

Preface

These memoirs have been set down before my memory fades in the hope that they will be of interest to the generations that will follow. They span three quarters of the Twentieth Century, the most exciting and interesting of all centuries so far. From earliest years, on an isolated Iowa farm through wars, depression and the great developments in science and medicine, the author has been closely associated with these great events. As a physician who had a small part in many of these stirring developments, I have been urged by friends and colleagues to set down my experiences.

Memoirs of a Twentieth Century Physician

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Introduction

The Twentieth Century is without doubt one of the most interesting, exciting, productive and influential of any previous century. Certainly the world will never be the same as a result of the events and discoveries which occurred during this time. With these great changes as a background, it should prove interesting to experience them through the eyes of a physician who has lived through them.

The Century began with the world mostly at peace and it seemed a stable and wonderful place for those with position, wealth and power. Unfortunately, for the great mass of humanity it was not a good time. Poverty, exploitation, and discrimination was the lot of humble people all over the world.

Medicine was still mostly an art with few specific remedies for disease. A comment made by the great Harvard biochemist, Lawrence J. Henderson, was much more accurate than physicians were prone to admit. He stated that it was not until 1910 that a random patient seeing a random physician had a fifty-fifty chance of receiving benefit from the encounter. Of course, Henderson, a biochemist, could not be expected to understand what psychiatrists and compassionate physicians had long known -- that even though the physician may not be able to cure an illness affecting the patient and often the remedies prescribed had little or no value, the contact afforded much relief from exaggerated fears, anxiety and mental isolation. This must be so since physicians from the dawn of history have been caring for patients and the profession has occupied an honored position in all societies for many centuries.

The terrible blood bath of World War I shattered this dreaming, peaceful world, and things were never to be the same again. A trip through the cemeteries around Verdun and a visit to the shrine of Fort Douamont is a never to be forgotten experience. Some 600,000 young men of France and Germany died there and both nations were the sad losers. Unfortunately, the chance for a real peace was lost and the stage set for future difficulties.

In the 1930's came the great depression and there was much suffering throughout the world. Those of us who lived through it will never forget the panic, fear and hopelessness which engulfed society. President Franklin Roosevelt's leadership was never more evident than when in a radio address he said, "We have nothing to fear but fear itself". Although it will be debated by partisans and opponents for many years to come whether Roosevelt and his programs really did anything to shorten the depression, he at least gave hope to millions and set in motion long needed programs which did much to lighted the lot of the poor.

An unjust peace and the humbling of a great nation led to the rise of Hitler, the horrors of the concentration camps, and World War II. As a physician in the Army Medical Corps, I had a role in the war that carried me to strange places and created some most unusual experiences.

In the midst of all this, certain developments in medicine were occurring that would forever change the physician's role in treating disease. The sulfonamides were discovered as the first effective antibiotic drugs. Later came the epic advent of penicillin and the race was on which has resulted in numerous and powerful antibiotics that at last allowed the physician to combat infectious diseases successfully.

The next great event was the development of the atomic bomb, followed by the hydrogen, nuclear power for submarines, nuclear power plants and nuclear power for many other uses. These developments have changed the entire world outlook and never again will human-kind be free from the awful possibility that our civilization could be destroyed in a brief period of time.

At about this time, in the early 1950's, the first tranquilizing drugs became available. In our Clinical Pharmacology Division at the Peter Bent Brigham Hospital, the first of this class of drugs, Chlorpromazine (Thorazine), was given to seriously ill patients to control nausea and vomiting. For the first time, this distressful and, at times dangerous, condition could be controlled. It was also immediately apparent that the drug also exerted a powerful tranquilizing effect on anxious, aggravated patients. It proved most useful in controlling the distress of alcohol and drug addiction withdrawal. Thus, the age of the tranquilizers began and soon a whole host of these agents appeared. They soon were in widespread use. Mental hospitals were able to discharge most of their patients and the drugs drastically cut the cost of care for the mentally ill.

The years subsequent to 1950 were fruitful not only in drug development, but in many other fields as well. Life support systems made their appearance as well as renal dialysis, kidney transplants, cardiac surgery and new techniques for the early diagnosis of disease. All these advances came in rapid succession.

The rise of the age-old problem of drug addiction for the first time became a problem in middle-class homes, the frustration of the Korean War and the Vietnam War and a nation divided were somewhat offset by the good things which occurred, such as the breaking down of racial and sexual barriers and the advent of Medicare for the elderly and Medicaid for the needy.

Although great events, some good, some bad, have occurred, on the whole, the Century so far has proved to have been beneficial to mankind. Great strides have been made in treating disease. There has developed more freedom for millions of people throughout the world. There is less racial and sexual injustice and the stage is set for many more improvements.

Hopefully, the immune barrier will be successfully controlled, thus making organ and tissue transplants highly successful. It is possible that viral infections will be controlled and that much more effective means for preventing and treating cancer will be developed.

Memoirs of a Twentieth Century Physician

Chapter One

It all began in a lonely farmhouse in Iowa where I was born the third son of Andrew Grant and Ida Jane Jones Friend on September 19, 1907. The Friend family roots in this country go back to the seventeenth century when Captain Isaac Friend and his family from England landed in Virginia. From there, our branch of the family spread to Maryland, Pennsylvania, Indiana and finally to Iowa where my great-grandfather gave my grandfather the money to purchase rich land in Pottawattomi County, Iowa.

Grandfather Friend was a distinguished old gentleman, an ex-Civil War soldier who was well thought of in the community. He was very fond of me, as I was of him. I still have among my treasures a love letter he wrote to my grandmother from a battle field in Tennessee. It is beautifully done in acrostic with a letter from her name starting each line. I still remember the long walk he would take me through the woods. Unfortunately, he died when I was still very young. My parents inherited land from both sides of the family, but through bad judgment and a series of floods, the land was sold and our family moved to a farm in the hills where we were safe from floods, but the land was far less fertile. This was the first of several unfortunate moves. Later, drainage ditches were dug and all fear of floods disappeared and the land that my family had owned became some of the richest in the world.

My earliest memories are associated with the hill farm. This farm was on a narrow dirt road which split off from the main road from Meeches Hollow (which was a break in the chain of beautiful hills that separate the bottom land of the Missouri River flood plain from the clay hills which are one of the unique and beautiful features of Southwest Iowa). Life for a small boy on an Iowa farm at the turn of the century was full of exciting and interesting happenings. Our farm was isolated many miles along dirt roads from the nearest town, Missouri Valley. Consequently, there was very little contact with the outside world. There were no newspapers or telephones, and rare visitors. Occasionally, the monotony would be broken by a visit from Grandfather Friend, Grandfather and Grandmother Jones, one of the neighbors, or old friends of my parents. Since horse and buggy or a farm wagon over dirt roads for many miles was necessary, these visits were rare occasions. There are certain incidents that remain clear in my mind. One of the earliest was the hungry hawk episode. One day as I was watching a flock of chickens in the barnyard, there suddenly appeared a huge hawk which darted from the sky and pounced on a fat hen. The squawked alarm of the hen brought a dash of the brave guinea hens to attack the hawk, but it flew off with the hapless hen in its talons. The hawk then settled on the limb of a nearby tree and proceeded to stuff itself. The racket alerted my father who rushed out of the house with his shotgun only to find that he had grabbed the wrong shells. He quickly returned to get the proper shells while I watched that greedy bird continue its meal unaware of the danger. A blast of the gun ended the entire episode. To this day, I do not know for which bird I felt the most sorrow!

I shall never forget the tragedy that struck the farm in the form of a cholera epidemic. Although there was a vaccine to control this disease, my father thought that we were so isolated that there would be no need for any protection. There were several hundred fat pigs nearly ready for market when suddenly the disease struck. In just a few

days, the entire lot of pigs succumbed. It was a most terrible time. The pigs were dragged away and stacked in a pile along a small ditch which ran through the farm where as much as we could we burned in huge fires. While all this was going on, wild animals, such as wild cats, came from the deep woods which were all around the farm (much as they are today) and began feeding on the dead pigs. The scream of the wild cats at night and the sight of the more bold animals that came out at dusk to feed on the pigs made a most frightening episode for a small boy.

Visitors were infrequent and almost never were we visited by strangers. However, a most unusual stranger came to our farmhouse about dusk one evening. He was a Jewish peddler with a huge pack on his back. It was many miles to the next farm along a lonely road winding through deep woods. He asked my father if he could stay at our house for the night. He was, of course, welcomed. I still remember the most interesting conversation he and I had as we waited for supper. Since I was very young and eager to talk and he was undoubtedly lonely, we were drawn to each other. He told me of faraway places, strange countries, great cities, vast oceans and his business. As I recall, he gave my mother a beautiful silk scarf in payment for our hospitality. I often wonder whether he later became one of America's great merchants. He too might wonder if his tales might have planted a seed in the mind of a friendly bright-eyed boy.

Our school was three miles away along a lonely country road near the entrance to Meeches Hollow. Deep forests were on both sides of the road part of the way. It was a one-room affair, heated in winter by a pot-bellied stove in the center of the room. Students near the stove were uncomfortably hot while those near the windows were freezing. This led to those near the windows finding it necessary to wear warmer clothing while those near the stove had to remove outer clothing. As I recall, no one was every completely comfortable during the winter months. Our teacher, a red-cheeked young lady, was loved by all. She was the older sister of the Powell children. Rosa was a strict disciplinarian, but her firmness was tempered with kindness such that none of us would do anything to upset her. I still remember an episode that caused her some embarrassment. The occasion was the annual visit of the county school superintendent, Miss Susan Faith. I was perhaps the youngest child at the time and when Miss Faith smiled at me, I smiled back and said hello. Rosa was startled and apologized for my behavior. Miss Faith, however, was pleased and she said to Rosa, "It is nice to be greeted in such a friendly manner." Rosa taught all the classes from the first to the eighth grade. There was no doubt that each student received adequate attention since there were only seventeen pupils with no more than two or three to a class.

I still relish the excitement of the games we played at recess. One very popular was called 'Pump, Pump or I will pull you away.' It consisted of dashing from one goal to another while avoiding being patted three times on the back. It took speed, skill at dodging, and quick timing to be among the last to be caught. Then there were times during the recess when we boys crossed the dirt road to enter the deep forest where we would hunt for red squirrels aided by our faithful dogs which would come to the school with us and share the long walk home after school let out. It was during one of these recess squirrel hunts that my collie, Bob, had a piece of his ear bitten off by an angry squirrel. The bleeding was severe and we rushed back to the school for Rosa Powell's help. She examined Bob, turned a bit pale, and then quickly went to a cupboard, grabbed

a can of flour with which she dusted the bleeding ear. Bob's whole face was white from flour dust, but the bleeding stopped. This was my first experience with hemostasis.

Squirrels are most interesting little animals. They are frisky, very playful, and quick acting; who at times do foolish things, such as jumping from one tree to another without assuring themselves that they are likely to succeed. However, even if they miss, no harm seems to come from the fall. If they are exposed to some sound such as a continuous chattering, they become agitated and finally try to make impossible leaps, resulting in a fall to the ground where a trained squirrel dog easily catches them. We country boys all became experts in catching squirrels. Once a squirrel was treed, we would set up a continuous chattering sound which caused great agitation so that at last the squirrel would try to make an impossible leap. This would lead to a fall to the ground where the dogs were waiting.

Many years later, in the back yard of our home in North Attleboro, I tried this trick on a gray squirrel high in an old apple tree. Sure enough, the little animal became very agitated. It made a foolish leap and fell at my feet. There were no dogs present, however, and he quickly scrambled back up into the tree. I suspect the squirrel felt rather foolish and I recalled a fond memory of many years ago.

There were exciting parties at the school when parents, older brothers and sisters, and guests, all came for the evening for programs put on by the students or an occasional guest gave a recital or there was music and singing. But, best of all was the box suppers. The women and girls would prepare box suppers always packing enough for two. There would be exciting bidding for the boxes prepared by the unmarried girls since the successful bidder got to eat the box lunch with the girl. The bidding for the box of the very pretty girls was at times intense, to the amusement of those already selected. I was too young to get into the bidding, but blue-eyed, brown-haired, Clara Young had a firm hold on my heart.

Another classmate was Laura Purcell, a determined young woman who wore a necklace to which was attached a small bag of asafoetida, a most foul smelling substance, to ward off disease. Perhaps it really worked since we were a healthy lot. A three-mile walk through rain, snow and mud to and from school as well as running, jumping and squirrel hunting, combined with little or no exposure to crowding certainly helped.

I shall never forget the cold winter day when one of the older boys persuaded Laura to give him a small piece of the asafoetida which he then slipped onto the red-hot top of the pot-bellied stove. The stench that arose was so horrible that we were all forced to flee the school and stand shivering while Rosa Powell aired out the room. She did not know who had pulled this one, but I am sure she had well-grounded suspicions. It certainly never happened again!

One day about the middle of the afternoon, there was a knocking on the front door and, when Rosa opened the door, a tall, dark man with a huge drooping mustache stood there. He carried a long coiled black snake whip in his hand and there was a holstered revolver attached to a broad leather belt. He announced in a deep voice that all the children were to remain in the school as he and his cowboys were driving a large herd of long horn cattle past the school. He said the animals were partly wild and would gore or trample anyone on foot. We were not to leave the schoolhouse until the drive was well past. He then left, riding his horse toward the entrance of Meeche's Hollow. Soon we

could hear the crack of the whips and the bellowing of the cattle, and as we watched from the windows, there appeared a mass of mean-looking beasts with enormous horns. To my eyes, it seemed that the entire area was filled with tossing horns. The cowboys on their horses were riding flank and rear of the herd and keeping it moving with the crack of their whips. It took almost an hour for the drive to pass.

Although none of us realized it at the time, this was one of the last long horn drives. These animals had been brought to Iowa to be fattened on the rich grain and pasture land before being driven to the rapidly expanding stockyards at Omaha, Nebraska. The long horns soon were replaced by the heavier modern beef cattle. I wasn't to see another long horn until 1975 when I took my grandson west where we visited the beautiful little National Park at old Fort Niobrara in western Nebraska. Here a herd of long horn cattle has been established. To my adult eyes they did not appear to be as mean looking as those that I had seen as a boy.

It was about this time that I witnessed one of the most skillful exhibitions of rifle marksmanship that I have ever seen or heard described since. One evening, about dusk, there were a large number of bats flying about, darting in short erratic circles in the sky above the barn. They were catching insects for their evening meal. A youth from a neighboring farm who we all knew to be a crack shot, remarked that he thought that he could bring one down. Although most farm boys grew up handling guns and were skillful hunters, our group doubted that he could hit a bat on the wing because of their abrupt, darting flight and the growing dusk. To our amazement, at the crack of the gun, a rifle, a bat dropped dead at our feet! I was not to see such shooting skill until I was in college when I had an opportunity to observe a Marine pistol champion split a playing card which I had thrown into the air!

In those far-off days, there were three holidays that we enjoyed. These were Christmas, the Fourth of July, and Old Settlers Day. At Christmas time, the neighbors came calling and there were box suppers and parties. No one I can recall went to church. Perhaps it was because the nearest church was miles away which would mean an all-day trip on a mid-west winter day in a farm wagon.

The Fourth of July was likewise not much of an occasion, unless there was a circus in the nearest town. In that case, we would all be packed into the farm wagon along with our lunches; and after a three-hour ride over bumpy dirt roads, arrive at the town. The sight of the strange animals, lumbering elephants, and roars of the lions; together with all the excitement of the carnival, the side shows, pretty girls and elegantly dressed men; was a treat that one could never forget. It was an exhausted group, after another three-hour bumpy ride back home where the farm chores had to be completed before we tumbled into our beds.

Certainly the highlight of the year in those far-off days was the Old Settlers Day. This was held in August each year at the town of Magnolia. It was here that the earliest settlers had established a town. Although it was nearly in the center of the county, Magnolia never thrived and is still a small country village. From this place the pioneers spread to many other areas of the county. A very old, but beautiful, cemetery at the edge of the town contains the remains of many of the old pioneers. On Old Settlers Day, families from all over Harrison County would gather at Magnolia to meet old friends and scattered members of their family. The day was spent at all kinds of activities. There were races, ball games, dances and numerous exhibits; but best of all were the many

stands selling all manner of foods and goodies. Drinking water was supplied by the town well with its single cup attached to the pump and there was a four-hole privy which was constantly busy.

I still remember the conversation between my mother and another lady. On this occasion I had been seized by severe cramps and diarrhea, probably from eating too many delicious goodies, and had made a quick trip to the privy where I was busy when this ladies little girl also needed to use the facility. I reluctantly cut short my stay at my mother's request; since, if the little girl felt like I was feeling, there might be an accident that would have spoiled her day. I guess it all came out all right. As I now recall those days, it is a wonder that we didn't contract typhoid, diphtheria, polio or other diseases. I guess that we were a healthy lot but those that did contract these terrible diseases usually died of them since medical science had little to offer.

It was 1913 when the first telephone came to Meeches Hollow. It was a most fascinating gadget. The box-like apparatus was hung on the wall. From the box there protruded a metal arm which had the apparatus into which one spoke. This thing we called a mouthpiece. On the right side of the box was a little crank which when turned rapidly, would call the operator. There were at least a dozen families on the single line. We could always tell who was receiving a call since each subscriber was assigned a combination of long and short rings. Listening in on other people's conversations supplied news and all manner of bits of information. In spite of our isolation, we were better informed about our neighbors and their problems than is possible today. As I recall, my father was often busy repairing the telephone lines which seemed to be down all too frequently. Some of this was caused by youths practicing their skill with rifles by shooting at and often destroying the green glass insulator on the telephone poles which then grounded the wire as there were no insulated wires at that time.

The frustration of trying to put in a telephone call when two gossips were monopolizing the line caused much exasperation and many were the times when my father would cut in on such conversations and ask the offenders to get off the line so that more urgent use could use the line. Sometimes even such direct requests failed. However, such offenders became widely known and I am certain that subtle pressures were brought to bear.

The first automobiles to appear at this time created great excitement. They were a problem for they "spooked" the horses used by most people, and many runaways and serious accidents resulted. As I recall we were all delighted when one caught fire and burned up on the road just below Meeches Hollow! Soon, however, they were seen everywhere and our hollow was never to be the same. Autos prowled the back roads and came by our old farmhouse creating a lot of dust and scaring the chickens. Motorists wore elaborate garments, often to protect themselves from dust in the days of open cars. People wore long coats, leather gauntlets, topped off by goggles to keep bugs out of the eyes. Women wore huge hats with scarves tied over the hat and under the chin with the ends left loose to flutter in the breeze.

It would be many years before the Friend family would become the proud possessors of an old second-hand Buick that my father bought from a doctor in Missouri Valley. As I recall, it had head lamps that were lighted by Prestone gas from a tank on the left side of the car. There was an elaborate gear shift and brake levers on the left side of the auto. These were near the driver and also outside of the car. There was no foot

feed and the driver used a hand lever on the steering wheel to accelerate or slow the speed. The absence of a foot accelerator was such a nuisance that my oldest brother who had learned to drive the car decided to correct this lack. He and a friend equally unskilled, fashioned a foot feed that appeared to work well except that it would at times become stuck and the car would accelerate to dangerous speed. This happened once when the family was on the way to Old Settlers Day. The accelerator suddenly became stuck as we were going down a steep hill. The car soon reached a very dangerous speed as we raced down the hill. Fortunately, there were no horse-drawn vehicles at that place or there could have been a serious accident before the car was brought under control. I was very frightened by the episode and ever since I have been cautious about new gadgets on cars and made as sure as I could that all such were carefully checked.

The carefree days of Meeches Hollow were soon to end. My father decided that he did not like farming. He arranged to contract with the county authorities to build and repair roads. This resulted in his being away from the farm for many weeks at a time. The management of the farm was left to my mother and two older brothers. I was too young to do much more than to collect the eggs, water the horses and drive the cows to and from the pasture each day. Grandfather and Grandmother Jones lived nearby and came to help as best they could. This arrangement worked out well for a few years, but the constant absence of my father, and later of my oldest brother, made it most difficult to maintain the farm. Furthermore, the price of corn and other farm produce was so low in 1915 that many large farmers became discouraged and marginal farms such as ours fell on hard times. The situation was such that my father finally decided to get out of farming entirely. He arranged to trade the farm for a house in Missouri Valley. This was his second bad move. We had no sooner moved to our new home than World War I led to increased demands for farm products, prices soared and the people who had obtained our farm did very well indeed. They were a fine Danish couple who with their sons became my lifelong friends.

The move to town ended my carefree existence. There was no more roaming the woods or happy school days. There were nearby neighbors. School was regimented and much more serious. There was Sunday school and the need to adjust to a multitude of different things. My ego was sorely bruised when the second grade teacher decided that my second grade country school training was not adequate and sent me back to repeat the first grade. She never realized that much of the problem was shyness and some bewilderment on the part of a lonely country lad. As it developed, this move was wise since I was placed in the care of an excellent teacher in Miss Alice Branduff, an elderly, kind but firm, lady who really taught us the fundamentals. As I recall, through the years there were certain teachers who stand out. There were the kind loveable ladies who brought out the best in me and made school a pleasant experience. In contrast, there were the strict disciplinarians who had everyone afraid of them so that we all did our best to avoid trouble. The best teachers were those that were kind but maintained strict discipline. I recall in particular a Miss Della Barre who was the type of teacher whom we all loved. I know that she brought out the best in me and in the fifth grade, for the first time, I began to understand what school was all about. She apparently recognized the change in me and promoted me from the "B" section of the class to the "A" section; a change that meant a lot to me at that time. I was never again to be complacent about school. Doing excellent work became important. It was in her class that I became

interested in history, an interest that remains very strong to this day. An old report card sent to me many years later by Miss Barre is still treasured. She undoubtedly exerted a more profound influence on my life than she could ever know.

It was while in Miss Barre's class that there occurred a horrible tragedy that was to have a most profound effect on me. It came about in this way. A deranged husband shot his wife, their three children, his father and mother-in-law. He then sat down, put the shotgun to his head and pulled the trigger with his toe, thus blowing off the top of his head. The bodies were all brought to a local funeral establishment. Our small town was so shocked that many were curious and went in to view the victims of the tragedy. Another classmate and I were among the curious and so one afternoon after school, we went to the funeral parlor to see for ourselves. The only dead person that I had seen up to that time had been my Grandfather Friend and I had been too young to understand what had taken place. There was, however, an inexplicable incident at his funeral that I have never been able to completely resolve. In later years, I recalled that he had been lying in the casket in the front parlor and that I had gone in to see him. He had turned towards me and held out his arms. After I had grown old enough to understand what death meant, I asked my mother whether Grandfather was dead when he was laid out in the parlor and I described to her what had happened. She appeared startled and assured me that Grandfather was indeed dead and in his casket when I claimed to have seen him put out his arms. The only explanation I can give is the possibility that there had occurred a transposition of mental images. My mother told me that I had been my Grandfather's favorite and that when he had been stricken with a stroke he would reach out to me when I visited him. It is likely that such a transposition of images took place but the vision in my mind of what happened in that front parlor is still crystal clear in my memory.

Upon entering the funeral home in Missouri Valley, my friend and I could see all seven of the bodies laid out in a row. The faces of most of them had been shot away and cloth masks shaped like faces covered the remains of the heads. After seeing the first two, a strange feeling came over me and I could go no further. There developed a most terrifying fear that seemed to penetrate every bit of me. I could hardly wait to get out of there. The fear did not leave and when safe at home in my bedroom at night, I was afraid to look into the dark for fear that I would see those horrible mutilated faces. Each day, as dusk came, the fear and anxiety would increase. It became so bad that I could barely eat my evening meal. I could not talk to anyone about it and I withdrew from the usual boyish activities and from people. I noticed my mother looking at me with a puzzled expression. I knew she was concerned and was wondering what had happened to me. I think that I was saved from a complete collapse by the fact that I had to go to school where my mind was so occupied that I could not dwell on my fear. This rested me so that I could face the terrible nights. In time, the fear subsided and it seemed that the whole incident was forgotten. I can still see the parade of the seven hearses as they passed the school on their way to the cemetery while our entire fifth grade class watched. As time went by, the fear subsided and I hoped that it was over. Such was not to be the case however. My next experience with death came several years later when I was in high school, when as a senior I was chosen with three other students to be the pall bearers for a body that had been shipped to Missouri Valley for burial. As I recall, we went to the funeral home, loaded the casket into the hearse and were driven to the cemetery. At the grave the family asked that the casket be opened once more. This revealed the body of a

pretty little girl who had died of poliomyelitis. Suddenly and without warning, I developed that same horrible fear that I had experienced so many years before. For about two weeks, I lived under its cloud. I dreaded the nights once again when I would dream of cemeteries. It was most terrifying. I must say that I made it a point to avoid funerals and was very uneasy near a cemetery. To conclude the story of this phobia, the last episode occurred when I was in college as a pre-medical student. At the time I was working as a student medical librarian where I had formed a friendship with the night custodian of the medical school buildings. He was a kindly old gentleman who perhaps was as lonely as I was in the huge darkened building. Since I had decided to study medicine, I thought it would be interesting to visit the dissecting rooms and see what the medical students did. I asked my friend to give me a tour of the building and he readily agreed. Therefore, one evening after I had closed the library at ten o'clock, he and I met for the tour. We got onto a large dimly-lit slow-moving elevator which carried us up to the top floor of the building. When the door opened, we stepped out into a tableau which was most frightening for me. On tables all over the room were human bodies being prepared for the dissecting rooms. My companion strolled over to a series of drawers built into the wall and pulled out two or three of them. They contained bodies already prepared for dissection. The scene was most gruesome and I immediately was seized by that overwhelming fear that I had experienced as a boy. I could hardly control myself until we got out of that chamber of horrors! I do not recall much else of the tour but I do know that I had a few days of crushing anxiety and nighttime fears exactly the same as I had experienced as a boy in the fifth grade. However, I now began to analyze my phobia. I knew that I wanted to be a physician and that as such I would have to deal with death. I began thinking, how could I resolve this dilemma? It finally came clear to me that my fear was irrational and that the only way to conquer a fear created in one's mind was to face it squarely until it could no longer make any significant impression. Accordingly, I set about a deliberate program designed to overcome my phobia concerning death and the dead. With the help of my old friend, the custodian, I made frequent visits to the dissection room. I handled parts of the human dissection material and came slowly to realize that there was nothing to fear from the dead! At last the barrier was broken and never again was I to have any fear in dealing with death. As a medical student I dissected a body in the anatomy course with no problem. I have had the sad duty of pronouncing death for many patients as well as seeing hundreds at Monthausen where it was my sad duty to arrange the burial of hundreds of victims of the Nazi horror. Not once has any emotion other than sadness entered my mind. The terror started that day so long ago has left me forever.

Chapter Two

The years 1917 and 1918 were most eventful. My youngest brother nearly died of poliomyelitis which left him without the use of his legs and weakness in his left arm. It may have been one of the motivations that steered me toward medicine as a career. On the whole, life at this time was happy. There was the Boy Scouts, the building of a wireless receiving set in order to get the Arlington, Virginia time signals, and a series of pet animals. The most unusual of these was a baby ground squirrel which my older brothers dug up on one of their expeditions and had given to me as the youngest of the group. The little animal became very tame. He would follow me around and come running when I made a certain sound. I would smuggle him into my bedroom at night and get him out again in the morning before my mother could discover what was going on. One night, I had smuggled him into my bedroom and had placed the small box that he slept in on top of the huge folding bed for the night. Much to my surprise, something came up and my father came into the room to sleep with me that night! Everything seemed to go well, although I thought I felt something thump me during the night. I awakened as my father got up and was watching through partially closed eyes while he dressed. He started to put his pants on, which had been draped over a chair. Suddenly, he dropped them and a startled look came over his face as a small ground squirrel fell out of the pants leg. My father began to laugh and continued dressing. He never said a word about the incident and I smuggled my pet out without my mother being any the wiser. The final episode of my ground squirrel came about in a most unusual manner. I had smuggled him into the front bedroom and was playing with him when I heard voices in the parlor. I quickly slipped Jimmy into one of the pillows just as my mother came into the room. It seemed that my oldest brother and his wife had come for the night and I was to retire to the back bedroom. There was nothing I could do but follow her. You can imagine the thought that went through my mind that night. However, everything remained quiet and as soon as I could the next morning, I sneaked into the room to rescue him from the pillow case. He appeared listless and a few days later he died. Evidently he had been crushed by the sleeping pair.

It wasn't until several years later that I told them that they had spent the night with a ground squirrel! World War I was being fought at this time and everyone was caught up in the war fever. There were tales of terrible cruelty by the German troops and sentiment against everything German ran high. I realized this one day in the following manner: There was a dead cherry tree in the front yard that had been topped and was to be cut down when my father got to it. I thought it would look better if it were painted. Accordingly, I collected several cans of paint leftovers from other paint jobs and set to work. My idea at the time was to do a fancy job so I chose three colors of paint and set to work. I had barely finished the task when my mother began getting telephone calls from our neighbors. It transpired that I had used a color combination that was identical to the German flag. My mother was kept busy reassuring our old friends that we were not German sympathizers and I had to go out and do the job over again in one color. When my father came home, he at once cut the stump down. I felt at the time it was stupid hysteria and I still do. I recall with sadness the many fine German families who had fled tyranny in Germany to live free in the United States. These people were the victims of abuse and suspicion by other Americans who should have known better. I count one such

German family among my dearest friends. Their remaining son fought bravely in the second World War and is to this day one of the few friends left in the small town of my youth.

There was no television or even radio in those days. Our main amusement was reading "dime novels" and attending the Saturday afternoon matinee at the local cinema. I grew up during this time on the adventures of Buffalo Bill, Young Wild West, and the Heroes of the Liberty Boys of 1776. They were clean cut heroes of the west and brave soldiers of the Revolution. All of them tended to stimulate high ideals in the young reader. There were also the Frank and Dick Merriwell series which fostered in my growing mind and heart the love of sports and clean living. As a result, I did my best to become a baseball pitcher with some success. I can still throw a wicked curve ball.

At this time, Grandfather and Grandmother Jones were living on a small fruit farm up in Meeches Hollow. During school vacation I would ride my bicycle the seven miles to the farm and stay with them during the summer. It was a grand place for a small boy. There were apples, cherries, strawberries and peaches for the picking. Also, there were horses, pigs, cows, chickens and all manner of exciting things to do. There was one of the earliest Edison gramophones with the huge horn, and a supply of wax cylinders. The cylinders contained a large variety of humorous, instrumental and vocal pieces. My favorite record was the story of "Casey Jones" based on a tragic train wreck which occurred on the Illinois Central Railroad in which Casey, the brave engineer, refused to leap from the locomotive cab and was killed in the wreck. Many years later while on a train trip from New York to Boston, I saw an item in the New York Times reporting the death of the widow of Casey Jones at ninety-six years of age.

One of the most fascinating places on the farm was a one-room building which contained the library of the eccentric old gentleman who had lived there previously. I spent many happy hours browsing through the books and pamphlets. At the time, I made a vow that I would visit some of the places pictured in those books. That is one promise that has been kept.

I still have fond memories of the deep caves that had been dug into the hillsides in which fruits and vegetables were stored. There were bins for potatoes, several varieties of apples, turnips, pumpkins and hundreds of jars of canned vegetables and fruit that Grandmother Jones put up to be eaten during the winter. The caves were always cool in the summer and warm in the winter. It seemed that they maintained an even temperature no matter what season.

While staying with my grandparents, I became a busy trapper of gophers, a small rodent that plagued farmers with alfalfa fields. The gopher would dig into the ground and eat the roots of the alfalfa plants, destroying the plants and raising mounds of dirt which made the fields uneven - which often made the field bumpy and interfered with the cutting of a valuable fodder crop. Consequently, a bounty of ten cents was offered by the county agriculture officials for each gopher killed, the necessary proof being a pair of gopher claws. I became an expert trapper, appreciated by the farmers for my endeavors, and was delighted that I could earn money for the Saturday movie, a bag of candy, and my favorite dime novel. In some weeks I would catch as many as ten gophers. Each Saturday I would go to town with my grandparents and present my collection of paws to a Mr. John Skeleton, Justice of the Peace, who would throw the mess into his pot-bellied stove. On one occasion, I had only one claw instead of the usual two as the gopher

gnawed its foot off in order to escape. After I had explained this to Mr. Skeleton, he just smiled and told me that I was entitled to the dime for that gopher as well. He knew that the wounded gopher would die and not be a pest. The episode was also evidence that he considered me to be honest, a fact that I remember with much pleasure.

The years slipped by and again there was a drastic change in the status of the Friend family. When I was half way through the sixth grade, my father sold the comfortable home on Washington Street and we moved to a small house on the wrong side of the railroad tracks. I had not been much aware of social status prior to this time, but now, for the first time, it became acutely apparent that we had descended on the social scale and were now considered to be poor. I vividly remember the dreadful six years I lived with my parents in that humble house. I realized what poverty was and I resolved that I would rescue my parents from their unfortunate status as soon as I could. That was another promise which was kept.

During this time, I had a succession of jobs. I had a newspaper route which was an education in itself. I learned to deal with all manner of people, the collection and handling of money, and, incidentally, became expert on news and sports. Like others of my age, I had my heroes. I favored the New York Giants over the Yankees. Of course Babe Ruth was everyone's first choice; however, I read all I could get about Christy Matthewson and Walter Johnson.

There were also jobs on neighboring farms. One period of three weeks, one of my friends and I took a job weeding onions. This consisted of crawling on our knees, pulling out weeds from the onions. Since the rows could be as long as half a mile or better, it was very tiresome and dirty work for which we were paid one dollar a day plus our room and board. The latter left much to be desired. You can imagine the memories those fields evoke when I drive past them many years later. It was at this time I must have talked to the wife of the owner telling her that I was planning on becoming a doctor. Many years later, after some publicity had been given concerning my researches, I received a telephone call from this lady telling me how pleased she was that I had kept my word and had become a physician. It was a voice from the past and I marvelled that she had remembered my words and hopes as a small boy.

Another farm job consisted of walking three miles out into the country and hoeing the cockle burrs out of the corn fields. We took our own lunch. After spending the whole day working hard, we walked the three miles back home. For all this we were paid the grand sum of one dollar! The work, however, developed strong backs and firm legs. I became very fond of the farmer and his handsome wife. Despite the low pay, I still have fond memories of them. Many years later, after I had become a physician, I met Mrs Hadfield at her doctor's office and we had a delightful time catching up on events since I had worked for them. Her husband had died and she had left the farm. I still thought her as handsome and as fine a person as I remembered her as a boy. As an interesting interlude, it was while I was cutting cockle burrs that I had my first observation of a person with syphilitic dementia. Charlie, the hired hand who worked with we boys, was a kindly, garrulous man who was obsessed with sex. He continuously talked about his experiences and how he planned to spend his monthly salary with a certain woman. We liked him in spite of his obsession as he was as helpful as he could be in guiding and teaching us the best way to do good work. Several years later I was downtown in Missouri Valley when I noticed a group of people poking fun at a man who was marching

up and down the street in an erratic manner and acting in an extremely bizarre way. I asked a bystander what the excitement was about. He replied that there was a crazy man who was singing and yelling and with no idea as to where he was or who he was. When the crowd came back up the street, I peeked through the crowd to get a better look, and to my surprise saw old Charlie! I walked up to him and said, "Charlie, what has happened to you?" His entire manner seemed to change and he said in a low voice, "Son, there is no hope for me. Do not bother with me or they will turn on you too!" Evidently, in spite of his dementia, there was some island in his brain that recognized what was happening to him and he did not want an old friend harmed. Then, immediately, his expression changed and he began the yelling and senseless laughter and raced off down the street. There was absolutely nothing that I could have done.

Chapter Three

High school was a most happy time in spite of our poverty and the fact that I had to care for my crippled brother. Evidently my classmates liked me since, during those four years, I was elected president, vice president, and treasurer of my class. Studies came easy for me and I did well. Unfortunately, I did not have the time or the ability to participate in athletics, although I did try to make the baseball team. This attempt was thwarted when one of the school's leading athletes, an arrogant and opinionated fellow, preferred a friend of his. The coach never knew the subtle pressures that were exerted to exclude me. I was simply the kid from the wrong side of the railroad tracks. Many years later, while visiting the old home town, I heard a gunshot a few houses down the street from where my brother was living. I went to investigate and found that same individual lying in a pool of blood with a self-inflicted bullet hole in his head! I had the sad duty of trying to console his widow. It seems that he had been depressed for some time. The real tragedy lay in the fact that his death could have been prevented by the new antidepressant drugs then available, some of which had been developed by my own researches.

