ORAL HISTORY PROJECT

Melvin M. Grumbach, MD

Interviewed by
Myles B. Abbott, MD

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San Francisco, California

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PREFACE

Oral history has its roots in the sharing of stories which has occurred throughout the centuries. It is a primary source of historical data, gathering information from living individuals via recorded interviews. Outstanding pediatricians and other leaders in child health care are being interviewed as part of the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics. Under the direction of the Historical Archives Advisory Committee, its purpose is to record and preserve the recollections of those who have made important contributions to the advancement of the health care of children through the collection of spoken memories and personal narrations.

This volume is the written record of one oral history interview. The reader is reminded that this is a verbatim transcript of spoken rather than written prose. It is intended to supplement other available sources of information about the individuals, organizations, institutions, and events that are discussed. The use of face-to-face interviews provides a unique opportunity to capture a firsthand, eyewitness account of events in an interactive session. Its importance lies less in the recitation of facts, names, and dates than in the interpretation of these by the speaker.

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ABOUT THE INTERVIEWER

Myles B. Abbott, MD, FAAP

Dr. Myles B. Abbott is a private practice pediatrician at East Bay Pediatrics in Berkeley and Orinda, California. He graduated from the University of Miami Medical School in 1972 and did his pediatric residency at the University of California San Francisco School of Medicine (UCSF) under Dr. Melvin M. Grumbach.

Dr. Abbott is on the Board of Directors of the AAP and AAP District IX Chair (California). He has served on the Board of Directors of the American Board of Pediatrics and was Chair of the National Conference and Exhibition Planning Group for the AAP. He is a Clinical Professor of Pediatrics at UCSF.
Interview of Melvin M. Grumbach, MD

DR. ABBOTT: This is Dr. Myles Abbott. I’m at the home of Dr. Melvin M. Grumbach in San Francisco, California. It’s April 2nd, 2011, and I’m taking an oral history for the American Academy of Pediatrics Oral History Project. This project is a key component of the American Academy of Pediatrics Pediatric History Center, which seeks to preserve the rich heritage of pediatrics and its contributions to the health of children. For those reading or listening to this history who might not know Mel, he is the Edward B. Shaw Distinguished Professor of Pediatrics, Emeritus, at the University of California San Francisco School of Medicine. Mel is an academic pediatrician who specializes in pediatric endocrinology. Mel, I have read several of your biographical sketches, and I feel that I know even more about you than I did when I met you 40 years ago. Why don’t we start at the beginning? You were born in New York in 1925.

DR. GRUMBACH: 1925—December 21st, just before Christmas.

DR. ABBOTT: Tell me about your family. Tell me about growing up in New York.

DR. GRUMBACH: Well, my mother and father were born here [in the United States] at the turn of the century—1900, 1901—and they met on Bastille Day. They were 18-year-olds at a picnic for the French Israelite Society, which he [Dr. Grumbach’s father] called the French Lodge. It was a remarkable society. Remember, in those days there was no Social Security and there was no Medicare or Medi-Cal [California’s Medicaid program]. So these benevolent societies, and there were many, really served that purpose. This particular society had Wall Street barons and small shopkeepers. It had a whole panoply of differing economic and social classes, and yet they all came together and supported each other. If anybody was ill, there was somebody to take care of them and to pay the doctor’s bill if they couldn’t afford it. I remember my grandmother going all over New York City to look after somebody who was ill. If it was a woman with young children they all pitched in and helped each other.

DR. ABBOTT: Was this French Israelite Society a religious group?

DR. GRUMBACH: No, it was not. It was really a social group. It happened to be most of the members were of Alsatian descent, at least almost all the folk that I knew.

DR. ABBOTT: So they met in Brooklyn? Where did they meet?

DR. GRUMBACH: They met in New York, in Manhattan. They had a picnic on Bastille Day somewhere in New Jersey or New York. The French
lodge had a black-tie dinner dance every year at the Hotel McAlpin in Manhattan. This attracted people all over the greater New York area who were part of this society. It was a small group but very mutually. There was no other backstop, no safety net.

DR. ABBOTT: So how long was their courtship?

DR. GRUMBACH: Well, they met when they were 18 and they were married in their early 20s, but that sort of happened in the old days. Courting took a while. For many reasons.

DR. ABBOTT: Your father was a textile merchant?

DR. GRUMBACH: Yes, he was a textile merchant in the import/export business. I’m getting a little bit ahead of the story. His father died when he was 8 or so, so I never knew my paternal grandfather. His mother was a widow [with] 4 kids. Neither my father nor my mother went to college, and what happened was that they were very interested in education. My father was 18 when World War I ended in 1918, so he did not go to war. But he really felt that he had to help support his mother and sisters, so he graduated from high school and then he went to night school to learn business. My mother was a legal secretary.

DR. ABBOTT: Right.

DR. GRUMBACH: When my father, in the middle of the Depression, started his own business, she became the treasurer and kept the books.

DR. ABBOTT: Of the business!

DR. GRUMBACH: Of the business. And then it got [to be] more than she could or wanted to handle. A very bright woman, with very strong ideas about social justice and integrity. I mean, she really...

DR. ABBOTT: Well tell me. She instilled that in you, then?

DR. GRUMBACH: Yes, and I had a very extended family. It was a very interesting and quite diverse group. We got together on Sundays. There were about 20 people for Sunday dinner—at 1 o’clock, we had a 6-rib standing roast beef every week. There was a lot of exchange of ideas, family lore, friendly, benign gossip.

DR. ABBOTT: We’re talking about the early 1930s now?

DR. GRUMBACH: Yes, that’s right.
DR. ABBOTT: So that was the Depression. There was still...

DR. GRUMBACH: Yes.

DR. ABBOTT: So you had enough financial well-being...?

DR. GRUMBACH: Yes, we were very fortunate that we were fine during the Depression. We were really comfortable, but as you are well aware from the current recession, for example—there were many people who weren’t. We were very well aware of that. You know how tough times were for some people. Our family talked a lot about that. Compassion is sort of a cliché, but they had a really strong sense of social justice, and very quietly helped people in an unprepossessing way.

DR. ABBOTT: How many siblings did you have?

DR. GRUMBACH: I have a brother.

DR. ABBOTT: Brother.

DR. GRUMBACH: He went into my dad’s business.

DR. ABBOTT: Was he older? Younger?

DR. GRUMBACH: Younger. He graduated from college and then went into my father’s business. Eventually he took it over. But my father was active well into his 80s.

DR. ABBOTT: Wow! Your mom?

DR. GRUMBACH: My mother lived to be 102. My father lived to be 92.

DR. ABBOTT: Good genes!

DR. GRUMBACH: But they were very self-sufficient. So we were really comfortable during the Depression.

DR. ABBOTT: Well, you told me about the family get togethers. You remember those lunches and...

DR. GRUMBACH: Yes. We were a very close-knit family.

DR. ABBOTT: What other things do you remember about early childhood? I know you were a Boy Scout. I know you used to do a lot of stuff with your dad.
DR. GRUMBACH: Well, yes. I really had a very special childhood. My mother and father had a great fear of poliomyelitis or infantile paralysis in those days. So every summer—from the time I was crawling—I was out of the city and up to the country. Then I went on to Boy Scout camp, my brother and I. My father and mother visited us every second or third Sunday. There was a real fear of poliomyelitis. You have no idea how many parents were on edge when summer came along and the epidemic season started.

DR. ABBOTT: What did you think caused it at that time?

DR. GRUMBACH: Oh, I didn’t know. I mean, I... (laughter).

DR. ABBOTT: You had no idea.

DR. GRUMBACH: I had no idea, except that infantile paralysis was contagious.

DR. ABBOTT: But you felt that going into the country…

DR. GRUMBACH: No, I didn’t feel that way. My parents felt that way.

DR. ABBOTT: OK.

DR. GRUMBACH: I knew it was an infectious disease. That’s what they knew. I suspect they probably knew it was a virus.

DR. ABBOTT: [President Franklin D.] Roosevelt was stricken in that time.

DR. GRUMBACH: Yes, Roosevelt was stricken, and, you know, there was widespread concern. Then I went to Boy Scout Camp when I was 11, actually a little bit ahead of time, and I had a wonderful time there. Eventually became assistant camp master. It was a very maturing experience in many ways. The Boy Scouts were very special. Now, I grew up in Brooklyn, but I want to tell you a little bit about the neighborhood. It was near the Narrows, the connection between the Lower and Upper New York Bay, and Fort Hamilton. Before Robert Moses, the official who built many New York parks and roadways, sponsored the building of the Belt Parkway, which surrounds the city, we enjoyed all this open land between Shore Road—the street above the bay—and the bay. As kids we played there all the time. But the issue was that I became very interested in the Boy Scouts. We went on overnight hikes every 5 to 7 weeks, and so it took us out of the city. At Scout camp I really became very interested in nature, bird study, camping, and had also…

DR. ABBOTT: And you study birds to this day, I know.
DR. GRUMBACH: Yes. You get imprinted. But one of the things that was remarkable was the self-sufficiency that it taught you. I mean, we were able to really survive out in the forest, in the woods. I knew how to make a campfire in the rain. I knew how to cook and how to chop wood—how to take care of myself. So you became very self-sufficient, and you also learned something about leadership. I took 20 young adolescents on a 40-mile hike at Boy Scout camp. This was the Ten Mile River Scout Camp; it’s located between Narrowsburg and Port Jervis, just off the Delaware River. This was 100,000 acres or so, and all 5 New York City boroughs had camps there. Then I became an Eagle Scout. They had an honor society called the Order of the Arrow, WWW. You were elected by your campers into this group, so it was very special. A major motto of the Order of the Arrow was ‘cheerful service.’ So you became imprinted at a very critical time about being supportive and being a grown-up.

DR. ABBOTT: So you used some of those leadership skills—we’ll talk about this in future times—to help you run a department for 20 years. (Laughter)

DR. GRUMBACH: Well, it didn’t hurt!

DR. ABBOTT: Good, good!

DR. GRUMBACH: No, but you were able to distinguish the people who really had leadership qualities from those who tried very hard but, you know, just didn’t.

DR. ABBOTT: You knew how to coordinate things. You knew how to help people advance or do things. You were picking the best people, knowing which people were the best in your troop. I imagine you being responsible for certain things. So it took a lot of that initial leadership quality.

DR. GRUMBACH: Yes, it was a very important learning experience. It also pointed out that nobody had a monopoly on leadership qualities. It’s independent of a lot of other things besides personal attributes, including socioeconomic factors and social class.

DR. ABBOTT: Tell me, then, about your schooling in your early years.

DR. GRUMBACH: I went to public school in Brooklyn, and I had an amazing education.

DR. ABBOTT: What was the name of the school?

DR. GRUMBACH: Well, I went first to Public School 127, and then I went to New Utrecht High School.
DR. ABBOTT: These are both in Brooklyn?

DR. GRUMBACH: These are both in Brooklyn. I had to take a bus to high school, but it wasn’t that far away. Really, you could walk back after school, which we did in good weather. But the quality of the teachers was great. I look back, and I had the equivalent of AP [advanced placement] courses in English literature, chemistry, math, and history, and they were really very demanding. As I look back on it, I mean, these were challenging courses with for the most part extraordinary teachers. Now, they had a system in those days—which has gone the way of the dodo for a lot of reasons—of tracking. They started to track you in grammar school. It was done in a very open way. There were kids who were academically inclined, kids who were in the general track, kids who were business and vocational tracks, and so forth. So the students in the vocational track, for example, did 2 years of general high school and then they went to a vocational school for their last 2 years. But socially, I mean in terms of clubs, the school newspaper and magazine, everybody mixed together. Even though you were tracked in classes, they made sure that there was a lot of interaction—I mean, outside of teams, clubs, and...

DR. ABBOTT: Which track were you in? The academic one?

DR. GRUMBACH: I was in the academic track.

DR. ABBOTT: I had a feeling that was it.

DR. GRUMBACH: As I look back, I got a wonderful education.

DR. ABBOTT: You were also editor of the newspaper at the school.

DR. GRUMBACH: I was the news editor.

DR. ABBOTT: News editor, OK.

DR. GRUMBACH: This was a wonderful meeting place because this had nothing to do with tracking. People who were interested in working on a newspaper did. What I’m really trying to stress is that—something that’s been hard to do these days—is that even though you were tracked in classes, there was a lot of opportunity to mix that had nothing to do with whether you were in the academic track or the commercial track or so forth. There wasn’t a distinction made in terms of a lot of activities including social events that you participated in.

DR. ABBOTT: Tell me a little about that experience. You wrote news stories?
DR. GRUMBACH: Yes.

DR. ABBOTT: How many pages was the magazine, [or] the paper?

DR. GRUMBACH: About 6 pages, and we all went to the printers, and --

DR. ABBOTT: You did it.

DR. GRUMBACH: And we did it, yes.

DR. ABBOTT: Great.

DR. GRUMBACH: We had a faculty advisor. But this was all done in house. And it was called the New Utrecht Nuhs—N-U-H-S—from New Utrecht High School. (Laughter)

DR. ABBOTT: Well, great!

DR. GRUMBACH: This was a good experience in learning how to work together for a common goal with a deadline. We had to be organized. Now, we had a faculty advisor. If we had problems we’d go talk to that person, but the editor, the associate editors…that’s who ran the show.

DR. ABBOTT: So you finished high school. You were about 17, I think, at this time.

DR. GRUMBACH: Sixteen.

DR. ABBOTT: Sixteen.

DR. GRUMBACH: Yes.

DR. ABBOTT: OK. So tell me, you decided to go to Columbia [College]?

DR. GRUMBACH: Yes, I did. Remember, when I was in my senior year in high school, December 7th occurred (the bombing of Pearl Harbor). Our involvement in World War II in a very committed way happened at that time, so everybody was…

DR. ABBOTT: Where were you on December 7th, 1941?

DR. GRUMBACH: Oh, I remember this well. I was walking home. I guess we’d been playing football. We had not been sleigh riding; it wasn’t that cold. My neighbor said, “Mel, did you hear? They bombed Pearl Harbor.”
DR. ABBOTT: You were shocked?

DR. GRUMBACH: I was shocked, yes. Now, we all knew that the chances were we were going to go to war. This was not a big surprise. But the way it happened was a surprise. I had decided to be a pre-med [student] before I was in high school, or even before [that].

DR. ABBOTT: Tell me why.

DR. GRUMBACH: Well, I admired a relative, Seth Selig [MD], who was an orthopedist in Manhattan and our family doctor, and then at camp, the camp doctor who came around. I got to know him. Particularly being involved in a leadership position, when a kid got sick I’d be there with him when he went to the...

DR. ABBOTT: The infirmary?

DR. GRUMBACH: The infirmary, right. I decided that’s really what I wanted to do. I had enlisted in V-6, which was the Navy college training program, student training program which was later renamed the V-12 program.

DR. ABBOTT: Today’s ROTC, sort of.

DR. GRUMBACH: Well, this was...

DR. ABBOTT: Actual enlisting?

DR. GRUMBACH: Yes. The Navy, for example, which I joined, needed a lot of people to run these landing barges. So they had 90-day wonders. You went to college for a couple years, and then you moved on to midshipmen school, and soon thereafter you were out in, either the Atlantic or the Pacific, a commanding office of a landing barge. That’s where many of my buds ended up. So after a year of college, you went into uniform. I had a very truncated college education because of the war. But the fascinating thing, [in] contrast with what happens these days, is that I was a freshman at Columbia College, and had a wonderful pre-med advisor named Professor George Nobbe. He was a great big, hunk of a guy, and he was a professor of English literature. I mean, he had nothing to do with bioscience. Somehow or other we hit it off together. So here I am—literally, this was in the early spring of my freshman year. He had arranged for me to be interviewed at Columbia College of Physicians and Surgeons, which was up at 168th Street and Broadway. The main University was at 116th Street and Broadway, Morningside Heights.
DR. ABBOTT: So he already figured out that you were going to be a doctor?

DR. GRUMBACH: Well, no, I was premed.

DR. ABBOTT: You were premed, but you were doing an English class with him.

DR. GRUMBACH: No, he was my advisor.

DR. ABBOTT: Oh, just as an advisor.

DR. GRUMBACH: Yes. Unfortunately, I didn’t take any of his classes. So the next thing I know, I’m interviewed by a professor of pediatrics named Donovan McCune [MD], as in McCune-Albright syndrome. Later we became good friends. Then I was interviewed by Aura [E.] Severinghaus [MD], who was the associate dean of P&S. About 3 weeks later, I get a letter saying…

DR. ABBOTT: You’ve been accepted to medical school?

DR. GRUMBACH: Accepted.

DR. ABBOTT: This is after you’re at the end of your first year of college?

DR. GRUMBACH: Not even.

DR. ABBOTT: In the spring.

DR. GRUMBACH: Yes, in the spring!

DR. ABBOTT: That’s great! That’s a great story! [Laughter]

DR. GRUMBACH: Anyway, that’s how it went in those days. So I didn’t apply elsewhere.

DR. ABBOTT: How many years did you actually go to college, then?

DR. GRUMBACH: Two.

DR. ABBOTT: Just 2 years.

DR. GRUMBACH: Yes, but it was accelerated.

DR. ABBOTT: Right, so... OK.
DR. GRUMBACH: Yes. Then as soon as you finished those premed requirements, you went to medical school!

DR. ABBOTT: Give me an idea…

DR. GRUMBACH: Because, you see, there was this tremendous push to train doctors, to educate physicians. The war was on, and they really needed physicians. So the services were committed, and they started in college. But it meant that you were on a very accelerated track.

DR. ABBOTT: Why did you stay in New York? I mean, you were an excellent student. You could have gone to other places, I take it.

DR. GRUMBACH: Yes, but remember, it wasn’t that my family said, “Oh, you can’t go anywhere.” That wasn’t it. Actually, my family was prepared to… They had sent me to Columbia College, and they were prepared to do medical school. So that wasn’t the issue at all. But the war was on, and my mother was ill at the time. She recovered. She had thyroid cancer and still lived to be 102. So I decided that I would…

DR. ABBOTT: Stay there.

DR. GRUMBACH: I was going to stay here.

DR. ABBOTT: OK, tell me: Do you remember how much it cost to go to college and how much it cost to go to medical school back then?

DR. GRUMBACH: Oh, it cost something like $200.

DR. ABBOTT: A year?

DR. GRUMBACH: A year.

DR. ABBOTT: To college?

DR. GRUMBACH: Yes, at that time.

DR. ABBOTT: And medical school?

DR. GRUMBACH: Yes.

DR. ABBOTT: At Columbia?

DR. GRUMBACH: It was about $300.

DR. ABBOTT: To go to medical school?
DR. GRUMBACH: Yes, to go to medical school. Something like that, $300 or $400.

DR. ABBOTT: Wow.

DR. GRUMBACH: The maximum was $400. In addition, there was the expense of room and board at Bard Hall, the medical school dormitory, and books and other costs.

DR. ABBOTT: And you were at Columbia Medical School for…

DR. GRUMBACH: Four years.

DR. ABBOTT: Four years.

DR. GRUMBACH: Yes. What had happened was that they were turning out these 3-year wonders. I mean, everything was truncated. And the war ended. We are the best-educated class that Columbia ever turned out because we had an 18-month third year. So we had accelerated through the first 2 years and then, at the end of our sophomore year, V-E Day [Victory in Europe] occurred, and then not too long after that V-J Day [Victory in Japan]. So we then decelerated. We had not had any vacations.

DR. ABBOTT: You worked right through.

DR. GRUMBACH: Worked right through, yes.

DR. ABBOTT: What were your major likes in medical school? Were you attracted to pediatrics?

DR. GRUMBACH: Yes, I was. I was really trying to decide between internal medicine and pediatrics. Because I had been very interested in adolescents and kids, from the Boy Scouts and other experiences. When I rotated on pediatrics, I felt that’s what I wanted to do, become a pediatrician.

DR. ABBOTT: Tell me about the wards back there in medical school. What were they filled with? What kinds of patients were there?

DR. GRUMBACH: Well, we saw a lot of TB [tuberculosis], TB meningitis, miliary TB. A lot of infectious disease including H. influenzae meningitis and epiglottitis. Then we had children with all sorts of kidney disease, glomerulonephritis and nephrosis under Conrad Riley’s supervision. I saw a large number of infants and children with cystic fibrosis under that pioneer in this disorder, Dr. Dorothy Andersen, and children and adolescents with acute or chronic rheumatic fever. And the management of congenital heart
disease was just changing. Robert Gross, head of surgery at Children’s Hospital Boston, began to surgically repair patent ductus arteriosus. That all happened in that period of time, and so there was a lot going on. Then the Blalock-Taussig repair [for] tetralogy [of Fallot, or blue baby syndrome] was described. As a matter of fact, when I was a medical student or house officer, [Alfred] Blalock [MD] came through. He was being interviewed, trying to convince him to become chairman of surgery at P&S. But he decided to stay at [Johns] Hopkins. He had a wonderful setup with Helen Taussig; they were just an incredible team together. But Babies [Babies Hospital, Columbia-Presbyterian Medical Center; now New York-Presbyterian Morgan Stanley Children’s Hospital] was a very unusual place. It had, looking back at history, it had absolute giants. Rustin McIntosh [MD, then director of Babies Hospital and chairman of the department of Pediatrics] had built an extraordinary department of full-time faculty and a devoted, committed, gifted clinical largely volunteer faculty. I learned a lot about being a chairman from him. His style was…

DR. ABBOTT: He was the chair at Columbia.

DR. GRUMBACH: He was a chair at Columbia, and he was one of the youngest chairs in the country at that time of his appointment at age 36. He had gone to Harvard Medical School, and then came to Babies Hospital and went through the residency program, and then was sent to Hopkins. He was being groomed for the chair. They already recognized his leadership ability and diverse talents. So at 36 he was made chairman of this new Babies Hospital (part of the recently formed Columbia-Presbyterian Medical Center) that was just built somewhere around 1930. He was the first chairman at this new hospital. He really had developed an incredible staff.

Hattie Alexander [MD], who was the infectious disease expert—before we had sulfa drugs, she had developed an antiserum for H flu \(H\ influenzae type B\). There was Dorothy [Hansine] Andersen [MD], a pediatric pathologist who really was one of the pioneers in advancing our clinical and pathologic knowledge of cystic fibrosis. She was a pathologist, but she had organized the whole cystic fibrosis program at Babies. Then there was Dick [Richard L.] Day [MD], who was an all around academic pediatrician and was one of the early pioneers in neonatology. He helped to develop one of the early premature nurseries—outside of one in Chicago and a few other places—but he was one of the pioneers in setting up a premature nursery, which was separate from where the normal newborns were kept. Before it was all sort of mixed up.

And there was Conrad [M. Riley, MD], who specialized in kidney disease. All these were very good general pediatricians, but Conrad Riley had decided to take care of all the kids with kidney disease, and particularly nephrosis.
Of course, a major figure at Babies Hospital was John (Cactus Jack) Caffey, the founder of the discipline of pediatric radiology. A superb teacher and mentor, he enjoyed being engaged by the housestaff.

DR. ABBOTT: Tell me a little bit more about Russ.

DR. GRUMBACH: Rusty was a...

DR. ABBOTT: What kind of a person was he? Was he big? Was he...?

DR. GRUMBACH: No, no, he was my size...

DR. ABBOTT: Hearty! (Laughter)

DR. GRUMBACH: Yes, he was a very competitive tennis and squash player. His wife had been head of the Brearly School in New York City—a very good private girls school—later she became president of Barnard [College] while Rusty was chairman.

DR. ABBOTT: At Babies?

DR. GRUMBACH: Yes, and she had 4 kids, so she was really quite a model. Now, Rusty was way ahead of his time in terms of supporting women [in medicine]. He already had women that he mentored on his faculty and fostered their advancement. I mean, they all became...

DR. ABBOTT: Academic leaders?

DR. GRUMBACH: Yes. They all went up the ladder. That was way back, and that was a period when as you know, there were few women in medicine... I think [his wife] Millicent had an effect on his view about women in the profession.

DR. ABBOTT: OK, but there was also an effect on you, too, because you also picked many women in your time.

DR. GRUMBACH: Yes. Rusty was incredible. There wasn’t a manuscript that left the department that he hadn’t edited, and I mean really edited. When you first sent in a manuscript, there wasn’t a page in which there wasn’t red ink all over the place, but in a nice sort of way. He would sit down with you and go over the paper. He was a very gifted writer and synthesizer. He was the co-editor of Holt-McIntosh, which was the prime pediatric textbook at that time [Holt LE, McIntosh R, et al, eds. Holt’s Diseases of Infancy and Childhood: A Textbook for the Use of Students and Practitioners. New York, NY: Appleton Century Company; 1940 and many later editions].
DR. ABBOTT: OK, that preceded things like Nelson [Nelson Textbook of Pediatrics] and Rudolph [Rudolph’s Pediatrics, the successor publication to Holt and McIntosh Diseases of Infancy and Childhood]?

DR. GRUMBACH: Yes, by a long time. He had inherited the text from Holt’s father, [L.] Emmett Holt, Sr., who was the original author. His son was chairman [of the department of pediatrics] at NYU [New York University School of Medicine]. He and Rusty edited the Holt-McIntosh textbook of pediatrics, which was the Bible back then.

DR. ABBOTT: So you got your MD degree at the [Columbia] College of Physicians and Surgeons.

DR. GRUMBACH: Yes.

DR. ABBOTT: Then you took a year at Mt. Sinai [Mount Sinai Hospital, New York City]?

DR. GRUMBACH: Right. Because Babies Hospital did not have a pediatric internship.

DR. ABBOTT: Why was that?

DR. GRUMBACH: That was the way it was in those days. There were a number of pediatric programs that didn’t. Some did, but there were many academic pediatric departments that did not have a pediatric internship, so you usually went into either a mixed internship or rotating internship.

DR. ABBOTT: Rotating, right.

DR. GRUMBACH: …or medicine. Incidentally, I found it invaluable as a pediatric resident talking to parents to have that experience in dealing with adults in medicine.

DR. ABBOTT: So your internship at Mt. Sinai was a rotating internship?

DR. GRUMBACH: It was a mixed internship.

DR. ABBOTT: A mixed internship. OK.

DR. GRUMBACH: Mainly medicine, surgery and some pediatrics.

DR. ABBOTT: OK. You did that for one year.

DR. GRUMBACH: One year.
DR. ABBOTT: Then you went back to Babies.

DR. GRUMBACH: Right.

DR. ABBOTT: As a resident.

DR. GRUMBACH: As a resident. I had been accepted... The way things went in those days is so different than now. There was no matching plan.

DR. ABBOTT: No computers to match on! [laughter].

DR. GRUMBACH: I mean, there wasn’t a matching plan when I was applying for residency. Matching plans started before computers; I don’t know how they did it before computers. Anyway, you really negotiated during the interview for candidates for residency. You went to various places; it was very interesting. It was a, “You know, if you’re interested we’re interested” type of thing [laughter], so you often knew before you left the interview whether you were likely to be accepted.

DR. ABBOTT: Accepted or not.

DR. GRUMBACH: ...accepted or not. I decided that I wanted to go to Babies Hospital part of the Columbia-Presbyterian Medical Center.

DR. ABBOTT: OK, so you did a year at Mt. Sinai.

