



VOICE EXPEDITION INTERVIEW TRANSCRIPT

The Oral History of Nephrology

Henry Tenckhoff, MD

Interviewed by Dugan W. Maddux, MD

September 15, 2009

DWM: Well today is Tuesday, September the 15th, 2009 and I'm in Seattle, Washington visiting with Doctors Tenckhoff today in their home in Seattle and I very much appreciate you all letting me come today to talk to you about medicine and particularly this history of dialysis that I know you are involved in, Dr. Tenckhoff. So, I want to start with talking with you Dr. Henry Tenckhoff about where you were born and raised and I might also ask you that question too, if you don't mind.

Dr. Henry Tenckhoff: I was born in 1930 in a small town just East of Cologne, Germany.

DWM: And you, did you grow up there? Stay there?

Dr. Henry Tenckhoff: And I grew up there until I went to The University first in Southern Germany then to Medical School in Heidelberg in Germany. And finishing up in Cologne Medical School.

DWM: Okay. So University would be very much what we, we know here as University in the United States for you, just a general upper level education.

Dr. Henry Tenckhoff: Followed by Medical School.

DWM: Followed by Medical School.

Dr. Henry Tenckhoff: Yes.

DWM: Okay. And during your Medical School, what were you interested in? What did you think you wanted to do with your training?

Dr. Henry Tenckhoff: Well I, my family has a tradition of medical profession. My Grandfather was a Physician, my Father was a Physician and I followed in those steps. I did Internship at Cologne and after Bridges Köln in German K ö l n,

DWM: Um hm.

Dr. Henry Tenckhoff: It's a major city on the Rhine River and then I went with a an American Foundation that recruited European young medical students to intern in the

United States and this was to be a one term, one year term. And then that was organized by a Quaker and was intended to familiarize young German post-war period, German Doctors with American Medicine and to bring the spirit of Quakers and medicine back to Germany.

DWM: So,

Dr. Henry Tenckhoff: So I interned as a, a regular intern with American Interns as Worcester, Massachusetts in a one year, this program was limited officially to one year

Dr. Henry Tenckhoff (cont'd.): and then we were supposed to return to Germany and carry the message about American medicine and Quakerism I guess. (LOL) and back to Germany.

DWM: What year, what year was that that you came to the United States?

Dr. Henry Tenckhoff: Uh, I'm not, when, when did we meet Laura? In sixty,

Dr. Laura Tenckhoff: Sixty-two, I don't know.

Dr. Henry Tenckhoff: Sixty-two or sixty-three. It must have been sixty-three I think.

DWM: Okay.

Dr. Henry Tenckhoff: And so I went one year in Worcester, Massachusetts as an intern and I was supposed to go home after that, but I asked our chief of Rheumatology, whether he could get me another position because I wanted to learn more about American Medicine and American life, which I then spent at the Robert Breck Brigham Hospital in Boston and that was a very good year and I met my wife there (LOL) who was, who is also a Physician.

DWM: We were talking, we were talking about that.

Dr. Henry Tenckhoff: After that year I had to return because my VISA ran out.

DWM: Your VISA ran. What did you think about American Medicine and Quakerism by the time you had finished that tour?

Dr. Henry Tenckhoff: Oh Quakerism didn't play much role except we had an annual meeting of all the fellows, of German fellows. Mostly German, but there was some Dutch among them and the odd Britisher. But mostly Germans.

DWM: And how was the American part of it? The training?

Dr. Henry Tenckhoff: Very good, yes. The training at the Worcester Memorial Hospital was very good and then I got a research fellowship at the Robert Breck Brigham Hospital in Boston which is a Rheumatism Hospital and

DWM: Were you doing research then in Rheumatology?

Dr. Henry Tenckhoff: Ah, yes.

DWM: Basic, like basic science research?

Dr. Henry Tenckhoff: Yes, and clinical, clinical too, yes.

DWM: Clinical, yeah, okay. So that was good?

Dr. Henry Tenckhoff: That was good and as part of this rotation I attended the

Dr. Laura Tenckhoff: House of Good Samara, of Good Samaritan.

Dr. Henry Tenckhoff: The House of Good Samaritan which was a hospital for Pediatric.

Dr. Laura Tenckhoff: And adult.

Dr. Henry Tenckhoff: And adult?

Dr. Laura Tenckhoff: Yes.

Dr. Henry Tenckhoff: Oh really? I don't remember.

Dr. Laura Tenckhoff: Yeah, it was both.

Dr. Henry Tenckhoff: Both?

Dr. Laura Tenckhoff: Yeah.

Dr. Henry Tenckhoff: Uh, with Rheumatoid Arthritis mostly.

Dr. Laura Tenckhoff: And, and Rheumatic Fever.

Dr. Henry Tenckhoff: And Rheumatic Fever, yes.

DWM: So how,

Dr. Henry Tenckhoff: And that's where I met,

DWM: I was going to say,

Dr. Henry Tenckhoff: That's where I met her.

DWM: How did you and Dr. Laura Tenckhoff meet?

Dr. Henry Tenckhoff: Well I had to attend there because I was at an Arthritis Hospital. The Robert Breck Brigham Hospital in Boston was an Arthritis hospital for adults and I was supposed to get also, exposed to pediatric. Rheumatic Fever and Rheumatoid Arthritis.

Dr. Laura Tenckhoff: There was no Pediatrics.

Dr. Henry Tenckhoff: Hon?

Dr. Laura Tenckhoff: There was no Pediatrics at, at the Good Samaritan, it was for Rheumatoid Arthritis and Rheumatology.

Dr. Henry Tenckhoff: Yes, but those were all children.

Dr. Laura Tenckhoff: No. There were all adults. The children were over at Children's Hospital in 300 Longwood Avenue.

Dr. Henry Tenckhoff: Well they was next, right next to each other.

Dr. Laura Tenckhoff: Yes, it was next to each other but, but the, Dr. Marsel ran this hospital entirely for Rheumatic Fever and Rheu, and Rheumatic Diseases.

Dr. Henry Tenckhoff: But most of the patients were children.

Dr. Laura Tenckhoff: Some of them were because Rheumatic Fever was very prevalence too at that time.

Dr. Henry Tenckhoff: At that time, yes.

Dr. Laura Tenckhoff: Yeah.

Dr. Henry Tenckhoff: Well I remember only the Pediatrics, so.

Dr. Laura Tenckhoff: (LOL) I remember mainly the adult stuff.

DWM: (LOL) Adults.

Dr. Laura Tenckhoff: I'd forgotten there were children there.

DWM: And while we're here, I want to, how did you happen to come there when, how, what, what brought you there?

Dr. Laura Tenckhoff: Oh, I was married to an American who I eventually managed to divorce. (LOL)

DWM: (LOL) Fortunately I suppose.

Dr. Laura Tenckhoff: Oh, I wasn't going to put up with him anyhow, no. He didn't approve of women working, you know? Especially after marriage.

DWM: No, that was not going to work.

Dr. Laura Tenckhoff: So. That was, no it didn't work.

DWM: So you all met,

Dr. Henry Tenckhoff: Um hm.

DWM: And were not married when you had to return to Germany?

Dr. Henry Tenckhoff: No.

DWM: So you went back?

Dr. Henry Tenckhoff: I went back. I had to go back because my VISA ran out.

DWM: Your VISA.

Dr. Henry Tenckhoff: I continued medical training after my return to Germany.

DWM: Where were you?

Dr. Henry Tenckhoff: In Cologne.

DWM: Cologne.

Dr. Henry Tenckhoff: At The University Hospital at Cologne.

DWM: Still doing sort of general internal medicine?

Dr. Henry Tenckhoff: Internal medicine, yes.

DWM: Yes.

Dr. Henry Tenckhoff: And um, did write a thesis and, and what else? I wrote a thesis and that's what, that's what you have to do in order to become a Doctor.

DWM: What was your thesis on?

Dr. Henry Tenckhoff: What?

DWM: What was your, what was the topic of your, subject of your thesis?