The fourth year of high school was a glorious time. I founded and edited the first newspaper that the school had ever had which created much interest and I learned a lot about journalism. My endeavor led to the establishment of a chapter of Quill and Scroll at the school. This was a national organization established for journalists from which many of the country's leading reporters and writers have come. I was invited by the School of Journalism at the University of Iowa to a meeting of editors. Since my father was able to get me a railroad pass for the travel, I went, accompanied by my old friend, Henry Paper. It was a heady thing for a small-town boy to see a great university. The meetings were held in the Old Capitol Building, a real gem of classical design. I do not remember much about the lectures and the demonstrations, but I did make my mind up that I was going to attend the University.

Upon my return from the trip, I decided that our class should have an Annual. No yearbook had been published at the high school for many years, so it was again a new adventure. The entire job was another task that required a lot of hard work and initiative. With the help of friends, the cooperation of a local photographer, and a teacher advisor, the Annual was completed and became an instant success. Our class has always looked back with pride to what we accomplished in our senior year.

My success in high school journalism tempted me to think of journalism as a career. I did some reporting for the local newspaper and I spent a lot of time in the copy room. I learned about the Linotype machines then in use, observed type setting and the printing of newspapers. In spite of the temptation, I finally decided that the study of medicine was what I most wanted to do. The summer after graduating from high school, an old friend told me of a job at the local ice plant which he said was hard work on the night shift. The work consisted of using a hoist to pull 300 pound cakes of ice and their container from the brine and sending the cakes down a chute to the refrigerated rooms for storage. The shift was for twelve hours and I was paid the grand total of \$3.00 for the nights work. It was a terrific letdown from the happy high school days! However, fortune smiled upon me when the young man who was the night engineer was unhappy at his job and also somewhat afraid of the huge diesel engine. He was unable to start the engine and if anything went wrong he had to call the day engineer to start up the plant.

As a consequence, he soon left to work elsewhere and the job of night engineer was given to me! The job consisted of a 12-hour night shift and I became responsible for the operation of the huge diesel engine and the ammonia compressors which compressed the ammonia gas to the liquid form which in turn was allowed to expand back into the gaseous form, thus cooling the brine which in turn cooled the water in the metal tank until a 300 pound cake of ice was formed.

I quickly became knowledgeable about diesel engines and could stop and start the machinery as required. I became an expert and soon was able to arrange the machinery so that with the help of a smaller compressor powered by an electric motor, the output was nearly doubled during the period of greatest demand. Management was definitely pleased, and I was to get the job for the next summer after I had finished my first year at the university. Since the machinery did not require much attention, I spent the long nights reading books on travel, history, and some great classics. I also enjoyed reading the Saturday Evening Post and Colliers Magazines.

Chapter Four

In the fall of 1926 I left Missouri Valley for Iowa City with three hundred dollars in my pocket and enrolled in the pre-medical course at the university. Fortunately, the State of Iowa had made available scholarships which reduced the cost of tuition for needy students which was a great help for me. The Dean's office helped me find a job which, as it turned out, was to exert a profound influence on my future. I became the handyman for Professor Edward Chittenden and his family. I did all manner of odd jobs, helping Ludie Chittenden with her housework and in every way making myself useful. The Chittendens in turn made me a member of the family and treated me like one of their own children. They were the kindest people I have ever known and I shall ever be grateful to them. Thus, it was my good fortune to become associated with an academic family where scholarship was encouraged. Professor Chittenden was one of the leading mathematicians in America, a most brilliant scholar, and in every way a most excellent individual. Ludie Chittenden was a warm-hearted southern girl whom I adored. Their children, Albert, Raymond and Margaret were delightful youngsters of whom I became very fond. I only wish I could have returned their hospitality and kindness but, after leaving Iowa University, I lost contact with them for many years. I was delighted to see Professor Chittenden briefly when he visited me at the Brigham Hospital where I was doing my internship in 1936. He was in Boston for a mathematics meeting. I also was delighted to see Albert and later his son, both of whom visited Harriet and me in North Attleboro. The Chittendens remain in my mind as the finest example of an American family.

University courses soon taught me that the leisurely days of high school were over. Under the stimulus of academic life, I developed a habit of study that was to carry me for the rest of my life. One lesson that I learned that first year of university life proved most useful in later years. Like many others, I thought that excelling over those around me was the ultimate goal. It was Professor Chittenden who exploded that concept. In a discussion about my studies with him, I observed that I seemed to be doing as well or better than others in my classes. He smiled and said, "You must not set your standards to those around you. Remember there are other places and individuals you have never seen who will be far better than your contemporaries. The wise student sets his course for excellence itself and exerts the best ability one has to achieve as high a degree as one is capable. Competition then has no significance." I considered this wise advice and from that day on made that my endeavor.

There were great teachers at the University of Iowa during my student days. I remember Professor Lapp in Physics, Cornog in Inorganic Chemistry, Raiford in Organic Chemistry, Pierce in Physical Chemistry and Matell in Biochemistry. Professor Raiford was the greatest teacher that I have ever known. He taught Organic Chemistry in such a way as to fascinate his students and so to stimulate them to study hard and do good work. Some said that he never accomplished much in his research. That may have been true, but he was certainly a great teacher and as far as I can see, a dying breed in our present day leading universities.

The years went by all too fast and I was becoming something of a scholar. I was elected to Phi Beta Kappa, Phi Lamda Upsilon, the honorary chemical society, and to Sigma Xi. In my senior year, I was offered a most desirable post to work with Professor

Robert Gibson, the Clinical Chemist at the University Hospital. This was a distinct honor which also allowed me to obtain my Master of Science degree. The year I spent with Professor Gibson was most instructive and furthered my desire to secure a medical degree.

Prior to my becoming Professor Gibson's assistant, another most important development had occurred which was to be most beneficial in the future. I had taken a student job as an attendant in the medical school library. This was an ideal job for a pre-medical student and it was to have a great influence on my life. The medical librarian was Miss Emma Felsenthal, the daughter of a Rabbi and a scholar in her own right. When I first met Emma, she seemed so strict as to appear unfriendly. She saw to it that the library was run efficiently and demanded attendants to be prompt, helpful, and to maintain order. She taught me the fundamentals of library science and I became an expert in the Dewey system. As the years went by, I became very fond of Emma and I think she of me, although it must have been a big barrier for that scholarly lady to relate to a half-trained, strange, non-religious, mid-western, small-town boy. However, we became good friends and I realized what a warm-hearted, kindly lady she was. I have ever since had a very warm spot in my heart for Jewish ladies. I am sure they are the kindest people, and whenever it has been possible, I have endeavored to return the kindness that Emma showed to me.

The year I spent as the assistant to the Clinical Chemist at the University Hospital was most exciting and an ideal place for a future doctor. I witnessed autopsies and saw any number of terribly ill patients. Since our laboratory saw all the diabetic patients and did the blood chemistry on them as well as many other patients, I learned a great deal about diseases. The most outstanding triumph during the year was a brilliant diagnosis I made. It came about in this way. One of the outstandingly beautiful coeds had entered the hospital with a severe neurological illness. She complained of headaches, crampy pains in the abdomen, and some muscle weakness. No one of the hospital staff had been able to make a diagnosis. A consultation had gone out to a famous neurologist from Chicago who was to see her on the following Monday. In the meantime, a specimen of her urine had been sent to our laboratory. It was very dark colored which so intrigued me that I set out to determine just what the pigment might be. After much manipulation, I determined that the pigment was hematoporphyrin. The young lady had hematoporphyrinuria and her condition was caused by excess porphyrin, a situation arising from the barbiturates which she had been taking. When the consultant arrived on Monday, all he did was talk with the patient and then came around to the laboratory where I showed him the results of my chemistry. He smiled and said, "Young man, you most certainly will have a brilliant future." I was on cloud nine for several weeks.

My job as a clinical chemist enabled me to save considerable money, which paved my way to medical school. While working as a medical librarian, I had acquired a great deal of information about medical schools and who were the leading medical educators. There was no doubt that the Harvard Medical School was the leading institution at that time. Otto Folin was the world's outstanding clinical chemist; Walter Cannon, the greatest physiologist; Harvey Cushing, the most brilliant surgeon, and Henry Christian, the most outstanding teacher in internal medicine. This distinguished faculty made the Harvard Medical School my first and only choice. I obtained an interview with Dr. Henry Houghton, the Dean of the University of Iowa Medical School and asked him

about applying to Harvard. Dean Houghton, who was associated with the Rockefeller Foundation and had come to Iowa following a Rockefeller grant, was most helpful and agreed that my choice was wise. I assembled the necessary material and applied. Much to my surprise and deep pleasure, I received a nice letter from Dean Worth Hale informing me that I had been given a preferred acceptance which was afforded to twenty-five of the most outstanding applicants. I showed the letter from Dean Hale to my mother who was delighted, although it meant that she and the family would not see me for four years, since I would not have the means to return for vacations. I immediately wrote my acceptance to join the class beginning in September 1931.

It must be remembered that another and most profound event was taking place at this time, which those of us in academic circles were not much aware of, and that was the onset of the Great Depression. The stock market crash of 1929 was just beginning to be felt in the mid-west. All my savings were in one of the local Iowa City banks. It amounted to \$600, enough to pay my first year tuition with a few dollars over to live on until I could find a job as I knew that I would have to work my way through medical school. I went into the bank in August and asked that I be given a cashiers check for the amount of my savings. The teller looked rather peculiar and said, "Why don't you leave your money here instead of transferring it east?" I replied, "I will probably never come back to Iowa City, therefore I better take my money with me." He made out the check and a few days later I deposited it in the Shawmut Bank in Boston. One month later, all the banks in Iowa City failed and everyone lost their savings. I was indeed one of the fortunate ones!

On arrival at the Harvard Medical School, I reported to the Dean's Office where I met Dean Worth Hale, who, as we shall see later, was to exert a decided influence on my life. I inquired about a part-time job and Miss Elizabeth Weatherbee in Dean Hale's office, a most gracious and helpful young lady, said that she thought that they needed someone in the medical library! I immediately went up to the medical library which was located on the second floor of the administration building and met Miss Frances Whitman and Miss Anna Holt, two most kindly ladies. They indeed needed a student assistant and were delighted to give me the job in view of my extensive training as a medical librarian under Emma Felsenthal. This job, which I held for four years, was one of the best things that ever happened to me. I had ample time to study, met most of the faculty, and thoroughly enjoyed the work. The library staff, became my friends and Miss Anna Holt, who became the head librarian on the retirement of Miss Whitman, became a life-long friend. I loved the Harvard Medical Library, and in later years was able to return to the library some of the kindness shown to me as a medical student as Chairman of the Library Committee and as a member of the building committee, which resulted in the beautiful Countway Library.

My second job was waiting on tables at Vanderbilt Hall, the student dormitory. This job furnished my meals. It was an experience that I shall always remember. It took some doing to remember six orders at one time! The food was excellent and none of the student waiters were embarrassed by our humble duty.

The first year quickly slipped by. It was hard work and the competition was stiff, as approximately 40% of the class were Phi Beta Kappas and hard-working excellent students. I did exceedingly well and the Dean's Office awarded me the Charlotte Green Scholarship, a distinct honor. The award was for \$250, a handsome sum in those days.

My jobs fortunately had supplied all my needs and I knew that my parents were in dire straits at the time. I sent the money to help them. The depression was a terrible scourge and thousands were out of work and many were on bread lines. My parents were in trouble and the money I sent them sufficed to keep them from losing everything. This scholarship had been established by Mrs. Charlotte Green, a most kind grand dame of Boston. I learned to admire her and the high ideals she held. She most certainly represented the best in old Boston. She always remembered the students who had received her scholarship. When I was on Guadalcanal during all the terrible fighting, I wrote her mentioning that one of the big medical problems was tropical disease, especially malaria. She responded with a magnificent two- volume treatise on tropical medicine edited by Dr. Richard Strong, the distinguished Harvard professor of Tropical Medicine who was Mrs. Green's brother-in-law. I still cherish those books in my library. After the war, I had an opportunity to thank her for this most kind and useful deed.

There were many exciting things to do in the Boston of the early 1930's. Occasionally on Saturday evenings, I would go down to the old Faneuil Hall market to observe people, to see how many diseased conditions I could recognize. At that time

there were groups that assembled on the commons were many lively debates were held on a wide variety of subjects. Some came to practice their public speaking skills and to improve their debating skill. I suspect many were legal students. I joined in on some debates and had a most interesting time. Whether one won the debate or not depended on the reaction of the audience.

Abbott Lawrence Lowell was the president of Harvard College at this time. I remember him as a most gracious kindly gentleman. He would come over to the Medical School carrying a green velvet bag full of books. To our delight, he would frequently take time to talk with we students. On Christmas eve, he would invite students who were far from home to the President's house for the evening. Gilbert Jorgenson, a classmate and a close friend of mine from Nebraska, went with me to the President's home one Christmas eve where we spent a most enjoyable time with President Lowell, his family, other students and guests. The University poet read some selections, and we had a most delightful evening. As I recall, we were served a crab meat entree prepared by a caterer. The next day, I became very ill with nausea cramps and diarrhea, which lasted two or three days. I decided at the time that I must be allergic to crab meat. However, in later years, I found that I could eat crab meat without any problem! I wonder how many others of President Lowell's guests suffered the same illness. This experience made me forever cautious about eating catered food.

From my limited contact with four University presidents, none can compare with President Lowell. He was one of the last of the compassionate, scholarly gentlemen who headed out great universities. These men have been replaced by ambitious weaklings with limited vision, often fostered by foundations with liberal agenda. These men have exhibited poor leadership to our youth in times of crises and for the most part, have been pushovers for a loud pushy liberal minority to the detriment of the students themselves and society as a whole. When as occasionally happens, one of them has the courage to stand firm against what may appear to be a popular trend, he has been rewarded by society and has had no need to retire to the anonymity of a foundation.

The Harvard Medical School of my day was a rarefied environment. The highest ideals were encouraged and expected of everyone from the top faculty members to the lowest student. We were no longer competing with one another, but were encouraged to do our very best at all times. The student body came from all over the United States. The endeavor of the school was to select the top two or three men from a wide variety of colleges. Well over 50% of the class had Phi Beta Kappa keys and several, like myself, had Master of Science degrees. There was absolutely no attempt to discriminate against any group. The key to admission was scholastic excellence and wide interests. There were three times as many Jewish students in our class as there were Jews in the population. There were Italians, Spanish and Chinese and probably other ethnic groups represented. No one paid much attention to such matters in the early thirties. There were a few critics of the college and the medical school who felt that one or another group was not given their proper representation. President Lowell was criticized for thinking it might be wise to be fair and limit to some degree the student body to represent the diversity of the population. There was an immediate reaction to such a solution by minority groups. However, it did make some sense as far as the medical school went,

since physicians from various ethnic groups might be better able to relate to their own compatriots.

Fortunately, the outstanding factors for selection has continued to be high ideals, leadership, and scholastic excellence, although in recent times there has been some deviation from these in order to get a somewhat better balance of certain groups such as Blacks and Hispanics. I still believe the compelling factors for admissions to a great university should be based on all-around ability. I question whether a great university is the proper place to engage in social experimentation.

There were great teachers in those far-off days. We had Mandeville Green in Anatomy, Fredrick (Duffy) Lewis in Histology, Otto Folin and Cyrus Fiske in Biochemistry, Walter Cannon in Physiology, Bert Wolback in Pathology, Worth Hale and Reid Hunt in Pharmacology, Hans Zinnser in Bacteriology, Henry Jackson in Physical Diagnosis, Edward Churchill in Surgery, David Cheever and John Homan, also in Surgery, Henry Christian, James Means, Herman Blumgart and Chester Keefer in Medicine, and Fritz Irving in Obstetrics to name a few of the outstanding men. They were all dynamic teachers who maintained close contact with the students.

Unfortunately, in recent years, faculty members are all too prone to neglect the students so that they can have more time to pursue their own endeavors, thus leaving the students to be instructed by much less experienced members of the faculty. Then too, there are those fortunately few, who have university positions which they use, I think, for selfish purposes. They rarely teach, have very limited contact with students, and avoid all responsibilities of their position so that they can devote all their time to their researches. Although this type occasionally wins a Nobel Prize, and the great honor that goes with it, they have done so oftentimes at the expense of their fellow faculty members and their students. I am constantly amused at the way the popular press and society as a whole pours adulation on these talented individuals. One who has spent most of their life in working out some very abstract technical problem suddenly becomes an oracle on everything from university policies, human relations, to world affairs.

Chapter Five

Since I had a Master of Science degree in Biochemistry, I soon began research in the Biochemistry Department under Otto Folin, Cyrus Fiske and Yellapragada Subbarow. My main contact was with Dr. Subbarow, a transplanted Indian from Madras. Subbarow was a most interesting individual. The son of a poor Indian family, he became one of the great biochemists of his time. He had collaborated with Dr. Cyrus Fiske in the isolation of creatine phosphate, a most essential substance involved in muscle contraction. This feat alone was sufficient to insure them a rank among the most outstanding biochemists of the time. When I worked with Dr. Subbarow, he was busy fractioning liver extracts in an endeavor to find out what the substance in liver extract was that cured Pellagra. It was known that Black Tongue in dogs was caused by the same deficiency as that which caused Pellagra in humans, therefore if we could find the substance that cured the dogs, it would also cure the Pellagra in humans. Black Tongue in the dogs occurred in the springtime in the southern states. It developed in the dogs when they were away from their food for a long period or when they had been fed a poor diet. Usually there was an epidemic of Black Tongue each spring in the southern states.

I made contacts with veterinarians in Virginia, and North and South Carolina. The most helpful of these men were Dr. Rees in Charlotte, North Carolina and Dr. Lawhon in Hartsville, South Carolina. I lived with the Rees and Lawhon families for several weeks during the Black Tongue season. I gave the various extracts that Dr. Subbarow had prepared from liver extracts to dogs suffering from Black Tongue, but to both Dr. Subbarow and myself, every extract that he sent and that I administered to the sick dogs quickly healed them. There was something in the various extracts that was able to cure Black Tongue. This research went on for over a year and many different extracts were tested and all of them healed the dogs. We, as well as others working on the problem, were all puzzled as to what it might be that was so effective. Dr. Carl Elvehjem and his group at the University of Wisconsin were also working on the problem and at the time had dogs which had been fed a diet known to produce Black Tongue. On a visit to our laboratory, we had a long discussion of the problem and Dr. Elvehjem was impressed by our researches in which we had cured Black Tongue with various liver extracts. In the course of our discussion, Dr. Elvehjem remarked that nicotinic acid which was present in all of our preparations had never been found to have any useful role in medicine since its discovery by Dr. Casmir Funk many years ago. He then posed the question: "Do you think it might have some role in this disease?" It was agreed that he would feed pure nicotinic acid to his experimental animals to determine if it had any effect. Of course it is history now, nicotinic acid and its derivative nicotinamide are essential vitamins which prevent or cure Pellagra and, of course, Black Tongue.

It is exciting to be so close to such important historic events when one considers that Pellagra and the thousands of mental patients it created has for the most part disappeared from the world.

While working on the Black Tongue problem, I had some most interesting experiences in dealing with animals that were brought to the veterinary clinic or when I went with the veterinarians on their farm calls. Unfortunately, Rabies in the dog may closely resemble Black Tongue. An afflicted dog will neither eat or drink, drools saliva

from the moth, and is seriously ill. The differential diagnosis consists of opening the dog's mouth and looking for ulcerations on the gums. Black Tongue dogs have ulcers while Rabid dogs do not. As I look back, I am amazed at the brashness of youth. I did not hesitate to look for ulcerations and, fortunately the vast majority of cases were Black Tongue; however, there were a sprinkling of Rabid dogs. I still remember the lady who brought her pet poodle to be examined as the dog had refused to eat. I checked the dog and saw immediately that the animal was suffering from Rabies. I informed the lady that her pet had rabies and that it should be put to sleep. She replied "Young man, I do not think that you know very much about animals. My pet does not have rabies and she would never harm me." She then put the dog into her car where its head rested on a shelf near the back of her neck and drove away!

Not all my veterinary cases ended so badly. At the time, there was in the hospital a scrawny, very ill, Irish setter that had once been a beautiful dog. Dr. Lawhon had not been able to determine the cause of the dog's illness. It was rather embarrassing since the dog belonged to a prominent local banker. One day, when things were rather dull, we discussed the problem and I suggested an exploratory operation in the hopes that we could establish a diagnosis. The dog was anesthetized and I opened its abdomen. Much to our amazement, three huge worms, each two feet long, were attached to the dog's liver. I removed the worms, sewed up the abdomen and in a few days, we had a healthy, happy, frisky animal. The banker congratulated me and said, "Young man, you should come here and practice veterinary medicine." Dr. Lawhon was amused and we had many a good laugh about serendipity. One worm was sent to the South Carolina State Laboratory which reported that this was a most unusual variety which had never before been reported in the abdominal cavity. I kept the other two worms as a prize exhibit of my prowess as a veterinarian.

Dr. Lawhon was not only an excellent veterinarian, but one who not only enjoyed his work, but lived life to the fullest. He was always pulling off surprising and highly instructive maneuvers. He was called one evening to see a sick mule at a poor share cropper's place. He told me on the way there that the mule undoubtedly would be dead since the poor blacks almost always waited too long before calling for help. It was very dark when we met the little black boy who guided us to his humble abode. There was an old rickety shed in back of the house where the sick mule was kept. As we walked to the shed, the little chap stuck very close to us and it was evident that he was very anxious. Lawhon asked him if he had any ancestors. It was obvious that the little tot did not know what the word meant and I was puzzled too. After we reached the shed, it was obvious that the mule was dead. Lawhon then said, "You know the spirit of every living thing goes to its ancestors." I was becoming even more puzzled by this conversation and the little boy was even more frightened. Lawhon continued, "I do not know whether the spirit of this poor animal has gone to join his ancestors or not. Sometimes, the spirit makes a big noise when leaving." He then asked the lad and me to lift up the mule's head. Lawhon then suddenly pushed down on the animal's bloated abdomen with his knees. From the mouth of the mule there issued the most God awful groan. The boy dropped the mule's head, let out a yell, and got out of there in no time flat. I recovered from the shock and quickly realized what my companion had done. We had a good laugh but at the moment of that groan, that little boy and I had much in common. Lawhon then spoke to the family and told them that their mule was dead. He assured them that there

would be no charge for the visit. I am certain the little lad had a big story to tell his playmates about how the spirit of the mule went to meet its ancestors. Lawhon, however, was a most kindly gentleman. He told me that he felt very sorry for that family. The mule had been their sole support and its loss would be a terrible blow for them. It must be recalled that this was a time in the early thirties when there were none of the measures to assist the poor that we have today.

About two weeks later, we received a call from another farmer who also had a sick mule. It was dusk when we arrived at his place. In the barn lot the farmer, several members of his family, and a few neighbors were standing around a very sick animal. Its abdomen was so bloated that in the twilight, it seemed that the four legs were protruding from a balloon. Its ears flopped and the eyelids were half-closed, presenting a picture which in the human would be called a Hippocratic facies. Lawhon said to me, "It is obvious that this animal has been feeding on very short grass and has swallowed a lot of sand. He is now impacted with an almost cement-like mixture in his large bowel. I shall have to first release the gas and then administer a strong cathartic. Perhaps I can save him. He then walked up to the mule and to everyone's amazement; he drove a huge trochar into the distended abdomen after applying an alcohol swab to the site! Immediately, a hissing sound came from the trochar and, to our surprise, Lawhon applied a lighted match to the trochar and a three foot flame blazed out from the trochar. It was obvious that the mule was beginning to shrink. After all the gas was expelled, a strong cathartic was administered and soon the animal passed a huge mass of feces that to my eyes certainly looked like cement. In a short time, it was obvious that there would be a complete recovery.

Recalling patients I had seen with bowel obstruction, this seemed like a procedure that might be useful in medicine. Lawhon, however, informed me that horses and mules have a much different large bowel arrangement than humans. The large bowel of these animals can be tapped without causing peritonitis, which would most certainly ensue if the same method were to be employed on a human.

I thoroughly enjoyed my stay with the Lawhon's and their friends. Hartsville will always remain a fond memory to me. Several years later, Dr. Lawhon visited me in Boston. He came because he was worried about a painful finger which was a puzzle to his physician. I arranged for x-rays to be taken at the Peter Bent Brigham Hospital where that master of radiology, Dr. Merrill Sosman, immediately diagnosed a hairline fracture in the finger bone. Prompt treatment cleared up the problem. I last saw him during the great southern maneuvers in 1941 when I took my unit to Hartsville for a weekend. I shall always treasure the fond memories I have of my southern friends.

Chapter Six

In my senior year at the Harvard Medical School, an incident occurred that was to have a profound effect on my life. I was then taking my fourth year medicine at the Peter Bent Brigham Hospital. It was the time when the seniors were in the midst of deciding what type and where they would seek their internship. I was half inclined towards surgery and had, in fact, sent an application to The Johns Hopkins Hospital for an appointment in surgery. I must admit that I was not too enthusiastic about surgery, since I had been engaged in medical research for several years. Also, it seemed at that time, that surgery was mainly a mechanical field with limited outlet for an inquiring mind.

It so happened that a patient had died of a renal disease without a satisfactory diagnosis being made. It occurred to me that the cause might have been multiple myeloma, a condition that can lead to severe kidney damage. I had obtained from the pathology department, a small amount of urine from the diseased bladder and was busy testing it for Bence-Jones protein, which is often found in the urine of these patients. While I was busy in the midst of this procedure, Dr. Henry Christian, the distinguished professor of Medicine, came into the laboratory. He asked me what I was doing. I replied, "Professor, if this urine shows Bence-Jones protein, we will have an answer as to what caused Mrs. ----'s death." He became very interested and sat on the laboratory bench to watch the test. Unfortunately, there was a pilot light burning on a bench Bunsen burner and as he sat down, he backed into the flame! His white laboratory coat caught fire and I had to stop what I was doing to help the professor get out of the coat and put out the fire. The episode must have made an impression on him, for soon after he offered me an internship in medicine at the Peter Bent Brigham Hospital. This was a distinct honor and an opportunity to train in medicine under a world famous physician and his staff. I accepted the offer and thus was launched on my career in internal medicine; however, I do not recall whether the lady had multiple myeloma or not.

During my fourth year at the Harvard Medical School, I obtained a part-time job which paid for my room and board at the Boston Home for Aged Men. This home, established in 1860, then occupied a building on West Springfield Street, which had previously been a lying-in hospital. This institution had a long and distinguished history as a home for elderly men who entered into spend the declining years of their lives. Many of Boston's most distinguished families were patrons of the home. The president of the board during my residence there was Mr. E. H. R. Revere, a direct descendant of Paul Revere and a most kind and generous gentleman who exemplified the best of a long line of distinguished Boston citizens. His sister had married Sir William Osler, the world's most famous physician, who by his teaching and writing represented the acme of medical practice in his time. Mr. Revere told me amusing anecdotes about his sister and Sir William that found an eager listener in me.

The home at that time was managed by Mrs. Agnes Walton, the widow of an Episcopalian clergyman, a most gracious and delightful lady, whose home was in Woodstock, Vermont. We became great friends and I shall never forget the many pleasant evenings we spent at cards, walking around Boston, or going to the theater or other amusements. She introduced me to her family; some that lived in Boston, and others who lived in Woodstock. I thoroughly enjoyed the beautiful little town of Woodstock and the kindness of her sisters and the family. Her nephew John and I

became great friends. Together we rambled all over Vermont. Of course we visited the Coolidge homestead and the little cemetery where Calvin Coolidge is buried. I must say I am to this day far more impressed by the simplicity of Calvin Coolidge than I am by the huge libraries erected at great expense to preserve the memory of our more recent presidents. I am reminded of what I noticed when I visited the Westminster Abbey in London. It appeared to me that the less important individuals had huge edifices erected in their memory while truly great scholars, scientists and statesmen were often represented by a simple plaque on the wall or a simple slab on the floor.

My association with the Boston Home for Aged Men which began in 1934 as a student helper and later as its physician, continued until June of 1982 when I retired. The Home underwent many change during those years. A new beautiful building for the Home was constructed overlooking Jamaica Pond. To this day, it has continued to be an excellently managed and most pleasant residence for elderly men.

As physician for the home from 1950 to 1982, I had the opportunity to know and to love many of the old gentlemen who came and passed their remaining days at the home. I learned of their loneliness, their fears, and the many medical problems of old age. It was a most interesting time and an experience that I shall treasure all my days! I learned much about human nature, the problems of the aged, and the great courage with which many faced their problems and their deaths. The advent of Social Security and Medicare has made the declining years of the elderly far less fearsome than in the past.

Every Harvard medical student of the early thirties has memories of their stint on the district, delivering babies for the poor of Boston. After classroom instruction and observation of deliveries at the Boston Lying-In Hospital, we were assigned to various areas of Boston which we were to cover for any family needing medical care for pregnancy. When a call came in, we went to the home to give care and deliver babies. As I recall, we were required to deliver at least six babies to satisfy the requirement in obstetrics. It was in the early thirties in the middle of the Great Depression and many who would otherwise have been able to afford private care, found it necessary to receive charity help. I shall never forget the first family I was called upon to assist. They were a young couple in humble circumstances who had evidently enjoyed better times. The delivery was not easy, but at last a healthy infant was delivered. Unfortunately, the placenta did not come as expected and I was getting worried as the young woman was bleeding quite heavily. Fortunately, my hand bumped against the uterus and I realized I had forgotten to crede the uterus to deliver the placenta. This was done at once and immediately the placenta delivered and things were fine.

Of course, we all worried about puerperal sepsis in those days as there were no antibiotics and an infection was most dangerous and frequently fatal. The patient showed a little fever for two or three days, but then all went well. On my last visit, the husband, the wife, and myself had a good laugh about it all and my inexperience. That evening, I happened to reach into my coat pocket for something and found a dollar bill. It was their way of saying thanks. That dollar must have represented a lot to them. It was the first fee I ever received. I have always had a warm spot in my heart for the less fortunate in our society and many has been the time that I have not charged or cut my fee or in other ways aided those in need.

The years at Harvard Medical School rapidly slipped by. It was very hard work and there was little time for relaxation. This was especially true when one was working

at the same time. I found my studies most interesting and continued to do well. I made Alpha Omega Alpha, the honorary medical society, in my third year and graduated Cum Laude in 1935.

I had accepted Dr. Henry Christian's offer of a medical internship at the Peter Bent Brigham Hospital beginning in the fall. During that summer, I continued my researches with Dr. Subbarow. An internship in 1935 was far different than today. Married students were not accepted. There was absolutely no salary. There were no weekends off. We were on duty twenty-four hours a day. It was a chilling experience to be called at three a. m. on a cold winter's morning and walk down the Brigham Pike, stepping over snow drifts, to see a patient terminally ill of pneumonia. As I look back on those years when there were no antibiotics and very few other useful drugs, it seems that the most we could offer was compassion and encouragement.

There was an ideal atmosphere at the Peter Bent Brigham Hospital which carried on the traditions of the Harvard Medical School. The work was exceedingly hard and the training we received was of the highest order. Each morning we lined up outside Dr. Christian's office for morning report. The professor would sit behind his big desk, occasionally shuffling papers or, at times, focusing his keen eyes upon one as the report of all happenings on the ward were detailed. He would ask searching questions, utter comments, or ask for more details from time to time. It was an experience in itself. We learned to stand on our feet and give, from memory, a complete summary of each new patient admitted as well as any other necessary information on what was taking place in the hospital. It was truly a teaching hospital in those days and everyone who was exposed to it developed life-long habits of excellence.

There were many interesting cases seen during my year of internship. Perhaps one of the most exciting was a case of typhus in an elderly east European immigrant. She was a puzzle to all of us because she was terribly ill, had a high fever, and was mentally disoriented. I noticed the presence of small blisters over the body and a peculiar skin hemorrhage. In thinking over the case, the possibility of typhus had been considered, but it was thought that this would be impossible in Boston in 1935. However, we had two of the world's most eminent authorities on typhus at the Harvard Medical School. I asked Dr. Burt Walbach, the professor of Pathology and an expert on typhus, to see the lady. His diagnosis was typhus which had recurred in this unfortunate woman after being in remission for many years. I was a very praised intern for a short time. In later years, the case was used for clinical pathological conferences.

Dr. Christian initiated the custom of Grand Rounds, during which interesting and instructive cases were presented and discussed. These were followed by a lecture on the disease itself. Grand Rounds was an excellent teaching exercise which has continued ever since at the Peter Bent Brigham Hospital. It has since been instituted at many teaching hospitals and is one of the finest post-graduate teaching tools today.

Dr. Henry Christian was one of the giants in medicine. He came to Harvard from Johns Hopkins Medical School. He had been Dean of the Harvard Medical School before moving to the Peter Bent Brigham Hospital where he served as Chief of the Medical Services. For the next thirty years, he headed one of the strongest departments of medicine in the world. During this tenure, he instituted the morning reports, Grand Rounds, and an arrangement whereby outstanding physicians from all around the world would come for a week each year to be the professor pro-tem. Thus, the people at the

Brigham were able to meet, work with, and listen to some of the greatest medical men of the day. During my internship, the pro-tem was Lord Horder, physician to King Edward VIII and a top British internist.

One of the most amusing visitors we had was Dr. Perry Pepper of Philadelphia. Pepper came from a distinguished medical family and was a superb physician. During his week as pro-tem, he did an excellent job of teaching and diagnosing difficult cases. He would tease the house staff from time to time when he caught us in some mistake, or when our presentation lacked detail. As a matter of fact, he was riding high and having some amusement at our expense. Actually, he was a delightful person and we were all very fond of him. Nonetheless, we thought that it might be fun to catch the professor.

It so happened that a middle-aged lady came into the outpatient department with mild complaints. X-rays showed a dextrocardia, a most rare condition. In addition, she was pregnant, so that a mass was palpable in the abdomen. Finally, she had a bronchial condition, common in dextrocardiac patients, some mild anemia, and a little fever. As I recall, she also had a little protein in her urine. This lady was admitted and on Grand Rounds presented in a straightforward manner. Pepper examined her, was obviously somewhat puzzled, but finally said, "She has a mild bronchitis and infection. The anemia is probably an iron deficiency."

As I recall the incident, Dr. Samuel Levine then said, "Perry, is that all you have observed? What about her abdomen?" Pepper replied, "I noticed a possible enlargement of her spleen which may have something to do with her anemia. What are the diagnoses of the House Officer?"

When the true situation of dextrocardia and pregnancy was revealed, Pepper looked shocked, he then turned around and said, "Gentlemen, it has been nice knowing you and I am glad that I have my ticket back to Philadelphia. Good day." With that, he walked out. We all gave him a cheer. He was truly a great physician with an excellent sense of humor. We had all learned a lesson. A mass in a woman's abdomen should be considered a pregnancy unless otherwise ruled out. As for dextrocardia, I have missed one case which showed up in my practice. Interestingly enough, I had noticed that the heart sounds were different, but I didn't have enough suspicion to follow through.

At the end of my internship, Dr. Christian offered me a position of Assistant Resident which I immediately accepted. It was a distinct honor. I was now launched into internal medicine as a career. The salary was five hundred dollars for the year with room and board included. The duties were about the same as the internship except that we were allowed time for research and rotated through various clinics. Of course, the opportunities for learning were excellent and I found it a most instructive time. I could not determine then in what sub-speciality I really was most interested. My first scientific publications came from work of that year, the most interesting one being "Iron Ascorbate in the Treatment of Anemia". It was obvious that I was interested in applying biochemistry to medical problems. Dr. Christian agreed that I would benefit if I spent a year with Dr. A. Baird Hastings, the newly appointed head of the Biochemistry Department of the Harvard Medical School.

An appointment was arranged and I became a research fellow in biochemistry. This appointment allowed me to retain close contact with the hospital while developing techniques and learning more biochemistry. Dr. Hastings was an enthusiastic teacher, a good friend, and I shall always remember him as one of the newer Harvard Medical

School appointments that proved successful. He had a hard position to fill in view of Otto Folin's and Cyrus Fisk's great reputations.

It was a most exciting year. I devised a method of measuring drugs in human serum and their effect on the oxygen consumption of rat liver slices in the Warburg Apparatus. This was a technique that was later to prove useful in other fields. I, also during that year, had an opportunity to get to know Dr. Edwin Cohen, the head of the Physical Chemistry Department, and several of the brilliant young scientists working with him. These men were later to develop techniques for fractionating human blood products which would open an entirely new field of research and from which the modern methods of protein chemistry would evolve. Edwin Cohen was a great organizer and an inspiring teacher. He was always dressed as if going to an important meeting and exhibited volatile behavior which used to puzzle us. Later, I believe, he was found to have had a pheochromocytoma, a catechol amine secreting tumor, which could have explained his actions. I remember him with affection.