DR. GRUMBACH: Right.

DR. ABBOTT: How many years did you do a residency?

DR. GRUMBACH: Two years.

DR. ABBOTT: Two years in residency.

DR. GRUMBACH: Then, remember, what happened was that the Korean War started. As soon as I finished my certification requirements for Board [American Board of Pediatrics]—without practice time—it was off to the service. Now, I was in the Air Force Reserve. What happened was that the Air Force Medical Corps got started just after World War II as an independent Armed Forces Medical Service. It used to be the Army Air Corps, as you remember, not the U.S. Air Force. So I was in V-12 [Navy College Training Program] all through medical school. I mean, I had 3 years of my education paid by the US Navy. Then, in the 4th year, I was on the GI Bill of Rights [Servicemen’s Readjustment Act of 1944]. So it was very privileged. I was in the Naval Reserve. [Then] I get a letter from the Navy...
DR. ABBOTT:   This is [19]52 now we’re talking about.

DR. GRUMBACH:   This is [19]51.

DR. ABBOTT:   [19]51, OK.

DR. GRUMBACH:   I’m sorry, this happened to be 1950. The Korean War started in mid-50, and I get a letter saying, “Of course, the Air Force is getting going and they need physicians, but the line was “You want to stay in the Navy.” And I wrote, sort of like Clark Gable, “I don’t give a damn.” I didn’t quite say it that way, [laughter] but the next thing I know I’m in the Air Force Reserve! So when I finished residency in June of 1951, the Korean War was at a peak of military activity.

DR. ABBOTT:   What was your rank at that time? Do you remember?

DR. GRUMBACH:   I started out as a first lieutenant and then became a captain.

DR. ABBOTT:   Let me just go back for one second. How much were you paid as an intern at Mt. Sinai? Do you remember? How much were you paid as a resident?

DR. GRUMBACH:   I don’t think we were paid.

DR. ABBOTT:   OK, did you just sleep at the hospital?

DR. GRUMBACH:   Yes, we slept and ate at the hospital. And they did your laundry, so that your...  [laughter]

DR. ABBOTT:   OK, so you ate, you got your laundry [done], you slept there, and...

DR. GRUMBACH:   At Babies I think we got paid $25 a month.

DR. ABBOTT:   What was your on-call schedule?

DR. GRUMBACH:   Every other night and every other weekend, all through... I mean, that was it. We called it in retrospect “the days of the giants” with tongue-in-cheek.

DR. ABBOTT:   That was it.

DR. GRUMBACH:   Internship and residency.
DR. ABBOTT: And how many people were in your class as an intern and as a resident? Do you remember? Was it a half dozen? A dozen?

DR. GRUMBACH: No, there were… At Mt. Sinai there were 18 interns, I would say, and…

DR. ABBOTT: [At] Babies?

DR. GRUMBACH: At Babies we had about 14 or 15 residents in each year.

DR. ABBOTT: So when you finished your residency you went into the Air Force. And you went to Maine first?

DR. GRUMBACH: Yes, I was a pediatrician. At Presque Isle—in very northern Maine, up in the potato country—all those folks left in the wintertime. They were the original snowbirds; they all went to Florida. I mean, those winters were really…

DR. ABBOTT: Brutal winters.

DR. GRUMBACH: Presque Isle is north of Quebec, way up in northern Maine! There was an F86 fighter base in Presque Isle, Maine. Then about 20 miles away was Limestone, which had a B36 base (the former Loring Air Force Base). Now, B36 were those bombers that had engines in the back, 3 on each wing.

DR. ABBOTT: Before my time! [laughter]

DR. GRUMBACH: Anyway, I was mainly at Presque Isle, but I also helped out at Limestone. I was a pediatrician; I took care of the kids on the base.

DR. ABBOTT: So you did general pediatrics.

DR. GRUMBACH: General pediatrics.

DR. ABBOTT: Looked at ear infections.

DR. GRUMBACH: Yes, the whole bit.

DR. ABBOTT: And did everything.

DR. GRUMBACH: Then all of a sudden… This was July, and Madeleine was interning in New York. We were to be married in December.

DR. ABBOTT: OK, you’re going to tell me more about that. We’re going to get to that, so…

DR. ABBOTT: You didn’t apply for it?

DR. GRUMBACH: No. In my original application I had said, “If you ever have need for somebody who wants to do research, I’d like to do it.” So my IBM card must have got caught in the machine when they were sorting it and all of a sudden I get orders to go to Oak Ridge. Now, let me tell you, by November the snow in Presque Isle was already up to the second story window of the Bachelors’ Officers Quarters.

DR. ABBOTT: In Maine! [laughter]

DR. GRUMBACH: In Maine, in the Bachelors’ Officers Quarters. They had a truck that came around early every morning, a pickup truck with 4 batteries in series to start your car in the morning. They were very good about plowing and all that sort of stuff, but they didn’t care about the windows! [laughter]

DR. ABBOTT: So you went to Oak Ridge and you did radiation stuff?

DR. GRUMBACH: No, I was in the Air Force atomic, biological and chemical warfare defense program. I did radiation biology and learned about the medical aspects of radiation. I met an extraordinary group of people there, and I was there for over 6 months. The interesting part is that I was at 2 A-bomb [atomic bomb] tests—these were at Camp Mercury, Nevada—and it was very serious business. There was no fooling around. The Korean War was on and it was a very tense time. I was slated to go to the H-bomb [hydrogen bomb] test at Enewetak [Atoll]. My grandmother died, and in retrospect I was damn lucky I didn’t go to Enewetak. The radiation protection was not nearly...

DR. ABBOTT: As good.

DR. GRUMBACH: Now, this was an H-bomb test. The others were A-bomb tests. In retrospect, I was disappointed that I wasn’t there.

DR. ABBOTT: So after you did 6 months at Oak Ridge you went to Maryland?

DR. GRUMBACH: Yes, I was assigned to Fort Detrick, which was a biological warfare center located outside of Frederick, Maryland.
DR. ABBOTT: And you studied anthrax?

DR. GRUMBACH: I studied all… I was taking care of laboratory accidents and also learning about biological warfare—what are the agents and methods of dispersal. I met an extraordinary group of people; it really made me appreciate all the talent that was in the Armed Forces.

DR. ABBOTT: So you were doing mainly bench research, both in Oak Ridge…

DR. GRUMBACH: No, I was not doing research. I was really taking care of lab accidents and taking care of people in the lab who were ill and in the infirmary. We were very involved in working with the experts in the area on these agents. I was given a shot every couple of weeks. Madeleine had just joined me in June after she finished her internship. I was vaccinated against anthrax and all sorts of encephalitis. Every couple of weeks my arm would swell up after another injection! The vaccines are much better today than they were back then. These were, actually, almost tailor made. But to get to Oak Ridge and Fort Detrick, I had Q clearance, which is one step above top…

DR. ABBOTT: Sorry, what kind of clearance?

DR. GRUMBACH: Q clearance.

DR. ABBOTT: Q.

DR. GRUMBACH: Which is one step above Top Secret. Now, there’s an interesting anecdote about this, how your past really comes into light. I was cleared by the FBI, apparently, and you had to list all the places you had been in the past. Out of the blue, I got a letter from Mr. Wagner, who was head of the Boy Scouts Council of Brooklyn, and whom I knew well. He said, “Mel, I finally found out what you’re doing!” [laughter] Apparently…

DR. ABBOTT: He was involved?

DR. GRUMBACH: The FBI interviewed him.

DR. ABBOTT: Oh, OK.

DR. GRUMBACH: No, he wasn’t involved! He didn’t know anything about it!

DR. ABBOTT: Oh, OK.
DR. GRUMBACH: So I get a letter from him saying, “Mel, now I know what you’re doing!” [laughter]. It’s really a small world. So with this Q clearance I was privy to the agents that were being worked on in the lab. The targets—I mean all sorts of stuff, potential targets and so forth. One of the aspects that they were really working hard on was to get the particle size down so [that] when the canister containing the biologic warfare agent went off the organisms would not get hung up in your upper respiratory tract—your nose or throat or trachea.

DR. ABBOTT: They wanted them to be very small.

DR. GRUMBACH: They wanted the particles to get down into the alveoli. So this is what the scientists were working on in the lab, not just the agents, but how to…

DR. ABBOTT: Well, you…

DR. GRUMBACH: …how to package it. So you met a very diverse group of people. I developed a tremendous respect and also appreciation for the qualities of these people and their ability. I mean, these were…

DR. ABBOTT: Top scientists, top people.

DR. GRUMBACH: Well, they were really top-notch people. In the lab there were a lot of people who were professors of microbiology and so forth, who were in the [Air Force] Reserve. They were at Fort Detrick.

DR. ABBOTT: Well, you mentioned Madeleine a couple times, so I think we have to talk about her, the love of your life! You were married how many years?

DR. GRUMBACH: We married in 1951, and Madeleine died in 2007.

DR. ABBOTT: And tell me how you met her, and tell me a little bit about her.

DR. GRUMBACH: Well, Madeleine was—as you know her, an extraordinary person. Before I left on this wonderful trip to Europe, we…

DR. ABBOTT: What trip to Europe? I missed that part!

DR. GRUMBACH: I’m sorry. Four of us residents in pediatrics and in medicine at the Columbia Presbyterian Medical Center had put together a 4 week vacation, 2 weeks from 1950 and 2 weeks from 1951, so that we could do something special with that time. The powers that be let us do that.
DR. ABBOTT: So this is in the military.

DR. GRUMBACH: No, no.

DR. ABBOTT: No, this is --

DR. GRUMBACH: No, during the residency.

DR. ABBOTT: Oh, during the residency.

DR. GRUMBACH: Yes.

DR. ABBOTT: You went with a few of your friends.

DR. GRUMBACH: Yes, surgery, medicine, house staff. There were 4 of us. We put this together, and we went to Europe, and in...

DR. ABBOTT: On 2 occasions.

DR. GRUMBACH: No, on one. We put the 2 weeks vacation from each year together.

DR. ABBOTT: Oh, you put it together.

DR. GRUMBACH: We got a month off!

DR. ABBOTT: Oh, boy!

DR. GRUMBACH: [laughter] You know, I thank Rusty to this day. So before leaving for Europe I found a golf-ball-sized mass in my right lower quadrant in the shower. I said, “Oh,... If this is bad I’m going to go and have fun, and if it’s good I’m not going to give up the vacation.” Naturally, you know, 24-year-old folk, you know, guys talk.

DR. ABBOTT: It’s a little scary! [laughter]

DR. GRUMBACH: No, I mean, I had a great time! I didn’t even give it a thought. Anyway, we bought a pre-World War II Chrysler, and we toured all over the place.

DR. ABBOTT: In Europe.

DR. GRUMBACH: In Europe. We eventually got to England. We went to Europe on the New Amsterdam. Here we were four eligible bachelors, so all the folks in first class with their daughters would...[laughter]. So we had the run of the place!
DR. ABBOTT: Run of the ship.

DR. GRUMBACH: We actually had a great time. They were very good to us—entertained us when we got to Paris. They wanted folks to be able to dance and interact with their daughters and so forth, so they were very happy to have these characters aboard. We were down in tourist class, obviously. No, actually, they moved us up to cabin class. Anyway, we were paying the tourist rate.

DR. ABBOTT: Four physicians.

DR. GRUMBACH: Four physicians, yes. Then I flew back to New York. They were going to go on, but I had to get back. So I got back and Madeleine, who was a fourth-year medical student, was substituting for a second-year resident—me! So she’s living in my room. We all lived at...

DR. ABBOTT: Had you met her before?

DR. GRUMBACH: No!

DR. ABBOTT: No, OK.

DR. GRUMBACH: So I knock on the door. I had dirty shirts that needed to go to the laundry and so forth, and she happened to be in the room, and we got talking. I said, “You know, Madeleine, I hope you’ll stay on. Because I’ve got to go to the hospital and blah, blah, blah.”

DR. ABBOTT: Take care of this mass.

DR. GRUMBACH: Yes, and Calvin Plimpton, Cal [MD] was chief resident in the department of medicine, and he later became president of Amherst [Amherst College] and president of Downstate Medical Center in Brooklyn. He returned to medicine after 10 years at Amherst to join Downstate. He’s really quite a character. Madeleine grew up with him, but I won’t go there right now. So I went to see him. He did some preliminary tests and he introduced me to Lawrence [MD] who was a superb surgeon. He also turned out to be a thyroid surgeon. Over the years we got to be very good friends. So he operated on me and found a golf ball-sized mass with a thick wall. When he opened it up, it turned out to have E. Coli containing pus and a small sponge, which was left in at the time I had an appendectomy at 11 years of age. [laughter] It had been there, obviously, all this time.

DR. ABBOTT: Wow!
DR. GRUMBACH: I was very lucky that it didn’t rupture. That’s a given. But it had a really thick wall. So Madeleine came to see me. She came a couple of times, and we got to know each other. I think she gave me a back rub, and that...

DR. ABBOTT: That was it! [laughter]

DR. GRUMBACH: I didn’t know anything about Madeleine’s background. She didn’t know anything about my background.

DR. ABBOTT: How old was she then and how old were you?

DR. GRUMBACH: She was 4-1/2 years older than I was. She was 29 or 30. She had done a lot of things before she went to medical school. She had been a nursery school teacher, and so forth and so on. So we got to going out with each other. Then she introduced me to her mother, who was this very formidable woman. Madeleine’s father had died when she was 3. This was where the middle name Havemeyer comes from—[his name was] L. Havemeyer Butt. [Madeleine’s mother] had remarried, oh, many years later—to a DeRham. She was a very formidable woman who could have run IBM. During World War II, she was head of Red Cross at Halloran [General] Hospital on Staten Island and had a chauffeur drive her every day to the hospital, and so forth. In any case, all this came out. Madeleine was an amazing woman, and as I look back on it, she really wanted to escape from the New York 400. She had gone to Chapin [School]—which is a private school in New York—and then to Westover Girl’s School in Connecticut. When she was graduating, the headmistress told Madeleine’s mother, “I’ve enrolled Madeleine at Bryn Mawr [College].” That’s the way it worked in those days. “I think she’ll be [the college] president someday, if she would like.” And [Madeleine’s mother] says, “No daughter of mine is going to college.” So Madeleine was sent to Italy, to Fiesole, which is outside of Florence, up on the hill, to be finished at the Blue Nuns School. Several of her classmates at Chapin joined her, too. When she came back she came out as a New York debutante. She could not stand it. She said, “That was the worst year of my life, with the dancing, which was fun, but always shopping and parties. It was so dull.” She really wanted to get away from that, which she did.

DR. ABBOTT: By going into medicine.

DR. GRUMBACH: By going into medicine. But before that... Her mother didn’t want her to go to college, OK. She had some money from her robber baron grandfather, who had left her a trust. The bulk of that money went to her brother—as it always did in those days to the male. Madeleine went on and became a nursery school teacher. She found that some of the kids in her classes were disturbed. So she went to the New York Psychoanalytic
Institute [now the Institute for Psychoanalytic Education] and said, “I’d like to enroll.” They said, “Where did you go to medical school?” “Medical school?”

DR. ABBOTT: She didn’t do that!

DR. GRUMBACH: So she went to NYU [New York University], finished her premed, and then got accepted at Columbia [College of Physicians and Surgeons], and that’s how we met.

DR. ABBOTT: And then how long was your courtship before you got married?

DR. GRUMBACH: Not very long, actually. We first met when I got back, so let’s say, April?

DR. ABBOTT: [19]51?

DR. GRUMBACH: 1951. We were married in December ’51. So that was about 8 or 9 months. We were engaged, and went through the engagement announcement; it had to be in the New York Times, you know,... [laughter]

DR. ABBOTT: She was a very accomplished person herself.

DR. GRUMBACH: Oh, yes, very...

DR. ABBOTT: A child psychiatrist.

DR. GRUMBACH: Right, but also a semi-professional birder, and a knitter who was [exceptional]—you’ve seen some of her...

DR. ABBOTT: And music.

DR. GRUMBACH: And music. She was a harpsichord player, piano player, and played the recorder. She was very involved in music. And a great cook. She taught our sons how to be...

DR. ABBOTT: Well, tell me about your kids.

DR. GRUMBACH: Well, my eldest son, Ethan, is a psychoanalyst in Los Angeles, and is very involved in infant development. Right now he is participating in an international study that he helped organize involving observations in the newborn nursery. He’s been very active in the American Psychoanalytic Association. He’s done extraordinarily well. I mean he’s really happy [doing] what he’s doing. My middle son Kevin—who you know well—is a professor of family and community medicine at UCSF [University
of California at San Francisco] and chairman of the department [UCSF department of family and community medicine], and head of the Family and Community Medicine service at San Francisco General Hospital, where he’s been all his professional days since graduating from medical school. He’s a health policy wonk; I’m sort of known there as Kevin’s father. Then our third son is Anthony. We call him Havie because his middle name is Havemeyer. He went to Stanford, and then did acting for about 9 years or so, and then decided the big 3-O was coming up. He had done pre-law at college. He said, “Dad, I think I’d like to go to law school.” I told him, “Well, you’d be lucky if you get into Golden Gate University.” So he applies to law school, and he gets into Harvard, Yale, blah, blah, blah. He goes to Harvard Law [School], and he finishes up as a magna cum laude. He followed President Obama on the Harvard Law Review, a year or two after. He then clerks in the 9th Circuit Court, US Circuit Court of Appeals. When he finished that he joined the Department of Justice Civil Rights Division in Washington, DC, where he spent 4 years and was deeply involved—obviously with a lot of help—but he was the kind of guy they sent out in the field to investigate redlining [discriminatory lending and housing practices] in the Midwest. Later he returned to San Francisco to join a very nice law firm. They liked him, but he just couldn’t stand corporate law. So he became a deputy city attorney in San Francisco. And then, Myles, through your or your wife’s good graces, he became interested in career development and guidance in a law firm and became an ombudsman in a law firm in San Francisco, which he’s very happy at. He’s married to an environmental lawyer.

DR. ABBOTT: So you have 3 very accomplished kids, and I know them. Very, very accomplished. How many grandchildren?

DR. GRUMBACH: Five. Kevin and Lisa, Havie and Kate have produced 5 grandchildren: 2 girls and 3 boys.

DR. ABBOTT: Five grandchildren. Tell me about those kids growing up, and your participation in doing it. Because you had a lot of other things on your plate, too, as part of that time you were chair of the department and they were still at home. So can you tell me a little about that?

DR. GRUMBACH: We always had dinner together. Yes, I was working, but my study door was always open. I, as you all do, work at night. It wasn’t that they [his children] had to make an appointment. We were a very close-knit family and very open. I would say that, I’m obviously devoted to—and am an admirer of—our kids and their kids.

DR. ABBOTT: You’ve kept real close.

DR. GRUMBACH: Oh, very close, yes.
DR. ABBOTT: You guys travel together. You have a place up in northern California that you...

DR. GRUMBACH: Every once in a while we do a big expedition somewhere. The last one was in Italy—in Tuscany—and we had a very good time there with all of the family together. This was right after Madeleine died. We thought we'd all get together on that. What I’m very proud of is the unpretentiousness of my sons. I mean, you have to discover them. They don’t come on strong. They have very diverse talents. Ethan was a really first-class cello player, but he recognized that he wasn’t good enough to be a concert cellist or to play in a big city symphony. Kevin, in high school, was a scholar-athlete. He was the quarterback on the football team and catcher on the baseball team. For a kid who’s 5 feet and 8-1/2 inches tall, that’s pretty good. They got to the San Francisco High School Turkey Bowl championship for the football team and they lost to Balboa [High School]. This was at Thanksgiving. This was the [San Francisco] city championship. So he has real leadership [skills]. But they’re very... What I’m very proud of is that you have to discover them. They don’t come on strong and tell you all that they’ve done or who they are and so forth. So [they are] very quiet. I’m delighted to see this is occurring in my older grandsons.

DR. ABBOTT: Great.

DR. GRUMBACH: They’ve picked this up.

DR. ABBOTT: Well, you’ve told me a little bit about your life. After you finished the military you went to [Johns] Hopkins. Is that right?

DR. GRUMBACH: Yes.

DR. ABBOTT: Tell me about that, because that’s when you met [Lawson] Wilkins [MD], a [pioneer in pediatric endocrinology and growth disorders].

DR. GRUMBACH: Right.

DR. ABBOTT: Tell me a little bit about that, and what Madeleine did, too, at that time.

DR. GRUMBACH: Well, we had our first child in September. I started in July. Ethan was born at Hopkins. So Madeleine was pretty busy taking care of a newborn. After that she was at Sheppard-Pratt [Sheppard and Enoch Pratt Hospital in Baltimore, Maryland] doing her psychiatry residency.

DR. ABBOTT: Why did you go to Hopkins? What was the drawing thing?
DR. GRUMBACH: Well, I got very interested in congenital adrenal hyperplasia. I had a salt-losing infant, and I became very bonded to this patient. About that time cortisone had been synthesized, making it available commercially for the first time. Lawson Wilkins had started to treat these patients—infants, children and actually adolescents and adults—with congenital virilizing adrenal hyperplasia with cortisone, and it revolutionized [the treatment of] this terrible disease. I mean, untreated you could either die of Addison’s disease and a salt-losing crisis, or suffer progressive virilization—which there was no way of arresting in either girls or boys. The disorder is associated with ambiguous external genitalia in girls.

To tell you how these things happen, there are 2 places that I thought about going to for a fellowship in pediatric endocrinology. One was with Lawson Wilkins at Hopkins, who is the father of pediatric endocrinology. And the other was with Nathan Talbot at Massachusetts General Hospital, who had established a fellowship program shortly after Lawson. I decided that I would like to go to work with Lawson. Now, I had met him in 1950. Remember I told you about this trip to Europe?

DR. ABBOTT: Right.

DR. GRUMBACH: Well, we went through Zurich. In 1950 the International Congress of Pediatrics was meeting in Zurich. So I went to the Kinderspital [University Children’s Hospital in Zurich], and I met Andrea Prader, who was chief resident, and he introduced me to his chief, the formidable Professor [Guido] Fanconi. He then took me to the…

DR. ABBOTT: [Of] Fanconi anemia?

DR. GRUMBACH: And also [of] the Fanconi syndrome.

DR. ABBOTT: Syndrome, OK. He did all that.

DR. GRUMBACH: Yes, that was him. He was a “giant” pediatric professor in Europe. I mean, there was Professor Debré in Paris, there were others. But, I mean, he was really recognized as one of the top in the world. Andrea Prader introduced me to Lawson Wilkins. He took me to the International Congress of Pediatrics which was held in Zurich in 1950. He was interested in endocrinology, but he was the chief resident of Fanconi at that time.

DR. ABBOTT: Oh, Wilkins was.

DR. GRUMBACH: No.

DR. ABBOTT: No. Who, then?
DR. GRUMBACH: Andrea Prader.

DR. ABBOTT: Oh, OK.

DR. GRUMBACH: He introduced me to Lawson Wilkins, who was at...

DR. ABBOTT: At the meeting.

DR. GRUMBACH: At the International Congress [of Pediatrics] with his display, with all the illustrations in his book, the patients and growth chart and laboratory data. So I was introduced to him. And that was that. I mean, it was a 10-minute interaction, and I'm not sure he remembered it.

DR. MYLES ABBOTT: But you did!

DR. GRUMBACH: I did. It turned out that Andrea Prader became the father of European pediatric endocrinology, and became one of my very close friends. As a matter of fact, he spent time with me in San Francisco. The faculty at the Kinderspital in Zurich were selecting the successor to Fanconi, and he and one of his associates were in the running for it. He really had to go through the, you know—call it the Canton board, the governing body of the Canton of Zurich. It was a very convoluted process. He decided to get away, because it was a very close contest between the two candidates competing for this position. Anyway, he spent some time in San Francisco, as well as some other centers in the U.S.

Lawson Wilkins was a really remarkable man. He had this very intense, probing curiosity. He was a superb clinician. He had practiced general pediatrics for 25 years; he was one of the most outstanding pediatric practitioners in Baltimore. He had finished at [Johns] Hopkins, and then spent some time in the lab, and then went into practice. Then he’d always been very close to the Harriet Lane Home at Hopkins. I mean, he ran the syphilis clinic, and then participated in the epilepsy clinic, and then [Edwards A.] Park [MD] [pediatrician-in-chief at Johns Hopkins] asked him to develop an endocrine [clinic].

So Wilkins was not a laboratory person, but he recognized what the lab had to contribute to advancing knowledge and what technology could contribute to solving critical problems. He had brought into his lab over a period of time a number of people, but the one who was there with me, was Alfred [M.] Bongiovanni—Al Bongiovanni—who had come from the Rockefeller Institute for Medical Research, now Rockefeller University, trained as a pediatrician at Children’s Hospital Philadelphia, and then had gone to Rockefeller, where he learned steroid chemistry and some endocrinology. Then Lawson brought him to Hopkins to run the lab. Before I get there, I really want to tell you about... Remember, in those days, pediatric specialties
in children’s hospitals and university medical centers were just getting started. There were not very many, and they were very selective.

DR. ABBOTT: What were they? ID [infectious disease]?

DR. GRUMBACH: ID, yes. That goes back a long way.

DR. ABBOTT: OK, what else? Renal?

DR. GRUMBACH: Renal, yes, and…

DR. ABBOTT: [Had] cardiac started?

DR. GRUMBACH: Cardiac, yes. But endocrinology was just getting going. There were only a couple of pediatric departments that had endocrine programs. He was committed to sponsoring a pediatric endocrine division in his Department. Rusty McIntosh was aware of what was happening. What was happening was this tremendous, post-World War II expansion of support for medical research and medical education. Let me give you an example. By 1949, federal support—federal and other support, about half federal—was $36 million. By 1960 --

DR. ABBOTT: A year for medical research.

DR. GRUMBACH: Yes, for research.

DR. ABBOTT: $36 million.

DR. GRUMBACH: $36 million.

DR. ABBOTT: [In] 1949.

DR. GRUMBACH: Yes. $33 million.

DR. ABBOTT: $33 million, OK.

DR. GRUMBACH: By 1960 it was $650 million.

DR. ABBOTT: What were the reasons for that at that time? Was it the administration? That was [President Dwight D.] Eisenhower, a lot of it.

DR. GRUMBACH: Yes. But Dr. [James A.] Shannon, the Director of NIH [National Institutes of Health], was a big hero in formulating and organizing the NIH and gathering wide political support for its mission.

DR. GRUMBACH: Shannon was the leader, but he obtained the strong support of the representative in Congress who led the fight for increasing…

DR. ABBOTT: Funding.

DR. GRUMBACH: …funding for the NIH. Remember, the NIH was really just getting underway.

DR. ABBOTT: So tell me, you applied for a fellowship?

DR. GRUMBACH: Yes.

DR. ABBOTT: How many years was a fellowship back then?

DR. GRUMBACH: Two years.

DR. ABBOTT: Two years. And you applied with someone else?