Dr. Henry Tenckhoff: Uh,

DWM: (LOL) It was not very important, I can tell.

Dr. Henry Tenckhoff: No, no, no.

Dr. Laura Tenckhoff: (LOL) It was a long time ago.

Dr. Henry Tenckhoff: (LOL) That's a long time ago. I have a copy somewhere, but, I don't. I have forgotten.

DWM: So, how long did you have to stay in Cologne?

Dr. Henry Tenckhoff: I went from Cologne then. After two years I went to Hamburg. After that my Lore, my future wife also visited Hamburg and my family. And uh, we got married in Hamburg.

Dr. Laura Tenckhoff: No we got married in England, excuse me.

Dr. Henry Tenckhoff: Married in England. Yes. I near, and I nearly missed the boat.

Dr. Laura Tenckhoff: The boat. (LOL)

Dr. Henry Tenckhoff: (LOL) Because I had to be twenty four hours,

Dr. Laura Tenckhoff: Before the marriage in England.

Dr. Henry Tenckhoff: Before the marriage in England and I had to drive with my car from Hamburg to Rotterdam in Holland and catch the ferry and I nearly missed the

deadline. (LOL) I had to sleep on the ro, I had to park my car on the road because I was too tired.

Dr. Laura Tenckhoff: And you did miss the ferry and you took the plane as I remember. (LOL)

Dr. Henry Tenckhoff: Oh that's right. Oh yes, she, she's right. (LOL)

DWM: (LOL) Alright, so, but you managed. And you all married in England.

Dr. Laura Tenckhoff: Yes.

Dr. Henry Tenckhoff: Right, right.

DWM: And did you stay in England for any period of time?

Dr. Henry Tenckhoff: No.

Dr. Laura Tenckhoff: No.

DWM: You just were there for your wedding, your family was still there and,

Dr. Laura Tenckhoff: Um hm. Oh, yes.

Dr. Henry Tenckhoff: Um hm. You went back to, to America.

Dr. Laura Tenckhoff: No.

Dr. Henry Tenckhoff: No?

Dr. Laura Tenckhoff: I came with you my dear. We were married. (LOL)

Dr. Henry Tenckhoff: Oh, that's right. Okay.

DWM: So you all came,

Dr. Laura Tenckhoff: To Hamburg.

Dr. Henry Tenckhoff: Yes.

DWM: To Hamburg,

Dr. Henry Tenckhoff: To, to Hamburg.

DWM: Finished your,

Dr. Henry Tenckhoff: Where I worked at the Tropical Institute.

DWM: Tropical Institute.

Dr. Henry Tenckhoff: It was a big, very old established Tropical Institute for Tropical Diseases.

DWM: Hamburg seems like a funny place for that. It's pretty far North isn't it?

Dr. Henry Tenckhoff: Well it's the biggest Port City in Germany.

DWM: Oh, true.

Dr. Henry Tenckhoff: Yeah.

DWM: Yeah.

Dr. Henry Tenckhoff: And a lot of foreigners coming in with strange diseases. (LOL)

DWM: True. Yeah. So you went there, and how long were you there?

Dr. Henry Tenckhoff: About three years?

Dr. Laura Tenckhoff: Yeah.

Dr. Henry Tenckhoff: And then we decided to come back to America.

Dr. Laura Tenckhoff: Yeah.

DWM: Why? Why?

Dr. Henry Tenckhoff: Well,

DWM: Why come back?

Dr. Henry Tenckhoff: Well, Laura's background is, she's from a Jewish family.

Dr. Laura Tenckhoff: Partially Jewish.

Dr. Henry Tenckhoff: Partially Jewish. Her, that her parents, or her father was dismissed from a German Research Institute eh Institution in Berlin. The Kaiser Wilhelm Institute, the foremost research institution in Germany, Berlin. And in thirty-five he,

Dr. Laura Tenckhoff: Thirty-three

Dr. Henry Tenckhoff: Thirty-three he was given notice he had no more.

Dr. Laura Tenckhoff: To leave.

Dr. Henry Tenckhoff: No longer a job because he was Jewish. So the family had to flee,

Dr. Laura Tenckhoff: No we left in an orderly fashion, excuse me. (LOL)

Dr. Henry Tenckhoff: No not flee. In an orderly fashion, okay. (LOL) Yeah, but you had to,

Dr. Laura Tenckhoff: She left, he left first. My father said you go,

Dr. Henry Tenckhoff: Your mother said,

Dr. Love Tenckhoff: My mother, they, there'd been a meeting, uh, a congress the year before and one of the men there, Mr. Henry Daily, later became Sir Tim Fellberg, if you ever need a position in England, there's a one waiting for you. And so my mother said to my father, off you go and she went and so then one day a few weeks later, we just left the house. My mother and my brother and myself, walked out and took the train to Brahman and left and there was Hitler on the floor, you know, on the shore.

Dr. Henry Tenckhoff: Hitler?

Dr. Laura Tenckhoff: Hitler, oh yes.

Dr. Henry Tenckhoff: Oh yes.

Dr. Laura Tenckhoff: Everybody was saying Heil, Hitler. Mother wouldn't raise her hand. He said, "Why aren't you raising your hand?" and she said, "I'm holding her brother." I said, "Oh. I'm going to hold my brother too." And we took off and the only English I knew was thank you. So when the Steward said to me, "Good morning miss." I said, "Thank you." (LOL)

DWM: (LOL) And when you all left, you went to England.

Dr. Laura Tenckhoff: Yeah.

DWM: And your father was working there at the time?

Dr. Laura Tenckhoff: Yes.

Dr. Henry Tenckhoff: Yeah.

DWM: Yeah.

Dr. Henry Tenckhoff: At the what, at the,

Dr. Laura Tenckhoff: Hampstead.

Dr. Henry Tenckhoff: Research Institute.

Dr. Laura Tenckhoff: General Medical Counsel

Dr. Henry Tenckhoff: Yes.

Dr. Laura Tenckhoff: Oh, I didn't give you up about that. (LOL)

DWM: (LOL) But I can see then that you all did not want to live in Germany then. You were ready, when you could, to come to America that,

Dr. Henry Tenckhoff: Well, there was, when he got, he had a position in England, a research position. Mr. Henry Dale, yes?

Dr. Laura Tenckhoff: Yeah.

Dr. Henry Tenckhoff: And then, but that wasn't permanent, and then he had an offer.

Dr. Laura Tenckhoff: He had ma, ah various offers from America, Israel, Australia and some other place and he asked my mother, "Where should I go?" and she said, "Australia." and so they went. It's easy.

Dr. Henry Tenckhoff: So they went, went to Australia.

Dr. Laura Tenckhoff: Yeah.

Dr. Henry Tenckhoff: And then you went,

Dr. Laura Tenckhoff: So really, I'm an Australian you know?

DWM: (LOL) You don't sound that Australian.

Dr. Laura Tenckhoff: Really?

DWM: You sound very British.

Dr. Laura Tenckhoff: Oh really my dear? (LOL)

Dr. Henry Tenckhoff: So, and then you, how long were you in Australia? I mean, when the war started,

Dr. Laura Tenckhoff: We were there from thirty-three to thirty; no, thirty-five to thirty-eight and they gave us Australian citizenship before we left because they said we couldn't go back to England with German passport. So we came back Australians, you see? Instead of Britains.

Dr. Henry Tenckhoff: You got the Australian passport within a few days.

Dr. Laura Tenckhoff: Within 24 hours.

Dr. Henry Tenckhoff: Within 24 hours.

DWM: And back to Britain for awhile.

Dr. Laura Tenckhoff: Yes.

DWM: And then,

Dr. Laura Tenckhoff: During the war,

Dr. Henry Tenckhoff: For, forever.

DWM: And then,

Dr. Henry Tenckhoff: That was just in thirty-eight, yes?

Dr. Laura Tenckhoff: Yes.

DWM: Yes.

Dr. Henry Tenckhoff: And then the war broke out.

