



The University of Texas M. D. Anderson Cancer Center
Making Cancer History® Voices Oral History Project

Jordan Gutterman, MD

Interview Session: December 1, 2004

Interviewer: James S. Olson PhD and Lesley W. Brunet

Place: Dr. Gutterman's Office, Smith Research Building, The University of Texas M.D. Anderson Cancer Center, Houston, Texas

Chapter 00A: Interview Identifier

Lesley W. Brunet

00:00

-- W. Brunet and James S. Olson, PhD, about to record an oral history interview with Jordan U. Gutterman, MD. The date is December 1st, 2004. This interview is being recorded in Dr. Gutterman's office at the Smith Research Building at the University of Texas, MD Anderson Cancer Center, in Houston, Texas. This interview is being recorded for the UT -- did I already say that? MD Anderson Cancer Center oral history project. (break in audio)

Lesley W. Brunet

00:31

-- sort of be the [bloodiest?].

James S. Olson PhD

00:37

Great. What do you like to do?

Jordan Gutterman, MD

00:45

What do I like to do?

James S. Olson PhD

00:46

Well, I'll step back one question. Two more difficulties about the book that I'm just going to share with you.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

Jordan Gutterman, MD

00:52

You probably don't need that.

Lesley W. Brunet

00:54

Oh, we can edit it out. (inaudible)

Jordan Gutterman, MD

00:57

Oh, OK. Your choice.

James S. Olson PhD

01:01

This is not going to be the typical kind of sort of hospital history, you know, where every department and sort of every person gets named in a paragraph, at least one paragraph kind of thing, you know. And it's a hard thing, because I kind of, when we deal with people here on the project, they sort of -- when they think of a book about a hospital, they think that of that other kind of book. So I'm kind of interested, really, primarily in kind of the players here. The people at MD Anderson that not just exercise influence here at the hospital, but also in oncology. When someone writes a history of oncology 50 years from now, which people at MD Anderson will they be, are certain to be in there. So, there's a selection process going on all the time about who's going to be in the book. We had a complaint from -- was it someone down in veterinary medicine that I hadn't come by to get the history of their lab down there yet. And it's probably not going to get in there, because it's just not that kind of a story. (laughter) So I wanted to make -- and that's kind of a hard thing, because I was just, confidentially now. We had a nice interview out, we were just talk -- we had a nice interview with Joseph Sinkovics here. Now, did you...

Jordan Gutterman, MD

02:37

He was here when I came. And I still see him, run into him now and then in the library.

James S. Olson PhD

02:42

Right. OK. Yeah.

Jordan Gutterman, MD

02:43

He comes from Tampa. I don't know if he's still got a home here, or exactly why he comes here.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

Lesley W. Brunet

02:48

He's coming for the ovarian conferences.

Jordan Gutterman, MD

02:51

Oh, OK. Yeah.

James S. Olson PhD

02:53

And it's really wonderful couple of hours we spent with him, enjoyed him very, very much.
And...

Jordan Gutterman, MD

03:00

He came close to making -- winning a Nobel Prize. He was on the verge of making monoclonal antibodies. So the prize that went, in the '80s, for Köhler and Milstein, he was kind of -- he was on the verge there, but nobody would know outside of MD Anderson, very few people would remember who he is, more or less. But a very creative and inecentric guy.

Lesley W. Brunet

03:22

Inecentric?

Jordan Gutterman, MD

03:24

Yeah. Oh yeah. I don't think he was a -- yeah. I mean, I always liked Joe. But he was here when I came, I forget.

James S. Olson PhD

03:34

Yeah. So where would he fit into the -- if you're writing a history of the MD Anderson hospital, you know, where would Sinkovics be in there? You talked some, he's a great guy, and some interesting stories. But then, I still got to sort of step back here in telling the story of the institution, you know, does he have a prominent role to play in the institution, or -- you know, story, but that's not going to be kind of what the heart and soul of things, you know. So the other thing I have to do is try to identify, often ask the people, which I'll ask you, and if you're going to kind of look at the history of oncology.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

Chapter 01: Early MD Anderson Pioneers

B: Building the Institution

Story Codes:

B: MD Anderson Past

B: Building/Transforming the Institution

C: Portraits

James S. Olson PhD

Who really matters in the history of the institution?