As the year passed, I decided I needed more biochemistry and advanced medical studies. I therefore applied for the Mosely Travelling Fellowship at the Harvard Medical School to spend a year in England with Sir Thomas Lewis in Cardiology, and Charles Harington, the biochemist who was world famous for his synthesis of thyroxine. I was to work in Harington's laboratory at University College Hospital Medical School. Fortunately, I received the award. I am certain that Dr. Christian was most helpful as was Dr. Hastings in backing my application. The award amounted to \$2,500, a huge sum to me since my salary up to that time had been \$500 to \$1,000.

Another important event took place during the end of my residency. Joseph Miller, who had interned at the Peter Bent Brigham Hospital with me, became a friend. He had married Amy Houghton, the daughter of Dr. Henry Houghton, who as Dean of the University of Iowa Medical School had advised me to go to the Harvard Medical School because of my interest in research. Joseph and Amy invited me to their apartment where I met several of their friends, among whom was a pretty, intelligent, brown-eyed young lady named Harriet Coady, who had taken her master's degree in biology at Brown University and was currently doing research work at the Children's Hospital. We were introduced and it was apparent from the beginning we had much in common. Amy, the matchmaker, arranged for the four of us to do interesting things together and our attraction grew.

Amy, Joseph, and I were invited to Harriet's home. I shall never forget when we were about halfway between Boston and North Attleboro, Amy said, "I must tell you that Harriet and her father are Roman Catholic, I hope it won't make any problem for you since you are a Protestant." My response was that from high school through college I seemed to get along better with Catholic girls than any others. Anyway, I found Harriet's family to be so kind, friendly, and such obviously excellent people, I soon became fond of them and I believe they were of me. Soon after this, we decided to get married. Since I was still in my residency, Dr. Christian asked me a few questions, thought a few minutes, and said, "Friend, I think you have made a wise choice and I give my permission."

On June 29, 1937, we were married at Sandwich, Massachusetts by a Catholic priest who was a friend of Harriet's family. As I recall, we had dinner that evening and

parted. I was on duty and could not leave the hospital for a week; so much for romance and honeymoons in those days.

Chapter Seven

In September 1938, we left for England. I shall never forget the trip by sea through the Cape Cod Canal to New York. We visited Dr. Gilbert Jorgenson, who was finishing his residency at Columbia Presbyterian Hospital in pediatrics. We then boarded a small freighter, that was to take us to England. A big basket of fruit was awaiting us in our stateroom from Mrs. Agnes Walton and greetings from many friends. On board, we met two English girls who were returning home after a trip to the United States. Betty Brown became a life-long friend, as did members of her family.

The ship docked at the Telford Dock in London, and after some discussion about a camera I was carrying, the custom's agent, a pleasant young man, waved us by. I am sure he was right in that the camera probably should have had some dues paid but I think he realized we were young, inexperienced, and obviously students without much money going to study in an English university so he said, "The camera looks like it has been used so I think it is all right. I hope you enjoy your stay with us." That was my first contact with official Britain and it was one of many during my stay that impressed me with the excellence of the British Civil Service. The policemen, for example, were always polite and would go out of their way to be helpful.

Through friends of ours who were living in London at the time, we found an apartment in the Marble Arch area. Harold Fouts, an old friend from Missouri Valley, and his wife, Lou, the niece of President Hoover, were living in the same building. Harriet and Lou became friends and this proved valuable as I was away all day at the hospital or laboratory and often even in the evening at special chemistry classes at Battlesea Polytechnical School.

The year proved to be a most exciting one. We had hardly settled down when the Munich Crisis occurred. I remember the British Army wheeling out one anti-aircraft gun to defend the entire area. Harriet and I decided we should do well to get out of the city if war came, so we went down into the country for a week at the Seven Bells of Sturbridge, a delightful country inn. While there, we had an opportunity to visit Oxford University. The beautiful architecture of the colleges, and of course my deep interest in libraries, led me to the Bodlean, one of the world's great libraries.

The crisis past, Prime Minister Chamberlain came back, waving a piece of paper which he proclaimed represented "Peace in our times." Later, I was invited to the Royal Society at the time when Chamberlain was made an honorary member in recognition of his efforts to maintain peace. I must say I was not impressed by the man or his approach to the problem of Hitler. He seemed to me to represent those well-meaning, honest, gentle types who could not believe that there were people in this world who had been and were incapable of looking at things in any other manner than their's and their follower's personal gain.

The group in the laboratory and the English doctors I knew were all partisans of Winston Churchill. It was difficult to concentrate on laboratory work in the midst of all the furor in international affairs.

Dr. Harington appeared to me to be a somewhat shy, reserved man who helped me as much as possible. My chief work was with Dr. Albert Neuberg, a brilliant biochemist who taught me a lot of chemistry. We were pioneering in the breakdown of

the protein molecule to get at the glucose, glucose amine, and other peptides that serve as the basis of immune action. It was most complicated chemistry and we were certainly pioneers. Later chemists were to have great success in this field.

Sir Thomas Lewis, England's greatest cardiologist at that time, was a taciturn but brilliant teacher. I attended his clinics and lectures. One episode remains clear. At one clinic, a patient was being examined by my English colleague and myself. I happened to place my hand on his left back while listening to his heart. I felt a vibration on my hand. The heart murmurs, his increased blood pressure, and the thrill meant to me that he had co-arcuation of the aorta, a condition that occurs in about one person in five thousand. The English doctors were skeptical, but I insisted that was the diagnosis. So, we took it to the professor. He looked at me rather intently and said, "The man does have co-arcuation of the aorta, a rare diagnosis." That afternoon, Sir Thomas' lecture was on co-arcuation of the aorta. The main point I recall from the lecture was that the diagnosis was usually missed on clinical grounds unless one was fortunate. His lecture deflated my ego. Sir Thomas was what we students called a "character". The story was told that his young colleague, George Pickering, later a professor of medicine and a brilliant researcher in hypertensive diseases, and his wife who was far along in pregnancy at the time, were invited by Sir Thomas to visit the Kew Gardens with him. Dr. Pickering agreed if Sir Thomas would be most careful in his driving in view of Mrs. Pickering's delicate condition. A most enjoyable time had been spent at the Gardens and time had slipped away unnoticed. Suddenly, Sir Thomas realized the time. He remarked that he had an important appointment and that they must leave at once. The drive to Dr. Pickering's house was the most frightening ride that Dr. or Mrs. Pickering had ever taken. They arrived at their door and Mrs. Pickering immediately went into labor. Dr. Pickering had to rush her to the obstetrician at once. A new way to induce labor!

Working in the laboratory at this time was a young woman, Rosalind Pitt-Rivers, who was an ardent Churchill fan and who used to keep us informed about the political affairs. She could hardly conceal her contempt for Chamberlain's government and her pet peeve was Sir Oswald Mosely and his followers. In spite of Rosalind's political interests, she was an excellent chemist who later isolated triiodothyromine, an important thyroid principle which changed greatly medical thinking about the thyroid. I later saw her briefly when she visited the Peter Bent Brigham Hospital after the war.

Carl Neuberg introduced me to a friend of his, Max Rosenheim, who was the chief resident in medicine at University College Hospital. Max had discovered an important new urinary antiseptic, α -mandelic acid. This was an important advance in the treatment of urinary tract infections and its amine salt is still one of the urinary tract drugs. Max went on to a distinguished career, becoming Sir Max Rosenheim, a professor of medicine, and President of the Royal Medical Society

Carl Neuberg became a distinguished professor of clinical chemistry. I last saw Carl when he visited the Peter Bent Brigham Hospital as Professor "pro tem". He told me then that my friend, James Muggridge, a brilliant organic chemist, had died during the war of what was thought to be poisoning from some war related compound which he had been working on at the time. I shall never forget Muggridge. The last time I saw him, we were discussing what we really wanted to do with our lives. James had said, "I shall, I guess, always pursue the excitement of seeing a new compound develop a crystalline state." He truly loved London. Once as we looked out from his apartment overlooking

an expanse of the city, he said, "It will be a shame if Hitler destroys this beautiful city." I hope he lived long enough to know that his city was not to be destroyed.

London is truly a city of immense diversity. Harriet and I visited almost all of the interesting places, the museums, and the parks. I was most impressed by the Greenwich Observatory and its surrounding park, including the mark which designated the zero meridian. Dining out in Soho was always an exciting event as we chose the cuisine from a different country each Saturday night. I decided that I liked French cooking best and we frequently returned to the same little restaurant. Then there was the Cheshire Cheese, that famous little eating place which had been patronized by Samuel Johnson and other notables. Beef and kidney pie, as well as, of course, Cheshire Cheese, was the menu. I must say that even after all these years, I relish the thought of the food served. I understand that it was destroyed during the war, but has been rebuilt.

As the year wore on, there were all manner of rumors and an uneasy feeling seemed to be developing among my English friends. Matters came to a head when Hitler took over the Sudeten area of Czechoslovakia. Up until that time air raid trenches had been left open and no one seemed to be too worried. Suddenly, England changed. The air raid shelters were completed, the young men disappeared for training and there grew up a defiant attitude. I knew that the English were going to fight. I must say my sympathies were entirely with them. They so desperately wanted peace and found it so difficult to understand why anyone would be so mad as to plunge the world into another horrible war.

Later in that spring, I visited France. I was distressed to observe that at such an important place as the Pasteur Institute the air raid shelters were open or caving in. This bothered me since it seemed that the French were less concerned than the British.

Harriet was pregnant and the pregnancy was proceeding normally. We figured that she was due to deliver on March 16th or 17th. There was some amusement about whether it would be on Saint Patrick's Day. In medical school, we had been taught that British Obstetrics were better than in the United States. The mortality rate was technically much better. However, much to my surprise, I learned that the English idea of handling delivery was to put the patient in a nursing home, attended by nursing sisters. When delivery was immanent, the doctor would come to the home, through London traffic, have the nurse administer chloroform, and do the delivery. The doctor would then leave the new mother with the sisters for post-partum care. This was in contrast with our lying-in hospitals with residents and physicians on duty twenty-four hours a day and where we had abandoned chloroform in favor of much safer drugs. I also learned a thing about statistics. It seemed the British statistics were based on the fact that if the mother survived twenty-four hours but died later, the death would not be counted as birth related. In the United States, the statistics were based on a thirty-day survival after birth. So much for statistics.

We finally found an experimental ten-bed lying-in unit at The Royal Northern Hospital. It was here that Richard, our son, was born on March 16th, 1939. The wire to the grandparents was delayed and sent on Saint Patrick's Day. I guess everyone was happy. Harriet proved to be a good mother and Richard thrived.

However, by May, the situation in Europe was becoming more strained and we decided that Harriet and Richard should return to the United States. Passage was secured

on the "Scythia" and I traveled with them as far as Galway in Ireland where I left the ship to return to London.

On the small boat taking me ashore at Galway, I met a friendly young man who had gone out to the ship to get some cigarettes. I guess that they were much cheaper bought on board or some tax was avoided in this way. Anyway, we became friends. I guess he realized how lonely I was for he took me in hand and showed me the sights of Galway. I remember the huge fish in the river, Trinity College, the Lynch Memorial, and beautiful Galway Bay. He suggested that I stay at the less well known but wholly Irish hotel rather than the railroad hotel where most tourists stayed. I must say it was a wise move. The bed was extremely comfortable and the food was the best I had eaten in many years. Above all, the maids, waitresses, and the people who ran the hotel were a grand lot. I can still see in my mind's eye the pink-cheeked, healthy young ladies who served me my breakfast and our talk about Ireland and America. I recall the most unusual experience of seeing the local people all out walking on the sidewalks. It made me think of Saturday night in Missouri Valley when the farmers, their families and the townspeople crowded the sidewalks, walking up one side of the street and down the other, meeting old friends and talking. What a delightful world it was in those days. I have young Shamus Mullally to thank for giving me a most pleasant stay in Galway. I wish him the best wherever he is. The next day, I took the train to Dublin. The countryside was unbelievably green. There were stone walls everywhere, marking off the fields. It was obvious that this practice had been brought to New England.

Since Harriet's grandfather and grandmother had come to America from Thomastown, I made it a point to get off the train there in order to visit the area so that I could tell Harriet's father, Thomas Coady, what the place looked like. It is a most beautiful valley, nestled between hills. The station master suggested I visit the old church ruins at the edge of the valley. I found what had been at one time a beautiful church surrounded by moss covered tombstones. I scraped a bit of the same moss from the church itself as a gift for Thomas Coady. I asked the old station master to tell me what had happened to the church. He told me the following story. It seemed that Cromwell had come into the valley at the head of a body of troops. After seeing how beautiful it was, he reportedly remarked, "This is such a beautiful spot. We will leave it alone." As the soldiers were leaving the valley, however, the "Angelus" sounded from the church. Cromwell thought that the priest was mocking him. He returned and proceeded to destroy the church. Apparently, the ruins were just as his soldiers left them. What a sad commentary on human behavior.

On the train from Thomastown to Dublin, I had the good fortune to meet another young Irish man, Thomas McGuire. I remarked as to what a lovely place Thomastown was and how sad that such a beautiful old church had been destroyed. Thomas had been visiting some friends and was on his way home to Dublin. We talked about the problems Ireland was having and how all the hatred in past years between England and Ireland had caused such suffering. We became friends and he insisted I come home with him and meet his family. I had never experienced such hospitality in my entire life and I a stranger at that.

Thomas' family were a most delightful people. His father was a government official and his mother was a most kind-hearted lady who did everything she could to make me welcome. We had a long discussion about Ireland and America and about my

medical research. The McGuires were devoted Roman Catholics who were, however, very tolerant of other faiths. Thomas' father proudly pointed out that the President of the Republic of Ireland at that time, Mr. Hyde, as a Presbyterian. This astonished me and I am certain it would have also amazed my Roman Catholic friends in the United States.

We had an excellent dinner and then Thomas took me to visit some relatives where I met the family's neighbors and the local parish priest. We had a fine time. The girls of the family and the priest danced an Irish jig for my benefit and all were eager to learn about America. Most of them had friends or relatives in the United States and had warm feelings towards everything American. It was one of the most enjoyable evenings I have ever spent.

Later that evening, Thomas and I had a long discussion about democracy, the American way of life, and the European problems. We both agreed that there would be a war and we both hoped that Ireland and the United States would be able to keep out of it. Neither of us knew at that time about the horrible things happening in Germany and the territory the Germans had already occupied.

Thomas insisted that I see the sights of Dublin. There were several things that were most impressive. Trinity College Library, the magnificent eighth century one of Ireland's most precious possessions. There was the manuscript containing the Devil's handwriting, a tale my Irish friends relish. As one looks at this manuscript, the even flow of the writing suddenly changes into a most peculiar pattern that in no way resembles the previous script. I was not enough of a scholar to translate either script so it could have been the devil at work as far as I could tell. At any rate, it is a fascinating piece of local Irish lore. Thomas also said that there was a church in Dublin where, if you walked around it seven times, the devil would appear. The catch lay in the fact that the church is in the midst of a long row of buildings which would require someone seeking the devil to walk nearly all around Dublin. So the legend all remain as far as I am concerned.

I visited the old and world famous Rotunda Hospital in which some of the great medical leaders of the nineteenth century worked. I was amazed at the excellent equipment which rivaled anything we had in The Boston Lying-In Hospital. I asked the physician how it was possible for such to be available in what was otherwise an old and poor hospital in a small country just beginning to develop its own resources. The answer was that they were beneficiaries of the Irish Sweepstakes.

In visiting the wards, I noticed huge round holes in the floors, covered with grillwork plates. I asked the attending physician what these represented. He replied that at one time puerpual sepsis was thought to be due to bad vapors so the holes were cut to ventilate the area in the hope of preventing this dread disease that once killed a high percentage of the women being delivered in the hospital. Of course, Semmelweis' researches, the introduction of antiseptic solutions and aseptic technique in the delivery room had greatly reduced the incidence of that dreadful infection. In America, our Oliver Wendell Holmes had done much to introduce similar programs.

As I looked at those old ventilating holes, I thought of what changes the discovery of the sulfonamide drugs was bringing to the entire field of infectious diseases and how these drugs alone would abolish for all time the dreadful peril women faced from such infections.

I bid the McGuires a fond farewell and after a cold night's trip across the Irish Sea from Rosslear to Fishgard, I returned to London. I must say that Wales was impressive.

The craggy mountains, deep valleys, and neat villages made a most enjoyable sight and I only wish that there had been more time to visit there. My mother's family, the Jones, had all come from Wales. There are, however, so many Jones it would be hard to track down my remote ancestors.

London was a lonely place without Harriet and Richard. Work in the laboratory was almost at a standstill as war tension rose. I decided that it was time I visited France, especially Paris with its famous hospitals.

I found Paris a beautiful city. In spite of the war fever, people seemed gay and there were many tourists seeing the sights. I visited the world famous Salpetriere Hospital where Jean Martin Charcot, the great French physician, had done such magnificent work in neurology. The Salpetriere, like the Hotel Dieu, appeared to be in need of much modern repair. It saddened me to see such great centers of medical learning so in need of attention. I had found this to be also true of grand old Guy's Hospital in London where Richard Bright and Thomas Addison had done their brilliant work. I felt then as I still do, that these venerable institutions should receive help from physicians all over the world.

I enjoyed visiting the magnificent Bibliotheque Nationale and, of course, The Louvre, seeing at first-hand the Mona Lisa and other world-renowned works of art. The Invalides, site of Napoleon's tomb, is indeed impressive. As I viewed it and noticed the meticulous care given to the memorial, it was evident that Napoleon still remained a great hero to the French nation. The Pasteur Institute and all it represented to me was a visit of love.

However, I was distressed to note that the trenches for air raid shelters were still wide open, unlike those in London which had been covered and were ready for use. It made me wonder whether the French really were gearing up to resist Hitler. At the time, I thought that perhaps the French felt secure behind the Maginot Line, but I still wondered why they took so few precautions to protect their citizens from air attack. After a week in Paris, although it was springtime, I decided that it was time I returned home.

On the boat train from Paris to Boulogne, I met other Americans returning home. There was a small party of Jewish tourists, several elderly ladies returning home after many years sojourn in Europe, and a few like myself who had made short visits to France.

I recall two Jewish lads with whom I enjoyed talking on our trip to the port of embarkation. I was surprised when they told me of the anti-Semitic behavior they had found in Paris. One humorously said that even in some of the whorehouses there were signs prohibiting Jews. I could hardly believe the things they told me of how they had been insulted in various places. I found these lads to be most pleasant. As I recall, one was a small merchant from a town in Illinois. I was immediately interested since my early roots were in Iowa, so we talked a lot about the mid-west. He said while the treatment afforded him in Paris was irritating and created fear as to what was happening in the world, he had also experienced humiliation in his home town. He had generously supported the city's activities and had done everything he could to be a good citizen, but he was not allowed to join the local country club. Coming from a small Iowa town and being in academic life as I was, such petty behavior seemed senseless.

Chapter Eight

While working in Professor Harington's laboratory, I had met Professor Otto Krayner who had left Germany because of the Hitler movement. Dr. Krayner offered me a position at the Harvard Medical School in the Department of Pharmacology which was just the position I desired. My duties were to start in September.

Returning to America in June after the exciting year abroad was certainly a change of pace. No one seemed to be worrying about what was going on in Europe and the possibility of a war was least on peoples' minds that summer of 1939. I recalled a conversation that I had with an American journalist in London. We had been discussing the European situation and had agreed that war was eminent. He said that he wished he could think up a slogan that would awaken Americans to the danger. He pointed out the powerful appeal the World War I slogan, "Make the World Safe for Democracy" had on the masses of people all over the world. Unfortunately, no such powerful idea appeared and Americans were not aroused to the danger. It took a Pearl Harbor disaster to awaken us from our lethargy.

Realizing the danger from my observations in Europe, I decided to get prepared for what I knew was coming. I returned to my Massachusetts National Guard unit and worked hard at the Army Officer Correspondence Courses. During the summer of 1939, I completed courses which were designed for the grade of Lieutenant Colonel. The material was not only very interesting, but required reasoning and decision making. I fought the Battle of Gettysburg on paper, made maps, and maneuvered troops. I indeed got an insight as to what leadership and command meant.

I began my appointment at the Harvard Medical School on September 1st. It proved to be a most exciting and interesting year. It was a pleasure to meet with and teach the bright young men Harvard Medical School had attracted from all over the country and several foreign nations. They represented the best minds from their respective areas and were a hard-working, serious group.

My colleagues in the Department of Pharmacology were a varied group, all deeply committed to their work. I recall with pleasure a Spanish instructor who had to flee Franco's Spain. He and his wife became good friends of Harriet and me. Later, he migrated to Mexico. I last saw him after the war when he visited Boston in the company of a Mexican professor who had made an interesting discovery of a drug for the treatment of angina pectoris. At a private meeting, he told me he had doubts about whether the drug was as good as it was claimed to be at the time. Later studies, unfortunately, did not support the initial data and the drug had to be abandoned. My friend said that he was happy in Mexico but longed for his old home in Spain.

World War II broke out on September 29th, 1939 and my entire world was to change drastically. There were mixed feelings among Americans about affairs in Europe. The military people I had contacted with were certain that we would be drawn into it sooner or later. The faculty at the Harvard Medical School was divided as was the rest of the country. Dr. Krayner, my boss and head of the Pharmacology Department, was ambivalent. In spite of the terrible treatment Hitler's Germany had given the Jews, he, although not a Jew, was still a German at heart and sympathized with Germany. I found this hard to understand and I am certain it caused friction between us. It is also possible

that Dr. Kraymer did not know about the concentration camps and the horrible things the Nazis were doing in them.

It was difficult to concentrate on research, teaching, and other usual affairs during the winter of 1939-1940. National Guard activities picked up, training was intensified, and I was transferred from being a Battalion Surgeon in the 182nd Infantry to the 101st Medical Regiment where I became Captain of Company G.

Most of 1940 continued much as 1939. Teaching and research were interesting, but it was getting to be very hard to remain neutral. When Hitler's troops subjugated most of France, defeated the British Army, and began bombing London, there developed an atmosphere of unease in America. Factories began producing war material for England. Large sections of the population reacted with horror to the bombing of London and the killing of civilians. The struggle between the Isolationists and the Realists became intense. President Roosevelt was a Realist. He knew that Hitler had to be destroyed and he did all he could to help the British.

The National Guard was mobilized and I went to Camp Edwards on Cape Cod as a Major in command of the Third Battalion of the 101st Medical Regiment in January, 1940. The draft was imposed and all units of the Guard were filled with new draftees. Many of the men volunteered under the promise that they would train for one year and then be replaced by newer draftees as Congress had promised. Some of the draftees were reluctant soldiers and resented having their lives disrupted.

On May 14, 1941, Judith Harriet was born at Sturdy Memorial Hospital in Attleboro, Massachusetts. I could be with Harriet and Judith for only a short time since we were stationed at Camp Edwards and were in the midst of training troops. However, everything went well and mother and daughter were soon home. During that summer, I was able to spend weekends with my little family who were now living with Harriet's parents as we had given up our Boston apartment when my unit was mobilized. Fortunately, I had a command car at my disposal as I was a Battalion Commander and I was able to get home frequently and even take Richard for a ride in the "jeep". Both he and Judith were thriving. In talking with Chaplain Edward Flarity, the Catholic chaplain of the 101st Medical Regiment, I told him my daughter's name was Judith. He replied that she should be a most outstanding woman since her namesake was the Judith in the Bible who slew the wicked King Holofernes for the sake of her people. In later years, at a meeting of members of the regiment, Father Ed asked me about Judith and I replied that she certainly living up to her name and she is rapidly becoming a distinguished scientist. The great southern maneuvers in the summer of 1941 were a huge training program for all mobilized units. It was strange for a Massachusetts unit to be in the Carolina's and meet the country people in the backwoods areas where the maneuvers were taking place. I think it did both the northern and the southern people good to meet each other and find out that they were not devils to each other but had a great deal in common.

I had made it a habit to keep the men in my headquarters well informed as to what was going on and the reason why certain things were being done. I believe this paid off handsomely. It occurred in this way.

My battalion was attached to a combat team which had made a very delicate maneuver against the opposing team. This had necessitated my unit to make a rapid move to a new position. I had detailed my motorcycle messenger to remain at the old site until I relieved him in order that the umpires could check on the maneuver. This soldier,

Corporal Lund, had been instructed as to what was going on and had a good plan of the entire operation as I had briefed him. It so happened that the chief umpire came by the location, stopped, and questioned Lund about what was occurring. Lund gave him the facts.

The umpire was astonished and said, "Young man, this is the best description that I have had all day. I want to know how you are so well informed." Lund replied, "The major sees to it that we know what we are doing and why, at all times." The umpire then took down his name, the unit, and my name. It so happened that when war broke out, I suddenly found myself in command of a regiment with orders to take it overseas!

Returning from the maneuvers, the troops were hissed as they went through northern cities. This sounded strange to us and certainly was not good for morale. Another factor had arisen which was causing much concern. The draftees and volunteers who had been promised by Congress that they would be replaced by new draftees after their year's service had expired, learned that they might not be released after all. They were informed that they were now a trained army and, in view of the deteriorating international scene, it would be necessary to retain them as protection for the country. No new draftees were to be called up as men were needed in the expanding war industries. The men felt that they had been given a raw deal as they were now expected to remain in the Army at \$30.00 a month while their neighbors stayed home and made big money in the factories. There appeared in various places the letters OHIO. They stood for, "Over the Hill in October." It was hard not to sympathize with the men. Certainly, it would have been better to rotate and train many more men than to keep a few in service indefinitely.

The matter came up in Congress and there was a hot debate. The idea of keeping the men already in service as a defense force won by a single vote. It has often been cited by pundits that our army was saved by one vote. Little has been said of the broken promises and the unfairness of the plan. Fortunately, before serious difficulties arose, December 7th settled the issue. Pearl Harbor was bombed and we were at war with Japan and Hitler's Germany. The war years now began.

Chapter Nine

Soon after war was declared, I found myself in command of the 101st Medical Regiment of the Massachusetts National Guard with orders to take it overseas, destination unknown. I shall never forget the cold January morning when the regiment was assembled and moved to the railhead for trains to the port of embarkation. My regiment was part of a combat team similar to those which had been formed in the Southern Maneuvers. The regimental adjutant and I spent the time on the train to New York reading and censoring the mail which had been collected as the last letters the men would be able to send to their loved ones before we sailed. Surprisingly, there was little that we needed to do since the move was so sudden and no one knew where we were going. As I now remember, it was really an exercise for future needs. The letters written by the men who, as far as they knew might be the last they would ever write, ranged from humorous with such comments as "What the Hell, I have had a good life and can take whatever comes my way." to very sad letters usually ending with, "If I never see you again, remember I love you dearly." Most, however, consisted of instructions about family affairs and reassurances to the family that they would be all right. There wasn't a single letter bemoaning their fate or finding fault with America's decision to go to war.

The port of embarkation was a mess. No one seemed to know what to do. We were herded like sheep into a ship and packed in like sardines. The embarkation officer was of German descent and actually spoke with an accent. He was doing his best and all in all was a kindly gentleman. We had no sooner found our places and dropped our gear when General Rose, our combat team commander, called for a fire drill. If there had been confusion before it was nothing to compare to what then took place. However, in spite of everything, the drill proved satisfactory. I was once again impressed by General Rose who I knew from the maneuvers to be a hard-hitting, hard-working excellent commander.

Leaving the port of embarkation, the convoy went down the Atlantic coastline with very little in the way of escort. Evidently, we were the first large unit to leave the United States and the German submarines were not in place to do damage as yet.

Our first stop was the Panama Canal. I was appalled at the extreme poverty in the cities. There was a teeming population just barely subsisting. The Canal Zone, the American section, was in startling contrast. As a commanding officer, I, along with other commanders, was invited to a dinner with the American Army Commander whom some of us remembered as the Corp Commander during the maneuvers. He was a regular Army man whom I considered, from my humble position, to be a very capable commander. He was concerned for the safety of the Canal since it was vital to our military operations. The chief concern was the possibility of sabotage. Leaving Panama, the last American soil many of us would see in several years, the long trip across the Pacific began.

After several days at sea, we were issued material and instructions which revealed that our destination was Brisbane, Australia. There was included an interesting Chamber of Commerce like booklet describing Brisbane and the nearby parts of Australia.

There was very little in the way of news about what was happening in the world. The radio operators were a surly group who did as little as they could. I finally became so incensed I went up to the radio shack and had it out with one of the operators. I demanded that we at least get some news of major events.

I was convinced at the time and still am that in time of war there should be no separate civilian groups responsible for the intimate welfare of the troops but that everything closely associated with the fighting men should be under the same command. There was intense resentment among the men that these civilians, drawing high pay and responsible to no one but their employer or union, were totally unjust and a definite weakness in our system.

As our Navy had suffered terrible losses at Pearl Harbor, our only escort for the convoy was one small vessel which seemed to me to be only a gesture towards protection. News was received of the Japanese bombing of Darwin and soon afterwards we learned that our Australian destination had been changed to Melbourne.

We landed at Melbourne and were paraded through the city to the cheers and relief of the citizens who were fearful of a Japanese invasion. The Australian fighting men were in Africa and other areas of the British Commonwealth fighting against Hitler's Germany.

Melbourne appeared to me to be a second London. A grand old city with the type of dignity that so often characterizes the cities founded and developed by the British. An amusing side light occurred during the parade, witnessed by thousands of people. It seems that I do not have a good ear for cadence. As the Regimental Commander, I was at the head of the regiment with my adjutant a few paces behind me. The regiment had a fine band, in fact one of the best anywhere. They were playing the regimental march and we were all trying to be as smart as possible. Suddenly, I heard my adjutant say, sotto voce, "Major, for Christ's sake, get into step with the regiment." then he counted cadence, one two, one two, until I caught the right cadence. I doubt that any of the Australians even noticed my marching, they were so relieved at seeing American troops.

That night, we bivouacked in The Royal Park. We had hardly settled down to sleep when anti-aircraft guns opened up over the city and we were certain that the war had, at last, come to us. However, it was a false alarm. A returning pilot had forgotten to switch on his Identification Friend or Foe device and the gunners had fired on him. The mistake was quickly corrected and all became quiet again. The Australians were jittery and with justification as Japanese carrier fleets could have struck serious blows at their population centers at this stage of the war. The next day, we entrained and went to the old gold mining center of Ballarat. On our way, we saw glimpses of the great Australian plains and could see why Australia was such a sheep raising country.

Ballarat proved to be a most unique little city. There were magnificent buildings along the main thoroughfare and a beautiful, small hospital. At various intersections, there were decorative monuments which had been given by successful gold miners to enhance the beauty of their city.

We marched from the depot to our assigned area of the city. As we marched along, the bells of the churches were playing "Onward Christian Soldiers", an old favorite of mine, which brought tears to many eyes at the time and still to mine, even after a lapse of forty years.

We were amazed to learn that the Japanese radio was broadcasting the news of our arrival in Australia. Some said that they even gave the names of the units. I doubted this latter and chalked it up to the type of rumors that are so frequent in stressful situations.

I was billeted in the home of a solicitor and his wife. They were most kind and I remember them with affection. They sent to Harriet a replica of a koala bear and a small toy boomerang for Richard and Judith. Many years later, I met a young lady school teacher from Ballarat while I was traveling on the train from New York to Boston. I told her of my hosts and what kind people they had been. She informed me that he had been knighted and was one of Australia's most distinguished members of the Bar. I was delighted to receive the news. I have always had a warm spot in my heart for Australia and Australians. I shall have more to say about this later.

Chapter Ten

Our stay in Ballarat was indeed short. One week later, we were back on shipboard. Our destination was New Caledonia, an island about a thousand miles from Australia and a French possession. The ships pulled into the beautiful harbor of Noumea on a hot afternoon. The Merchant Marine officers issued an order that the troops were not to take water from the ship's supply. By this time, I was so disgusted with the civilians and their stupid behavior that I had the men fill the bath tubs with water and fill their canteens since all other sources of water supply were cut off. Evidently, the civilians did not think we would be taking baths. It was fortunate that we had the water with us as there turned out to be no water supply for twenty-four hours. The lazy civilians could have easily filled their tanks from the Noumea docks.

As soon as the regiment had landed, I asked the band to play "la Marseilles" for the benefit of the French citizens who had come down to the docks to watch us land. I noticed that the music brought tears to many eyes and I felt certain that the people looked upon us as their friends.

It was dark before all the troops were assembled and we could begin our march through the city. I did not know it at the time, but General Alexander Patch and his staff were on the balcony of the local hotel watching the line of march. It seemed that the men of the regiment were in good spirits and, as they marched along, they struck up an old familiar marching song we had used on Cape Cod during our training. It was a lively tune and the men did it justice. I learned afterwards that the general and his staff had been impressed and that he had asked for the name of the commanding officer. We proceeded out of the city and bivouacked on the side of a hill a few miles outside of Noumea. This hill soon became known as Mosquito Hill. There were millions of mosquitoes and all of them literally starved for American blood. It was sheer misery even to go to the latrine.

As dawn broke, one of the first things I saw was a *Mimosa Pudica* plant, the so-called "sensitive plant". If one touched the leaves, the plant would suddenly droop and look like a wilted, unprepossessing weed that no animal would be interested in eating. This was an old friend from my medical school days. I had heard about this plant as a student and I had made a trip to Harvard's Gray Botany Department and secured some seeds. The plant thrived and I had one in my room in Vanderbilt Hall and one in the Harvard Medical Library for several years. As I recall, the enzyme set in motion by touching the plant travels at 17.5 centimeters a second to release the fluids that hold the plant erect, thus allowing the leaves to drop. After a brief period, the plant recovers its normal appearance. It has a delicate pink blossom and has been a favorite of mine for many years. Some thirty-five years later while on vacation in the Caribbean, on the island of Aruba, I discovered this plant growing on the lawn of the hotel where we were staying. It was like meeting an old friend once more.

While the regiment was encamped outside Noumea, I decided it would be worthwhile to see what the island looked like and just how the regiment could best serve the combat troops. Accordingly, I asked one of the Australian's to accompany me as a guide. With my driver, Private Lund, and one of my French-speaking men, Private Lussier, we set out to reconnoiter the island. At the time we did not know what we might meet so we were all heavily armed. It took us four days to evaluate all of the significant places of possible strategic importance. On the whole, the native and French-speaking

population were friendly. One night we stayed at the local Gendarme's and slept in what had at one time been a pig pen! In the northern town of Yhenghen there were Vichy French sympathizers who, though polite, were not very friendly. We had some discussions about the war and I think I won many friends to our cause.

On the way to Yhenghen we had taken an old abandoned road on the east side of the island. We had been warned that it might not be possible for us to get to the upper area of the island on this road. However we decided to make the attempt and I was pleased later that we did. The beginning of the road was rather ominous. At the entrance on a ledge facing the road there was perched a human skull! As we proceeded over rough terrain, we came to a huge coconut grove. In the distance we saw a white stone shaft placed at the foot of a huge cliff. It proved to be a memorial to the white citizens who had been massacred in a native uprising in 1917 while most of the men were away fighting in the war. The women, children and elderly, along with their few defenders, were driven from their homes and herded in a group to the base of the cliff where they were cut to pieces with machetes. Further along the road there was a beautiful little church. One of the stained glass windows depicted the massacre.

The countryside grew more rugged and wild appearing. There were huge outcroppings of rocks, between which we could see stretches of the ocean and absolutely no evidence of human habitation. Finally, we were stopped by an arm of the ocean which we had to cross to continue on the road. There was a rickety raft- like structure which was propelled by pulling on a rope strung across the water.

It was evidently used to get passengers and their horses or cattle across. There were some anxious moments when there was a question whether the structure would sink under the weight of the jeep; however we made it across, the ocean being calm at the time.

Not very far above the crossing we could see what looked like, in the distance, a cluster of native huts. We were puzzled since there was no village so marked on our map and our Australia guide had never heard of any village in this area. As we drew closer, a group of people emerged from the huts and came running out to see us. We were shocked at what we saw. These people were horribly mutilated with leprosy; noses, hands, legs and ears, were missing; and many could only speak with a high-pitched squeak or in coarse whispers. Many had no voice. We had discovered a hidden leprosy village! One male, obviously not a native, spoke to us in a squeaky voice, but in good English. He told us that these were people who had come there when they found that they had the disease. They refused to be separated from their families which the French authorities required for them to get treatment in the leprosy facility. He went on to say that they had very little confidence in the treatment program and preferred to live out their lives in freedom. He assured us that he would commit suicide rather than be separated from his family. These people, I am certain, posed a problem to the government but with the war going so badly and division among the French authorities, there was little that could be done at the time. I explained that there had been some recent developments in the treatment of leprosy with the new sulfa drugs and that he and the others might wish to look into it.