DWM: And where did you go to Medical School?

Dr. Laura Tenckhoff: Oxford.

DWM: Oxford?

Dr. Laura Tenckhoff: Yes.

DWM: And then what brought you to the United States?

Dr. Laura Tenckhoff: Well, when at Oxford I met a lot of Americans. I, I met one very nice one so I thought, is he the English? I mean, I love the English, but,

Dr. Henry Tenckhoff: English men,

Dr. Laura Tenckhoff: They're not very de, demonstrative, you know? They're all very proper. And I knew I couldn't marry an Englishman with my German background. I was much too temperamental and so I made friends with a number of Americans and I eventually married this one American.

DWM: Who was in England at the time?

Dr. Laura Tenckhoff: At the time was a student.

DWM: Hm.

Dr. Laura Tenckhoff: From Stanford you know? Very superior.

Dr. Henry Tenckhoff: Well he, he actually was a, what? A,

Dr. Laura Tenckhoff: A Rhodes Scholar.

Dr. Henry Tenckhoff: A Rhodes Scholar.

Dr. Laura Tenckhoff: Yes. And I fell for that, but, it was my mistake. So, you know, divorce was a terrible thing in those times, you know?

DWM: I'm sure.

Dr. Laura Tenckhoff: But I did it anyway. (LOL)

DWM: When you married him, had you finished your medical training by then?

Dr. Laura Tenckhoff: Yes.

DWM: Okay. So you were ready to practice medicine? Or were you still doing residency?

Dr. Laura Tenckhoff: No, I was, well, I didn't intend to go into private practice anyway. I intended to work in a hospital.

DWM: Ah. Yeah.

Dr. Laura Tenckhoff: But he didn't like me to work. He was you know, no, no, musn't work.

DWM: But you were working when the two of you met. You were,

Dr. Laura Tenckhoff: Of course I was. I wasn't going to take a notice from anybody else telling me what to do.

Dr. Henry Tenckhoff: That was before we met. (LOL)

DWM: (LOL) Very good. So you all marry and marry in England and go back to, to Hamburg for a little while.

Dr. Henry Tenckhoff: Yeah.

DWM: And then, what made you, why did, how did you get to come to America after that?

Dr. Henry Tenckhoff: Because I joined, I had an opportunity to join this exchange program,

Dr. Laura Tenckhoff: The Ventnor Foundation.

Dr. Henry Tenckhoff: The Ventnor, The Ventnor Foundation.

Dr. Laura Tenckhoff: Um hm.

Dr. Henry Tenckhoff: And had an internship in Worcester, Massachusetts.

DWM: And was that when you were at the Peter Bent Brigham?

Dr. Henry Tenckhoff: No. That was for one year only.

DWM: Oh, that was,

Dr. Henry Tenckhoff: Presumably and then we were supposed to go back to our birth country in Europe. There were mostly Germans, but there were some Dutch and some French.

DWM: Okay.

Dr. Henry Tenckhoff: And uh, I didn't want to go yet because I wanted to experience more of American and so I asked one of our attending whether he could get me a position in, in America. And he was a rheumatologist and he says, "Yes. I know some people at The Robert Breck Brigham Hospital." There's a Peter Bent Brigham,

DWM: Yes.

Dr. Henry Tenckhoff: Which is a more famous one.

DWM: Right. And,

Dr. Henry Tenckhoff: And his uncle was Robert Breck and he founded an arthritis hospital, thus the hill and he got me a position there.

DWM: Yeah.

Dr. Henry Tenckhoff: And as such, I had to also do consultations with patients at the Children's Hospital, at the bottom and at the House of Good Samaritan. I went everywhere.

DWM: Right. After you all married, what brought you, you though at some point once you were married, you have, you came back again. Is that right?

Dr. Henry Tenckhoff: We married and then we, in England. And then we,

Dr. Laura Tenckhoff: Went to Germany.

Dr. Henry Tenckhoff: Went to Germany, yeah.

DWM: Germany, and,

Dr. Henry Tenckhoff: We were one of the, the early users of the chunnel.

DWM: (LOL) Sure.

Dr. Henry Tenckhoff: Have you heard about the chunnel?

DWM: I have heard about it. I've not been through it myself.

Dr. Henry Tenckhoff: And we traveled through the chunnel.

Dr. Laura Tenckhoff: Um hm.

DWM: The channel. (LOL) And then,

Dr. Henry Tenckhoff: And then we stayed in Hamburg for about three years and I did my thesis in Hamburg at the Tropical Institute, Internal Medicine.

DWM: And then did you come,

Dr. Henry Tenckhoff: And then we, then we decided to go to America because A, Lore felt somewhat uneasy in Germany and then the Berlin Wall went up.

DWM: Yes.

Dr. Henry Tenckhoff: And,

Dr. Laura Tenckhoff: And then I felt more unease.

Dr. Henry Tenckhoff: And then she was more at, uh worried and so we decided to go to America. In the mean time, we heard from a colleague of ours from Boston, who visited us in Hamburg, about Dr. Scribner and the, it went off the earlier stages of chemo-dialysis. And so I decided to, I wanted to go to apply with Dr. Scribner for a fellowship and I was accepted and uh, we moved over here in sixty-three.

DWM: Sixty-three.

Dr. Henry Tenckhoff: End of sixty-three.

DWM: Had you, had you an interested in kidney patients before that? Had you specifically,

Dr. Henry Tenckhoff: Well, yes. We had dialysis at our hospital in, in Hamburg, but it was only acute dialysis because chronic dialysis didn't exist. Yes.

DWM: Right. Right.

Dr. Henry Tenckhoff: And when I heard about, from a friend of ours, a common friend of ours who visited us. He was an Australian I think.

Dr. Laura Tenckhoff: No. He was, who were you thinking of?

Dr. Henry Tenckhoff: He visited us in Hamburg.

Dr. Laura Tenckhoff: Yes he was an Australian. That's right.

Dr. Henry Tenckhoff: He visited us in Hamburg. He told us about Dr. Scribner and chronic dialysis. This was the very early stages of,

DWM: Yes.

Dr. Henry Tenckhoff: Hemo-dialysis.

DWM: Yes.

Dr. Henry Tenckhoff: And so,

DWM: Were, had you seen patients who were dying from kidney disease? Was that something that you would have seen?

Dr. Henry Tenckhoff: Well, this too. And I had seen acute dialysis at Peter Breck Brigham Hospital.

DWM: Yeah.

Dr. Henry Tenckhoff: Well I consulted for Rheumatology problems.

DWM: Right.

Dr. Henry Tenckhoff: And then that was, and we had acute dialysis in, in Hamburg at our hospital.

DWM: And would it have been, would you have had the big Kolff rotating drum or what?

Dr. Henry Tenckhoff: Kolff rotating drum and you know, cut down each time for each dialysis until you ran out of blood vessels and then that was it.

DWM: There's. Yes.

Dr. Henry Tenckhoff: And then we heard about Dr. Scribner's work and I said, well, that's what I want to do.

DWM: Yeah. So you came to Seattle in 1963.

Dr. Henry Tenckhoff: Um hm.

Dr. Laura Tenckhoff: We were going to stay just for a year or two. (LOL)

Dr. Henry Tenckhoff: Yeah. For a few years to learn the technique and then,

DWM: (LOL) And then, what year is it now? 2009? Yeah, until you thought that, was that you would learn the technique and then,

Dr. Henry Tenckhoff: And then take it back to Germany.

DWM: Take it back to Germany.

Dr. Henry Tenckhoff: Um hm.

DWM: So what was it like when you came here? What, what were they doing?

Dr. Henry Tenckhoff: Well, Dr. Scribner had a few patients, three patients on Hemo-Dialysis, acute hemo-dialysis. And initially with shunts. And then he had the idea of creating AV fistulas, so the part before that, each time you had to make a cut down to get access to the blood vessels.

DWM: Right.