DR. GRUMBACH: Yes. There were 2 sources of support for post-doctoral fellows in clinical departments. One was the National Research Council, which was federal. The other, literally, was a National Foundation for Infantile Paralysis – [now] the March of Dimes—which had the foresight not to restrict [funding] to infectious disease and polio. They really felt that they wanted to help to sponsor young physicians, mainly pediatricians, who were going into research and wanted an academic career. Well, I applied for both of these. At the interview for the March of Dimes is a formidable group of committee people interviewing us, [including] National Academy of Science members, Oliver Lowry [PhD] and others of that caliber While waiting to be interviewed, I met Judson J. Van Wyk [MD]. Jud had been a fellow at the NIH. I was still in uniform in the Air Force. We got to talking, and it turned out that Lawson had money for one-half a position.

DR. ABBOTT: How much?

DR. GRUMBACH: Half a position.

DR. ABBOTT: Just a half of a position, that was it. OK.

DR. GRUMBACH: I’m sure he would have made it a whole one somehow or other. So I got the National Research Council Award, but I also got the March of Dimes funding. The March of Dimes paid something like $6,000 or $6,500, and the National Research Council paid about $5,300. With Madeleine pregnant and a baby on the way, I mean, that was a lot of money
in those days. You know, $600 or $700 is not anything to pass off lightly. Fortunately, both Jud and I got March of Dimes fellowships. I took, obviously, the March of Dimes because it paid…

DR. ABBOTT: Paid a little more.

DR. GRUMBACH: Yes, and that began a very long history of my involvement with the National Foundation which is still ongoing today. I’m on one of their committees.

DR. ABBOTT: And a wonderful relationship with Judson.

DR. GRUMBACH: A fantastic relationship. We were friends for over 50 years. We talked to each other at least twice a month, and we roomed together at every Endocrine Society meeting and so forth; we were really bonded. He’d been out here, and I was at his place. He never left the University of North Carolina [School of Medicine]. He set up the pediatric endocrine program there. Ed [Edward] Curnen [MD] was chairman [of the department of pediatrics] at that time, and it had just become a 4-year school; North Carolina had been a 2-year medical school. Jud really was committed to that place. [He] didn’t want to be dean, [he] didn’t want to be chairman, etc. But he had a tremendous impact on the place, aside from what he did in endocrinology. He really…

DR. ABBOTT: Was he chair of the department and…?

DR. GRUMBACH: No, no.

DR. ABBOTT: No.

DR. GRUMBACH: No.

DR. ABBOTT: Just endocrinology.

DR. GRUMBACH: Just endocrinology, but he had tremendous influence. He’s one of these people that is involved, unselfish, enthusiastic, and collegial. He turned down a number of chairmanships. That’s not what he wanted to do.

DR. ABBOTT: So a wonderful relationship. You guys worked together for 2 years.

DR. GRUMBACH: Yes, and we...

DR. ABBOTT: Kept together for 50 years.
DR. GRUMBACH: Right.

DR. ABBOTT: But let me go back to Lawson Wilkins. Tell me a little bit about him and your experience working with him.

DR. GRUMBACH: One of the things about Lawson I must tell you about is [this]. You would have an idea about something—it may be about a patient, about some aspect of endocrinology—and he would say, “Well, I don’t know, Mel.” So we had our Saturday rounds—I mean intense rounds. It was a group of patients that came in. And, you’d try him again. “Well, you know, Dr. Wilkins, I...” “Well, I don’t know, Mel, maybe you better think this through a little more.” Finally, you knew it was an OK concept when he adopted it. [laughter]

DR. ABBOTT: Then it was OK.

DR. GRUMBACH: Then it was OK! But he was that kind of person. He was not a bandwagon guy. He had this intense curiosity and thirst for knowledge. For example, Al Bongiovanni ran a steroid biochemistry course for Lawson Wilkins, Jud Van Wyk, and myself. Al was at the blackboard, and here we are taking notes, for 2 years!

DR. ABBOTT: It was really intense.

DR. GRUMBACH: Or a year and a half, whatever it was.

DR. ABBOTT: Right, right.

DR. GRUMBACH: But, you know, here’s Lawson – all ears. Come on, at his age?

DR. ABBOTT: Well, how old was he when you joined him? This is in [19]52?

DR. GRUMBACH: I was there from 1953 to 1955.

DR. ABBOTT: 1953 through 1955, OK.

DR. GRUMBACH: So he was about, in his mid-50s.

DR. ABBOTT: Mid-50s, OK.

DR. GRUMBACH: And...

DR. ABBOTT: At that time, was there an area that you were most attracted to in endocrinology, or were you just interested in the field?
DR. GRUMBACH: We were interested in congenital adrenal hyperplasia.

DR. ABBOTT: That was still your...

DR. GRUMBACH: But we also did our own thyroid radioactive iodine scans in the lab. We were interested in growth and the whole bit. Lawson was referred patients from all over the place. The first year we spent a good deal of time seeing patients in the clinic.

DR. ABBOTT: So thyroid disease, adrenal disease...

DR. GRUMBACH: And growth retardation.

DR. ABBOTT: Growth retardation. But you didn’t take care of diabetes.

DR. GRUMBACH: No, we did not take care of diabetes.

DR. ABBOTT: Diabetes.

DR. GRUMBACH: But also abnormalities of sex differentiation.

DR. ABBOTT: Tell me about the Barr body. Because you studied the Barr body, didn’t you?

DR. GRUMBACH: There were a lot of fortuitous things. Now, you go to a computer at University of California at San Francisco, you can get any journal in the world, almost, on your screen and you also have all these summaries. This was before Current Contents, which compiled the tables of contents for a whole host of biomedical journals. So we went to the library, and we all did our browsing. I came across this article by Murray [L.] Barr [MD] in which he had found that there was a cytologic difference in the nuclei of males and females. He discovered that the female had what he called a sex chromatin body, which was lacking in the males. [It was] present in, depending on the tissue, anywhere from 40% to 70% of somatic interphase nuclei. But the issue was there was this little heterochromatic body against the inner surface of the plasma membrane of the nucleus. So I wrote to him, with Lawson signing [the letter]. And I presented this at journal club and said, “Gee, it would be terrific to look at all of our...” You know, Lawson had this huge number of patients with...

DR. ABBOTT: With ambiguous genitalia, too.

DR. GRUMBACH: Intersexuality. We don’t call it that now—we call them disorders of sex development, but [at that time] we called it intersexuality, or an abnormality of sex differentiation and sex determination. Anyway, I
presented this paper at our journal club, and we all thought that it was a good idea to get going on it. So we had to do skin biopsies. We took a little piece of skin—I mean really a tiny bit—and worked with the pathology department. The technicians did a Feulgen stain on the skin tissue slices. The way I learned to assess the sex chromatin was I sent a sample to Murray Barr to check out my reading and interpretation.

DR. ABBOTT: To confirm what you were doing was...

DR. GRUMBACH: Right.

DR. ABBOTT: Right.

DR. GRUMBACH: This was serious business. I was not a cytologist, so I had to learn. The pathologists didn’t know anything about this. Murray Barr and I communicated with each other. Now, Lawson Wilkins had been very interested in what he called ovarian agenesis, which is now called Turner syndrome. We called it ovarian and then gonadal dysgenesis, but the geneticists like to put proper names on syndromes. Lawson had a big thing about that. I do, too. But it’s what we call Turner syndrome. He was aware of Alfred Jost who was a French biologist and developmental endocrinologist, not a physician—in Paris. Jost had castrated, during World War II, rabbit fetuses and put them back in the uterus. When they delivered if he had removed their primordial gonads, all had female external genitalia. So he put it together that there was something in the fetal testes that suppressed female differentiation of the genital ducts and the external genitalia, and that you needed these hormones that the fetal testes put out to have male sex differentiation of the internal and external genitalia.

DR. ABBOTT: At this time, how many chromosomes… Did you know chromosome numbers?

DR. GRUMBACH: No, wait. We’ll get there.

DR. ABBOTT: OK.

DR. GRUMBACH: So Lawson thought that some of these individuals could be chromosomal males because if fetal testes did not develop and function a la Alfred Jost, male fetuses would end up with female external genitalia. He had actually published in one of the early papers stating that they were streak gonads, and not ovaries or testes. [Wilkins L, Fleischmann W. Ovarian agenesis. Pathology, associated clinical symptoms and the bearing on the theories of sex differentiation. The Journal of Clinical Endocrinology. 1944;4(8):357-75.]

He went off to be a visiting professor for 2 months at Guy’s Hospital [London, England]. We had looked at a whole group of patients with Turner
syndrome (all phenotypic females), and we found out that most of them had no sex chromatin in their somatic nuclei. We thought they were XY at that time; we now obviously know they’re 45,XO. They had 45 instead of 46 chromosomes. They [were] missing a sex chromosome. So I put this together in a paper, and I handed it to Al Bongiovanni. I had all the names of the folk in the lab on it. And I learned a very important lesson. Al said, “No, Mel. This is you, Jud, and Lawson.” I said, “We have to put Lawson first, because it’s really his idea that this was...” This was a letter to the editor of the Journal of Clinical Endocrinology and Metabolism [then the Journal of Clinical Endocrinology], which pointed out that in Turner syndrome we thought they had a male chromatin pattern. So Lawson came back. It turned out that while he was in London, Paul Polani [MD] at Guy’s Hospital had come about it a different way. He had wondered why there was such a preponderance of females with coarctation of the aorta. It turned out that they all—not all, obviously—but [most] had Turner’s [syndrome]. So he wondered about that. This is not inherited as a sex-linked trait, and so forth. So he had independently, looked at this from a different approach entirely. Our reports came out almost simultaneously. He had sent his manuscript to Lancet. Ours came out in the Journal of Clinical Endocrinology and Metabolism. It was a coincidental happening. I’m very glad we did it. When Lawson came back he said, “Mel, I’m so glad you sent that in because we would have gotten scooped!” [laughter]

DR. ABBOTT: So was Lawson number one [author] on the article or were you?

DR. GRUMBACH: No, I put Lawson number one.

DR. ABBOTT: Number one. That’s the way it was done.

DR. GRUMBACH: Yes. It was a letter to the editor. Then I wrote a long paper, and it was Grumbach, Van Wyk, and Wilkins. What I learned from Al Bongiovanni is that he was not for honorary authors. It was a really important lesson. I had put all of the group’s names as co-authors. He said, “Look, you guys did all this work and the thinking on it. That’s yours, not anybody else’s.” It wasn’t a question of being selfish because he took his name off.

DR. ABBOTT: It was that who really did the work...OK.

DR. GRUMBACH: Yes, who did the work.

DR. ABBOTT: Well, this takes us…

DR. GRUMBACH: Obviously, if you’re the head of the lab and you’re doing some of the work, that doesn’t mean that you’re not contributing
because it’s your idea or whatever it is. That’s different from what Al was talking about. He was talking about people who really didn’t, you know, have anything whatever to do with the project.

DR. ABBOTT: Well, I’d like to maybe end at this stage. You’re going back to New York in 1955, and I think tomorrow we’re going to talk about those years and your academic years, if that’s OK.

DR. GRUMBACH: Carry on!

DR. ABBOTT: Thank you so much for today.

DR. ABBOTT: This is Dr. Myles Abbott. I’m at the home of Dr. Melvin M. Grumbach in San Francisco, California. It’s April 3rd, 2011, and I’m here to take the second installment of our oral history for the American Academy of Pediatrics Oral History Project. I thought we would concentrate today, Mel, on your scientific adventures, your collaborative partnerships, and some of your accomplishments. Mel, you wanted to make some comments about some other aspects with Lawson Wilkins before we get into your reuniting with Babies Hospital and Columbia University in 1955. Why don’t you tell me something about that?

DR. GRUMBACH: Well, this was a very dynamic group. Very collaborative, and we shared experiences. We did common experiments together. It was a big teaching time, and we had interactions with biochemistry and with the department of medicine. Victor [A.] McKusick [MD], for example, was a fellow at the time I was first there. He became one of the fathers of medical genetics in the country—an absolute giant in his field. He was interested in Hurler’s syndrome, and we had several patients with the syndrome. Actually, in Victor’s book is a picture of one of my patients in Lawson’s clinic. So we shared a lot. That, for example, led to the formation of a small group that met once a month at the Hopkins Faculty Club; it was called the Galton-Garrod Society. Both of these [Sir Francis Galton and Sir Archibald Garrod] are very famous British biochemical and population geneticists who played a very important role in the development of human genetic research, including establishing the field of unborn errors of metabolism. That’s where I learned a lot about genetics. We had people from the main campus of the university as well. It was just a small number of us, about 8 or 9. We met after dinner, and we presented papers or discussions. It was very, very enlightening. Lawson fostered this openness. ‘Collaborate with whoever. When you have a problem and there’s somebody who can help you solve it, collaborate with them.’ It’s similar to his idea that if there’s a method in the world that you want to apply to a problem, go to that lab and learn how to do it. Don’t spend 5 years trying to, trying to re-invent the method, but go and master it. So he encouraged collaboration. Jud and I did a lot of work together with Al Bongiovanni and other fellows.
But we also interacted with other people in the department and in the medical school and in the hospital at Johns Hopkins. Everybody had lunch together. The tables were set with tablecloths. Initially we were served. Then it became partly cafeteria style. This was not just a pediatric department enterprise, but this was available to the entire faculty of the Johns Hopkins Medical School.

DR. ABBOTT: But you spread it beyond even Johns Hopkins. You did this collaboration across the world. Let’s go back. You’re talking about genetics and endocrine, and we’re talking about the Barr body, and the X chromosome and its functional significance. You collaborated with a lot of people in that project. You had Murray Barr, you had Susumu Ohno [PhD, DSci, DVM]…

DR. GRUMBACH: Susumu Ohno, yes.

DR. ABBOTT: You had Akira Morishima, and you had Selna Kaplan.

DR. GRUMBACH: Karry Morishima was one of my early fellows.

DR. ABBOTT: OK. Tell me about those relationships. You knew Mary [F.] Lyon [PhD].

DR. GRUMBACH: Yes, the great Mary Lyon. She had attacked the problem of the X chromosome using studies on genes controlling coat color changes in the mouse. She is the one who really nailed it. I had this idea and formulated the fixed differentiation hypothesis of X chromosome behavior. This was very much like what Mary Lyon came up with the Lyon hypothesis of the inactivation of one of the X chromosomes in the female. We had a little difference in that I felt the “inactive” X wasn’t completely inactive in the human, whereas in the mouse the second X-chromosome is almost completely inactive. Anyway, I came at it from the point of view of the Barr body, cytogenetics, and DNA replication in cultured cells. Mary Lyon came at it from studying mouse genetics and coat color. She was a wonderful, very shy, unpretentious woman. Really a great scientist. We got to meet at several international meetings, including one that the National Foundation [National Foundation for Infantile Paralysis, now the March of Dimes] sponsored in New York. I had a little reception at our house, and Mary Lyon and Murray Barr were there, and so forth and so on. So I got to know her…

DR. ABBOTT: Where was she from?

DR. GRUMBACH: She was from England. She was head of the genetics section in the MRC Radiobiology Unit in Harwell, outside of London.

DR. ABBOTT: Now, this collaboration occurred when you were back now at Babies and Columbia.
DR. GRUMBACH: Right.

DR. ABBOTT: You had moved back in 1955.

DR. GRUMBACH: We were talking about this fixed differentiation hypothesis, as I called it. Well, it became the Lyon hypothesis, because she really nailed it in her mice coat color studies. One of the things, which had really started when I was in the Air Force working at the Oak Ridge Institute of Nuclear Studies and the Fort Detrick Biological Laboratory in Frederick, Maryland, was the interaction with basic scientists and developing a lot of mutual respect. That carried forward. I haven’t thought much about it, but it really carried forward to feeling that you don’t wall yourself off into a little containment of just doing clinical research. You really interact and share ideas, because the marketplace is really hearing what people are thinking about in your areas of interest. Not just clinical conditions or clinical investigators, but what the basic scientists are thinking about.

DR. ABBOTT: So you collaborated with a broad group of people—as you said, the basic scientists, the clinical investigators, the clinical endocrinologists, the MDs, the PhDs, the MD, PhDs. You sought out everyone to work with and help you.

DR. GRUMBACH: Yes, right, and we helped each other. And one of the things was at Columbia (College of Physicians and Surgeons), for example, was a journal club. Aside from doing pediatrics, I attended on the general pediatric service at Babies Hospital. All of the members of the department of pediatrics did in those days. In addition to running and developing a pediatric endocrine program and unit and training program, we had a journal club that Seymour Lieberman [PhD], a professor of biochemistry, was the leader of. Several of us worked with him. We were a small committee of about 4: Nick [Nicholas P.] Christy [MD] in medicine, Fred Hoffman in pharmacology, Seymour, and myself. So you really came to know people in other areas. Seymour was leading one of the world’s major laboratories in the study of steroid biochemistry at Columbia. When I first got there I had lab space in Seymour Lieberman’s laboratory because mine wasn’t ready yet. So you really came to interact with PhDs, and you developed deep mutual respect for what they had to offer. And they were very interested in what you were doing, just as I was interested in what they were doing.

DR. ABBOTT: So let me set the timeframe a little bit. In 1955, you moved back to New York. You are at Babies Hospital at Columbia University. You became the founding director at the Pediatric Endocrine Division at the Babies Hospital, and you reunited with Rusty.
DR. GRUMBACH: Yes.

DR. ABBOTT: And Seymour Lieberman gave you some laboratory space.

DR. GRUMBACH: Initially, right. He had a big lab, and I had part of a bench. I learned a lot about, for example, chromatography. I obviously knew something about chromatography because we were using that for steroid purification and identification at Hopkins. But this was a very sophisticated, cutting-edge laboratory methodology. So I was really blessed to be working with radioactive isotopes—carbon and tritium...carbon-14, H3—and learning how to do this because of all the strengths in Seymour’s lab.

DR. ABBOTT: And in...

DR. GRUMBACH: He had a whole group. I mean, he had a very talented group of biochemists.

DR. ABBOTT: And you started an NIH [National Institutes of Health] pediatric training fellowship there.

DR. GRUMBACH: Right.

DR. ABBOTT: Who was your first fellow?

DR. GRUMBACH: Well, my first fellow was Jacques [R.] Ducharme, and he was from Sainte-Justine [now Sainte-Justine University Hospital Centre in Montreal]. He’d been a resident at Children’s Hospital Philadelphia (CHOP), and he applied for a fellowship with me. Fortunately Rusty McIntosh had found some money and we could support him as a fellow. He was my first fellow. He was followed by Selna [L.] Kaplan [MD, PhD] and Akira Morishima [MD]. Selna became my lifelong colleague and collaborator for over 50 years. When I accepted the position as chairman of the department of pediatrics at University of California, San Francisco, Selna came out with me, and so did Akira Morishima. Then he returned 2 years later to head up the pediatric endocrine unit at Babies Hospital.

DR. ABBOTT: Who was he?

DR. GRUMBACH: Akira Morishima.

DR. ABBOTT: Oh, Akira, OK.

DR. GRUMBACH: He had been a resident at Babies before he became a fellow. He and Selna joined our fellowship program in the same year, July 1957.
DR. ABBOTT: OK, so he stayed...

DR. GRUMBACH: No, he came out with me, and then went back.

DR. ABBOTT: Went back…

DR. GRUMBACH: Because the chairman [at Babies Hospital] had really needed to recruit a pediatric endocrinologist.

DR. ABBOTT: What happened to Jacques?

DR. GRUMBACH: Jacques Ducharme went back to Montreal and founded the pediatric endocrine program at University of Montreal and Sainte-Justine Hospital, which is the main pediatric teaching hospital.

DR. ABBOTT: So you had some outstanding fellows that you trained there, and you got some grants. You got some pediatric grants.

DR. GRUMBACH: Right, I got a grant. Just soon after I got to Babies, I applied for a grant.

DR. ABBOTT: In what area was that?

DR. GRUMBACH: Well, it was in hormonal effects on growth and maturation. That was the title of the grant. So I had that grant from 1956 until 1990.

DR. ABBOTT: Wow.

DR. GRUMBACH: Yes, it was over 35 years. This supported our laboratory work, and you had to apply for renewal every five years.

DR. ABBOTT: Well, let’s look at some of the areas that you studied, some of the scientific areas, and tell me about how you interwove these isotopes that you were working with—the development of radioimmunoassays. Let’s cover one area first.

DR. GRUMBACH: OK.

DR. ABBOTT: Let’s talk about fetal development. There you did some work with Abe [Abraham] Rudolph.

DR. GRUMBACH: No, why don’t we start with…

DR. ABBOTT: Tell me, go ahead.
DR. GRUMBACH: The initial part was really... I was interested in hormonal effects on growth and maturation, and sex determination and sex differentiation and their disorders.

DR. ABBOTT: Let’s do that one, great.

DR. GRUMBACH: By studying all of these clinical problems in that area of children with ambiguous external genitalia or with developmental defects in gonadal differentiation, we really learned a lot about what happens in the human. Through this I became a friend of Professor Alfred Jost, who had visited Lawson Wilkins in Baltimore. He and I became acquainted at Hopkins where I got to meet him. Then I was in Paris a couple of times and visited his laboratory. We became very good friends. He visited me in New York, and actually here in San Francisco. He was a giant of a—I mean, he was really the father of developmental endocrinology in terms of basic research. He’s the one who developed, during World War II, the procedure for castrating the rabbit fetuses and studying what happened to the development of their genital system. He’s the first one who definitively showed that the fetal testes was the key to bringing about male sex differentiation, and if you didn’t have a fetal testes you then ended up with a female genital tract and external genitalia. He did these studies in the pregnant rabbit. Lawson Wilkins had been studying patients with what was then called ovarian agenesis. They were phenotypic females that had streak gonads, short stature and other anomalies now known as Turner syndrome, but what we then called the syndrome of gonadal dysgenesis. That was a whole issue of working with Barr, developing and adopting his method for doing sex chromatin studies on skin biopsies and, later, buccal smears—showing that what we call now Turner syndrome or syndrome of gonadal dysgenesis had a chromatin-negative pattern, and this turned out to be 45X instead of 46XX or 46XY.

DR. ABBOTT: But it was 48 back then, wasn’t it?

DR. GRUMBACH: What’s that?

DR. ABBOTT: Was it initially 48 chromosomes?

DR. GRUMBACH: Yes, it wasn’t until 1956 that we found out that there were not 48 but 46 chromosomes. That was the Swedish group, [Joe-Hin] Tijio [PhD] and [Albert] Levan [PhD], that finally determined the correct number of chromosomes in the human was 46, not 48.

DR. ABBOTT: So what did your laboratory do specifically in this area?

DR. GRUMBACH: Yes, well, we were doing several things. We set up a laboratory to study steroids in infants and children and so forth. We also set
up procedures for studying chromosomes and doing karyotype analysis. At that time we were dealing with skin biopsies, and growing dispersed cells in tissue culture, and looking at mitotic figures and counting chromosomes in individual cells, looking for structural abnormalities and so forth. We were interested in this in terms of sex chromosomes. As a matter of fact, when we came out here we, for many years, were running a karyotype lab in my laboratory. Felix Conte supervised this lab. We were doing the chromosome analysis on the amniocentesis specimen that the [obstetrics] people were obtaining for chromosome abnormalities.

We were doing studies to find out if there was sex chromosome or autosome abnormality, either in number or structure. That eventually became a big service and moved out of our lab, but initially it started in the pediatric endocrine lab. Felix [A.] Conte [MD] was the person doing a tremendous amount of that work.

DR. ABBOTT: Felix was one of your fellows, too?

DR. GRUMBACH: Felix was one of my fellows, as was Jennifer Bell in New York. Then Felix joined us after he served a tour in the Army, finished his fellowship with us and stayed on.

DR. ABBOTT: OK, and we’ll talk about Selna and Felix a little bit more when we go back to UCSF. So you contributed greatly in this area of sexual development and differentiation.

DR. GRUMBACH: Part of it was the fundamental aspect, but the other aspect was management, including establishing a clinical diagnosis, treatment, recommendation about the need for and timing of surgical correction of abnormal external genitalia, management, and all the interactions and counseling with the parents, helping these children, and working with the surgeon in terms of corrective surgery and with a child psychiatrist.

DR. ABBOTT: Where was your catchment area? You were in New York.

DR. GRUMBACH: Oh, yes, we had a large catchment area because there were not many people doing pediatric endocrinology. So we had a huge referral area. We had a very busy clinical service. We were the only group in New York. I mean, there was one other at NYU [New York University] that eventually came in, but essentially we covered Westchester, New Jersey [and] lower Connecticut. The Yale folk were sending patients down to us, and so forth. So we had a very active clinical pediatric endocrine service.

DR. ABBOTT: Your clinical service—you had how many basic scientists, how many...?
DR. GRUMBACH: We had some laboratory technicians off our grant, and we had our fellows. That was the group.

DR. ABBOTT: Did you have social workers back then that helped you out?

DR. GRUMBACH: Very interesting. At Babies Hospital there was William [S.] Langford [MD], who was one of the first group of child psychiatrists. Rusty, way back, had set up a child psychiatry unit in the department of pediatrics at Babies Hospital. Bill, who was a fine teaching consultant, was always available and was a big help to us in working with families. We did have social workers, but it was mainly through Bill and his group that the interaction was in terms of...

DR. ABBOTT: So explain to me the relationship between Babies and Columbia.

DR. GRUMBACH: Babies Hospital was at the Columbia-Presbyterian Medical Center [now New York-Presbyterian Hospital and the Columbia University Medical Center]. It was on Broadway between 165th and 168th Street. It was a discrete building, but it had circulation linkage with the Presbyterian Hospital where the adult inpatient services were located, as well as the medical school (P&S). All infant, child, and adolescent patients were admitted to Babies Hospital.

DR. ABBOTT: OK, so they were connected.

DR. GRUMBACH: We were all connected, yes. We used to have a Babies Hospital dining room, but that went the way...

DR. ABBOTT: So this is different than the Babies Hospital of Mt. Sinai [The Mount Sinai Hospital]?

DR. GRUMBACH: Oh, yes; [it] had nothing to do with Mt. Sinai.

DR. ABBOTT: Different, OK.

DR. GRUMBACH: They didn’t have a Babies Hospital at Mt. Sinai. Mt. Sinai had a pediatric service in a general hospital, not a children’s hospital.

DR. ABBOTT: In a general hospital, OK.

DR. GRUMBACH: We were really the only discrete children’s hospital in New York at that time. Cornell didn’t have a separate building, but had a children’s hospital within a general hospital. But Babies was a very discrete enterprise going back to the late 19th century.
DR. ABBOTT: Any other areas about sexual differentiation? What about some of the enzymes you...?

DR. GRUMBACH: Yes. Well, we were interested in congenital adrenal hyperplasia, which is a genetic enzyme defect in the biosynthesis of cortisol. As a consequence of this a lot of androgen is produced in the fetus, because of this enzymatic block. The defective synthesis of cortisol can occur anywhere along the pathway of steroidogenesis. A host of enzymes participate in the conversion of cholesterol into glucocorticoids or to sex hormones or mineralocorticoids. So we were very interested in that. It was a very active area of research at that time. At Hopkins -- I mentioned Bart [Barton] Childs, who had returned from the Penrose laboratory [led by Lionel S. Penrose, MD of the Galton Laboratory at University College London]. Penrose was one of the early leaders in clinical genetics and, particularly, studies in children. He was a very important person in defining Down syndrome and so forth. When Bart returned, Jud Van Wyk and I suggested that we study the genetics of congenital adrenal hyperplasia. Lawson Wilkins had a large number of patients with congenital adrenal hyperplasia and various kinds of defects. We studied the genetics of the disorder and definitively showed that it was inherited as an autosomal recessive trait. We looked at the salt-losers versus non-salt-losers and hypertensives and so forth to show the same clinical subtype in families with occasionally some variation in severity. Even though 21-hydroxylase defects varied in terms of severity, even within the same family, for example, if you had the hypertensive form, you didn’t have the salt-losing form. We did this in collaboration with Bart Childs and Judson van Wyk, and we put this together. This became a very highly quoted paper in the *Journal of Clinical Investigation*.