Jordan Gutterman, MD

04:24

In terms of oncology or the MD Anderson? Which...

James S. Olson PhD

04:27

Either or both. I mean, there's some people, obviously, like Clark, LeMaistre, or Bertner, you know, that have to get mentioned, just because of the administrative role they played in building the institution, you know. But then there are other people that kind of have been in the institution and have wielded great influence inside, but also great influence outside in ASCO or whatever. And I do seek opinions from people if someone would -- or basic scientists. Where does David Anderson fit? Where does Grady Saunders fit? Garth Nicolson. All kinds of little -- (laughter) right? I look at the smile, I know that. I sat with my own physician the other day, he said he hates Garth Nicolson.

Jordan Gutterman, MD

05:16

Here at MD Anderson?

James S. Olson PhD

05:18

Up in Huntsville. He said he hated Garth Nicolson. I said, didja? He says yeah.

Jordan Gutterman, MD

05:22

How did you -- was he trained here?

James S. Olson PhD

05:24

What, the physician? No. He just practiced, he's a general practitioner.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

Jordan Gutterman, MD

05:27

Well how would he even know Nicolson?

James S. Olson PhD

05:28

Because Garth Nicolson tried to recruit all kinds of Vietnam War veterans to come down and being treated for Gulf War Syndrome.

Jordan Gutterman, MD

05:35

Oh, that crazy stuff he got into.

James S. Olson PhD

05:37

Yeah, and all the GPs around East Texas just get inundated by Gulf War veterans and family members wanting to get this -- what is it, the mycoplasma or whatever. Yeah.

Jordan Gutterman, MD

05:50

It wasn't Vietnam...

James S. Olson PhD

05:51

Gulf War. Excuse me. Yeah. Gulf War syndrome, right. Uh huh. So, suddenly, Nicolson's name kind of pops up out of the blue of the -- with the doctor there. But for me, that's a great story. And it'll be in there. It's a story that needs to be told, because it caused great controversy inside the institution. We had that -- physically remove his wife from the lab after she'd been discontinued, fired. She stopped showing up. And then outside the institution, there's people who kind of remember it. It's not a big story, but -- I'm supposed to write things that people find interesting. And what some of the stories are. Yeah.

Jordan Gutterman, MD

06:39

And you got to deal with the Conrad murder?

James S. Olson PhD

06:40

Yes. Definitely.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

Jordan Gutterman, MD

06:43

Was that ever solved?

Lesley W. Brunet

06:44

No. Someone -- several people have charged me with solving it. But you -- someone had the good -- who was the lead, about it was the secretary from the Institute of Religion? Remember when the secretary of the institute where they shot...

Jordan Gutterman, MD

06:58

Dr. Nelson. His name was Nelson. No, no, Nelson was -- Nelson was the head of -- no, Nelson, because I knew his son. He was a venture capitalist. And Eric. So I remember calling Eric in my old, old office, about his dad, who was shot by this woman. Because I heard she was involved here, but I -- I don't know. Did Freireich give you his opinion?

James S. Olson PhD

07:25

Mmhmm.

Jordan Gutterman, MD

07:26

OK. We'll have that off. I guarantee you.

Lesley W. Brunet

07:29

Oh no, it's all there.

Jordan Gutterman, MD

07:30

What's that?

Lesley W. Brunet

07:31

He's already -- it's on (inaudible).

James S. Olson PhD

07:33

Yeah.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

Jordan Gutterman, MD

07:35

Well. (laughter)

James S. Olson PhD

07:36

Yeah, he gave me his opinion. Uh huh.

Lesley W. Brunet

07:39

And you had an idea about the...

James S. Olson PhD

07:41

Yes, I go through the documents. I mean, I see there was a woman in the volunteer services who -- and this is just -- this is total speculation, you know. But well, there were people that the police did not interview that I found kind of interesting over the years.

Jordan Gutterman, MD

07:58

I think there was a cover-up.

James S. Olson PhD

08:01

Something was off. I'm convinced, simply because people that had proximity in their own offices just weren't interviewed very carefully about the events that morning, even though they were there within a few hours of the incident. Or there'd be complains surfacing about some of the documents about Conrad. One I found interesting was, there was a woman who gets very involved in these ski trips, the pediatric ski trips that were going on with volunteer services, and it had a lot of media attention. But she was very clingy with the kids, OK. Too clingy with the kids. It's like she sort of adopted each one of them herself, and sort of becomes a pseudo-mother of some kind, and volunteer services has to terminate her. And she was very upset.