Dr. Henry Tenckhoff: And when you ran out of blood vessels, that was it. And then Dr. Scribner came up with the idea of shunts and they had a very huge team, they improved it very rapidly with ingenious little inventions, so that the external shunts could be, well the shunts could be accessed through a fistula that was inserted in an arm and between dialysis there was a shunt, you have heard about those, yes?

DWM: The shunt? Yes.

Dr. Henry Tenckhoff: A shunt between the artery and the vein, to keep it open. So you didn't have to make repeated cut downs and that was the beginning of chronic dialysis.

DWM: Yeah.

Dr. Henry Tenckhoff: And there were three beds in the research unit at The University Hospital here where we dialyzed these three first, the three first patients and they all stayed all alive. They all developed severe, to varying degrees, neuropathy which was a new phenomenon which nobody ever had encountered and Dr. Scribner was very ingenious and he had a lot of foreign and American fellows and each one was designed

a special interest. Like fistulas. I worked on neuropathy. Nobody ever had heard about Uremic Neuropathy because patients died before then. All these patients had severe, varying degrees, but some very severe Uremic Neuropathy which we hardly ever see now a days.

DWM: Right.

Dr. Henry Tenckhoff: And I worked for, or worked on Uremic Neuropathy and then there was a somewhat more senior Dutch fellow, from Holland who visited Dr. Scribner also to learn Hemo-Dialysis, but he also had an interest in Peritoneal Dialysis which had similar problem. You've got to do, put a catheter into the abdomen and do Peritoneal Dialysis. And I got interested in Peritoneal Dialysis and for each dialysis we had to put a new tube in abdomen which was kind of cumbersome and we had only three research beds and we couldn't get any more so, we had to take the patients home and put a catheter into their abdomen at home and at the end of dialysis, initially I pulled the catheter out and then we taught the patients to pull the catheter out and dress their wounds.

DWM: So this is 1963, 1964?

Dr. Henry Tenckhoff: Well no sixty-four, sixty, sixty-four, sixty-five, yeah.

DWM: Sixty-five? Five. So what these temporary catheters, so you have patients at home and you go there and put a catheter in.

Dr. Henry Tenckhoff: Um hm.

DWM: So you just numb up the skin and

Dr. Henry Tenckhoff: Make a small incision, put the catheter in and then hang up; we had, we had a Peritoneal Dialysis Lab and that produced sterile dialysis solution in forty liter carboys, sterilized and a specially designed sterilizer and these special caps so they can be shipped to the home and I would put the catheter in and hook up a sheet up and then the patient would pull the catheter out and then the lab would take the, the bottles back and

DWM: How often were you going to put catheters in? How often were patients doing PD and how long would they stay on?

Dr. Henry Tenckhoff: Three times a week.

DWM: Three times a week. So you're making home visits to,

Dr. Henry Tenckhoff: To put in catheters, yes.

DWM: How many people could you do that for?

Dr. Henry Tenckhoff: Well, I had at the most, I think I was most, out most, most days. (LOL) Of probably, the most I think I probably had at the same time was five.

DWM: Okay. And you were just blindly making a puncture and inserting a catheter?

Dr. Henry Tenckhoff: Well that's how peritoneal dialysis was done, yes.

DWM: Yeah.

Dr. Henry Tenckhoff: Local Anesthesia, and then I'd make the patient bear down, and then pop the catheter; well I'd make a small incision and then pop the catheter in. These were rigid catheters. Plastic with many holes and an end hole about this long. I guess I should have gotten some out for you, but, but there are pictures available.

DWM: (LOL) And they're just, they were just straight stiff,

Dr. Henry Tenckhoff: Well they were stiff, a little bent in the front, at, at the tip and many holes and a, a terminal hole at the end.

DWM: Who would have designed that catheter? Do you remember?

Dr. Henry Tenckhoff: Yes. There was a, a somewhat more senior fellow at Dr. Scribner's team. He came from Holland and he had an interest in peritoneal dialysis and he designed the catheter.

DWM: So Dr. Boen? Was that Dr.

Dr. Henry Tenckhoff: Fred Boen, yes.

DWM: Yeah, Fred Boen.

Dr. Henry Tenckhoff: Yes.

DWM: So, so you're making home visits. Putting in catheters.

Dr. Henry Tenckhoff: Um hm.

DWM: People would dialyze for how long?

Dr. Henry Tenckhoff: Overnight usually.

DWM: Overnight? Okay.

Dr. Henry Tenckhoff: Um hm.

DWM: Three times a week.

Dr. Henry Tenckhoff: Three times a week.

DWM: And how were they doing? How were the patients doing?

Dr. Henry Tenckhoff: They were doing remarkably well. Sometimes there was a leak. Sometimes I had to go back because there was too much of a leak. Sometimes it wouldn't drain properly. So, sometimes I had to go several times for one dialysis.

DWM: Yeah.

Dr. Henry Tenckhoff: That's always at home. Well the first patients, of course, were done in the hospital and then we decided we had only, what? Five beds in, in one room and the other research unit. So, if you wanted to expand the, the program and there was a big need to expand it; well, we had to go to home. That's why we went to home hemo-dialysis too.

DWM: Right. Right. You all had a very big home hemo-dialysis.

Dr. Henry Tenckhoff: Yeah, oh, God.

DWM: And Peritoneal Dialysis program.

Dr. Henry Tenckhoff: Yes.

DWM: So, I'm guessing that by the time you had five patients and you were going to their homes and doing all that,

Dr. Henry Tenckhoff: I was, I was gone every night. (LOL)

DWM: (LOL) Not good for your family life. (*loud sound of a dog barking*)

Dr. Laura Tenckhoff: We came to the day where we went with him to (UI).

DWM: Yeah. You just took the whole family to, to,

Dr. Laura Tenckhoff: (*talking to the dog*) Just a moment.

Dr. Henry Tenckhoff: Well sometimes I took my, my daughter to visit uh, patients and talk, talk, what?

Dr. Laura Tenckhoff: You took all of us, excuse me.

Dr. Henry Tenckhoff: Pardon? All of them?

Dr. Laura Tenckhoff: Yeah, sometimes. We waited outside in the car. (LOL)

Dr. Henry Tenckhoff: (LOL) I had forgot, I had forgotten that.

DWM: (LOL) So, what, what were the advances then from that point? What do you think made peritoneal dialysis come about as a, as a, I mean, obviously **Female Speaker (cont'd.):** you were willing to go to patient's homes and put in catheters, but that was not going to be a solution for everyone.

Dr. Henry Tenckhoff: No that obviously was not a, a permanent solution.

DWM: True chronic dialysis outpatient program.

Dr. Henry Tenckhoff: No. And it's not the most comfortable one because even though the insertion is quite easy and usually successful, and of course, one develops a skill very rapidly. Ah, but for the patient, it's not that nice. So, I decided we needed an implantable catheter. And we had silastic of course and you know, we, we had a Teflon felt cuff that was glued on too, a very good lab, we had very good lab technicians.

DWM: Is that the Dacron? Dacron cuff? Yes, yeah.

Dr. Henry Tenckhoff: Dacron cuff, yes. Dacron felt.

DWM: Yeah.

Dr. Henry Tenckhoff: And to allow tissue to grow into the Dacron felt, which it does. So the catheter would not be slide back and forth versus the plastic catheters of course would slide somewhat and that's of course enhances the risk of, of infection.

DWM: Right.

Dr. Henry Tenckhoff: And we did a lot of studies to make sure, in animals too; to see what the tissue in growth is, into the felt. Tissue grows into the felt and stabilizes it and it's a viable, biological barrier.

DWM: Yeah.

Dr. Henry Tenckhoff: And I think that it's still the same thing right now. And that allowed us to put the catheter in under sterile conditions in the hospital and have the patient go home after a week.

DWM: Hm. I do, it does sound like at, in Seattle there was a lot of catheter technology going on. I mean the shunt technology, the Hickman catheter came from here. Um, were there people; I think Jack Cole was working a little,

Dr. Henry Tenckhoff: Jack Cole was the technical director. Dr. Scribner had a lot of brilliant ideas, but Jack Cole had the technical know-how. Both as far as materials is concerned and as far as machine, uh machinery that, and then the medical instrument shop at the University Hospital. They could manufacture almost any of it.

