

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

NEW BRUNSWICK

AN INTERVIEW WITH DOMINIC A. MAURIELLO

FOR THE

RUTGERS ORAL HISTORY ARCHIVES OF WORLD WAR II

INTERVIEW CONDUCTED BY

G. KURT PIEHLER

and

PAUL SAMBROWSKI

NEW BRUNSWICK, NEW JERSEY

APRIL 7, 1995

TRANSCRIPT BY

JAMES QUACKENBUSH

and

SCOTT CERESNAK

and

G. KURT PIEHLER

Kurt Piehler: This begins an interview with Dr. Dominic A. Mauriello on April 7, 1995 at Rutgers University in New Brunswick, New Jersey with Kurt Piehler ...

Paul Sambrowski: And, Paul Sambrowski.

KP: And, I guess I would like to begin by asking you a few questions about where you grew up and your parents. Your parents came from Italy?

Dominic A. Mauriello: Correct.

KP: And, how old were they when they came over?

DM: All right, my father came over in '93 and he was born in '69. What would that be? That's twenty-four years old, and my mother was born in '69 and she came over in 1903. So, that's thirty-one and three. Is my arithmetic correct? She was ... thirty-four. Yeah, okay, 1934. They met in New Jersey and they married in 1908. They lived in Newark. In 1912, they moved to East Orange, New Jersey ... and had eight children, seven boys and then a girl. And, I'm the seventh son, born in East Orange in 1920.

KP: Did your other brothers go to college?

DM: Yes, the first three did not. My father was in the waste disposal business and he started in 1912. We're very proud of that. And, in 1931, he had his first three sons take over. And so, he retired to do other things. And then, brother number four went to college and got a Ph.D. in accounting. ... He's a renowned accountant. He's written books and so on. And, brother number five has his master's degree in chemical engineering, and he was a chemical engineer at a high level for Hoffmann-LaRoche in Nutley. Then I attended Rutgers and Temple University School of Medicine, and practiced, and retired.

KP: Your parents were relatively older when they came over to the United States. What prompted them to come over? Did they ever tell you?

DM: Yes. Well, my father had family in Italy, a wife and two children. And, his wife died. So, he made the decision later to seek something better in America, that's what brought him here. And, my mother had a brother, actually two brothers, and a sister living in America. And, one brother lived in Moonachie, New Jersey. And, of course, then she made her decision to come to America. And, my father ... boarded with her brother. That's how they met, and so on. And, life is interesting. So, you know, when one comes here, one has to have a setting forth. Somebody has to be here to be able to take them, and all. And, also, the place they leave has to be an unrewarding site, right? That's how we move.

KP: Did your father ever have regrets about coming to the United States? Did he ever think he wanted to go back to Italy?

DM: He never wanted to go back.

KP: Did he ever visit Italy?

DM: He never visited. And, he was of average means, and his family had property. I know that. I've been back. ... There was no future. Either you were a farmer or you were nothing. You lived in a village, and you tilled either the land up there or you went to ... the bottom of the hill or mountain. And then, at the end of the day you went back up. There was no future there. And, my mother, too, had the same situation, although her family had a little more money, I think. But still, there was no future there, because, you know, the first son gets everything and that's the way it went.

KP: Your father had even seen some service in the Italian army.

DM: He did.

KP: Did he ever talk to you about that?

DM: No. We have a picture of him. He was a cook. A noncombatant. [laughter] No, he was a sergeant. He became a sergeant. Oh, I don't think he was happy. Remember the Italian army? They got clobbered, ... as you know, in Ethiopia. I think they got clobbered, 1892 or 1893. ... I think they were valorous, but they never were organized. The Italian army, other than the time of the Caesars and the Romans, really, the army never had a good reputation. Garibaldi did okay, but that's all. So, he never did, he never did.

KP: How did your father come to the Newark area? I know your mother had ties.

DM: Yes, well, my father had many relatives and friends, and they moved to common areas. When you were Polish, you moved to where they were in Scranton, or wherever they were. And, there was a conclave in Newark from this little village where my father was from. How did they originally get there? I don't know. So, that's it. They moved, and they all had their little societies, you see, the Sons of Italy, for example. And, the group from his little town would be there, and they'd have a society ... with a doctor who was paid a dollar a visit just to take these folks. So, they moved to where they were familiar with the folks. Remember, there was still discrimination. You know, whether you were Irish or whatever, Italian.

KP: Did you sense that there was discrimination?

DM: I never did. In all my life, I never sensed discrimination, except once, and it wasn't with me, when I joined a golf club in 1958. There was a high percentage of Italians in this club in Bloomfield. I think twenty percent of them were Italians, but I was told that I'd have trouble getting in. Well, in all my life, I never! We were taught, "Hey, you beat that by performing." ... So, that's the way it works. But even in the army, I never encountered any discrimination and I had very responsible positions in the army. Never encountered it. I was accepted readily in the golf club.

KP: Not even on the playground growing up?

DM: Never did. Never did.

KP: Your father, for a time, worked for the railroad. What railroad did he work for?

DM: ... I really don't know. Well, I'll tell you it was in Newark. ... I'm only guessing now. Remember in Newark and Jersey City you had the Lackawanna, you had the Erie, you had the Pennsylvania. I can't answer that. You know, we regret, when we should have asked these questions, we never did. You know this. And, you regret it later on so that when somebody wants to do a history, it's almost futile.

KP: Your father went into the waste disposal business. What type of waste did he deal with?

DM: Garbage and rubbish. He bought a horse and wagon. He bought some land in East Orange, which was rural, and he did private work. He worked by himself until 1931 when the boys grew up, and they bought trucks, and Pop didn't know how to drive and he had other things to do.

KP: So, your father drove horse and wagons until 1931?

DM: That's correct. Yes.

KP: How common or uncommon was that?

DM: Very common.

KP: Even up until 1931?

DM: Oh, yes. You see, even the city contractors ... may I ask how old are you, Kurt?

KP: I'm thirty-four now.

DM: Oh, ... you're young. Now, even the city contracts, you know, now in the towns you have city contractors?

KP: Yes.

DM: All right. In those days they had horse and wagons. Even in Jersey City in those days there were horse and wagons. And, ... you would drive from East Orange to ... the dumps. The dumps would be near Bear Stadium in Newark. You know where the Turnpike is down there? Wilson Avenue?

KP: Yes.

DM: Okay. Three miles up. And, they all did that. ... This was private work, though, that my father did. And, even during the Depression my father made good income. We were not poor. We were not rich, but we were very comfortable.

KP: So, your father really did not take a loss in income from what you could tell?

DM: Not at all, not at all. And, he was able to buy property. ... So, when he died my mother was okay. They didn't have Social Security or Medicare, no problems.

PS: So, you would say your standard of living did not go down in the Great Depression?

DM: Not at all. And, ... my father was good to people. He lent them money, gave them money. He had rentals, and the people couldn't pay, the store keeper couldn't pay, so Pop would get paid in sugar, potatoes, flour. ... So, ... we really never ... were hurting. We were fortunate. ... Well, he was fortunate, too. He had a lot of boys and they helped out with the business. That was important, too.

KP: In his business was it only your family that worked then, your three older brothers?

DM: Three older brothers, yes.

KP: So, he did not hire anyone else?

DM: Not at all. In later years, of course, it's different now. It still is in business, but now they have others working there. ... One great grandson runs it, and it's a different ballgame. You got fifteen of these trucks that cost one hundred-and-fifty grand a piece, and then you have a lot of guys working, walky-talkies. But that's different.

KP: But it is still in the family?

DM: Yes, it is. ... We're very proud. ... I don't see the trucks. They're in a different part of the state, but on the front bumper they put "Est.," established, "1912," and I like to see that. If the old man knows what's going on up there, he's proud, too. But you know tradition, you can't get ...

PS: Did you work for the company at any time? Part-time?

DM: I did help out, but in high school. They didn't need me. I would help out. All the boys helped out. But we did other things. We delivered newspapers through high school, and then, when we went to college, we did other things.

KP: Your mother, did she ever work outside of the home, before being married or after they were married?

DM: No. No. Do you want to hear an interesting story? ... I think life, human interest, is the best part of life. When my mother and father married in 1908, they married in Carlstat, New Jersey. Do you know where that is? Route 17?

