

**Interview with Dr. John Sherman**  
**Conducted by:**  
**Edward McManus and Dr. Carl Kupfer**  
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*Transcription begins with Dr. Sherman speaking:*

Dr. Sherman: NIH Website, and when I got to the Eye Institute, there was two mentions of Carl Kupfer, one when he took over and two when he left.

Dr. Kupfer: Gee that many mentions? Fantastic!

Dr. Sherman: And two paragraphs on the current director.

Dr. Kupfer: I could not have been mentioned at all, also.

Dr. Sherman: Yeah, somebody was named Director. I thought that was overlooking the major story.

Mr. McManus: It's interesting to see how history is. Carl and I are writing our own history. You know actually I think Paul is very good—Paul Sieving is the new director and like that, I think he's been pretty good to us. He's given us the resources to do this study, he's given us a secretary, and he's helped us to get space in the Library of Medicine. But you know, you know how it goes—once you're gone, you're gone. And that's okay.

Dr. Kupfer: Yeah, it's true.

Mr. McManus: I know that's one thing you've got, it's a hard thing to come to grips with, but it's okay. It was especially okay on my second job that was tough.

Dr. Sherman: Every time I see someone, a colleague or someone else down at the AAMC I thank my lucky stars that I don't have to deal with those people on the Hill. It must be just a miserable, stuffy atmosphere and I think of what the Congress, particularly has come to and it's a national shame.

Mr. McManus: It is, that's what I had to deal with for the last five years and it was important to put the exclamation point on the NEI to make sure that we get our share of that doubling of the NIH budget which we almost did, but it was to deal with that first hand and to really try

to get in there and dive into the muck and I always thought it was just easy, but it takes a certain kind of personality.

Dr. Sherman: Well in a different time, I remember one time that there was a colleague of mine he went down to see Dan Flood one day and he came back and he said to me, you know I think I need a shower. But that's when things were very good. So, well, you're both looking well and that's a good start.

Mr. McManus: And you are too, you are too.

Dr. Kupfer: Right, you are too.

Dr. Sherman: And you've enjoyed what you've been doing with that project I take it, a couple of comments I've heard over time.

Dr. Kupfer: Well, what I started to do, the precipitating event to step down was that I'd made a commitment to Dave Cogan, who you know that I would archive his collection of clinical and pathology material, not realizing that we were talking about 5000 cases and 60,000 slides. So when he passed away, I began doing it trying to run the Eye Institute and it was impossible so I decided 30 years was a nice round figure and I stepped down and I completed that job. Now the computer people are designing the website and it should be up on the web. That's the whole idea to put it on the web so that anyone who ever wanted access would be able to use it. I winnowed it down to about 1000 cases but they're very well documented in Dave's own words, which is great. It will probably be in full in September or October.

Dr. Sherman: I'm looking forward to it.

Dr. Kupfer: Right, me too.

Dr. Sherman: I may not know where to look for it.

Dr. Kupfer: Well, it will be on the NEI website and will be called the Cogan Collection.

Dr. Sherman: That's great. He was such a brilliant scientist.

Mr. McManus: What is it, is it really kind of special cases, is it?

Dr. Kupfer: Well, this is a broad representation of ophthalmic pathology with a few types of cases that Dave was particularly interested in. But it will be a terrific resource.

Mr. McManus: So if a neighbor came up to John and said you worked at the NIH and I have such-and-such and where do we check that.

Dr. Kupfer: Well, that's if he has pathology that's included in that. But that's not the purpose. This is really training for ophthalmologists and ophthalmic pathology. It's a clinical pathological correlation which I think is the way to go.

Mr. McManus: I first heard that word back a long time ago "clinical pathological correlation," I didn't even know what glaucoma was or how to spell ophthalmology. That was one of the first things that Carl did to everybody new, to learn how to spell it, and I'm sure that's what they did in the residency and he taught them all how to. And uh, Ed Maumane, he has left a bar to overcome for just about everybody in the vision field in one way or another. The guy who was the President for Eye and Vision Research, Steve Ryan who was also Dean out at Southern Cal, he was a protégé of Ed. But Carl put Ed on the Council and he was very much of an activist who helped start the NEI as you know. And he said to Carl, I want to do some clinical pathological correlation, we ought to get a bunch of cases, and Carl would say, you know we really need to find out what's going on we need to do a clinical trial Ed, and they would go back and forth and it was really very interesting. It made an impact on me when I didn't know anything at the time. What I was about 32 years old.