Lesley W. Brunet

08:54

This was Sunshine Kids?

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

James S. Olson PhD

08:55

It was the Sunshine Kids. Yeah. And there are letters from a big construction company her father owned, and she went in, and complained to Conrad and wanted her job back in volunteer services, and he wouldn't give it to her. And my thought was, did the cops interview people from this construction company? Yeah. So, that's not a -- I don't have any theory about it. You sort of sit in the documents, you put two and two together, you probably came up with $2+2=8$, nothing to it. But...

Jordan Gutterman, MD

09:30

Well, it was sort of -- in my opinion of those things, that if the energy had been -- it would have applied, it would have somewhat analogous. You wanted to find that half-sister. Now, you didn't find it because you didn't go give that rotary talk at Huntsville to find the sister. But if there's enough energy put into a matter, I really feel that things happen. And they're called luck, but -- anyway. So you're giving this talk, and whatever drove you there, this astonishing story occurs. I think if they had put energy, for whatever reason, we can speculate -- it was clear. I had an interview with him that morning -- I mean, an appointment with him at 11AM that morning. And so, since I was on the calendar, the bloodied calendar, I was interviewed very briefly. But it seemed to all of us that this was kind of hushed over.

Lesley W. Brunet

10:27

Yeah. We're trying to find some of the leads records and things like that, if they still exist.

Jordan Gutterman, MD

10:33

I still think it's an unsolved --

Lesley W. Brunet

10:35

Oh, it is an unsolved.

Jordan Gutterman, MD

10:36

-- mystery that I'm just shocked that there's now more interest in trying to solve it. Because if it's what a lot of people feel, that would be an astonishing story.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

Lesley W. Brunet

10:50

And what do a lot of people feel?

Jordan Gutterman, MD

10:54

Well I -- (break in audio)

James S. Olson PhD

10:54

She asked me to not mention it at all. She felt, she told me -- didn't tell me the name of the individual, she said Conrad had control over the formulary. And it turned down, refused to add a chemotherapy regimen to the formulary of some kind, and she thought it was a revenge killing for that. I don't even know if Conrad was in charge of the formulary at that time.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

Jordan Gutterman, MD

11:21

Didn't sound logical. I mean, I think it was much bigger than that. If it was, I think it dealt with all these contracts. I just have a good clear memory of all that building -- that was kind of the early building phases. You know, they named one of the clinics, there's a plaque over there. Anyway, back to -- we can -- anyway. So one of the areas of who, who would be the names, both in terms of oncology -- maybe we can start with that. Well, at the top of the list in terms of -- I think there's been one -- in my opinion, there's been one giant in terms of clinical cancer research that has -- well, two. That have graced this institute. There may be others, I have to think about. But at the top of the list would be Freireich. There's no doubt about it. And Frei would be number two. But Freireich number one, because I think the drive, much of the intellectual -- I mean, there's a very interesting piece by a close friend of mine, Joe Goldstein, who's a Nobel Laureate from Dallas. He shared the Nobel Prize in Medicine in 1985 with Michael Brown. They've worked together in a very unusual tandem at UT Southwestern since 1973 for 31 years. He wrote a very interesting piece in Nature Medicine. I'm director of the Lasker Awards, and he runs the jury. Since I'm a trustee, I don't vote. But we work very close together, we've become very close friends. And a lot of my recent ideas in the last several years about how to approach a scientific problem, because he's an MD, went right into the lab, and I did a lot of clinical research now going into the lab. But it's come from my association with him. But he wrote a very interesting piece about dualism in art, and how it applied to science, because he likes art like I do. So he wrote a piece about Matisse and Picasso, how they -- because there was this exhibit in New York at the Museum of Modern Art, when they were rebuilding -- redoing the museum, it was out in Queens, showing the competition. Matisse would see Picasso, and would stimulate him, and so forth and so on. So, because we gave the Lasker Award three years ago to these scientists on each coast who had that type of relationship. Rothman would -- from Sloan-Kettering, would publish a paper. And it would stimulate Schekman out in Berkeley to do it. It was very interesting, because Rothman was 6 foot 5, and Schekman was 5 foot 4. And it was very interesting how he gave this -- Rothman would give a presentation, and then Schekman would leapfrog -- if you could believe his leapfrogging over Rothman. He always got this short thing. But he wrote this interesting piece. And so, then he mentioned that there are many duos. They stayed together for many years, you know or short term, Watson and Crick. Most of the brains came from Crick. But without Watson, probably that wouldn't have happened. Certainly without Crick, there'd be no double helix from those two. Pauling worked alone. Goldstein and Brown. Goldstein is all over the place, Brown is grounded. Brown is absolutely brilliant, Goldstein's brilliant but in different ways. Frei and Freireich, and the reason I bring this up, is a lot -- Frei is the grounded one. Freireich was the passionate -- and there's a reason for it. I don't -- do you know the history of Freireich, why he probably developed this incredible intense passion for curing childhood leukemia?