I did my best to instruct them about the modern knowledge of leprosy. We gave them some candy bars and since I did not smoke I gave them my supply of cigarettes. They wishes us well and we passed on sad a t heart at all the suffering we had seen. We

completed the tour of the island and I began to formulate a plan for the medical care of the troops. With the knowledge I had gained, I was able to select the various locations for the medical stations to be set up. I proceeded to draw up the plan for the island and submitted it to headquarters where it was accepted at once and I was requested to put it in effect immediately.

Instead of settling down in Noumea, the main city on the island, I chose a site some one hundred miles above Noumea about half way up the island and a position central to the dispersed medical stations. My Australian friend was instrumental in guiding me to the place. He told me that I would be surprised at what I would see. We drove up the main road from Noumea passing several small settlements until we came to a rickety wooden gate about one hundred miles above Noumea. He got out and opened the gate which he said had to be closed or the cattle would get out. We then drove along a narrow road for about five miles when to my amazement we came to a small stream over which was a concrete bridge with fine ironwork railings! As we proceeded, I became aware that we were approaching a beautiful small mountain in the distance which to my eye resembled a maiden's breast! It stood out in contrast to the towering mountain range in the background. A few miles further we came to another pretty little bridge with the elaborate iron railings. By this time I was thoroughly intrigued. I commented such, but my friend only smiled and said, "You haven't seen anything yet." About five miles further we ascended a rather steep hill. At the top we stopped to take in the most magnificent view that unfolded before us. The small mountain with symmetrical shape was on our right. In front of us was a broad avenue lined by huge banyan trees leading up to a beautiful French chateau. When we got out of the jeep, an attractive middle-aged lady, Mademoiselle DeVombay, came out and spoke to us in perfect English. We told her who we were and that I was looking for a place to establish the headquarters of my regiment. She invited us into the house and had a Javanese servant serve us tea. I remarked about what a beautiful place she had and wondered how such a magnificent dwelling had been built so far from Noumea. She said that her father had been a great friend of the colonial governor of New Caledonia and he had sent men from the prison colony to work on the estate. Among these men there were many talented individuals who through their skill made the chateau a place of charm and beauty. Her mother had seen that she and her sister were educated in Australia which explained her excellent command of English. I later learned that her father had willed the estate to Mademoiselle since he did not approve of his other daughter's marriage.

I asked about the beautiful cone-shaped mountain that was close by. She said it was called Ouitchambeau and that was also the name of her estate. In the course of our visit I learned that the estate raised cattle and that there was a furniture factory operated by Javanese help who were recruited for periods of three to five years as servants and laborers. The furniture, I learned later, was made from a particularly hard wood called ironwood. It was nearly impossible to drive a nail into the wood!

During the visit I felt that she seemed to like me and when I asked her if it would be possible to establish the regimental headquarters on the estate she readily agreed. She said she would feel much more secure with us there and went on to say that they were frightened about possible Japanese raids from submarines off the coast. Rumor had it that all manner of atrocities were committed by these raiders.

On my return to Noumea I reported to the chief of staff and outlined the plan for medical support for the troops dispersed around the island. I also said that I planned to establish my headquarters at Ouitchambeau where I would be central to the various units. General Alexander Patch and his Chief of Staff, General Sebee, agree that it was a wise thing to do. The plan and my report must have pleased the general's, for not long afterwards was promoted to Lieutenant Colonel.

The regiment headquarters was established at Ouitchambeau and it proved to be a wise choice. Mademoiselle gave us the downstairs of the chateau for our use. The kitchen for the house was a separate building so there was no interference with Mademoiselle, her niece, and a cousin who lived in the upper chambers. The chateau was solidly built of brick and stone and closely resembled the type of chateau that one would see in France, the only exceptions being the roof and the wide verandah. The roof was covered with galvanized iron, a necessity in a semi-tropical climate with the heavy rains. The room I occupied was the library, a beautiful room with magnificent paneling and parkay flooring made from native ironwood. On the walls there were exquisite paintings done by a distinguished DeVombay relative who lived in Paris.

Around the chateau there were orange and lemon trees and a fine garden containing a large strawberry bed. There were flower beds and many shrubs unfamiliar to me. In a small park below the house there was a tame deer which would follow us around and soon was a favorite of all of us. Everywhere there were lantana bushes. In fact, the plant had spread wildly on the island and was a nuisance. It made fine cover for the numerous deer that had become a pest to the cattle ranchers. Mademoiselle told me that a former governor's wife had introduced both to the island little realizing that they would become such a problem. The deer were so prolific our cook kept us in full supply of deer meat until the supply system got beef to us.

Life at Quitchambeau was pleasant. I was able to keep close contact with the regimental detachments at various strategic sites around the island and avoid all the turmoil going on in Noumea. I was furnished with a shortwave radio, a command car, and a lively filly to ride! The radio was able to pick up news broadcasts from San Francisco. Many pleasant evenings were spent with Mademoiselle and her niece while we listened to the broadcast and munched on strawberries that Mademoiselle brought. Her niece, Susette, was a cretin with very handicapped intelligence which made her special to Mademoiselle. I too was fond of Susette for she was such a polite and helpless child. Once when she developed a serious ear infection, I treated her with sulfa drugs and she recovered nicely. Mademoiselle was very grateful and as a result she gave me the classical barometer that her father had used to measure the weather conditions on New Caledonia. It is now a prized possession hanging on the wall of my study. You can imagine the memories it revives when I glance at it.

The news during the summer and fall of 1942 was discouraging. It seemed that the allies could not do anything right. We got almost no information as to how the Russians were doing. If we had, it would have been less gloomy since for the first time the German armies had been stopped and it became apparent that Russia was not going to be another France.

The weeks passed swiftly. The Battle of the Coral Sea was fought with a variable result, however it stopped further advance of the Japanese. There was great concern about our status since we were so few and reinforcement was mainly going to the

European Theater where the major effort was to be made. Consequently, it was decided that the men of the medical regiment should be armed and trained in case the situation would require they defend themselves or lend support to other units if such would be needed. Accordingly, rifles were issued to all men and training and target practice was instituted. Most of us were already familiar with basic training and had also had some range firing, so in a short time we had an effective body of men who I felt could hold their own.

It was rumored that the Japanese soldiers showed no mercy and that hospital and medical units were not spared. We were warned that there might be Japanese raiding parties put ashore from submarines and that we must be prepared to defend ourselves at all times. Accordingly, I posted a guard on the top of the hill which overlooked Ouitchambeau; a position which commanded a clear view of the approach to the chateau. The post was situated in such a manner as to be hidden from anyone attempting to enter the valley. Since the hilltop post was rather close and might not give us time to mobilize, I established another post further along the road leading to the valley. Two men responsible to me alone left secretly each night to man that post. Any raiders entering the valley would be in the line of fire from their bunker.

Each night I made it a practice to check the guard post at various times. One late night my adjutant and I quietly approached the hilltop guard post and to our deep concern realized that the soldier was asleep! I carefully gathered up the rifle and we slipped away. Then making considerable noise, we came up to the post in time to see the lad wake up and reach for his gun. It was a tense few minutes. There was a look of complete dismay on the man's face as the reality of the situation became apparent. The gun was returned to him and I obtained his name and unit. His relief arrived and we all returned to headquarters. He was to report to me in the morning and I would then decide what to do.

Adjutant Roberts and I discussed the situation at some length. We checked and found that there had been a slip up in the roster and that he had been on duty for twenty-four hours straight! In view of the extenuating circumstances and the great need to keep every man possible, and the fact that his post was of less critical significance, I decided that the affair should be handled without the necessity of a court martial.

The next morning a very apprehensive young man reported to me. I pointed out how few of us were here in the vast Pacific area and that every man must count. Therefore I saw no sense in a court martial. He had a good record with his company commander who recommended him highly. Of course the officer had no idea as to why headquarters was checking on one of his men.

After pointing out the serious neglect of duty which could have caused terrible harm to all of the command, I suggested he get busy digging fox holes around headquarters and that the affair would remain a secret between us! The fox holes were the most elegant I have ever seen. They were deep spacious and convenient. Later during combat on Guadalcanal I met this young man near the front doing an excellent job at considerable risk. He was from Nebraska and I often wonder if he every thinks of the fox holes he dug in New Caledonia!

The island of New Caledonia proved to be a most delightful place. The magnificent mountains, the green fertile valley, and the mild climate all combined to make it a most pleasant place. Fortunately it was free from malaria and the native

Kanakas were a healthy people. Noumea, a pretty little city with much of the old world charm of a French city, was a delight. The French population proved most hospitable and I made many friends. One most interesting evening was spent with a French family. At first they were somewhat reserved. He showed me the home they had left in France when they immigrated to New Caledonia as new settlers. He was proud of his family and this led to a viewing of pictures of various members of the family. They were a handsome group. Fortunately, I had a few snaps of members of my family which I let them view. Among my photos there was a snap of my father in his shirt sleeves, wearing suspenders! This caught the attention of the farmer and his family and I could see that it created much interest. The Frenchman smiled and said, "Ah, your father wears suspenders. He is one of us common people. It is surprising you have become such a high-ranking officer and in command of a regiment!" From that moment the reserve dropped, the wine flowed, and all of us had a most enjoyable evening.

He told me an interesting story about his reason for leaving France and settling in New Caledonia. In the small French community from which he emigrated there was a feud tradition that if a father was killed as a result of the feud, the son must obtain a gun barrel from which he was to build a gun and kill the man who had murdered his father. He went into a back room and came out with a sealed tube from which he opened and extracted a gun barrel. It had been given to him and he was to kill the man who had killed his father! The feud had gone on for several generations. He said that after thinking about it, he had second thoughts about murdering another man. He talked with his priest and with the urging of his wife, he decided that it was a stupid affair and that he would have nothing to do with it. The pressure of his peers was such that he realized that he would never have any peace if he remained in the community. It was then that he decided to emigrate to New Caledonia and thus end the feud.

I shall never forget the French Gendarme Monsieur Henriet of Poindime who became my friend and at whose station I stayed on two occasions. He and his wife were most kind. He had previously served in Algiers. His wife was a pretty little woman who outdid herself to prepare an excellent French meal. Mr. Henriet gave me a beautiful native carved bracelet for Harriet and a replica of an ancient native hut complete with the totem to ward off evil spirits!

Mr. Henriet was very worried when I first visited him and he reluctantly told me the reason. It seemed that he and the lieutenant commanding a detachment of American troops had some mild disagreement over a police matter. Later one evening as he was riding his motorcycle along the road, he was suddenly thrown from the machine and suffered some abrasions. He found that a wire had been looped down from the telephone lines in such a way as to cause the accident. I was shocked when he confided to me that he was of the opinion that the lieutenant or one of his command had arranged the wire so that it would cause the accident. It was a serious situation and I told him I would investigate but that I was certain that no American would stoop to such a measure; however if such should be the case proper measures would be immediately taken. When I checked with the lieutenant, he was amazed and reassured me that he and no one in his unit would ever do such a thing. It was finally decided that the wire had become detached from the insulator and fell into the road. There had been a storm with wind and rain just prior to the accident. Mr. Henriet was much relieved and realized he had been

over suspicious of the foreign troops. Thus began our friendship and I remember him and his family with affection.

As I have remarked before, New Caledonia was a most fascinating and lovely place. The grandeur of Quitchambeau, the towering mountains, beautiful valleys and the little gem city of Noumea were all so attractive, I envied the people who lived in such a pleasant place. The people fascinated me. I became fond of many of the French I met and the natives were a sturdy, hard-working, gentle lot who came to the dock to help unload supplies. Soon it was not unusual to see them running tractors, smoking cigarettes and speaking American slang! They were paid a small salary in contrast to what Americans doing similar work were paid. It was, however much more than they had been accustomed to receive. This led to a most amusing situation. Suddenly one day, without any warning, all the natives failed to show up for work. When the officer in charge realized what had happened, he went out to the main village and asked the chief why the men had not reported for work. The men were all sitting around doing nothing. The chief said that they all were most happy with the Americans but that they now had already obtained enough money to last a year so why should they work when there was no need! After considerable discussion and persuasion, they became convinced that they were needed and they all came back to work.

It was an opportunity to see and learn about tropical medicine since I had not received any degree or training in that field while in medical school. On a visit to the unit assigned to Koumac, a village in the more tropical northern tip of the island, the doctors there asked me to see a native who had a very painful foot. On examination of the handsome rugged native, I discovered that he had a crack in the exceedingly thick sole of his right foot, which, when manipulated, caused pain. The break extended down deep to the subcutaneous tissue through at least a one-inch thickness of epidermis. I thought that if I could pare away some of the skin it might help healing. To my surprise even the sharpest surgical knife could not make any headway and I was forced to abandon that approach. An antiseptic dressing was applied and he was to be followed by the hospital. The toughness and thickness of the skin amazed me. Several years later I witnessed a Caribbean native dance on a pile of broken glass with no ill effect, a feat that amazed the audience, but to me was no cause for concern since I knew that with the thick skin on the soles of the feet there would be adequate protection.

The native told me that his condition was known among his people by the name of "Tonga Foot." I could not find any mention of such a disease in my copy of Dr. Richard Strong's treatise on Tropical Medicine which Mrs. Charlotte Nichols had so kindly sent to me. Later, when I was at the Walter Reed Hospital in Washington, I met Dr. Strong and asked him about "Tonga Foot", he said that he had never heard of the disease. Incidentally, he introduced me to several high ranking medical officers who offered me an opportunity to be a high official in the post-war reorganization of the Empire of Japan! I learned later that the native was treated for yaws and the lesion healed. Apparently tonga foot was a native term for a variety of yaws. A most amusing situation developed when I visited the head chief of the island natives at his village near Voh. In the village was a large native building of ancient design which housed many relics of great importance to the natives. It was a sort of sacred museum. The chief was friendly and we had an interesting conversation about his people and their views about what was occurring. He spoke in the native patois which I was beginning to understand.

I asked him if I could visit the museum and see the many items of native handwork and relics which I had heard were in the building. He seemed embarrassed, but finally said I could see them on the next day. This seemed strange to me but I agreed that I would return on the following day. On my return, I was met by the chief's wife who immediately took me to the building and opened the door with a key which she had attached to a cord around her neck! The lock was the only modern thing in the whole place. The chief's lady proved to be a most pleasant and intelligent woman who spoke clearly and answered questions readily. The exhibit was a magnificent display of native tools, war clubs called "cassie du tete", feathered costumes, carvings on ebony wood of tokens and a variety of native faces and activities. There were replicas of the old native dwellings similar to the one the French gendarme M. Heriot gave me. I was curious why I could not see the exhibit the previous day and when I asked her she laughed and said, "I have the only key and I have been away from the village visiting relatives!" so much for women's lib among the natives.

The island had a surprising collection of individuals. There was Colonel Dix and his meat-packing plant. The Colonel, an enterprising business man, had a rather modern plant in the remote northern part of the island which was canning beef. I was shocked to observe Javanese women shellacking cans by dipping them with their bare hands into a benzene solution! I informed Colonel Dix of the danger to these women who could develop a dangerous anemia from such a practice. He had never heard of the toxic properties of benzene. At the time, the factory was busy opening large American #10 cans and putting the meat into smaller, much more convenient, cans for military use. I suspect I ate some of the meat in the following months.

There was also a very enterprising lady who operated a cattle ranch in a very wild area of the island. Her only companion was a young native girl, a very attractive youth. I drove the two of them around the extensive ranch on an inspection trip as a favor since she had let one of the regiment units occupy a beautiful spot near the ranch house. I asked her how she managed to operate such extensive an operation so far from civilization. She said she had many friends among the natives and they supplied her with help. She had never met Colonel Dix, but knew about him. She laughed and said, "I guess we are kindred spirits. Both of us greatly prize our freedom to do what we want to and to live our lives as we desire." She was a remarkable lady and I hope she has a long and happy existence.

The first wounded Marines came in from the battle in the Solomons and I was shocked at the horrible burns and severe wounds. They were very young looking, not much more than 18 year olds. They were in high spirits and expressed a deep hatred for the Japanese. They were an independent lot and refused all help other than that absolutely necessary. They were a determined group and expressed the wish that they be returned to their units as fast as possible so that they could get back to fighting the Japanese!

It was my task to organize the regiment so that there would be medical coverage for the combat teams that were being organized for support of the Marines who had established a bridgehead on the island of Guadalcanal in the Solomons. There was to be no more retreating. It seemed to me the best approach would be to organize a field hospital with attached litter bearers to enable quick evacuation of the wounded to a hospital where expert care could be given immediately. The more seriously injured could

then be evacuated to a larger fixed installation for more definitive care. This type of concept was later adopted by the medical corps and proved to be a success in all theaters of operation.

Chapter Eleven

We left for Guadalcanal on December 5, 1942. At last we were going into battle. The ocean trip from New Caledonia to Guadalcanal was fraught with anxiety, since there was the ever present possibility of Japanese attack either by battleships, planes, or submarines. Rumors were going around that a previous convoy had met with disaster and that some convoy ships had been torpedoed. I knew that this rumor was false, but since it was causing considerable concern among the men, I went down to their quarters and gathered as many of them around me as possible and laid the rumor to rest. I reassured them that we were in good hands and that there was no cause for alarm. We talked awhile and I told them that it was important not to let unconfirmed rumors spread. I think everyone felt better and we even enjoyed a bit of laughter about the previous fears. There were a few anxious moments while we were passing an active volcano which lit up the night as though it were daylight. Our boats were silhouetted clearly. If the enemy had been able, it would have been an excellent place for a submarine attack. Arriving at Guadalcanal, we climbed down rope ladders into small landing crafts and were rushed ashore. The marines held a small beachhead about four miles long and two miles inland. There was the smell of the dead in the air. Some four thousand Japanese soldiers had tried to break the marine line where they thought that it was thinly defended. Unfortunately for them, under cover of darkness the line had been reinforced by a North Dakota army regiment of tough farm boys. The attack had started with shouting, which grew in intensity, followed by the rush toward our lines. It was a horrible slaughter. Among the victims was a Japanese physician carrying his field kit. I secured the kit and was amazed at what a pitiful collection it contained. I sent it to the Harvard Medical School where students were being trained in medical military tactics. Another item from the battle was a Japanese rifle with a fixed bayonet which had a nick in it from an American bullet. It is among my souvenirs. The dead had been scooped into shallow graves as there was no time for burial details. In the small area established by the marines there was the all-important Henderson air strip, a huge supply dump, and a growing cemetery containing some 200 graves. I shall never forget the words inscribed on a mess kit cover attached to a cross over the grave of a marine private in the Guadalcanal cemetery which a marine friend had placed there. It read: "When he reaches Heaven to Saint Peter he will tell. Sir I have served my time in Hell". The camp street of the marine Raider Battalion was a gruesome sight. On some of the tent posts there were Japanese skulls. The Raiders were a fearsome lot, mostly youngsters who seemed to spend any free time polishing and cleaning their weapons. There is a rumor that the son of the Japanese Premier Togo was killed here and that he was wearing a famous sword said by some to be worth 43,000 dollars! Our shelling of the Japanese was terrible and there was no letup. A captured Japanese officer said, "Before you kill me, please let me see your automatic artillery." The prisoners were puzzled by our behavior. One said, "We Japanese fight for the glory of the Emperor but you damn Americans fight for souvenirs."

There was time for humor too. It seems among a group of wounded waiting on the beach to be evacuated was a lad who had sustained a wound in the scrotum, among other lesions. It was dark and a marine coming by did not realize who the group was but thought they were navy personnel. When challenged, he gave the password and then said, "What the Hell are you bothering me for, I am a fighting man." The wounded lad

spoke up in a high falsetto voice. "Why you bastard, I have just had my balls shot off and you say you are a fighting man." Everyone had a good laugh and much tension was relieved. They tell of the young Italian marine who took from one of six Japanese attackers a knife and killed five and severely wounded the sixth before he died of his wounds.

The 101st Medical Regiment headquarters was established at a bend of the Lunga River and a field hospital set up nearby. It was shocking to see the horrible wounds of the men as they came into the hospital. I shall never forget the young boy whose face was shot off just leaving holes where his mouth and nose had been. He was still semi-conscious. A lesson that I had learned as a medical student at the Massachusetts General Hospital was recalled and I stooped down and said in his ear, "You are going to be all right. We will make you well. In the meantime I want you to think of the most happy time of your life or of your loved one." He soon after lapsed into a coma and died. I hope his last moments on this earth were as happy as the patient I witnessed at the Massachusetts General Hospital. I was present when a patient was to have a short, but very painful, surgical procedure. Just before the anesthetist had him inhale nitrous oxide gas he said to the patient, "Are you happily married?" To which the man replied with a smile that indeed he was much in love with his wife and that their marriage was one of the best! "She is a sweetheart." The doctor then said, "I want you to start thinking about your wife, your honeymoon and your marriage." I wondered what all this was leading up to. Immediately the gas was administered and the patient passed out with a smile on his lips. The surgery was accomplished and the patient recovered consciousness. He had a big smile on his face in spite of the painful surgery. The doctor then asked, "What happened when you went to sleep?" The patient smiled and said, "I had a most wonderful dream of my wife and our happy times together." The physician then turned to we medical students and said, "Often the mental status of the patient undergoing anesthesia can greatly influence the patient's response to the situation."

It was soon apparent that the most serious problem on Guadalcanal was malaria. Nearly everyone got malaria and we soon had 400 malaria patients in the hospital. My previous experience with malaria was one case that I saw at the Peter Bent Brigham Hospital in Boston. The patient was an aged Chinese who exhibited a huge spleen. The spleen was so large it was a serious problem to him and accordingly it was removed surgically. The surgeon, in order to save as much blood as possible, squeezed the blood out of the spleen before removing it. To everyone's amazement, the old gentleman came down with a severe malaria attack which responded promptly to quinine therapy.

The roar of the artillery, machine guns and a small arms fire was continuous and almost every night we were bombed by high flying Japanese planes. We could hear the peculiar sound the planes made as they came over us. It was a peculiar alternating sound much like an old-fashioned washing machine. Usually there would be a single plane on these raids and, because of the peculiar sound, we soon designated him, "Washing Machine Charley!" The searchlights would pick him up as a tiny speck high in the night sky and then the anti-aircraft guns would open up making a spectacular display but never destroying him. He would fly around for several hours dropping a bomb here and there, but mostly aimed at Henderson Field. It appeared to me that he used the Lunga River as a guide and when he reached the angle where the river bends and where my headquarters was located, he would release the bomb destined for Henderson Field. I could see the

plane bounce up as the bombs were released. We all could hear the whistle as the bombs fell and then the terrific explosion!

One night we were all at a movie near headquarters when all of a sudden the searchlight came on and the guns opened up and there was Charley right overhead. It later was found that a wire had been broken and our area had no warning of a condition "Red." Everyone dived for the nearest bomb shelter. I can still see the mass of men fanning out all bent over in a scramble for the nearest shelter. I found myself in a dugout with many members of the band. Suddenly the men around me crouched down in fear and then there was a terrific explosion very close by. I had not heard what the keen ears of the musicians had heard. Sometimes there is an advantage in not having a too highly developed sense of pitch! Charley continued to annoy us for several weeks and the anti-aircraft guns were unable to drive him away. Then one night we heard the usual undulating sound of his motor and we all got ready for another night of bombing. However this night no searchlight or anti-aircraft gunfire disturbed the sky. We all wondered what was going on. Then suddenly there was a burst of tracer bullets and Charley's plane exploded into a ball of fire and fell flaming to the ground. Our night fighters had arrived with their radars and at last we were freed from the nightly bombings! However there continued to be sneak runs and it became great fun to sit on top of our dugouts and see the sky battles with planes being shot down almost every night. After several nights of this, it occurred to me that we were taking an unnecessary risk, so I issued a regimental order that no men of my command were to be out of their dugout during "Condition Red" unless they had legitimate duties above ground. There was considerable grumbling but the men complied. About two weeks later while a night sky battle was in progress, there suddenly swept in from the sea at a low level, a group of Japanese planes which dropped a flock of anti-personnel bombs all across the strip. These caught many men sitting on top of their dugouts and there were numerous casualties and some deaths. Not a man of my command was injured and for some time the men looked at me with increased respect.

I made many trips to the front lines to check on the handling of casualties and to give encouragement to the litter bearers and ambulance men who had a most difficult job to do because of the jungle and mountainous terrain. Casualties had to be carried down almost impassable trails through deep jungle and over steep ridges. The trails were bad from the almost constant rain which made them muddy and hazardous. The standard ambulance could not get anywhere near to the fighting. To meet this challenge, we devised a Jeep litter carrier to transport casualties back to the field hospitals. The Jeep with its four-wheel drive and small size, could go almost anywhere and proved to be the solution to the ambulance problem on Guadalcanal. This innovation was later adopted to many other fronts during the war.

Sanitary conditions as one approached the front were simply terrible. On one trip, I came upon a dead Japanese soldier lying at one side of the trail whose body was covered with flies and was in an advanced state of decomposition. Not more than ten yards away a field kitchen was in full operation. I spoke to the sergeant in command of the kitchen and said, "Do you know that there is a decaying Japanese body covered with flies a few feet from your kitchen?" He replied, "Hell yes, but I haven't time to bury the bastard, I have a mess to get out." So much for front line sanitation.

The Japanese had one big artillery piece on the island which we called "Pistol Pete." It was a continual source of annoyance since it was fired at irregular intervals and no one knew where or when the next shell would come from. There was considerable relief when it was found and totally destroyed. I was amazed that the Japanese would have such a clumsy obsolete affair as that gun. It took a large brass casing type of shell like something out of a Bygone era. Among my souvenirs is a shell casing from Pistol Pete which has been in my office for many years.

It was most urgent that Japanese prisoners be obtained as quickly as possible and an order went out from General Patch to that effect. Unfortunately, the tricky and fanatic behavior of the Japanese soldiers made it difficult to secure prisoners. Incidences occurred when Japanese soldiers would offer to surrender, but when our soldiers went to disarm them, they would open fire and kill the unsuspecting troops. This engendered profound hatred so that any Japanese seen would be killed at once. However, as the American power became overwhelming, a few Japanese began to surrender. Usually they asked that the Americans report that they were unconscious at the time. Getting the prisoners back to the rear areas was a problem at first, since feelings were running so high our troops would kill the Japanese soldiers rather than take them as prisoners. The situation was so bad that finally General Patch issued an order that any killing of surrendering Japanese soldiers would be a capital offence and would be severely punished. Japanese prisoners began coming in at last in small numbers. They were quartered in the hospital area since they were in very poor physical condition suffering from malaria, malnutrition and a variety of wounds and infections. They were terribly frightened of us and were sure we were going to kill them. They were surprised when the medical officers and the medical corpsmen treated them with respect and immediately set about correcting their many medical problems. Unfortunately, an occasional American hothead would fire his rifle at the tents which housed the prisoners. This naturally caused much concern, and when my medical staff brought it to my attention, I stationed guards at the tents with orders to return such fire with a warning shot and if it persisted, to return the fire in earnest. A bulletin containing this information was made available to all troops. Apparently the message got around since, at last, quiet reigned and we could go about our work in peace.

The stories that these prisoners told were indeed terrible. They had been abandoned when the task force which was to supply them and bring reinforcement, was destroyed by our navy. Several transports and hundreds of soldiers were destroyed in the action. They had been left without food, medical supplies and little ammunition. When I saw their equipment, the very heavy 25 caliber rifle which these small men must carry, I wondered at the mentality of a nation that sent these pathetic men against a great industrial power.

There were intelligent, talented and sensitive individuals among the prisoners. I shall always remember the beautiful diary kept by a young Japanese man who was killed in front of our lines. He was undoubtedly a well-educated, very sensitive youth who wrote beautiful poetry. In the diary he describes the parting from his loved ones in Japan, and his subsequent experience until he landed on Guadalcanal. The description of what he found was most revealing; the terrible status of the soldiers and the hopeless situation that prevailed. Prophetically the last words he wrote in the diary were, "many of my comrades are dead and I too will die on this lonely island far from my home and loved

ones." I never found his grave, but he surely deserved our respect and compassion. Somewhere in Japan, a beloved son was never to return and lies in an unmarked grave on a distant tropical island now returning to the jungle.

General Alexander McCarron Patch was a fine example of the best in American military men. He was a tall, thin, erect, no-nonsense general who commanded the respect of all officers and men. There was behind his stern discipline a compassionate and humble aspect as the following two episodes will show. During the height of the fighting when there was some doubt if we could survive, there were some men who gave up and complained of all manner of medical problems in order to avoid the front lines. It was becoming a serious problem as our manpower was limited. Realizing what was happening, the general issued an order which stated that anyone found to be a malingerer would be shot. This created an uproar, especially with the psychiatrists who asserted that mental patients with mental problems should not be treated as malingerers. I told them that a general in a combat zone had complete authority to do what he considered best to save the situation, however I said I would talk to the general about the order. I went to headquarters and reported to the general the concerns of the psychiatrists. He listened carefully and then said, "Colonel, I have the highest regard for the American fighting man and I issued the order to discourage those few who would shirk their duty and risk the lives of all of us. No man will be shot unless you and your psychiatrists are convinced that the man is a malingerer." When I returned to the hospital, I called a meeting of the officers and informed them that the general would not change his order and that any man found to be a malingerer was in great danger. Several of the psychiatrists protested and were very much upset at what they considered to be a most cruel decision. However, the message spread rapidly and to our delight, a goodly number of individuals who we suspected of being malingerers picked up their weapons and returned to their units. One man commented to me as he was leaving, "I would rather be shot by the Japs than to be shot here." No man was shot and the general's wisdom was evident to all. It was a lesson that made a deep impression. On another occasion, I was surprised and pleased at the general's response to a sensitive problem. Everyone was supposed to take the drug Atabrine as a protection against malaria which was rampant on the island of Guadalcanal. This drug caused everyone who took it to develop a yellowish tint of the skin. It was soon noticed that the general and some of the senior officers, all old regular army men, had not developed the yellowish skin. When this was noted, word spread among the troops that the ranking officers were not taking the Atabrine which they were forcing the men to take. This led to a problem since many men were adverse, for a variety of reasons, to taking the drug. There were reports of men refusing to take the medicine, who pointed out that they saw officers not on the drug. It became a real problem. Accordingly, I went to the general and said that it was difficult to get the men to be faithful to taking the drug when they saw high ranking officers not taking it. The general said, "Colonel, the drug upsets my stomach and I have been taking quinine as all the regular army officers have done for many years when they have been in malaria areas." I said, "General, there is a very limited supply of quinine and we use it only in severe infections where it can be lifesaving. It has been my experience as a physician that important people such as presidents, generals and high executives often do not get the best medical care because they have fixed ideas about what they can and cannot do." The general appeared startled; then he looked me right in the eye and said, "Young man, I

am no big shot and I will take your damned medicine if it kills me." He kept his word and soon he and his staff turned yellow like the rest of us. General Alexander Patch was a fine leader who had the full respect of all the soldiers. After leaving Guadalcanal, he went on to be the Commander of the seventh army in Europe where he further distinguished himself. I learned later that he had, unfortunately, died of pneumonia while in Europe. America lost in him one of the finest type of military commander.

In the midst of the fighting, I entertained a most distinguished guest, Harvard historian, Samuel Elliot Morrison. Professor Morrison had been commissioned by President Franklin Roosevelt to write a history of the war. General Fuller of the 182nd Massachusetts National Guard Regiment, Commander Morrison, and I had a long discussion covering the military operation on Guadalcanal. I had my regimental band play "Fair Harvard" for the commander which brought tears to our eyes. In the course of our talks, the commander asked what would be a proper statement as a heading for the action on the island. I recalled the epitaph that a marine had engraved on a mess kit lid and placed on the grave of his buddy. It read, "And when he goes to Heaven to Saint Peter he will tell, Sir I have served my time in Hell." Morrison was delighted and he used it as the theme piece on the volume in his series of history dealing with the fighting on Guadalcanal. The visit resulted in my being the only army medical officer mentioned in the superb six-volume series covering the naval history of the war.

Finally, army reinforcement arrived and the real push began. The Japanese were driven off the island and for the first time, they had suffered a serious military defeat. The tide of the war had turned against them and they were never to regain the initiative again.

When I arrived on Guadalcanal there were 200 marines, army, and air force men buried in the cemetery. When I left there were 4,000 and among the dead were many I knew as friends. All were very brave men who had made the ultimate sacrifice that the world might be free. General Patch, on March 23, 1943, decorated me with the Legion of Merit for my services to the troops on Guadalcanal, an award I shall always cherish as it brings back memories of a desperate time in a far-off lonely place where world history was made. I, at this time, had also been promoted to a full colonel, the youngest in the army medical corps at the time.

Chapter Twelve

After the end of all fighting on Guadalcanal, many of us were rotated back to the States where we were badly needed to train new units. I soon was busy lecturing to thousands of soldiers which I hope in some small way may have been helpful to them later. I attended a meeting of civilian and army medical officers which irritated me. They seemed to have no concept of the reality of what was taking place at the fighting front. I was particularly annoyed at the civilians present who, while safe at home were perfectly willing to have those of us who had been away from home and exposed to enemy shelling and bombing, return for more exposure while they reaped huge returns from their practice of medicine while a lot of their colleagues were away. I was of the opinion then, and still am, that in time of national crisis everyone should have to make equal sacrifices. There should be no permanent rear echelon, but men should be rotated so that everyone is exposed to the same risk. As for the civilians and those too old or handicapped, they should also bear their full share of sacrifice such as limiting the income from defense work or other activities. There should never be anyone profiting from national tragedy.

My brief leave was cut short by a request that I lecture to the officers at the command and staff school at Leavenworth, Kansas. It was an unique experience and I thoroughly enjoyed it. The questions asked and the discussions were of high order and for the first time since my return to the states, I felt that these men had a real perspective about what was needed. I was encouraged.

On my return from leave, for which, incidentally, I had to pay all travelling expenses since in those early days of the war things were not as organized as they later became. My stay in the States was a period of some frustration. I was annoyed at the politics that seemed to be prevalent everywhere. I attended a medical meeting in California which caused me considerable irritation. There was a discussion about malaria and I heard, to my amazement, physicians who should know better, suggest that it would probably be wise to return troops who had contracted malaria to malarious areas since they would have developed some immunity to the disease. It sounded like a good idea to many present, but it made me very irritated. I pointed out that many men had suffered 10 or 12 attacks of malaria since returning and were in very poor physical condition. Furthermore, there were many strains of malaria which would attack the troops. My disgust was so evident that I am afraid many were embarrassed.

I was given command of a mobile field hospital, A unit such as I had advocated in reorganizing the medical regiment. These mobile hospitals soon proved to be most valuable and one of the best ideas developed by the Medical Department. The unit was stationed at Camp Cooke in California located in a barren part of the state above Santa Barbara.

Since we thought we would be there for some months and the climate was benign, I arranged to rent a beautiful house in Santa Barbara and Harriet and the children, Richard and Judith, came out to be with me. It must have been an exciting trip for them. Unfortunately, they did not visit my parents on the way and consequently my father never got to see his grandchildren. Harriet soon found a friend who was the nurse at the McCormack estate and enjoyed the stay in Santa Barbara. We had some parties and visited the attractions in the area. I was impressed by the magnificent estate in the Monticeto section of the city where we lived. Riven Rock was the McCormack estate

and there was another beautiful estate, at the time abandoned, which had magnificent vistas and water pools. I understood that it had been constructed by a former New York City transit commissioner. He sure had good taste. One could speculate as to how he had secured such affluence. Unfortunately, our stay in Santa Barbara was short as my unit got orders to move to the desert near Yuma, Arizona, for field training. I bid Harriet and the children good-bye and suggested that they stay in Santa Barbara for the remainder of the winter. Harriet, however, was anxious to return to the cold snows and crowded area of New England. I suspect she was anxious to be back with her family, friends, and the beautiful old house we had bought while I was on the great southern maneuvers just prior to the outbreak of the war.

She and the children visited me at our camp near Yuma. They could stay only one day. I think Harriet was appalled by the means we had to take to avoid at least some of the flies which were in great numbers everywhere. We would set a plate with sugar water down at one end of the mess table where the mass of flies would congregate, while we ate our meal at the other end of the table! They left the next day on the southern route where Harriet visited with her old friends in Texas. It took a lot of courage to make such a trip in the middle of winter with two small children. There was gasoline rationing and it was nearly impossible to get repairs, new tires, or any replacement for the car if there had been any trouble.