Dr. Sherman: It was like watching a tennis match.

Mr. McManus: And it was. But it was part of that system, I think that if you ever do a broad history the system of advisory inputs to NIH is different from the rest of the government and it was really I think in some way saved it and made it what it is.

Mr. McManus: So what was your first—to start on these questions, what was your role back in the beginning in the establishment of the NEI? Have you thought about that at all?

Dr. Sherman: Oh yes, every once in a while I think about a delightful evening spent on a yacht in Florida, we were just about to give up on being able to recruit a director of the Eye Institute and then arranged with a guy who had made a million bucks with sterile solutions.

Dr. Kupfer: Yeah that was Bill Conner, Alcon, yeah, he had a yacht.

Dr. Sherman: And it was a real yacht, truly wonderful. He was one of those people, I never resented his pressure. Because I knew that what he was looking for something that was not just working for Ed Maumanee but for the good of the country and that invitation came in, and I can't remember Carl were you on the yacht that night—I don't think you were, but we talked about you I know that. Uh, and in fact that was the first real hope we had of getting a first class director in the institute, because to get an ophthalmologist at government salaries, at that time was a pretty fateful undertaking but Ed was sure we'd find somebody who was worthy of it, and it was on that yacht trip that night. Can't remember the meeting, it was a professional meeting of the eye field and either Ed said something, I think—he didn't put it in such crude terms, he said I think we've got a live fish. It was a positive tone to his voice and the first real hope that we had of getting somebody and it turned out to be Carl.

Mr. McManus: Who else was there? Anybody from RPP?

Dr. Sherman: Well I'm sure I'd recognize some of the names.

Mr. McManus: David Weeks?

Dr. Sherman: Yes.

Mr. McManus: I'll talk to David and I'll ask him about that meeting.

Dr. Sherman: It seems to me that there was a fellow from St. Louis...

Dr. Kupfer: Bernie Becker.

Dr. Sherman: Bernie Becker.

Mr. McManus: I'll see him next week.

Dr. Sherman: Will you?

Mr. McManus: Yes.

Dr. Sherman: He was always again, one of my favorites. He's such a solid guy.

Mr. McManus: Such a gentleman. We do have a lot of history with Bernie.

Dr. Sherman: So, he certainly was very—of the people involved, the two I most respected and felt most confident in working with were Ed and Bernie Becker.

Mr. McManus: Didn't Bernie make a lot of money off Diamox the glaucoma drug? Was it he or was it someone else?

Dr. Kupfer: No, he didn't do that it was someone else.

Mr. McManus: I see.

Dr. Sherman: He married into Sears Roebuck family. But there was never any flaunting of money or anything.

Mr. McManus: He was a real intellectual.

Dr. Sherman: He was a part of just a remarkable faculty at that time I think Washington U had one of the most distinctive, and one of the best faculties as far as the leadership is concerned. We had Carl, Bernie in Neurology, and there was the pharmacologist was so famous. It was a remarkable group of people.

Mr. McManus: Back even before that were you involved in the political wars to either accept or not accept the NEI?

Dr. Sherman: Oh, of course we had gone through a real baptism of fire with the Aging Institute, because that was a tough one. They all had an attitude on the part of whatever the administration was at the time that we didn't need another institute. We had just a terrible fight with the administration of the Eye Institute so we sort of cut our teeth in dealing with that. And I remember going down one time and testified against the Eye Institute. Ted Kennedy was Chair of the Subcommittee.

Mr. McManus:

Who was that?

Dr. Sherman:

Ted Kennedy. And he finally said Dr. Sherman what are you going to do if you get an Eye Institute? And I said, oh, we'll just make it the best Eye Institute we possibly can. And I can't remember who the Secretary was at the time in the department. And he got all strange when I said that but we got it and we waited. It was an interesting search considering looking for Carl in that I chaired the search committee for NIH. The big question was at that time was should we conceivably even think of considering a non-MD as an institute director or a non-PhD. And of course, it turned out to be Bob Butler as he had the credentials all right but he was way off in left fairy land of the social sciences. I remembered particularly Edward sat at the other end of the table.

Mr. McManus:

The keeper of the flame.

Dr. Sherman:

And Ed said we can't do it. And I said why? And he sort of laughed and we said well let's talk and that worked so I think we learned a lot in the preparation of the hunt for the Director of the Eye Institute.