KP: Yes.

DM: Okay. St. Joseph Church. And, my father must have been a bit of a sport. He hired a car, 1908, and the car broke down. But any rate, so that's one episode I found interesting. And, they lived in Newark, and my mother worked with her brother. He had a farm in Moonachie, and she wanted to work. Well, my father, newly married, he's not going to fight. He said, "Well, all right. Here's what we'll do. We both don't have to work. Why don't you go work and I'll stay home? All right?" She agreed and after three days she came home tired, and he's all rested. He's been down to the clubhouse, so then she stayed home.[laughter]And, that's the way he solved it. They don't do it anymore, you know, now it's a big battle. And then, she had babies, and that settled it. She never did work outside. Don't ever say she didn't work, she worked hard.

KP: No. That is why I phrased the question, "Did she ever work outside the home?"

DM: ... I know. Some would say, "Did you ever work?" "No, I raised six kids. I didn't work."

KP: What part of East Orange did you grow up in?

DM: Do you know East Orange, near Tremont Avenue and Rhode Island Avenue? Elmwood Park. Do you know Elmwood Park?

KP: I am more familiar with Newark than East Orange.

DM: ... What part of Newark are you familiar with?

KP: I'm familiar with, well, very familiar with downtown because I lived in the old Newark News building for a time. And, also with ...

DM: ... Okay, if you went up Central Avenue, right? You know that. And, you went up to the top of the hill, where East Orange General Hospital is, that's Munn Avenue. If you went about eight more blocks north and then take a left a half of mile, that's where I was. In the Elmwood Park section there.

KP: In your neighborhood how many kids were Italian?

DM: All of them.

KP: All of them?

DM: All of them. Behind us there were two black families. This is early on, and all of them were Italian. Yup, every one.

KP: And, your classmates from school were also from the same neighborhood?

DM: Yes. Right. ... There was only one high school, East Orange High. So, we got a mixture, though, in high school. ...

KP: In high school.

DM: But in grammar school it was strictly a local community, a local neighborhood school. Yeah.

KP: When you would be playing or at home, what language would you speak? Would you speak Italian at home?

DM: Italian and English, yeah. My father had schooling in Italy. My mother did not. But, in business, my father had to learn English and my mother learned, so ... we would speak English to ourselves, and half English and half Italian at home. So, we did learn Italian, by the way. Ungrammatical, but you can make yourself understood.

KP: What about outside? Did you speak just English?

DM: Oh, English, yeah, always English. ... You know, we had teachers. By golly, if you didn't elocute, you heard about it. You know, in grammar school, second, third, or fourth grade, ... if your handwriting wasn't good, you heard about it. ... My oldest brother was so good in handwriting he used to write out the diplomas in eighth grade. ... Well, the teaching was different in those days. Probably rigorous, but the teachers, you had to respect them. You know, they're motivated. ... I did a lot of teaching, and I knew that if I put out, everybody knew that I put out. They didn't respond if the teacher was, you know, a little bit wayward. You know, that's the problem.

KP: Your teachers, were they Italian-American also, or were they from different ethnic groups?

DM: There were no Italian Americans in grammar school or high school. No. They were mixtures, English, German. ... A lot of German.

KP: How active was your family in the local church?

DM: Very active. My father was anti-clerical, but, not anti-religion. And, he supported them financially, more than most of the folks in the area. But he didn't like the priest. So, we went to church. My mother went every Sunday, and ... she would have no part in my father's argument. But the priest was a tough guy.

KP: Was he Irish or Italian?

DM: Italian. Oh, my gosh, yeah.

KP: Your father's anti-clericalism, do you think that America modified any of that sentiment?

DM: I don't think so. Even in Italy they are anti-clerical.

KP: Yes, in fact, it is more pronounced there.

DM: ... You know what happens in life. You remember the bad aspects of something and the good sometimes gets buried. So, my father didn't like him, but when they built a new church, Pop gave money. Think about it, 300 bucks. This is late in the Depression, and that's a lot of money. But, it was all right. We used the church and my brothers were altar boys. The priest would, when the altar boy didn't behave, the priest, he had an umbrella outside, ... just in the side room. Then he used the umbrella on my brother, Al, around the neck. My father was furious.

PS: Things haven't changed that much, actually, I guess.[laughter]

DM: That's what you remember, right? But they don't use umbrellas, though.

PS: No. The backside of their hand and what have you.

DM: Yeah, that's okay. We got our religion. I still practice it, and for me, it's the best. But I don't have to believe everything that the priest says. ... You know, he's human and ... that's okay.

KP: I'm curious about your father's anti-clericalism. Politically, you mentioned on the survey that he expressed no affinity for a political party. What were your father's views towards politics?

DM: My father was a very quiet man, a very wise man. People came to him for advice, and he wouldn't speak five hundred words a day. And, we ate our meals together at night. ... So, he didn't express any political views, but he was not a Mussolini man. ... We had an uncle who was a Mussolini man, ... and had a bust of him. My father couldn't see that. ... But he never spoke too much about that. This was a new country, that was past, and that was that.

KP: It is interesting because he did express himself, though, on anti-clericalism.

DM: Well, he behaved like it. He never spoke about it.

KP: He never spoke of it, but it was clear that you could ...

DM: No. He didn't go to church. My mother did and he didn't. And, we did. And, that was okay. He was the chief, you know, the patriarch. My mother handled many things, and she was the boss, but, also ... Pop was the head man.

KP: Who ran the finances at the home? Was it your mother or your father?

DM: It was a mixture. My father took care of the bills and obviously he paid the taxes and so on. ... We had a tab at the shoemaker, we had a tab at the barber, we had a tab at the butcher. So, that was it, and, at the end of the month, Pop gave Mom ... the money ... that she needed. ... If we needed furniture, we'd call Uncle Mike, and he knew somebody at the furniture store. Uncle Mike ran the milk, delivers milk, and the baker. ... The business, the non-household maintenance, was run by my dad. But Mom, she never had a need for money. ... When I went to med school, you know, the three of us in college, and my two other brothers went to graduate school, and they didn't need a dime from my family. And, I didn't need a dime until I went to med school. Yet, when I went to med school, I say, "Pop, I need eight hundred bucks for tuition." Zingo, here it is. Then, when I went to med school, I could rent a microscope or I could buy one. So, I say, "Pop, I don't know. I think it's worth, while for me to buy one. I'll use it in the future." "How much?" "Seven hundred bucks." Bam, seven hundred bucks. ... But, ... we were able to make our own way, but ... he was ... always there. He was there all the time, if you needed money.

And, this isn't pertinent to me, but just to give you an idea, you're trying to figure out what the forbears were like. ... When my brother eloped, brother number two eloped, and we knew the girl, and her father didn't want to ... have a thing do with my brother. My father says, "Don't worry about it," and says, "you go down to Hoffman's Furniture, down on Market Street, order the furniture you need. You'll get the wedding in church, and we'll have the reception." That's the way he was. That's the way he was. He had the means to do it, but also he was a very just person. Very common-sense person.

KP: He also sounds very kind-hearted.

DM: He really was, yeah, he was. ... Now he had some schooling, and a lot of the women in the neighborhood never went to school. And, he thought he would teach them grammar. So, jeez, after a few sessions, the husbands were jealous, and they ridiculed him. So, he had to quit. But that's the way he was.

KP: It sounds like learning was very valued by your family. That he really wanted ...

DM: Yeah, Pop read in Italian. ... Oh, by the way, he read the Bible every day.

KP: So, even though he did not go to Mass, he would still ...

DM: That's right. ... We buried, ... my brother put the Bible in the coffin when he died. We didn't know that until later, but that's good. ...

KP: It sounds like you had a very large, extended family.

DM: Oh, we did.

KP: Did you gather often for Sunday dinners?

DM: Yeah. Oh, sure, even when the guys married, they came out. That was a big day, you know. Sunday dinner was a three-hour meal. It was standard. You'd have pasta, meatballs, and sausage. Your name sounds Polish.

PS: I'm Polish, but very similar.