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

James S. Olson PhD

14:48

Well, I remember him talking about just these kids, and these hemorrhaging, and these warts.

Jordan Gutterman, MD

14:56

But there was a reason -- a personal reason. That preceded this.

Lesley W. Brunet

14:59

Was it the girlfriend? This -- was she (inaudible).

Jordan Gutterman, MD

15:01

Yeah. I don't know if he told you this story, but it's well documented.

Lesley W. Brunet

15:03

He sometimes -- he minimalizes it.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

Jordan Gutterman, MD

15:05

Well, I'm sure he does. It's probably still -- because he was -- grew up in Chicago, his father committed suicide. Again, I don't know how much he told you. But -- and he -- so his mother -- he grew up poor. And -- but he got to the University of Chicago Medical School. I think he went -- no, I guess it was University of Illinois in Chicago. And then he was -- somewhere in there, he met this woman, I forget her name, begins with an F. But -- Lorraine? No, it was -- well, whatever. There used to be in our library a thing called "Leukemia." It was a little annual publication. And there's a whole history back from the -- when I first came here, published in the '60s about this woman. I don't know if those issues still exist. So, she -- they were engaged. And she developed ALL. And died. Think before he went to Boston. Then he met his current wife, she was a nurse up there. And he never talks about it. But it's impossible for me not to think, because he was just getting into hematology, or medicine, at the time. That this wasn't what really drove him. Because you can see it. So anyway. That -- but he needed, I think, the solidification and the organizational skills, the political skills, and the testing with another person. And it often happens in science. So that's the relationship. And since Frei was the more senior, the smoother, didn't ruffle feathers, very political. I like Tom a lot. But they needed each other. Without Freireich's drive and brilliance, encouraged -- this would never have happened. Probably without Frei, would never have happened. So -- but so, those two are in the top of the list. You have to come down, way down to start thinking about others in terms of the impact. But either in basic or clinical research. I can't think of -- there may -- obviously that's one of the reasons I wanted to start. I don't want to talk too fast if you're going to try to listen to it, so I'll try to slow down a little bit. But I get excited about these issues. I'll have to think about the basic accomplishments. Has there really been any seminal basic -- because we're not really known for that. Or is it just details? You know. Are there any real principles? That's what I'm always looking for?