DR. ABBOTT: So you met him first at Johns Hopkins…

DR. GRUMBACH: Right.

DR. ABBOTT: …but continued your collaboration…

DR. GRUMBACH: Well, Jud and I collaborated and stayed in touch over the years. But Bart stayed at Hopkins, and we didn’t collaborate after that. But I saw him at meetings, and when I visited Hopkins I always, had dinner with him or spent the night with him or something like that. Remember, the explosion of technology post-World War II, with the National Institute of Health getting underway [later to become the National Institutes of Health], and the establishment of the National Institute of Child Health and Human Development. But, also, people [were] interested in developmental aspects.

DR. ABBOTT: Well, you’re…
DR. GRUMBACH: This led to encouragement of research in clinical departments in addition to basic science departments. I was always in support of basic science. It really led to the development of strong research programs in a number of centers throughout the country.

DR. ABBOTT: So you depended a lot upon biochemistry and the techniques, especially in steroid metabolism.

DR. GRUMBACH: Yes. There was steroid chemistry, and then there was protein biochemistry.

DR. ABBOTT: Well, tell me a little bit about protein biochemistry.

DR. GRUMBACH: Well, we had collaborated with Maurice [S.] Raben [MD] in Boston. He was at Tufts [Tufts University School of Medicine]. He was a physician-scientist and a really wonderful guy. He had purified human growth hormone independently. So we set up in the New York area the collection of human pituitary glands, working with the many cooperative pathologists from all over the metropolitan region. We went, met them and told them why we wanted them to save pituitaries. So we collected them and sent them to Maury Raben, who purified growth hormone and then gave it back to us. We could use that for two things. One is that we developed a growth hormone antiserum…

DR. ABBOTT: Growth hormone what?

DR. GRUMBACH: Anti-human growth hormone serum. It took very little growth hormone to develop the antiserum. Virtually all of the purified human growth hormone was used for the treatment of infants, children, and adolescents with growth hormone deficiency. Eventually the National Pituitary Agency was established which Bob [Robert M.] Blizzard [MD] played a major role in obtaining support from the NIH—and the Human Pituitary Agency did the distribution. In other words, we sent pituitaries to the agency, and then they sent it up to Maury Raben or to Al [Alfred E.] Wilhelmi [PhD] in Atlanta at Emory [University]. They purified human pituitary growth hormone. That was before we had biosynthetic human growth hormone.

DR. ABBOTT: This was with Selna, I believe. When you were in New York, you and Selna had the ability, with the coroner’s office, to get autopsied…

DR. GRUMBACH: No, only with the pathologists at hospitals in the New York metropolitan area.
DR. ABBOTT: At the hospital, OK. And you took extracts from the pituitary.

DR. GRUMBACH: No, we just collected the pituitary glands in acetone.

DR. ABBOTT: OK. And then you sent that…

DR. GRUMBACH: We sent those pituitaries to Maury Raben, and he purified the hormone—no mean feat.

DR. ABBOTT: Did you look at any other hormones at that time from the pituitaries that you had, beside growth hormone?

DR. GRUMBACH: Well, we were interested in gonadotropins. We measured the gonadotropins excreted in urine. We used a bioassay to measure urinary gonadotropins. We were interested in that.

DR. ABBOTT: LH, FSH [luteinizing and follicle-stimulating hormones].

DR. GRUMBACH: Yes, but at that time you were measuring so-called urinary gonadotropins, which was a mixture of the two by bioassay. We didn’t separate FSH and LH.

DR. ABBOTT: You did not, OK.

DR. GRUMBACH: What happened is that we had developed a number of anti-human growth hormone sera. One of them was 1 in 5,000,000—I mean, the titer—so you can understand how potent that was. Sol [Solomon A.] Berson [MD] was a friend of mine. He was at the Bronx VA [Veterans Administration Hospital]. I had met him through the Young Turks [American Society of Clinical Investigation] at the Atlantic City meetings, which in those years was cheek-by-jow with the pediatric academic societies meetings. Eventually to my regret they split for a lot of reasons I don’t want to go into. But Sol and I became friends. He was a very talented, extraordinarily brilliant guy at the Bronx VA doing what we call now nuclear medicine. He was also doing a great deal of research. He developed, with Roz [Rosalyn S.] Yalow [PhD], a radioimmunoassay for human insulin. We went to him and said that we had a purified growth hormone that Maury Raben had provided, and we had a very high titer antiserum to human growth hormone. We asked, “Do you think you can develop a radioassay for growth hormone?” He said, “Well, I’ve got Jesse Roth [MD] and Seymour [M.] Glick coming to me as fellows.” This was in November or so, and they were coming in July. “I’ll put them to work on this. We’ll work together.” So they developed that, and…

DR. ABBOTT: Which Glick is this?
DR. GRUMBACH: Seymour Glick.

DR. ABBOTT: Seymour Glick.

DR. GRUMBACH: He is now a professor in Israel at Ben Gurion University of the Negev, Faculty of Health Sciences. Jesse Roth became a major leader at the NIH, in the Arthritis and Metabolic Disease Institute [former section chief and director of intramural research at the currently named National Institute of Diabetes and Digestive and Kidney Diseases]. At that time he was a fellow with Sol Berson and Roz Yalow. Roz Yalow was a biophysicist. They also developed a radioimmunoassay for parathyroid hormone and other peptides, but they had not developed a growth hormone radioimmunoassay. Soon after Sol and Roz with Jesse and Seymour described a radioimmunoassay for human growth hormone that could be applied to the measurement of growth hormone in human serum. We were able to bring it to our laboratory. But there were a lot of things that happened. The iodination method for labeling these protein hormones was very tedious. It was working with highly radioactive iodide, so you had to be very careful and use effective shielding. And...

DR. ABBOTT: Safety-wise, you're referring to?

DR. GRUMBACH: Yes, safety-wise. Also, working behind lead bricks and with a lead reinforced apron. Yes, it was tricky to do. You had to dialyze the reaction mixture. The group in London headed by Fred Greenwood developed a method using chloramine-T, which greatly simplified the iodination process. It was a very significant advance in radioactive iodination of peptides and proteins. You still had to be very cautious, and you’d still be using microcuries or curies of radioactivity. But this was a much simpler process for using chloramine-T to iodinize peptides or proteins. So we were able to do that in our lab. And...

DR. ABBOTT: So which specific compounds were you studying?

DR. GRUMBACH: We were studying growth hormone at that time.

DR. ABBOTT: That was a major one.

DR. GRUMBACH: Yes, but with Seymour Lieberman we also adopted methods for using tritiated or C14-labelled steroids which we then could use for developing a radioimmunoassay for measuring steroid hormones.

DR. ABBOTT: OK, and…
DR. GRUMBACH: For example, testosterone, 17OH progesterone, and estradiol.

DR. ABBOTT: Well, you did a lot of work in puberty and pubertal development.

DR. GRUMBACH: Right. We had to develop or adopt all the assay methods. When I say we, I mean in particular Selna Kaplan, my co-worker for over five decades, as well as Michel Aubert from Geneva and a host of gifted, hardworking group of fellows and our 2 technicians.

DR. ABBOTT: Tell me what methods you developed when you studied it.

DR. GRUMBACH: Well, we didn’t develop them, we adopted them. There were some really wonderful groups that were preparing highly purified FSH, LH, and they provided us with these purified hormones so we could radiolabel them. We adopted radioassays for FSH and LH, the gonadotropins, as well as for testosterone and estradiol and prolactin. That was very useful in helping us to define hormonal changes in puberty. Looking at the natural history of FSH and LH during normal puberty—the changes and their increase—and also of sex steroids—testosterone in boys, and estradiol and progesterone in girls.

DR. ABBOTT: But you looked throughout the whole age group, too.

DR. GRUMBACH: Yes.

DR. ABBOTT: You started right at birth…

DR. GRUMBACH: Well, we were…

DR. ABBOTT: Especially testosterone.

DR. GRUMBACH: We did. We looked at prepubertal children starting at very early [stages]. Then we used a model for studying development in pregnant sheep and that happened here. Abe Rudolph and his group had worked on and refined the fetal sheep model for the study of fetal cardiovascular physiology. We learned how to catheterize the sheep fetus and the mother, and to keep them going for literally weeks and weeks and weeks. It was very much thanks to Abe that we learned this technique, which he had mastered and further developed here. So we were able to use the sheep fetus and the mother, to study fetal and maternal hormonal changes, the ontogeny of gonadotropins and growth hormone and prolactin and, actually, sex steroids. So that really helped us to understand how the brain influences the function of the endocrine system, developmentally.
DR. ABBOTT: So tell me a little bit more about the collaborations that you had. Tell me about your work with Del [Delbert A.] Fisher [MD], with [Sir] Peter [D.] Gluckman [MMedSc, DSc], and with your good friend Henry [R.] Shinefield [MD].

DR. GRUMBACH: Del Fisher and I are very close friends. We talked a lot about various aspects of developmental endocrinology, but we didn’t collaborate. He was interested in the developmental endocrinology of the thyroid gland and its hormonal secretions and regulation. What we were doing with growth hormone, prolactin, FSH and LH and sex steroids in the fetus, he was doing with thyroxine, triiodothyronine, TSH, and TRH. So that’s where we talked a lot and speculated. Now, Henry Shinefield was a classmate at college and at medical school.

DR. ABBOTT: One of your dear friends.

DR. GRUMBACH: Yes. He was at Cornell [Weill Cornell Medical College, New York] and was an associate professor of pediatrics. He became very interested in health delivery systems for children, and was offered the job as head of pediatrics at Kaiser here [Kaiser Permanente, San Francisco Medical Center].

DR. ABBOTT: In San Francisco.

DR. GRUMBACH: In San Francisco. He came out and took that job about a year and a half before I joined UCSF. At Kaiser, they were carrying out a number of longitudinal studies. They were measuring kids and doing routine health examinations. They were also drawing blood, and they used it for a variety of studies. But they also froze the plasma samples. So we were able to go and, with his help, do pubertal staging on these kids—with the families’ permission and assay FSH, LH, testosterone, and estradiol. I mean, it went all through getting...

DR. ABBOTT: Informed consent.

DR. GRUMBACH: Informed consent. We didn’t need very much serum. On a cc-and-a-half or 2 ccs, we could do loads of studies. We were able to use this normal population of healthy kids to work out the changes in puberty, the hormone changes. FSH, LH—we looked at growth hormone, prolactin and in boys, testosterone.

DR. ABBOTT: Estradiols?

DR. GRUMBACH: …and estradiols in girls. As a matter of fact, we extracted plasma with solvent to measure the sex steroids, followed by chromatography. We had added labeled sex steroids to the sera so that we
could correct for any losses. Then we were able to use a different assay—we had C14-labeled and tritium-labeled, so we could use one as a tracer just to check recovery, and the other to do the radioimmunoassay. We had a different label to obtain really very good quantification of sex steroids. So with Henry’s permission and his really greasing the way, we were able to study a large population of healthy girls and boys.

DR. ABBOTT: Normal.

DR. GRUMBACH: Yes normal. I mean, normal!

DR. ABBOTT: How many patients did it turn out to be? Thousands?

DR. GRUMBACH: Yes, but we used just a few hundred.

DR. ABBOTT: Just a few hundred of those to give you the numbers.

DR. GRUMBACH: Yes, we obtained a good cross-section. We needed to obtain a good spectrum to provide us with a baseline of normal development. We also were able to gain insight into the hormonal changes that took place during the development of puberty. We collaborated with—well, we didn’t even collaborate, they gave it to us—but Roger Guilleman’s laboratory at the Salk Institute in La Jolla, California [Roger Guilleman, MD, PhD] had isolated and highly purified a number of hypothalamic hormones. For example, what we now call gonadotropin-releasing hormone but then was called luteinizing hormone-releasing factor. He and his colleagues isolated hypothalamic TRF and eventually growth hormone-releasing factor and so forth. He and his group provided us with synthesized peptides. So we were able to get, with permission, permission to inject very small amounts of these synthetic natural hormones into kids. We did the first studies on administering gonadotropin-releasing hormone and measuring the changes in serum LH and FSH. We found the dramatic changes with the onset of puberty. They went…

DR. ABBOTT: Way high.

DR. GRUMBACH: Way high. The response to the pituitary release of LH changed, from much less during pre-puberty to a very sharp increase that began before the onset, literally just before you saw any physical changes.

DR. ABBOTT: So you worked on so many aspects of pediatric endocrinology, from normal values to setting the brain and the endocrine system, looking at growth and development, looking at the hypothalamic pathways and apparatus, looking at sexual differentiation. You covered the whole spectrum.
DR. GRUMBACH: Well, those were very early interests. It really started with sex differentiation and getting very interested in the pattern—looking at that, quantifying the changes, and also using all of these natural experiments of nature to elucidate what the normal mechanism was. By studying kids with abnormalities it really helped us to understand what happens normally.

DR. ABBOTT: Who are the people you turned to for ideas and thoughts?

DR. GRUMBACH: Well, anybody and everybody! [laughter]

DR. ABBOTT: Good!

DR. GRUMBACH: The point is, it’s these friendships—no, I’m quite serious—and collaborations that… If you wall yourself off, you miss all that. I knew what Roger was doing in his lab before he was publishing the results of his studies. I wasn’t going to tell his competitors what he was doing, but he told me. So I said, “Well gee, Roger, as soon as you get that we could…”

DR. ABBOTT: Use it in your lab and your studies.

DR. GRUMBACH: Yes, use it in our lab, and also give it to kids and adolescents to study the changes with normal development.

DR. ABBOTT: Well, you’re a phenomenal networker. You’ve always been a phenomenal networker with people. Tell me how the Endocrine Society and these other societies you belong to help you keep these collaborations—these friendships—and help with your scientific studies.

DR. GRUMBACH: Well, this is what’s called collegial collaboration. I felt very strongly about the importance of this, and I try to inculcate this into our house staff, residents, fellows and young faculty. Don’t circle the wagons! There’s pediatric research, but don’t wall yourself off from the rest of the community. Go to other seminars. Find out what people are thinking about and exchange ideas with them. So somebody may be doing rat experiments that you can learn from about exploring the question during human development. We learned a lot about the endocrine system from experimental animals, so don’t wall yourself off from people in other disciplines. Part of this is you don’t, say, “Oh, well, you know, this guy’s working on this, or that woman is working on this, I’ve got to get to know them.” That’s one thing, but the other thing is just at meetings where you interact and you get to understand what they’re doing and why, and they get to understand what you’re doing. And all the sudden, “Hey, we can work together on this,” or “I’ve got a problem, maybe you can help me to solve it.” So I’m a great believer in collegial collaboration.

DR. ABBOTT: And…
DR. GRUMBACH: It could be all over the world. In our pediatric endocrine fellowship, we’ve been very fortunate to attract people from all over the world—outstanding people. You happened to mention Peter Gluckman. Well, Peter came to us as a postdoctoral fellow, and he stayed on as a...

DR. ABBOTT: From where did he come?

DR. GRUMBACH: New Zealand. He stayed on as a junior faculty member. We would have loved to have kept him. But he had job offers all over the UK [United Kingdom] and the United States, but he wanted to go back to New Zealand. Now, his father was a psychiatrist in New Zealand, and his mother had a lot to do with the education of aboriginal kids and was really an important woman working on the educational system.

DR. ABBOTT: That’s Australia, though.

DR. GRUMBACH: No, New Zealand.

DR. ABBOTT: New Zealand had aboriginals, OK.

DR. GRUMBACH: Oh, yes.

DR. ABBOTT: Didn’t know that.

DR. GRUMBACH: Well, Peter was one of our most productive fellows. We had a great time together. I admired the fact that he wanted to go back home and contribute, and he’s done an extraordinary job in New Zealand. He is now Sir Peter, knighted by the Queen [Queen Elizabeth II], but he also had gone back and set up the pediatric endocrine program in the department of pediatrics, became department chairman, became dean of the school [all at the Faculty of Medical and Health Sciences, University of Auckland, New Zealand].

DR. ABBOTT: Wow.

DR. GRUMBACH: He established these two research institutes. One institute is now called the Liggins Institute, in honor of [Sir Graham] Liggins, who did the work with cortisol and lung...

DR. ABBOTT: Surfactant, yes.

DR. GRUMBACH: But what he was doing was developing the [method] of giving...
DR. ABBOTT:  Cortisol.

DR. GRUMBACH:  Well, a long-acting cortisol analog to pregnant women before birth so that preterm infants would accelerate the development of surfactant.

DR. ABBOTT:  So you…

DR. GRUMBACH:  So anyway, he [Sir Peter Gluckman] is now the first science advisor to the prime minister of New Zealand.

DR. ABBOTT:  But you’ve had multiple people like this.

DR. GRUMBACH:  Absolutely.

DR. ABBOTT:  Tell me…

DR. GRUMBACH:  I don’t want to mention names because there were so many of them. Bob [Robert P.] Kelch [MD], who became chairman at Michigan, and then dean at the University of Iowa, and then returned to the University of Michigan as dean and head of the whole health care system. But I mean, those were just 2 out of many. I don’t want to go into invidious comparisons because I had such a spectacular group of fellows—including a number from France, Jacques Ducharme from Montreal and Pierre Sizonenko from Switzerland, and a group from Thailand and Taiwan. [I’ve been] very fortunate in…

DR. ABBOTT:  And you’ve kept in close contact with those people throughout the years, too.

DR. GRUMBACH:  Yes, I have.

DR. ABBOTT:  Visiting them, and their visiting here.

DR. GRUMBACH:  Yes, very close contact. We had very strong relations. But this is what makes this such fun—I mean, the diversity. But I really felt very strongly about developing a strong teaching program and house staff training program and so forth. Fostering the development of subspecialty groups in the department. But that’s another part of the story.

DR. ABBOTT:  Well, let’s not forget. Let’s go back to two of your lifelong colleagues, Selna and Felix.

DR. GRUMBACH:  Right.
DR. ABBOTT: Maybe develop that a little bit more. We talked a little bit about Selna being one of your first…

DR. GRUMBACH: Yes, she was an extraordinarily gifted woman, and she was a policewoman of the laboratory. In other words…

DR. ABBOTT: A nice policewoman!

DR. GRUMBACH: Yes, a nice but very conscientious policewoman. You know what I’m trying to say is that it saved me from worry and losing sleep at night about whether there was any error in the results that we were getting. Anything that didn’t match was done over again. If the duplicates didn’t match, it was done over again. She made it possible for me to participate in research, and really use that as a wonderful outlet for being chairman with administration duties and many obligations. I couldn’t have done that without someone like Selna. She made that possible.

DR. ABBOTT: Now, she was from New York, also?

DR. GRUMBACH: She was from New York. Actually, she was from Brooklyn. She went to Brooklyn College, and then applied to a number of medical schools. Didn’t get in. She went to Washington U [Washington University in St. Louis] as a PhD student in anatomy. The chairman of the department was somebody I knew by the name of [Edward W.] Dempsey [PhD]. He had done very significant research in broad aspects of reproductive physiology in the department of anatomy. She obtained a PhD with him, and then she was admitted to the medical school [Washington University School of Medicine in St. Louis]. Selna returned to New York after graduation, interned in pediatrics at Bellevue [Hospital] followed by a pediatric residency at Kings County [Hospital]. She then came to work with me at Babies Hospital. I didn’t have any salary. I dug up a half-salary. She said, “Oh, well, I’ll be living at home and we’ll work it out.” Then I obtained full funding for a fellowship. She was one of the first fellows in the NIH-supported fellowship program. After the fellowship I helped to get her a research career development award, which was 5 years at a reasonably decent salary, and so forth. When she joined me in San Francisco, we were able to bring that…

DR. ABBOTT: Came out to San Francisco.

DR. GRUMBACH: Yes. I accepted a job in May, but I had to finish up my lab and I had kids…

DR. ABBOTT: This is 1966?

DR. GRUMBACH: 1965.
DR. ABBOTT: 1965, OK.


DR. ABBOTT: She wanted to continue, obviously, the collaboration with you.

DR. GRUMBACH: Yes, we had a very special working relationship. She brought her mother and father out. So she really was very happy out here, and her parents enjoyed San Francisco and interacting with our fellows and Selna’s friends.

DR. ABBOTT: You also brought Felix, or he came out later?

DR. GRUMBACH: Felix came out, right.

DR. ABBOTT: Tell me about Felix. Where did he train?

DR. GRUMBACH: He went to Columbia College where among other things played varsity football. He was a lineman on the Columbia College football team. They had good teams in those days under Coach Tom Little. He went on to NYU medical school and did his pediatric house staff training at Bellevue. Then he and Jennifer Bell—who had been a pediatric resident at Cornell—joined our fellowship program. They followed Karry [Akira] Morishima and Selna.

DR. ABBOTT: OK, so who’s Jennifer Bell? I don’t know her.

DR. GRUMBACH: Jennifer Bell [MD] is a wonderful woman who stayed on at Columbia after I left. Her husband was a physician on the faculty at Cornell. She and Selna were very close friends. They roomed together at Endocrine Society meetings and so forth. She was a strong person in developing and continuing the pediatric endocrinology [division]—the clinical part—at Babies Hospital.

DR. ABBOTT: So Selna came with you, and she ran the lab and helped you clinically…

DR. GRUMBACH: And Karry, for example, set up the chromosome lab.

DR. ABBOTT: I’m sorry, who did that?

DR. GRUMBACH: We set up a chromosome lab, as well as a…
DR. ABBOTT: And Felix did more of the clinical?

DR. GRUMBACH: Felix was very good at karyotype analysis. Then he became a very skilled, compassionate, clinical pediatric endocrinologist. We had very good, animated clinical conferences and so forth. His big role was as a clinical pediatric endocrinologist with academic interests. He was very interested in patient care, and he was very good at it.

DR. ABBOTT: Then you brought on Walt Miller.

DR. GRUMBACH: Then Walt [Walter L.] Miller [MD] was on the house staff.

DR. ABBOTT: At UCSF.

DR. GRUMBACH: At UCSF after he finished at [the National Heart and Lung Institute]—he was at the NIH for 2 years working in Fred Barter’s lab. Then he went to the department of biochemistry at UCSF, working with Brian [J.] McCarthy [PhD], learning all about molecular genetics. He returned to pediatrics and then did a pediatric endocrine fellowship with us. He then worked in John Baxter’s [John Baxter, MD] laboratory doing molecular genetics, steroidogenesis and molecular biology, e.g., the biosynthesis of bovine growth hormone and prolactin. So he has become an international leader in steroid molecular biology and inborn errors of steroid biosynthesis. He’s an outstanding pediatric physician-scientist.

DR. ABBOTT: Well, you had so many of them. I remember Ed Reiter [Edward O. Reiter, MD]. I remember Dennis Styne [Dennis M. Styne, MD].

DR. GRUMBACH: Yes, outstanding academic leaders and scholars.

DR. ABBOTT: Where are those two people these days?

DR. GRUMBACH: Dennis left us to go to [University of California at] Davis, where he later became chairman of the department of pediatrics there. He did that for 10 years. He’s now back doing pediatric endocrinology. Ed Reiter left us for a position at the University of South Florida. He then went to Springfield, Massachusetts [Baystate Medical Center] where he became head of the department [department of pediatrics] and is associated with Tufts medical school [Tufts University School of Medicine]. He’s done very well. In that part of Massachusetts he has organized a whole pediatric health care system. He’s really outstanding, and he has been a very productive pediatric endocrinologist. It’s amazing how much clinical investigation he’s done in his department.
DR. ABBOTT: Well, let’s talk a little bit more about collaboration and discussions about how you work with people.

DR. GRUMBACH: I’ve been very blessed with having some really outstanding people to work with, and I’ve seen them blossom and develop and really become outstanding leaders in their own right. That’s given me much pleasure. Actually, they’ve outshined me. That’s what they’re supposed to do. You, for example, mentioned Paris, France and Jean-Louis Chaussain [MD] and his wife Michèle. She was a fellow in pediatric pulmonology at UCSF while he was a fellow in pediatric endocrinology. Jean-Louis went back and joined the program at the [Groupe Hospitalier Cochin-Sainte Vincent de Paul]—one of the important pediatric centers in Paris—and he became a major figure in pediatric endocrinology in France. Then we had Pierre [C.] Sizonenko [MD] from Geneva. He became chairman of the department of pediatrics and so forth, but he also had developed the pediatric endocrine program at the children’s hospital in Geneva. And I must say one of the people who really was a big help was Michel [L.] Aubert [PhD]. He was a PhD from Geneva, Switzerland, and he was a great help in the lab and also has been a lifelong friend. When he went back to Switzerland, he and Pierre Sizonenko worked together. They were both independent, but they did a lot of collaborative research.

DR. ABBOTT: You’ve been very active in many, many medical societies, principally the Endocrine Society, I think. You were president in the early 1980s. Could you tell us a little bit about that organization and your role in that?

DR. GRUMBACH: Yes, I’ve been very involved with The Endocrine Society. We, a group of early modern day pediatric endocrinologists, also established a pediatric endocrine society [originally the Lawson Wilkins Pediatric Endocrine Society]. It’s now called the Pediatric Endocrine Society, established in honor of Lawson Wilkins and it’s grown dramatically. It’s become a very large and important organization in endocrinology, particularly in pediatric endocrinology around the world. So this was a wonderful time in academic medicine. Things were burgeoning and growing, and new technologies and new societies were formed, a mile marker of the strength and diversity of pediatrics. One of the critical issues is working to keep pediatrics together. I mean, there’s been a lot of fragmentation as these specialty societies get stronger and stronger. The mother ship is sort of off in the distance, and you might say, “We have to return to the delta.” They have to go from the delta up the Mississippi, as one with our interest in children, infants, adolescents, and not lose sight of where we’ve come from. I’m concerned [about this]. Part of it is that these societies are growing dramatically, whether it’s the Pediatric Endocrine Society, the pediatric nephrologists, cardiologists, neonatologists, gastroenterologists, or nutritionists. These have become significant societies, both clinical and
academic. The issue is how do you keep these folk interested in broad aspects of pediatrics as a discipline, as a specialty.

DR. ABBOTT: Where do you see the next horizons in pediatric endocrinology?

DR. GRUMBACH: Oh, I think we’re blasting through on the genetics aspects and molecular biology and how to apply those new modalities of treatment—and how to apply that to better understanding of disease. I think the whole interest is in hormonal aspects of growth and maturation. It’s a very broad aspect, both...

DR. ABBOTT: And you look at epigenetics, too?