Mr. McManus:

Now I think Berliner was involved in the Eye Institute Director.

Dr. Sherman:

Now Bob had not long followed Bo Mider as the new Director of Laboratories and Clinics.

Mr. McManus:

And you were Deputy Director?

Dr. Sherman:

Yes, I was the Deputy Director.

Mr. McManus:

Who was the Associate Director for Extramural at that time? Do you remember?

Dr. Sherman:

Ron Lamont-Havers. It became obvious that what we needed at the time a stronger strength than Bo could provide as his health wasn't very good at the time. You know he quit and went over to...

Mr. McManus:

To the Library of Medicine.

Dr. Sherman:

And fortunately he lived in a much longer time than we all expected a wonderful person.

Mr. McManus: I worked with him over there. We were partners, we had a great time.

Dr. Sherman: I had a call from Marty Cummings and he said John, Bo's decided he wants to retire, well his health wasn't that good so it wasn't unexpected. And he wants you to speak at the dinner for his retirement. I said Marty I can't possibly do justice to Bo Mider, one of my closest friends and I think so highly of him that I don't feel qualified to do that. And he said, oh won't you? The day that the banquet was to be held in the evening, I didn't have the slightest idea of what I was going to say and I was scared to death. I got an inspiration, I asked my secretary to call 15 people ranging all the way from a secretary to people in the Intramural Program, and the thing I asked her to do, one of the questions were the words Bo Mider would say, what's the first thing that comes to mind? Well she gathered together because of that the most amazing array of personal attributes were pulled all of which were personal and positive and included all of his nicknames, one was and it turned out to be absolutely wonderful.

Mr. McManus: He was a great guy.

Dr. Sherman: That whole experience at that time Bob Berliner, he was such a different personality of course than Bo but both Bob and I were long time close friends. But he didn't have the personality but he had the ability and brains and much lower geared personality than Bo would ever display.

Mr. McManus: Now Berliner was given certain responsibilities in starting the Eye Institute wasn't he? Do you know what the mission was?

Dr. Sherman: Yeah, I remember talking about those in staff meeting but I don't remember exactly.

Mr. McManus: Well the question was, and maybe Carl can help me on this. This was some early debate that ended up being pretty important to the future of the NEI, Carl saw it and several others did but most of us didn't. Was that should the mission for the research be for just the front of the eye, cataract, cornea, and like that you know, clinically oriented? Or should it be the whole visual system way back to the optic nerve and Neurology was

fighting to kind of keep the whole thing. And I was wondering if you remember any of that discussion?

Dr. Sherman: Very little because I was concentrating on trying to find him, so I didn't take much of any part in that debate. But I know Bob did and I also know that he worked it out in his very skillful, low-keyed fashion till it was satisfactory I think to most people in the eye field.

Dr. Kupfer: Yes, what surprised me was in thinking back, Bob was really involved with the Intramural Program and he had this responsibility of what would be the Extramural range of responsibility of the Neurology Institute and the Eye Institute and I thought that was sort of interesting job that he was given. Maybe you are or are not aware of it but I had a meeting with Bob soon after I arrived in January and he said that he had been talking with the Neurology Institute and the decision as to which grants that would be transferred had been made, and of course I was very excited and he said we're going to give to the Eye Institute everything up to and including the retina, the ganglion cell. But the optic nerve and on back to the brain would remain with the Neurology Institute. And I thought he was making a joke because the optic nerve is the axon of the ganglion cell and he was going to give the ganglion cell body to the Eye Institute and so I said, Bob this is not going to work. I didn't quite put it this way but I said that we're not an eyeball institute, we're a vision research institute and we need the entire visual system, so I don't know if that can be done. So I said well if it can't be done than we'd better start looking for a new institute Director. I was prepared to go back to Seattle as it was a wonderful place to live and raise a family and sail our sailboat. Well that was the turning point because he came back and said that Neurology wants to know what it is you want. And I said we want the entire visual system in terms of function and total anatomy. If part of the visual system is involved in disease, that's different. Now if multiple sclerosis hits the optic nerve that's fair game for the Neurology Institute. We're not interested in the disease, but we're interested in the anatomy and physiology of the visual system and I said we



have an incredible opportunity. We can measure the sensory stimulus very precisely and we could precisely measure the response, the eye movement to that sensory stimulus. This is the only system in the brain that allows such quantitative assessment. Already I had experience in this area so I felt very committed to have the Eye Institute be responsible for the entire visual system. And quite frankly John, I think if we had not done that we would have been the laughing stock of the scientific world. It's just like—you mentioned Congressman Flood, one day when I came into the hearings he said, "Now Dr. Kupfer, I know you have the right eyeball but when are you going to ask for the left eyeball? You could double your budget."