Lesley W. Brunet

17:19

T.C. Hsu.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

Jordan Gutterman, MD

17:21

Yeah. That -- OK. That's an important. He was right there on the chromosome issues, and the ability to do cytogenetics. Very important seminal thing. That was before my time. I mean, he was here. He was actually in this building. I saw him shortly before he died. But, he did all that work before I came here in the '50s. I was still in high school. Yeah. T.C. Hsu. Very good point. So yeah. I said I had to think about -- and there may be well other -- there may be others in terms of laboratory. But, one of the things that drives me personally is that I think that 99% of both basic and clinical science is filling in the details. But we're not establishing new principles. And that's what I'm trying to do with the work we'll talk about at some point, what I'm doing now. Because just filling on which oncogene attaches itself to this oncogene and in this cancer is just detail. It's not going to get us anywhere. It's just incremental stuff. The people that I remember and really had the impact -- you need both. I mean, I'm not denying detail people. But when you're talking about an impact, you want people who really, you know, to lack of a better phrase, which is worn out, is paradigm shifting, here. You know. And are you familiar with the book by -- on the history of science by, it begins with K, what's his name, uh -- I'll find you that book. It's about the shifting of scientific paradigms. I'll think of it the second you walk out. It's not Kunitz. But Kunitz -- something like that. I'll just remember it. But it's probably a book you might want to take a look at, because it talks about paradigm shifts. We deal with it in the Lasker Awards all the time. So when we give a clinical or basic Lasker Awards, it's for paradigm shifts. My phrase is this. It's seeing what everybody else is seeing, but thinking what nobody else thought before. And sometimes it's seeing what nobody else saw, as well. In a way, you could say it's seeing what everybody thinks they're seeing, but you see it in a different way. You think a different way. That's our criteria. And I have high standards for that, although I realize 90% of what gets done, even taking care of patients, is very critical. But in terms of real, real impact. And then there's the clinical impact. And that's been very high here, because we've had outstanding clinicians, and I certainly would be the last to denigrate that. So, I think I'm going to be thinking about who are the people -- I mean, Fletcher would be an example. Again, the guy who was here mostly before my time, and I don't know the history of radiotherapy very well. But certainly, on an international -- national, international, local international, he was a major player. But he, he was kind of almost retired by the time I got here in '71. Some of the surgical techniques probably, Martin comes to mind, and probably others as well. I don't know that history very well. But in terms of medical, chemotherapy specifically, obviously Freireich stands out with Frei. And Frei was only here from '65 until '72. He was here seven years. Freireich came in '65.

James S. Olson PhD

20:26

Hersh told me an interesting story about Frei's wife. I don't know whether you might know whether it's true or not.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

Jordan Gutterman, MD

20:33

Liz.

James S. Olson PhD

20:34

Yeah.

Jordan Gutterman, MD

20:35

Elizabeth. '69, she -- she, during Vietnam, during that conference you talked about, she had -- they arrested her, I think. She was a real leftie. Is that what he was talking about?

James S. Olson PhD

20:49

Yeah, the Federal Building that said Clark was just enraged about it. And moved all of Frei's stuff out of his office into the hallway.

Jordan Gutterman, MD

21:00

Well, if Evan said that, he was my -- when I came here, I worked with Evan. And -- 'til he left in '85. And Frei did -- well, he got the job at Dana-Farber, so he left here. But that was right before my time, I came here in '71. I wouldn't be a bit surprised. Because Frei was -- I mean, his wife in particular was a real -- that didn't go over well in Texas. You know. A left-wing liberal like that, extreme left-wing liberal. Interesting.

Lesley W. Brunet

21:33

But she -- she chained herself or made some protests during the conference -- the cancer conference, right? Or was it a different...

James S. Olson PhD

21:40

Well, she was very upset was Agnew was coming to give the -- the keynote address, that. She didn't think too highly of Nixon and Agnew. (laughter) It's so -- and I guess was rumbling about doing something, but didn't. You know, I think it was the...

Lesley W. Brunet

21:56

Was it a different -- she was arrested for a different protest?

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

James S. Olson PhD

21:57

Uh huh. Yeah. She chained herself or something to the Federal Building. Yeah. And it got into the press as an MD Anderson -- wife of an MD Anderson faculty member, I think. Clark took a very dim view of that. That kind of press, I think, so. But, I -- Dr. Hersh told me that story.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

Chapter 02: Dr. Emil J Freireich and the Early Years in Departmental Therapeutics

B: Building the Institution

Story Codes:

B: MD Anderson Past

B: Building/Transforming the Institution

C: Portraits

B: Research

C: Cancer and Disease

C: Patients; C: Patients, Treatment Survivors

Jordan Gutterman, MD

22:23

So, among the Freireich group, I mean, there was Freireich himself, and I think Frei, who I think -- but the impact, but most of their real impact, really in the sense, occurred before they came to MD Anderson. You know, the work of the NCI. I mean, it went on and on and on again back to details, but the principles. The [white's lead?], the plate, the transfusions, to stop the hemorrhaging. The intensive chemotherapy, none overlapping toxicities by different mechanisms using combination chemotherapy, really came out of Freireich's brain primarily. And working -- but there, Frei, with the relationship they had with Howard Skipper...

James S. Olson PhD

23:04

And this is the Southern...