Life in the States, after the high excitement of Guadalcanal, was, to say the least, dull. Having experienced combat and knowing how important it was to have disciplined and well trained personnel, I made every effort to see that the men and nurses in my command were fully prepared for what they would meet in the theater of combat. It was a difficult task to instill discipline and maintain a heavy training program for individuals who, until recently, had been civilians. Fortunately, there were capable officers and the men and nurses were eager to learn. There was a great deal of patriotism in those days. I am sure some thought I was being too severe. However, I feel certain they were later grateful that they were so well prepared.

A most irritating instance occurred at this time. When I took command of the unit, there was a young, capable officer in command who was replaced by me. I am sure he resented the loss of command. However, he never presented a problem. I made him chief of surgery and moved the old officer who had been chief of surgery to the position of executive officer, a post that more suited his ability. Apparently he resented the change, or out of false loyalty to the former commander he used his position to try to undermine me. He wrote secret letters to higher command complaining about the severity of the discipline and the excessive work required. There was an investigation which resulted in his being court marshalled and removed from the unit. He was later assigned to a service unit and severely reprimanded. I do not know what happened to him later. As a result of this episode, I was assigned to another unit which had just been activated. I suspect higher command wanted one who had experience in combat to train such new units. Although I missed my former unit, the new group was a fine lot and I soon was busy whipping them into shape.

At this new assignment, I had a most unpleasant time. The post commander was too old and in no physical condition to take on combat duties. He had moderately advanced Parkinsons Disease which required him to hold his cup of coffee in both hands to prevent spilling it. He was a Southerner and I suspect resented me on at least two

counts, my youth and my being a northern Yankee. The fact that I was a full colonel at such a young age did not help. There was another reason which I was to learn about later. At any rate, all these factors were such as to cause the colonel to do everything he could to make things uncomfortable for me. All manner of demands, some entirely unreasonable, were made on me. He insisted that I become an expert on the care of vehicles and assigned me the job of completely cleaning a truck under the guise I must learn motor maintenance. I thought it a bit unusual that a unit commander be required to clean a dirty truck, including cleaning the under parts when there were so many other things that required my skills. I cleaned the truck since it was my belief that those that gave command should be able to follow commands. When such commands were stupid, it was my belief that one should try to find out the true situation and correct it. There is always the possibility that there might be some at the time not recognized extenuating circumstances. It irritated me no end that my time was being wasted on trivial things when there was so much that needed to be done in the way of training. I gave it a fair shot, and when I came to the conclusion that things were not going to get any better, I decided that I had enough. I contacted friends in Washington and inquired about the possibility of a new command.

My visit with the medical officers in Washington resulted in my being offered a role as a rehabilitation officer in the reorganization of Japan. I was strongly tempted, but decided to wait a bit longer to see if the situation at Camp Jackson could be resolved. I was very reluctant to leave my unit where I had spent so much time in its training. On my return, I had the hospital demonstrate what they could do. We moved the entire unit out of the camp and set it up ready to receive casualties. The inspecting team was much impressed, as was the old colonel. Things after that became much better and I was invited to the colonel's home for an evening. Actually, I think we both developed mutual respect. About this time, an officer who was with us on Guadalcanal came by and we talked over old times. He had been a colonel while in the combat area, but had been reduced to a lieutenant colonel when he returned to the States. He did not say what had happened. I had not known him at the time. I was much surprised at what he told me. He said, "Colonel, I did you a great disservice. I thought you were another medical officer who we all disliked. He was the one who was playing around with the nurses and missed his boat and had to be put aboard another ship. He further, was a problem while on New Caledonia. His behavior was such as to make all of us regard him as a playboy with low morals and a poor officer. I thought that you were him when I passed through here some time previously. I have hastened to set the record straight and I hope you will forgive me for any trouble that the mistake may have caused you." I will never know whether the excellent performance of my hospital unit or the correcting of my real status with the colonel was the reason for his sudden cordiality. It was a lesson to me that I had followed the right course and not given up as I was sorely tempted to do. I suspect it was a lesson to the old colonel to be careful about prejudging a person. I suspect he was embarrassed with what had occurred and did his best to make amends.

Another incident occurred which was most puzzling at the time. I was suddenly informed that the hospital was to undergo an immediate inspection from higher headquarters in Washington. This was a most unusual demand and the colonel and I were both concerned. All he could tell me was that it would be on a certain day and that the orders came from a high command. Since I was by now an old hand at inspection and

knew that my unit was ready for anything, I was not particularly concerned, but I was annoyed at what I considered to be a nuisance. The inspection day came and a very pleasant major came to the unit and barely looked at anything and then said, "This is an excellent unit and you have done an excellent job of training and discipline, I congratulate you." Both the colonel and myself were pleased but puzzled at the entire affair. Two months later, on the eve of our embarkation for Europe, a major in the unit, a fine Jewish lad, took me aside and said, "Colonel, there is something I must tell you since we may all perish at sea. You may recall the surprise inspection we had a couple of months ago and how well things went." I said I did and that there was something peculiar about it at the time. He continued, "The night before the inspection I was in town when I met an old classmate of mine from medical school days. We exchanged information as to what had happened to us and what we were doing at present. He told me that he was from the Inspector General's office and that he had been sent to inspect our unit. He asked me about the hospital and I told him that it was one of the best. We had rigid discipline, excellent training and high morale." He said he was glad to hear this and went on to say that a written complaint was received from an officer in the unit claiming the discipline was too rigid, and that there was excessive pressure on the men and that morale was poor. I reassured him that such was not the case at all and that you had some time ago actually promoted this officer for his excellent job in training the men. That is why the inspection was so perfunctory." I thanked the major and that cleared up another small mystery. The major proved to be a fine officer and did an excellent job during the terrible times we experienced in Europe, caring for the thousands of concentration camp victims at Mauthausen in Austria. As for the officer who had caused the trouble, his behavior about the time this occurred was such that I felt he would be happier in another unit. Of course I did not know of his complaint at the time, so when there came a request for a good training officer for another new unit, I had him transferred. I was, of course, irritated at his behavior and when I later encountered him, I let him know that I was aware of what he had done. All of our emotions were, to say the least, rather tense and as I look back from this distance, it was just another case of a recent civilian finding the discipline onerous. Many years later, I received a nice letter from this officer and in turn, I wrote him in the same vein and recalled what a fine job he had done in training the men. I guess both of our consciences appreciated the balm. As for the major who cleared up the incidents, several years after the end of the war I saw him at an American College of Physicians meeting in New York, and although we did not get to talk over old times, there was a mutual exchange of respect. I sure wish him well.

The following day we moved to the New York port of embarkation and found that we were to be passengers on the Queen Elizabeth, the pride of the English passenger ships. It was an enormous ship and towered above the dock area. I was the senior medical officer and to my surprise, I suddenly found that a large contingent of nurses was attached to my command. There were many persons who had come to see the embarkation. Here I was leading several hundred pretty young women up the boarding ramp! I felt somewhat like a Judas Goat! There were at least 15,000 people on board. There was a wide variety of units, reporters, observers and many whose status was unfathomable to me. There was a contingent of pretty English girls who I judged to be upperclass lassies. I found myself quartered with three other full colonels in a small upperdeck stateroom. I must have seemed to these men a mere boy. They had fought in

WWI and were looking forward to seeing France once more. I think being a decorated physician and having served on Guadalcanal helped bridge the years and we had a delightful time on the crossing. They seemed to me to be seeking their youth once more, but as for me, this was the crisis of my generation. As we approached Europe, we were put on alert for about 24 hours as Nazi submarines were detected in our path. However, we were confident that we would make it through since the Queen was a very fast ship and it would only be a piece of luck for the enemy to get a shot at her. I don't know whether the ship changed her course or not, but at any rate we landed at Greenock, Scotland. It was well known that the Nazi submarines were most anxious to get the Elizabeth. On the train down from Scotland, we learned of the desperate Battle of the Bulge where for a time it was greatly feared that the German forces might break through our lines. Fortunately, the stubborn fight put up by our troops and the timely support given by General Patton's army, coupled with the pounding of the enemy by the air force once the weather cleared enough for the planes to operate, the drive was broken and the final retreat of the German army began. One can wonder at the mentality of the German military staff in making such a desperate attempt when they already knew that the Russians had stopped them cold in 1941 and was at the time pushing them back.

Chapter Thirteen

The winter of 1944-1945 I was stationed in the pretty town of Altringham not far from Manchester. It was a very cold winter and most of us were cold all of the time. Even so, we were more fortunate than the civilians who had very limited supplies of coal and, of course, had strict rationing of food. I was impressed at the stoic tough fiber of the English. The population treated us very well. They invited us into their homes and in many ways tried to make us welcome. I recall one family who invited us to the birthday party of their young daughter. I made it a policy that when we were invited to a civilian home that we would take food, candy, and cigarettes in order to cover the hosts' loss of their limited supplies. I often wonder what the young girl thought of the adult officers and nurses who helped her celebrate. It was a treat to us and seemed to bring us a touch of home and our loved ones.

I shall never forget the little milkmaid who came storming into my headquarters complaining about an incident with some of our soldiers. She was furious and explained what had happened. It seems that she was riding in her milk cart following an army truck loaded with soldiers when the truck suddenly stopped without warning. She was forced to brake her cart so quickly that milk in the cans splattered all over her. She said with vehemence, "And those blasted soldiers just roared with laughter at my misfortune." I said, "I am indeed sorry that this has happened and I can understand your resentment. Do you suppose that the truck had to stop for a child or a dog which was in the way? I do not believe the driver knew that he had caused your trouble and if he knew what had happened he would most certainly be very sorry." I offered to pay her for any lost milk, but by this time she had cooled considerably and I could see that it had not occurred to her that there could have been a sound reason for the sudden stop of the truck. I continued, "I am indeed upset that the soldiers laughed at your predicament, but you must admit it was a spectacle to see you splattered with milk. I am willing to bet that every one of them is sorry for your mishap and if they had been given a chance, they would have come to your assistance." I could not help but smile and she in turn developed a grin and we both had a good laugh. I told her that I had lived and studied in England and was fond of the country and its people, that we had a common heritage and soon we would all be free. We parted friends.

It was soon apparent to me that there were deep class differences among the population. Soon after our arrival, I was invited to a gathering of a unit somewhat equivalent, I suppose, to our Red Cross. The people there were definitely the upper class and it was a staid affair. I seemed to be passed from one grand dame to another. They were very pleasant and it made me think like I was at a faculty gathering at Harvard. In the course of the evening, I fell into conversation with various military officers. There were Polish, Norwegian, Canadians, South Africans and one or two Aussies. Finally a Royal Air Force officer struck up a conversation with me and we soon found that we had many things in common. As a result he said, "Let's dunk this affair and see what the enlisted men are doing." I agreed and so we slipped away; which I am sure was a gross breach of etiquette which must have puzzled the hosts. We visited the dance hall where the enlisted men were having a grand time. Finally, we ended up at the Air Force Unit where I was introduced all around and we had a jolly good evening. I was supplied the flight boys favorite drink, called a gorilla (gin, orange juice, rye, ice, lime, and I forget the other ingredients). I must say it had one powerful kick. As a result of that evening I

suspect I was considered a maverick and I did not get invited to any other affairs of the elite group. However, it turned out to be most fortunate as I found myself being invited to meetings and affairs by a very different class of people. I spent an enjoyable evening with one of the local politicians who was a liberal who was sure his party would replace the conservatives as soon as the war was over. He proved to be an accurate prophet.

Another party I attended was at the home of a local Irish physician. He undoubtedly was very successful and who I recognized was well liked and had a large practice consisting of the middle class. I met a most interesting group of people. There was an attractive young actress who was appearing on the stage locally with a great deal of success, politicians, and tradesmen. I was invited to go coursing with a local brewer, a very nice person who obviously was very successful. Another very intelligent man, who was in the oil and coal business, gave me a most interesting discourse on the subject. He had contacts with Americans who were similarly interested. One thing I remember was the interesting fact that there was a belt of coal that ran from Germany under the North Sea to England and that there was oil under the North Sea; such was later developed with great success.

I visited the local American consulate who was the uncle of one of my colleagues at the Peter Bent Brigham Hospital. He was a polished friendly gentleman who, when he learned that I was from Harvard, was delighted and made the point that Harvard was very much pro-British. There were several healthy young men attached to the office and I could not help wondering what they were doing there while their peers were dying in France. I suspect there was some political influence at work.

I spent another most interesting evening at the home of an extremely wealthy Jewish family. Apparently the parents were dead and the brothers and sisters were living in the ancestral home which was a huge mansion. They were most intelligent people who had travelled extensively and had collected many fine pieces of art. Among the collection was a case full of mugs celebrating the coronation of Edward VIII. They were priceless as they were a very limited edition. I got the feeling that they were somewhat isolated from the rest of the townspeople. It could have been because of their obvious wealth, or perhaps being Jewish in an area where there were not many of their faith. I sympathized for them for they were caught up in the age-old troubles of their people. At the time, I did not know what horrors were being committed in the great concentration camps in Europe. Later, when I saw what had happened, I was shocked and could hardly believe that such cruelty could occur in our so-called enlightened world.

While stationed at Altringham, two things stand out. There was an opportunity to make a visit to London. This was a treat for me as I had a chance to see once more the many places that Harriet and I had been when we were there in 1938-1939. The city had not changed much since we were there. The apartment where we lived was the same, and the familiar streets brought back many memories. University Hospital and Medical School were intact. There were sections where bombs had destroyed large areas. One day I took some of my officers out to Greenwich to show them the observatory and the zero longitude line. While there, we had lunch at one of the Espresso restaurants. We were joined in the crowded place by other patrons; one was a young lady who worked at some place nearby. She told us what had been taking place around there. It seemed that the Nazis were directing their V2 bombs to the area in the hope of destroying war industries and shipping along the Thames. She said they usually got one about noon each

day! I was impressed at the nonchalance exhibited by the girl and I said to her, "You are one of the most brave persons I have met. With the courage you exhibit, I can now understand why England stood firm against the German bombing.

The second was the opportunity to make a pilgrimage to a shrine dear to the hearts of all physicians, the village and the small thatched cottage where Edward Jenner first vaccinated a human against smallpox. While returning from an officers' meeting at Southwark, I happened to notice a small roadside sign indicating that down a by-road was Berkley in the Vale. It sparked my memory about Jenner and fortunately there was a young girl walking down the road, who when I asked her if that led to the village where Jenner had lived said, "Yes that is the place where the great Jenner did his famous vaccination." The road which was narrow and winding led us down a hill and across a beautiful valley where cows were grazing. Perhaps descendants of the cow that had given Sarah Nelmes cowpox. It was a most rural scene and so green and peaceful that one could, for the moment, forget the terrible carnage that was going on across the Channel. The road then crossed a small stream and climbed a hill. On the right as we ascended the hill there was a huge gloomy-looking castle. We passed the castle and entered the outskirts of the village where we stopped and hailed an English gentleman who was walking beside the road and asked if he could direct us to the place where Jenner had vaccinated a boy against smallpox. To our delight, the man turned out to be well versed in the local history. He was pleased that we had come so far to pay our respects to Jenner who was their local hero. He took us under his wing and for the next two hours gave us a most fascinating discourse about the village, the castle, and the Jenner family. We were indeed fortunate to have met such an excellent teacher. We started at the top of the hill opposite a beautiful old church which our guide said was the parish of Reverend Jenner, the father of Edward Jenner. He led us through a gate into a vicarage yard. Beside the gate was a peculiar structure which had the appearance of a church tower. I remarked upon this and he smiled and said he would explain this later, after we had visited the small one-room thatched brick building where Jenner had worked. He informed us that Jenner had an older brother who was an entirely different person than Edward, in that he was an extroverted individual who liked to drink in the pubs and lacked the serious outlook of Edward. The older brother was somewhat of an artist who had painted murals on pub walls. He was, at times, a severe annoyance to Edward, so much so that the father had the little hut built on the far edge of the parsonage ground so that Edward could pursue his studies in peace. It was in this cottage that Jenner first vaccinated a human, James Phipps, one of the local boys, with cowpox obtained from Sarah Nelmes, a local milkmaid. After a wait of six weeks, he inoculated Phipps with smallpox matter. As the whole world soon learned, the experiment was a success. Phipps did not develop inoculated small pox.

Smallpox has now been eliminated from the world; one of the greatest accomplishments of all time! It was indeed a great moment in my life to stand in the small room where this great event took place. Here one man's initiative developed the means that has saved more lives than has ever been lost in all the wars of humankind.

We next went into the church and saw where Jenner was buried and the monument to him. It was plain, indeed, when compared to the elaborate tombs of others buried nearby. I noted that there were no windows on the north side of the church. When I asked the historian, he smiled and said, "It was thought in the thirteenth century, that

evil vapors came from the north, therefore churches such as this one shut out any exposure to the north." Probably the real reason was that the cold winds came from the north and since heating in those days was non-existent, it was the wise thing to shut out the cold drafts from the north.

I noticed that the marble effigies of the nobility which marked their tombs had been mutilated in that their noses and hands which had been folded in prayer, were all broken off. I remarked on this and was informed that this damage had been done by Cromwell's soldiers who were Protestants and they resented these dead Catholics taking a pious position. Our guide said that there was an extensive program to repair the damage, but that the war had slowed the progress. He went on to point out that Cromwell's troops had stationed their horses in the church and, as evidence, he showed us where horseshoes had been hung on the walls. The markings were still distinctly visible. He called our attention to three arches on the south side of the church, one of which had a maroon band. This brought on more questions which seemed to please our host. He then told us the following story. "You remember I told you I would explain about the bell tower being in the churchyard instead of being on the church? When the church was being built, a peculiar thing happened. Whenever the church tower rose to a certain height, the devil would come during the night and remove the day's work and place it near the gate as you saw. This went on for some time, and finally the good people decided that there was no use in trying to have a tower on the church. Accordingly, it was completed and is now as you saw it. The real reason that the tower was not built on the church was that from such a tower there could be spying on the castle. This, the nobility and powerful lords would not permit."

He then went on to tell us a bit of most interesting English history. "It occurred at a time when England was in turmoil and various factions were seeking the power of the throne. One faction was headed by Queen Isabella's Roger de Mortimer and the lord of the castle. The king (Edward III) was unaware of the plotters when he was invited to visit the lord of the castle and enjoy some country hunting. When the king arrived, he was thrown into the dungeons below the castle by associates of Mortimer who was Queen Isabella's paramour. A pile of dead deers was heaped around him which the nobles thought would decay and the putrefaction would spontaneously spread to the king and bring about his death. Unfortunately for their plans, the king did not perish, and as time went on, fear grew among the plotters that there would be an investigation as to what had happened to the king. They then in desperation brought the king up into the great hall where a hunting horn was inserted into his rectum and then a red hot poker from the fireplace was inserted through the horn into the rectum and bowels of the king, who promptly died. The horn with burn marks from the poker, still hangs in the great hall of the castle. The king's body was brought over to the church and placed under the arch with the maroon marking which, of course, was painted at a later time. The village vicar would have nothing to do with the affair and the body was removed to Worcester Cathedral where again the local authorities would not bury it. Finally, the body was interred at the Bristol Cathedral, since by this time it was necessary to dispose of it promptly. Although there were no marks on the king's body which would have indicated foul play, those who knew of the plot were sure that foul play of some kind had taken place and the Earl of Berkley was a prime suspect. It is of interest that the present owner of the Berkley Castle is an American woman who married the late earl."

After getting a good supply of the white cider for which the area is famous, we departed Berkley with many mixed emotions. Here in this beautiful rural place, one of the greatest discoveries of all time was made; side-by-side with one of the most wicked deeds in English history. The last bottle of the most excellent cider was consumed while my hospital was camped near Munich, Germany when we learned that the Nazi armies had surrendered and that there was peace in Europe. I often remember the excellent flavor of that cider; it was close to being a fine champagne. It would be a real treat to sample it once more.

On a second visit to London, I again had an opportunity to visit many of the places that Harriet and I had known. The Cheshire Cheese and much of the areas around Saint Paul showed extensive destruction from the bombing. I was admiring Saint Paul by the moonlight when the air raid sirens sounded and everyone went down into the nearest underground subway station. I was very depressed at what I saw. There were whole families who were evidently living in these shelters. Hundreds of people were on makeshift cots; women, children and men, all huddled together. Many of these people showed signs of the severe strain and fear from the bombing. Many had lost their homes and all-in-all it was a depressing sight. It was a relief to get out into the cool night air. The brief experience brought back to me the memory of nights spent in dugouts on Guadalcanal while bombing planes circled overhead. The visit brought back many memories, but I was happy to get back to Altringham and plunge into the work of preparation for the move to the continent and a more active role in the war.

Heavy fighting was in progress in early 1945 and many casualties resulted. Hundreds of troops in the rear area were being rushed to the front as replacements. It was a most tense time and there was considerable strain on all of us to get in condition to move. Often I would work late at my headquarters and then walked to my quarters. On several occasions dense fog would develop which confused all direction. I guess I am rather easily disoriented when I cannot see where I am going. At any rate, one night I got totally lost in a dense fog. I wandered around until I bumped into a soldier and his girlfriend in a hot necking affair and to their irritation and my embarrassment, I had to ask them to point me in the right direction. On another occasion I again became totally lost and found myself wandering around among the tombstones in a local churchyard. Finally I found the front of the church and was able to get out of there to the sidewalk where a passerby guided me to my quarters. It is a most frustrating thing to be lost in a fog and have no sense of direction.

It was at this time that there occurred an incident that caused much irritation and remains to this day a source of concern about politicians. It brought me to the opinion that no politician should hold office more than one or two terms. It seems to me that the founding fathers made a mistake in not following the Roman republic's rule that a politician must move up to a higher office or relinquish public office. We have a situation in this country where certain people make a life career out of public office. This leads many individuals to promise or do almost anything to stay in office. This of course leads in the end to poor government and as Mark Twain commented, "has the propensity to develop a criminal class in our society." The incident that took place concerned one of my officers who wrote directly to General Eisenhower over my head and many other echelons and asked the general to give him permission to be detached from the hospital so that he could visit hospitals that at the time were in action. To my surprise, he was

given permission by the general to go on the junket. It seems that he had been an ROTC student, when the general was a military instructor at his college many years ago, and evidently he had made a favorable impression on his captain who was Eisenhower. Needless to say, this was very irritating since he was needed in the hospital at this critical time. He had been somewhat of a disciplinary problem anyway and this was another example. I talked the matter over with my next higher command and they were also very irritated and said, "This is a political maneuver and we advise you to get rid of this officer at the first opportunity." This I did and I do not believe he ever knew what had happened. When he, on returning to the hospital, which had in the meantime moved into Germany and was receiving casualties, complained of a sore shoulder, I told him that orders were such that he would have to go to a larger hospital for treatment. What he did not know was that when he reported to the next unit, he would no longer be in my command and would be sent to a replacement pool. I was glad to get rid of him since he was fomenting trouble with the younger officers and I suspected him of some degree of alcoholism. This entire episode did not enhance my opinion of Eisenhower. I can understand his act of kindness to an old student, but this must be measured against the disruption and the effect it had on army discipline. Although I voted for Eisenhower when he ran for President both times, I always had a mental reservation about him. He certainly did not prove to be a great president. Years later on New Year's eve our babysitter reported that there had been a call from this officer. I suspect this was a result of a wager with his friends that I would be at home. I know he considered me to be a very strict disciplinarian and one he considered to be too rigid in behavior. I still remember him as a hale fellow, well met, who I really liked and, in spite of our differences, I sure wish him well.

Chapter 14

The move across the English Channel was no problem. I found that some 1,000 replacements had been attached to me for the move. Having been in combat and knowing what to expect I, immediately on landing in France, conducted an inspection on the dock. It did not surprise me that men had left rifles, gas masks and other equipment on the boat. Some of this was just plain carelessness, but some was deliberate. Men without equipment would be delayed while they were re-equipped, thus delaying their reaching the combat zone. As a result of the inspection, those men without their equipment were immediately sent back to get it. I suspect some of these men if they remember me at all, is not with kindness. Our first assembly area in France was Sedan, the historic city where in 1871 after fierce fighting, the German army broke through the fortifications and went on to take Paris. It was a great humiliation for the French and as a result they lost Alsace and Lorraine. The old forts remain as historic markers of another time and another desperate struggle.

It was here at Sedan that I first learned that I was subject to claustrophobia. It occurred in this manner. We were intrigued by the old forts and asked the local authorities if we might explore them. Permission was given and a guide arrived to conduct the tour. All members of the hospital were given permission to join the venture if they did not have duties at the time. About one hundred decided to go along and we set out with a guide who explained the layout of the main fort and led the long line from place to place explaining what had happened at each place. It was most interesting. Finally, the front of the line wound down a stairway that would let only one person pass. Suddenly the line halted with perhaps fifty people in front of me and as many behind. I was midway down the stairs when word was passed back to me that the front of the column was stopped at a blind end in a small old powder room and that we would all have to turn around and go back. I could feel the pressure of those back of me who of course did not know what was happening. It was dark in the tight space and the pressure caused me to suddenly develop a severe panic reaction. Then I thought if I have this, others may also have it. If there is a panic, many will be crushed and there will be a tragedy. I turned to the next man above on the steps and said, "This is a direct order from the colonel: Each man is to immediately turn around and back out of the stairs. They have hit a dead end below and cannot go any further." It seemed ages before the pressure released and we all got out of the trap. This was a score for military command and disciplined troops. Later at Mauthausen while inspecting the caves where the Nazi's had used slave labor to make airplanes, I developed the same feeling but with less panic. However, I was glad when we got outdoors again. I have since these experiences, taken care to avoid tight places.

While stationed at Sedan, our headquarters was in an old barrack-like building. In the basement there were tombs of medieval knights with stone replicas of the buried lying supine over the tomb, their hands folded in prayer. They had been there for centuries. I noted that they seemed somewhat smaller than the average soldier of my command. It was a gloomy place and I felt that our sojourn on this earth was indeed just a passing instance in the course of time.

My quarters were in a pretty house in the town. The decorations, furniture and all aspects of it were dainty. It undoubtedly had been the home of an artistic family. In

the house I found that it had been occupied by Nazi troops. There were pamphlets in German and French describing various French cities. The one describing Paris was a gem. It described in detail the scenic places in the city. I said to one of my officers, "I wish I had been in possession of such an excellent guide when I visited Paris before the war."

The French are loveable people who at times can be exasperating. They had suffered so much from the Nazi invasion; the American command was instructed to do what we could to help. I arranged to have many of the local citizens help us at the hospital. I, like most Americans, had a warm feeling toward the French who had come to our help in our time of need. The hospital was located on a hilltop overlooking Sedan, a most beautiful site. We were unpacking and getting our equipment ready for the expected move into Germany. One day I was approached by an elderly Frenchman who proudly informed me that our hospital was located on a piece of his land. He made it clear that he thought it an honor to help in this small way, the Americans who had done so much for France. We talked awhile and I realized that the patch of land was his garden and that it meant a great deal to him. He was worried that if we stayed there very long that he would not be able to have his usual garden, but that he was willing to sacrifice everything he had to help win the war. I developed a liking for the little man. He appeared to be a humble sturdy person; the type that fought the German invasion in World War I to a standstill at great sacrifice, and now once again his home and country had been subjected to the horrors of war. I thanked him for his support and told him that I did not think we would be on his land much longer and certainly would be gone by the time he would need his garden. I obtained his address which was in a humble area of Sedan. That afternoon, I attired myself in full dress uniform, filled a box with cigarettes which I had accumulated from the weekly ration, since I did not smoke, called my driver and we drove down to the address. His home was in a row of other lower middle class homes. Many of his neighbors undoubtedly saw me drive up and I am sure it created a stir. I got out and knocked on the door. My friend of the morning answered the knock and exhibited the picture of complete surprise and perhaps some anxiety. The neighbors who also were staring at us registered their astonishment. I said slowly in French, "I wish to thank you again for your kindness to we Americans and as a token of my respect and friendship I have brought you this gift of American cigarettes which I hope you will enjoy." To my surprise, tears showed in his eyes and he said, "Please come in. I have something for you." We entered the house and passed through neat rooms to the kitchen where there was a huge stove which seemed to occupy most of the room. He reached into a shelf behind the stove and took down a bottle and poured me a drink of the best cognac I had ever tasted. Soon we were having a fine time and his wife and family joined. I almost forgot the time, so with tears a la cognac and many good wishes, I left; but not until I had assured him that we would soon move the hospital so he could plant his garden. After all these years, I have a very warm spot in my heart for old Sedan and a humble French family.

The night before we left Sedan, I was awed by a massive air raid. Shortly after dark, the roar of a huge flight of planes commenced. The very earth seemed to shake as the noise of hundreds of plane engines swept by overhead. The massive flight went on for three hours or more and had barely died down when the roar of returning planes commenced. The noise was again deafening. It was clear that this massive raid had

crossed over Sedan on its way to Germany. Later I learned that the area of Regensburg had been hit by a 3,000 plane bombing mission. Later, when I was stationed in Regensburg, I was to see the effect of this massive bombing and the resultant horror which made the bombing I experienced on Guadalcanal from the Japanese a very minor affair.

Orders soon came for the hospital to move to Kern, Germany. On the way, as we approached the Franco-German border, we passed through pathetic little French towns which in many cases still showed the devastation of World War I. In some cases, the towns had been abandoned. The population in these areas seemed to me to be almost as much German as French. They acted strangely and seemed at times to actually resent us. We crossed the border into Germany at Aachen, the ancient city made famous by the fact that it was the capital of Charlemagne, one of the great rulers of the Middle Ages. A wide hole had been blasted through the Siegfried line which we passed through along with thousands of troops moving quickly to the front. I was impressed, once we crossed the border, at the change. The towns were neat homes well kept up, and women and children were busy everywhere repairing bomb and shell damage to houses, roads and public buildings. Everyone was busy and the people seemed most friendly. I was impressed at what I saw and realized that here was an industrious people who were bound to recover promptly from the destruction of war. Often as our convoy moved along toward the front, I focused my attention on the upper stories of the houses. Every now and then I glimpsed sad faces peering behind and around curtains, and in one instance a small boy who I judged to be about 8 years old was openly crying with tears streaming down his face. I thought it would take a lot of education for this youngster to get over the sight of foreign troops in his country. The exact counterpart, of course, could be found in any French, Belgium, Holland Czechoslovakian, Polish or Russian village, and thus the seeds for future problems are established.

Our stay at Kern was short and I mainly remember it as a muddy depressing place where we learned of the death of Franklin Roosevelt. The news brought back many memories. The crisis of the Great Depression of 1931-1932, WPA, NRA, CC Corp, and the political battles of the 1940's. I was not a fan of the President although I voted for him for a second term mainly because I thoroughly approved the Civilian Conservation Corp and all it stood for and accomplished. This, to my mind, was the most worthy of all the many things that were tried during the Depression. This organization helped many thousands of youths to become solid citizens as a result of the discipline and the skills taught them by the program. Furthermore, the corps greatly improved the environment. It is sad today to see the slow return to ruin of many of the forest trails, parks, bridges over streams, and cleared picnic areas which these youths built in state forests. Years later, as a member of the Governor's Committee on Drug Abuse, I recommended a return of this concept to get youths convicted of drug abuse out of the cities into camps under discipline doing useful work, improving the environment where they could be rehabilitated and taught useful skills which would serve them well when they returned to civilian life. I think such a program would go far to solve the drug problem and certainly all would be benefitted by the improvement of the environment.

We were now transferred to General Patton's Third Army. It was obvious at once that the General's strict discipline was in force throughout the army. There was a noticeable improvement in discipline, soldiers wore their uniforms neatly and there was

prompt and effective action. The morale of the men was high and they were proud to be in such a distinguished army. General Patton has had his critics and perhaps he has overacted at times, but I would bet than men under his command, in the end had fewer casualties and did better than men in other commands. He was definitely a leader.

I reported to headquarters where I met General Hawley and Colonel Coates, the ranking officers of the medical corps of the Third Army. I found both to be competent, no-nonsense men who I could appreciate. An amusing incident took place at this first meeting. General Hawley asked me to take off my helmet, which I did and handed it to him. A puzzled expression came over his face when he pulled out a bit of the mosquito netting. He looked at me and said, "What in hell is this?" I told him that it was a mosquito net which had been in my helmet since Guadalcanal. He looked relieved and said, "The old man has a thing about the wool cap which was designed to be worn under the helmet to keep the head warm. He dislikes them and takes serious offense to anyone wearing them. In fact, he has fined officers for wearing them! I do not know what he would say about a mosquito net in this frozen part of the world." We all had a good laugh. What the general did not know was that I knew about this peculiar peeve of General Patton and, of course, avoided the woolen cap; but since I had scanty hair on my head and felt the cold very much, I had left the netting in to afford some protection. I do not know what General Patton would have said or done if he had discovered the net, but I suspect he would have had a good laugh.

General Patton was a controversial individual who had developed a group of very loyal officers and ran a tight disciplined army. I viewed him as the opposite of General Patch. The latter was firm and logical and men and officers followed him with trust and admiration. General Patton was likewise a strong leader who, however, created enough fear in his command that they followed him without question. It takes both types to win wars and may our country have them both in time of need.

The war in Europe was fast drawing to a close. The Russians were at Berlin and our troops had met the Russians at Torgau. There were some patches of resistance deep in Germany near the Austrian border. The hospital was now located not far from Munich on the grounds of a beautiful estate. There was a picturesque old castle and beautiful gardens through which ran a small stream. The first morning we were there I was awakened by the delicious aroma of frying fish. I had a fat trout for breakfast, a distinct improvement from the usual ration of powdered eggs! I had just finished breakfast when my orderly reported and said that a civilian wishes to see me. Soon a distinguished old gentleman came to headquarters. He spoke excellent English and with many apologies informed me that my soldiers were catching the pet trout that had been in the manor pond for many years and he was afraid that they would all be taken since the trout were, for all purposes, tame and could be easily caught by hand when fed a few bread crumbs. I realized the situation at once and issued an order that there was to be no more catching of trout. The Count and I parted friends and I hope the estate still has their pet trout. Some of my men grumbled a bit, but when the situation was explained to them, they took it with good grace.

That evening we received word that Germany had surrendered. We had a big celebration and I finished off my last bottle of Berkley cider and we were all delighted to forego the strict blackout which had been necessary for so long.

Chapter 15

Soon I received orders that the hospital was to move to Mauthausen, Austria, a short distance below Linc, to take over the care of the great concentration camp located there. The trip proved very interesting. Everywhere there were white flags draped out of windows or flying on makeshift poles, the towns we went through had all been severely damaged. The most terrible damage was seen in Nuremberg which was still burning when we passed through. There was a frightful stench from decaying bodies in the rubble of what had been a beautiful city. A few civilians were on the street which was a narrow road through the rubble. At one place, a group of young women hissed at us as we went by and shouted in German, "Murderers!" I just smiled back, which must have infuriated them. My memory was still fresh from what carnage German bombers had visited on London. I could not have much sympathy for these people who lived in the very heart land of the Nazi tyranny.

That evening our convoy entered Linc, a fine old Austrian city on the Danube. As we went down one side of the main boulevard we observed a bit apprehensively, units of a crack German panzer division going down the other side to surrender to our armored division at the outskirts of the city. It was a strange sight to see fully armed Germans in huge tanks and mobile personnel carriers going by with no notice to us. Later we learned that there was a near riot when these fighting men learned that our army had no intention of going after the Russians. Apparently they were under the impression when they surrendered that they were going to fight the Russians. The men in the ranks were certain that they were going to join the Allies and go after the Russians so that there could be peace for a long time.

Our stay in Linc was brief and that evening we proceeded to the small village of Mauthausen. On arrival, I at once began exploring the area, looking for suitable quarters and the place to establish the hospital. As I recall, I slept in a house which had been a kindergarten school. The toilet fixtures were all for small children, which occasioned much amusement. At least it was clean and we were all exhausted by the long trip from Germany. Before I retired, I made a check of the area to make certain that the nurses and enlisted men were all quartered satisfactorily.

In one of the buildings that we had taken over for the men, I was passing a door in the basement when I heard muffled sounds. I opened the door and some eighteen men, women and children came out. They were very frightened and begged me for mercy. Some were crying and they all were weak and barely able to stand. I made signs of friendship and asked in German if anyone spoke English. Several answered at once that they did understand. I told them that the war was over, that we were a hospital unit and that they had nothing to fear. Their relief was immediately evident. They told me they had been in what was a small janitors room for two days fearing for their lives as there was fighting all around the area. They had almost no food and little water. The stench coming from the room was terrible. I asked them to follow me and arranged with our mess to give them coffee and sandwiches. One can wonder what might have been their fate if I had not heard the stifled cough while exploring the basement.

The next day I entered the huge Mauthausen concentration camp. His camp had been established by the Nazi regime to handle prisoners from central Europe. The first thing I saw was a huge banner strung between buildings on which was printed, 9,000 Spanish prisoners welcome the Americans. Evidently these men had been held prisoners

since the Spanish civil war. A classic example of the Nazi and Franco regimes' cooperation.

