other's throats because of other activities. Law schools and what have you. We broke those kinds of barriers to help develop more effective faculty utilization and so on. We tied in with Miami University. Ron Wiley was one of the first members of the department, he even preceded me.

JS: Was that in the physiology department?

SK: Yeah. In fact, this picture is in the School of Medicine files of the original five people who preceded me. These were Ron Wiley of Miami University, Melvin Johnson who is a professor of biology and chairman at Central State University, and Mel is still a member of the department. Roger Glaser at that time assistant professor in biology here at Wright State, Noel Nussbaum who was an associate professor of biology here at Wright State, and Katherine Mechlin also at Wright State here as an instructor. All of those original five people, only Ron Wiley has disappeared from the same. He is still at Miami but no longer affiliated with us. Part of the attempt was to make ties with these institutions, and we have been effective in doing that. So, we just spent some time on that. We spent time trying to develop better relations with the VA center. I was involved in developing an animal care facility at the VA center in the hope we would develop more research there. So, a lot of activities were ancillary to just curriculum.

JS: In the curriculum development, were you solely responsible for the physiology curriculum with Dr. Zappala overseeing SOM development as a whole?

SK: No, at the very beginning we were not restricted to specific departments. That came much later. Maybe a year or so later. My development of curriculum was as much with my hat in science and engineering as it was in the school of medicine because we, at that time, had graduate students working on master's degrees in biological sciences with a concentration in physiology working under Roger Glaser as an example or Noel Nussbaum. So, we were developing curriculum for graduate students at the same time with the eye of testing these things out on grad students than later on incorporating them in the medical school if the ideas were good and sound. The curriculum for the physiology, per say, was being developed on a separate track outside of the school of medicine. Curricular interactions within the school of medicine was really our primary concern. About six or eight months after I arrived, the other people like Al Rodin came aboard and we started developing a time-based curricular plan. By that time, Dr. Zappala, others, and myself had developed what we thought would be adequate curriculum for our respective types of disciplines. Dr. Beljan decided one day that we did not develop enough self-learning or active learning process.

JS: Was the curriculum development more in terms of phases with the first phase being development of the overall...?

SK: It was really evolutionary. It was not pyramid or step lock type of thing. It was more of an evolutionary process. You know as we hit across certain problems, we developed other concepts.

JS: Was the self-learning the first phase that you came into?

SK: I think that was one of very early ones that we got into. We felt that we were going to end up with too many hours of contact time sitting in a lecture hall. So, one morning all of a sudden John Beljan sent a little note down saying that there should only be morning contact with freshman students and only afternoon contact with sophomore students. This had an effect in terms of self-learning but was probably more reflective of the availability of auditorium spaces and facilities for our teaching program. This was one way to share the facilities, having freshman in the morning and sophomores in the afternoon. It also had a tremendous impact on learning concepts because that meant that automatically, as an example physiology was not going to be able to lecture on everything under the sun. We had to then pick and choose those concepts that were very difficult for students to learn through reading and textbooks and not talk about those things that students could learn reading a textbook on their own.

JS: When that decision came down from Dr. Beljan, could you describe the way the decision was reached?

SK: I have the foggiest idea. There it was. I would not have had a lot to do with it, but I do not know. He is one of the guys you may want to interview later on. But I am not sure how that decision was made.

JS: Was the decision to make it a more active participation than passive, was that the same kind of decision?

SK: No. We faculty were much involved in that. The later reports, one is called the Cowder report, which occurred two or three years later, related to the frequency of exams. We were somewhat disturbed that students were being examined to death. We made a report, Manny was the chairman therefore called the Cowder report. We determined that there would be no more, I forget what the number was, two exams in the first quarter, three exams the first quarter, two exams the second quarter, and one exam the third quarter. Or something like that. To taper students off studying for exams and to taper faculty off of reliance on exams. Going back to self-learning, we developed practice exams, which we still give. Students come into a conference, or as it is called here at Wright State – Recitation, and we give them a ten-minute exam which is strictly for their own value. They test out whether they understand the material or the week previous. Then if they or we have questions, we spend the rest of the hour discussing the things that are difficult to understand. We got into all kinds of teaching techniques and processes

primarily because we are a new school. Guys were willing to try out ideas that they themselves may not have had contact with but willing to try it out.

JS: Was the research of these ideas the faculty themselves who would come in, or would you go outside for any specific resources?