DM: And, you had a roast after that, then fruit. And, Pop would have his bit of wine. Nobody else drank. None of the boys drank, but that was it. And, ... it was accepted, and it was appreciated, too. Mom's cooking, who could cook like Mom? And, I'm sure, ... your family tradition, you know, the old-world folks, ... traditions are the same whether you're Italian, Polish, Jewish. They are really the same, you know. ... For somebody who didn't have much schooling, they were educated. But when they don't have much schooling, they value it. ... I remember my brother number four. He was an outstanding student. At college, he graduated summa cum laude, fifty-three As and one B in four years of college. ... After the second year, he needed a window in an alcove there. It was too dark, so we all worked in the kitchen. The kitchen was the center, you see. And, Pop puts a window in for Joe. And, Joe, he's an early bird. At 6:30, the shoemaker, a block away, says, "Hey, Mark, your son, Joe, was up early this morning, I saw his light on." That's the way Joe was, smart, but he worked hard. And, you had to do that. If you don't work hard, forget it. You don't get any Noble Prizes or anything, in history or whatever.

KP: Peace.

DM: Or peace.

KP: East Orange was a very affluent community, even in the Depression.

DM: Yes.

KP: What was it like to go from this Italian neighborhood to the larger high school?

DM: Well, remember this, East Orange had two aspects. The affluence was where all the apartments were, Harrison Street. If you know ... East Orange is called New York's night room, no ... bedroom. And, we were not in the poor neighborhood where I was. It was rural in those days. The streets were not paved. ... My mother had a three-lot truck garden. We had chickens all the time. At one time I can remember pigs. I can remember a cow, and horses, of course. So, we were not affluent, but we were probably a little better than middle class. And, the rest of the neighborhood was middle class, I would say. But nobody was really poor or hurting in our part of East Orange. And, when we went to high school, it really was no different, really. We were all good students and, really, that was the pay-off. That made you very popular, when you were a good student.

KP: Did you play any sports in high school?

DM: No, I didn't. I had a bad ankle, and I played baseball as a kid. My brother played high school football, but, no, we didn't do sports. No formal sports, no.

KP: Were there any other high school activities you were involved in?

DM: Yeah. ... Just one I did. I loved French and I was editor of the paper we put out in high school, ... in French. I loved it.

KP: What made you choose Rutgers to go to college?

DM: Here's why. Okay, I had a friend, Judge Schettino, who later went on to the New Jersey Supreme Court. He was one of the neighborhood lads who did well. He was the Secretary to Governor Edison. I guess you remember Edison's name, I'm sure. And, he was a Rutgers graduate. And, it was not too far away. And, it was away from home. In checking it out, they gave state scholarships, which meant you didn't have to be rich for that. You couldn't be stupid, you had to take an exam. I don't know how it is anymore. And, they gave out a lot of scholarships for tuition and fees, three hundred and thirty dollars a year. And, ... they had a good premed program. I decided at age fourteen that I was gonna be a doctor. And, they had a good premed program that I checked out. We had good school advisors. So, I applied here and my advisor says, "Hey, they give scholarships. Register, take the exam, and so on." And, that's what I did.

PS: How much does a scholarship pay about? Percentage-wise, at that point?

DM: They paid everything.

KP: Everything except room and board.

DM: Right. It paid tuition and fees. ... Three hundred and thirty-three dollars, ... for four years.

KP: How crucial was that scholarship? Do you think you would have gone to college without it?

DM: I would have gone. Yeah, I would have.

KP: Your father would have been determined to ...

DM: Yeah. ... Remember, ... everybody was working and giving their money into the family, you know. Even the brothers are working, and the money came home.

KP: Your three older brothers, do you think they would have liked to go to college, were they ...

DM: They never thought of that.

KP: Really?

DM: They never did. It was expected in those days that the guys went out to work.

KP: And, in some ways you were lucky being born towards the tail end of the family.

DM: Yeah. Well, I had my brother Joe, the fourth brother, and he said to Mom one day, "I think I'd like to go to college." And, Mom says, "Whatever you want to do." ... There were no ... strings. ... He didn't take the college course. ... But he got in, and he did well. ... My brother Mike didn't take a college course, and he had to spend an extra year as a post-graduate to get college courses. And, he went to Newark College of Engineering, which is now NJIT. And then, he got his master's at Stevens the year after. Then, of course, then I saw, and as I said, we had good advisors there. Jeez, the one advisor told Mike, one day she said to him, "What are you going to do after you graduate?" He says, "Well, I'll go to work." She says, "No, you can't go to work. You have to go to college." He says, "Well, I can't." She said, "Well, we'll see about that." ... So, that's the way they were.

KP: So, the East Orange High School really ...

DM: It was a great school.

KP: wanted to push as many people to go to college as they could?

DM: Oh, yeah, yeah. They had great teachers. Great advisors. ... We were blessed with that school system.

KP: It also sounds like you were very well prepared for college.

DM: I think so. ... We had strict teachers. Mrs. Anderson, in French, ... I know I was one of her favorites and she was one of my favorites. One year, I got a B+ one quarter. We had four marking periods. I said, "Gee, Mrs. Anderson, why did I get a B+ here?" ... She said, "Well, you didn't work as hard this quarter." Because, remember, to go to be a doctor I had to get to medical school. To get to med school I had to have good high school and college grades. ... So, that was behind everything, too. Yeah. We were blessed with that school system.

KP: What made you decide at such an early age to become a doctor?

DM: When I had surgery on an ankle in 1934 and the surgeon was such a swell guy. And, he did a great job. I had some tendon problems he lengthened, and I had some stability problems. And so, that I didn't have a limp as I got older. Though, I'm limping later, even now. But that's okay, the muscles weaken. And, that's it. ... Life is interesting. As I told you, I was a prominent member of the faculty of our medical school. Well, this Doctor DePalma, in the navy, developed a surgical procedure in the shoulder which made him world famous. He became chief of orthopedic surgery at Jefferson Medical School in Philadelphia. He retired there at sixty-five, came to Newark, and, for five years, he was chief of our med school in Newark. And, he and I were on the same committee, and I said to him, "Dr. DePalma, you know my family. You operated on my brother, Joe, and he married your receptionist, Alba So, and So." He says, "Yes." I say, "But, now, I'm Joe's brother, and you operated on me in 1934. It's because of you I became

a doctor." So, nice guy that he was, he says, "Well, I did something right, didn't I?" Which was gracious. ... So, that's what happened. I was going to be a lawyer before that, though. I had a big mouth. ... And, I used it. [laughter]

KP: You came to Rutgers in 1938 and you decided to major in biology?

DM: Yes.

KP: Was that recommended to you?

DM: Well, premed.

KP: Pre-med.

DM: Major in biology, minor in chemistry. Four years of chemistry as well.

KP: How hard was it? What was your hardest course?

DM: In this damn building Van Dyck Hall. I think it was because of my teacher, but part of it was my fault. Physics, I got a C in physics. A "three" in those days. And, he was a nice guy, but, geez, he was very apathetic, I thought. You know, the teacher has to be energetic and be alive. ... But I shouldn't blame him. I'm the guy that did the writing. ... So, Rutgers I found very pleasurable, and I did well. I had a Phi Beta average the first year. I commuted the first year, then I lived here and my Phi Beta average dropped out. A good average, but not Phi Beta Kappa anymore.

KP: You commuted the first year. This was a considerable distance.

DM: Yeah.

KP: How would you commute? By train, by ...

DM: No. By car. ... I drove myself for six months. My brother had a car, and then ... the other half of the year, there was a fellow from Orange who had a car. And, he picked up another lad from East Orange and me, and for half a year we commuted.

KP: Having both lived at home and commuted, what were the differences that you saw being a commuter and then living at college?

DM: Well, college life, after all, you know, ... the fraternity and the small f, and the congeniality, you know, of the boys. You could go to football games and basketball games. And, I was missing out on college life, I knew that. So, I ... lived here.

KP: Did you realize how much you were losing out on when you were commuting?

DM: Yeah. But I wasn't hurting because of it. But I thought, "Hey, ... I could do both." And, financially, ... at Rutgers here, we had NYA, National Youth Administration, and they paid you, a dollar an hour. So, I worked in the library ten hours a month, that's ten dollars, and I washed glassware in the biology building ten hours, that's twenty dollars. Now, a meal ticket gave you three meals a day for a week. That costs five dollars! So, my twenty bucks paid for my meal ticket. And, summers, I worked on a showboat on the Delaware as a bartender. I made one hundred bucks a month and keep. So, what else do you need? Right? It's not like today. It costs you ten dollars to go for lunch, for crying out loud. ... So, Rutgers was a great experience. No one can down, disparage, Rutgers to me.