The camp was a scene of unmitigated horror. Thousands of inmates were crowded into barrack-like buildings. The walls were lined with built-in bunks about two feet or so above each other which ran the full length of the building. In the bunks there were horrible messes. There were two or three men in each narrow bunk. They were starved to just skin and bones, dirty, weeping ulcers covered some, and there were dead bodies in some of the bunks. Diarrhea from upper bunks was dripping down onto the lower bunks. Hundreds of the men were barely alive and too weak to move. Those who could raise up were so feeble that they could hardly greet us as we went by. Many were so feeble that they could not muster enough strength to push the dead out of their bunks. Outside of the barrack approximately 300 emaciated bodies were stacked in a pile. They were a day's accumulation since the furnaces had ceased to function as our troops overran the camp. The furnaces themselves were a dreadful sight. There were trolleys on which three or four dead were placed and then fed to the furnace. There were gas chambers and all of the paraphernalia seen in other camps. A silent, but mute testimony of the inhumanity of man to man.

I met distinguished scholars, professors of Medicine, talented artists and musicians during the brief inspection. It appeared to me that the first thing to do was to get these unfortunate people out of the dirty barracks and start to feeding them as fast as we could. Diseases of all types were rampant, but tuberculosis was the worst, along with skin infections and vitamin deficiency manifestations.

Fortunately, there was a comparatively clean work area and camp below Mauthausen in the valley where the Nazi troops had been housed. This camp was called Gusen and had been the main work camp and quarters for the Nazi guards. There were also underground caves where shops were producing airplanes and other war material. Fortunately there were quarters for a small hospital and other facilities which made it an ideal setting for expanding to a large hospital. I arranged immediately to have hundreds of the ex-prisoners transferred to the Gusen camp. Undoubtedly this move saved hundreds of lives. It was heartbreaking work and in spite of our best efforts, many were too far gone to be saved. Each morning the dead would be laid in a bulldozed trench and a stake on which was inscribed the number that had been tattooed on their arm was driven in at the victim's head. The chaplain would say prayers and I would give the signal for the bulldozer to cover the bodies. Some 1,400 died and were buried in the Gusen Cemetery before we won the battle and deaths ceased.

There are other pitiful things that remain clear in my mind. In one of the buildings, some 1,000 women prisoners were confined and as far as I could see, they had only straw to sleep on. They were all emaciated and some seemed to be no more than dried skeletons. Some had been most cruelly treated. Operations had been done on them; apparently to sterilize them or to conduct other experiments. Many tearfully asked me if they could ever be normal again. An occasional woman had become mentally deranged forcing her to be restrained to prevent her from injuring herself or others. One terribly sick female attacked me and I had to have her restrained. I was terribly depressed at what I saw and I informed them that they would be transferred immediately to decent barracks and be given food and medical care. This was done that day and when I visited them later, they thanked me with tears in their eyes. They had learned my name and

informed me that there was a lady of the same name in the group. I was introduced to the young woman who proved to be a very reserved intelligent individual who spoke excellent English. She was very depressed and told me that she would never return to Germany. She had lived for a while before the war in England and after returning to Germany she was caught up in the Nazi net and sent to a concentration camp. She was very bitter; her family were all dead and she was depressed and angry that her former German friends and neighbors had done nothing to help and in some cases had aided the Nazi thugs. I felt exceedingly sorry for her but there was nothing I could do but restore her to good health and hope that she could find some peace at last.

Since my hospital, which was the furthest east, was only a few kilometers from the Russian lines, we were visited by their army units and political advisors. I liked what I saw of the Russian soldiers; they were young, friendly, and appeared to be fine fighting men. Usually they would ask for a few liters of gasoline or some cigarettes. The political advisors were very different; they made demands of me to give preference to the ex-Russian prisoners. After listening to a very long and tiresome speech by one of these politicians, I became irritated and told him that it was agreed that the Americans and the Russians were allies and friends and that I would do all that I could to help his countrymen, but that this was a military hospital, therefore everyone would be treated equally to the best of our ability. The only concession that I would make was that if they chose, officers would be permitted to be together. The food, however, would be the same for all. I pointed out that it was 100 miles to our nearest depot and suggested that his forces help with supplies. He did not take kindly to this approach and that was the last time I was visited by a political commissar.

Many bizarre things happened during the turmoil of those days. Certain people made life interesting. One such individual was a Polish doctor who had been a prisoner in the camp, but because of his medical knowledge, he was permitted more freedom and was allowed to treat the prisoners as best he could with the limited supplies. He hated the Germans with a vengeance. He told me that he had slipped typhus contaminated material into the coffee and food which the guards consumed, in the hope that they would get typhus. Of course he apparently did not know that typhus was not spread in this way. I was shocked, but realized that he was so consumed with hatred that he could not think straight. Another unfortunate victim was the little Belgian girl who had been a pleasure woman for the German guards. She was attractive and she and the Polish doctor soon established a relationship. Apparently she thought that her charms would be appreciated by me in the hopes that I would give her preferential treatment. Accordingly, she made an attempt to seduce me but I had many other things on my mind, not the least being discipline and an example to others. The last I saw of her, she was put on a bus to be returned to her home. She was not at all happy about it and I suspect she had a bad time of it when she returned to her former neighbors.

In the haste and confusion of making the Gusen camp ready to receive the victims of the Mauthausen camp, there occurred a most amusing and also a somewhat embarrassing episode. It so happened that in the intelligence unit assigned to Mauthausen, there was a red headed young lieutenant who may have been Jewish. At any rate, he was a hard working young man who we nicknamed Herman the German. He was appalled at the horrors of the camp and realized that we had a huge task in cleaning up the mess. On his own initiative he took some trucks, went to Linc where he parked on

the bridge over the Danube, and as pedestrians crossed the bridge, he waved all eligible males into the trucks using his 45 as the authority and brought three truckloads of civilians to the camp where he set them to work helping us scrub and clean the barracks. The civilians fell to with great gusto and helped my corpsmen so that in short order the hospital was ready to receive patients. Among the civilians, there was one who seemed rather reserved and kept saying something in German which no one understood. The corpsman working with him pointed to me and indicated that he should talk to me. I was surprised when he came to me and said, "Ich bin ein Arzt." I realized that Herman had gathered a physician among the group. I apologized to him and said that his services were needed much more in the hospital than scrubbing floors. He said he was pleased to do what he could and that all of them were shocked at what they saw. He also said that no civilians were ever allowed anywhere near the camps so they did not know what terrible things were going on. He and all the other civilians were returned to the city that evening. I suspect it will be an experience that they will long remember. Later I said to the lieutenant, "If higher command learns of this, we may get a reprimand." He said, I do not care, these fat-assed civilians went about their normal lives only ten miles from here and never lifted a finger in protest or help for the thousands who died here." I could only agree with him but from that time on we called him, "Herman the German. I was to have further problems with his unit later.

There was an intensive search for the Nazi criminals who had control of these death camps. One under commander was caught by released inmates and before anyone could prevent it, he was beaten to death and his body hung on the barbed wire surrounding the camp.

I had established my quarters in a beautiful house on a hill overlooking the Danube. It had been the quarters of the camp commander. He had certainly lived in style. Behind the house was a large patch of the most magnificent strawberry plants loaded with largest red berries that I have ever seen. We had strawberries with all our meals and enjoyed the treat until we learned more about the garden. Every day an elderly typical dressed Austrian countryman came to care for the garden. He had been cleared by the intelligence unit who said that these country folks were honest and in no way would have anything to do with the Nazi regime. I was intrigued by the strawberries which grew like small bushes and were loaded with sweet berries so at the first opportunity I struck up a conversation with the old gardener and asked him what was the secret he used to produce such a fine crop. There was a bit of language problem, but in essence he said that the berries grew so well because he supplied the plant with fertilizer that was delivered to the commander from the camps. I asked him what was in the fertilizer. To my amazement and shock he replied that the ashes came from the camp ovens! He had been fertilizing the garden with human ashes! That bit of information destroyed all my interest in the garden and the strawberries. I can see in my mind's eye now over 40 years later, the kindly appearing old man, the huge red strawberries, the beautiful countryside, and the sudden aversion I developed to the whole horrible mess.

The hospital was located beside the main road and was the first American unit, except for a small roadblock between us and the Russian army; therefor, refugees coming out of areas to the east would stop on their way to the west. Long lines of women and children, some being carried, others in all manner of makeshift wagons, carts, and perambulators, was a pitiful sight. I met and talked with many of these unfortunate

victims of the war. One lady, evidently the leader of a group of at least 100 women, approached me and asked if they were at last in the American army area. I told her that they were. She said, "Thank God, at last we are safe." Further conversation revealed that she was the wife of a German engineer and that she and her husband had studied in England for several years. She said that because of the Allied bombings, hundreds of women and children had been sent east for safety. The town where they were staying was taken by the Russians and they were forced to leave. She went on to say that they had walked toward the west for about a week and they all were nearly starved and the children were weak from hunger. The trip had been a nightmare. All the women had been raped by the Russian soldiers and she said that she had been raped three times that day. There seemed to be no control over the soldiers; they were pillaging, burning houses and killing people for the slightest things. At this, she broke down in tears. I asked her where her home was since refugees were to be returned to their homes by the American resettling unit a few miles down the road. She said that she and her group were from Breslau. Since Breslau was in the Russian zone, I knew the resettling unit would send her and those from Breslau back to the Russian zone. When I informed her of this she turned pale and said, "I will kill myself before I would return to those monsters who would probably kill me anyway. Is there no mercy left in this world for the innocent?"

That decided me. I gave orders that we would share what food we could with these starving women and children. Furthermore, I told the woman, "When your group reaches the resettlement unit, you tell them that your home is in Frankfort or some other city in the American zone. They will send you there and by the time the whole mess is straightened out, your group should be safe. If you had said that your home was in Breslau, the unit would have sent you back into the Russian zone and you would have the whole nightmare again." I often wonder how she and the group made out. At least they may recall sometime that there is mercy which occurs even in war.

Among the released prisoners there were many most interesting individuals. There was the barefoot contessa who was greatly embarrassed to appeal to me for shoes and stockings. She was a gentle, intelligent, cultured lady who had been sent to the concentration camp because a remote ancestor had been Jewish. My nurses were able to outfit her decently. I hope she got back to her home safely.

One morning when I was making inspection rounds of the hospital where there were several hundred ill and starved ex-prisoners, I was startled by a patient saying, "For God's sake, Colonel, will you look at my brother. I think he is dying." He indicated a patient on a cot next to him. The man was undoubtedly seriously ill. I uncovered him and at once saw a huge abscess in his left axillary area which would undoubtedly kill him if not treated. We had a very limited supply of penicillin for emergency use. I decided that here was a situation where penicillin could be lifesaving so, accordingly, I ordered that the abscess be drained and penicillin be administered. I then asked the first patient where he had learned English. To my surprise, he said that he had been a taxi driver in New York City and was an American citizen who had returned to Germany to visit his relatives and he had been caught in Germany at the outbreak of the war. Since he was Jewish, both he and his brother had been sent to a concentration camp. They had managed to survive until the present, but now he was very worried for his brother and was extremely thankful that we were doing all that we could to help.

Among the ex-prisoners there were many talented persons, artists, musicians, doctors, lawyers, politicians, scholars, and outstanding business men. There was a barber who was in great demand by everyone. We paid him for his services in cigarettes. One day after clipping the few hairs I had remaining, he said, "Colonel, I need your help. As you know, the men have paid me for my services in cigarettes and as a result, during these past weeks I have accumulated several hundred cigarettes and I am afraid when we are returned home, I will be accused of stealing them. It would be a serious thing if I could not prove that I have received them from honest labor. He told me the going price for a cigarette was, at the time, one dollar or its equivalent. Therefore, since he had accumulated several hundred, he had a small fortune. He asked that I write an official memo stating that he had, in fact, earned the cigarettes. This I was pleased to do. With his enterprise and his small fortune, I suspect he established a splendid barber shop in Vienna. It was a most stressful time. The terrible plight of the released prisoners and their needs made it imperative that all of us work long hours under stress. Tempers grew short and our anger grew against the people who had created this horrible affair. This situation very nearly resulted in a terrible miscarriage of justice. It came about in the following manner.

One day while I was making my usual inspection rounds of the hospital, I came upon a group of men surrounding a man on the kitchen floor and they were taking turns in kicking and beating him. I was horrified and stopped the affair at once. I was very irritated at my chief warrant officer, a fine soldier of Polish extraction, who was present and had done nothing to stop the beating. I said, "Chief, what is going on here and why did you not stop this abuse." He replied, "Colonel, this bastard is an SS man whose ex-prisoners recognized as a Nazi sergeant. He deserves what he is getting." I replied, "You know better than that. Get these men tack to their work. I will take this man to the intelligence unit and Herman can handle it in the proper manner." I could understand the chief's feeling in the matter since many of his family in Poland had been subjected to Nazi cruelty. I, therefore, took no disciplinary action. The victim thanked me and went into a long tirade in rapid German which I could not understand. I beckoned him to follow me and I took him to the office of the intelligence unit which was located on an upper floor of the tower. Herman was there and when I told him what the warrant officer had reported, he ripped the man's shirt sleeve and exposed the tattoo mark which indicated that he was a member of the SS. Herman said that he was not of the first class group who were a fanatic sadistic body. Since he was a SS member, the lieutenant immediately took charge, and the matter was out of my hands; or at least I thought so at the time, but later events were too deeply involve me in the affair.

It was common knowledge that the intelligence unit was using whatever means they could to get information and run down the Nazi criminals. There were unconfirmed rumors of what went on in the tower, none of them good. It was a time when emotions ran high and anger at what the Nazi thugs had done led otherwise normal men to do things that under other circumstances they would abhor. Nazi prisoners were subjected to grilling interrogation and rumor had it that they were beaten if they were insolent and uncooperative. Rumors were rampant that Herman's unit was beating Nazi prisoners in their efforts to get information as quickly as possible before the Nazi criminals could flee. I had become experienced with army rumors and discounted most of such information. Furthermore, I had no jurisdiction over the intelligence unit.

It was three days later when at the end of a terribly busy day I had finished my work for the day and since it was a beautiful moonlight evening I decided that I would make one last tour of the hospital mainly to relax my nerves from all the stress of the day. As I was passing the hospital headquarters building, Dr. Johann Becker came out and greeted me. I was fond of the old gentleman who had been Kurt Schussnig's (the Premier of Austria) private physician. Thus, since the Premier opposed the Nazi's, it made him an enemy of the Nazi regime. They had him thrown into the concentration camp. I had made room in the hospital for the doctor to work and he had been of service to the intelligence unit in their endeavors to track down Nazi criminals. Dr. Becker said, "Colonel, will you give me a few moments of your time?" This I was pleased to do and he then told me the following. He said, "I leave for Vienna tomorrow, but before I leave there is something that is causing me much concern. Out of all this horrible nightmare there was one bright aspect which gave all of us hope during the terrible days before we were rescued by your army. One man, an over-sergeant of the German SS became so sickened by all the cruelty he came to me and asked if there was anything that he could do to help! I was working with others as a clerk in the camp office where we were able to get access to the orders as they came from Himmler's office in Berlin. Thus we knew in advance when certain prisoners would be sent to the gas chambers. You can imagine how helpless we were as we saw many distinguished people thus murdered. We decided to ask the over-sergeant if he would be willing to help us in our attempt to save lives. He readily agreed and he became our contact with the outside world. We would obtain the names of the victims to be destroyed and he would take the list to the Bishop of Linc who would send it to the Pope. The Pope then would intercede and delay or have the orders cancelled. In this manner, many lives of distinguished citizens of Central Europe were saved until they could be relieved by your troops. Now I am worried because the family of the over-sergeant informs me that he came to this camp to do what he could to help in clearing up this terrible mess and has been missing for three days. Do you have any idea of what may have happened?" There flashed into my mind the affair of three days ago when an over-sergeant was being beaten on the kitchen floor. I thought, could he have been the man who had done so much good; and if so, a terrible mistake had been made. I anxiously asked Dr. Becker to describe the over-sergeant. His description perfectly fit the man. I said, "Dr. Becker a terrible mistake has been made. The man you describe was being attacked and beaten by ex-prisoners when he came to work in the hospital. I rescued him and turned him over to the intelligence unit where the lieutenant exposed the markings of an SS tattooed on his arm. I am much concerned as I know the intelligence people are so anxious to run down and bring to justice the Nazi criminals, they are treating ex-Nazi people with intense questioning and it is rumored with beatings. The over-sergeant, if he is still alive, will be in the tower dungeons where all the prisoners are kept. Come with me at once and we will see if he is still alive."

We proceeded to the tower where the sentry on guard duty at first refused to let us enter, but he changed his mind when I said, "Soldier, I am a full colonel and this civilian is a distinguished physician. We must ascertain if one of your prisoners is the man we seek. You can permit us to enter or face a court martial tomorrow." He stepped back and permitted us to pass. We proceeded down the narrow stairs that were dimly lighted to the dungeon and entered a small room where there were some dozen men lying about. It was obvious that some had been beaten. Dr. Becker immediately recognized one of them as

being the over-sergeant. He spoke to him in rapid German and explained that the Americans had discovered the mistake and had come to get him. The man had been beaten like the others. He was covered with bruises and there were cuts and blood crusting on his head and face. His clothing was filthy and it was obvious that he was in need of immediate medical care. I beckoned him to follow me and he, with Dr. Becker and myself assisting, climbed the stairs. The guard at first refused to let us take the man with us, but when I told him that the man was in need of medical attention and that he and the intelligence unit were mistreating their prisoners (which was a serious breach of army regulations) he decided to let us proceed. In leaving I said, "You tell the lieutenant that if he has any complaints, he is to come to me. I now know what is going on and I am warning you and the lieutenant that it must stop at once. I never heard from the lieutenant anything about my releasing his prisoner. I do know that things did get better for the other prisoners,

We took the over-sergeant to the hospital where he at once received medical attention, was given food, and I personally apologized for the terrible ordeal that he had experienced. He recovered and a few days later left the hospital and returned to his family. I hope his confidence in justice has returned. I wish him well.

Dr. Becker left for Vienna the next day. There were tears in his eyes as he bid me good-bye and he said, "Colonel, I shall never forget you and I hope you will be rewarded for your help to us in our great need." I was sad to see the old gentleman depart and I hope he was able to build a new life after the horrible ordeal in the concentration camp. The Nazi regime had sent him to the camp because he had been faithful to the Premier of Austria who, in turn, resented the Nazi takeover of his country.

As things grew less hectic, I found time to visit some of the historic places nearby. One day I took a brief trip to visit the summer palace of the former emperors of Austria. It was a magnificent palace. There were many impressive features from the huge beautiful ballroom with its massive decorations, to the royal bed chamber. The latter was fascinating. There was a skillfully designed painting of a cannon which seemed to be pointing at one no matter where one stood in the room. It gave me an eerie feeling. Here too, as I later saw in Germany, there were sections of beautiful iron grillwork constructed in such a manner as to deceive the eye. As one approached it, the grillwork gave the illusion of facing off into the distance. The palace had been built at the site where a Roman legion had revolted and threw their Christian commander, Valerian, into the river. In memory of the Christian martyr, a monastery had been established at the site. The palace had been added later. My reaction to all this evidence of luxury was that life must have been most pleasant for the lucky few of the ruling class.

As I was returning from the palace, I saw a most impressive and sad sight. At the railroad crossing, a long train of freight cars mixed with coaches was drawn up at the crossing. There were huge signs on the front of the engine which proclaimed that they were Koniv's people. The cars were teeming with thousands of Russian ex-prisoners and conscripted laborers who had been forced to labor in the Nazi factories and farms as literal slaves! After seeing this, I could understand the treatment that the Russians gave to the Germans who fell into their hands. Unfortunately, the innocent are forced to suffer for the misdeeds of the guilty. The teeming mass of humanity clinging to the sides of the cars, on the roofs, and in every conceivable space, impressed me of the great power that these represented. I hope that our country will never have to confront that power alone.

The obvious great suffering these people had experienced and the further troubles they would have on returning to their homes where there had been much destruction, especially in the Ukraine, from where most of them had been so forcefully conscripted to work as slaves in Germany. These people knew at first hand the terrible effects of war and surely would long for peace. Undoubtedly they would be highly fearful of the west as a result of their experience. I had the opportunity some 15 years later to meet with a distinguished group of Russian scientists and squire them around Boston. In the course of a dinner at the Harvard Club that I arranged for the group, I asked an attractive young lady one of the group and a distinguished oncologist what was her feelings about the war and the prospects of lasting peace between the east and west. She replied, "Russia lost 20,000,000 people in the war and there was extensive damage to large areas of the country. We, as a people, never, never want to see a war again. We are terribly afraid of war and fervently hope that there will be everlasting peace." Perhaps with good sense and understanding of the needs and fears for both east and west, the world will be spared another terrible blood bath.

I received no complaints from the intelligence unit, and rumor soon had it that the lieutenant had been replaced and the tower dungeon closed. Gradually the patient population declined as thousands of ex-prisoners were released from Mauthausen. Only the extremely ill remained. The area was designated to be a part of the Russian zone. We soon received orders that we were to be sent to the Pacific theater for operations against the Japanese. I dreaded the thought of returning to the Pacific area after having been there for two years. Fortunately there was a regular army medical corp colonel who was in command of a hospital in Regensburg, Germany who wished to go to the Pacific theater and he approached me with the proposition of exchanging commands. I was delighted and readily agreed to the swap. In this manner, I soon became the commander of the hospital in Regensburg.

Chapter 16

The new command proved to be a much less taxing job. With the war in Europe over, there was not much need for the hospital. Only a few patients were left and daily they grew less. This gave me ample time to explore Regensberg formerly known as Ratisbon. It is located on a bend of the Danube and is one of the old historic cities of Germany. I had not been there long when news came of the surrender of Japan after she had been the recipient of two atom bombs with frightful destruction of both Hiroshima and Nagasaki. I was saddened to learn of the terrible loss of life, but then there would have been many thousands of American lives lost if the bombs had not been used. As General Sherman said, "War is hell." My old unit was in New York when the surrender came and thus they were home at least two months before I returned. Such is the fate in war.

While awaiting to return home, I established classes in German and arranged lectures for the hospital on many interesting subjects. We had an excellent group of teachers who did their best to make our classes well worthwhile. I have fond memories of one of the professors with whom I had long discussions about many things. He was very much upset about the destruction that our bombings had done to Regensberg, when they had completely destroyed a huge factory complex which had been manufacturing airplane parts. Some of the bombs had fallen on the school and parts of the town. I pointed out to him that German bombers had deliberately bombed huge areas of London killing hundreds of people and that Regensberg had been fortunate that it was American bombers who endeavored to hit military targets rather than the British bombers under Harris who were deliberately bombing German cities in retaliation. We both agreed that the destruction of innocent people was to be deplored.

The professor gave me a small booklet of verses by Villon, a distinguished poet, which I treasure. It and many other momentos of Mauthausen are in my library. There is a handsome wooden case made for me by one of the ex-prisoners, with beautiful hand carving on the lid. I have put the beads the old chief of the Kanakas gave me when in New Caledonia, in the box. The chief told me at the time that the beads had been used in olden times to purchase a wife! Along with these mementos, there is a grim reminder of what went on at the concentration camp in the form of a huge piece of human skin which had been cut from the chest of a victim because it had a tattoo of a turbaned human head on it. Such items were being made into lamp shades by the Nazis!

Regensberg is a beautiful old city. It was the home of the great astronomer, Johann Kepler, the mathematician who first worked out the fact that the planets moved around the sun in a systemic manner. Thus, he and Galileo established the modern theory of the solar system and finally broke forever the old Ptolemy beliefs. Kepler's house still stands in a humble section near the river. There is a plain plaque marking the place, which distinguishes it from a whole row of similar dwellings.

The city is also the home of one of Germany's most distinguished families: the Princes of the Turn and Taxis family. This family established the first postal service for Germany. They reaped huge profits from this endeavor and as a consequence, became one of Germany's most prominent families. They became very wealthy and were granted nobility stature. A long line of Princes of Turn and Taxis became distinguished leaders in Germany and Europe. The castle of the family located in Regensberg is a most interesting place. It was built on the site of a 13th century monastery and parts of that

ancient structure have been well preserved. The works of ancient monks can be seen in the courtyard. Each monk was given a lifetime duty to carve at least one stone column of the promenade. These columns were of stone and the carvings are magnificent. Occasionally a monk with more devotion would carve a double column. These were fitted into the corners to make a most beautiful display. The castle itself was not distinguished. It consisted of a series of rooms beautifully furnished with priceless paintings and tapestry. The game and trophy room was right out of Victorian times. The walls were lined with stuffed heads of slain deer and one could almost feel the thrill of the hunt.

During the tour of the castle, I became friendly with Charlotte, the young lady who was conducting the tour, and Carl, an elderly gentleman, both of whom I presumed were longtime members of the household. They were pleased that I could speak and understand some German and my obvious admiration of the treasures and beauty of the castle. I am sure they went out of their way to give me as complete a view of things as they could. This was borne out when Carl beckoned me to follow him. After wandering through various rooms, we came to the chapel, in the center of which there was an oval opening in the floor which revealed the burial crypts below. Charlotte said that when a member of the family died, services were held in the chapel and while a funeral dirge was played, the casket was slowly lowered to the crypts below. The oval was rimed in marble and written in German was the following words: "There comes an hour when the dead shall rise again" at least that was my interpretation of the writing. We proceeded down winding stairs to a hallway leading to the crypt. As we approached it, there was an iron grillwork closing off the crypt from the hall. This was a most unusual grillwork. As one looked at it, the gate in some way tricked one's vision so that it seemed to extend almost to infinity. I could hardly believe my eyes. I shut and opened them several times, but the illusion remained. I then took a shot of it with my camera and when the film was developed later, the illusion could still be seen. We went through the gate and down a few steps into the crypt where there was an impressive row of the family dead. One prince was interred in a tomb which was an exact replica in miniature of the Cathedral of Milan with all the spires and beautiful outline all done in metal. There were other impressive tombs for the long dead princes of the family. Noticeably, the tombs of the males were much more impressive than those of their consorts. Carl, who had led me into the crypt, then said, "Kommen sei heir." He then led me to a small annex to the crypt where there was a prayer table. The tiny room had beautiful stained glass windows obviously many centuries old, as this was a part of the ancient monastery. There were some small pieces of broken glass from one of the windows that had been fractured from the concussions of our bombs during a bombing of the railroad marshalling yard not far away. Carl said that fortunately very little damage had been done. I was sad to see what war had done to such a historic place. It was, however, mute testimony to the accuracy of the American airmen, who endeavored to hit military targets. As these thoughts passed through my mind, Carl moved over to a small table on which there was a beautiful wooden case. He pressed a button and the lid opened to reveal the head and upper bust of a most beautiful young woman done in pure white marble. I was startled and I asked Carl who she was and he answered, "This is Louise who was loved by Goethe. She was a princess of the family who died very young." As a physician, I could not resist asking if he knew the cause of her death. He replied that she had died of a throat cancer. I then

looked carefully at the throat area and there for all to see forever, the artist sculptor had faithfully reproduced a tumor of the thyroid gland involving the left lobe. Carl said that Goethe had written about her but in my reading of Goethe I have so far not found the passage. On the way out of the castle, we passed through a pleasant room where the main piece of furniture was a huge bed. Carl informed me that it was in this bed that Napoleon had slept the night before the Battle of Austerlitz. I marveled that the room and bed had been maintained as it was after nearly one and a half centuries.

While stationed in Regensburg, I had an opportunity to visit Pilsen in Czechoslovakia. Fortunately, it was a festival holiday and there was a most colorful parade. The people seemed very happy and gay over the cessation of hostilities. Of course, I sampled the Pilsener beer which everyone conceded to be of the best. I remember the Czechoslovakian men who had been prisoners in Mauthausen and wondered what would be their fate now that their country was free from the Nazi yoke. Later, the whole world was to witness the subjugation of this small industrious country by Russian tanks aided by Czech communists. The people were again enslaved under an unwanted and undesirable government. Out of the frying pan, into the fire! It is with delight to know that Czechoslovakia is once more.

Chapter 17

Orders soon came to move the hospital to France in preparation for the ultimate return to the United States as soon as transportation became available. I shall never forget the trip. After crossing the Franco-German border around noontime, we began passing through huge cemeteries both German and French. It seemed to me that all that afternoon we rode past one cemetery after another where the graves spread out in long lines as far as the eye could see. At last, late in the afternoon, we came to the town of Verdun. It was here in World War I that some 600,000 soldiers died. On a hill overlooking the battlefield is Fort Dumont which is a now converted museum. As I walked up the hill to the Fort on a marked path, I noticed a most chilling sight. On the left side of the path as one approaches the fort, there is a row of old rusted bayonets protruding from what had been a trench. The men in the trench had been buried alive by an explosion, their bodies below marked by the row of protruding bayonets, their names known only to God.

On entering the fort I was impressed by the death-like stillness of the place. A long hall-like room is to the right as one enters. There is a long row of white caskets, on the wall opposite each casket is a plaque on which is inscribed the name of the army division and how many days or weeks they had survived! On the left from the main hall there is a huge crypt filled with pieces of bones from the thousands of soldiers who were so destroyed as to not be recognizable. It is a most awesome sight!

On the hills around Verdun, there still remained stacks of artillery shells, guns, vehicles and other items of military equipment. It is said by local people that even 20 years after the battle there occurred explosions that disturbed the nights. The land there about is too dangerous to be farmed and one must stay on cleared paths. It is here, it is said, that every Canton in France lost at least one son! The Germans did not pass and they too suffered horrible casualties. One can speculate that the terrible loss of the flower of French youth may have weakened the will of the French people to stand up to the onslaught of the Nazi horde. It is also indeed surprising that Germany would let a fanatic like Hitler lead the country into another blood bath. I suspect that the loss of so many thousands of the youth of Britain and France left both countries without strong leadership.

While awaiting further orders, I had the opportunity of visiting the beautiful cathedral at Rheims. It is a most impressive structure rising over the town and countryside, a mute token to the devotion of the Middle Age Christians who made great sacrifices to glorify their church and what it stood for in their days. I could not help but notice the contrast between it and the homes of the people who were the descendants of the builders. Their homes were humble and most of the people were engaged in caring for the grapes and in the business of making wine or champagne. Perhaps the wine industry arose when some of the peasants decided that there was a need for some relief from the cares of this life.

The huge, absolutely beautiful stained glass window in the front and the rows of smaller, but equally exquisite windows along the sides, are a sight that one cannot forget. Cathedrals such as this represent one bright spot in the dreary litany of human behavior in the so-called dark ages when the glories of Greece and Rome were forgotten by a humanity which was so concerned about obtaining Heaven that they neglected their everyday existence.

Another trip that I made at this time was a visit to the wine cellars at Epernay in the center of the great French wine and champagne industry. These cellars dated back to the Middle Ages and were hewn out of the chalk formation in the region. There were magnificent carvings of scenes depicting life in the Middle Ages and various pastoral scenes. Branching off from the main passage were rooms labeled with the names of such great cities as London, Edenburg, Berlin, Vienna and others. My guide gave me a brief course in wine making. He explained how the bottled wine was handled and what was done to enhance the alcohol content and flavor. The guide said that in this one cave, before the Germans removed many thousands, there had been over seven million bottles. The temperature of the caves was uniformly constant, thus making them ideal for storage and aging of the wine. On my return to the main office, my host gave me a small bottle of champagne and as I sat sipping it, he explained that much of the wine was destined to be shipped to the U.S.A. We had a most pleasant chat about many things and when I arose to say good-bye, the entire room seemed to go around and I was very dizzy. With great effort, I bid my host adieu and somehow managed to get to my Jeep and driver without stumbling or weaving about. This episode brought to my mind a similar situation when I was a second year medical student. A few of my classmates and I were invited to a Thanksgiving dinner at the home of our professor of pharmacology. It was a clear crisp New England morning and most of us had skipped breakfast in anticipation of the feast to come. On arrival, the professor served us a toddy well spiked with brandy. It was delicious and just what was needed on such a crisp morning. We had several and there was a rosy glow everywhere. I found myself talking chemistry and pharmacology with the professor's mother, a kindly old lady, who at least to me, seemed most interested, when dinner was announced. We all stood up when to my amazement the floor of the room suddenly appeared as if it was rising before my eyes and I was very dizzy. I realized if I took a step, I could stumble or fall and thus appear intoxicated before the professor and company. I would be disgraced and it might end my medical career. I then had the happy thought of how to get out of the situation. I turned to the little old lady and said, "Will you let me escort you to the dinner table, I have so much enjoyed talking with you." She was delighted and I took her arm and held on for dear life and we made it to the table in grand style which I feel sure not only she, but the professor appreciated. At any rate, the professor became one of my good friends in the subsequent years. I will never know if she noticed my somewhat unsteady walking since we kept up an animated conversation which distracted both our attention. If she did notice it, she never said anything about it or had but good words for me since the professor was one of my best faculty backers. I still notice that I get light-headed when I drink a small glass of wine, so I have learned to be careful. It seems that a cocktail containing scotch has no such effect.

As I reflect on the visits to Verdun and the magnificent Rheims Cathedral, one wonders about the fallacies of humankind. Here only a few miles apart is the beautiful cathedral an outstanding emblem of man's devotion to the Creator and where humble peasant had poured their treasures into its building while at the same time denying themselves to do so. In contrast, there is the terrible carnage and mass murder of the nation's young men, at Verdun. It seems that the tragedy of humankind often lies in the ability of a few people obtaining power either by heredity, force of arms, or by a misled electorate to lead them into wars which later history has been shown with but a few

expectations time and again could have been avoided and the end desire obtained by peaceful means.

The stay at Rheims was short and we soon had orders to proceed to Marseille where we were to await transport to the U.S.A. My memory of Marseille is somewhat dim. It is a city of great contrasts. A modern French city has grown up around a most picturesque Middle Ages harbor, which in turn was the site of an ancient Roman location. I was most impressed by the ancient harbor which was surrounded by buildings typical of a 16 - 17th century port. One could easily imagine a Jacques Cartier or a LaFayette sailing from this port to America. The great city that has grown up around this miniature port is modern and not unlike Boston before the later began building huge skyscrapers. The people were friendly and in a gay mood now that the terrible ordeal was over. I wish that there had been more time to explore the city and see some of its treasures.

Chapter Eighteen

After several weeks delay, we finally were loaded onto a transport. We were very crowded and the merchant marine crew proved to be a most irritating group. For the first time we were served steak that had been boiled! Many of us thought that this was because the cooks were too lazy to prepare the steaks in a more palatable manner. This behavior served to confirm my poor opinion of this branch of service. A previous experience with these people occurred when we were crossing the Pacific. The wireless operators were too lazy to issue a brief bulletin of news until I had it out with them and insisted that they do so. It is my opinion that these people should be under military command and receive the same discipline and remuneration as other military personnel. Recently they have made demands that have been approved that they be afforded the same consideration as veterans! This is another free-bee that our government seems to be bound to give. It is no wonder that the national debt soars! In talking to the ships officers who I found most friendly, I learned that they had to put up with this insolence. The crew belonged to a seaman's union and was most difficult to handle. Most of them were resentful of the army and did as little work as possible. It had long been apparent to me that there was a serious weakness in our mobilization to fight a war.

I recall the night that we were informed that a Japanese fleet was on the way to Guadalcanal with troop reinforcements and there was danger that our forces might be overcome. I was requested to assign my medical personnel to a section of the island to repel the invaders. This we were pleased to do. I had in the course of our training, seen to it that everyone in the regiment was qualified to handle and accurately fire their weapons. I had spent some time gaining skill with my forty-five pistol. It was most discouraging to hear on the news broadcast that evening that John L. Lewis had taken his miners out on strike for more pay! It is obvious that if any nation is to survive in the long run, when it mobilizes for war, everyone, both men and women, should be called to serve the cause. There should be no profits for some, while others are killed or wounded. Unions have no place, nor does any special interest group, in time of war. If the crew on the transport had been serving their country and subject to the same discipline as the military, things would have been much different.

During the crossing, I spent considerable time in the navigation room and learned how to calculate a ships position at sea. The captain pointed out, however, that new techniques have made navigation much simpler. As we approached land, there were electronic beams which, when zeroed in, gave the exact position of the ship. Now with satellites, one's exact position can be easily determined anywhere on the globe.

It was exciting coming into Boston Harbor after being away for nearly five years. The welcoming boats, bands, and pretty girls, and the sights of the old city were most welcome after what most of us had been through. After a brief stay at Camp Dever, we were sent to Fort Devens where at last I was discharged. It was most exciting to see the pretty little New England towns and the beautiful countryside once again. Home was best of all. Harriet had done wonders with the beautiful old home we had purchased while I was on the great southern maneuvers prior to the war. Little Richard and pretty little Judith welcomed me with open arms and Harriet and I had a glorious reunion.