SK: The very beginning John made all kinds of rules. One rule was that no more than two people from any one former institution. Okay. Our recruitment did go down after a while, but at the very beginning there were two people from Ohio State, and you could not recruit another Ohio Stater. Two people from Galveston, could not recruit another guy from Galveston and so forth. One of the real values of this was it converted a rich source of experiences together and, you know, we would argue with each other over about whether that experience was valid or valuable or should that experience be incorporated or not. It was very interesting. I would not trade that for all the tea in China. It was a fascinating environment. Most of these ideas you could they were all outside because none of us came from Wright State. Most of these planning sessions were done by chairman, not by faculty in general. Faculty in general did not get involved until much later after bylaws were in place and we were literally recruiting faculty. Our first few years were spent recruiting chairmen and deans.

JS: Did have any participation in the recruiting process?

SK: Very heavily so. I helped to Bob Weisman who is still with us. Geez, just a whole bunch of people. It was very important and all of had to pitch in and demonstrate that we were willing to work with the others and how we could help each other and so on. It was a very important process. The speed of core had to be demonstrated. There were ideas that we were trying, I think I mentioned to you before we started the interview session, such as non-tenure or continuous track. That required a lot of discussion. We wanted to recruit students that reflected minorities, rural communities, and non-academic values. Not that we were anti-academic, but we were not going to be that impressed with A's and B's. More impressed with other things. This required ultimately a development in the curriculum of a remedial track. When you start recruiting faculty and chairmen, that has some impact to because having such thing you lose some of the departmental autonomy. The department does not have a choice of whether or not to have a remedial program. It has a remedial program. These are among the things that you had to discuss in advance with potential chairmen. If they did not like it, they did not come.

JS: Do you feel the nature of the curriculum and program development may have scared any faculty away?

SK: Oh sure, there is no question about it. We were just as happy to see them scared away. For example, there were some people who were middle aged and had a lot of experience but were

really looking for a place to settle down. When we told them that there was no such thing a tenure that they would have to continually be evaluated on the basis of performance at a periodic rate it was enough to scare some of these people away. Just as well. A lot of things that we did would normally scare people away.

JS: Was there a process in your curriculum for continuous improvement over time?

SK: Yeah. There still is. We started in part too vigorous. The very first year we had medical students, we had medical students evaluate every single lecture. On a per hour basis practically. This lecture presented the behavioral objective. This lecture stated that ahead of time and was effective in discussing and so forth and so on. After I think the first day, maybe it was the first week, I don't remember which. You can check with Dr. Lindower who is still here, but the students finally had a revolt. Were glad to help develop the medical school but come on, we are here to learn and not to continuously evaluate faculty. We moderated, but we have always been very interested in evaluation. Probably one of the strongest points that we have had is our insistence on external assessment of our curriculum, how our students are performing, how our faculty is performing, and so on. This is one of the changes that is occurring now. I think we are little by little allowing that process to erode and maybe it is for the better, I do not know. I do know that it was effective at maintaining a certain level of quality when it was in place.

JS: I would like to address the question of the matrix department. When you first came here, did you receive a chair in the department of science and engineering and the school of medicine?

SK: Yes. This is not anything strange to me because when I was in Galveston, I was matrix between the Shiners-Burn Institute and the department of physiology. As such, I had a function in Shiners, mainly to provide research of a physiological nature at the Burns Institute but also to provide teaching of residents and what have you, plastic surgeons and what have you. At the same time, in the school of medicine at Galveston, I had to do my job as a physiologist in terms of teaching and research but at the same time I could encourage medical students to considered the problems at Burns and what have you. The matrix concept was not necessarily new to me. This concept was really, again, Join Beljan's stepchild. He is really impressed with NASA and the matrix concept. The problem with the matrix, as long as people like Beljan and Hutchings are at the helm, the chairman and ultimately the faculty could survive in the matrix primarily because they understood what the matrix was supposed to do. We ended up simplifying life for us tremendously when it did not work. For example, budget. In the beginning, I had to account that this dollar was S&E function and this dollar was for a school of medicine function. Well that is for the birds. I was interested in solving a function. That is what a matrix guy is supposed to do. Here is a problem, solve it. Never mind where the money is coming from. That is someone else's headache. Make sure you have enough money available to do it. Well, through Ed Spainer and Marc Low, we were able to, each of these things being vice-deans or associate-deans in their