Jordan Gutterman, MD

23:05

At the Southern Research Institute in Birmingham, and to some extent, Frank Schabel, played a key role. So there, Frei, I think -- and again, I don't know that history because I wasn't there at the NCI. So the real seminal advances, I always kind of look at this. Where were the seminal advances? They were made in the late '50s, really, in the late '50s and early '60s at the National Cancer Institute. And but, then they came here and established this really creative department. And for me personally, that was the fertile environment. It was Freireich's boldness and creativity, and some very specific things he would say to me after a meeting, having an insight, really, what turned me around. Because I had such incredible respect for his intellect. We'll come back to those specifics. So I think Freireich's impact, even on interferon in ways --

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

I've actually published this on the anniversary -- on his 70th birthday in 197 -- in 1997, he was born in '27. There was -- Michael [Keening?] organized a thing, and it was published in Clinical Cancer Research, the proceedings. And I tell the story in a very brief article about a meeting we had, our weekly meeting, small conference room, still there. We don't have those types of dialogues anymore. And he said Gutterman, have you noticed the patients responding to interferon, and we're getting ahead of this story. There's some common characteristic. And I said, you mean the slowly growing tumors, not the highly malignant ones. He said yeah. Why don't you -- how come you're not treating chronic myeloid leukemia and hairy cell leukemia? And I said, I'm trying, I'm trying, but I need help. And so he really helped me, twisting some people's arms. I just didn't have the time, but his insight into it really got me saying I really got to move on it. And so his impact, but we don't have that much anymore. Everything is so regimented. And we'll come back to those stories too. How clinical cancer research is done. Everything is so controlled by the pharmaceutical industry, everybody's so legalistically minded. So we don't have that freewheeling environment anymore. But we'll come back to that. I want to come back to some of these ideas. The environment that Freireich himself -- not Frei, but Freireich created, in that developmental therapeutics, where I prosper personally and benefited. And it's the reason I came here and the reason I stayed here. And it really kind of set up for what I'm doing now. But I had to arrange my own creative ways of doing things. So, they stand out. Obviously within the institute, I mean Clark, as you say, Bertner and Clark and, to some extent, LeMaistre, because of their -- I mean, LeMaistre because he was the president. Obviously are critical people.

James S. Olson PhD

25:54

How about Gehan?

Jordan Gutterman, MD

25:57

Well, he was -- Freireich was very adept at getting people to work with him who filled -- had skills. That, you know, specific skills. And biostatistics was one of those skills. Have you met Gehan?

James S. Olson PhD

26:09

We have.

Jordan Gutterman, MD

26:10

Yeah. Wonderful guy. Not very dynamic, but nice with a story of two statisticians that meet on the street. And one of them says to the other, "How is your wife?" And the other one says, "Compared to whom?"

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

And (laughter) -- just there's not a lot of passion there. But -- (laughter) -- just like, "she's fine," you know. Do you have to start comparing her? So, I don't know. When I hear about statisticians, it's kind of -- it's hard, you know. But Gehan was very important -- but again, I -- Gehan came, I guess, from NCI, so --

James S. Olson PhD

26:45

He did, yeah.

Jordan Gutterman, MD

26:47

-- so...

Lesley W. Brunet

26:48

Ti Li Loo.

Jordan Gutterman, MD

26:49

Yeah, Ti Li Loo, pharmacology. But he surrounded himself with these people. Bodey, with the infectious diseases, which was very critical. But, you know, Bodey was just kind of a hard-nose, very meticulous clinician who really focused on one thing, which was the way he got these people through infections with antibiotics. So he did some very important work. It's kind of not -- if you look back today, it's not molecular, but it's really good, solid, clinical stuff. Establishing principles of when do you give antibiotics? You got to give them one of those -- when that fever goes up, even if the -- and the counts are going down, because if you get behind an infection with a leukemic patient, it's too late. So, you know, there's that group of people that Freireich brought with him. So, I mean, they all played a role, no question, and they all became -- Bodey became a leader in infectious diseases with cancer patients, probably the leading person in the country. Gehan, a critical person in biostatistics, along with a few others. Loo was hard for me to really -- to judge exactly what contribution he gave. Who else? I got to think about this a little.

James S. Olson PhD

28:02

Yeah, that's fine. That's fine.

Jordan Gutterman, MD

28:03

Yeah. I'll think about it. There's others I'm forgetting, I just have to think about who would be the major players on a local or national or international scale.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

Lesley W. Brunet

28:11

Yeah, just of people I've interviewed. Van Eys, you know Van Eys, I don't know how much you've worked with him. The whole thing with the whole child...