DR. GRUMBACH: And we look to the compelling advances in our understanding of epigenetics—a very important research frontier. For example, the methylation of cytosine residues in DNA or modification of histone proteins on chromatin can affect gene expression mediating the silencing or activation of genes. Of special interest is the effect of epigenetics on gene expression during development. For example, subtle differences in identical twins can be attributable in part to differences in postzygotic epigenetic modifications of genes. Of special interest to our community are studies of environmental influences during pregnancy that from preliminary studies appear to produce heritable epigenetic changes in the fetus. It is important to explore whether these changes play a part in the antecedence of adult disease in the fetus and infant.


DR. GRUMBACH: Right. I’ve been on the editorial board and was associate editor of that [journal], Endocrine Reviews, the Journal of Pediatrics, and the AAP publication, Pediatrics in Review.

DR. ABBOTT: How do you have enough time in a day to do all these things, Mel? Nowadays...

DR. GRUMBACH: I don’t...

DR. ABBOTT: You’re able to balance the family, the department of pediatrics, your research, your clinical responsibilities...
DR. GRUMBACH: I don’t need much sleep. This used to drive Madeleine crazy, because I would get up early and go to bed late. I’d catch up, but I could really get along on 5 hours or so, and...

DR. ABBOTT: And you were focused, too.

DR. GRUMBACH: Yes. And, yes, that was really important. But you can’t do this without having a lot of support. I’m talking about at home, I mean with Madeleine, who was a great supporter and inspirer and put up with my foibles. Also, in the department and in the school, and then in your environment of academic pediatrics, and so forth. I had a strong feeling about collegiality and collaboration and sharing. As you look back, that’s been very important to me. It’s amazing what can be accomplished when folk are not fixated about who gets the credit. More important than a lot of other accomplishments are the interactions you have with some of the young people and gifted people, and also helping folks find themselves. That’s very important to me.

DR. ABBOTT: With that collegiality and all the scientific productivity you’ve done throughout the years, you’ve received many outstanding awards. We could talk...

DR. GRUMBACH: Yes...

DR. ABBOTT: Tell me about which ones you think are the ones that you’re very proud of.

DR. GRUMBACH: Yes, there are, I would say, 3 awards. One is the John Howland Award from the American Pediatric Society, which is their highest honor. And the other is the Endocrine Society’s Koch Award [Fred Conrad Koch Award and Medal for Research], which I shared with Selna. It is their highest award. Then the last one was the Judson Van Wyk [Judson J. Van Wyk Prize of the Lawson Wilkins Pediatric Endocrine Society for Career Achievement in Pediatric Endocrinology]...

DR. ABBOTT: Your good friend.

DR. GRUMBACH: Yes. They established an award in his name, and I was the first recipient. I treasured receiving this award in honor of my very special friend and colleague. So those are 3 that had particularly...

DR. ABBOTT: Now, you’re a member of the National Academy of Sciences. You’re a fellow of the American Academy of Arts and Sciences. You’re a member of the IOM [Institute of Medicine]. Those are very prestigious groups.
DR. GRUMBACH: Yes, I treasure all of those. They’re very special honors to have. As much as I treasure them, they are not what motivates, what turns me on. What I’m pleased about is feeling that I’ve had even a minor impact, a footprint, in very diverse groups. I mean, such as basic science communities represented by the National Academy of Sciences and by the Institute of Medicine of NAS. But I take the greatest pleasure in having been a pediatrician.

DR. ABBOTT: Well, you’re very humble about this, but you have stood on other people’s shoulders. They’ve helped you

DR. GRUMBACH: Absolutely.

DR. ABBOTT: And...

DR. GRUMBACH: Starting with Rusty McIntosh. It’s fascinating. I didn’t get a chance to tell you this, but when I applied for a fellowship with Lawson Wilkins, before I left and Dr. Wilkins showed me a letter of recommendation, and it happened to be by Robert [F.] Loeb [MD], who was chairman of medicine at Columbia and one of the most outstanding academic medicine individuals in the country—I mean academic. He was a giant, son of Jacques Loeb, the very famous physiologist. The letter was three lines. “Top drawer, take him.” [laughter] I mean, instead of all these platitudes, “blah, blah, blah, blah, blah.” But they knew each other. They had what was called the Interurban Clinical Club that had elected members from Boston to Baltimore and the academic centers in between. They met twice a year. This was, aside from other aspects, a relatively small elite group. They presented papers and they also had good dinners and so forth and so on, which facilitated bonding and mutual trust. They met over a weekend twice or so a year. I talked to them on 2 occasions, one at Hopkins and one at Columbia. They knew each other well. You know, if I said to you, “Myles, take him,” you know I’m not going to sponsor someone who is not top drawer. That’s all you need. If you can do it, you would do it, and if you can’t, you just say, “Hey, look, I don’t have any openings.” So, that’s the way it went in those days. You didn’t write these 2 page letters. It wasn’t a committee making these determinations; it was usually one person. This happened to me. A friend of mine, Frank Behrle, was chairman of pediatrics at the New Jersey College of Medicine [now the New Jersey Medical School] and he called me up and said, “I’ve got this young guy I think is really terrific. His name is Bier.”

DR. ABBOTT: Dennis [M] Bier [MD], right?

DR. GRUMBACH: And I said, “OK, all right.”
DR. ABBOTT: I’ll take him! [laughter]

DR. GRUMBACH: It meant more than 10 letters. I knew this guy, and I trusted him. We knew each other. And I take great pride in a number of people that I’ve brought into the program from small schools—I mean, you have plenty from major league places—who really have been outstanding. They’ll match anybody that we’ve churned out.

DR. ABBOTT: Well, as we draw to an end for today’s discussion, we’re going to talk next time about your move from the scientific to the academic part at UCSF, and when you came in January of 1966. Thank you very much for today.

DR. GRUMBACH: Well, by gosh! [laughter]

[break in tape]

DR. ABBOTT: This is Dr. Myles Abbott. I’m at the home of Dr. Melvin M. Grumbach in San Francisco, California. It’s April 9th, 2011, and I’m here to take the final installment of our oral history for the American Academy of Pediatrics Oral History Project. Mel, I thought today we would talk about your two decades as the chair of the department of pediatrics at the University of California, San Francisco School of Medicine, your participation in the American Academy of Pediatrics, and what you’ve been up to since you stepped down as the UCSF chairperson. Let’s start with UCSF. How did you get recruited to UCSF?

DR. GRUMBACH: All I remember was getting a phone call from the dean, Bill [William O.] Reinhardt [MD], and he invited me out to look over the chairmanship. Obviously, there was a search committee, and it so happened that on that search committee was Holly [Lloyd Hollingsworth] Smith [Jr, MD], who had recently left the Massachusetts General Hospital to accept the chair of the department of medicine. He was an old friend of mine; we go back a long way. I was a young assistant professor of pediatrics at Columbia when he was a chief resident in medicine at Massachusetts General Hospital under Walter Bauer. Traditionally, the chief resident at MGH spent 6 months at the Columbia-Presbyterian Medical Center in the department of medicine. The chairman was Robert Loeb. We all ate lunch together in the Presbyterian Hospital cafeteria. I met him there. Later Walter Bauer selected him to be head of the endocrine program at Mass General. So we met at the Endocrine Society and so forth, and we got to be friends. I’m sure he had a role in putting my name forward. But the rest of it was that I came out, and the next thing I know I had an offer. Then we negotiated about space and faculty, so forth.

DR. ABBOTT: This was 1965.
DR. GRUMBACH: Right.

DR. ABBOTT: And you started in January of 1966.

DR. GRUMBACH: I accepted the job late in the spring, May or so of 1965. The appointment had to go through the Regents at that time [The Regents of the University of California]. This was a regental appointment. I had to take down my lab at Columbia, and also my kids needed a little time to adjust to the move. So we moved out in January 1966.

DR. ABBOTT: And Madeleine was supportive of this?

DR. GRUMBACH: Madeleine was very supportive of this. She, for a lot of reasons, was very glad to leave New York City—even though she had very deep roots and family and so forth.

DR. ABBOTT: Well, great. Tell me about the university at that time. You came in 1966. Can you tell me who some of the key players were and how the state of the university was overall? Then we’ll talk about the state of the pediatric department.

DR. GRUMBACH: Well, the medical school was turning out regional practitioners, primarily, at least in the pediatric department. The medical school had some very distinguished folk in it. One was Julius [H.] Comroe [Jr, MD], who was head of the Cardiovascular Research Institute—he had really established a strong scientific program. The other was Iz [Isiodore] Edelman [MD] in the department of medicine, who was doing outstanding research on the molecular biology of ion transport. And several others—they were a small group with Bill Reinhardt, the dean, who had been chairman of [the department of] anatomy [and] who really wanted to transform the school. They felt that it was not where it should be as part of the University of California, the oldest medical school west of the Mississippi, and located in San Francisco, which was a wonderful place to move to. There was a real transition in the medical school. You have to go back, way back. This was essentially run—very much controlled—by part-time practitioners. Some had university appointments, but they spent a lot of time in practice or what was called geographic full-time. But the practicing physicians... For example, there was a real drive by the small number of faculty to move the medical school to Berkeley [University of California, Berkeley]. This was a polemical debate before World War II. The proposal was voted down, not by the full-time faculty but by the practitioners who had a vote in the academic assembly [Assembly of the Academic Senate, University of California].
DR. ABBOTT: Well, how is this different than the East Coast medical schools that you were very familiar with? How did the caliber of the overall university compare to how the East Coast...

DR. GRUMBACH: It really didn’t. It was way behind. In other words, there were a lot of full-time faculty in the department of pediatrics.

DR. ABBOTT: On the East Coast.

DR. GRUMBACH: I mean at Columbia, and at Harvard and at Yale and so forth. They were...

DR. ABBOTT: And at Johns Hopkins?

DR. GRUMBACH: And at Johns Hopkins.

DR. ABBOTT: Right.

DR. GRUMBACH: There was nothing like that here. A very small group of full-time people. There were some outstanding people in pediatrics. We had Helen [F.] Gofman [MD], who headed the Child Study Unit. It was really a behavioral pediatrics unit, and she was a very early pioneer in this field. She turned out some wonderful people who did behavioral pediatrics full-time. But it was very much a regional institution. It had not spread its wings. Now, there were a number of distinguished graduates. That’s not to take it away from them. I don’t know if this belongs in there, but Herbert Evans, was a powerful person at Berkeley. Incidentally, Berkeley was very different than UCSF. Berkeley obviously was the source of incredible academic scholarship, Nobel Prize winners, and so forth. Herbert [McLean] Evans [MD, ScD] was chairman of [the department of] anatomy, and then he established an institute [Institute of Experimental Biology]. He discovered Vitamin E and isolated growth hormone and other pituitary hormones. He really should have received a Nobel Prize, but he was a very arrogant sort of character. [Laughter] But, anyway, he came to the medical school because the department of anatomy was here. And he is quoted as saying, “Ah, all these impressive buildings filled with midgets!” [Laughter.]

DR. ABBOTT: Ah, OK.

DR. GRUMBACH: All these beautiful buildings filled with midgets. Which was arrogant and insulting, but that was how it was perceived by the Berkeley community.

DR. ABBOTT: So, so…
DR. GRUMBACH: Remember, the medical school—the first 2 years [of study]—did not move to San Francisco from Berkeley until after the Korean War ended.

DR. ABBOTT: OK, so let me set this for people who are listening to this who may not understand. The campus of the university is in Berkeley which is where the first two years of medical school was based, but the medical complex is in San Francisco.

DR. GRUMBACH: Yes. The last 2 years of medical school were located at the San Francisco Medical Center.

DR. ABBOTT: Just the last 2 years, and that switched over—when did UCSF become a 4-year [medical school]?

DR. GRUMBACH: When construction of the medical science building was finished after the Korean War.

DR. ABBOTT: OK, so when you came it was a 4-year medical school.

DR. GRUMBACH: Yes. For example, Fran [Willam F.] Ganong [MD] was an MD in the department of physiology. [He was] an outstanding physiologist. He came from Berkeley and was very involved in neuroendocrinology and in salt-water metabolism and so forth. He worked on angiotensin and aldosterone action.

DR. ABBOTT: I see, OK.

DR. GRUMBACH: So that was essentially this campus, which had the third or fourth year, all the internship and residency programs, and a small number of fellowship programs. It was a tremendous change that began with the movement of the basic sciences here.

DR. ABBOTT: Now, Alex [Alexander R.] Margulis [MD]...

DR. GRUMBACH: He had come out just before Holly, from Washington University in St. Louis, to head of the department of radiology. He was a very important facilitator in the changes that happened in the medical school and in the hospital.

DR. ABBOTT: And what about [Julius [R.] Krevans [MD]]? What was he doing at that time?

DR. GRUMBACH: Julius came from Johns Hopkins to be Dean later. There were 2 deans I served under before Julius. I mean, Bill Reinhardt and later Stuart Cullen who had been chair of anesthesiology. And John
Saunders [John Bertrand deCusance Morant Saunders, MD] was dean, and then the provost—they didn’t call the position chancellor at that time; eventually they did call it chancellor. Bill Reinhardt, who was in the department of anatomy, had been chairman and then became dean. The basic science faculty that was here—this is in 1965—had come from Berkeley. The president of the university.

DR. ABBOTT: The president of the University of California system in 1965?

DR. GRUMBACH: Clark Kerr was an eminent and highly respected president of the University of California system and a national leader in higher education—a brilliant man. He got into a battle with Ronald Reagan. A group from UCSF, including Holly, Alex Margulis, and Julius Comroe, went to see the president in June 1965 and said, “Saunders just has to go.”

DR. ABBOTT: Who has to go?

DR. GRUMBACH: Saunders, who was the provost, or might have even been chancellor at that time. I think he was chancellor. So the president fired him as chancellor. Saunders was a man of broad interests not only in anatomy but in the history of medicine. But Ronald Reagan [the recently elected governor of California], who had just come into office in January 1966, fired the president of the University over this matter. Saunders was a member of the Bohemian Club [private club in San Francisco] and had a whole cadre of buds, some of whom were regents. You know, if he’s going down... So what happened is that Reinhardt was fired as dean over this battle. Saunders said, “Well, if I go then Reinhardt has to go.” I don’t know how much of politics is really interesting to the Academy, but that was a beginning then. Recruiting Bill [William J.] Rutter [PhD] as chair of biochemistry took a couple years. Holly Smith was chair of the search committee and worked untiringly to identify the most outstanding folk in the field. The candidates were interviewed by the Executive Committee. Bob Williams, the distinguished chair of medicine at the University of Washington School of Medicine and a good friend of Holly, vigorously supported Bill Rutter who was a member of their strong biochemistry department. Bob [Robert A.] Fishman [MD] came shortly after I did in July 1966 to chair neurology. So there’s a whole group, now, of people that really wanted to change this place.

DR. ABBOTT: So the transition was from physicians who were practicing in the community and running the hospital at the same time…

DR. GRUMBACH: Yes, or were geographic full-time here. In other words, they were really not doing much research or scholarly activities.
DR. ABBOTT: Research.

DR. GRUMBACH: They were mainly practitioners. Some had their offices on campus.

DR. ABBOTT: But when you came in 1966 you could feel the tempo picking up.

DR. GRUMBACH: Well, the whole group of us, we had to bond. We had to settle in and organize, you know, help each other to build our departments. What happened was that we were all very collegial and collaborative. Myles, we can edit out some of this stuff, but I think this is information for you from old history. But the issue was…

DR. ABBOTT: But you had a group of people, very dynamic, academic people…

DR. GRUMBACH: Yes, right.

DR. ABBOTT: Who were young.

DR. GRUMBACH: Yes, right.

DR. ABBOTT: How old was Julius at that time, Julius Comroe?

DR. GRUMBACH: In his 50s.

DR. ABBOTT: And how about Holly?

DR. GRUMBACH: Holly was in his early 40s. I had just turned 40 in December.

DR. ABBOTT: That’s one of the reasons why you came out here, I think. [laughter] And Alex Margulis?

DR. GRUMBACH: He was a little bit older. He was a little older than Holly.

DR. ABBOTT: OK. So it was a dynamic group of highly educated, very scientific and academic…

DR. GRUMBACH: Academically-oriented folk who had also done science. We knew what excellence in clinical research was—in clinical investigation and in basic biologic science.
DR. ABBOTT: Do you remember, back when you came in the mid-1960s, how much in NIH grants the university got at that time?

DR. GRUMBACH: Not much.

DR. ABBOTT: Not much.

DR. GRUMBACH: No

DR. ABBOTT: OK.

DR. GRUMBACH: That was the other aspect, and that really started to take off. Just looking at pediatrics, I came with a large grant and with a training grant in pediatric endocrinology. I also came out with Selna Kaplan, who had been a fellow with me and then a young faculty member at Columbia, and Akira Morishima [MD]. They both started at the same time. So they came out to help me to build the pediatric endocrine unit while I was building a department, which was my first priority.

DR. ABBOTT: Did they rank medical schools back then, do you remember?

DR. GRUMBACH: They probably did. But the issue was that this young group was bucking up against the hierarchy... Obviously Julius Comroe, a member of the National Academy of Sciences, was a very distinguished, creative, collegial guy, and a builder. I want to talk more about the role Julius played in helping to build a department of pediatrics. He was really...

DR. ABBOTT: Well, tell me about that.

DR. GRUMBACH: Well, I just wanted to finish up with... So this young group, who really worked together, we were out to break down walls between departments. This is the other thing, this terrible walling off of both clinical and basic science departments. There was very little collaboration. Julius Comroe, a critical innovator. It started with his heading of the Cardiovascular Research Institute, which integrated people in anatomy, physiology, medicine, pediatrics, and so forth. Now, the important thing is that we all really were not afraid to hire people who were smarter than we were. I mean, there’s a difference between having a good department and having a great department. In a good department, everyone comes in the morning and says, “Oh, Mel, you’re just great, and the department is, too.” That’s a good department, OK, but it’s not a great department. So you have to have people who are independent-minded. You have to be able to work with these people, have a common goal, and have them be on board for what you want to build. One of the early things we said was, “Don’t restrict your research to the department of pediatrics. Go out, and if somebody else on the
campus is doing research you are interested in, go meet them and work with them and so forth. Learn from them. Go where the action is. Don’t put on blinders, and don’t be restricted by having to say, “I do just pediatric research.” I mean, come on.

DR. ABBOTT: So one of your major things that you were outstanding at was to bring in all these smart other pediatricians, the ones you said were smarter than you were. But tell me, what the department was like when you came in 1966? Ed Shaw [Edward Byer Shaw, MD] had just stepped down as chair at that time?

DR. GRUMBACH: Yes, Ed was chair, and Saul [J.] Robinson [MD] was a geographic full-timer in pediatric cardiology. He had his practice across the street. Ellen Simpson [MD] was the pediatric cardiologist, and Peter Cohen [MD] was the pediatric neurologist, and that was the department.

DR. ABBOTT: That was it.

DR. GRUMBACH: That was it. And there was Bill [William H.] Tooley [MD]. But Bill Tooley was working in the CVRI, and he…

DR. ABBOTT: Cardiovascular Research Institute?

DR. GRUMBACH: Institute, right.

DR. ABBOTT: Which Julius started. Could you tell us a little bit about that?

DR. GRUMBACH: Yes. I really have tremendous affection—and also respect for Julius’ role in the transformation of this medical school. For example, he played a big role in helping to recruit Abe Rudolph. They got along very well. What Julius did, in his quiet way, [was that] he helped me to provide salaries for Julien [I.E.] Hoffman [MD], who came out with Abe. They had been working together for years in New York City. So there was a whole nexus of really [great talent] ready to take off. Julius, for example… Pediatric cardiac catheterizations—he’d let us keep the reimbursement, the professional fee. Not from the adult side. He directly made it possible for us to recruit, so this money didn’t go into just pediatric cardiology. An example of how important collegiality is—Bill Tooley, who was just getting started, had just come back from Singapore, where he’d gone with John Clements [MD], who was in the CVRI. Bill had been working in the CVRI, so Bill was well-rounded, and became a very important person in the department—very supportive. And he said, “Mel, I really am just getting this intensive care nursery started.” So I dug into endowment to provide support to help get it
off the ground. That was before CCS, Crippled Children’s Services [state Title V services], really had taken over. And…

DR. ABBOTT: Phibbs.

DR. GRUMBACH: Yes, Rod Phibbs [MD]. So a couple years later, when the CCS (California Clinic Services) began to provide funding for professionals as well as for neonatology, that money all went into one pool. Moral suasion played a powerful role.

DR. ABBOTT: So it helped you tremendously.

DR. GRUMBACH: Helped tremendously. But we didn’t want a division with members having 3 Mercedes in their garage where the rest of the department were driving beat-up wrecks. So we didn’t do that. That was the collegiality part. The neonatologists, Bill Tooley remembered that they needed to get started, and you managed to dig up some money somewhere. And now you are trying to build a department, and obviously you have to have some financial resources. And the dean was helpful. Bill Reinhardt was very helpful.

DR. ABBOTT: So over these two decades you were able to recruit and help them get some funding [and] some outstanding faculty people. I thought I would talk about some of those outstanding faculty people that you recruited. You talked about Bill Tooley. Bill was already here…

DR. GRUMBACH: Bill was already here, having recently completed a fellowship in the CVRI, and Rod was a fellow, and the other part of that triumvirate...

DR. ABBOTT: Kitterman.

DR. GRUMBACH: Joe [Joseph A.] Kitterman [MD]. I selected him on as a resident from Montreal Children’s Hospital where he interned.

DR. ABBOTT: So this is before…

DR. GRUMBACH: And then…

DR. ABBOTT: …this is before positive pressure, surfactant?

DR. GRUMBACH: Yes, right. That all came later.

DR. ABBOTT: But it came through that department.
DR. GRUMBACH: That group. Yes, that division along with Bill Hamilton and George Gregory in the department of anesthesia.

DR. ABBOTT: And Bill not only was running the nursery area aspect, but he also was head of pulmonary, right?

DR. GRUMBACH: Right, right.

DR. ABBOTT: So you had him as a dual...

DR. GRUMBACH: Yes.

DR. ABBOTT: Then you had, you said, neurology. Peter Cohen was running that. But then Bruce [O.] Berg [MD] came along.

DR. GRUMBACH: Right. We recruited Bruce from Letterman General Army Hospital in San Francisco. We had a very cooperative relationship with Bob Fishman in building up the pediatric neurology group here.

DR. ABBOTT: Tell me about Bob Fishman.

DR. GRUMBACH: Bob Fishman came from Columbia, and I helped to recruit him. He was in the department of neurology at P&S. We convinced him to come, and he became part of the group that helped to transform...

DR. ABBOTT: This was called the executive --

DR. GRUMBACH: Committee, yes.

DR. ABBOTT: And you were on that committee for years, and that’s the inner circle you’re talking about of trying to build up the university.

DR. GRUMBACH: Around that table were both...

DR. ABBOTT: Basic?

DR. GRUMBACH: Representatives from basic science departments as well as clinical departments.

DR. ABBOTT: Well, let me go through some of the other divisions that you recruited. In hematology you had Peter [R.] Dallman [MD].

DR. GRUMBACH: Peter Dallman, yes. He was the spark that got the unit going. We linked hematology-oncology. And Art [Arthur]Ablin [MD] was just getting underway as part-time oncologist. He was in practice in Marin.
And he and Joe [Joseph H.] Kushner [MD], [were] very committed to helping develop the oncology program in the pediatric hematology-oncology unit.

DR. ABBOTT: And Bill [William] Mentzer [MD]?

DR. GRUMBACH: Bill Mentzer came later. I recruited him to join our department. Later he replaced Peter Dallman as head of the hematology-oncology program and service.

DR. ABBOTT: Doing more red cell stuff?

DR. GRUMBACH: Yes.

DR. ABBOTT: OK. And then in ID [infectious disease], you had Mish Grossman [Moses Grossman, MD]?

DR. GRUMBACH: Oh, yes. He was terrific, a gifted clinician, teacher and expert in infectious disease. He was director of the pediatric service at San Francisco General Hospital. UCSF is responsible for professional staffing.

DR. ABBOTT: And he was also your vice-chair?

DR. GRUMBACH: Vice-chair. And Mish was a really important member of the Department. He ran the San Francisco General pediatric service in an outstanding way. He was a wonderful teacher and clinical leader, and expert in infectious disease. And [he] was committed to helping me to develop the teaching program, both the undergraduate and the house staff training program. That was one of my first responsibilities, to completely revamp the training program. For example, they didn’t have medical students at Moffitt [now Moffitt-Long Hospital, part of the UCSF Medical Center and home to the UCSF Benioff Children’s Hospital]. Third-year medical students all went to San Francisco General [San Francisco General Hospital and Trauma Center] for their pediatric clerkship. We changed that. Third and fourth-year medical students could go to either site.

DR. ABBOTT: So there were several training locations for house staff at that time. Maybe we’ll digress from the division people, but you had Moffitt, you had San Francisco General Hospital, you had the Letterman [the former Letterman Army Medical Center]...?

DR. GRUMBACH: We were. Bruce Berg, who was appointed head of the pediatric neurology program, came from Letterman. I was a consultant there. But we didn’t have students there. Our faculty acted as consultants to the Letterman Army Hospital pediatric program.
DR. ABBOTT: OK. So let me go back for a second. When you came you had two vice-chairs. You brought in Abe Rudolph as a vice-chair, and you had Moses Grossman, who was already here. So you had two giants already that helped you build.…

DR. GRUMBACH: No question. This was a collaborative, collegial thing. We all had common goals. We wanted to make sure that we really had an outstanding teaching and training program. I mean, that was a major commitment. You start with that and then you build your department.

DR. ABBOTT: Well, let’s go through a couple of the other departments. How about GI, gastrointestinal? You had Mike Thaler [M. Michael Thaler [MD]]?

DR. GRUMBACH: Yes, Mike Thaler, who I recruited. He built the pediatric GI program, and was a major leader in pediatric gastroenterology. His research was focused mainly on liver. And then we had Art [Arthur J.] Ammann [MD]. When I came he was the chief resident. He’d been appointed by Ed Shaw. He then went off to the University of Minnesota as a fellow in pediatric immunology at the University of Minnesota with Bob [Robert A.] Good, and then moved to the department of pediatrics at the University of Wisconsin, Madison to complete his fellowship under Richard Hong. Art returned to us as a new faculty member who went on to establish a strong immunology program in the Department. He was joined by Dr. Diane Wara, his first fellow. He, with Diane Wara and Dr. Mort Cowan, discovered two new ways of transmission of AIDS: by blood transfusion and in utero mother to infant. Their studies had a dramatic effect on the public and the profession’s understanding of the breadth of the AIDS epidemic.

DR. ABBOTT: Right, with Good at that time.

DR. GRUMBACH: With Bob Good.

DR. ABBOTT: And was training in immunology.

DR. GRUMBACH: Then we invited him back. We sent him out and we brought him back. He developed a top drawer pediatric immunology program. Diane [W.] Wara [MD] was on our house staff, and after residency she joined Art Ammann’s program.

DR. ABBOTT: And in genetics you got Charlie Epstein.

DR. GRUMBACH: Charlie [Charles J.] Epstein [MD], yes.

DR. ABBOTT: Tell us, how did you get Charlie?
DR. GRUMBACH: Well, I felt really delighted that he had agreed to come. He was working in Christian Anfinsen, PhD’s laboratory in protein chemistry at the NIH. Anfinsen won the Nobel Prize shortly after he left. Charlie had done a year of genetics as a fellow in Seattle with Arno Motulsky [MD], who was one of the early people developing clinical genetics programs. So he had trained with Arno. And then Charlie joined us. Now, he was not a pediatrician. He was trained…

DR. ABBOTT: [In] internal medicine.