respective colleges, we were able to get them to agree that we would have a big bucket called supply, a big bucket for equipment, and a big bucket for this and that. As long as we stayed within the realm of the total, then we as matrix departments could survive. As matrix programs went, this meant that we reduce tremendously the amount of personalized accounting that we would have had to do if we were a department. Secondly, because we were matrix, we did not need three or four different secretaries in different departmental offices. In fact, we still only have one. This led to a concept of word processing which still exists in the school of medicine. All of the slop overs, the needs of each department, I may have needed one and one thirds secretary and some other department may have needed one and one thirds so we matrix backwards in that sense and matrix the word processing unit to the departments. So, the matrix concept worked very well, economic, and effective. Fortunately, this is highly dependent on the superiors understanding what they are doing to the matrixed unit. I feel that the current dean of medicine does not understand what a matrix is and unfortunately, he is doing those kinds of things that are calculated to kill a matrix.

JS: Where was the relationship between the two ultimate ends of the matrix system, the dean of the school of medicine and the dean of the college of science and engineering? How did that effect the setup of the system?

SK: They had to talk to each other. They had to agree that the goal of physiology was systems orientated. This, this, this and this. The anatomy was that, that, that and that. The moment they could not agree then the matrix dies because now you have one department doing the jobs of two people on a competitive basis. I have to provide so much percent of this guy's goals and that guy's goals but the neat of the two goals are mutual. That is where it falls.

JS: How would the matrix system effect the other faculty?

SK: Fear. You are talking about the faculty outside of departments?

JS: Outside of the departments, yes.

SK: Fear. They were afraid that the school of medicine was going to swallow up the school of science and engineering to turn them all into a bunch of slaves to the war effort of the school of medicine. That attitude reflected itself later in the famous nurse scene controversy that I am sure you have heard about. In terms of the school of medicine being an elephant but who wants to sleep with an elephant and a lot of other things. The same fear concept developed. Our non-tenure concept scared the people for the fear that would infect the college of science and engineering and they would have to live by those kinds of rules. In reality, the faculty in the matrix departments currently do have tenure and they have it through the college of science and

engineering. It went the other way. Even though we had originally developed a non-tenure concept, because of the tie in with the science and engineering, our faculty do have tenure.

JS: How does that effect some of the other faculty in the school of medicine?

SK: Guys in the school of medicine do not have tenure, the clinical guys. That does not bother them to much because to them moving from one job to another is fairly simple.

JS: When you talk about the establish of the various departmental matrix departments was there any specific order of establishment?

SK: The first four were designated early on to be anatomy, physiology, biochemistry, and microbiology/immunology. Certain departments that traditionally in other medical schools were considered basic sciences, were not considered basic science here. Primarily because of the teaching goal that was envisioned for them. For example, pharmacology was step up as a clinical department because it's primary teaching function was to be in the junior year in the role of clinical pharmacology, not basic pharmacology. Pathology similarly was set up as a clinical department. Primarily to emphasis its expected role in teaching clinical medicine, not the teaching of basic pathology. It was only later, and by later, I mean many years later, that we realized that was somewhat an ambitious target for some of these departments, but the students still had to learn to crawl before they could walk. Now pharmacology does teach a basic pharmacology and pathology does teach some basic path. Even today, traditionally, these departments are called clinical departments and they are not called basic departments.

JS: The full basic departments were not set up in any particular order with anatomy first.

SK: No. Curriculum dictated. We had to go through the concept of what we were going to do. Step locks, vertical curriculum, horizontal curriculum, and so forth. We decided against vertical because we could not afford the manpower. Vertical means teach all there is to know about the heart, the anatomy, the biochemistry, physiology, etc. Contrast to horizontal meaning teach all there is to know about anatomy, then all there is to know about biochemistry, all there is to know about physiology. The vertical concept was developed originally, perhaps not originally, but certainly most notoriously by Cleveland Western Reserve. That experiment ended a couple of years before Wright State school of medicine came into existence. It lasted for a couple of decades. I think it is still a good idea, but it takes a lot of manpower.

JS: Is that an example of the development of the nomenclature of the curriculum?

SK: I do not know what you mean.

JS: You said there were three basic...