DWM: Is that Wayne Quinton?

Dr. Henry Tenckhoff: Wayne, Wayne Quinton, yes, was part of that.

DWM: Yes.

Dr. Henry Tenckhoff: He of course later on became an independent

DWM: Right.

Dr. Henry Tenckhoff: Supplier.

DWM: Right.

Dr. Henry Tenckhoff: Quinton incident.

DWM: Yes. So you started working with this catheter. What year would it have been you think you started really implanting catheters that you thought were working as chronic access?

Dr. Henry Tenckhoff: Probably sixty-four.

DWM: Okay.

Dr. Henry Tenckhoff: Sixty-four or sixty-five. I'm not quite sure. Probably, probably sixty-five.

DWM: Did that make a big different for patients?

Dr. Henry Tenckhoff: Oh yes. (LOL) It did because you do one procedure and that was it. And you teach the patient, well actually we have the nurses teach the patients. So, ta tink and all that sort of thing and we had a very excellent hemo and peritoneal dialysis lab and Dr. Boon was very instrumental in developing the peritoneal dialysis lab which was already well established when, when I arrived and they had these 40 liter carboys which they used to ship home. Or uh, to other hospitals. We did peritoneal dialysis at Harbor View Medical School, at, at The University Hospital, wherever.

DWM: Well, why don't we,

Dr. Henry Tenckhoff: The Swedish Hospital.

DWM: Right as you left we were talking about that, having to go, so did you really carry your family and sit in the car while he would go see,

Dr. Laura Tenckhoff: Well, to see special patients who are far out, I remember two particular patients we'd go to visit and I'd have the children in the car with me. While we were waiting for you to put in whatever it was that you were doing.

Dr. Henry Tenckhoff: Just to keep them, to keep the family together. (LOL)

Dr. Laura Tenckhoff: Yes, I think Shannon's mother was one of them.

Dr. Henry Tenckhoff: Shannon's mother was one, yes.

Dr. Laura Tenckhoff: One of them.

Dr. Henry Tenckhoff: Her daughter is on, was on dialysis.

Dr. Laura Tenckhoff: Getting dialysis.

Dr. Henry Tenckhoff: She lives down the lane.

DWM: Ah. Ah.

Dr. Henry Tenckhoff: Um hm.

Dr. Laura Tenckhoff: I remember that very well.

Dr. Henry Tenckhoff: Um hm.

DWM: Well does, you know,

Dr. Henry Tenckhoff: Polycystic Kidney Disease, you know? It runs in families.

DWM: Yes, yes it does. Right. Well it is interesting just talking about, you know, physician's families and physician's, you know, where like providing that kind of home care. It does, it is, becomes a family,

Dr. Laura Tenckhoff: Yes.

DWM: A family event.

Dr. Henry Tenckhoff: Yes.

DWM: A family obligation to, to do that kind of care for sure. Yeah. When did you get to the point where you were not delivering these big carboys to houses? Where, when did the fluid, how did the fluid part of it improve?

Dr. Henry Tenckhoff: Then it was improved by a, the original was you recycled the fluid every hour or something like this. One liter, two liters, depending on what the patient could tolerate. Then we decided we could, after we had more experience, we could have the patient walk, fill their abdomen, go, this was cycled by machine. Then they fill their abdomen and cap the catheter and then they could go after their daily
Dr. Henry Tenckhoff (cont'd.): business and then in the evening they would then uh, drain it and put new fluid in. And so it was, became, ambulatory peritoneal dialysis.

DWM: Right.

Dr. Henry Tenckhoff: And we didn't have to, then we got industry to manufacture Peritoneal Dialysis solutions in various specifications to hang up on the stand to fill the, drain the fluid first and then fill it, the abdomen again and so it was a daily dialysis exchange, but continuous dialysis.

DWM: Would this sort of, idea about peritoneal dialysis and how involved, evolved. Was it observational about what you thought worked best with patients, or, how did you determine what the exchanges ought to be like?

Dr. Henry Tenckhoff: Well there is all, there was a balance of what is practical and what could be accomplished during exchange times. And we do of course studies to see what is an optimal time for chemicals or poisons to equilibrate from the blood into the solution before we should take it out and then calculate it, what would be the most advantageous exchange cycle?

DWM: Were you doing that in the 1960s, looking at effluent and determining that or?

Dr. Henry Tenckhoff: Well in sixty we just started with the tech, no, when did we arrive?

DWM: Sixty-three, sixty four?

Dr. Henry Tenckhoff: Sixty-four. Sixty-four, yeah.

DWM: Um hm.

Dr. Henry Tenckhoff: Sixty-four.

DWM: Would you have been able to look at um, chemically what ended up in the dialysate

Dr. Henry Tenckhoff: Um hm. Yeah.

DWM: And calculate optimal concentration time, gradient time?

Dr. Henry Tenckhoff: Yes, that's right and so, we get a deal, of course it varies from patient to patient and but, it figures well, sufficiently comparable, of course bigger patients,

DWM: Um hm.

Dr. Henry Tenckhoff: And it depends on the size of the patient and all so, metabolic rates and stuff like this to come up with a, a pretty homogeneous cycling schedule.

DWM: Schedule. How did you think the peritoneal dialysis patients, say in the 1960s, the late 1960s, once you have this Tenckhoff Catheter, that's working pretty well and people are on chronic ambulatory,

Dr. Henry Tenckhoff: Um hm.

DWM: Daily dialysis, how did those patients do, do you think, compared to the hemodialysis patients at that time. Were they doing?

Dr. Henry Tenckhoff: I think they were quite comparable and many patients preferred it because it was out of the way and they didn't have to access shunts and no shunt complications.

Dr. Laura Tenckhoff: And they could do it at home too.

Dr. Henry Tenckhoff: Peri, and they could do it home and

DWM: Yeah, yeah.

Dr. Henry Tenckhoff: And it was a very, it's a very safe technique if they can learn a sterile technique.

DWM: Yes.

Dr. Henry Tenckhoff: To access the tubing, but it's very simple.

DWM: Yeah. So when you have the Tenckhoff catheter and the Dacron cuff

Dr. Henry Tenckhoff: Um hm.

DWM: And you think this is a good idea and it's working pretty well, how did you get that information out to other kidney programs and Nephrologists?

Dr. Henry Tenckhoff: Well um, the most important venue was of course the ASAIO organization, the American Society of Artificial Internal Organs, which I think Dr. Scribner was a founding member to, together with Kolff and Schreiner and maybe if you want. I think those three were probably the, the big movers and then there were annual meetings of the ASAIO and we all went to that. It's a big exchange. And publications, papers are written and so it spread fairly rapidly.

DWM: Were people calling you up and talking to you?

Dr. Henry Tenckhoff: Of course, yes, yeah. But um, the word spread very rapidly and it became a quite common technique.

DWM: Yes. Good.

Dr. Henry Tenckhoff: And I don't know what, what it, I've, I've lost track and I've not really followed how much peritoneal dialysis there is being done in comparison to hemodialysis, but I, I've been told it's quite popular.

DWM: Yes it is and I would say that certainly one of the things that's happening in Nephrology today is the idea that we'd like more people to be dialyzing at home,

Dr. Henry Tenckhoff: Um hm.

DWM: Either with peritoneal dialysis and the, I think there's a big push to try to, through various things, offer more home dialysis therapies, more peritoneal dialysis. I think if

you look at overall dialysis today, maybe there are ten or twelve percent of people on peritoneal dialysis and everybody thinks that we should have more like thirty percent of people on peritoneal dialysis.

Dr. Henry Tenckhoff: Yeah.

DWM: So, Yeah. I think,

Dr. Henry Tenckhoff: Well I, I've lost track of because I did change to a non-dialyzing hospital so I had no exposure and I was surprised that there is a fairly high percentage of people on peritoneal dialysis.