KP: You mentioned your physics class was your hardest class and the one you least liked, I take it. Who was your favorite professor in class? Did you have any?

DM: Yeah. Dr. Thurlow Nelson. He was ... in the Biology Department, a gentleman, a beautiful person. There were several that I enjoyed. ... I enjoyed chemistry a lot and in the biology group is Dr. Defalco, Jim Leathem. Defalco was especially good because he was the advisor to the premed guys. He'd tell you what medical schools to go to. If your grades weren't up, he'd say, "Hey, don't apply to Hopkins or Harvard. You won't get in there. You've got to apply elsewhere." And, it's interesting. I didn't go to New York Medical School. It was called New York Flower at that time, but we had a umbilical cord to that med school because Dr. Wyckoff, the dean, was a Rutgers graduate. And, a lot of the guys went there. You know, ... if they had decent grades, of course. Everything being equal, they'd get there.

KP: Roughly how many of the premed people that you started with in 1938, how many made it through? How many ended up becoming doctors or at least going to medical school?

DM: I can't give you a firm figure. I can only give you an approximate because some of them graduated and didn't get in, and I wouldn't know about them. I really wouldn't know. And then, some were called by the Army. Jim Nist, a beautiful guy was called, or no, he left for the army. He volunteered, and I think that he didn't make it back. And so, I can't give you a figure. Any number I give you would not be a true number. ... The majority made it through, I should tell you. The majority made it to ...

KP: You had the expectation that if you did well in this program ...

DM: Yeah, I think so.

KP: James Nist, you mentioned that he didn't make it through the army.

DM: Yeah, he went into the army. The poor guy, he was killed, I heard.

KP: Do you remember anything about him at Rutgers?

DM: Yeah. He was a wrestler. He was a short guy, strong kid. He must have been one hundred and thirty pounds, but a nice, quiet guy. A strong one, and he was a good wrestler.

KP: What about as a student?

DM: Again, ... I really don't know. I think if a guy was way up top, I'd know about it, but the good students, I wouldn't know who was good and who was average. I really wouldn't know that. We knew the Phi Beta Kappa guys, and we knew the Beta Iota Lambda guys. That was the honorary society of which I was a member, but the others, I really don't know.

KP: You never joined a fraternity.

DM: Never did.

KP: No interest or ...

DM: No interest. ... I felt that it was a playboy situation and I didn't need to spend money to enjoy life. That was the way I saw it.

KP: Where did you live while you were at Rutgers?

DM: ... My second year I lived in ...

KP: Winants?

DM: Winants, yeah, on the hill. Then ... part of my third year, I lived off campus over behind the ... old gym. And then, a year and a half, I lived up in Leupp Hall, in the Quad. Do they still call it? ...

PS: Yeah.

DM: Sure, Leupp. ... And, that was that.

KP: Students in the oral history class have had to read the Targum from various semesters. And, one of the issues raised in the Targum, actually, Ralph Schmidt from the class has a very distinct memory ...

DM: Great guy, yeah.

KP: ... of some of the struggles between different classes over Rutgers customs and traditions. Particularly, I think it was in the your sophomore year, a struggle between two classes over Rutgers traditions. Do you have any recollections?

DM: I really don't know. You know, I felt there was so much B.S. in life, I'm not gonna waste time with these things, you know. And, some guys wanna be confrontational. This goes on even then. We were talking about that before. And, what's practical, ... I was taught to don't waste time. My father said, "Don't pick-up a thing twice. Finish it. Do it. Get it done. Get it away,

and all that. And, don't waste time." And, that's the way we were brought up. Even later on in years, I'm a very autocratic guy. I got that from training and also in the army. But, I figured, "Hey, don't waste my time, waste yours." So, at any rate, no, ... I don't even know what the problems were. You say second and third year, that would be 1939 to '40. I really don't remember. If you can bring up the issue, I might, but I don't know.

KP: Yes.

DM: I can't. ...

KP: Well, apparently there was struggle I think it was when you were sophomores you wanted the freshman class to wear their dinks. And, there was some opposition.

DM: After a few weeks, I don't think I wore my stupid dink, anyhow. ...[laughter]

KP: Were you in ROTC?

DM: No.

KP: At all?

DM: Not at all. No.

KP: Was it because of your ...

DM: I had no inclination. ... I don't know if I could have performed. I was able to do certain things athletically. I did intramural boxing and, in fact, I used to box the middleweight guy, and I decked him once, and the coach wouldn't let me box anymore. ... When we were kids, we had boxing gloves in my family. We were six boys, and the first two boxed each other, the middle two, and the last two. Hell, in the backyard my father loved to see us go at each other. My mother was horrified. But any rate, ... we learned. Hey, you can take a few shots, but then you give some. That's how you win. You have to suffer a little bit to win.

PS: Open him up.

DM: ... So, at any rate, I didn't do any of that. I was a baseball manager my first two years, but then I was not selected for the varsity. And, that was all. I was not in athletics. ... Remember, we had a lot of laboratories in the premed. ... I never found ... college rigorous, I really didn't, because we kept up with things every day. You couldn't slack, though. You have to do work, otherwise, you know how life is. So, if you stayed up with it, you're in control, and that's what we look for.

KP: I guess with your planning on going to med school, that was always on your mind as a motivation to stay in school?

DM: No question. No question.

PS: And then, you say you got a C in physics, and did that hurt? That must've hurt because a C on a med school application is tough.

DM: ... Well, yeah. It didn't hurt too darn much because the other stuff ... was up. But you know, it's interesting now, we had to take, get this, we had to take scientific German for two years. Now, who the heck needs German? But that's, ... all right, we had two marking periods. I had one, twice, one is like an A, hey, I don't know what they use now. Do they use one, two, three?

KP: Letters. Letters.

DM: Letters. Okay. Two ways. So, Herr Holzmann, the head of the department, says to me, "Herr Mauriello," the second year, "I want you and Herr Romano to join." It was the honorary German. ...

KP: Beta Iota Lamda?

DM: No, that was biology.

PS: Delta Phi Alpha.

DM: That's it. Delta Phi. ... So, I says, "Herr Holzmann," I'm thinking, "How much is this gonna cost, right?" I said, "Oh, ... does it cost us?" He says, "Yes, it will cost you fifteen dollars." ... And, the cash register's going, that's three weeks ... of cafeteria food, you know! But then I'm thinking, "Hey, I need those grades coming out of the second year. I don't want to be in this ... fellow's doghouse for that." So, we joined. But then the third year, he met me on the street. We're through with German. He says, "Hey, Mauriello, you didn't join this year." I said, "Oh, Herr Holtzman, we're so darn busy." ... So, the point is, yeah, you had to stay. I don't think, maybe I'm being very picayune about this, but why should I jeopardize, ... I didn't want to jeopardize. It was worth thirty bucks, fifteen bucks times two, to get my As. That's the way it went. ... But you're right, ... there was competition. ... You weren't out to zing the next guy, but you also wanted to be up there, otherwise. But then the war came along and that made medical school easier. I'm sure of that because, less applicants.

PS: More demand.

DM: Yeah. Right.

KP: Before the war came, did you think getting into medical school would be a difficult thing?

DM: ... I thought it would be, but I always felt confident. I was rated high in high school, I was in command in college. I felt if you do your work, I think, and you're gonna perform, ... you

always look at the next guy, see. You look and say, "Geez, I'm as good as this fellow. ... Not as good as this one, but." ... Everybody does this, right, in college and in high school?

KP: Do you have any memories of Dean Metzger, because most people in 1942 have distinct memories of him?

DM: Yes, yes. ... Geez, he interviewed me and that's the only time I ever saw him. This is before I was accepted here. A gentle guy, slow speaking guy, florid complexion, white hair, a little portly. He had a chain, I don't recall the key. But his suit needed pressing.[laughter]And, he had more important things to do. Yes, I liked him, Dean Metzger. But I never had any other dealings except for an interview. I guess, ... it worked out.

KP: What about chapel? What did you think of chapel?