Mr. McManus: I think we will also ask Murray Goldstein. I think Murray's still around I haven't tracked him down. I'm sure he was a part of those discussions on the other side.

Dr. Sherman: Yes, I'm sure he was and was Dick Masland still the Director?

Dr. Kupfer: Masland was but Murray was in charge of the Extramural Program.

Dr. Sherman: Right, right. But I'd be willing to bet that Bernie Becker had a lot of influence earlier on that too.

Mr. McManus: Oh, is that right?

Dr. Sherman: Berliner was the type of person who had great respect for people who had a very solid science background and understanding but he didn't flaunt it.

Mr. McManus: Right. Very good.

Dr. Sherman: That I may be exaggerating Bernie's role in this but I doubt it.

Mr. McManus: No, all that is good. That's good, because all that rings true that they would go out and try and get some scientists. And you know they might have even talked to—you see one of the reasons Neurology wanted the back of the eye was because there were a couple of Nobel Laureates over there.

Dr. Kupfer: Well, I know that both David Hubel and Torsten Wiesel came to me and said that they wanted to be transferred to the Eye Institute. But you're right about Bernie, that was a

very good suggestion because Bernie was running a series of conferences put on by the Josiah Macy Foundation at that time and it was one session dealing with the production of aqueous humor and he invited Bob Berliner to that meeting because Bob was interested in the kidney as you know and urine produced by the kidney was a very similar process of aqueous humor produced by the body. And I think it was at that meeting that Berliner and Becker really hit it off and I know Becker was a person to develop a good rapport with Berliner.

Dr. Sherman: Yes well, I'd truly talked to Bernie about that.

Dr. Kupfer: Carl Leventhal would probably know something about that too because he was very close to Berliner.

Dr. Sherman: Yes he was very close to him.

Mr. McManus: Okay. One of the other thoughts that I had as the budget for the NEI when it started was \$23 or \$28 Million or something like that. And I was just wondering, I know that the dollars in those days, I don't know what the budget of the NIH was in 1969—what a billion dollars or something like that. Do you have any idea about what the growth of the NEI budget might be or where it would end up in the end or like that and especially that now the budget's over \$600 million dollars? Do you have any thoughts about that or is it tied into kind of general thoughts of where NIH as a whole is at what are they \$28 billion?

Dr. Sherman: Almost. Well the big problem of course in practical terms of how to establish a good administrative base. My own thoughts and I think it was true of Dick Seggel and also of Marston that the first thing we'd better figure out is to be certain that we had a solid structure because if we made a mistake it wouldn't make any difference whether it was X or 5X or whatever was involved at the time. It wouldn't grow the way it should and we had to allow of course for two things, one for the administrative costs of tearing an institute apart for whatever reason and the other was how to divide up the grant program.

And unless those two things were done with some sense of sensibility to them not only the people he had to deal with downtown on the Hill, but also the scientific components. And so my recollection of that area was not to worry so much about the bucks immediately as it was to be certain that (1) we had the proper leadership and (2) if the administration was based for an actual take off.

Mr. McManus: We plan to do and we just kind of discussed that, we plan to do a chapter on management starting off with the administrative base because I think, just like what you said that was one of the crucial things. Carl never had exposure to that kind of administrative super structure that NIH has and the fact that NIH came back and said here's a bunch of positions and you should pick positions like an Executive Officer as the first position. I thought that was very important.

Dr. Kupfer: When I was interviewing for an Executive Officer, I didn't know why I needed an Executive Officer. I knew when I was in the Air Force there was an Executive Officer, so I said to Gill what's the role of an Executive Officer and he said to keep you out of Fort Leavenworth. Then it became clear.

Dr. Sherman: Well as I remember you were the first to ever appoint a non-professional, I mean in the sense of a MD or Ph.D. to that job, and I think there was a question in all of our minds as to whether that was going to work with a Director coming in from the outside new to the bureaucracy, not only of the NIH but of the federal government. But we decided to watch it carefully to see how it would go and it worked.