DR. GRUMBACH: Internal medicine. And so he, you know, “How can you bring in an internist? You were trained in pediatrics and so forth.” I mean, not quite that, but we had to calm people down. And Charlie obviously, just by his brilliance, his collaboration, his humility, he helped to build a strong genetic unit in the department with a vigorous outreach program.

DR. ABBOTT: Oh, a tremendous genetics unit.

DR. GRUMBACH: Yes, I mean…

DR. ABBOTT: And research, too. Outstanding.

DR. GRUMBACH: Oh, yes, all of these folk did research. Charlie became a real giant in medical genetics and human genetics and so forth. He was editor of the American Journal of Human Genetics eventually, and was one of the most distinguished—I don’t want to call it clinical genetics, but a geneticist doing human genetics in the country.

DR. ABBOTT: And what about allergy? You had Frick?

DR. GRUMBACH: Yes, we had Oscar [L.] Frick [MD], who incidentally had been a resident in pediatrics at Babies Hospital in New York. I knew him from there. He had come out to San Francisco. He and the chairman, before Ed Shaw, Bill Deamer had developed a good training program in pediatric allergy, before it became an allergy/immunology unit.

DR. ABBOTT: And obviously cardiology was a very, very strong department. Abe headed that.

DR. GRUMBACH: Yes.

DR. ABBOTT: Abe Rudolph.

DR. GRUMBACH: Abe built the program, literally, from scratch. And now the other…
DR. ABBOTT: With the help of Julien Hoffman.

DR. GRUMBACH: With Julien Hoffman, Michael Heymann and others.

DR. ABBOTT: Paul Stanger [MD]?

DR. GRUMBACH: Well, before Paul—Michael [A.] Heymann [MD]. Michael is in New Zealand right now, but [he] was very important [in building the division]. So Michael and Julien had built that unit with Abe.

DR. ABBOTT: I used to call Michael Heymann ‘Baby Boy Michael,’ because he called me ‘Baby Boy Myles.’ We were in the nursery all at one time together, which was a joy. How about nephrology? That was a very strong department.

DR. GRUMBACH: Yes, and that was…

DR. ABBOTT: Carolyn Piel?

DR. GRUMBACH: Carolyn Piel [MD] was one of the people who was here. Actually, she was doing research on childhood renal diseases—one of the few people in the department doing so.

DR. ABBOTT: Electron microscopy at that time?

DR. GRUMBACH: Yes, electron microscopy on renal biopsies. She had set up a productive electromicroscopy program and unit. She was a delightful person—she and her husband John [John J. Piel, MD] were a big help socially, great hosts who added a certain aura to the department.

DR. ABBOTT: On Green Street in San Francisco, right?

DR. GRUMBACH: Traditionally, they always had a New Years dance. They had a very large—literally a dance hall—in their house on Green Street.

DR. ABBOTT: Well, but it seemed like also you were helping women in the area of pediatrics in which they were not as frequently seen as they are today. Three-quarters of our workforce now are women, but back then you were promoting…

DR. GRUMBACH: Diane Wara, for example. I have to tell you an interesting story about Diane. She applied, and when she came for an interview she was pregnant. Diane was not at all certain that I would want to take—this is how it was in those days—a pregnant woman. She was an excellent candidate, I mean outstanding. She and Bill [William M. Wara,
MD] graduated from Stanford Medical School and interned in Irvine, CA. So she came on board. I was very sympathetic because when I was a fellow with Lawson, Madeleine and I had our young baby. Madeleine was doing a psychiatry residency at Sheppard-Pratt in Baltimore. So when she was on weekend duty in the hospital, I’d spend it in the hospital with our young infant. I had arranged to have a room at Millberry Union [UCSF campus recreation center] where Diane Wara could nurse.

DR. ABBOTT: This is Diane Wara?.

DR. GRUMBACH: The Diane Wara.

DR. ABBOTT: Oh, great recruiting!

DR. GRUMBACH: [Millberry Union at the time was a dormitory as part of our campus]. We reserved a room where she and Bill and the baby stayed overnight when Diane was on call.

DR. ABBOTT: Bill was her husband who was a radiologist.

DR. GRUMBACH: Radiotherapist.

DR. ABBOTT: Radiotherapist, right. OK.

DR. GRUMBACH: Later Bill became head of radiotherapy. My wife was a child psychiatrist. I really sought and sponsored talented women. As you know, Selna Kaplan was outstanding, and…

DR. ABBOTT: Was your right hand person.

DR. GRUMBACH: …was my right hand person in the pediatric endocrine program. So I think that the women in the department felt very comfortable. And remember, we went through the days of…

DR. ABBOTT: Bohemian Grove? [laughter]

DR. GRUMBACH: No, I’m talking about the hippie era.

DR. ABBOTT: The hippie era, yes.

DR. GRUMBACH: And we…

DR. ABBOTT: The Haight-Ashbury time.

DR. GRUMBACH: Haight-Ashbury time, and the…
DR. ABBOTT: And you were a stone’s throw away from Haight-Ashbury.

DR. GRUMBACH: The Vietnam War, the students and how everybody felt about our involvement and the marches and so forth...

DR. ABBOTT: Carolyn Piel, going back to her, went on to be the first woman who was the president of the American Board of Pediatrics. Tell me about sub-specialty areas like surgery. You had Al [Alfred] de Lorimier [MD].

DR. GRUMBACH: Yes, Al joined the department of surgery as a general pediatric surgeon soon after I arrived. He had developed the original pediatric surgical unit. But it was a one-man show. He worked very hard, but not until later did he recruit Michael [R.] Harrison [MD]. So he was doing pediatric surgery here and at Children’s [Children’s Hospital, San Francisco; now part of the California-Pacific Medical Center], Mount Zion [Mount Zion Hospital, now UCSF Medical Center at Mount Zion], and so forth.

DR. ABBOTT: Well, let me talk about those relationships with other places. Why don’t you tell me about Sam [Samuel T.] Giammona and Children’s Hospital, San Francisco?

DR. GRUMBACH: Yes, Sam had come from Yale to be full-time chief. He had built up the service at the Children’s Hospital. It had a small pediatric service in a general hospital, but he developed that service and he interacted very well with the pediatric practitioners in town. He was a friend of mine. We got along—this was not a competitive thing. We got along very well. Sam had mainly focused on the training program, his residents, and was sort of active in pediatric politics—in a good, constructive way. As you know, Ed Shaw had been on the staff for decades.

DR. ABBOTT: Ties.

DR. GRUMBACH: ...very strong ties through Ed Shaw. And I must tell you the story. When Phil [Philip Randolph] Lee [MD] was chancellor [of UCSF], the question came up about merging with Children’s [Children’s Hospital, San Francisco] pediatrics. Phil and I and a couple others met with the board of Children’s Hospital, which was a woman’s board.

DR. ABBOTT: You’re talking about the Children’s Hospital, San Francisco women’s board?

DR. GRUMBACH: Right. I was talking about the pediatric, not the whole...

DR. ABBOTT: Right, just the pediatric part of it.
DR. GRUMBACH: Right. And these women said, “Well, what about our annual dance event? What about our prerogatives?” They did not want to give up the fact that this would belong to the university and the university would take it over. Even though we said, “You can have a board, advisory board,” and so forth. But, obviously, they recognized that they would not have the power that they had now. It’s very small-minded. These were not big-picture people. They were San Francisco socialites, and they were very nice. I’d been to their houses. But they really could not conceive of giving up for example, the annual Carousel Ball? Anyway, the...

DR. ABBOTT: OK, so let’s talk about the house staff training.

DR. GRUMBACH: Remember, John…

DR. ABBOTT: John Piel.

DR. GRUMBACH: [He] was at Children’s. He was actually our son’s pediatrician. John wanted to see a merger go through.

DR. ABBOTT: To join the university.

DR. GRUMBACH: Yes.

DR. ABBOTT: Yes. So that didn’t happen.

DR. GRUMBACH: That didn’t happen, so we just dropped it. Never came up again.

DR. ABBOTT: But let’s talk about the training and how you revamped the training program, the residents and the post-docs.

DR. GRUMBACH: This was the era when the subspecialties began to play a dominant role in pediatric departments.

DR. ABBOTT: They were blossoming. They were growing.

DR. GRUMBACH: They became the major focus, both educationally and... Because of the technology and what was happening in research. No general pediatrician could have all that knowledge. Nobody could. Nor could a subspecialist have all the knowledge of general pediatrics. The issue was, how do you keep these people together? It’s more than education and more than research; we wanted to provide clinical expertise for the whole of Northern California—I mean, and the surrounding region. And that came about. In other words, Myles, you had a particular problem and you sent it here because there was a support structure in terms of subspecialists that could provide specialized care for your patient.
DR. ABBOTT: Well, during your leadership those 20 years, you became a magnet in Northern California for all the really, really sick kids to come, because you had the subspecialists in those areas that needed to be taken…

DR. GRUMBACH: And they were excellent. These were really good. Not only were they very good teachers, all of them were making their mark academically and in the research community and so forth. But they were especially good clinicians. I said, “Look, I’m not going to tell you how to organize your unit, but you make sure that clinical care is right up there.” I didn’t say, “You have to do all the clinical care,” but your unit is responsible there. You can divide it any way you want, but your…

DR. ABBOTT: Clinical has to be outstanding.

DR. GRUMBACH: It has to be outstanding.

DR. ABBOTT: So how many FTEs (full-time equivalent positions) did you have when you came, and can you guess how many you had when you stepped down?

DR. GRUMBACH: About eight or nine and 22 FTE when I left in addition to a large number of experienced and gifted pediatric practitioners on the clinical faculty.

DR. ABBOTT: 22 when you left.

DR. GRUMBACH: Yes, and we had actually a lot more in the department because we had career development awards. There were 30 career development awards in our department that we had over that period of time, which provided five years of support for young faculty members. So they could get their research program underway. It didn’t pay their whole salary, but it was a tremendous help.

DR. ABBOTT: So tell me about the training program—how it evolved, the residency training program, and the post-doctorate fellowship program.

DR. GRUMBACH: We did two things. We felt that we had to make sure that our house staff was not exposed only to pediatric subspecialists. We picked the best, and we wanted to make sure that they were really good clinical pediatricians who could teach medical students and our housestaff.

DR. ABBOTT: Bob [Robert H.] Pantell [MD] was running the ambulatory?

DR. GRUMBACH: No, John Dower [MD].
DR. ABBOTT: John Dower, that’s right.

DR. GRUMBACH: Well, first it was Don [Donald L.] Fink [MD]. He later moved to San Francisco General Hospital, and I brought…

DR. ABBOTT: He was a family practitioner, wasn’t he?

DR. GRUMBACH: No, he was a pediatrician who fostered general pediatrics and the interaction with family practitioners and outpatient-minded general internists.

DR. ABBOTT: Oh, he was a pediatrician, OK.

DR. GRUMBACH: Later he became head of family and community medicine.

DR. ABBOTT: At San Francisco General?

DR. GRUMBACH: Yes.

DR. ABBOTT: OK.

DR. GRUMBACH: Well, he wasn’t head of family and community medicine, but he had an important role in organizing the program. He was sort of the guru for outpatient physicians-in-training and so forth.

DR. ABBOTT: Now, at that time…

DR. GRUMBACH: And then we had Mary [J.] Malloy [MD], who also had an appointment in the CVRI. She was doing pediatric outpatient work then. John Dower came in as head of that program. He left to become chairman of pediatrics at the University of Auckland, New Zealand. So, the issue was making sure we had really outstanding people and that general pediatrics did not get buried. It was Helen Gofman with the behavioral pediatric program, John Dower with outpatient general pediatrics. We made sure that did not happen. We still had a number of people who were practicing in the community. Then, obviously, it became harder and harder to do as the technology got really overwhelming. It was very hard for a general pediatrician to keep up with all that was going on in inpatient pediatrics, and now it’s led to the pediatric hospitalist era.

DR. ABBOTT: Right. But one of those people in the community was Saul Robinson.

DR. GRUMBACH: Yes, and he had his office across the street.
DR. ABBOTT: And he did cardiology.

DR. GRUMBACH: And he did cardiology.

DR. ABBOTT: So he used to make rounds...

DR. GRUMBACH: Yes, he was very much involved. He admitted his patients to the UCSF pediatric service.

DR. ABBOTT: Well, he used to go on these trips to the [Santa Clara] Valley and all over Northern California.

DR. GRUMBACH: Well, that was the other part. Saul was a big help in that, too, developing outreach clinics. Now Charlie Epstein… We had talked about this. I encouraged him to become involved in communities, providing support in genetics. Because this was a new discipline, and practitioners knew very little about clinical genetics. They had these kids with congenital anomalies or with all sorts of rare genetic disorders. Charlie established clinics down the [San Francisco] Peninsula, in Marin [Marin County, California], and farther north. Also, Paul Sanger eventually supported pediatric cardiology in a host of communities.

DR. ABBOTT: And Bruce Berg went out, and…

DR. GRUMBACH: And Bruce Berg went out into the community. We encouraged people to do this. Charlie could go in, and rather than have these physicians send the patients to Charlie’s clinic, let’s say, he and his fellows could see 15, 18 patients [near the patients’ homes].

DR. ABBOTT: I took some of those trips, and they were outstanding.

DR. GRUMBACH: Yes.

DR. ABBOTT: Great learning experiences.

DR. GRUMBACH: Yes, and this was a big help to the community physicians and pediatricians. They sent a lot of patients in, but also the fact that we were interested in helping them out so that everyone didn’t have to…

DR. ABBOTT: So the house staff were trained at Moffitt, at the university hospital and at San Francisco General Hospital…

DR. GRUMBACH: Later at Mount Zion as well.

DR. ABBOTT: Then at Mount Zion, right.
DR. GRUMBACH:  The newborn intensive care unit

DR. ABBOTT:      Under Roberta Ballard [MD].

DR. GRUMBACH:  Yes, under Roberta Ballard who is a valued neonatologist. And Phil [Philip L. Ballard, MD, PhD] was in the department doing biochemical studies of the steroid pattern and steroid action in the neonate.

DR. ABBOTT:  Will you tell [us] a little about Phil?

DR. GRUMBACH:  Phil was a very important person in getting research going in...

DR. ABBOTT:  Did he do stuff in your endocrine lab?

DR. GRUMBACH:  Yes, he did. He was interested in receptors. He was not an endocrinologist. He was a pediatric biochemist and did some outstanding research while he was here. So our people had a chance to be involved with a community pediatric service, which I thought was important. No matter what they wanted to do, they had to know how the practicing pediatrician thought.

DR. ABBOTT:  How to take care of acute gastroenteritis, how to take care of asthma...

DR. GRUMBACH:  Epilepsy, and if kids come in with convulsions. The common things. So their interactions were very important, because they got a good look at what the practice of pediatrics is all about. Remember, the subspecialty stuff was just getting started, and we turned out a lot of practicing pediatricians. We wanted them to be really excellent pediatric practitioners—knowing what they knew and knowing what they didn’t know—which was the important thing.

DR. ABBOTT:  I had the opportunity to look at the reports that you submitted during 3 periods of the department, [explaining] how the state of the department was going from 1966 to 1971, from 1972 to 1979, and then from 1979 to 1985. Those were reports that you gave to the university.

DR. GRUMBACH:  This was a special system at UC [University of California]. On the general campus no one wanted to be chairman. Sort of everybody had to take it for 3 years or so. It was different, obviously, in the medical school. So every 5 to 7 years an intensive review was held of the department chair, which gave the chair a chance to decide, “Well, I want to do something else.” Or the university might say, “Well, thank you very much, but we really ought to move on.” It’s a very good system.
DR. ABBOTT: Well, I’m going to read to you what you wrote, if I could, and you can maybe comment about this. I’d like to talk about some of the strengths and weaknesses that you were very candid [about] in your review after this 20-years time of being the chair. Which was a very long time, I mean…

DR. GRUMBACH: It was a long time but a rewarding one, yes.

DR. ABBOTT: So the first strength you said was, “Overall, an outstanding, versatile, committed, energetic faculty, with a good balance of strengths in teaching in all levels—patient care, research, and scholarship. Many possess well-established national and international reputations.” That was true. I know that. That took a long time to develop, though.

DR. GRUMBACH: Yes. Oh, you don’t build that overnight. Also, the important thing, as we talked about, was collegiality [and] collaboration—really helping each other, directly and indirectly.

DR. ABBOTT: Another point you put down was balance in teaching, patient care, and research activities. How did you get funding enough to do all that? This is such a difficult time, today, to try to get that kind of funding. You mentioned some of it. Could you go into a little more detail?

DR. GRUMBACH: Are you talking about me, or the department?

DR. ABBOTT: Well, you and the department. Because you had to do it, too. You continued your academic scholarship in endocrine to be an example [to] the other departments that that’s how they should run it, too.

DR. GRUMBACH: Myles, let me just say this. I could not have been chairman for 20 years if I did not have the outlet. For me, it was a tremendous outlet, dealing in research. I mean, it was, [using] a different part of your brain. Now, I don’t recommend this for everybody. I happened to, fortunately, have a pretty good head of steam so that I really could do this without neglecting departmental duties. I don’t think anybody ever felt that I was short-changing the department. So it meant you worked pretty hard.

DR. ABBOTT: So your outlet was to go back to endocrine.

DR. GRUMBACH: Yes.

DR. ABBOTT: That’s what you’re saying.

DR. GRUMBACH: It helped, being creative in an area and, you know, doing competitive research. With help, obviously. I could not have done this without the help of our group—with Selna Kaplan, in particular—and [with]
all outstanding fellows we had in the endocrine unit. This was a big help to me. I think it, in a way, was an example to the department that you could do a lot of things. There wasn’t any mold that everybody had to fit into.

DR. ABBOTT: Well, in this report that I’m looking at here, you also talked about some of the weaknesses. One of them that I kind of liked, here, was the graying of the faculty. Can you tell me a little bit about that?

DR. GRUMBACH: Well, you know, there’s the greening and then graying [laughter]. We went through a greening period, and the issue was that so much of the department depended on vibrant, energetic, imaginative young people coming in. You only have a certain number of positions, so we turned out a lot of people that filled all sorts of positions around the country, around the world. But the issue was that our faculty was aging and that I was a little bit concerned about that in terms of not having room to bring in new troublemakers.

DR. ABBOTT: But you were pretty successful in doing that. But that was a difficult aspect because they had tenure?

DR. GRUMBACH: What I was trying to do is have the dean give us a few more jobs. That was the issue.

DR. ABBOTT: That was, OK. The other area that you had highlighted as a weakness was the extreme constraints on laboratory and clinical support.

DR. GRUMBACH: Yes, for all that our department was doing, we were short-changed in terms of laboratory space and faculty positions. That had to do with trying to build a medical school, and with lots of very talented people wanting more space and more resources, and they can’t do it for everybody. But I felt that we had literally converted johns into laboratories, and...[laughter].

DR. ABBOTT: You did?

DR. GRUMBACH: Yes. So I really felt that this was a way of trying to goad the dean into giving us a little bit more.

DR. ABBOTT: Well, it was hard to recruit people, I would imagine, if you couldn’t give them a space.

DR. GRUMBACH: Yes, you couldn’t. You had to have space, obviously, and a dowry. But we managed. It was very clear to me that you either grew or you, in a sense, died. I don’t mean that in a pejorative way. There is a point where you shouldn’t grow anymore. After all, this is not about pediatrics taking over the medical school or biochemistry taking over
medicine, but there is a kind of middle ground. Now, we had been reasonably successful in all of this, so I felt that we got plenty of recognition locally. But not in terms of concrete stuff like space and money.

DR. ABBOTT: But the university has realized that space was very limited on Parnassus [the Parnassus Campus of UCSF], and since you stepped down, the university is now developing a whole new site [the Mission Bay Campus].

DR. GRUMBACH: Well, it was happening. Joe [Joseph B.] Martin [MD] became dean, and he is a very old friend of mine. I knew him when he was a fellow in Boston in endocrinology and neuroendocrinology. He’s an outstanding person, and eventually left us to become dean of Harvard Medical School. He moved from dean of the School of Medicine to chancellor of the UCSF campus. He just didn’t like the chancellorship. He really didn’t like the money-raising aspect and the stuff that went along with it. He really was the person who did the initial planning for Mission Bay.

DR. ABBOTT: Which is a new site, Mission Bay.

DR. GRUMBACH: Oh yes, which is a terrific site. We are going to move down there when the Benioff Children’s Hospital is finished in a couple years, starting in 2014 or early 2015. So the problem with growth is that we had to grow as a medical school. This led to splitting a lot of the basic scientists off—and some of the clinical investigators—down at Mission Bay, in a really beautiful laboratory facility. Formerly we all met in the cafeteria or on the elevator or in the hallway. And that was gone in a way, except there were plenty of people still here. But this informal interaction especially with the basic science community, you lose that when you get...

DR. ABBOTT: So big.

DR. GRUMBACH: …when you get so big, and it was...

DR. ABBOTT: And more than one site.

DR. GRUMBACH: And more than one site. I’m glad we’ll be moving to Mission Bay, really, but we have to deal with that. Every growing institution has to deal with that. This is just part of the world, and you just have to put that into your armamentarium. How to preserve collegiality and collaboration with separation.

DR. ABBOTT: So you ran the department for 20 years. Tell me what you think were your best accomplishments, and what areas do you think now were areas that you’d like to have worked on maybe a little bit more?
DR. GRUMBACH: Well, I’ll take the latter. You never finish. Because you can have a top-notch unit, but if the head of a subspecialty unit is recruited elsewhere to be chairman for example... In a sense you’re always looking to find bright people, either as members of the faculty or head of a division. What I take particular pride in was being able to build what turned out to be a strong academic department without losing sight of teaching and clinical excellence, in the broadest sense. We were not single-minded. I just couldn’t conceive of having a department without really strong clinical support and a really outstanding teaching program. I must say that gave me great joy. You can’t separate them. I think scholarship and research and new knowledge generates enthusiasm—gets people up in the morning and so forth. But you have responsibilities, taking care of kids and learning how to do it well. That’s something you cannot subvert.

DR. ABBOTT: Well, you also had a phenomenal faculty around you to do that.

DR. GRUMBACH: Absolutely.

DR. ABBOTT: And you had other staff like Pat Hunter to help you.

DR. GRUMBACH: Yes, and Eleanor Taylor.

DR. ABBOTT: You want to tell us a little bit about those people?

DR. GRUMBACH: Well, actually, behind every so-called accomplished man stands a woman who can’t believe it [laughter]. Pat was terrific, and I was very fortunate to have, over a period of time, some outstanding people who were departmental administrative assistants, whatever you want to call them. Eleanor Taylor really kept the finances of the department balanced before they grew out of... She retired as it got to be a very, very big job, and millions and millions of dollars that you had to keep track of. But this helped to set a collegial tone. These were people that, [if] somebody had an appointment to see me, and they came and they’re all upset about something, they’d talk to Pat for 5 minutes and all the sudden by the time they came into the office—it was marvelous to see. She, and Mary Seemuth before her, had this ability to connect with the faculty. So they knew there was somebody who was going to listen, and by the time they came into my office they had already...

DR. ABBOTT: Diffused.

DR. GRUMBACH: ...they had diffused, and so we could talk about this. It happened time after time. So this supportive staff is just critical. I don’t mean just in being excellent in what they do in terms of technology, but in

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terms of being people persons. I was very fortunate to have had real people persons.

DR. ABBOTT: Well, the department was very fortunate to have you as chair for so many years! The university last year, in 2010, recognized you as the recipient of the UCSF Medal. Could you tell us what that award was?

DR. GRUMBACH: A number of years ago, the entire UC system decided to stop awarding out honorary degrees. I don’t want to go into details, but there was a little bit too much politics that was involved in the selection process for the faculty. So each campus handled it in a different way. UCSF, instead of honorary degrees, established the UCSF medal, which is given to four people a year, usually at least one person from UCSF. This has become a very special event and day where you are recognized for your contributions to UCSF over a period of time. Holly Smith and Alex Margulis have also received the Medal.

DR. ABBOTT: Well, congratulations on that. Let me go into two other areas, if I could. I’m going to move from your department, where you finished in about 1986, and you did a lot for the American Academy of Pediatrics. You’ve been recognized by the Academy with a couple of outstanding awards, but you [also] spent a lot of time and did a lot of work in the Academy. Can you tell me a little bit about some of those things?

DR. GRUMBACH: Yes. I was on the [AAP] Program Committee. This served to plan the annual meeting, and also some of the special programs that happened throughout the year.

DR. ABBOTT: The educational meeting, before it became the NCE, National [Conference & Exhibition].

DR. GRUMBACH: Correct. So we were reviewing those and developing them. That was a wonderful time. We got together at least twice a year, where we planned the national meeting and then evaluated it. So we had a group of us, all represented, obviously, from the practicing community, outstanding practitioners on it, as well as academically oriented people. So we all worked together to develop the program. Then I was on the Mead Johnson Award Committee. That’s what it was called in those days, the Mead Johnson Award. It was for younger, accomplished faculty in research; you had to be under 40. So that was fun to be able to have a positive part. I also served on the oversight committee for Pediatrics in Review.

DR. ABBOTT: Did you give out scholarships?

DR. GRUMBACH: No, this was an award that carried a monetary award as well as the recognition of your peers. That person gave a talk at the annual
meeting, and also published a paper in *Pediatrics* [journal published by the American Academy of Pediatrics] about, essentially, the talk they gave at the Academy [annual meeting]. Then [there was the] *Pediatrics in Review* editorial board. Bob [Robert J.] Haggerty [MD] spearheaded getting *Pediatrics in Review* underway—this was when recertification in pediatrics first came out—and there was this little journal that appeared 4 times a year, directed very much to the practical issues of practicing pediatricians. I served on that board for about 4 years.

**DR. ABBOTT:** This is the *PIR, Pediatrics in Review*. This is now a monthly journal, but back then [it] was just 4 times [per year] when Haggerty first started.

**DR. GRUMBACH:** Yes.

**DR. ABBOTT:** So you did a lot of things, and you were also recognized by the Academy. They gave you the Lifetime Achievement Medical Education Award and the Nutrition Award [now the AAP Samuel J. Fomon Nutrition Award].

**DR. GRUMBACH:** Yes, it was called the Borden Award back in those days. This was in the 1970s. It wasn’t just for people doing pediatric nutrition or pediatric GI in those days. It was in recognition of research in broad aspects of pediatrics and so forth that you...

**DR. ABBOTT:** Well, the [San Francisco] Bay Area’s also had several presidents of the Academy that I know you rubbed shoulders with and guided and helped them and worked with them. Could you tell us a little bit about them? I think there was Ed Shaw, there was Bost [Crawford Bost, MD], there was Birt Harvey, there was Saul Robinson.