DM: I liked it. Kirkpatrick Chapel, every Monday. We had ... the professor of English, world famous from Yale, gave a talk. If I threw his name out, I don't remember ... William Lyon Phelps. He impressed me. Geez, they had great speakers there, and I thought that was okay. It wasn't religious. You just went in there and they had speakers for you. And, I thought that was great. But I don't know, these days you couldn't have such a thing, in a chapel, that would be religious, you'd have to have it in a gym somewhere.

KP: Chapel is a very distinct memory for people in the Class of 1942.

DM: Yeah, that was. I enjoyed that. ... I enjoyed the convocations Rutgers ... they had, as I said, when Wendell Willkie spoke here. Paul and I were talking about isolationism at that time, and America was isolationist. Wendell Willkie, yet I remember, too, he was an isolationist, but he took questions from the floor. Somebody asked, "Well, what do you think of our American system?" And, he brought out an old bromide. Since then, I found out it was a bromide. But he said, "Well, you know, the democracy is like an old rail fence. The rails go in different directions and some of them are even crooked. But it's our best and strongest fence." And, he made a good point. So, those are the things that the administration was doing. They had great music concerts. Paul Robeson, Koussevitzky, ... the sibling pianists were here. Great! ... Rutgers did a lot of cultural things, I believe.

KP: I was actually struck by how much music and how many speakers came in.

DM: Yes.

KP: Then Norman Thomas came every year to speak.

DM: Yes.

KP: You were also active in the Italian Club.

DM: No. I was a member. I wouldn't say I was active. But my friends ...

----- END OF TAPE ONE, SIDE ONE -----

KP: So, you were not active in the Italian Club.

DM: I really was not. I joined it, my friends belonged, ... but I had no inclination.

PS: So, you reluctantly accepted the office of treasurer?

DM: ... I didn't care, you know what I mean? ... You meet the guys, my guys go and that's it. But they used to take trips and all. I never did that. I just thought I'd join with my friends.

KP: Did you date any of the women at New Jersey College?

DM: Yeah. I did. ... The New Jersey College for Women. ... I dated a couple. One of them I dated for two years, even after I graduated. Then we broke up. Yeah, we had a ... great affiliation with New Jersey College for Women. I thought it was a great thing. They were not taking classes here in those days, you know. But, you know, even the Seven Sisters were affiliated, so to speak, with Harvard and the schools, and the Ivy League. So, we had our college here across the way. After all, if you didn't, there was no dating other than the town girls. But how would you get to know the town girls? There were waitresses, really, ... or in churches, maybe. Yeah, I thought it was great.

KP: You mentioned the visit of Wendell Wilkie, who, it seems, ... impressed you.

DM: He impressed me, yeah.

KP: You were not the only one. Richard Marlow, who was in the class also, was impressed by his visit.

DM: He wasn't going to win the election, but he impressed me, and I liked him.

KP: You were a Republican?

DM: Yes. Oh, gosh, yes.

KP: How did you fit in compared to most of your classmates? Were the majority Republicans or were the majority Democrats?

DM: I don't remember. I don't remember what they were. But I'll tell you this: I was a Republican because Essex County was always Republican. The Republican leader for Essex County was from the neighborhood, Anthony Miele. Nick Ioia was also high in the party. So, we were all brought up as Republicans. And, the philosophy suited us. You know, work for it, if you want it and you'll get it, and that sort of thing. Which is not strictly applicable all of the time. I know that. And, yet, though, when Roosevelt came along, we were all for Roosevelt.

KP: So, in 1932 and 1936 you were for Roosevelt?

DM: Oh, yeah. There was a need for a guy like that. ... I didn't admire everything he did, but, for the times, I thought he was great. So, that's the way it was. And, I still adhere to the Republican philosophy. But, you know, ... they shoot themselves in the foot. Even the guys in Washington now. They're shooting themselves in the foot. We're gonna lose the presidential ... election because they're screwing up.

KP: So, you were for Willkie in 1940?

DM: Yeah, yeah, yeah, yeah.

KP: So, you felt Roosevelt should not have a third term?

DM: Yeah, I felt not. And, later on, ... I was correct for different reasons because when I went to medical school, in our freshman year, the professor of radiology taught a course, "Anatomy by the Roentgen Ray. He showed us some pictures of bad hearts. And, he said, "This past weekend I was consulted on President Roosevelt's chest X-Ray. It's just like this. He should not be in office." And, you know ...

KP: You are the second person who has told me that, too.

DM: Oh, really.

KP: Yeah, who had had word of Roosevelt's bad health before ...

PS: What year was that?

DM: It was 1942.

KP: I thought someone had gotten it earlier, but another specialist had said the same thing.

DM: ... Yeah. Well, you see, ... I think it was Ross McIntire who was his doctor. That was terrible, how they falsified things. Bad. Never should be.

KP: Were you surprised to learn about Roosevelt's poor health?

DM: Well, I was shocked. Hey, how can they do this to my country? He shouldn't be running for office. Why doesn't somebody tell him not to run? But, you know how that is. Hey, when a guy like Wilson is sick, and his wife ran the country with Tumulty and the other guy? House was his name, right?

KP: Yes.

DM: So, that happens. But it shouldn't be.

KP: You were actually very candid in terms of your uncle who was a Mussolini man. ... Some of the Italian-Americans I have interviewed would be more reticent about it. In your neighborhood, was there much Mussolini support?

DM: No. They didn't talk about that. These folks worked and they didn't ... It's just that ... he had this bust ... in his dining room. ...

KP: This is your uncle?

DM: Yeah. My father's first cousin, yeah. ... We didn't have too much to do with him. But, ... we did, ... me and my father would socialize at times. But there was never any, ... well, you know what happened with Mussolini. You know, everybody talked about how he made the railroads run, right? And, he cleared the swamps around Rome, which is fine. And, he built some of the roads ... in Rome. Have you been in Rome?

KP: Unfortunately not.

DM: All right. You'll get there. And, you should. But, there's good and bad. But, at any rate, so they bring all that up. And, what the hell would this guy do? He made Italy go into the ground, again. So, no. No good, bad guy.

KP: So, your uncle was really the exception?

DM: Oh, yeah. ... He was rabid.

KP: Well, Mussolini had, for a long time in the United States, really good press. And, even Winston Churchill thought very highly of him in the 1920s.

DM: When you're on ... Winny's side, ... Winny likes them all, you know. ... He's got a good word for you, a bit quick.

KP: You apparently talked to Paul about isolationism beforehand. Where did most students, your classmates, come down about the war in 1939 and 1940?

DM: Well, before the war, you know, it was not our war. You know, Anschluss was in 1938, wasn't it? Yeah, Austria. When was that? 1938?

KP: Yes.

PS: I think it was a little earlier, maybe '37.

DM: ... In there. Okay. Austria was taken over. Then Poland was taken over. Then everybody started waking up. Hey, they're gonna have a big war here. But it still was not our war. And,

you know, ... I think that we were sending stuff to Europe, surreptitiously. But really, it didn't become our war until Pearl Harbor.

KP: So, you very much felt that it was not our war?

DM: I really felt that, because ... I was doing my own thing, I believe. ... We took a couple courses with Professor George in political science. He was a great, funny guy.

KP: Yeah. He comes up quite a bit.

DM: He became a politician, a local politico, you know. ... But, he was good. And, ... he could leave you with impressions, and that's what we wanted from teachers. ... But ... that was all. And, we were so busy doing those afternoon labs, and chemistry, and biology, you know. And, we didn't read the papers too much. And, radios, I don't know. I don't even remember if we had one. I guess Jim and I had a radio, but we didn't listen too much, you know. ... But we felt it was not our war. And, I think even America felt that way. That's why the isolationists were so strong. There were a great number of them, of course. And, ... I think, in the history that I read, that Roosevelt pushed us, and that's okay. I thought it was gonna be anyway because in reading afterward, I think, if we weren't in the war, Germany would've ruled the damn world. Germany and Russia would've ruled the world. Isn't that a fair appraisal? You're a historian.

KP: It would've been tough.

DM: Yeah. Am I right?

KP: At least Europe would've been ...

DM: Yeah. Sure.

KP: Where were you when the attack of Pearl Harbor took place?