Chapter 19

Soon after my return, I took up my old position in the pharmacology Department of Harvard Medical School. It was soon apparent to me that I would not be satisfied to remain in a minor position in the department under a professor who had been pro-German before the war and was not very well liked by many members of the faculty.

Furthermore, I became most irritated with certain faculty members who had been deferred for one reason or the other and who resented we veterans who had come back to compete with them. I, of course, resented them and as a consequence, there were some very hot arguments that left both unconvinced. It was thus never more apparent to me that mobilization should be total with no deferments and with all to make the same sacrifices. There should never be any class of people allowed to profit from a war. In the nuclear age we may be approaching that ideal, since there will be no hiding from the awful destruction of nuclear devices. It just may be that there will be peace from global conflict for some time in the future, now that all will be forced to make the same sacrifice!

After a short time in the pharmacology department and the daily frictions with those who had been deferred, I was delighted when Dean C. Sidney Burwell asked me to become the Assistant Dean of Harvard Medical School to replace Worth Hale who wished to retire. I was fond of Dr. Hale who, in the opinion of many alumni, had done a most outstanding job in selecting top flight students for the school, who, in turn, made Harvard the pre-eminent medical school in the world. Both Drs. Hale and Sidney Burwell thought that I was mature enough to do the work which had been done so well by Dr. Hale. Since I had, of course, done much administrative work and commanded hundreds of men during the past four years, it seemed to me to be a reasonable position to accept. Thus, I became the Assistant Dean of Harvard Medical School when there was only one Assistant Dean, in contrast to the present when there are three or four Assistant Deans. Dr. Burwell and I were the key figures in managing the most prestigious medical school in the world with an endowment of over 20,000,000 dollars.

I had many friends on the faculty and my old library friends were delighted. I shall never forget the remark of Miss Anna Holt when I voiced some doubts about the position. She said, "We know you and we will not let you fail!" Such loyalty is what we all need at times of uncertainty.

Dean Burwell proved to be a very kindly, conscientious, hard-working gentleman who did his best to keep the many prima donnas on the faculty satisfied and to create an atmosphere where the best would be encouraged. He had many excellent ideas and tried hard to unify the various hospitals with their divergent interests into a workable unit for the school. In this he partially succeeded, and certainly laid the groundwork for his successor, Dr. Packer Berry, to finally bring about the long sought arrangement.

It appeared to me as a secondhand observer that Dr. Burwell's main problems stemmed from the different ideas that President James Conant had concerning the school. This was not usual, since Conant had in many ways demonstrated his firmly-held views which had already brought about considerable change in the college. These changes were fast taking the university into a situation where there was developing extreme competition in the faculty to be productive scholars with publications and research; it becoming all important if a scholar was to survive and receive promotion or tenure. The excellent teaching which had been the crowning glory of Harvard in the past was

relegated to a secondary role. The great days of President Lowell were to be no more. The young faculty members worked under the slogan of "Publish or perish." No one was interested in being an excellent teacher; the rat race was on. The students who came to get a top education were relegated to minor members of the faculty who also looked upon teaching as a bore that took time away from their researches. The ideal role model became the individual who published the most papers and did the best research. The shining goal of everyone became the ideal of being fortunate enough to win a Nobel Prize! This development led to a plethora of very narrowly oriented individuals who had limited understanding of other fields of scholarship and human understanding. Therefore, they were ill-prepared to be effective leaders or satisfactory role models for the students. Unfortunately, as a result of their narrow interest, once they had achieved fame in their field, they had so little understanding of the world around them that for the most part they proved rather stupid in dealing with affairs outside of their limited field of endeavor. Thus, the university lost the great inspiring leaders and teachers for which it had justly become famous. Unfortunately, other prestigious universities followed this trend, and as a consequence, we have now an increasing number of graduates and students who have very little insight as to their proper role in society and they can and do fall prey to all manner of unusual behavior.

Whether the exchange from the era of great teachers who had the welfare of their students as the prime motive to the situation that exists on many colleges today was worth it, remains to be seen. It seems to me that a modicum of research and rewards for excellent teaching would be a better solution, with as much emphasis on teaching as on writing and research. I believe society would be better served to establish more institutes for research where those who are talented in research could repair and thus take such oriented people out of the academic tenure system. This would allow them the freedom to conduct their research without, to most of them, the bother of teaching. This is not to say that faculties devoted to excellent teaching should not do any research or productive scholarship, but that their promotion would rest for the most part on their ability to teach and not on any research they would do. I strongly disagree that a talented research scholar is the best teacher as so many of the academic community at present believe.

Medical faculties are, for the most part, conservative and make new changes only after being thoroughly convinced that such changes are worthwhile. It was only natural that Dean Burwell and President Conant would have differences of opinion as to what changes should be made. It was a time of much flux. Thousands of young men whose education had been deferred by the war were eager to get on with their lives. These students were mature, serious, and disciplined, and they had little time for anything but their studies. Women had been admitted for the first time, and there were married students; startling changes from what had existed before the war! It was a serious group of students that I had to deal with as the new classes entered. I must say that they were the best ever. I made many fine contacts and I hope I was helpful in guiding some to successful careers. The atmosphere of the medical school at that time was one of idealism.

Students were selected by a diverse faculty committee who based their decisions on an applicant's demonstrated ability as an undergraduate as revealed by grades, especially in chemistry, physics and biology, and the recommendations of faculty members from the student's college, and finally the opinion of skilled Harvard faculty

members or alumni. The most important qualification being the applicant's demonstrated excellence in scholarship. There was no race, religion, economic, social, or other factors. As a member of the selection committee for many years, I held the belief, as I still do, that the medical school should endeavor to select one or two applicants from a wide variety of universities and colleges from across the country and avoid too many from any one institution. The prime goal then, as it should be now, is the selection of the best qualified individuals.

In recent years, as the faculty became more liberal, and especially under a liberal dean, an affirmative action program to select minorities was initiated. It has had some success as far as the medical school is concerned, but I suspect it has deprived minority colleges of their best students, probably to their loss. Whether this program will lead to an improvement of the lot of minorities, still remains to be seen. We all hope that it will succeed and that there will be no lowering of the standards of the medical school or deprive other top students their opportunity to a quality education.

In my day in the dean's office and on the selection committee, there was no affirmative action and selection was based solely on the excellent qualifications of the applicant. I shall never forget a black student who applied for admission at that time. There were grave doubts by various members of the committee whether the student could make the grade at Harvard Medical School. It was a southern member of the committee who persuaded us to accept this student. He pointed out that this youth who came from a very poor family had risen far higher than those around him and therefore must have considerable potential. The committee agreed and the student was offered a position and he accepted. He had a most difficult time, most of his grades being C or D. He had great emotional problems and he turned to me as Dean of Students with these problems. There were many calls, some at midnight, and we had many long conversations, which I hope gave him some relief. We became good friends and on several occasions I persuaded him against quitting and continually encouraged and supported him. He graduated and obtained a good internship at an up-state New York hospital. At one occasion after I had left the deanship, I had this doctor and his wife come to our place in North Attleboro where we would have ample time to talk over his problems. He had become an excellent physician with great compassion. My little daughter Elizabeth at the time was ill with an upper respiratory infection and was miserable in bed. He went up to her room and soon there was laughter and Elizabeth immediately felt better. His problem at this time was sheer frustration. In his anger he had been abrasive with his wife, an attractive school teacher with a charming personality. The frustration was the result of what he considered unfair treatment by the hospital where he had interned. He had looked forward to getting a residency position which was not awarded to him. He was certain that it was a case of sheer discrimination. I was disturbed and questioned him about how he had done as an intern and whether there had been any friction between him and the staff or administration. He could think of none other than one incident that had embarrassed him. This occurred when a young uneducated white girl refused to let him examine her. This refusal infuriated him and he complained to the administration who immediately responded by issuing an order that any patient entering the hospital would accept examination by any physician who was assigned to them, or be discharged forthwith

I said to him, "I suspect that this incident probably led to your not getting the residency appointment. Hospital administrators do not like interns who embarrass them

and are prone to consider them as trouble makers. Look at it this way. Here you are a graduate of the foremost medical school in the world causing administration embarrassment because you took offense of the actions of a silly prejudiced, ignorant, and perhaps frightened girl. Would it not have been better to recognize her for what she was and not take it as a personal offence? You cannot go through life with a chip on your shoulder and all of us must make adjustments when we deem it the better course in the long run." Unfortunately he could not accept my advice. Later, he again got into serious trouble in the south from which I rescued him once again. In the end, he met an early death, which I feel was a result of his unhappiness. He knew he had ability, but the extreme frustrations he and all the blacks suffered in the sixties, was too much for him to bear. It is one of life's tragedies that he could not have lived to see the great changes that have occurred in the seventies and eighties in this country.

While in the dean's office, I had another experience in race relations of a different type. This involved the age-old conflict between Arabs and Jews. I was requested by one of the Jewish students for permission to have a student rally in Vanderbilt Hall for a visiting Israeli statesman, Abba Eben. This was readily granted as there was much interest in Israel at the time and it would be a good thing for the students to see and talk with this distinguished diplomat. The meeting was held and it was a big success. I was impressed by what Eben had to say as were many of the students present.

The next day my secretary announced that a student wanted to see me on urgent business. My door was open to students at any time, so he was admitted at once. He was furious and shouted at once, "What do you mean by letting the Jews have a propaganda meeting in Vanderbilt Hall." I was shocked and said, "I gave permission for the meeting at the request of the students." He replied, "Why do you not recognize that we do not support Israel and despise all the Jews? We want equal time to give our views." I replied, "Of course you can have a meeting any time you wish. I agree, the student body should hear all sides of an issue and then form their own opinion." He was considerably mollified and thanked me. I then said, "You know the student who asked for the rally for Israel and you have a very close resemblance to me. Why cannot you resolve your differences?" He replied, "You would not understand it in a thousand years." He was certainly right and there continues to be serious difficulties between the two. In this dangerous age of nuclear capabilities, these age-old animosities could in time lead to a holocaust worse than can be imagined. These two races, who have so much in common and sprang from a common ancestor, cause amazement and concern to their friends, all nations or all people. Perhaps in time with better communication and better economic adjustment, these two peoples will find a common ground and forget their ancient grievances.

I enjoyed the deanship activities and especially the association with the students and the help that I could give them with their problems. I made many friends and I have followed their progress with pride. Dean Sidney Burwell was a most kind and considerate person with whom to work. We got along very well. As time passed, I became restless in the position. First, I did not relish being an assistant to anyone. I had offers of other academic jobs, but Harriet did not wish to leave Massachusetts and I liked being on the staff of the Peter Bent Brigham Hospital. I was also becoming deluded concerning the way academic affairs were conducted. While most of the faculty were excellent, there were some who could care less about the welfare of the medical school as

long as they got their way in everything they wished to do. This "prima donna" attitude irked me no end. Time and again, kindly Dean Burwell gave in to these people often to the disadvantage of the medical school, and to other faculty members who did not have tenure.

My observations of the behavior of certain faculty members gradually led me to the belief that the tenure system, which was the central keystone of faculty appointments, was a gross mistake. This system had been developed in European universities, especially in Germany, and at the time it had considerable merit. A tenured professor was assured of his position and was protected from the whims of administrators and politicians. In turn, for this protection, the professor was assured of a position no matter what happened to the economy or what political group was in position of power. He could have unpopular views and, of course, devote his entire time to scholastic pursuits. At the time when this system was introduced into academia, it was an important development and compensated for the meager salaries paid.

The chief fault with the system of tenure is the tendency it has to protect the incompetent, lazy, and otherwise undesirable faculty members. It often happened that an individual would be selected for tenure by a biased, and at times, an incompetent committee; at times decisions were made on the basis of limited data and on the most persuasive members of the committee who either knew the applicant or felt that he had great potential. There also developed a tendency to select very young candidates which meant that they would be in the tenure position for many years. This invariably led to the blocking of other potentially or even far superior applicants after the tenured individual had been found incompetent or became a serious drawback to the school. Some became arrogant, were often poor administrators, or proved to be unproductive scholars. As time went on, an enlightened society realized that the salaries paid to academia personnel were inadequate. Also, as science advanced, those with special skills were sought for and paid excellent consultant fees. In medicine, the ability to have a private practice also supplemented the academic salaries. In time, the total income of many of those tenured people was as good or better than that of the private or business sector. It is evident that the need for tenure, for the most part, become unnecessary. It is my opinion that every faculty position should be reappointed each year and those not competent should be summarily dismissed. Such a course would greatly strengthen academic endeavor.

In the end, I became so disgusted with a system that let certain individuals with tenure get away with things that no efficiently operated system would tolerate, that I accepted an offer to be the chief medical director of the John Hancock Insurance Company at a salary double what I received at the medical school. I accepted the new position with considerable apprehension since it was a departure from academic medicine and the academic scene. I had discussed the move with several friends and associates whose opinion I prized. The best advice came from an old acquaintance from my military days. He said, "It does not matter much what you decide. If the job is a satisfying one, you will succeed; if it is not, you know you have the ability to leave it and select another!" In other words, what happened depended upon me.

The excellent salary paid by the insurance company was welcome. The work at first was most interesting and I learned a great deal about the insurance industry. There were many difficult decisions made daily about the insurability of applicants. Many of these represented huge sums of money.

I built up the medical department and, with the help of other physicians in the department, we prepared an underwriting manual, the first the company had ever had. There were many interesting trips to various areas of the country and I met a whole host of people from many facets of life. Unfortunately, there soon developed tension between the medical department and the vice president of the underwriting department who endeavored at times to change medical decisions; of course, this brought about confusion and resentment in that the medical personnel felt that they would be held accountable if a case turned out to have been a mistake. Ross Moyer was a brilliant insurance executive, very honest, conscientious and if it had not been for the pressure he brought to bear on the physicians, he would have been a good friend. However, there slowly developed a deep animosity on the part of the physicians and most of us decided that we had better things to do than argue over whether to pass on an insurance policy which, at times we felt had little merit. I especially grew hostile to the greedy agents and people demanding special attention. There were other factors, such as being actually forced to make political donations and other gifts that the president ordered. In the end, I decided that I was thoroughly disillusioned with the job and again I resented being in a position where someone could dictate what I was to do. During this time I had been slowly building up a medical practice in North Attleboro and had continued my association with the Peter Bent Brigham Hospital.

Chapter Twenty

I decided that the time was ripe to put my pharmacology skill to work. I talked the matter over with Dr. Christian and he agreed. Dr. George Thorn was now the Physician in Chief of the Medical Department at the Brigham and when I approached him with the idea, he agreed that it had merit. He made an arrangement with the Smith Kline and French Drug Company to give me a grant of \$7,000 a year for two years to initiate the program. Thus was established the first Clinical Pharmacology Department anywhere with the mission to evaluate new drugs.

As a result of researches during the war and subsequently, many new drugs were made available and there was an urgent need for investigators to carry out clinical studies in patients. Soon, clinical pharmacology units following our example were being established in many medical centers. We were, however, the pioneers and set the example for others to follow.

It was at this time Dr. Christian asked me and Maurice Schnitker to join him in preparing an additional volume for the Oxford Medicine series that he edited. This volume was to be devoted entirely to the medical treatment of diseases. The volume was prepared and it was well received. Unfortunately, the original plan of keeping it up to date as new developments came along was never carried out and soon the volume, as also the entire Oxford Medical series, became obsolete. It was a distinct honor to join Dr. Christian in the endeavor and we established a firm friendship that lasted until his death. It was a most stimulating task preparing the book and I enjoyed the work. Harriet did a lot of typing and proof reading and her keen mind and skill proved most helpful. The publishing of this book served to return me to the mainstream of medicine and along with the impetus from researches in clinical pharmacology, my place in academic medicine was assured.

During the writing of the book and afterwards, I spent many pleasant evenings with Dr. Christian who was living alone after his wife had died. He was truly a giant among the medical greats. I arranged for young residents and interns from the Brigham Hospital to join us for inspiring evenings. He gave an address before the medical society in which he related how much he appreciated meeting with the younger doctors. He had been a true friend to me. He was most instrumental in getting me the coveted Mosely Travelling Fellowship Award from Harvard Medical School for my studies in Europe and backed me for membership in the American College of Physicians while I was away in the army. I was deeply saddened by his death. I received a small oriental rug from his estate which I treasure.

It was while I was Medical Director of the John Hancock that Elizabeth Jane was born on October 1, 1948. She was welcomed with delight by Judith and with some regret by Richard who had hoped for a brother. From the beginning she was an active child. We had many long walks together and later bicycle rides. For the first time, I had the freedom to spend time with one of my children. Richard and Judith grew up while I was away during the war and thus I missed the pleasure of seeing and joining in their early development. During these years, I and the three children with David and Jean Fournier had many exciting times exploring forest, trails, and streams around North Attleboro. Later, I took Richard and David on long trips west. We visited in Missouri Valley, Iowa with my mother and brother Elroy. Then we took exciting trips west to the Black Hills of South Dakota, Wyoming, Montana, Yellowstone Park and the Grand Canyon as well as

Bryce and Zion Canyons. We visited the Custer Battlefield, the Mormon Tabernacle, and numerous other places of great interest. Later, Judith and Elizabeth would join me on trips west. The children must have many memories of those exciting times as most certainly I have.

Chapter Twenty-One

The Clinical Pharmacology Unit was a success from the beginning. It took courage to make the step from a high paying job at the insurance company to a position that had no guarantee of success and at a salary of less than half that which I had been receiving; and that only guaranteed for two years! I felt, however, that I could make it succeed. My medical practice was growing and I had developed a flock of faithful patients who were rapidly passing the word to their friends and relatives that they liked their doctor.

Another bit of good fortune came my way at this time. Mrs. Agnes Walton, the Director of the Boston Home for Aged Men, which was later to be renamed Rogerson House, arranged for me to be the medical officer of the Home. I had been a student house officer for the home and Mrs. Walton and I were good friends. I recall with great pleasure the many evenings we spent playing games or going for long walks about Boston. She had hoped that her niece, Margaret Holt, and I would make a happy couple, but it was not to be. I feel certain that Margaret would have made a fine wife, but I had fallen in love with Harriet.

The job at the home paid a modest stipend which augmented my income and helped make the transition less worrisome. I remained as medical physician to the home, and later Rogerson House, for over twenty-five years. During this time I met and learned to love many of the old gentlemen who came and passed away. They came from all walks of life and they were a never-ending source of information and interest. I was confidant to many of their most intimate secrets and I do hope that in some small way I made their last days more pleasant and peaceful.

The clinical pharmacology unit had just been started when it so happened that a new drug under study in Europe had attracted the attention of Smith Kline and French Company. At a seminar on the new drug, I was impressed that the drug was able to block the vomiting produced by apomorphine. I recalled the terrible misery from nausea and vomiting which had occurred in an old friend of ours who had an incurable cancer of the prostate. He was a patient of mine as well as being a long-time friend of Harriet and me. It was a dreadful experience to see this old gentleman slowly waste away and be unable to keep any food down because of the vomiting. We were all very sad and felt so helpless. It occurred to me that perhaps the new drug, chlorpromazine, might be helpful in controlling the nausea and vomiting so common in patients with cancer. I suggested that the company make a supply of the drug available to me and I would see what it would do against nausea and vomiting. It was agreed that this aspect of the drug should be investigated in my new unit. A supply was made available and I set about to see what it would do in patients with severe nausea and vomiting.

Very little was known about this drug. A few French physicians had used it in surgical situations where they reported that it seemed to relax the patients and make surgery easier. There was also some early use of it by the French psychiatrist, Dr. Delay. Nothing much was known about its side-effects, metabolism and elimination. In fact, very little concrete pharmacological knowledge was known about most drugs, even those which had been in long use.

At this time there was a most tragic patient in the hospital who had almost continual nausea and vomiting from a metastatic breast cancer. She was an English woman of great intelligence and a most attractive personality. The nurses, physicians,

and everyone who knew of her condition, were most upset and discouraged. She was losing weight rapidly and was becoming very weak from the continual nausea and vomiting. The staff knew that I was interested in patients with nausea and vomiting and I was asked to see the lady.

She knew that her cancer was not curable but was terribly discouraged by the nausea and vomiting which was almost unbearable. We had a long talk about her situation. I explained that I had a supply of a new drug which had never been used in America and that very little was known about it. I told her that it might have an effect against nausea and vomiting since in animals it had prevented vomiting when dogs were given the powerful emetic drug apomorphine. I shall never forget her reply: "Doctor I know that I have not much longer to live, therefore I urge you to give me the drug. If it helps, both of us will be delighted and many others with this dreadful condition will bless the two of us! If it does not work or proves fatal to me, we will at least have tried. I have no fear of death since it comes to all of us sooner or later."

She was given the drug in a dose which a few of us had found to be well tolerated. The next morning when I went to see her, the nurses and everyone were smiling. I found her eating a good breakfast. The nausea and vomiting was under complete control. At last an effective antiemetic drug had been found. She remained on the drug, free from nausea and vomiting for the remaining weeks before the cancer ended her life. Her courage paved the way for millions who were to be benefitted by this small step!

Subsequently, I found that chlorpromazine was effective in many other situations such as the nausea and vomiting of uremia, morning sickness in pregnant women, and nausea caused by drugs needed to treat cancer patients. Its use spread rapidly around the world and was the forerunner of many other drugs that were later developed. Our studies were published in the Journal of the American Medical Association. Dr. James Cummins, who was a research fellow with me at the time and assisted in the studies, later showed that the drug had a quieting effect in controlling withdrawal from alcohol and other addicting drugs. The publishing of our work created a great deal of interest. The demand for reprints went into the thousands and it was necessary to have more reprints made. I received phone calls and letters from all over for some of the drug for husbands, wives, patients and friends. I supplied the drug to physicians who later called or wrote me telling how grateful they or their patients were for the relief afforded.

As we continued to study chlorpromazine and other drugs of the series, it became evident that all of them exerted a powerful calming effect in emotionally disturbed individuals. They relieved the agitation of drug and alcohol withdrawal and calmed the manic phase of the manic-depressive patient. Dr. Delay, the French psychiatrist, visited me and we both agreed that these drugs had a most calming and tranquilizing effect on agitated patients. I introduced Dr. Delay to Dr. Henry Fox, the senior psychiatrist at the Peter Bent Brigham Hospital, and they had a long visit. Dr. Delay was not happy over the meeting. He said to me, "Henry does not believe drugs could be of any benefit." Since Henry was a follower of Freud, this was the first of many confrontations between the psychiatrists who believed in drug therapy for mental illness and the Freudians who thought that the psychoanalytic approach was the better way to handle mental illness. As the years went by and the great success of drug therapy began to empty mental hospitals,

the Freudian approach steadily lost out and in the end remained only a most interesting chapter in the attempt to understand mental illness.

Later, Henry, who was a good friend, asked me for a supply to give his mother-in-law who was agitated and was a severe problem. Several days later, Henry told me: "Dale, I am sorry to report that it made my mother-in-law worse. However, do not feel bad about it since she has never behaved as other people do." We later found out that a very small group of patients reacted negatively to the tranquilizing effect of these drugs. It seemed that they just could not relinquish even a small bit of their usual control and the effect of these drugs posed a threat to them.

Chlorpromazine, the first of these drugs, was soon followed by many others, some were much more effective than the phenothiazines. Thus, I became one of the founders of the tranquilizer era which was to affect the entire human and animal races. For the first time we had agents capable of easing mental turmoil. I pointed out in a scientific article that since the dawn of civilization there had been a continual search for methods and instruments and ways to ease physical stress and lighten man's work load. It was surprising to me that many psychiatrists and others felt that tranquilizing patients to relieve mental stress was wrong. I disagreed and pointed out that this view was similar to that taken by the opponents of anesthesia for childbirth. Some at that time quoted the Bible that women should bear children in pain. The proponents of anesthesia pointed out that the first anesthesia was practiced by the Lord when He caused Adam to fall into a deep sleep and took a rib to create Eve. A similar argument can be advanced for the use of tranquilizers.

A scientific article that I wrote at this time for the medical clinics of North America summarizing the present knowledge on the tranquilizers in the late 1960's was selected by a national panel of experts for inclusion into a time capsule to be opened in 5000 years! So, I have immortality of some degree, but I blush to think how crude my few words on the tranquilizers will seem to civilization at that time. I can now better appreciate the statements of ancient writers such as Hippocrates and the crude prescriptions listed on a copy of an ancient Sumerian tablet.

Our little unit studied many drugs and in a small way I became an authority on drug therapy in this country. I was elected a member of the United States Pharmacopeal Body for the decade 1960- 1970. I lectured widely, wrote some 165 scientific papers, and served on various committees. I was appointed to a committee on drug addiction by the Governor of Massachusetts, The Honorable John Volpe. Members of the committee held several meetings and visited one of the hostels where young men and women were housed after leaving their homes and dropping out of society. There were terribly ill youths with hepatitis from injections of drugs with dirty needles and others far gone on the effects of drugs. I was surprised at some of the youths who obviously had received a fine education but were rebelling against society. They seemed so vulnerable to me and I felt sorry for their plight. These youths were the forerunners of what was to come and society then as now has not developed a sensible way for dealing with these runaways and the drug addiction that has wrecked such havoc. At the time, I wrote an article for the committee outlining a plan to handle the situation. I recalled the fine program set up during the Great Depression to aid youths. This was the Civilian Conservation Corps. It was a huge success in that the youths were assigned to a camp-like setting similar to an army camp where they were housed in barracks under the command of army reserve

officers who had as assistants, skilled teachers who taught the lads all manner of skills. In return, the men would work at a variety of conservation measures.

They cleaned up forests, parks, built recreation areas, and lived a wholesome outdoor life. They were paid a small sum for their labors, but the most important thing was that they learned skills that enabled them to lead a useful life after leaving the camps. I suggested that drug addicts and runaway youths could be handled by such a program with some modifications which I suggested. Unfortunately, nothing was done, and the problem has grown even more serious.

Chapter Twenty-Two

Although being exceedingly busy during all this time, I found time to return to my first love, the Harvard Medical Library. Dean George Packer Berry appointed me Chairman of the Library Committee. My old friend, Anna Holt, retired and I was involved in the search for her successor. Anna wanted me to become the librarian but by this time my practice was flourishing and my unit at the Brigham was doing well. By good fortune, Dean Berry and I were able to get Ralph Esterquest, a most promising young librarian, who proved to be a most fortunate choice. Ralph had excellent ideas and was most helpful in the great library developments which were to follow. Dean Berry and his friends had persuaded Miss Sandra Countway to donate a large sum of money to the Harvard Medical School for the purpose of building a new library in honor of her brother, Francis Countway, a brilliant businessman who had headed the Lever Brothers soap empire in the United States.

As Chairman of the Library Committee, I also became a member of the Building Committee. We were fortunate in getting the brilliant young architect, Hugh Stebbins, who designed and built for us one of the most beautiful libraries in the world, in the medical school area. I made one small contribution to the building which pleased me very much since I have no expertise in architecture. During one of the meetings with Ralph Esterquest and Hugh Stebbins, I remarked that when one approached the central well of the building from the upper floors and looked down, some people, including myself, felt uncomfortable. I guessed it was a mild form of agoraphobia created from looking over the railing down into the well of the building. Stebbins thought a few minutes then smiled and said, "I think I have a solution to that. Perhaps I can deceive the eyes somewhat." He then arranged to have the railing which was about a foot or so wide, to slant upward in a gentle angle. It was amazing how well that worked to ease the fear as one looked over it to the core of the building. That is my sole contribution to architecture!

As Chairman of the Library Committee and a member of the Building Committee, I signed my name with others to a scroll which was placed in the cornerstone of the building. Again, I have some claim to immortality, such as it is. My affection for the Harvard Medical Library has deep roots and my interest and support for it will persist as long as I shall live. It is my wish that my library, humble as it is, will be given to the Library when I am gone.

While all these events were taking place, I continued to practice medicine, and as time went on, I developed a large practice with hundreds of faithful patients in the Boston and North Attleboro offices. At last I have found the thing that I wished to do. I thoroughly enjoyed the practice of medicine. One was free from the political pressures of academic life, the petty bickering, the continual striving to get funds for research, the constant game to secure promotions and the submission to policies that were at times stupid or certainly not in accord with my views. As the faculty became more and more liberal, I became more and more antagonistic to what was taking place. I saw the medical school like most of the institutions of higher learning, slowly changing from a conservative idealistic environment, to one of liberalism, political action and later to affirmative action, moves for the most part with which I had little sympathy. I think one of the most irritating things that took place at this time was when the then Dean of the Medical School so far forgot his position as to march in the streets protesting the Vietnam

War! It has always been my contention that advancement in society and especially in medicine, should be based on excellence and no other sociological factors should be of any degree of importance.

I became so alienated from what was taking place in the medical school under the liberal trends, that I finally stopped attending faculty meetings. I found them terribly boring and realized that many of the liberal faculty had very little in common with my views of international, national and local affairs. Some of the discussions at faculty meetings were so stupid I was amazed that these people could have reached a position of prominence and responsibility. I came to the opinion that I still hold that there is a huge liberal element in the nation who have departed, if they ever had it, from the basic philosophy that made the western nations what they are today. Would these people have suffered with Washington at Valley Forge or stood firm with Lincoln during the Civil War? I very much doubt it.

Chapter Twenty-Three

I withdrew for the most part from active affairs in the medical school and devoted my interests to the practice of medicine. It is dealing with patients that one learns most about the many facets of human behavior. I never ceased to wonder at the great diversity among we humans. In the practice of medicine one learns of the tragedies, sacrifices, infidelities, cruelty, worries, anxieties and many other aspects of human behavior. As the years have gone by, certain patients remain fresh in my mind.

Foremost among these was our old friend who, when he was in the last few days of his life from cancer of the prostate, made it to the office on his own to thank me for the care I had given him. He was reduced to a shadow of his former self, but he was able to smile. It was he who led me to search for an effective anti-emetic drug with results I have recorded previously. Then, there was the English girl who courageously took the first dose of chlorpromazine that led to the discovery of the first effective anti-emetic drug. I remember the agitated alcoholic patients who took the phenothiazine drugs to calm their severe withdrawal effect. The calming exhibited by them and other patients with agitation initiated the era of the tranquilizer and the world has not been the same since!

The emotional problems of patients always intrigued me and I suspect I spent much more time with them than with other patients with physical problems. The terrible anxieties, fears, and worries they suffered from made me sympathetic, which I suspect was based on the terrible fears that I had experienced as a youth when I saw the murdered family in the funeral parlor as a school boy. After I had taken a careful history, done a thorough physical examination, and screening laboratory tests, all of which led to a diagnosis of emotional tension, I then endeavored to get at the basis of the emotional distress. Sometimes the fear could be readily resolved, other times it was deeply hidden. In the latter case, I would propose the following scenario. "Suppose you are walking down a dark street at night and suddenly a fearful apparition appeared in front of you. What would you do?" There were three possible answers. If the patient said, "I would stop and scream." I would then reply, "Then you would have to spend the rest of your life stopped and fearful since it would not go away. What else might you do?" Some would answer, "I would turn about and run." I would reply, "Then the thing would chase you all of your life and you would be in constant fear." Occasionally, a patient would hesitantly say, "I guess one could walk through it as there is no such thing as a ghost." Patients who gave this answer were already on the way to licking their fears. For all three types I would then say, "You must walk through the ghosts since they are not real, but a creation of your mind. You must walk through your fears, face up to them and win so you can go about the normal affairs of living." It is surprising how often patients would respond to this approach. President Franklin Roosevelt spoke a more fundamental truth than I suspect he knew when he said, "We have nothing to fear but fear itself."

Often in the practice of medicine, things are not what at first they seem to be. The patient was a petite brown-eyed pretty vivacious girl of Italian descent who came to me in tears and complained that her husband did not love her. In spite of her best efforts to please him, he had not expressed any endearing emotions toward her and she felt abandoned. On questioning her further she admitted that her husband was very hard working, turned his paycheck over to her, and did not drink or chase other women. I was surprised that such an attractive woman was having marital problems, therefore I asked

her to bring her husband on her next visit. In due course they came and she introduced me to her husband. I was startled to see a huge six-foot or more, blue-eyed blond, slowly moving, giant of a man of obvious German extraction. The contrast between the two was, to say the least, extreme. After they were seated, I opened the meeting by saying to the husband, "Your wife tells me that you do not love her. Is that so?" A confused look came over his face as he looked at me and then at his wife and he said, "Of course I love my wife." His wife looked at him in amazement and said, "Carl, you never told me that you loved me." He let this sink in and then said, "You must know that I love you, but it is hard for me to say it as I would feel strange." That settled the problem. I never saw them after that. His deliberate cool Teutonic background had clashed with her warm Italian breeding. When the two of them realized what had happened, there was an understanding and it is my hope that they will in the future take time to discuss their problems.

That episode taught me a lesson. One of the most important aspects in human behavior is communication between individuals as well as governments. Married couples should set aside at least one hour a week to discuss their affairs. This should be done after a good meal and possibly after a glass of wine or a cocktail. I suspect if this were done, there would be a considerable reduction in divorces! Such discussions should cover such subjects as finances, children, in-law problems, relatives, friends, sex problems, job goals of each and any other problems that may be troubling either partner. A frank review of these and a mutually agreed on course can avoid serious problems later and certainly relieve much friction and a later divorce.

The diversity of patients' behavior has always been a source of great interest to me; it has served to make the practice of medicine a most stimulating and exciting profession. The superstitions, fears, beliefs, and actions and their reaction to them were a continual source of amazement and challenge to me. The most usual situations can and do develop. One late evening, the telephone rang and a frantic male voice asked me to see him immediately as he had sustained a severe painful burn. He said, "I believe that I am going to die!" I asked him to come at once expecting to see a horribly burned individual. In a short time the patient and his wife came to the office. I was surprised to see an obviously healthy male with no evident burns. He did have a slight redness from mild sunburn on his back and chest. There were no other findings of significance. He was, however, crying and complaining of severe pain. His wife and I looked at him in amazement since we could see no burns and his behavior was most strange. Although it was late at night, I decided that there must be some deep psychological problems behind this behavior. I asked him if he had ever been in a fire or received burns from a fire. He denied ever having such exposure. I was puzzled and I asked him to think back to his early childhood in the hope that he could recall any incidence when he had been near a fire or had received a burn. He could not recall any such exposure and continued his crying and complaining of severe pain. I was sure there had been some problem with burns or extreme heat, so I persisted and asked him if he could recall any time in his earliest years when he had felt extreme heat and felt as if he was burned. I shall never forget the expression that suddenly came on his face. He then said, "When I was very small I had a case of croup and my mother treated me by plunging me into a tub of very hot water. I screamed and screamed as I was feeling severe pain, but she persisted until I thought I would die of pain." He then relaxed, looked at the slight redness of his skin,

and said, "I now recognize what has happened and I do not need any treatment. I thank you for your kindness. You have given me relief and set the stage for this to never happen again." Evidently his subconscious mind had created the fearful episode, and when he recognized the basis of his fear, it and the attendant behavior vanished. This patient taught me a valuable lesson. Things are not always what they at first seem to be. It is essential to get at the root of any bizarre behavior. Through the years I have observed that individuals who develop a change in their behavior all too often turn out to have a brain tumor.

As the years have gone by, I have shared the fears, anxieties, sorrows, anger, happiness, and friendship of hundreds of people. I have observed human behavior gradually alter from a pattern where most were conservative regarding sex, homosexuality, marriage, family values, crime, religion, government, and interpersonal behavior to a much more relaxed approach to all of these. In the early years of my practice it was unusual for a young woman to have sex before marriage even when engaged. Now it is rare that a bride is a virgin when married. The birth control pill has led to much more freedom and drastically changed sexual patterns. It has, however, brought problems and it appears to me that it has posed a degree of imposition on young girls to conform. Frequently I find that there is no commitment on the part of the males which makes the female partners vulnerable.

I have noticed in the past few years that there is developing an increasing number of young females who have broken all previous restraints. They have good paying jobs, like their work and enjoy the freedom. They will have sexual partners with no strings attached and get rid of them if the relationship does not satisfy them. While this may be a pleasant lifestyle, it does not bode well for a family life or for the propagation of the race. I have concluded that many of these individuals feel that society has become such that they are no longer interested in home and family and plan to enjoy their life now as much as they can. The advent of the AID's virus and the dangers it imposes has slowed this trend and people are becoming much more careful in their behavior. Unfortunately, the plaque continues to spread and as yet there does not seem to be an immediate cure in sight.