Mr. McManus: A research organization experiment. Yes the NIH is great for that, it is very flexible. Not only because of that orientation, it's a great place to work.

Dr. Sherman: A lot of that went back to Shannon when he started the growth of the organization and he had an intuitive sense of what would work and what wouldn't work in a scientific organization and relayed in a government bureaucracy and so it didn't bother him if the new director of the Eye Institute thought that for whatever reason that it sounded pretty

good that he wanted an administrative type for that job let's try it and see if it will work.  
We could always tear it apart.

Mr. McManus: That's right, any experiment could be started over. There were a certain number of positions given to the NEI like that to start this administrative structure and I know that any positions at the NIH for some reason, are like you said, the dollars, the positions and the space—you already mentioned some of the discussion, but did those come out of Neurology or were they presenting a lot of resistance to that? I'm sure there was some.

Dr. Sherman: Neurology Institute, oh they were going to die if they lost positions in the Grants. Murray is the one to ask about that.

Mr. McManus: Oh yeah, Murray—I'm sure he'll tell us as he'll want his side of history.

Dr. Sherman: I always remember one of my favorite characterizations of Murray is that fellow who knew him well, Sam Herman. Sam used to say that Murray was the only person in the world who didn't think that the shortest distance between two points is a straight line. I'll never forget that which I thought was a very interesting characterization of Murray.

Mr. McManus: I think it was very apt. What do you think, and it's not necessarily scientific, what do you think were some of the major accomplishments in establishing the NEI?

Dr. Sherman: Well, I think the first major accomplishment was being able to recruit somebody like Carl as the Director because the fear that we had from Building 1 was that legislation had passed for all practical purposes and there was going to be an Eye Institute and that would probably be our toughest recruitment and if we didn't come up with a first-rate director we would be in real trouble. It's like what I see when I go down there now, you know—given all the haranguing of the institute and this poor fellow that remained I think. The federal government I would be willing to bet you know would be willing to settle for filling this building with second rate people if they couldn't get the people—if they weren't driven to get the people that they needed. So the first thing was the recruitment of Carl or somebody like him.

Mr. McManus: And you were the head of the search committee?

\\\Dr. Sherman: Yeah and I don't mind telling you that until that boat ride I was getting pretty worried. But the second one was that for example with the help of some of the outsiders like Edward Maumanee and Bernie Becker and Berliner on the inside as far as the scientific component was concerned, the grants program. You had people who really knew what they were doing and the same thing happened with the establishment of that administrative structure because Dick Seggel you know all tried our hand at figuring that out.

Mr. McManus: The NIH has never had that kind of management expertise. I mean that this was just a different world.

Dr. Sherman: But, those would be my two by far of the greatest accomplishments at the take off and if either one of you hadn't happened, the chances of failure were real.

Mr. McManus: They were. How about the training program about 1969-1971 just when NEI was kind of getting moving? There was a change, a big change in the training program, I think to phase out the clinical training. I guess that was especially important I really didn't realize this until I read something the other day, I was reading the history of the Neurology Institute by that fellow from Columbia. And that was one of the main reasons Mental Health went out of NIH because they wanted to continue the clinical training and Neurology was with them and the NEI followed the dictums of the administration, do you remember that?

Dr. Sherman: Well the crew at the bureau of the budget at the time were headed up by a fellow named Paul O'Neil.

Mr. McManus: The Paul O'Neil?

Dr. Sherman: The Paul O'Neil. And his right hand was a man, very bright, both of them—by the name William S. Cannon and they had come to the conclusion that there as absolutely no justification for the NIH to run a regular training program. But in part we were living on

the knife's edge because again Murray and Neurology Institute because Murray kept saying to everybody that we were researchers and you know the fellows from the outside were threatened with the loss of their programs because as these things go we can't run residency programs so there was a black and white and sides and everything and those that obviously had us in continual trouble with the budget. But finally through their help I remember one hearing in particular, you remember Tom Kennedy.

Mr. McManus: Sure, absolutely.

Dr. Sherman: Tom and I were given an advisor, he was a dentist by the name of John something-or-other, anyway, the three of us went down to testify before Paul Rogers on the administration proposal to eliminate the regular training program and Paul, bless his soul, knew that Kennedy and Sherman were the two most uncomfortable people in that whole building on that occasion and he toyed with us in such a fashion that he got the answers he wanted even though we didn't know what was coming next but had it not been for the questions that Rogers raised among other people and a lot of well organized support from the outside for true graduates of the research training grants, not the type that Murray wanted, I think that it can come down the tube. You know that any time you lose something it's a lot harder to start it over again than it is to continue it.