DM: Oh, I was in a room on a Sunday afternoon, and we were ... listening to a football game. ... Then it was announced. I remember distinctly, yes, sir. A bunch of us were there. And then, the jokes came out. "Did you hear Pearl Harbor was attacked?" And, somebody says, "Oh, is she a Vassar girl?" Did you ever hear of that one? ... But, at any rate, yeah, we remembered, oh, decidedly. And then, Roosevelt came on. What a wonderful speech, the "Day of Infamy." ... Boy, the country rallied. What spirit! Money was not an object. Well, when you would read later, all the material and ... how many millions did we have, about ten million service men in World War II?

KP: Fifteen million all together.

DM: Fifteen, okay. ...

KP: When you heard the news of Pearl Harbor, had you thought of enlisting?

DM: I did not. No, I didn't.

KP: Did you think that you would be better off ...

DM: I didn't. Well, here's what. That was 1941, right? December 7th, '41. In 1942 I'm gonna graduate. So, no, I never thought of enlisting. ... I'd rally around the flag, but I didn't have that, ... maybe, valor. I don't know what you'd call it, but ...

KP: Did any of your brothers enlist?

DM: No. Two of them were turned down. Joe, had a perforated ear drum and a spinal fusion. Mike went to the navy and he was color blind. So, the army never called him. And, the other three were in an industry, the garbage business, the garbage business was an industry that they didn't want to disturb. ... So, none of them served.

KP: So, then, in a sense, you were the only one to serve in the military.

DM: That's right. Yeah. Right.

KP: Do you have any memories of your last semester here at Rutgers? People have told us that it was a buzz of activity. And, the semester was shortened, and everything from blackout drills to ...

DM: Yeah. ... I didn't recall anything. As far as studies were concerned, I did not see any change, really. We still had our courses to take. I didn't see any change there. Yes, there was war activity, and the guys were leaving, and, of course, there were blackouts, true. ... And, that went on until 1945, until the war ended, and it went on elsewhere. ... But it was expected. ... It didn't change my routine any, to answer that question. My routine was studying and carousing on the weekends, and that was that.

KP: When did you hear the news that you had gotten into medical school?

DM: Well, it's interesting. I had applied to a half-a-dozen schools in Philadelphia and New York. We had none in New Jersey. And, I applied to Georgetown. And, I visited the schools. And, when I got accepted, it was early. I got accepted at Temple. That's where I went, in Philadelphia. And, with that, I wrote to every other school and withdrew my application. I let somebody else take my place, you know. And, what I did, though, from Rutgers, we had Bill Freeman, who was from Highland Park. I knew him. He was two years ahead of me. And, I called Bill. His brother was a classmate of mine, too, Bob Freeman. Is he on your list?

KP: The name sounds familiar. I have not interviewed him yet.

DM: All right. ... So, I called Bill. I went down there and he showed me the school. And, it was a good school, new buildings, and the faculty was great. So, I said, "Hey, I'm coming here!"

That was that. And, it was nice to get on the train at Newark, the Pennsylvania Railroad to Philadelphia. And, that's that. So, no regrets. And, it was very simple for me to analyze and go. ... I got in early. You say when? We applied in the fall, October or November. We take the MCAT's in December and, probably, in February, I knew.

KP: So, you knew that your dream of going to medical school would come true in February.

DM: Yeah, it was set. Yeah. I was accepted.

KP: And, that's when you needed to approach your father for some money?

DM: I didn't approach him until a few months later,[laughter]when I found out how much I needed. I knew I was gonna need money, and I was able to work that summer. I made two hundred bucks, but I spent some of it, too.

KP: What was medical school like?

DM: Fun. Each level was fun for me. ... Again, it was, people say, hey, tough, tough. Yeah, it was tough. ... Again, I sound very cocky. I'm not that way. But I'm telling you how my experience was, because, first, ... I have a great memory, and that helps in schooling. And, also, I'm very organized. And, I wouldn't be swayed from my work too much. So, I was really okay. And, I enjoyed it. The friendships, I still have friends now. And, again, the schooling was great. And, I have a great affection for my medical school. And, we had a shortened course, shortened in that we had no summer vacations. So, we did four years in three years, eliminating the summer vacation. And, that was okay, except that some guys had to work to make money. But the army made it easy, Army and Navy, by the way, because in the middle of the second year, did I give you guys the dates that the army took over?

KP: Yes. In 1943.

DM: So, at any rate, ... I enjoyed it. ... And, the work was just great. ... The work was great. It couldn't be better, working with other humans, on sick humans, and it was really inspiring.

KP: I have interviewed one doctor who had gone to the University of Pennsylvania, and he said their emphasis was on problem solving, and they consciously wanted to minimize memorization. What was the emphasis that you saw at Temple in terms of medical education?

DM: Well, it was the same thing. But, when I say memory, hey, look, when you solve problems you have to remember because medicine is an experience phenomenon. Don't let anybody kid you. Just like other things. And, if you remember what happened in those other cases, and you remember what the books told you about those other cases, you're the better doctor. The bright guy who's had twenty years of good experience is better than the bright guy who's had five years of experience. And, our experience really was in books and in the classroom, and that's it. ... When they told you about problem solving, that's self-serving. You see that even now. The medical schools will say, "Hey, we're going to the problem solving." What the hell did we do

when we were at school? If somebody had a cough and fever, and he's got yellow sputum, and there are bugs in that sputum, it's probably a pneumonia. You solve the problem, then you see the X-Ray, and it's pneumonia. So, again, ... ours was the same ... all the Grade A schools, and they're all Grade A schools. They are different levels. I think you have the Harvards and Yales and Columbias up there, University of Washington up at the top ten, and U of P was up there, too. But we competed in Philadelphia with the U of P, and we did the same things. And so, at any rate, my experience was this: in medical school, we had a lot of hands-on medicine, had great clinicians, and I was impressed. That's why I feel this way. And so, I was able to use those experiences in teaching at medical school. So much so, that I received the award one year from the alumni as the Teacher of the Year. So, I used the same experiences I had learned from my ...

KP: You had very good teachers. You were very impressed.

DM: Absolutely. Oh, geez, they were great. ... A lot of them were from Vienna, these Viennese doctors. Boy, they taught you at the bedside, man. They were great.

KP: Were they refugees?

DM: Yes. Refugees.

KP: During the war there was an effort to encourage women to go to medical school. Did you have any women at Temple?

DM: Yes. We had about 115 ... students in our class, and, I would guess, twelve of them were women. Ten percent, I'm sure of that. Yes. There was no difference, except at the autopsy. At the tables of the anatomy rooms, sometimes the girls would go there in the morning, and the organ would be positioned straight-up.[laughter] That was ... sick activity on our parts, but we were terrible. ...

KP: Did you know any women from Douglass who attended medical school?

DM: No, I did not.

KP: You mentioned that your medical school was taking off. What did you think when you entered medical school in the fall of 1942? Did you think you would be in the military at the end of your medical education?

DM: No. We had no idea until later. Many months later, the services, army and navy, wanted to have a hold on doctors so they didn't have to be worrying about recruiting. And, what they did, as you know, the ASTP, Army Specialized Training Program, the army, then the navy had a similar one. And, they came in, and they paid our tuition, gave us our books, and paid us in the army as PFCs, private first class, which was great. And, what we did was, we had ... a little bit of marching. ... They didn't want to take too much of our time. So, there was some roll call, I think mornings or something like that. But it was nothing. You meet one block away, you march to

school, and then you don't see the sergeant. But that was part of the game and that was okay. The pluses outweighed the minuses.

KP: You mentioned there was some problems with the military taking over the medical school. Was there much regimentation in terms of feeding? Did you eat?

DM: Nothing. Not at all. No. We had a roll call, marched to school. Bingo. Gone. That was it.

KP: At the end of the day, you did not have to march back?

DM: Not at all. Not at all. Well, you couldn't, ... our clinical work was at North Philadelphia, or down South, or the Naval Hospital. There's no way you could have guys congregating, no way. And, it worked out well, as we'll come to it. I don't know how the other fellows responded, but they put in the two years. Some of us didn't, so we were recalled during the Korean conflict.

KP: What was the hardest part about medical school?

DM: ... I really didn't find anything. I was an honor student, and, as I say, so I was very comfortable. So, I didn't find anything too hard.

KP: So, in many ways school was getting easier the more you were going through it, it almost sounds?