DWM: Um hm. It's,

Dr. Henry Tenckhoff: I thought it probably had disappeared.

DWM: Ah, no. It still, very important dialysis modality. Do you, do you remember also, were you involved in sort of the middle molecule looking into the middle molecule and

Dr. Henry Tenckhoff: We looked at that, but with peritoneal dialysis, the middle molecule was that not, so, not so important.

DWM: Because you were dialyzing it, whatever it was, (LOL)

Dr. Henry Tenckhoff: That's right.

DWM: Right. When did you move to a non-dialysis hospital? Did you work at, did you leave the Seattle?

Dr. Henry Tenckhoff: I, no, no, I left The University Hospital,

DWM: The University Hospital, yeah,

Dr. Henry Tenckhoff: Because I wasn't an Associate Professor, but I was on Dr. Scribner's research grant and I had medical problems and I said I can't afford to, not to have a, a permanent position and so I switch to Blue Path.

DWM: What year would that have been about, do you remember?

Dr. Henry Tenckhoff: Ah, I don't know. It must have been, I don't know. If you want me to, I can found out.

DWM: No, that's alright. Just general. So tell me about Dr. Scribner. What kind of fellow was he?

Dr. Henry Tenckhoff: He was a very friendly, very bright, lots of ideas, outgoing person. Everybody liked him. He had collected a very good team and the teamwork was, the conferences we had together with the technical part and social workers and, it was an ideal working situation. And the, the staff, I don't know how many people there were, but there were at some point, there were up to fifty people on his payroll.

DWM: Wow.

Dr. Henry Tenckhoff: All by grant support of course. And then he was, he was a genius. And he lived across Union Bay on his houseboat, you know this story, yes?

DWM: I have just heard that he lived on a houseboat.

Dr. Henry Tenckhoff: Yes.

DWM: I don't know all the details of that.

Dr. Henry Tenckhoff: Yes. And he came by canoe.

Dr. Laura Tenckhoff: Canoe, canoe every morning.

Dr. Henry Tenckhoff: Just across Union Bay, paddling to, (LOL) to The University Hospital.

DWM: (LOL) Yeah.

Dr. Henry Tenckhoff: And um, it was a very close, closely knit group.

Dr. Laura Tenckhoff: Um hm.

Dr. Henry Tenckhoff: We all had very good relationships and it was of course a big group. There were engineers from the, the upper campus who were consulting with us and Wayne Quinton who was, what will you call it, a mechanical engineer.

DWM: Yeah.

Dr. Henry Tenckhoff: And the chemistry people on the upper campus and, and each of the fellows was assigned a special area to investigate, based on problems we had experienced with the early patients. The, all three, the three first patients and that was the only patients we could dialyze at the research center. There, there was only one room and we had three spaces there, three beds and that was it. That's why home dialysis became so important.

DWM: Absolutely.

Dr. Henry Tenckhoff: And, but all, all three patients had severe crippling, one of them crippling neuropathy, uremic neuropathy. I did a lot of work on uremic neuropathy, research work and papers on uremic neuropathy. And it's irreversible and, or it was then. Which we hardly ever see now days. It's related to inadequate dialysis.

DWM: Yeah.

Dr. Henry Tenckhoff: And,

DWM: How did you all figure that out? How did you figure out it was related to inadequate dialysis?

Dr. Henry Tenckhoff: Um, it was a virtually unknown entity until dialysis came up. It's, ah, the longer the uremic condition exists, the worse it is and inadequate dialysis, or initially dialysis was not as adequate as it could have been because we just didn't know how, how much dialysis a patient requires in relation to body weight and activity level. So they all developed neuropathy and every fellow had a special, a specialty. Joe Eschbach did hematology, I did neurology, neuropathy was my specialty and others,

DWM: I talked to Don Sherrard a while back and he was real involved in bone metabolism and

Dr. Henry Tenckhoff: Don Sherrard was in bone metabolism, yes.

DWM: Yeah, yeah. And Joe Eschbach I guess, yeah, got assigned to erythropoietin and anemia and

Dr. Henry Tenckhoff: Yes, yes, that's right.

DWM: Yeah. Were you aware of the selection committee and all of those issues?

Dr. Henry Tenckhoff: Oh, yeah, that came up as soon as it was apparent that you could keep people alive and that we, if we dialyzed enough they could be kept free of serious complications for the most part, like neuropathy. We just had to increase the dialysis hours of the efficiency of the dialyzing.

DWM: So with the selection committee, did you see patients who would get turned down by these selection committees? And yeah,

Dr. Henry Tenckhoff: Yes of course. Of course. Because at The University Hospital were were restricted to three beds and until the first kidney center on Broadway opened, that was it.

DWM: Yeah. And I gather that unit, that first outpatient unit opened up in sixty-three or sixty-four?

Dr. Henry Tenckhoff: In the coach house.

DWM: In the, in the,

Dr. Henry Tenckhoff: In the coach house.

DWM: Why was it called the coach house?

Dr. Henry Tenckhoff: Because it used to be a coach house.

Dr. Laura Tenckhoff: It was, it was the coach house, yes.

Dr. Henry Tenckhoff: Yeah, I was just thinking. Jack Cole would know.

DWM: Oh, okay. (LOL)

Dr. Henry Tenckhoff: That was our first place to, to expand I think, the coach house.

DWM: Yeah.

Dr. Henry Tenckhoff: I'm not quite sure where it was though. I can't remember.

DWM: Yeah.

Dr. Henry Tenckhoff: And then it became Broadway.

DWM: Yes. Yeah, the big center.

Dr. Henry Tenckhoff: Yeah.

DWM: Yeah. And do you remember in 1972 when they did pass the Medicare act that allowed funding for dialysis, for dialysis for anyone regardless of their age; they qualified for Medicare funding?

Dr. Henry Tenckhoff: Yes, I remember that.

DWM: Do you remember, did it make a difference? Could you tell?

Dr. Henry Tenckhoff: Oh yes. Oh yes.

DWM: Yeah. Some people have said,

Dr. Henry Tenckhoff: Because, because funding became available.

DWM: Yeah. It sounded like the thought at the time was that there were people who were eligible for dialysis and should be dialyzed, but there, it, I don't think anyone imagined,

Dr. Henry Tenckhoff: Well, who,

DWM: It was going to be the large number of patients who,

Dr. Henry Tenckhoff: No. Until they had, in between they had this committee of who shall, who shall live committee.

DWM: Yeah. Yeah.

Dr. Henry Tenckhoff: Which were lay people, well except for the minister, they were all, there always was a minister on the board; who selected patients if they were, had family, had small kids or whatever. They had to make a choice who shall live and who can't.

Dr. Laura Tenckhoff: Who shall die.

Dr. Henry Tenckhoff: Get on, on dialysis.

DWM: That must have been such a tough ethical dilemma.

Dr. Henry Tenckhoff: Oh yes. Oh yes. And quite an intolerable one.

DWM: Yeah.

Dr. Henry Tenckhoff: And there came in Dr. Scribner and Senator Magnason and, and Jackson, Henry Jackson, our senate, our two Senators. They pushed the program in Washington, D.C.

DWM: What a relief that must have been.

Dr. Henry Tenckhoff: Yes.

DWM: In seventy-two. So.

Dr. Henry Tenckhoff: Well, you heard about those?

DWM: I, I've heard about seventy-two. I've heard about, you know, it sounds like those, sort of last minute it was a small part of a bigger bill, but it's made a difference. You know, I think at the time they thought they were talking about dialyzing thousands of people, maybe tens of thousands of people; and now,

Dr. Henry Tenckhoff: Well nobody had talked about ten, tens of thousands in my time. (LOL).

DWM: (LOL) It must have been unimaginable,

Dr. Henry Tenckhoff: Yes.

DWM: Where we are with dialysis today.

Dr. Henry Tenckhoff: Yes.

DWM: Yeah. Other than Scribner, where there other Nephrologists you worked pretty closely with, do you remember?