**DR. GRUMBACH:** Saul Robinson, yes. There were four people. Birt had trained at UCSF, and did his residency here. Ed Shaw had been chairman of the Department, and I replaced him as chairman when he retired. It’s an interesting story because he was the outstanding pediatric practitioner—in San Francisco and in the Bay Area. He was well recognized, and he took on what he thought would be an interim chairmanship. He took over from Bill [William] Deamer, but it lasted for 8 years. The school couldn’t decide what they wanted in a chairman of [the department of] pediatrics, and he was effective. He became a good friend—this is the sort of thing that happens around this place. Yes, he was a friend of Julius Comroe, head of the CVRI (Cardiovascular Research Institute).

**DR. ABBOTT:** Well, these 4 physicians were also very specialized. They also did some specialized care.
DR. GRUMBACH: Yes, Ed made his mark in the care of children with polio.

DR. ABBOTT: Right. He was Mr. Polio, west of the Mississippi.

DR. GRUMBACH: Absolutely, and he was an excellent clinician. And so the department had a tradition in clinical care. Now the other person was Crawford Bost, who was a neighbor of mine—he lived a block and a half away. He insisted that we spend time up at his ranch outside of Nevada City, the town where he had been born. A wonderful, Santa Claus kind of guy. His brother, who was an orthopedist, and his nephew, an orthopedist in town, was the physician for the Oakland A’s [Oakland Athletics major league baseball team]. Then there was Saul Robinson, who was devoted to the Academy, was an excellent pediatric cardiologist. All these people, they really—I can tell you the pride that they took in being involved with the Academy, and serving as president was a very high water mark for each of them.

DR. ABBOTT: Well, Saul was a cardiologist. What about Bost?

DR. GRUMBACH: He was a general pediatrician.

DR. ABBOTT: General pediatrician.

DR. GRUMBACH: Crawford Bost, at one time, had been chair of the clinical curriculum committee at UCSF.

DR. ABBOTT: Of the whole university?

DR. GRUMBACH: No, of the medical school.

DR. ABBOTT: Medical school.

DR. GRUMBACH: These were outstanding clinicians who also understood scholarship. This was back in the old days and, well, you know about Birt Harvey, who’s a much more recent president and did an outstanding job.

DR. ABBOTT: He was interested in cystic fibrosis.

DR. GRUMBACH: Yes, and he became a key member of the pediatric faculty at Stanford University.

DR. ABBOTT: Went to Stanford to do that program. So we’ve had…

DR. GRUMBACH: His daughter became a pediatrician and is on the staff at Stanford, too.
DR. ABBOTT: So we’ve had a lot of outstanding people in the Academy here in Northern California that you have worked with and collaborated with.

DR. GRUMBACH: And it’s really interesting; I did not miss an annual meeting of the Academy, and we had a reunion of UCSF folk at the annual meeting.

DR. ABBOTT: Education [Program Committee]…

DR. GRUMBACH: …alumni. We had a reunion at the Pediatric Academic Societies (Society for Pediatric Research, American Pediatric Society) as well. We also had a gathering at the American Academy of Pediatrics Annual Meeting. Now, I don’t know if that’s still going on.

DR. ABBOTT: Yes, it is.

DR. GRUMBACH: And it was a wonderful occasion, where you met one constituency from the practicing community—or if they were full-time faculty they were very heavily in patient care and teaching. On the other hand, the Pediatric Academic Societies were another critical group. That is very special and there was overlap between the two. So the department has had really strong relations with the [American] Academy of Pediatrics. They [the Academy] played such a critical role in the development of the pediatric specialty in the United States. I mean, there’s just no question about it. They filled a very important role when pediatric residencies moved into “prime time”.

DR. ABBOTT: Well, let me change to the last part of this discussion. You finished in 1986 as the chair. This is 25 years later, and you’re still going very, very strong.

DR. GRUMBACH: Well... [laughter]

DR. ABBOTT: You’re traveling every place. Tell me what you’re up to and what you’re doing, because you haven’t slowed down one iota, in my opinion.

DR. GRUMBACH: I’ve been really fortunate [in] that... I’ve been involved in national and some international committees. For example, the international endocrine society [International Society of Endocrinology]—I was on their executive committee, and then I was elected honorary president. So I’ve been active in the endocrine community, and also the Institute of Medicine (IOM) and the National Academy of Sciences (NAS), which has had very special meaning for me. So I’ve been active on some of their committees and some of those...
DR. ABBOTT: Tell me the specific committees. You’ve been doing some things with growth hormone in animals...

DR. GRUMBACH: Well, that’s through the NIH. I’ve been deeply involved with the NIH over the years. We’ve had a long-standing relationship, so I was on a number of their... I was on their Study Sections (HED and Endocrine), back then they called it the scientific counsel [Board of Scientific Counselors] of the NICHD—it is now the National Institute of Child Health and Human Development. So I was very much involved with the Institute, including a 5-year stint as a member of the Advisory Council of NICHD, the external oversight committee,

DR. ABBOTT: Tell me [about] some specific projects.

DR. GRUMBACH: Some of the things that I was involved with were developing training programs in the areas [of] interest of the National Institute of Child Health [and] Human Development, in which pediatrics and OB-GYN had an important role. [Those] are the clinical lines, but there’s a whole major basic and developmental [focus]. I was very interested in developmental biology and what I call developmental pediatrics, developmental endocrinology. And I had a chance to push that when I was on the council of the National Institute of Child Health and Human Development for five years. That kept me busy. I continue with the endocrine community. We have what used to be called the Lawson Wilkins Pediatric Endocrine Society; it is now called the Pediatric Endocrine Society. And the national Endocrine Society has played a very important role in my professional life and development, in the sense that this is a wonderful society which has practicing endocrinologists, clinical investigators or hospital-based endocrinologists, and a very large [contingent]—including a number of Nobel Prize winners—committed to research in fundamental endocrinology and metabolism. This was, for me, just tremendous to be able to mix in with this dynamic community and really make some lifelong friends in the basic science community. That was a big help in terms of our research. And we had a long time research support—my first NIH grant was in 1956.

DR. ABBOTT: Great.

DR. GRUMBACH: I was principal investigator and Selna was co-principal investigator. So I’ve just had a wonderful time in not only academic pediatrics, but also in pediatric endocrinology. I’ve made some wonderful friends. And I’ve had the privilege of being invited all over the place, and I enjoy that.

DR. ABBOTT: Well, I see you at the airport all the time, so... [laughter]
DR. GRUMBACH: Well, anyway. So one of the things that I really take special pride in, too, is the number of people who have come through the pediatric endocrine program who have gone on to be really... This is around the world. These are people who came from all over Europe, the Pacific area and so forth, and a number of them have become outstanding and accomplished—really done us all very proud. They’ve done very important things back home. Then I take particular pride in the graduates of our residency program who have become outstanding practicing pediatricians, clinical pediatricians in academic departments, and academic pediatrician-scientists.

DR. ABBOTT: One of the questions that I was asked to ask you is if you have a crystal ball, what do you think is going to happen in pediatrics in the next decade. Do you guess about what’s going to happen maybe in the next half-century?

DR. GRUMBACH: Well, we’ve witnessed a sea change in the practice of pediatrics. When I was a resident at Babies Hospital at Columbia-Presbyterian in 1949, there were practicing pediatricians in the community who were our attendings. Now, with the enormous rise in technology and new knowledge, which has driven subspecialty care—including advances in the technology—this has led to a real change between inpatient and outpatient clinical responsibilities. The practicing pediatrician now has his or her hands full but is not really going to the hospital anymore, except for attending in the outpatient department where their skills in instructing medical students and in interacting with full-time pediatric generalists are badly needed, and especially in teaching medical students and house staff. But inpatient services are being taken over by pediatric hospitalists, as well as the subspecialists [who are] there. But now there is this hospitalist program, which, in a way, has taken the role of what the practicing pediatrician used to do. So this has led to furthering this dissociation. You’re a practicing pediatrician who used to be able to admit a patient to the hospital and take care of them. Well, that is a passing phase now. Every major pediatric service, whether it’s part of the university or affiliated, is developing a hospitalist program to take care of the inpatients, along with the subspecialists.

DR. ABBOTT: Because of the acuity of the patients now.

DR. GRUMBACH: Well, the issue was that you couldn’t just make rounds twice a day, in the morning and in the evening, on your patients in the hospital. They were just too sick. What comes in the hospital now is really... In the old days, if a patient came into the hospital, they were there for at least 10 days. So you had the chance to think about it, and there wasn’t this tremendous pressure because of cost and also the fact that we now don’t have [the beds]. You know, our patient beds are filled most of the time, just as
what happens over in Oakland. The hospital is busy. So the fact that the patients who come in now are so much sicker—it’s not just diarrhea or asthma or so forth—they need constant looking after. That has been a sea change in my time.

Another aspect which has had a critical positive effect on pediatrics is the number of women who have entered and had an important impact on our housestaff training programs.

DR. ABBOTT: Well, that’s one big area of changing practice. Where do you see the studies on fetal and infant precursors of adult disease going? In what areas do you see that’s going to happen?

DR. GRUMBACH: What is happening that is very exciting is looking at the antecedents of adult disease, in terms of what happens during pregnancy and infancy influencing disease including the metabolic syndrome in later life. Over the last 20 years there’s been increasing evidence that hypertension, hyperlipidemia, type 2 diabetes, and so forth, and certain cardiovascular events are traceable to events in fetal and early neonatal life. Now Barker [David J. Barker, MD from the U.K.] was one of the first people who advanced this view when he studied a large cohort of adults in England who had good records of their health as in utero and in infancy. He found that small infants at birth were much more susceptible to degenerative cardiovascular disease—what we call the metabolic syndrome now—than were full-term and infants of normal birth weight. [Barker DJP, Osmond C, Simmonds, SJ. The relation of small head circumference and thinness at birth to death from cardiovascular disease in adult life. BMJ 1993; 306: 422-6.] So there was this evidence, and Peter Gluckman (now Sir Peter), who had been a fellow with us and then a junior faculty member before he went back to Auckland, New Zealand, has been one of the leaders in the study of prenatal and neonatal antecedents of disease in adult life. And one of the novel observations that’s come to light is epigenetics. Now, what does epigenetics involve? Epigenetic mechanisms such as methylation of cytosine bases and histone modification of DNA and chromatin modulates gene expression without altering the genetic code of a gene. Epigenetic modifications occur from embryonic to postnatal life. And what does it do? For one aspect, it represses genetic activity. Now, this occurs during pregnancy where the mother can influence selected genetic activity, not by modifying the gene code but by methylation of cysteine residues in DNA. And we’re finding out that mothers’ diets, mothers’ illnesses can influence methylation of the cytosine bases of genes or modification of histone. It influences the behavior of the gene. Now, this is not a mutation that you inherit. So we’re finding out how environment can produce genetic change—inheritable genetic change, not in the code but in genetic activity. This is another milestone marker in the revolution in molecular genetics.
DR. ABBOTT: So this is a major area that we’ll be able to intervene in, hopefully, down the road for health.

DR. GRUMBACH: Yes, and the interesting part is that the ovum, once it’s fertilized, loses all its methylation. All or many of the genes are demethylated. Essentially, they’re cleaned up. And so then methylation of genes starts during pregnancy. One of the experiments that brought this home was carried out at McGill [University] by Professor Meaney and his group. They took a litter of rats and had the mother lick half of her offspring and half not. And what do you think they found in the hypothalamus? Difference in methylation of the gene coding the glucocorticoid receptor. [Cameron NM, Fish EW and Meaney MJ. Maternal influences on the sexual behavior and reproductive success of the female rat. *Hormones and Behavior* 2008; 54(1): 178-184.]

DR. ABBOTT: So that’s a big area that’s going to be…

DR. GRUMBACH: So this is a new frontier of human research.

Another important advance is in studies about the “microbiome”—the millions and millions of microbes that inhabit our body. Jeff Gordon, who is chair of our NAS section and head of the Center for Genome Science at Washington University School of Medicine, alerted me to this important new frontier of biomedical research, e.g., the beneficial effects of gut microbes. I did not appreciate that the fetus during vaginal delivery acquires a gut flora derived from the vaginal microbiome. This is an exciting new field of research with important implications for child health.

DR. ABBOTT: OK. What about the area of infant mortality?

DR. GRUMBACH: It’s shocking that this country is something like 19th in terms of prevalence of premature births. It’s really shocking. The richest country in the world, and we can’t do as well as...

DR. ABBOTT: Do you think we’re going to come up with new science? Is it going to be public health interventions or a combination?

DR. GRUMBACH: I am convinced that it’s a combination as well as socioeconomic factors. Let’s face it, that’s one of the challenges we have to deal with. All these other countries have had to deal with that problem, too. Maybe their population is a little bit more homogeneous, but we still have the issue—in the richest country in the world—that we are so far down in terms of prevention of prematurity.
DR. ABBOTT: And what about the new morbidities that have been described? Where do you think we’re going to go with violence [and] behavioral health for kids in this country?

DR. GRUMBACH: These are areas that the pediatrician and pediatric science have a lot to contribute to helping us to find our way through the wilderness. So much of this is related to socioeconomic factors. I’m so saddened by what’s happening nationally, undercutting so many programs that have to do with the poor and the non-affluent. It’s really shocking. These ideological aspects, which are not based on humanitarianism—you would not only do good, but you would do our economy good and our country good by preventing premature birth. Just think of what it costs to take care of a premature infant. I just hope that the next generation has a real responsibility to not give up on the challenges of child health. I know there are powerful political forces that sort of support Darwinism or survival of the fittest, but some of us don’t know who the fittest are, particularly in terms of early life. But prenatal care and good neonatal care are really a start for a healthy life for so many of our young people.

DR. ABBOTT: What do you think the workforce is going to look like in pediatrics in 10 and 50 years from now? Do you think pediatricians will still be doing general practice, or will they be [in] more of an English system?

DR. GRUMBACH: There’s been a good deal of talk about the pediatric home—or the medical home—and I think we’re going to see a lot more nurse practitioners and skilled nursing care providers including social workers doing a number of things that pediatricians have been doing. They’re going to be able to take care of many common clinical conditions so the pediatrician will be able to focus on more complicated problems in his or her practice. So I can’t visualize that the pediatrician’s role is going to disappear, but the pediatrician is going to be the leader or a member of an orchestra taking care of kids in a “pediatric home”—whether it’s in his office or in a clinic—in which there are a lot of people who can participate in contributing to very good care. For example, an adult with a urinary tract infection, does that person have to see a physician first? Could not the nurse practitioner order the urinalysis and urine culture? What’s the big deal about that? Obviously if it doesn’t get better, yes, or if there’s a fever and the question of bacteremia. But for straightforward things, skilled nurse practitioners and skilled nurses can contribute a lot to alleviating many of the tasks of the pediatricians so their time can be better used in preventive care [and] in spending more time with patients that really need more time whether that has to do with behavioral problems or other issues. I think that’s going to happen; [it] is happening now around the country. The issue, Myles, is that pediatricians work 24/7, and even on vacation they have their telephones and so forth. Quality of life has become an important consideration in the practice of medicine. It’s not just the women in
medicine, it’s also the men who want to have more regular hours and a life outside of medicine. Now, in my day that was not so. That is changing, and I don’t know how that’s going to play out. But the business about the practitioner on call 24/7, even though they may have had a couple of partners or people in their practice who could take a shift, that’s going to change. I think less so for the pediatricians in practice than for those who are involved in inpatient services and so forth. There is an incredible trend—I was amazed to see the figures—on hospitals hiring physicians. Essentially it’s the Kaiser Permanante-type program, but that is being adopted very widely and I think that’s going to have a major impact on the practice of general medicine and the practice of pediatrics. As you know, there’s a recent editorial in the *New England Journal of Medicine* about hospitals hiring physicians. [Kocher R, Sahni, N. Hospitals race to employ physicians—the logic behind a money-losing proposition. *New England Journal of Medicine* 2011; 364: 1790-1793.] So that is going to impact how the pediatrician practices. There’s going to be a need for really excellent general pediatricians. I mean, come on. Out there is a big world of taking care of a lot of kids that don’t need to be in the hospital but have health problems, or need health guidance. So I think that trend is going to become stronger, particularly with what’s happening in terms of the number of women in medicine—especially in pediatrics—who really want to have children and a life outside of their commitment to medicine.

DR. ABBOTT: Well, we’re coming to an end here. It’s been wonderful to interview you. Do you have any closing remarks that you want to say about this whole process?

DR. GRUMBACH: Well, I just want to say that Myles, I really enjoyed this, and it’s given us a chance to review what’s gone on over many years. You are a very special and skilled interviewer. I think one of the things that is really important is having a department in which there are people who provide examples of excellence in patient care, teaching, and research—or a combination of the 2. I think that’s still exceedingly important for the future of pediatrics. I really believe that the Academy has a vital role, and it should do its best to interact, as it has in the past in a very positive way, with the academic community including the subspecialty community. So it is important that it be a powerful force speaking out for children and child health in this country. The pediatric cardiologists, for example, are not going to get up and talk about many of the things that are important in terms of kids. They will talk about cardiology... But it’s the general pediatrician who is looking out for—and has a platform in the [American] Academy of Pediatrics—to have a major impact on health care for kids, and on education and so forth. So I don’t see a diminishing role of the [American] Academy of Pediatrics. On the contrary, I think that it’s important that the AAP stay involved with the academic community, that there’s mutual respect, and it
can do a lot of things that we in academia can’t do. Yes, maybe we’ll get people to stop smoking, but that’s just one aspect.

DR. ABBOTT: Well, thank you so much for this opportunity to interview you, and I look forward to maybe interviewing you again in another 10 or 15 years.

DR. GRUMBACH: [Laughter] No, no! Anyway, Myles, it’s been a challenge and good fun to reminisce.

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Curriculum Vitae

MELVIN MALCOLM GRUMBACH, M.D.

DATE OF BIRTH
21 December 1925. New York, New York

MARRIED
Madeleine F. Butt

CHILDREN
Ethan Malcolm, Kevin Lawrence, Anthony Havemeyer

EDUCATION
1945 (no degree) Columbia College
1948 M.D. Columbia University, College of Physicians & Surgeons
1991 D.M. Hon. causa University of Geneva, Switzerland
2000 D. Hon. causa University René Descartes, Paris 5
2008 D. Hon. causa University of Athens, Greece
1948-49 Mount Sinai Hospital, New York City, Internship
1949-51 Babies Hospital, Columbia-Presbyterian Medical Center Residency in Pediatrics
1951-53 Captain, U.S. Air Force, Medical Corps, Oak Ridge Institute of Nuclear Studies, Oak Ridge, TN; Biological Laboratories, USAF Section, Frederick, MD
1953-55 Postdoctoral Fellow, National Foundation for Infantile Paralysis, Johns Hopkins University School of Medicine (under the direction of Dr. Lawson Wilkins)

ACADEMIC APPOINTMENTS

Johns Hopkins University School of Medicine
1953-55 Fellow/Assistant in Pediatrics

Columbia University, College of Physicians & Surgeons
1955-56 Instructor in Pediatrics
1956-57 Associate in Pediatrics
1957-61 Assistant Professor of Pediatrics
1961-65 Associate Professor of Pediatrics
ACADEMIC APPOINTMENTS (continued)

University of California San Francisco
1966- Professor of Pediatrics
1966-86 Chairman, Department of Pediatrics
1983-94 First Edward B. Shaw Professor of Pediatrics
1987-89 Acting Director, Laboratory of Molecular Endocrinology
1994- Edward B. Shaw Professor of Pediatrics, Emeritus (Active)

HOSPITAL APPOINTMENTS

Johns Hopkins Hospital, Harriet Lane Home
1953-55 Pediatrician

Babies Hospital, Presbyterian Hospital & Vanderbilt Clinic
1955-57 Assistant Pediatrician
1957-61 Assistant Attending Pediatrician
1961-65 Associate Attending Pediatrician
1955-65 Founding Director, Pediatric Endocrine Division
1957-65 Established NIH supported Pediatric Endocrinology Fellowship Program

University of California San Francisco
1966-86 Director of Pediatric Services
1966- Attending Physician, Medical Center of the University of California San Francisco
1966-95 Principal Investigator for NIH Pediatric Endocrinology Fellowship Program
1966-2002 Attending Physician, San Francisco General Hospital
1966-93 Consultant, Letterman General Hospital, San Francisco
1966-2000 Consultant, Children’s Hospital of San Francisco
1966-94 Consultant, U.S. Naval Hospital, Oakland

CERTIFICATION

1949 Diplomate, National Board of Medical Examiners
1954 Licentiate, The American Board of Pediatrics
1955 Licensure, New York
1966 Licensure, California
1978 Certificate in Pediatric Endocrinology, American Board of Pediatrics, Sub-Board of Pediatric Endocrinology
PROFESSIONAL SOCIETIES

American Pediatric Society
   President-elect, 1988-89; President, 1989-90
American Academy of Pediatrics, Fellow
   Program Committee, 1967-73; Mead Johnson Awards Committee, 1976-79
American Academy of Arts and Sciences, Fellow, 1995
American Association for the Advancement of Science, Fellow, 1985
American Society for Clinical Investigation
Association of American Physicians
American Board of Pediatrics
   Subspeciality Committee on Pediatric Endocrinology (Founding Member)
      1975-1980; Examination Committee
Endocrine Society
   Postgraduate Education Committee 1958-68
   Council 1968-71
   Awards Committee 1966-71
   International Liaison Committee 1976-79
   Delegate to Central Committee, International Society of Endocrinology 1976-84
      Elected to Executive Committee 1984-88, 1988-92; Honorary President 2000-04
   Ad Hoc Committee on Publications 1976 (Recommended establishment of
      Endocrine Reviews)
   Publications Committee 1976-82
   Council 1980-83
   President-elect 1980-81
   President 1981-82
   Chairman, Research Professional Activities Committee 1992-93
   Ethics Committee, 2001-04
Association of Medical School Pediatric Department Chairmen
   Executive Committee 1967-77
   President-elect 1971-73
   President 1973-75
   Task Force on Pediatric Scientist Development Program 1984-86
      Member, Steering Committee 1986-91
      Chairman, Selection Committee 1986-91
Institute of Medicine, National Academy of Sciences, 1983
   Committee to Study the AIDS Research Program of the National Institutes of Health, 1989-1991
   Reviewer, The Role of Protein and Amino Acids in Sustaining and Enhancing Performance.
      Institute of Medicine, National Academy Press, 1999
   Committee on Understanding the Biology of Sex and Gender Differences, 2000-2001
      (Exploring the Biological Contributions to Human Health: Does Sex Matter?)
International Society of Endocrinology; Executive Committee 1984-92;
   Honorary President 2000-04
PROFESSIONAL SOCIETIES (continued)

International Society of Neuroendocrinology
The Lawson Wilkins Pediatric Endocrine Society (Founding Member)
  President-elect 1974-75; President 1975-76
National Academy of Sciences, Member 1995-
  Member, Class IV Membership Committee 1999
  Member, Section 42 Search and Screening Committee 2002-04
  Member, National Academy of Sciences Nominating Committee 2007
Society for Pediatric Research
California Academy of Medicine
New York Academy of Sciences, Fellow
Perinatal Research Society (Founding Member)
Society for the Study of Reproduction (Founding Member)
Harvey Society
Teratology Society (Founding Member)
Western Association of Physicians
Western Society for Clinical Research
Western Society for Pediatric Research: President-elect 1977-78; President 1978-79
Argentina Society of Endocrinology and Metabolism, Honorary Member
European Society for Paediatric Endocrinology, Corresponding Member
Japanese Pediatric Endocrine Society, Honorary Member
Pacific Coast Fertility Society, Honorary Member
Société Française de Pédiatrie, Corresponding Member
Israel Endocrine Society, Honorary Member
Canadian Society of Endocrinology and Metabolism, Honorary Member
Royal Society of Medicine (London), Honorary Member
Italian Society of Pediatric Endocrinology and Diabetology, Honorary Member, 2009-
Alpha Omega Alpha
Sigma Xi

EDITORIAL APPOINTMENTS

Journal of Clinical Endocrinology & Metabolism, Editorial Board 1957-70
Journal of Clinical Endocrinology & Metabolism, Associate Editor 1963-66
Journal of Clinical Endocrinology & Metabolism, Editorial Board 2006-
Journal of Pediatrics
  Contributing Editor 1966-72
  Editorial Board 1972-80
Endocrinology Index, National Institute of Arthritis, Metabolism and Digestive Diseases, NIH, Advisory Committee 1966-80
  Associate Editor, 14th through 21st editions 1968-
Biology of Reproduction, Editorial Board 1968-71
EDITORIAL APPOINTMENTS (continued)

Pediatric Research
  Board of Associate Editors  1970-81
  Editor  1981-84
Current Topics in Experimental Endocrinology, Editorial Board  1968-72
Monographs in Endocrinology, Springer-Verlag, Editorial Board  1975-90
Endocriniologic Clinica y Metabolismo, Editorial Committee (Foreign Section)  1981-
Pediatrics in Review, Editorial Board  1982-85
Journal of Endocrinological Investigation, Editorial Advisory Board  1982-90
Endocrine Reviews, Editorial Board  1984-88
Endocrine Reviews, Advisory Board  2000
Journal of Pediatric Endocrinology and Metabolism, Editorial Board  1984-
Trends in Endocrinology and Metabolism, Editorial Board  1989-
Clinical Pediatric Endocrinology, Consulting Editor  1992-
Journal of Endocrine Genetics, Editorial Board  1999-
International Journal of Pediatric Endocrinology, Editorial Board  2008-

SPECIAL APPOINTMENTS

Chairman, Columbia Presbyterian Medical Society  1959-62
National Institutes of Health
  Consultant, United States Public Health Service  1962-
  Member, Human Embryology & Development Study Section  1962-66
  Member, Endocrinology Study Section  1967-71
  Board of Scientific Counselors, National Institute of
    Child Health and Human Development  1971-75
  Member, General Clinical Research Centers Committee,
    Division of Research Resources  1976-80
  Member, NIH Advisory Committee, Evaluation of Endocrinology
    and Metabolic Diseases  1977-80
  Member, NICHD Director's Conference on Uses and Possible Abuses of
    Biosynthetic Growth Hormone  1983
  Member, NIH Director's Committee for Review of NIH Clinical Center  1984-85
  Member, Five-Year Planning Committee, NICHD  1984-85
  Member, NICHD Review Committee of the Developmental
    Endocrinology Branch  1987
  Chairman, NIH Technology Assessment Conference on Bovine
    Somatotropin  1990
  Member, NIH Director's Workshop on Opportunities for Research
    on Women's Health  1991
  Member, NIH Human Growth Hormone Protocol Review Committee  1992
  Chairman, NIH Turner Syndrome and Short Stature
    Data Safety and Monitoring Board  1992-2000
SPECIAL APPOINTMENTS (continued)