DM: Well, I don't know about that. I think it was equally difficult. ... You knew you had to work, though. Hey, I know guys flunked out, but they caroused, you know. Everybody who was taken into medical school was taken in with the expectation that he was graduating. If he didn't graduate that meant he goofed off. ... I enjoyed medical school also. The teaching, I admired the teachers. And, my ... student friends were smart, honest, good guys.

KP: In medical school, what type of medicine did you think you would practice?

DM: What do you mean by what type?

KP: Did you think you would be a general practitioner or did you think you would have a specialty?

DM: I really didn't know. We had no idea. I had none, anyway, until I went for my internship, and I was inspired by the chief medical resident in medicine. And, I thought, "Gee, this guy was assiduous." He was smart, and used his brain. And, at that time the chief of orthopedics took a liking to me. He would take me out to dinner at a nice steakhouse and always said, "You know, I'd like you to become a resident in orthopedics." So, ... I didn't want to say, I was not interested, but I said, "Well, I'll be going into the army, and I really don't know what I will do after that or whether I'll come back here. I just don't know." I begged that issue. But I was inspired by this chief resident. It was good.

KP: So, it sounds like there was a good rapport between faculty and students.

DM: Oh, yeah, oh, yeah. Sure. I think so. Well, you know, in those days faculty didn't get paid to teach, not like today, in medical schools they get paid. There's a voluntary staff, but most of them are involuntary in salary. But in those days they didn't get paid. To have privileges in the hospital, to have a title, you gave free time. And, that was the case, even when I graduated, for many years, until the last fifteen years for me. So, these guys, if they didn't love what they were doing, they wouldn't be doing this. ... They were great.

KP: Actually, that fact may be widely known by doctors and even by some specialists in medical history, but I was most surprised that in terms of medicine, how different the structure was. For example, one doctor very clearly informed me that he was not paid for his internship. That interns did not get paid anything, I mean, they got room and board, and that was it. ...

DM: ... Well, I got twenty-five bucks a month. When I became chief resident, and we had a service of about 300 patients, and I was really the boss. When you're chief resident you could tell the chief of surgery, the doctor, he can't do a surgery. We got a hundred bucks a month. I had a wife and child. A hundred bucks a month. You're in debt, right? Yes. Join the club, right?[laughter] But it was easier for us, though, because we had a family, and, when I got out, my brother gave me a car. ... So, it worked out. ... We had the idea, most of us, that, really, if you went into practice, and you did your work, the money followed. It was not a primary goal for all of us that I knew of. I didn't know anybody who was mercenary. Even in medical school, we knew we'd make out. We knew there'd be luxury and all that. But, just do your work.

KP: You mentioned doctors having to do this teaching in order to get hospital privileges, and they were not getting paid. What also struck me as, for example, the expectation in terms of care for indigent patients, that there was this expectation that if you want hospital privileges and to be on the medical society, you had to care for ...

DM: ... Sure. Oh, yeah, we all did that. There was never any question, when somebody came in. ... Remember I did ... inner city work in Jersey City. And, ... the Jersey City Medial Center was built by Mayor Hague. You know the name. ... It was built with WPA money, 1933 or 1934. Roosevelt got in '32. And, the indigents who didn't have a doctor were brought to the emergency room, admitted, and up on the floor there was an attending physician. He got as good care as a private patient. But ... the surroundings were less luxurious. You didn't have a semi-private or private room. You had a six-bed ward or twelve-bed ward, but the same care. And, the same doctor made rounds every day and say to the intern, "Hey, you didn't do that. What happened there? You're supposed to do this and that." The same care. So, that was the system. And, it worked. But, then, as time went on, as you know, the big city hospitals couldn't exist, and it got too costly. ... So, they're gone, pretty much. Even Bellevue is small compared to what it used to be. ... But that was the system, yes. ... You gave care, and without Medicare and Medicaid, but, again, that's a different era.

KP: I guess I will come back to some of that, but I wanted to talk more about your initial experiences in the army because you had two phases in the Army. First, you were initially, the way I understand your resume, you were first on reserve duty, then you were called up.

DM: Well, the first, not reserve duty. Right after internship, I was on active duty.

KP: Okay.

DM: See, after medical school, remember, it was PFC, internship, then active duty. And then, ... the war was over then, because the war ended in '45, and I was called in April of '46.

KP: Before talking about the army then, your internship experiences. Where did you do your internship?

DM: At Jersey City Medical Center. I was from East Orange, so fifteen miles east was the medical center, the largest teaching, the best teaching, public hospital in New Jersey. ... Newark City Hospital was good, too, but not as good as Jersey City. And, in my class, there were seven or eight that went to Jersey City to intern. And, in my Rutgers 1942 class, there was one man, Dr. Clemente, interned up there with me. ... And so, again, it was clinical teaching. We had guys that had their boards, they were certified, they had just come back. No, they weren't back from the army yet. That was several months later. But at any rate, ... the teaching was great, the mix of patients, private and "free." We could see the private cases that had different types of diseases. Then you'd see the "free" cases, the alcoholics, the tubercular cases, and we had good supervision. ... There, they had the attending physicians who were preceptors to us. I had my preceptor when I was on the medical department as a resident, in fact, and they advised us with things to do to prepare. So, we were impressed. ... The fellow that ran the hospital, was the Commissioner of hospitals in New York City. Frank Hague, wanted the best. He was an autocrat, they tell me. I didn't know him. But he goes to New York and tells this guy, "Hey!" ... He felt everybody had a price. The price was he gave this guy a big salary, he gave him a fifteen-room apartment on top of the staff house where the whole damn family moved in, married kids and all. That was the price. The guy came over, and he ran a great, great show.

KP: You were very impressed with Jersey Medical Center.

DM: I was. Oh, yeah. ... A great, great place.

KP: Is that one of the reasons you ended up moving your practice to Jersey City?

DM: Yes, yes. When I finished my residency, I wanted to go back to East Orange. And, I interviewed at a hospital in Orange, Saint Mary's. ... It was a community hospital.

PS: I was born there.

DM: ... Then I was going to go to the Orange Memorial Hospital, East Orange General. ... So, I spoke to ... my chief at Jersey City. He was a great, great guy, smart and a gentleman. And, I

said, "You know, Dr. White, I went there. I don't understand these fellows. I was interviewed there, and they said I'd have to work in the clinic for six months and not have any admission status for six months. ... Here, I've been chief resident ... and I've had the experience and the responsibility." He says, "Listen, ... I don't know why you want to go there. Why? Why do you want to go back to East Orange?" I said, "Well, my parents are living there." He says, "Well, look, your parents are not going to live forever. Why don't you locate here? Everybody knows you. You would get referrals immediately." That's what I did. No regrets. And, I was an internist and I got my boards in medicine. My preceptor said, "Look, Nick, you never know. Get your Union Card as soon as you can." After three years of practice you could take the exams, a written and an oral for a certification, which I did. And, as events turned out, it saved me financially when I was recalled into the Army. So, I established practice in Jersey City, then Dr. White said, "Why don't you go up to the communicable disease hospital with Dr. So and So?" She was an elderly lady, who was a bit difficult. I got along well because I did only what was important, ... I only argued about what was important, otherwise I let it go. And, I said, "Why me?" And, he said, "Well, you're the only one who can get along with her." ... I'll tell you a little story, too, how this works, you know, how life is. She was smart in her day. ... She really had done good work, but time had gone by. She was about seventy-three or seventy-four, and she was still ordering sulpha for the strep throats. And, the residents say, "Dr. Mauriello, she wants to order sulpha and stopped our penicillin." And so, I said, "Here's what you do. Write a note in the progress sheet that you conferred with me and say there's a question of allergy to sulpha. Question. I don't want these kids to run around Jersey City being told they're allergic to sulpha." And, we ordered penicillin. And, now, everybody knew the kids were not allergic. ... As events turned out, I was in her will with ... two other nurses. But ... before she died we were out of the will.[laughter] But at any rate, ... that's how all that worked. So, I had stayed there. My wife was a nurse and she was from Jersey City. So, it wasn't a question of her not wanting to stay there. And, that's the way it happened. No regrets.

KP: So, after your internship you went into the army?

DM: Correct.

KP: But you left Jersey City as chief resident?

DM: No, as an intern.