SK: Oh, the nomenclature. I am talking about words like saltatory, antidromic, ipsilateral, catecholamines. There are all kinds of words. The average medical student, this is sort of interesting, during the freshman year alone, picks up something along the order of nineteen thousand new words. The average person on the street has a working knowledge of five thousand words. So, nomenclature, just words, has a tremendous volume that the students have to learn in a very short period of time. Almost four times as much as the guy on the street has. They have specific meaning, ultimately connotations.

JS: How much work on the curriculum evolved that nomenclature process?

SK: Quite a bit because it shows itself through the behavioral objectives. If you look at behavioral objectives, they still exist each department has behavioral objectives. If you still the words describe or define that is normally nomenclature orientated. If you see the word compare and contrast or solve problems relating to, those are not really nomenclature problems but are utilization issues. If you can look through all the behavioral objectives for anatomy or physiology or biochemistry, you'll see about 60% of what is taught during the first year. Or what students are exposed to in the first year here. So, it's a big hunk. That is the reason why it is so tempting as pre-med students to get students to take science courses. It will help them out with this tremendous amount of nomenclature. But if you do that then you lose the other side. It is just not worth it.

JS: After the development of the curriculum, when did you start putting together the physical office that is physiology?

SK: Actually, we were with Glaser, Nussbaum, and Mechlin in place before I came here. They were teaching physiology within the biological science department. One of the earliest concepts which rapidly proved to be fallacious that the existing department biological sciences was going to be able to teach all the anatomy, physiology, biochemistry, and microbiology needed. It was only after they realized that it could not work.

JS: Why could it not work?

SK: Number one, they did not have the expertise. These areas are highly specialized area. You have physiologist. There are cell physiologists. Lower animal physiologists. Invertebrate physiologists. Vertebrate physiologists. Mammalian physiologists. There are all kinds of physiologists. For the teaching of medical students, you need a certain breed of animal. Mainly, the animal that understands the medical problems and can converse with it and so on. By large, most of us have graduated from graduate schools that are associated with a medical school

because we are a certain breed of animal. Plus, the guys who were present in the department in biology at that time were not that way. I think Roger and Katy were, but Noel certainly was not. He came out of Yale. I excellent school but not medically related. It took him a few years to really get into the swing of things. What needed to be done, taught, and so on. The development of the departments occurred after the realization that the original concept could not work. It took several years to recruit appropriate faculty. All of this was accelerated by some external forces. One of which, a very important one, was the LCME. LCME came and visited us every, I think the first visit was in the June of '75 as I recall. Practically six-month intervals thereafter. They wanted to see improvement, they wanted to see faculty, and they wanted to see curriculum. They wanted to see all kinds of things. That may have been one of the important driving forces in our being able to complete and admit students as soon as we did. I cannot remember if we did it the fourth year or the fifth year, but it was sooner than any other school had done it at that time.

JS: What are some of the other forces that impacted recruiting?

SK: Desire to get with it. We wanted to develop out research programs, wanted to develop our teaching programs, we wanted to work with students. That is what we came for. The guys who were recruited, were recruited because they were interested in teaching and so on. Sitting around and contemplating your naval or the abstract of this or that, grew old very quickly. Part of what helped us in physiology was that we did have some graduate programs through science and engineering. Other departments came much later. Biochemistry, for example, did not develop until Bob Weisman came along. There was some development but not really the department that exists today until he came along.

JS: In physiology, your department, did you recruit people on the basis of teaching ability or on the basis on publications and things like that?

SK: Most of the guys were recruited on the basis on potential because very few of them were mature enough to have large publication lists of what have you.

JS: What are some of the criteria you were looking for?

SK: It varied tremendously. One of the important ones was compatibility with other faculty members since we already started out with three or four people. Their judgement of personality, attitudes, behavioral sort of things were very important to us. We could tell about the teaching capabilities through their seminars and letters from mentors and what have you. Research had to be on the basis of promise and nothing else because they were too young. Financially we could not afford to bring in full professors, so we brought in assistant professors. It is true of the whole medical school. A lot that had to be on promise and a lot of that promise had to be based on intuition. How did you feel about the guy? Did you feel the guy was really, sincerely interested

in doing things? The second thing, which was a good thing, because we did not have a tenure concept, the guys who were not sure of themselves fell by the wayside. Showed themselves and showed their weakness. As a result, we ended up selecting the people that we did. I would not say that research was our primary goal. One of the things that I wanted to do early on that was not allowed, was to develop a concept of a flagship department. We you are a young school and you want to develop a reputation and you want to develop a reputation very rapidly, the way you do it is get a lot of guys who are experts in the little left toe. Okay, but the little left toe has to be selected so that it is a fantastic interest to the university, to the common community, to the nation, and so forth and so on. I did an evaluation of physiologist and found that there are certain areas of physiology where the demand was greater than the supply.