Member, National Advisory Child Health and Human Development Council 1992-96
Member, National Cancer Institute/National Heart, Lung, and Blood Institute
   Dietary Intervention Study in Children Hormone Ancillary Study Data
   and Safety Monitoring Committee 1995-98
Chairman, NIH State-of-the-Science Conference on the Management of
   Clinically Inapparent Adrenal Mass (“Incidentaloma”) 2000-02
Member, NICHD Research Planning Workshop on Intersex 2002
Member, External Review Committee, NICHD Developmental
   Endocrinology Branch 2003
Member, Advisory Board, National Institute of Environmental Health
   Sciences (NIEHS), Epidemiology Branch 2007-
Pediatric Examination Committee, National Board of Medical Examiners 1964-68
President, Babies Hospital Alumni Association 1966-67
National Foundation-March of Dimes
   Scientific Advisory Committee 1969-94
   Clinical Research Advisory Committee 1974-94
   Chairman, Clinical Research Advisory Committee 1974-80
   Board of Trustees and Executive Committee, San Francisco Chapter 1966-80
   Chairman, Science Communicators Conference 1975
   Basil O'Connor Starter Scholar Research Award Committee 1994-99
   Research Advisory Committee Screening Committee 1996-
Advisory Committee, Institute of Human Development,
   University of California Berkeley 1967-73
National Pituitary Agency
   Advisory Board 1967-70
   Subcommittee on Growth Hormone and Gonadotropin 1967-72
   Committee for Evaluation of the National Pituitary Agency;
      Member Panel 1, National Academy of Sciences 1972-73
   Advisory Panel on Pediatrics, California Medical Association 1969-92
   Scientific Advisory Board, Scripps Clinical and Research Foundation 1977-78
Member, American Board of Pediatrics, Committee on the
   Subspecialty of Pediatric Endocrinology (Founding Member) 1975-80
Member, International Federation of Infantile and Juvenile Gynecology
   Joint Committee for the Study of Gynecological Problems in
      Infancy and Childhood 1976-82
Member, Project Future: Task Force on Academic Child Psychiatry,
   American Academy of Child Psychiatry 1980-82
   Laurentian Hormone Conference Program Committee 1974-81
Member, Aide Pour La Recherche Medicale A L'Enfance (A.R.M.E.)
   Pasteur Institute and Weizmann Institute, Paris 1980-88
Member, International Scientific Council, Fondation Princesse
   Marie-Christine, Brussels 1980-92
Member, Lita Annenberg Hazen Awards Committee 1981-86
SPECIAL APPOINTMENTS (continued)

Member, Scientific Advisory Board, University of Michigan Center for Human Growth and Development 1982-90
Member, Scientific Advisory Board, Research Institute and Hospital for Sick Children, Toronto 1984-89
President, Board of Trustees, International Pediatric Research Foundation, Inc. 1984-89
(governance body for “Pediatric Research”)
Steering Committee, Pediatric Scientist Training Program, Association of Medical School Pediatric Department Chairmen 1984-91
Chairman, Selection Committee 1986-91
Consultant to the Pediatric Search Committee, Johns Hopkins University and Hospital 1984
Director's Committee for Review of NIH Clinical Center 1984-85
Consultant to the Pediatric Search Committee, Johns Hopkins University and Hospital 1984
Director's Committee for Review of NIH Clinical Center 1984-85
Chairman, External Review Committee for Department of Pediatrics, Yale University School of Medicine 1985
Member, Committee for Report on the Future of Public Health, Institute of Medicine, National Academy of Sciences 1986-87
Dean's Board of Visitors, The Mount Sinai School of Medicine, New York City 1986-87
Scientific Advisory Board, Barbara Davis Center for Childhood Diabetes University of Colorado Health Sciences Center 1986-93
Accreditation Council for Graduate Medical Education, Pediatrics: Endocrinology Appeals Panel 1986-
Extramural Review Group, Children's Hospital of Los Angeles 1987-92
Scientific and Medical Advisory Board, Whittier Institute of Diabetes and Endocrinology, La Jolla 1987-92
Chairman, External Review Committee for Department of Pediatrics, University of Colorado Health Sciences Center, Denver 1987
Member, International Advisory Committee, IX Asia Oceania Congress of Endocrinology, Jakarta, Indonesia 1988-90
External Review Committee for Department of Pediatrics, Oregon Health Sciences University, Portland, OR 1989
External Review Committee for Department of Pediatrics, University of Pennsylvania, Philadelphia, PA 1989
National Academy of Sciences: Member, Committee to Study the AIDS Research Program of the National Institutes of Health, Institute of Medicine 1989-91
Chairman, NIH Technology Assessment Conference on Bovine Somatotropin 1990
Member, California Biotechnology Legislative Seminar 1991
Member, Advisory Committee, International Symposium on Sexual Differentiation and Maturation 1995
Member, Scientific Advisory Council, Cincinnati Children's Hospital Research Foundation 1997-98
SPECIAL APPOINTMENTS (continued)

Reviewer, Institute of Medicine Committee on Military Nutrition Research Report on The Role of Protein and Amino Acids in Sustaining and Enhancing Performance 1999
Member, Class IV Membership Committee, National Academy of Sciences 1999-2000
External Review Committee for Department of Pediatrics, Oregon Health Sciences University, Portland 1999
Member, North American Task Force on Intersexuality 2000-03
Member, IOM Committee on Understanding the Biology of Sex and Gender Differences 2000-
Chairman, NIH State-of-the-Science Conference on the Management of Clinically Inapparent Adrenal Mass (“Incidentaloma”) 2000-02
Member, European Society for Paediatric Endocrinology/Lawson Wilkins Pediatric Endocrine Society Congenital Adrenal Hyperplasia Consensus Conference 2001
Scientific Patron, The Liggins Institute Faculty of Medical and Health Sciences, University of Auckland, New Zealand 2001-
Member, Endocrine Executive Advisory Board, Eli Lilly and Company 2002-05
Member, Novartis Pediatric Femara Advisory Board 2005
Member, European Society for Paediatric Endocrinology/Lawson Wilkins Pediatric Endocrine Society Intersex Consensus Meeting 2005
Member, National Academy of Sciences Nominating Committee 2007
Scientific Advisory Board, UCSF Multidisciplinary K12 Urologic Research (KURe) Career Development Program 2008-

SPECIAL LECTURES

Laurentian Hormone Conference 1957, 1975
Alpha Omega Alpha Lecturer, State University of New York, Downstate 1961
Visiting Professor of Medicine and Pediatrics, Vanderbilt University 1961
Visiting Professor of Medicine and Pediatrics, Emory University 1962
Domestic Lecturer, Journal of Pediatrics Education Foundation 1962
Visiting Professor, University of Western Ontario, Faculty of Medicine 1962
Lecturer, House Staff Association, Boston City Hospital 1963
Alpha Omega Alpha Lecturer, University of California, San Francisco 1966
Distinguished Lecturer, Canadian Pediatric Society 1968
Borden Award Lecture, American Academy of Pediatrics 1971
University Lecturer, University of Zurich 1971
Samuel W. Clausen Visiting Professor, University of Rochester 1972
Visiting Professor, University of Hawaii, Department of Pediatrics and Kauikeolani Childrens Hospital, Honolulu 1975
McDermott Symposium, University of Texas Southwestern Medical School 1978
Journal of Pediatrics Education Program Visiting Lecturer 1979
SPECIAL LECTURES (continued)

Visiting Professor, University of Washington 1979
Frederick C. Moll Lecture, University of Washington 1979
Grand Rounds, National Institutes of Health 1979
R. Canon Eley Lecture, Children’s Hospital Medical Center, Harvard Medical School 1979
Assembly of Professors, Collège de France, Paris 1979
Mali Dittman Lecture, University of Chicago 1980
Frederick M. Kenny Memorial Lecture, Children’s Hospital of Pittsburgh 1981
Winthrop Award Lecturer, American Fertility Society 1981
Grover Powers Visiting Professor, Yale University School of Medicine 1981
Richard E. Weitzman Visiting Professor, University of California, Los Angeles 1981
Plenary Lecturer, 50th Anniversary, American Academy of Pediatrics 1981
Meredith Lecturer, American Urological Association 1982
Culpeper Visiting Professor of Pediatrics, University of North Carolina 1982
Prader Lecturer, Tel-Aviv University Medical School, Israel 1982
Hopkins-Maryland Lecturer in Reproductive Biology, Baltimore 1983
NIH Director’s Conference on Uses and Possible Abuses of Biosynthetic Human Growth Hormone 1983
Kenneth C. Haltalin Visiting Professor, Southwestern Medical School, University of Texas Health Science Center at Dallas 1983
Felton Bequests Professorship, Royal Children's Hospital, Melbourne, Australia 1983
Sandoz/Novartis Lecturer, Canadian Society of Endocrinology and Metabolism 1983
Visiting Professor, University of Minnesota 1984
John Lind Lecturer, Karolinska Institute, Stockholm 1984
Plenary Lecturer and Visiting Professor, Royal Society of Medicine, Joint Endocrine Societies of Great Britain, Oxford 1985
Joseph B. Bilderback Lecturer, Oregon Health Sciences University 1986
Visiting Professor, University of Hong Kong 1986
Visiting Professor, Peking Union Medical College and Hospital and Chinese Academy of Medical Sciences 1986
Lecturer, 900th Anniversary, University of Bologna, Growth Abnormalities Symposium 1988
Matthew Steiner Memorial Lecture, Children's Memorial Hospital, Northwestern University, Chicago 1989
C. Gürsön Lecturer and Visiting Professor, University of Istanbul, Turkey 1991
Ben Kagan Lecture, UCLA Cedars-Sinai Medical Center 1991
Visiting Professor, University of Missouri-Kansas City 1991
Plenary Lecturer, American Academy of Pediatrics 1991
Plenary Lecturer, Marañón Symposium, Universidad Autonoma de Madrid, Spain 1991
Plenary Lecturer, American Society of Andrology 1992
SPECIAL LECTURES (continued)

Plenary Lecturer, Dedication of Irwin Center for Clinical Research, Columbia University/Presbyterian Hospital 1992
Plenary Lecturer, American Academy of Pediatrics 1992
The First Annual Judson J. Van Wyk Lectureship in Growth and Development, University of North Carolina, Chapel Hill 1993
Etteldorf Distinguished Visiting Professor and Lecturer, University of Tennessee, Memphis 1994
Visiting Professor, Baylor College of Medicine, Departments of Cell Biology and Pediatrics 1994
Plenary Lecturer, The Fourth International Conference on The Control of the Onset of Puberty, University of Pittsburgh 1994
U.S. Keynote Lecturer, X Asia-Oceania Congress of Endocrinology, Beijing 1994
Plenary Lecturer, International Symposium on Sexual Differentiation and Maturation, Tokyo, Japan 1995
Introductory Speaker, 4th International Symposium on Turner Syndrome, Gothenburg, Sweden 1995
Plenary Lecturer, 6th Pediatric Endocrine and Diabetes Seminar, Hospital de Clinicas Caracas, Venezuela 1995
Robert N. Ganz Visiting Professor and Lecturer, Massachusetts General Hospital 1996
Visiting Professor, Reproductive Endocrine Sciences Center, Massachusetts General Hospital 1996
Solomon A. Kaplan Lecturer, University of California, Los Angeles 1997
Visiting Professor and Lecturer, New York Hospital-Cornell Medical Center 1997
Plenary Lecturer, UCSF Annual Urologic Postgraduate Seminar (Program Committee), San Francisco 1998
Visiting Professor and Lecturer, Oregon Health Sciences University, Portland 1999
Plenary Lecturer, 30th Annual March of Dimes Clinical Genetics Conference (Co-chair, Program Committee), Miami 1999
Plenary Lecturer, Lawson Wilkins Pediatric Endocrinology Society 1999
Plenary Lecturer, American Society of Neuroradiology, San Diego 1999
Visiting Professor and Lecturer, Children’s Hospital, Boston 2000
Plenary Lecturer, Second Annual Pediatric Endocrine Symposium, Mount Sinai School of Medicine, New York 2001
Plenary Lecturer, 8th Novo Nordisk Growth Symposium, Osaka, Japan 2002
Keynote Lecturer, 2nd World Congress on Men’s Health: Sex and Gender Matter—From Boys to Men—From Science to Practice, Vienna, Austria 2002
Plenary Lecturer, NICHD 40th Anniversary Scientific Symposium, Understanding and Optimizing Human Development: From Cells to Patients to Populations 2003
Plenary Lecturer, NIEH Symposia and Puberty Workshop: Role of Environmental Factors on the Onset and Progression of Puberty, Expert Panel Workshop, Chicago 2003
SPECIAL LECTURES (continued)

Symposium Lecturer, Intersexuality, Annual Meeting, The Endocrine Society 2003
Inaugural Lecturer, Lawson Wilkins Lecture in Pediatric Endocrinology, Johns Hopkins University, Baltimore 2007
Invited Lecturer, Rina Balducci Lecture, Italian Society of Pediatric Endocrinology and Diabetology, Naples 2009

INTERNATIONAL CONGRESSES & SYMPOSIA—INVITED LECTURER OR SYMPOSIUM SPEAKER

IX International Congress of Pediatrics, Montreal (Chairman) 1959
First International Congress of Endocrinology, Copenhagen 1960
Ciba Foundation Colloquia on Immunoassay of Hormones, London 1961
II International Congress of Endocrinology, London 1964
XI International Congress of Pediatrics, Tokyo (Chairman) 1965
Pan American Congress of Endocrinology, Mexico City 1965
III International Congress of Endocrinology, Mexico City 1968
First International Symposium on Growth Hormone, Milan 1968
International Symposium on Pharmacology of Hormonal Polypeptides and Proteins, Milan 1968
Conference on Hormones in Development, Nottingham, England 1969
International Symposium on Fetoplacental Unit, Milan 1969
VI World Congress of Obstetrics and Gynecology, New York 1970
II International Symposium on Growth Hormone, Milan (Chairman) 1971
X European Society for Paediatric Endocrinology, Zurich 1971
XIII International Congress of Pediatrics, Vienna 1971
Barcroft Centenary Symposium, Foetal and Neonatal Physiology, Cambridge University, England 1972
IV International Congress of Endocrinology, Washington (Chairman) 1972
NIH Conference on Control of the Onset of Puberty (Chairman, Organizing Committee), Airlie House, VA 1972
Fourth International Congress of Psychoneuroendocrinology, University of California, Berkeley 1973
XIV European Society for Paediatric Endocrinology, Paris 1974
XIV International Congress of Pediatrics, Buenos Aires 1974
International Conference on Puberty: Biological and Psychosocial Correlations, Josiah Macy Foundation, Paris 1974
IV Congress of Brazilian Perinatology, Rio de Janeiro 1974
Symposium on Sexual Endocrinology of the Perinatal Period INSERM, Lyon, France 1974
Joint Meeting: Society for Endocrinology and Endocrine Section, Royal Society of Medicine, London 1975
INTERNATIONAL CONGRESSES & SYMPOSIA—INVITED LECTURER OR SYMPOSIUM SPEAKER

V International Congress of Endocrinology, Hamburg 1976
Hormonal Control in Fetal Development, Paris 1976
Endocrine Function of the Human Adrenal Cortex, Florence 1977
First Panamerican Congress on Infantile and Juvenile Gynecology, Buenos Aires 1978
International Congress on the Pathophysiology of Puberty, Bologna (Organizing Committee) 1979
XVI International Congress of Pediatrics, Barcelona (Organizing Committee) 1980
Control of the Onset of Puberty II, Stresa, Italy (President, Organizing and Scientific Committee) 1981
First Joint Meeting, European Society for Paediatric Endocrinology and the Lawson Wilkins Pediatric Endocrine Society, Geneva 1981
VII Asia & Oceania Congress of Endocrinology, Tokyo 1982
Inaugural Guest Lecturer, Robert Vines Lecturer, Australasian Paediatric Endocrinology Group, Melbourne, Australia 1983
German Endocrine Society, Heidelberg 1984
Workshop in Fetal Endocrinology, Marinsee, Germany 1984
International Symposium on Male Sexual Differentiation, Baltimore 1985
VIII Asia Oceania Congress of Endocrinology, Bangkok 1986
European Society for Pediatric Research, Padua 1986
First Hong Kong International Congress on Medical Advances 1986
Japanese Pediatric Endocrine Society, Chiba City 1987
International Symposium on Pediatric Endocrinology, Tokyo 1988
National Congress of the Spanish Endocrine Society, Bilboa 1988
First International Turner Syndrome Symposium (Organizing Committee), San Francisco 1988
Third International Conference on Control of the Onset of Puberty, (Scientific Organizing Committee), Amsterdam, The Netherlands 1989
XIX International Congress of Pediatrics, Paris, France 1989
III Latin American Congress of Pediatric Endocrinology, Foz do Iguacu, Brazil 1989
Second International Turner Syndrome Symposium (Organizing Committee), Frankfurt 1990
IV Joint Meeting of the Lawson Wilkins Pediatric Endocrine Society/European Society for Paediatric Endocrinology (Chairman, Organizing Committee), San Francisco 1991-93
Third International Symposium on Turner Syndrome (Organizing Committee), Tokyo 1992
Workshop on Precocious Puberty: Current Concepts in Physiopathology and Treatment, Prague 1992
INTERNATIONAL CONGRESSES & SYMPOSIA—INVITED LECTURER OR SYMPOSIUM SPEAKER

X Asia-Oceania Congress of Endocrinology, Beijing, China 1994
XI World Congress on Paediatric and Adolescent Gynaecology, Singapore 1995
Introductory Speaker, Symposium on Basic and Clinical Aspects of Paediatric Endocrinology, University of Heidelberg, Germany 1995
International Symposium on Sexual Differentiation and Maturation, Tokyo, Japan 1995
Introductory Speaker, 4th International Symposium on Turner Syndrome, Gothenburg, Sweden 1995
IV International Aromatase Conference, Tahoe City, California 1996
5th Joint Meeting of the Lawson Wilkins Pediatric Endocrine Society/ European Society for Paediatric Endocrinology (Organizing Committee), Stockholm, Sweden 1997
First Serono Symposia Workshop on Clinical Pediatric Endocrinology, Arles, France 1997
International Workshop on Estrogens and Male Reproduction, Isola Capo Rizzuto, Crotone, Italy 1999
5th International Conference on the Control of the Onset of Puberty, Palais des Congrès, Liège, Belgium 1999
5th International Turner Symposium: Optimizing Health Care for Turner Patients in the 21st Century, Naples, Italy 2000
11th Novo Nordisk hGH Symposium: From Molecular Biology to Endocrine Practice, Sorrento, Italy 2000
29th International Symposium: GH and Growth Factors in Endocrinology and Metabolism, Marrakech, Morocco 2000
International Workshop on Hormones and Endocrine Disrupters in Food and Water: Possible Impact on Human Health, Copenhagen, Denmark 2000
14th Meeting of the Research Society of Growth Disturbance in Children, Tokyo 2000
Robert Vines Lecturer, Australasian Paediatric Endocrinology Group, Sydney, Australia 2000
Aromatase 2000–The Third Generation, Port Douglas, Queensland 2000
Serono Symposia 5thWorkshop on Clinical Paediatric Endocrinology, Dresden, Germany 2001
Third International Symposium on Environmental Hormones (E Hormone 2001), Tulane University Health Sciences Center, New Orleans 2001
First World Congress: Hormonal and Genetic Basis of Sexual Differentiation Disorders, Tempe, Arizona 2002
8th Novo Nordisk Growth Symposium, Osaka, Japan 2002
2nd World Congress on Men’s Health: Sex and Gender Matter—From Boys to Men—From Science to Practice, Vienna, Austria 2002
Journée d’Endocrinologie Sexuelle Alfred Jost, Paris 2003
Serono Symposium: Advances in Paediatric and Adolescent Endocrinology, Naples, Italy 2004
INTERNATIONAL CONGRESSES & SYMPOSIA—INVITED LECTURER OR SYMPOSIUM SPEAKER

Sixth Conference on the Control of the Onset of Puberty, Evian, France 2005
Serono Symposium: Advances in Paediatric and Adolescent Endocrinology,
Barcelona, Spain 2006

HONORS AND AWARDS

Career Scientists Award, The Health Research Council of the City of New York 1961-66
Joseph Mather Smith Prize, Columbia University 1962
Fellow, New York Academy of Sciences 1965
Silver Medal, Bicentennial, Columbia University College of Physicians & Surgeons, for Distinguished Achievement 1967
Borden Award for Research in Pediatrics, American Academy of Pediatrics 1971
Collège de France Medal, Paris 1979
The Robert H. Williams Distinguished Leadership Award, The Endocrine Society 1980
Winthrop Award, American Fertility Society 1981
Member, Institute of Medicine, National Academy of Sciences 1983
Sandoz/Novartis Lecturer Award, Canadian Society of Endocrinology and Metabolism 1983
Fellow, American Association for the Advancement of Science 1985
Clinical Endocrinology Trust Medal (United Kingdom) 1985
Centennial Medal, 100th Anniversary Babies Hospital, Columbia Presbyterian Medical Center 1987
Alumni Gold Medal for Distinguished Achievement in Medicine, Columbia University College of Physicians & Surgeons 1988
Festschrift in honor of M.M. Grumbach and Selna L. Kaplan, San Francisco and Geneva 1989
D.M. honoris causa, University of Geneva, Switzerland 1991
Fred Conrad Koch Award and Medal for Research, Endocrine Society 1992
Recognition Award for Distinguished Career in Clinical Investigation, Columbia-Presbyterian Medical Center, Irving Center for Clinical Research 1992
Member, National Academy of Sciences 1995
Fellow, American Academy of Arts and Sciences 1995
Lifetime Achievement Medical Education Award, American Academy of Pediatrics 1996
John Howland Award, American Pediatric Society 1997
D. honoris causa, University of René Descartes, Paris 5 2000
Honorary President, International Society of Endocrinology 2000-04
Babies Hospital, Columbia-Presbyterian Medical Center, Distinguished Alumnus Award 2001
Founding Scientific Patron, The Sir Graham Liggins Institute, University of Auckland, New Zealand 2001
Elected Member, Johns Hopkins Society of Scholars 2002
First Recipient Judson J. Van Wyk Prize of the Lawson Wilkins Pediatric Endocrine Society for Career Achievement in Pediatric Endocrinology 2006
D. honoris causa, University of Athens, Greece 2008

CITED IN

Who's Who in America
International Who's Who
Who's Who in American Education
Who's Who in the West
Who's Who in Medicine and Healthcare
Who's Who in Science and Engineering
American Men and Women of Science
Cited in Good Housekeeping (April 1984 issue) as one of "The 120 Best Doctors in America"
The Best Doctors in America 1992-2004
The Best Doctors in America (Pacific Region) 1996-2001
Guide to America’s Pediatricians, 2002-2003
Guide to America’s Top Pediatricians, 2008

COMMITTEE SERVICE

University of California University-Wide Committees
Saxon Committee on UCSF/UC Berkeley Medical Option 1975-77
Divisional Representative to Statewide Academic Assembly 1975-77
Systemwide Advisory Committee on Clinical Teaching Support 1979-94
Member, Search Committee for Chairman of Department of Pediatrics, University of California, San Diego 1984-85
University of California Pacific Rim Research Program (Systemwide) 1996-2002

UCSF Committees
Committee on Budget and Interdepartmental Relations 1967-71
Chairman, Ad Hoc Committee of the Budget Committee on Financial Planning 1968-70-72
Chancellor's Ad Hoc Committee on Administrative Supervision of Academic Programs 1970-73
Special Campus Review Subcommittee of the Budget Committee 1970-72
Committee on Committees of the Academic Senate 1971-73
Search Committee, Dean of the School of Nursing 1975
Search Committee, Director of Hospitals and Clinics 1977
Academic Planning and Budget Committee 1982-84
Chairman, Social and Behavioral Sciences Fact Finding Committee 1990-91
Chairman, Advisory Committee, Pediatric Clinical Research Center 1993-2007
University of California Pacific Rim Research Program San Francisco Campus—Campus Review Committee 1993-2002
Chairman, San Francisco Campus—Campus Review Committee and Representative to Pacific Rim Research Program 1996-2002, 2007
Chairman, Academic Senate Committee to Review Stewardship of the Cardiovascular Research Institute 2003-2004

School of Medicine Committees
University of California Pacific Rim Research Program
   Executive Committee, Office of the President 1996-2000
   Advisory Board, School of Medicine 1966-86
   Advisory Board, School of Medicine, Executive Committee 1966-75
   Executive Committee of the School of Medicine 1975-86
   Clinical Cancer Training Grant Advisory Committee 1966-70
   Search Committee for Chairman of Department of Neurology 1966
   Search Committee for Chairman of Department of Dermatology 1966
   Search Committee for Chairman of Department of Physiology 1966
   Search Committee for Chairman of Department of Obstetrics and Gynecology (Chairman) 1971-72
   Ad Hoc Search Committee for Chief of Endocrinology at Fort Miley VA Hospital 1974
   Search Committee for Chief of Child Psychiatry 1974
   Laboratory Advisory Committee 1974-86
   Cancer Research Institute Advisory Board 1974-78
   Search Committee for Professor of Bioethics 1975
   Dean's Committee, University of California School of Medicine and the Veterans Administration Hospital, Fresno Affiliation 1975-82
   Advisory Board, The Liver Center 1976-81
   Advisory Board, Reproductive Endocrinology Center 1979-92
   Advisory Committee, Rosalind Russell Arthritis Center 1980-86
   Advisory Committee, Cystic Fibrosis Research Center 1982-88
   Advisory Committee, End Stage Renal Disease 1983-86
   Clinical Review Working Group 1984-86
   Mothers and Childrens Campaign Steering Committee 1984-86
   Governing Board, Continuing Medical Education 1984-86
   Admissions Committee, Joint Medical Program 1987-88
   Selection Committee for Maurice Galante Visiting Lecturer 1997-
   Executive Committee, Emeriti Faculty Association 2008-

Hospital Committees
Executive Committee of the Medical Staff 1967-71
Executive Medical Board, UC Hospitals & Clinics 1971-86
Oversight Committee for End Stage Renal Disease Program 1983
Moffitt Modernization Committee 1966-82
Professional Services Committee 1968-86
Search Committee for Director of Nursing Services 1972
Melvin M. Grumbach, M.D.

Ad Hoc Committee on MediCal

1982-83
BIBLIOGRAPHY


    gonadotropin-independent male-limited autosomal dominant sexual precocity in nine

    ontogeny in the ovine fetus: XVIII. The effect of an opioid antagonist on LH secretion.

250. Grumbach MM (1985): True or central precocious puberty. In: Current Therapy in
    Endocrinology and Metabolism, DT Krieger and CW Bardin (eds), BC Decker, Inc.,
    CV Mosby Co., St. Louis, MO, pp. 4-8.

    Somatomedin-C levels in children and adolescents with gonadal dysgenesis: Differences
    from age-matched normal females and effect of chronic estrogen replacement therapy.
    J Clin Endocrinol Metab 60:1087-1092.

    MM (1985): Treatment of true precocious puberty with a potent luteinizing hormone-
    releasing factor agonist: Effect on growth, sexual maturation, pelvic sonography, and the

    (1985): Somatomedin-C in normal puberty and in true precocious puberty before and
    after treatment with a potent luteinizing hormone-releasing hormone agonist. J Clin
    Endocrinol Metab 61:152-159.

    growth-hormone releasing factor on growth hormone release in children with radiation

    adrenal hyperplasia due to deficient cholesterol side-chain cleavage activity

    gonadotropin-independent familial male sexual precocity: Familial testotoxicosis.

257. Grumbach MM and Conte FA (1985): Disorders of sexual differentiation, Chapt. 11. In:
    Textbook of Endocrinology 7th ed., JD Wilson and DW Foster (eds), WB Saunders Co.,
    Philadelphia, pp. 312-401.

    hormone inhibits growth hormone-releasing factor-induced growth hormone secretion in


pp. 969-1166.