Mr. McManus: Yes I can believe he was very upset before I had come and I think that Carl arranged for a meeting with Marston ...

Dr. Kupfer: Can I just go back? Was Neurology a main proponent of clinical training or were some of the other institutes doing the same thing?

Dr. Sherman: None of the other institutes were doing it openly. They've been doing it for years but with everybody's blessing.

Dr. Kupfer: But Cancer, Heart...

Dr. Sherman: None of the rest of them took interest but the Neurology Institute.

Dr. Kupfer: So it really was focused in the Neurology Institute. It's sticking in my mind the idea that the administration about 1968 let a contract to a group of Harvard economists to analyze the cost of the training program to train people who would eventually go out and earn a perfectly good income. Did that actually happen or am I imagining that?

Dr. Sherman: I vaguely remember something like that.

Dr. Kupfer: Now when the administration demanded that these clinical training grants stop that must have been when Nixon had just come in 1970-71. Did Neurology stop this or did they continue so that they could have a more level of activity?

Dr. Sherman: My recollection is that they continued to do it.

Dr. Kupfer: You see that's an important point I'll bring that out. When Bob Marston called me in and said I think the time has come for the Eye Institute to develop its own strategy and training grants and not continue to follow the model of the Neurology, which I was very happy about. I was a Program Manager of a training grant at Harvard and I was aghast that of the 24 residents that 8 were being subsidized by the federal government and 16 were being paid by Mass Eye and Infirmary. And this was called research training. But go ahead.

Mr. McManus: No, I was just going to say that the community was upset when then program was going to be changed to vision and Carl suggested that they have a meeting with Marston and himself because this was from OMB and the Director, right?

Dr. Kupfer: Well actually it was Bob Marston who was very nice. I went to Bob and said, you know there's going to be a battle from the Department of Ophthalmology as they're all depending on training grants because they have money for faculty, they have money to invite guests to lecture, they have money to upgrade the academic status—all good things, but should the NIH be paying for this? And I'm really concerned that I'm going to be attacked and Bob was very nice and said I tell what, I'll hold the meeting in my office with them and you and I'll explain to them that this is something that we have to

do, we have no choice. But you see what I think happened was that Neurology kept continuing and the ophthalmologists had the idea that I wasn't interested in defending their welfare and that I sort of brought Bob Marston in to protect me and have this meeting where Bob said this had to be done. Because after they had the meeting with Bob they asked to come to my office and we walked over to Building 31 and boy did they give me a hard time.

Dr. Sherman: But I think you're absolutely right in your recollection because the Neurology training program had always been a thorn in your sides any time you would ask what it was for why we would say and would get them to say we were training researchers. But go out in the field and tell we were running residency programs and say oh, our staff that we had a nice training grant.

Mr. McManus: Was the dentist you were trying to recall earlier, John Whiteside?

Dr. Sherman: No.

Mr. McManus: I think John was, he was pretty young then, but I think he went back...

Dr. Sherman: No, John Zach [sp?].

Mr. McManus: Oh, John Zach, okay—Bureau of Health Manpower.

Dr. Sherman: Yeah, he came in with the next administration.

Dr. Kupfer: So, then it is reasonable to assume that the ophthalmologic community saw their Neurology colleagues' still funding training grants to support residents and couldn't understand why the Eye Institute suddenly was going to do them in and that was the real basis of their complaint.

Dr. Sherman: I'd be willing to bet that's the whole story.

Mr. McManus: Did you want anything else on the NIH because I wanted to go to the National Academy of Sciences recent report on the organizational structure of NIH. Did you have anything else?



Dr. Kupfer: I think that was the main point because I've written that up and I have an editor who kept on saying well why didn't they just realize that this was administrative policy and this was the missing link that they could see that Neurology just ignored them.

Mr. McManus: I'll talk to a couple of those guys that came in to make sure that they're in sync. Recently the National Academy of Sciences in the Institute of Medicine did this study on the organization of the NIH and I was involved on the other side of some of the recommendations as my role as the Executive Director of this organization and you know the fact that the whole visual system was part of the NEI's mandate was very important because it gave them a big enough role and a big enough budget and enough programs that they were able to rationalize their existence as a free-standing institute. But do you have any thoughts about the proposals to blend all of the neuroscience institutes into one big brain institute or the whole process of reorganizing the science Institutes?