Jordan Gutterman, MD

28:22

The what?

Lesley W. Brunet

28:23

The cure, truly cured child, the whole...

James S. Olson PhD

28:27

Yeah. He had such a hard time with therapeutics, it seemed to me.

Jordan Gutterman, MD

28:33

Who?

Lesley W. Brunet

28:33

Well, it wasn't...

James S. Olson PhD

28:34

Van Eys was -- you know, I've seen some of the reports of people coming back through pediatric departments in the '80s, outside observers, and kind of saying well it's a very caring, loving department, but there wasn't a lot of advancement in the therapeutic side of it.

Jordan Gutterman, MD

28:50

There was none. There's all this tension between our department, which was right around the corner from pediatrics, and you know, Freireich's big advance occurred, Freireich and Frei, in children, with kids with ALL. And again, it was all kind of filling in the blanks, there was not a lot of passion, and so forth. So, I -- my memory -- of course I knew all these people and watched it, but there was no innovation. None. I mean, minimal. Still in pediatrics.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

James S. Olson PhD

29:24
Sutow?

Jordan Gutterman, MD

29:27
Um...

Lesley W. Brunet

29:30
(inaudible)

Jordan Gutterman, MD

29:32
Yeah, he was getting near retirement. Sarcomas, right? Sutow, he did sarcoma work?

James S. Olson PhD

29:38
Did some Hodgkin's, too.

Jordan Gutterman, MD

29:40
You know, but you see the principles of Hodgkin's came out of the NCI again, because -- and there, that's an interesting story. It's not an Anderson story, but that was really -- Frei really played a more important role there than -- well, with Freireich. But the idea of combination chemotherapy for childhood leukemia started the whole thing in the late '50s and '60s. And that's where the MOPP regimen and DeVita was a fellow, so to speak, on the wards, and just was the chief investigator. But he really milked that and became famous with it, but it really was not his design. But he took an enormous amount of credit for it. Shared a Lasker Prize. But again, that's not an Anderson story. So a lot of that stuff by all these guys was going on when I got here in '71. So MOPP was just beginning in a way, you know. Late '60s. But it started in NCI -- it really came out of Frei and Freireich's pioneer -- in my opinion, Carbone and DeVita did -- and they left, so the real fame on MOPP and Hodgkin's and so forth was more centered at the NCI, because these guys had come down here. And they fought with the people who were here, the establishment, to even get combination chemotherapy, you know. A little bit in the GU with Mel Samuels, I mean, he was doing some stuff. But anyway.

Lesley W. Brunet

31:06
Let me...

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

END OF AUDIO FILE 1

Jordan Gutterman, MD

00:02

I mean, Bodey I respect tremendously. Again, he did establish -- because I wasn't there in the '60s when -- I mean, he published his most famous paper, I think it was 1966 in the Annals of Internal Medicine. Then when the white count is below 1500 neutrophils, you're starting to get more susceptible to infections. And when your temperature -- he just showed a linear relationship. So the lower the white count, the neutrophil count, the higher the incidence of infections. And when I came here, that's the principles you followed in these people, because when you spike a fever and your white count's 1600, you don't wait for the organism. You have to start. Because if you don't get ahead of the infection, you lose the patient. How much of that was Bodey, how much of that was Freireich driving him at the NCI to ask those questions. But again, it's the ghosting analogy. It's Freireich and Bodey or Freireich and Gehan. Without Freireich, there would have been no Gehan. Without Freireich, I think there would have been no Bodey. Bodey would have been a good infectious disease doctor. But those principles probably wouldn't have been developed without that intense chemotherapy and the need for it, because Freireich's drive to cure leukemia. So the white count's down, the neutrophils, let's figure out how to get them through the infections. The platelets are down. And he was called a murderer at the Blood Club in hematology meetings in Atlantic City, when he first reported the use of platelet transfusions from donors. Saying you're killing these people. He said, killing whom? They're going to die anyway, what are you talking about. [Redacted] But I'll think about the question of others in terms of impact. I mean, you asking me questions is the best way of doing it. What about this, what about this person, and stuff.