It has always been my goal to maintain a high standard in the practice of medicine. I kept abreast with medical advancements by continual reading, attending teaching rounds, going to medical meetings, and giving lectures and writing scientific papers. I was recertified in my specialty after 30 years and I served as a consultant to the medical services of the Veterans Administration. For a period of seven years I was the sole author of the Yearbook of Drug Therapy and I still keep up to the minute on all forms of drug therapy.

Through the years and from my own researches, I am very cautious about introducing new drugs into my practice. I have taken a wait-and-see attitude when it concerns drugs that are to be used chronically and in non-life-threatening conditions. This approach has helped me avoid harm to my patients and saved me embarrassment when an agent is found toxic and must be recalled.

Chapter Twenty-Four

In the course of my years in practice, the rise of third party payments for services has created many problems. The burden of insurance paperwork has fallen on the physician's office help for which there is no reimbursement. More and more, there has been developing interference by these carriers in the practice of medicine. Persons with no medical training or experience are demanding reasons why certain medical decisions concerning patient care were made and at times refusing to reimburse the patient or the physician. The situation is particularly bad in the State of Massachusetts where the monopoly enjoyed by Blue Shield has become a great source of annoyance. When I agreed to join Blue Shield, I did so because it offered an honorable way for the low income patient to pay their medical bills. In the past, these patients had been charged lower fees or no fee in many cases. All other patients would be paid a fee fixed by Blue Shield and the physicians could bill them for the rest of the standard fee. Through the years the system was changed by a series of maneuvers of which I had no part whereby all patients paid a fee fixed by Blue Shield and the State of Massachusetts made it mandatory to accept the fee set by the carrier or the physician would lose the license to practice medicine! As if the financial aspect had anything to do with the competence to practice medicine! In my practice, I have observed the ridiculous situation where the President of a huge corporation receiving several hundred thousands of dollars a year, paid the same fee as the poor janitor of his company! In other words, I was prohibited from charging these high salaried individuals the actual charge that was my standard fee that was paid by other carriers who did not have the Blue Shield monopoly. There is something terribly wrong when affluent people use the system in this way while the poor or lower income class cannot afford or must make sacrifices to have Blue Shield coverage. I hope the entire program can be reformed before too long. I never agreed to such an arrangement and I am irked by the situation. It is this situation that has made Massachusetts an undesirable state in which to practice medicine and I am happy that I will no longer be practicing.

During the many years of teaching, research and practice, I have had some most happy experiences with my associates, students, research fellows, technicians and secretaries. It has been my good fortune to meet an associate with a most delightful group of people. I have fond memories of James Cummins, James Hamlin, Fritz Reuter, George McLemore, John Wells, John Moreton, William Hassan and Sheref Zileli, all of who spent time in my laboratory and joined me in research endeavors. We had many fine times together and I hope contributed a modest degree to medical progress. Among the technicians, Joanna Velonidas, now Joanna Knight, stands out as not only a superb technician, but as a long-time friend. I shall never forget her wedding at the Greek Orthodox Temple in Boston. It seemed to me that I was losing a dear daughter. The service was most impressive and brought tears to my eyes to see Joanna marching around with her husband-to-be during the ceremony. There is still much to be said for a church wedding.

My favorite secretary, Judith Hershenson, was first associated with me during investigative work at the Massachusetts Mental Health Center where she proved to be a very competent technician. When I needed secretarial help in my office, she became my girl Friday. It was a most fortunate choice. Judith proved to be one of the most kind and gracious persons I have ever had the good fortune to know. We made a good team and

through her competence and faithful work, a whole series of scientific papers resulted. In many ways, Judith made me think of my old friend Emma Felsenthal who took me under her wing and taught me to be a medical librarian. She never knew that I became a student librarian at Harvard Medical School and later Chairman of the school's Library Committee and on the Building Committee that built the beautiful and world-famous Countway Library at Harvard Medical School.

It was with regret that when I closed the Boston office, Judith and I were separated as a team. We, however, keep in touch and both of our interests are now concerned with grandchildren. I shall ever have fond memories of Judith.

In my North Attleboro office I have had a series of office technicians, but Dorothy Lake who was with me for many years stands out as being a most faithful, efficient and reliable lady. We made an excellent pair, had similar opinions and tastes, and an outlook on life that made it possible to deal with all manner of human variables. Dorothy came from sturdy stock, she had raised seven children, been a faithful wife through many adversities, and did a superb job as my assistant. It was my good fortune to have had such a fine assistant. What about Mom who ran your home and office or Richard who did all your lab work all those years???

During my 50 years of medical practice, many changes have occurred. I mentioned above the problems with third party system of payment and the difficulties and burden it placed on the physician. However that is only one of the major changes that have occurred. I have observed the rise of what I call supermarket medicine where one can see many shelves of drugs for self-medication in all of the markets. Perhaps this approach does save people from visits to their physician and enables them to self-treat what to them appears to be a minor problem. Unfortunately what may appear minor to the untrained eye can, in fact, be the first indication which if neglected could prove to be serious or even lead to the individual's death. Television media has replaced the old-time medicine show and now the public is subjected to numerous programs extolling various drug products. These developments have served to make our society the most medicated in the world!

In recent years a whole host of poorly trained individuals have entered the field of medicine to treat patients by various unproven techniques. State and federal agencies are also active in passing a whole host of laws regulating the practice of medicine. It is no wonder that physicians get confused at times as to what they should do for the best interests of their patients. On the one hand we have the liberals who have exactly opposite views on almost every aspect of medical policy from the conservatives. Liberals believe that abortion is a right, while the conservatives believe that no matter what condition the foetus may present, life is so precious that it must be preserved no matter what, even though it may be a disaster for the woman, her family, and society as a whole. The irony of it is that the decision is made most often by those least qualified, who themselves do not have to face the reality of the situation. The frustration of physicians and families subject to these pressures are, to say the least, almost unbearable. It is regrettable that political pressure and legal intrusion into matters which both professions are by their experience and training very poorly qualified, make decisions which should be based on sound scientific knowledge. Physicians in recent years have been faced with another frustrating situation created by the development of techniques that are able to maintain life in patients, hopelessly ill with little or no likelihood of ever recovering or

being able to have any independent or useful existence free from pain and suffering. It is most frustrating for the physician to be faced with the dilemma of having to decide when artificial life supports should be discontinued. In my years in practice, I have seen a shift from where the decision was up to the physician until today the decision is made only after consultation with ethical committees, and finally getting a legal opinion. It is no wonder that the cost of medical care has so escalated and there is no end in sight.

The wisdom of the trained physician, the wishes of the individual and the family are now all subject to the whims of the courts. Furthermore, legislatures frequently motivated by emotional pleas pass laws further hampering the physicians from doing what formerly created no problems. These and the courts have placed the physician in a no-win position where he cannot carry out the wishes of the patient or those best able to decide, his family. If the physician who best knows all aspects of the case makes a decision based on his knowledge, he must see to it that all concerned parties are satisfied or he can be and frequently is sued by some lawyer or forced to defend his action by legal representatives of the court or state. Thus, he is called on to defend himself by those not qualified to pass judgement! If on the other hand, he goes against the wishes of the patient or the family, he can be sued by them! Unless this system can be reformed, it is obvious that patients, their families, and society will continue to pay a high price.

Medical technology has brought about some important social problems, for example, renal dialysis to maintain life for those with end-stage renal failure. It is estimated by 1990 at least six billion dollars a year will be spent to keep 65,000 patients alive by dialysis. Since we are now spending over 11% of the gross national product on medical care, this enormous burden will ultimately mean that other aspects of medical care may have to be sacrificed! Organ transplant is another situation that is going to present more and more problems. The high degree of publicity from heart transplants and other developments in the field has led to an enormous expansion in this field. Some disturbing decisions will have to be made. Already, some states have decided to not fund some transplants. They have decided that it is necessary to sacrifice some individuals to save others who would have a better chance of a long and useful life! It is obvious before long some serious decisions will have to be made on a national level as to what course the nation should follow. Deep societal problems are involved. For example, should society fund expensive programs to keep a few people alive while at the same time cutting funds from programs which aid the poor to see that they have decent housing, food, and medical care? It is, of course, easy to say that funds should be taken from defense spending or raise taxes and insurance premiums. Unfortunately, if we lack defense, history has shown that the weak are enslaved by the strong and if such should happen, the entire problem would be moot since totalitarian states are so constructed that only the ruling class get full benefits.

As for taxes and insurance increases, we are already at a point where much increase would be a big burden to most of our society and could result in lapsed policies, loss of homes, and businesses which would not be tolerated. While our society in the Constitution has stated that our citizens are entitled to the pursuit of life, liberty, and happiness, it is questionable that the framers of the Constitution and our present day society every guaranteed life to any of our citizens! It is, however, obvious that there will be more demand and society will become more reluctant to deprive the many for the few.

I am disturbed by what has happened to medical research in this country. Up until the early sixties there was great enthusiasm for medical research and young physicians were eager to get posts where they could do research. Unfortunately, about this time there started a change that has progressed and made it much more difficult to do investigative work. All research must be checked by several committees who have the authority to alter or forbid a research program. This burdensome and, at best, only of marginal value, development has driven many promising physicians from doing research or has forced them to do certain experiments in other countries. I believe the disaster created by the drug thalidomide was certainly a powerful impetus to this development. Unfortunately this drug slipped through the screening programs and when given to patients it caused horrible deformities in infants born to mothers taking the drug as a sedative. The fear and subsequent outcry resulted in the passage of laws and controls so severe that research was hampered, especially as pertained to drug development. Drug research was so inhibited in this country it began to lag behind developments in other countries and made an atmosphere that was less favorable for research. There has in recent years been some improvement and it is hoped that we will once again become leaders in research, especially in new drug development.

In recent years there has arisen another situation that is causing serious concern to physicians which if not corrected soon, will create a crisis in medical care. This is the steep rise in malpractice suits and the huge awards given by juries in an increasing number of cases. Formerly, malpractice was for the most part concerned with surgical errors where through definite negligence an easily verifiable damage was done to the patient. Examples such as a hemostat or other foreign item left in the patient after surgery which caused damage to the patient or where an unskilled surgeon did damage were well recognized situations where a malpractice award was considered just.

As one eminent attorney said to me several years ago, "There should be no malpractice suits unless the physician has done something which caused definite harm to the patient through either unskilled or deliberate carelessness." Obviously such situations would be very rare! However, there now exists in the legal profession a group who think that malpractice exists in almost every case where a good result has not been obtained. Some attorneys blatantly advertise, especially on television, for clients who think they have not obtained the care or result they expected! The malpractice field has so grown that almost any patient can get an attorney to sue their physician for a wide variety of complaints. The contingent fee plan, whereby the attorney may receive a large share of any awards had made it a profitable business for lawyers. They only have to win one case to receive a windfall, especially if the award is for a large sum. Unfortunately, the poor client loses much of the award and the entire system is made the poorer. Because of the huge profits to be made by attorneys and their clients, a most serious situation has arisen. Physicians are being sued for a wide range of situations such as alleged failure to diagnose early cancer, birth defects in newborn infants, infections, ill effects of drug treatments or surgery which did not result in the expected benefit.

Often situations arise that are beyond the ability of any physician to diagnose what is taking place. Medicine is not an exact science and therefore there exists wide differences of opinion among competent physicians. This situation makes it possible for a skillful attorney to present sufficient difference of opinion to influence an unskilled jury. Frequently, the basic substance of the case is lost to the false image created by the

attorney. Furthermore, we as individuals are prone to be sympathetic to the individual with cancer or a family with an impaired infant. Also, since most lay people on the juries are convinced that all physicians and insurance companies are rich, they are prone to award huge sums! Unfortunately, when all the court costs, witnesses and batteries of attorneys for the plaintiff and the defense are paid, the plaintiff gets about 18% of all the Money spent! As a result of the contingency fee system, the plaintiff's attorney usually gets 30 to 40%, no matter how huge the award! Thus, in a recent case, an attorney got four million from a case which had been awarded 12 million. This is an obscene situation and the legal profession is in serious need of correcting such abuse.

As a result of all this litigation, which sooner or later involves nearly every physician, huge sums are being collected from them for malpractice coverage. Since this charge must be passed on to the patients, it is no wonder that the cost of medical care is rising so rapidly. Furthermore, physicians are curtailing their services, avoiding high risk patients care, practicing defensive medicine, or many are choosing to retire early. The situation has cast a pall over the profession.

In reviewing various malpractice cases for defense attorneys, I find that most of the suits are not warranted. Often there is no real harm done to the patient that the physician could have prevented, but they believe by suing the physician, they have a chance of financial gain without any danger or loss to them because of the contingency system. Since malpractice attorneys know that medical underwriters and physicians are deeply concerned about the huge awards made in even questionable cases, and that the defense will often settle out of court, they will take on even questionable cases. The waste of time, effort and chances that a lay jury which invariably lack the technical skill to make sensible decisions make out of court settlements attractive. Thus, by such activities the attorney and the plaintiff get rewarded oftentimes by just being in the position to take advantage of a faulty system!

Unless some change is made, the situation will soon become intolerable. When a young surgeon entering practice must pay \$30,000 malpractice insurance before operating on the first patient, or an obstetrician must pay as much as \$60,000 before delivering the first baby, it is obvious to everyone that this is ridiculous.

Various proposals have been made to correct the system, but none has met with approval by the trial lawyers association who, of course have a vested interest in the status quo. It will have to be up to the public and professional societies to develop an equitable system. The shame of trying highly technical matters before untrained juries is well recognized. Perhaps some form of no-fault law would be better in the end. I am concerned that in well-defined malpractice the award to the patient is so low because of the present system. Of one thing I am certain. Technical matters should be handled by individuals capable of making sensible decisions. Every case of purported malpractice should be reviewed by a competent board of experts and the recommendations should be binding, similar to the Workman Compensation Law Program. If the case is pursued further, the evidence and recommendation of the board should be introduced as evidence at the trial.

Having been sued by a patient who developed lung cancer from smoking after being warned many times, to stop tobacco, I have had personal experience as to how the system works. The patient's deposition was full of untruths which it would be impossible to puncture. After two years of more, a loss of time, and the frustration and the worry,

the carrier decided to settle the case out of court because they feared that a jury seeing the patient in a terminal stage of his cancer might award a large sum. Since I did not relish a trial against a poor dying man, and also since I have no confidence in the system as at present constructed, I went along with the carrier's decision. The patient got about \$25,000 from the insurance carrier and the legal firm \$15,000; neither of them were entitled to the award. Since I had been paying insurance for forty years, I do not feel that the insurance company lost any money on me. It is these cases where it is difficult to have solid evidence either way that the legal profession has developed malpractice to a fine art. As the carrier informed me, it would probably cost more to fight the case in the court and there was the possibility that an award of considerable more would be given by a sympathetic jury.

Chapter Twenty-Five

In retrospect, I have thoroughly enjoyed the many years devoted to teaching, research and the practice of medicine. It has been a most stimulating time with some new development occurring almost every day. The thousands of patients I have served in my practice has given me a far better understanding and respect for my fellow humans. It was with regret that I shall not be seeing or helping the many patients who were not only patients, but good friends, who taught me a great deal about life and human relationship.

Through the years I have had the privilege of sharing the happy times and the sorrows of many. I have also met some unusual and most interesting individuals. I shall never forget the pretty young lady who came to me and was found to be pregnant as a result of a one-time intercourse with a married man. She was shocked when informed of the positive test for pregnancy and very angry. She commented, "I have a perfect Sunday school and church attendance for nearly 20 years and now see what it has gotten me!" This was a time before the birth control pill, easy abortion, and when a pregnancy in an unmarried woman was a prime source of disgrace. I felt very sorry for her and sad that our society at the time put such onus on her. I advised her to have the child and then decide whether to keep it or deliver it for adoption. She never returned to me so I do not know what course she followed. I did advise her against seeking an abortion since abortions were illegal and those who performed them were criminals who often did serious harm or even caused death to their victims. What a contrast those times were to the situation today.

I shall never forget the spirit and courage of a middle-aged woman who was in the end stages of a cancer of the ovary. She was a red-head who must have been very beautiful when she was young and not ill. She had been friends with an old acquaintance and he asked her to marry him in spite of her illness. She asked me about how long she had to live and when I told her it might be several months, she said: "So be it. I will marry him and we will have a grand time and when the time comes, I shall have no regrets!"

I was amused at the story of a healthy young man told me during his examination. He said, "When I get a pain in my chest, I feel sure that I am going to die from a heart attack. The sensation leaves just as soon as I can get to the entrance or in a church, even if I have to run a long distance to get there! Sometimes I have run as far as a mile to get to a church!" I made a most careful cardiac evaluation and as I expected, there was no evidence of heart disease. I pointed out to him that running a mile should reassure him that he had an excellent cardiac status and that his fear of a heart attack was an irrational fear which probably went back to some earlier situation or false belief. I asked him to drink two full glasses of hot water when he first noticed the chest pain and see if the pain would go away. The suggestion worked and he gave up his desperate runs. He later passed a very comprehensive physical and became a fireman.

Mental quirks take many different forms. I never did succeed in getting a delightful lady to give up her embarrassing phobia. After her husband died, she simply could not stay in her home over the night! She found all manner of pretexts to stay the night at her children's, neighbor's, or friend's homes, so that it became very embarrassing to her and a source of amusement to those who knew of her phobia. In spite of my best efforts, lights, and the use of tranquilizers alone and coupled with psychotherapy, she was

never able to break the pattern. I suspect it will persist until she remarries or the phobia wears out with time.

A common emotionally motivated complaint is the development of itching in various areas of the body. It is most distressing and, when severe, can lead to bleeding and abrasion of the skin. A most embarrassing type is itching around the anus. I recall a very prominent and successful business man who had severe anal itching which came on when he was trying to make up his mind whether to make a business transaction involving a considerable sum. After trying the usual remedies without much success, I finally in exasperation said: "Sell the damn property and both you and I shall get some peace of mind." He did so, and that was the last of the itch! I suspect he learned a lesson from that episode and I am sure I did. Some three weeks later, when he called me to report the cure of his itch, he said: "Doc, you should be a real estate dealer."

Perhaps the most unhappy and trying patients to the physician are often women undergoing the changes of the menopause who develop a psychosomatic motivated fixation on some symptom complex which they cling to with great tenacity. One highly intelligent lady had a terrible time trying to find a dentist who would fit her teeth satisfactorily. She went from dentist to dentist and found everyone lacking. After many months of distress, the problem was resolved by the use of sex hormones and psychotherapy. Another had a similar psychosomatic fixation on facial pain. Many studies and a whole host of remedies were carried out, but nothing helped. Sometimes the pain would be on one side of the face then shift to the other or disappear for long intervals; especially when she was busy at some activity that she found pleasure in doing. Again, the wise use of sex hormones and psychotherapy solved the problem. These puzzling cases sometimes lead to paranoia and can lead the patient to believe that she has been handled badly. It is a situation which can lead to malpractice litigation if she can convince a lawyer to take her case.

Cancer is the dreaded ailment that patients fear. Everyone knows of a relative or a friend who have had a long painful illness from cancer. The mystery of why an individual gets cancer, the panic created by the possible exposure to cancer producing agents, and the horror stories which appear in the media from time to time when whole communities are at risk, have all contributed to making cancer the most feared of all medical conditions. This unreasonable fear is so pervasive, in spite of the fact that at present at least 50% of cancer cases can be cured if detected early and adequately treated, it is still considered a death knell to the individuals.

There are four cancers that are of prime concern because of either the frequency, or lack, of adequate techniques to diagnose the disease early enough to effect a cure. Cancer of the lung is the leading cause of death in both men and women. Just recently it replaced cancer of the breast in women as the leading cancer in that sex. Less than 10% of patients diagnosed as having cancer of the lung survive five years. The tragedy lies in the fact that well over 90% of lung cancers are the result of smoking tobacco and could be prevented if people did not use tobacco. Unfortunately, people become addicted to tobacco and some find it impossible to stop its use. It is essential that young children be thoroughly informed about the danger of tobacco and be prevented in every way from developing an addiction. Brain cancers are not common and usually by the time symptoms appear, it is too late to get a cure. In my practice, the few brain tumors I have dealt with presented in the most subtle manner. Often the first thing that occurs is a

change in personality. Patients may become paranoid, verbose or withdrawn. Occasionally there appears nothing more at first than misplaced words during speech. On some occasions, whole sentences are inappropriate. The advent of computerized tomography and magnet resonance technique has helped greatly in making earlier diagnoses. They have lent a more hopeful view of these dreadful tumors and more permanent cures are being obtained.

Ovarian and pancreatic cancers at times are most difficult to diagnose and are a source of frustration to the physician and a tragedy to the patient. The newer techniques are proving helpful and it can be hoped that these tumors can be diagnosed much earlier when effective cures can be obtained.

Every physician must deal with drug addiction which is widespread in society. Dilauded, heroin, cocaine, amphetamines, barbituates, tranquilizers, tobacco, alcohol and a host of other psychogenic agents are rendering havoc to increasing numbers of society. The complexities and pressures of living, the illicit drug dealers, the abuse of drugs by individuals and the general acceptance of certain drugs by society, have all contributed to this problem. Addicts can usually be recognized, but occasionally they can fool the best of physicians. The closet alcoholic can remain undetected for years until some compelling evidence develops. The cocaine addict can escape detection for a long time until erratic behavior finally reveals the situation. In recent years, barbiturates have become much less a problem; their place being usurped by the tranquilizers. Fortunately, the tranquilizers are far less dangerous and it is the rare patient that dies from their abuse.

Unquestionably, there are many patients who, during periods of severe stress, are benefitted by the judicious use of the tranquilizers. If the dose is kept in control and the drug is stopped as the need disappears, there results no harm and for many, much benefit. I have long suspected that the use of tranquilizers to counter stress may have placed a useful role in reducing the incidence of heart attacks, gastrointestinal ulceration, and the irritable bowel syndrome. It should be noted that the incidence of heart attack declined at about the same time as the tranquilizers became widely used to control stress.

Chapter Twenty-Six

After my retirement in June of 1987, I have been thinking more of the future of medical practice in this country. The situation in Massachusetts, a one-party liberal state, of course is atypical, but may well represent the wave of the future where physicians will be held captive to the whims of politicians. Many doctors are leaving the state somewhat reminiscent of what happened in Britain when that country adopted a socialized medical care system. If a similar situation is developed in this country, it is likely that the best minds will not find the practice of medicine a desirable profession except in certain limited specialty fields. The passing of excellently trained primary physicians will be society's loss. I suspect the trend has already started and as the situation develops, this trend will become more apparent. Already, about 30% of the medical classes are being filled by talented young women who make excellent physicians, but tend to go into general medicine, pediatrics or obstetrics. They are the new recruits and are filling a vital role. However, as onerous regulations, increased malpractice insurance, coupled with the expense of a medical education all become more burdensome, they too will have some second thoughts about medicine as a career. It is hoped that society will become aware of what is happening and take steps to correct the trend before it is too late.

Another trend that has developed in recent years is the appearance of a wide variety of so-called auxiliary medical services. While some of these represent a distinct improvement in medical care, others are of questionable value and these all drain off funds that could be better spent more effectively. The appalling bureaucracy that has been built up to administer the various programs constitutes a further drain on funds available for medical resources.

One always likes to talk about their own operations, since these happenings are usually a most important time in the course of one's life. Therefore, I am no exception when I describe my own near heart attack. For several months, I had noticed that I got chest discomfort when I climbed the hills at Cumberland. At first, they were not severe and stopped when I rested or did not appear if I slowed my pace. I was sure that they were angina pains, but could not bring myself to do anything about it since they disappeared at once when I rested. However, they seemed to come more frequently and after less exertion. Finally, after a busy morning mowing grass around the pond, the pains became very severe when I made some slight exertion. After rest they cleared, but the attack convinced me that something had to be done. After a day's rest, I made an appointment to see Dr. William Dillon, the cardiologist at Southwood Hospital. On the way to the hospital I developed severe chest pain which came on without any exertion. They were so severe, I stopped my car in front of the Wrentham Police Station in a "No Parking" spot. After a short time, the pain subsided. Police cars went by, but no one paid any attention to me! I then proceeded to the hospital. After a short rest, I started to walk to the entrance. When the pain came back I got into the entrance where I was having very severe pain. I asked the operator to call for help, when Mr. Langile came into the foyer and immediately saw what was taking place. He ran and got a wheelchair and I was taken to the cardiology area where Dr. Dillon and assistants quickly had me under their wings. The pains ceased and with a negative ECG and no further pain, they transferred me to the intensive care unit to observe my progress.

I was in the intensive care unit Monday, Tuesday, and a part of Wednesday, and since I had not had any further pain and my serum enzymes and ECG all were normal, I

was transferred out of the intensive care unit to a ward. Things went well all day. Dante Lombardi visited me and we had a good visit. I walked with Dan to the elevator feeling all right, but on my return from the elevator I developed severe chest pains which did not clear with rest. Nitroglycerine only afforded slight relief, the ECG showed ischemia. After three more nitroglycerines, the pain subsided. Dr. Chapman, a cardiologist, was the moonlighter on duty who agreed that I was experiencing an attack of pre-infarction angina and that I should go immediately to a hospital that could either do angioplasty or have a cardiac bypass operation. Since the Brigham and Woman's Hospital was my hospital, it was decided to send me there at once. I was returned to the intensive care ward and a variety of infusions were started. I had no further pain and soon I was taken by ambulance to the Brigham. Dr. John Adams and one of the Southwood nurses accompanied me in the ambulance. I wish I knew her name as she was most kind, as was Dr. Adams.

The next day, a catheterization showed a 90% block about one and one-half inches down the left anterior descending coronary and a 50% block further down the same coronary. The following day, a balloon catheter was inserted and fortunately the severe block was opened so that it was 80% open. Nothing was done for the further block. I watched as the catheter as moved back and forth in the artery. Everything went well, and after three days I returned home. I was informed at the time that there was a 60% chance that the artery would remain open for six months. A second balloon cauterization was necessary three months later. Since then, there have been no further problems.

Since these angioplasties, I find that I have had to slow down and am much more ready to rest and avoid heavy exertion. However, I believe in being active and getting as much exercise as I can. The shock of realizing that I have coronary artery disease rather than the cerebral vascular disease so common in my family has, of course, made me more apprehensive of what is going on than ever before. We will see what the future will bring!

Chapter Twenty-Seven

It is now another national election year and once more the Democrats and the Republicans are in a hot race to see which will capture the White House for the next four years. Again, it is shaping up to be a contest between the Liberals and the Conservatives. For the most part, I have not been much interested in politics. My parents were Republicans and I have tended to lean toward that party through the years. I was enthused at the programs that Franklin Roosevelt initiated and as a consequence voted for him for a second term. When he ran for a third term, I was strongly opposed to it and felt that it was a mistake to keep one man in power for such a long time. As later events have shown, it was indeed a mistake to let this man remain in power. His physical condition and the Liberal advisors around him caused this country and our allies to lose to Stalin and his tough negotiators much of what had been won on the battlefields. Of course, it can be argued that the Russians were the chief architects in the defeat of Hitler's Germany and that they indeed had made far more sacrifices than the allies and therefore should have a most prominent role in deciding how the peace should be determined. Unfortunately, because of the inept negotiations of the Allies, a large section of European peoples lost their liberty and were forced to live under a dictatorial regime. I strongly suspect that the weakness shown by the Allies at Yalta set the stage for other Communist regimes to endeavor to take advantage of what appeared to be weakness and the Korean and Vietnam conflicts resulted.

As a result of the mistake of re-electing Franklin Roosevelt for such a long time, and the subsequent problems that developed, I became thoroughly convinced that our founding fathers made a serious error in not limiting the term of office of all politicians to one, or perhaps two, terms at the most. Fortunately, that is now the law as concerns the presidency, but it should be extended to the Congress as well.

As things are at present, we have legislatures composed of individuals who, for the most part, are so concerned about being re-elected they become dependent on various pressure groups and put the demands of such groups above the interests of the country. Instead of being statesmen who above all else have the interest of the country's well-being, they in time become pawns of such groups. It is unfortunate that the founding fathers did not follow precedent set by the Roman Republic which limited the term of their politicians to one term and then if not chosen to advance to a higher position, they were returned to private life. My sympathy is similar to that which Mark Twain held when he said, "There is danger that the politicians will become a criminal class." The situation has so developed at present, it is doubtful if the majority of members of Congress really represent the true values and wishes of the people. I have made it a firm resolve that I shall not vote for or support any politician who wishes to remain in office more than two terms!

I feel much the same about Supreme Court justices who are at present appointed for life. When the court was established by the founding fathers, they were so high minded and the product of their society, they could never conceive of such abuse as has developed. We have now seen senile, ill, and incompetent men hold on to their position on the court because of their political beliefs. This abuse has occurred when the court was conservative as well as when liberal. It is time for some greatly needed reforms in the legislative as well as in the judiciary. Limiting the length of congressional members to two terms and the tenure of justices of the Supreme Court to fifteen years, or forced

retirement when disabled physically, or when the justice has reached the age of 70 years, would go far toward making our government and judiciary the type of bodies they should be.

Unfortunately, both these bodies are composed of a majority of members of the legal profession which has not been noted to be unbiased in their conduct and refuse for the most part any outside regulation. As a physician who has seen the legal profession at work, I am acutely aware of the self-serving behavior of lawyers, especially those of the Trial Lawyers Association. Through their action, there is building up a crisis in medical care from which all will suffer. There is urgent need for reform, but the possibility that such will take place soon is slim. The initiative will have to come outside the legal profession and since that profession dominates the legislative process, it will be most difficult to bring about effective reform. Ultimately, the system will become so corrupt that measures will have to be taken if our system of government is to survive!

Chapter Twenty-Eight

Since my retirement, I have had time to do many of the things I have always wanted to do and time to reflect on many issues. As one approaches the end of life, there always arises the question. "Would you have done things differently?" Since one's birth and early years are facts over which one does not have any control, there remains the years from the age of fifteen on that to a more or less degree one is able to exert a guiding influence on behavior.

As I recall, it was in the fifth grade when I was about twelve that I began developing a desire to learn. I began reading serious literature and developed a deep interest in history which has remained throughout my life. Although I accomplished a great deal in high school, such as founding the school newspaper and editing the first student annual, I always regretted not being an active participant in the school athletics. There were several reasons why I did not become one of the popular athletes. First, I had to take care of my young brother who was paralyzed from an attack of polio and could not walk. It was my job to take him to school and bring him home; therefore, I could not go out for sports. Furthermore, I was not one of the favored crowd, and as a consequence of not being one of the gang, I was not welcomed by the leaders at the time. Finally, I was a serious student and considered it far more important to succeed in my studies than to buck the odds against my being a successful athlete. I am, however, of the opinion that one should, if possible, develop some athletic skill since physical competition is important in developing the individual.

The high school years for the most part were happy years. There were clubs devoted to literary programs where we learned public speaking and had the opportunity to appear in plays. As I recall, I was a member of ----- . There were class picnics and school parties and heavy dating. Unfortunately, I was very shy and because of our poverty, I did not have the means to do many of the things that others enjoyed. Years later, a most attractive classmate said to me at one of our reunions: "I was frustrated in that I could never seem to get you interested in me." Little did she know that the reason was I did not have funds to take her on a date, but that I thought her the most beautiful girl in the world. Unfortunately, she married a man who made her life miserable until he was killed in a drunken accident. I still see her occasionally when I return to Missouri Valley and I must say she made a success of her life in spite of the bad marriage. Furthermore, she is still a most attractive woman. One can wonder about what might have been.

College days are a dim memory. The necessity of having to work my way made it impossible for me to join in the social life of the university. Under the influence of Professor Chittenden I realized how important it was to get good grades, and as a consequence, I became something of a scholar. Not that I was a brilliant student, but because I worked hard at my studies. I was elected to Phi Beta Kappa, whose key I cherish to this day. Although I never knew for sure, but I believe Professor Chittenden was instrumental in seeing that I was awarded membership in the society.

I made very few friends during the college years. Forest Linder was for a time my roommate and we kept up contact for several years and he visited me several years ago, but since he lived in the south or in Washington, we drifted apart and I do not know what has transpired in recent years. Another friend from those far-off days was Peter Salit, a Russian biochemist who got me interested in astronomy. We together or with a

young diabetic patient, Conrad Babber, would spend many an evening tracing out and naming the various constellations. We became experts and I can to this day locate and name the major star clusters. You can imagine the pleasure it gave me to see the constellations in the southern heavens especially the Southern Cross! After a tense time during a Japanese bombing attack, it was with joy that I could look up after condition clear had sounded and see my old friends in the heavens. I still maintain a keen interest in astronomy and have a telescope that has permitted me to see far more than our weak field glasses. It is still a thrill on a clear night to see the mountains on the moon.

Geology and botany also interested me, and I took a brief course in geology while in college. Unfortunately, most of what I learned has long been forgotten. However, I can still recognize different types of rocks and have an understanding of rock formations. I still recall digging out a fine specimen of a Devonian fish tooth from an old abandoned quarry near Iowa City.

Three plants, long-time friends, remain to this day fresh in my memory. First is the Mimosa Pudica, or sensitive plant (which I mentioned previously) which along with the Autumn Crocus was the companion of my medical school days. Lastly, is the Purple Foxglove from which William Withering extracted digitalis, one of the greatest discoveries in pharmacology. It was a labor of love for me to write a scientific paper on the glorious role digitalis had played in medicine during the 200th anniversary of its discovery.

While on the subject of drugs, the vastly important role that aspirin has and is exerting is one of the great success stories of all time. It is just possible that this drug may have influenced one of the greatest events in history. This drug introduced into medicine in 1899 for the relief of pain in the treatment of arthritis, has in recent years found widespread use as an agent to prevent blood clotting and as a result, it has been found to prevent heart attacks. Unfortunately, the unique ability to prevent blood clotting was not known until recent years. Therefore, it was a dangerous drug to give to any patient who had a tendency to bleed, such as hemophiliacs. Patients with this disease were prone to have spontaneous bleedings which often afflicted joints which as a result were very painful. It, therefore, is almost certain that such patients given aspirin for the pain would most likely have further distress. It is my belief that that is what happened to the little Czarovich of Russia. It is recorded that the outstanding physicians of the day were unable to help the child. In desperation the Czarina was persuaded by the despicable monk Rasputin to use his mystical powers to relieve the suffering child. This vicious man insisted that he alone care for the child. In this manner, the lad received no aspirin and as a consequence did much better. As a result, the monk was considered a miracle worker. He gained great power over many of the ruling class, which he used to thoroughly undermine and degrade. Many of these were members of the court, including advisors and members of the bureaucracy, thus weakening and leading to an inefficient government which in turn would be unable to cope with the demands of World War I. In this manner, the stage was set for the collapse of the government which as a result led to the success of Lenin and his followers.

I recall my student days at the Harvard Medical School with nostalgia. They were great days and though I had to work my way by waiting on tables and as a student librarian, I look back on them as the finest days of my life. I was an excellent student and in spite of working my way, I was one of the most outstanding members of my class. I

was most pleased when I made Alpha Omega Alpha in my third year. I smile now as I remember the worry I had at the time was how I would be able to afford the \$25 initiation fee! The years went very fast and at last I was a Doctor of Medicine graduating Cum Laude.

There followed the great years as first an intern and then as an assistant resident. Dr. Christian was the greatest teacher I have ever known and he had the best organized service that one could find anywhere. We met with and were taught by some of the world's most outstanding physicians. All of us were imbued with the highest ideals and the high standards set by the Harvard Medical School were maintained by the Medical Service of the Peter Bent Brigham Hospital. It was a great honor to work with and be a part of such an excellent group who in turn would be leaders in American Medicine.

Since my retirement, I have had the time to thoroughly enjoy the free hours. There are so many things to do which had been long neglected when I was so busy practicing medicine that I have had no regrets in my retirement. Gradually, I am getting caught up. The time to do reading in fields other than medicine is a delight, especially my readings in history.

Like many of my generation, I am not pleased to see what appears to be a degeneration in our society. The abuse of drugs, the marked increase of illegitimate births, and the rise in crime, especially in the great cities, and the developing numbers of the homeless and mentally handicapped that are wandering the streets all reflect a failure on the part of society. Although I am not a strong supporter of organized religious bodies, I do believe the moral values they stand for are essential to a successful human society. The world now must live under the threat of a nuclear holocaust and, in spite of our modern civilization, there is still much human repression and suffering. Certainly if one considers the terrible holocaust the Nazi regime fostered on the world, it is hard to believe that there has been much improvement in human behavior in the past 2,000 years! Perhaps with the knowledge that nuclear warfare would be so devastating to all the world, there will be no more terrible wars such as the two world wars. If the communist world and the democracies can learn to live together in peace, perhaps society will survive.