Dr. Henry Tenckhoff: Well there were in Seattle of course, there were many Nephrologists who were all trained at The University.

DWM: Right.

Dr. Henry Tenckhoff: But they spread to other hospitals. The Swedish hospital had a Nephrologist. Virginia Mason had a Nephrologist. VA Hospital, King Curtis became the Nephrologist there. Then Don Sherrard,

DWM: Yes.

Dr. Henry Tenckhoff: Also at the VA.

DWM: Yeah.

Dr. Henry Tenckhoff: Yeah, wasn't Don there?

DWM: Yes, yes, Don was at the VA, yeah.

Dr. Henry Tenckhoff: And then there is of course, the annual meeting of the ASAIO, the American Society of Artificial Internal Organs which was mostly dialysis; but also a few other things.

DWM: Yes. And there was a, there were a couple people. We talked about Jack Cole, but George Shilapatar was,

Dr. Laura Tenckhoff: Oh, yes.

Dr. Henry Tenckhoff: George Shilapatar was the Chief Lab Technician who made all the solutions.

Dr. Laura Tenckhoff: Um hm.

Dr. Henry Tenckhoff: And I met him today at The Cua Curopsy.

Dr. Laura Tenckhoff: He lives just around the corner.

Dr. Henry Tenckhoff: We live, he, he lives not far from here.

Dr. Laura Tenckhoff: Um hm.

DWM: (LOL) Well good. And so did you work pretty closely with him?

Dr. Henry Tenckhoff: Oh yes. Yes. He was, he was mostly peritoneal dialysis. The head of the hemo-dialysis lab, as you see, we made all our big solutions, ourselves in our lab. In the basement of The University Hospital. And George Shilapatar was he, doing peritoneal dialysis and

DWM: Jack Cole was doing?

Dr. Henry Tenckhoff: Jack Cole was doing more, more in, a consultant. No it was Joe, Joe, Joe,

Dr. Laura Tenckhoff: Eschbach?

Dr. Henry Tenckhoff: No. Hemo-dialysis. It wasn't Joe Eschbach. Joe Eschbach was a Physician.

DWM: Yeah.

Dr. Laura Tenckhoff: Oh, that Joe. Yes, I remember. Oh, gosh. Yes, Joe.

Dr. Henry Tenckhoff: Well, I don't recall the name right now. I can find out if your want.

DWM: Oh, that's alright. That's good. And what about the other peritoneal dialysis folks? I know Oreopoulos was probably starting in the late 1960s doing chronic peritoneal dialysis.

Dr. Henry Tenckhoff: Um hm.

DWM: Popovich and Moncrief?

Dr. Henry Tenckhoff: Um hm.

DWM: Did you know them?

Dr. Henry Tenckhoff: Yes.

DWM: Yeah. And I think they started through Karl Nolph and in Missouri they started a conference that was happening every year with peritoneal dialysis.

Dr. Henry Tenckhoff: Um, maybe.

DWM: Not something that you were?

Dr. Henry Tenckhoff: I probably was, was ah, out of it. Once I left the University, I was out of it.

DWM: Out of it. Okay. Good. The catheters, the first Tenckhoff catheter; was it made of silicon or silastic?

Dr. Henry Tenckhoff: Silastic. It was a silastic catheter with Dacron felt cuffs.

DWM: Yeah. Why did you pick silastic?

Dr. Henry Tenckhoff: It's flexible. It's, it doesn't cause any, it's very tissue friendly.

DWM: Hm.

Dr. Henry Tenckhoff: It doesn't cause any tissue reaction. It's flexible. The initial catheters were stiff and poked the gut and sometimes cause injury where as with the silastic that didn't happen.

DWM: It's just very soft.

Dr. Henry Tenckhoff: Yes.

DWM: Yeah. Okay. Well good. What do you think will be the next thing that will make the biggest difference for dialysis? Do you have a thought about what

Female Speaker (cont'd.): would really, I mean, this innovation of chronic dialysis. Having a shunt, having a permanent PD catheter, you know, made it possible to do chronic dialysis.

Henry Tenckhoff: Um hm.

DWM: And a lot of things have happened. I mean Erythropoietin has changed

Henry Tenckhoff: Yes.

DWM: The quality of life for dialysis patients.

Henry Tenckhoff: Right.

DWM: And you know, some of the home hemo-dialysis technology has made,

Henry Tenckhoff: Less bone disease.

DWM: Yes.

Henry Tenckhoff: With more freedom with more.

DWM: Right. What do you think ought to make a, be a big improvement for dialysis patients?

Henry Tenckhoff: Kidney transplant.

DWM: Yeah.

Henry Tenckhoff: And well, the, the biggest issue I have is all the calls that I, I get from people to support dialysis. The drive for a cure from patients with Polycystic Kidney Disease.

DWM: Yes.

Henry Tenckhoff: And I keep telling them, well of course I've not gone public with it, but each time they call me I says, "There is a cure, but only one cure for Polycystic Kidney Disease. Don't have children." That message doesn't go through. I, I had a

patient, a physician with Polycystic Kidney Disease, six kids, four of them have Polycystic Kidney Disease. That's a, that, that's mind boggling.

DWM: Yeah. Yes. I mean it's pretty clear cut.

Henry Tenckhoff: Yeah, it's very, very clear cut.

DWM: The genetics. (LOL) of Polycystic Kidney Disease.

Henry Tenckhoff: And it saves a lot of money too.

DWM: Yeah.

Henry Tenckhoff: And a lot of heartache, you know? You can adopt if you want to have kids. But, uh, to produce children with a disease, I, I don't understand.

DWM: You are retired now I understand.

Henry Tenckhoff: Oh yeah, for quite awhile.

DWM: Yeah.

Henry Tenckhoff: And my vision is bad and my memory is bad. (LOL).

DWM: I think your memory is quite good.

Henry Tenckhoff: That's, that's long term memory. (LOL).

DWM: (LOL) We were talking earlier about um, being a two physician family. How has that been? Was that a, how has that worked out, okay for you? Eh, let me go back Laura then just to talk to you about, how much you worked and what your work was like because this was a full time job for you and home visits, so how did you manage a career with, with, with that and your three children?

Dr. Laura Tenckhoff: By importing German nannies, I told you. (LOL) Well trained kindergarten nannies who needed to be in America and so I worked part time and they looked after the children and sent them off to school and I was back in the early afternoon and it worked fine.

DWM: So your days for part time would be working a shorter day then?

Dr. Laura Tenckhoff: Yes. Until they were older, yes.

DWM: Yeah. Did you ever try to work full time or were you always part time?

Dr. Henry Tenckhoff: Well in the later years she did.

Dr. Laura Tenckhoff: Oh, yes I did because they, you know, they would get grown up and they could take care of themselves and I always had somebody in the home, some adults. It was alright.

DWM: So what was your job?

Dr. Laura Tenckhoff: Pediatric Cardiology over at Children's. Dr. Stanley Stand.

DWM: Children's. Ah. Yeah.

Dr. Laura Tenckhoff: Ah, yes. I was his right hand woman. (LOL) So to speak.

DWM: (LOL) And when you went to work full time, you were still at Children's?

Dr. Laura Tenckhoff: Well, I was never really full time.

Dr. Henry Tenckhoff: Well you did also a research job at the University.

Dr. Laura Tenckhoff: Ah, yes I, well yes, but it, that was right at the beginning because I couldn't get a job and so, I got this research grant for a few years and I did this research um, but later on I, I could drop that and just be a Physician, you know, which is much more fun.

DWM: Yeah. Taking care of patients in the clinic?

Dr. Laura Tenckhoff: Yes.

DWM: Yeah. Were you in the hospital also?

Dr. Laura Tenckhoff: I tried not to go into the hospitals because then it would become full time and I didn't want to let him think that I would, could do that because I really thought it was important for me to be at home to help the children later in the day when they came home and had homework and all that sort of thing, so I tried to be home by five anyway, you know?