[Redacted]

Jordan Gutterman, MD

02:23

You know, another figure that -- again, I don't know how many of these people will come into your book. I just don't know. I mean, you put up Van Eys in there, who was kind of a figure that, I don't know.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

Chapter 03: On Writing about the History of Medicine
A: The Educator

Story Codes:

A: Character, Values, Beliefs, Talents

A: Contributions

James S. Olson PhD

02:35

Well, that's a good question. But that gets us back down to another point for me. If we're going to kind of write, you know, for a scholarly audience on the history of medicine side, you have to address the whole issue of their eyes of ethics in medicine.

Jordan Gutterman, MD

02:53

Well see, at that part...

Lesley W. Brunet

02:54

I think it's important, and a change in perspective here in pediatrics.

Jordan Gutterman, MD

02:58

Yeah. See, I don't know that history very well. I was just too busy doing other things. So, I mean, you'll...

James S. Olson PhD

03:02

So for me, that's where I would bring Van Eys in, at that point.

Jordan Gutterman, MD

03:05

Yeah, no, right. There are going to be individuals that I may not have as -- because they played a critical role in some part of the story that may not even -- I mean, I don't remember. That's going to be your judgment, of course. So...

Lesley W. Brunet

03:21

What about yourself?

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

Jordan Gutterman, MD

03:23

What about? What role?

Lesley W. Brunet

03:24

Would you put yourself?

James S. Olson PhD

03:25

Yeah, I would appreciate, next visit or whatever, sort of a careful, you know, assessment of your own contribution.

Jordan Gutterman, MD

03:33

So I think what we should do, maybe, at the next visit. Is to start in about what happened. I mean, how did this all evolve into this biological stuff, because it was the first recombinant thing, and how is -- where the ideas came from and how they started, and the Laskers are going to play a role. Money's going to play a role. Oil people are going to play a role. There's going to be a lot of people with their arms up saying stop. Don't do it. And you work around it. And what that impact had, both specifically on certain diseases and patients. So we can talk about that. And I'll let you make those judgments. I'm not going to -- I can't, you know. I think my opinion on Freireich stands out, a class of his own here. For me, if it's a judgment on contributions -- that is, the Nobel Prize, I think Freireich and Frei share the Nobel Prize, in my own opinion, instead of bone marrow transplantation, I think it was '89 when Donald Thomas shared the Nobel Prize with Joe Murray, who did the first kidney transplants, which I think was deserved. I was a medical student when a very famous surgeon, David Hume, came to Richmond, Virginia. He worked with Joe Murray, but he killed -- he was killed on -- he flew planes and was killed in a plane crash at a young age. Maybe he would have shared it. But bone marrow transplantation does not have the impact that combination chemotherapy has. And many of the principles -- not of radiation, but of chemotherapy, were really based on Frei and Freireich. Because they were developed up at Cooperstown, New York, where the Hall of Fame is, by Thomas in the late '50s, early '60s. He certainly was well deserving.

Jordan Gutterman, M.D, Oral History Interview
December 1, 2004

However, Freireich and Frei were the ones who really pioneered the chemotherapy part. If Thomas, in terms of contributions to saving lives, bone marrow transplantations versus acute leukemia, and really Hodgkin's, and so forth, I think Frei and Freireich's contributions are far greater. So, I think -- no one ever talks about it, and they rarely give clinical prizes, the Nobel. I mean, they won the Lasker Award. And Thomas never did, interestingly. But would have, probably, would have done it, but eventually he won the Nobel Prize. So I put him on a pedestal above everybody else. The interferon and that whole thing, I'll let you judge all that. So, next time, we can start on how that started in terms of the soc -- but there's a lot of sociology, and culture, and all sorts of interesting things. I mean, we'll get into your John Wayne analogy, a little microcosm, and stuff. Including some international stuff. I mean, it's just a...

Lesley W. Brunet

06:19

(inaudible) or big on international component?

Jordan Gutterman, MD

06:21

Oh yeah. Well, see, I have a whole thing, as I said -- I've actually written kind of a book, a chronology of the whole thing, but I might have to -- I've had to put it aside because my work got too challenging. And so, I've just had to put it aside. Probably, eventually, we'll put it all together in one thing. But, I mean, with the [plants?]. But we'll talk about that.

Lesley W. Brunet

06:44

OK. Let me stop this.

END OF AUDIO FILE 2