JS: Can we take that up when we flip the tape over?

SK: Sure.

JS: When you are taking about the flagship concept and you were identifying some of those physiologists that may help that.

SK: We found, for example, there are 130 schools giving PhDs. Of those 127, had PhDs in neurophysiology. Clearly, we did not want to develop neurophysiology. On the other hand, we found that there were only 20 or 30 were doing it in renal physiology or pulmonary physiology. Then I went and looked at the next criteria. First, what kind of funding is there and, second, is there a tremendous demand for those particular areas. We found that respiratory physiology was really one of the big ones. I went to John and said, "Hey John, I want to recruit 4 or 5 respiratory guys. They can teach the rest of physiology, but we will all be a bunch of respiratory physiologists." He said, "Like hell you will." We did not do it. Conceptual the flagship would have given us instant reputation in a couple of areas. It would have been to the benefit of everyone.

JS: Why didn't he go along with the idea?

SK: In hindsight wise, I think the reason was that we were too immature. We needed to have some breath. Secondly, the breath in the basic sciences with absolutely critical because we were not going to have breath in clinical sciences. In order for students to be better prepared you need them to be really well trained not just by respiratory physiologists or cardiac physiologists or renal physiologists and so forth. On a side note, which would make an interesting discussion with some of your clinical interviews, local politics enters in. There are so many cardiac catheterization guys. They do not want the medical school to want a cardiac catheterization guy. If they do not want to bring in a cardiac catheterization guy, then the school has to depend on the existing guys to teach that area. Well if they are lousy teachers, not saying that they are, but then

the school gets screwed. The only way you can compensate for it is to make sure they have a good background in basic sciences to compensate for the lack of it in the clinical. I suspect John recognized. I did not at that time. I suspect he did, and it certainly proved to be correct years later.

JS: What were the staffing models for the department? How many were you authorized to have full time faculty versus voluntary clinic?

SK: In terms of full-time faculty, John and Brian had to make several decisions. One of which was not school of medicine but also the biomed PhD program. Elsa and me, among others, said that you need to have something to keep your faculty happy. You need to have something that will ensure there is research ongoing and scholarly development. This inevitable comes out as having a PhD program. To have a PhD program, you have to have a lot of excellent, competent people. The staffing model, I think to some extent, a reflection of the need for the PhD program. The willingness of these two deans to work together to the common development of the PhD program and MD program. A situation I am not so sure exists today.

JS: The biomed PhD program was a trade off?

SK: It was an essential component for the development of the medical school. The medical school might not have developed without that PhD.

JS: Why?

SK: Among other things, the faculty members like to procreate. Secondly, medical schools are expected to do scholarly activities much more so than undergraduate students. Undergraduate liberal arts, undergraduate science and engineering types, whatever. The expectancy level is such that you need to have that ambience and environment. Having the PhD program is one of the ways you can ensuring that type of ambience. It was part of what was necessary. Else and me, which is as I said before, a very important external influence. They have it in their guidelines and one of them is those kinds of activities that are reflexed best in PhD programs. Whether we wanted or not, the medical school ultimately was destined to get into upper graduate education. By that I do not mean post-graduate education for residents. They are also slated to do that as well. That is another story.

JS: Okay, let's talk about physical parameters of the department of physiology. Can you tell me how many faculty you were authorized to have full-time?

SK: Originally, we were up to 13. Right now, the name of the game is as few as you can possibility get away with. Right now, we have about 10 faculty members. We are short about

three and with my departure we will be short four. We are doing our job but not as effectively as we could.

JS: How much of that slack was taken up by voluntary clinical faculty? How many voluntary clinical faculty do you have?