Dr. Henry Tenckhoff: But you also had a research position at The University in Pathology.

Dr. Laura Tenckhoff: Oh that, well that was at the beginning, yes. Because I had research positions. First with the Washington State Heart Association and then with the, the something or another Heart Association, yeah.

Dr. Henry Tenckhoff: And pathology.

Dr. Laura Tenckhoff: National ones, yeah.

Dr. Henry Tenckhoff: You were actually a triple Professor. (LOL)

Dr. Laura Tenckhoff: (LOL) That's right, I was. Radiology, Pathology and Pediatrics. That's me. (LOL)

Dr. Henry Tenckhoff: (LOL) Pediatrics.

DWM: (LOL) That is very impressive.

Dr. Laura Tenckhoff: (LOL) Isn't it impressive? I'm so glad you're impressed.

DWM: When we were talking about this earlier,

Dr. Laura Tenckhoff: Um hm.

DWM: That you know, in the years that you were training, there were not very many women in medicine. What made you decide to go into medicine?

Dr. Laura Tenckhoff: Well actually I was going to go into physiology and follow my, and follow my father, but he said, "No. Go into medicine and then you'll have a lot, lot more choices." So I said, "Okay." Alright, okay, you know? I mean I was, I wasn't really a very serious, you know, driven person. I was, just said, okay, I'll do that. I didn't really know what I wanted to do, you know? So it just sort of happened.

Dr. Henry Tenckhoff: Fell into it.

Dr. Laura Tenckhoff: Yes.

DWM: And when you were training, were you at Oxford for medical school?

Dr. Laura Tenckhoff: Yes, but I went to London for the clinical work.

DWM: Yeah.

Dr. Laura Tenckhoff: And that was really when I was, really became inspired with the clinical work and that made a big impression on me.

DWM: What about it made a big impression?

Dr. Laura Tenckhoff: I think my chief who was Jeffrey Born, um, the way he treated patients, as, as human beings and, and his gentle manner and and generally the way he, he behaved himself you know, on the ward.

Dr. Henry Tenckhoff: And communicated.

Dr. Laura Tenckhoff: And communicated, yes. Listened to the patient. He's telling you their diagnosis was always his message. And I always remembered that. So I listened very carefully.

DWM: Yeah.

Dr. Laura Tenckhoff: I think actually that was another physician who said that, but he, he also did that very well.

Dr. Henry Tenckhoff: Who was the other one?

Dr. Laura Tenckhoff: He listened to the patient, he's telling the diagnosis, well maybe it was William Withering, I don't remember. I read it in a lot of books by Cardiologists at that time and all these sayings come together as one.

DWM: Were there other women training with you?

Dr. Laura Tenckhoff: Yes, there were women, but they were very, very few and far between.

DWM: And, the, you didn't have a problem with that? You,

Dr. Laura Tenckhoff: Oh, no. We were, we were very much aware that we were one unit together.

DWM: So, do you think the men in London that you worked with, the male Physicians were, were easy for you to deal with or hard for you?

Dr. Laura Tenckhoff: I've always found men easy to deal with. (LOL) I like men you know.

DWM: (LOL) Yeah, me too.

Dr. Laura Tenckhoff: Right, exactly. No, I never had any problem that way. Not at all. I had some problem with a female Physicians here in Seattle.

Dr. Henry Tenckhoff: Seattle.

Dr. Laura Tenckhoff: But,

Dr. Henry Tenckhoff: Senior Physician.

Dr. Laura Tenckhoff: Yes. But I didn't take any notice of them, you know?

DWM: What problem did you have with a female Physician?

Dr. Laura Tenckhoff: Well, she was, some Senior Physician who got a little uppity with me and I said, "Really? Oh, really? Oh, really? Oh, really?" I wouldn't let her get away with anything. She wasn't used to that and she raised up and left and went somewhere else. It was alright with me. (LOL)

DWM: In the early 1960s when you were here, were there many Physicians, women Physicians in Seattle?

Dr. Laura Tenckhoff: I don't know whether they were then, but I, you see, Children's in Seattle always employed a fair number of women and as I remember it, there were a fair number of women there even at that time.

Dr. Henry Tenckhoff: Yeah. The Chief of Staff was a woman.

Dr. Laura Tenckhoff: No, not at that time.

Dr. Henry Tenckhoff: No?

Dr. Laura Tenckhoff: It was Jack Doctor at that time.

Dr. Henry Tenckhoff: Oh, yes. That's right.

Dr. Laura Tenckhoff: She became Chief later on.

Dr. Henry Tenckhoff: Okay.

Dr. Laura Tenckhoff: But there were quite a number of women whom I was actually quite friendly with and I think it was nice having them around; especially at lunch time.

DWM: Yeah.

Dr. Laura Tenckhoff: But I always like the men, of course. (LOL)

DWM: Yeah. But there is sometimes just um,

Dr. Laura Tenckhoff: Sometimes there was a friction.

DWM: Yeah, and the casual things that I, you know, I talk to with my women colleagues is a little bit different

Dr. Laura Tenckhoff: Um hm.

DWM: Than the casual things I talk to with my male colleagues, so.

Dr. Laura Tenckhoff: Yes, Yes, Yeah.

DWM: I think that is nice to sit down to lunch sometimes with other women.

Dr. Laura Tenckhoff: Oh yes.

DWM: Yeah. Would you all have any thoughts about being a two Physician couple that you think has been good or bad or that you would talk about?

Dr. Laura Tenckhoff: I think actually having a wife who's a Physician also makes it easier to understand that when one's on call, one is preoccupied and this comes first before the family. I think that must be quite difficult to understand for a non-physician wife. But, I don't have that experience.

DWM: I think that's true.

Dr. Laura Tenckhoff: Yeah.

DWM: That it's, you at least understand the training and the mindset,

Dr. Laura Tenckhoff: Right.

DWM: And the, the responsibilities of,

Dr. Laura Tenckhoff: Right, the responsibility.

DWM: Taking care of a patient. Yeah.

Dr. Laura Tenckhoff: But I think it's also much easier to be married to another Physician because one can understand ones, one another's problems more. I mean, married to a non-physician, I mean, it was just impossible in my opinion. So, I divorced that one. Yeah?

DWM: Yeah. Well my husband says he likes it because he has a consult, a Nephrology consult right there all the time.

Dr. Laura Tenckhoff: Well, does he need one? What's the point? (LOL)

DWM: (LOL) He likes having that, so.

Dr. Laura Tenckhoff: (LOL) I see. I see. Well, that's good. Men have come a long way haven't they?

DWM: Yes they have. (LOL)

Dr. Laura Tenckhoff: (LOL) But he's always been at the top there.

DWM: Yeah. My fellow also.

Dr. Laura Tenckhoff: Um hm.

DWM: That's good. Is there anything else about dialysis in Seattle? Or Physician couples that we need to talk about still?

Dr. Henry Tenckhoff: Well, we've had quite, quite a large number of Physician couples.

Dr. Laura Tenckhoff: Yes. When,

Dr. Henry Tenckhoff: Or, in the early days.

DWM: That you knew? That you were friends with? That?

Dr. Henry Tenckhoff: Um, not close friends, but. Well we, I think we, we don't have that many close friends,

Dr. Laura Tenckhoff: No we don't.

Dr. Henry Tenckhoff: And there was certainly not preferentially with

DWM: Physicians.

Dr. Henry Tenckhoff: Physicians or Academics.

DWM: Although today I think fifty percent of the, the medical school students are women, so there will be I'm sure a lot more Physician, dual Physician couples in,

Dr. Henry Tenckhoff: I'm quite sure that's true. Yeah.

DWM: Yeah. Well it has been a pleasure to talk to you all today and I,

Dr. Laura Tenckhoff: Well I'm glad you enjoyed it. (LOL)

DWM: And I really appreciate you taking your time in letting me come here to visit with you.

Dr. Henry Tenckhoff: Our pleasure.

DWM: Good.

Dr. Laura Tenckhoff: Entirely our pleasure.