Dr. Sherman: Well, you feel and I would think that you would feel the same way that once you achieve a certain number of units your span of control in a positive and proper way is either going to be stretched too thin or is going to break somewhere along the line. And whether it is possible again I must admit I haven't followed that closely enough to know, but I think periodically it would be in NIH's best interest to take a look at its organization. And I'm reminded—I guess in my intuitive sense and that sort of attitude is the consequence of having gone through the Wooldridge Committee Report. Now that's still the best report that's ever been done of any major government agency regarding the scientific field and I treasure my moth-eaten copy of the report. But one of the things that came out that was never written up in the report but it came out in the discussions about the report as it was being written and as we had the back and forth with the Woolridge Committee itself, was that one has to wonder whether or not any organization, even the best, eventually reached the point where changes needed to be made because the institution—regardless of what its doing or how good it is, it runs out of gas intellectually. And that has always struck

me in part because it was spoken by a remarkable group of people and I don't know if you remember some of the people who were on that Woolridge Committee but that was one sterling committee and the fact that all of these fellows had been saddled with major responsibilities in major organizations, some government, some private, some quasi government, like Mider. If people like that who had been through the mill and had nothing what-so-ever to gain from whatever they said about NIH felt that you at least ought to take a look as to whether your organization is at the proper mix for it's size and its mission.

Mr. McManus: I absolutely agree with that philosophy and every time someone comes up and wants to pick on the NEI, I always come back to Carl and say well they ought to give me a shot at the Cancer Institute, too big and bloated and I don't think it's done a whole lot of what it should do. Boy there's an organization that a little bit of innovation and turning it upside down might not be bad.

Dr. Kupfer: Well, I think that there is another aspect that I see. If you look at the way Building 1 was organized when I came on board in 1970, or even more important the decade before, there were very, very committed outstanding people who knew what management was all about, you mention that comment. Well, if you go to Building 1 today or five years ago, or ten years ago there are people there who don't know what's going on and they're getting in each other's way.

Dr. Sherman: You know I've heard the same complaint.

Dr. Kupfer: And our philosophy was very simple, choose good people and leave them alone.

Dr. Sherman: Right, right. Well you know Carl, one of the things that stuck in my mind after I had my falling out with Caspar Weinberger and company. I went out to NIH oh, six months or so later, and Leon...what was his name? He was the Executive Officer then?

Mr. McManus: Leon Schwartz.

Dr. Sherman: Leon Schwartz and we all got along very well. He was a good strong supporter like before. And he was on his way home and I said something like how are things Leon? And he said look and here he was carrying a copy of today's Post and that was going to be his homework for the night, and you would never have thought that taking a Post home for homework at night but it was that type of person, Carl that he's setting.

Dr. Kupfer: And then if you begin to take the Eye Institute and the Deafness Institute and the Neurology Institute, where are they going to recruit? I certainly wouldn't take a job like that unless you can control your own budget, and your own position, and your own space.

Mr. McManus: Well, I give you a little anecdote. I was very active in organizing against the recommendations of Dr. Varmus and his opinions on this thing and we put Steve Ryan on the Institute of Medicine Academy of Sciences group and he ultimately prevailed for us. But I had a meeting with all of the professional societies, whoever the Washington representatives were, there were probably about 13 there, maybe a little bit more. We did it outside the AAMC and it was kind of difficult to get them all in, I think they kind of slipped away from me a little bit more than maybe what they had done a few years ago, but I got them all in. And nobody was paying attention to this because it was just another one of those things and I thought that you just never know, you don't want a report that says something that you don't want to be set on the shelf someplace because when questions come up they pull it out and all of a sudden it's the law. So I told the Heart people do you know that you're going to be in an institute with diabetes, and they looked at me. There was going to be an internal medicine institute. Talking about the span of control being, so later on I talked to the Diabetes Institute people and I said I think it's probably already decided that Heart's biggest and they're going to be in charge of you. And I said the same thing back to the other ones. I told Neurology at the Neuroscience Society that the Eye was going to have more political clout and was going to be over

them, and I just kept them all thinking. Who knows how this is all going to turn out and it probably did a lot of good to get everybody thinking. Thank you, Dr. Sherman.

*End of Interview*