SK: Very few. Clinical faculty, none. Voluntary faculty, we do have some. PK, as I mentioned, Bhojpi [sp?] from the University of Dayton. Mel Johnson from Central State. A person who is retired from Southern Illinois, Rob Stacy, who is in Middletown. In fact, he is going to give lectures next week on a voluntary basis. We have in the past have people such as Larry Arlian [sp?] in biology and Perry Davis in psychology. Gerry Petrofsky and Chandler Phillips. The last four were paid partially from the department but in effect were not full-time guys in the department, they were doing a specific job. But all of these are gone, therefore the effectiveness of these people in our program is minimal, with the exception of Stacy. The other guys are not really participating very much. So, it falls on the remaining hardcore guys, full-time guys, to do the work. We have reached, I think, a certain limit.

JS: Did you ever reach your 13 people quota?

SK: I think so. [Skip in tape] is now the director of the NASA program in Florida. Allen Tucker is now an associate professor in a school of veterinarian medicine in Colorado some place. Wilson Bradshaw is now down at the University of Florida.

JS: The photograph that we are talking about, when was this taken?

SK: It was taken in 1978 or so. It does not have a date. We got Chandler Phillips and Gerry Petrofsky, so it had to be 1980. Gerry had just arrived. Harry Davis, department of psychology, he was our neurophysiologist. We now have brand new neurophysiologist taking place both Perry and Wilson Bradshaw. Glen Miles replaced Allen Tucker. In the bottom row, Bob Gotshall, renal physiologist, is still here. Ron Wiley who is at Miami University is no longer with us. This, believe it or not, is Roger. Katy Mechlin primarily teaches the nursing physiology and she is augmented now with Elinor Wiseman. At that time, she had another person with her who is no longer with us. Noel Nussbaum, Mel Johnson, and myself. This is the peak.

JS: In the case of Dr. Mechlin, she is also teaching in the college of nursing at the same time?

SK: Kate Mechlin and Ellie Wiseman has master's degrees in physiology, and they teach physiology to nursing students. It is not within the nursing program, but it is nursing students who take physiology as a prerequisite as entrance to the school of nursing. Addition, Noel Nussbaum and Peg Mullins, who isn't in the picture because she came later, and Tom Sernka

teach pathology physiology to nursing students. It is a part of our S&E function teaching nursing students.

JS: How many other areas have you overlapped into?

SK: Aerospace medical residency. For a while, we were teaching the professional psychology students. The college of the engineering students. The physical education and HPR: health, physical ed, and recreation students. Of course, biology students in general. All of those are taught at the undergraduate level.

JS: Looking back at the development of your department, the physiology department, how would you say that it had grown in relation to the school of medicine?

SK: We were certain that we were more advance earlier. We recruited earlier and so on. Our faculty had advanced in rank and funding and so forth earlier than the other departments.

JS: Why do you think that happened?

SK: Timing, I guess. Part of the section process. I am not sure. The department of anatomy had a pretty rough go of it. The department of biology and immunology, as far as I could tell, are hampered still by the lack of space. They are stuck over in Oelman Hall on the fourth floor. They have limited space and availability. That does effects faculty recruitment. Biochemistry came later. Bob Weisman decided that he was going to bring his faculty on at a more deliberate pace and spent more time selecting faculty that are more research orientated and they are. They are excellent people. They do a good job at teaching as well. He took a longer time in doing it. I think, now he probably has more grant dollars than we do.

JS: When you started out recruiting faculty, did you set up a standardized procedure for doing it? In that case, what was it?

SK: The standardized procedures were really set up more by rules and regulations of equally opportunity, equal employment opportunities, and so forth. We just followed the rule books. You advertise. You look at the credentials of people. You then bring a selected number on campus, interview them, and make a selection. I am not sure if that is what you are asking.

JS: More or less. Did you do the same amount of recruiting for every person? Did you bring every person in for a certain number of visits?

SK: Yeah. Each of those people on that picture, other than the people who were here before I was, were recruited on that basis. Interviews, competitive, putting the ads out, checking their

credentials against other people, bringing 3 or 4 of the people who were short listed down for local interviews. Some of them we did at national meetings. The very first couple of them, in fact. I think, Bob Gotshall was actually interviewed at federation society meetings because there were so few of us, I could afford at that time to take Roger, Katy, and myself. We would meet at the meeting site and interview the candidates there instead of here. Once we did the short list there, then we would bring the candidate to campus to see the campus. I think I have for Gotshall and Tom Sernka as well. I think those were recruited that way.

JS: Well that concludes our interview for today. Thank you very much for talking to us.

SK: Thank you.

JS: Next time we will expand of things we talked about today.

SK: Great.