KP: But your medical career would be interrupted first by the army for the first time and, what happened?

DM: Well, it's interesting. We expected it. And, our internship, instead of twelve months, was a nine month internship. The army cut that short. And so, I spent three months at California, Fort Ord, three months at Fort Sam Houston, that's Brook Army Medical Center, and then a couple of months ... in El Paso at Fort Bliss as a dispensary surgeon. But they didn't know what the hell to do with us doctors at that time. And, there, the chief, a great guy too, he's from Dover, New Jersey, we became friendly. One day he said to me, "Listen, you want to go home?" I said, "What do you mean, go home? Vacation, leave?" ... He said, "No, no. Discharge. ... We have

so many doctors, we don't know what to do with them." So, he picked me. I'm from New Jersey, and we got along, and so that was that. Well, so I went back to a first year resident, second year and third year, and went into practice in 1949 in Jersey City. Then Korea came along in '51, I believe. In '52, Ike was president. And so, in late '52, when Korea was heating up, I went to Washington because I was gonna buy a house. And, by this time, we had three children. I married in 1948. A child every year. ... And, I went to the office of procurement in the medical department, and a nice captain there said, "No, we don't expect to call you guys. We have enough people." So, that's all right. So, we bought this house in the first of April. But I had a proviso. I could break out of it if I were called in the meantime. And then, I got my, the first of April, a few days later, I got a letter of recall. ... So, geez, I had some problems now because ... I didn't want to break up the family, and I liked the set up there. And, the house we loved. ... So, I had a friend of mine who was active in the army medical reserve and he really saved me. I said, "Gee, Ken, I really want to be close by. I have to do some practice, otherwise, financially, I can't handle it, and I don't want to be picking up the family." So, he checked out for me and he says, "Well, you're boarded." Remember the union card that I was told about?

KP: Yes.

DM: He says, "You're boarded. There's going to be an opening at Fort Dix in a couple of months. You'll go there as soon as you go into the army," which was April 19th or so, "and a couple of months after that you'll become the chief." That's what happened. And, what it did, it permitted me to have office hours Wednesday and Saturday afternoons, and a colleague of mine, a great, great friend, unforgettable friend, took all the emergency calls in the meantime. So, two afternoons a week I practiced. I was the chief of the medical department at the army hospital at Fort Dix. And, in the wintertime, we had 800 patients. It was another big job. But it worked out, one-two-three, with a staff, organized and everything. I was called only once. Only once in twenty months that I had to go back down there. It was a case of meningitis.

KP: Yes. I want to ask a lot of questions about meningitis.

DM: Sure. Sure.

KP: I guess going back to your initial stint in the army, you first worked at Fort Sam Houston for ...

DM: For indoctrination.

KP: What was basic like, for a doctor?

DM: Oh, my gosh. That was life of frivolity, devil may care, gambling, drinking. You had to go to twenty miles away to Banderas. San Antonio was dry, and that was it. It was really a big waste of time. So, much so, we had map reading. Well, there's nothing to map reading, but one of my colleagues from New Jersey had a car, so I said, "Look," Charlie Rothfuss was his name, I says, "Charlie, what the hell, let's flunk this map-reading course so we can leave two days ahead of time. We'll be in New Jersey, both of us, driving. ... When they're graduating, we'll be in New

Jersey." So, indeed, we flunked, okay.[laughter] Charlie went to Japan, and I went to California, so we never did get home. But that's the story. ... There were drills and night things and so on, but it was really not much.

KP: So, you did do some of army maneuvers and things along those lines?

DM: Yeah. Not much, though. Hell, we were doctors, you know. We were a different breed. ... We saluted by a waving of two fingers, ... not for disrespect, but that's not what we were called in for.

KP: Who was your instructor? Did you have a sergeant there?

DM: No. These were officers pretty much. ... They had sergeants, but there was a classroom and VD lectures, you know, ... use of a prophylactic kit and so on. ... So, it was sergeants and some first lieutenants, second lieutenants. But it was really a big waste of time. It was a ninety-day course, really, which could have been done in two weeks.

PS: Did the officers respect the fact that you guys were doctors? Or did they respect you less because of your attitude?

DM: Well, it wasn't a matter, we were diffident, admittedly, but also remember that we were supported in school by the government. ... They didn't show us too much respect, you know, not as physicians, they showed us respect as first lieutenants that the government trained. Something like the ninety-day wonders in the air corps, really. ... Yeah, there was ... that idea, yeah.

KP: You were sent to Fort Ord.

DM: Yeah.

KP: And, what was that experience like?

DM: That was interesting. I enjoyed that. And, now, remember, I had some experience in infections. And, when I went there ... they assigned me as a VD officer. Fort Ord had a lot of families there. I guess, there were 40,000 folks of the military, the families, the dependents. ... For the life of me, I couldn't understand it, they had German POWs out there. Why out on the West Coast? I couldn't understand. I thought they had put them up in Camp Drum and let the mosquitos eat them, but not so. So, at any rate, so after three months, I saw a lot of VD there. Gee, in those days, now they call them socially transmitted diseases, but it was venereal disease in those days. And, that was interesting to me. I had experience, but this was great experience for me. And, it was really a stereotype. There was no mystery. There were only, in those days, five or six diseases that we had to contend with, and that worked out. But then after that they were cutting down. POWs were going back home, and it was a staging area for embarkation, and that was cutting down. And then, I was sent to Texas after that. But that experience is interesting. I enjoyed it.

KP: You mentioned that you were interested in communicable diseases. Did that come of your experience with Jersey City?

DM: Jersey City, yes.

KP: You hadn't expected to work in that area, had you, in medical school?

DM: No. I didn't know the new medical school was coming. That came in 1956, which was seven or eight years later.

KP: Yeah, but I mean when you were ...

DM: Oh, that was gonna to ... be my other sub-specialty, the sub-specialty of internal medicine, yes, because I was put into it. I was going to become a cardiologist.

KP: In medical school you thought ...

DM: No, later in internship. Internal medicine in cardiology. And, I was taking courses in New York, plus Post-Graduate in cardiology, and I was preparing for that until my chief suggested this, and it was intriguing. You'll have to remember infections are caused by bugs and usually most infections were curable in those days. ... You didn't have the resistance that we have now, and you could see people get well. ... They had done yeoman work. My chief and the others have done yeoman work on Meningococcal meningitis. So, it was interesting. And, we were an isolation hospital, so to speak, in a general hospital. It was not a pest house that was stuck twenty minutes out, twenty miles away from a general hospital, like some of the TB hospitals were. If you get a coronary in a TB hospital, you're gonna die. There's nobody there to take care of you. So, they closed them. ... So, we were a unique hospital. That was exciting. We got referrals from all of North Jersey to our unit. Anthrax, my gosh, tetanus, and all. We were the referral center.

KP: I guess, you even mentioned it, but up until, really, the 1940s, the practice of medicine in some ways had not changed very much. I mean they ...

DM: That's right.

KP: There was the notion of sterilization, but in terms of what a physician could do for you it was really surgery or certain medicines, but ...

DM: ... That's right ... Even in cardiac drugs, you had just very few cardiac drugs. You didn't have diuretics to speak of. You had mercurials, which poisoned the kidney. So, the kidney didn't keep water in. But the technological progress didn't come until after the war, as a result of the war. Oh, yeah, that's fantastic!

KP: But you must have felt at the time, very much being on the cutting edge of change, that medicine was really ...

DM: Yeah. When I was a resident I could see that. Oh, yeah. Only later though, after graduation in 1950, in the early '50s, it was just amazing, yeah. You know, ... that's when the cutting edge came along, you know, in the '50s. That's when they were working on heart-lung machines, at Jefferson and Lahey. I guess in the early '60s they came out with a surgery and the guys were doing brain work, stereotaxis, and to be able to drop probes in at different angles, and where they met, that's where you go. ... I thought it was exciting for surgeons to be there. And, for us guys, I think, the big excitement was infections, too, because the antibiotics came along. Streptomycin, at Rutgers, by the way, in 1944, my classmate, Al Schatz was involved. Waksman and Schatz, ... they ... shared the Noble Prize, I think. But at any rate, ... Waksman, ... he was from the Ag School, which is now Cook. He coined the term "antibiotic," by the way. Selman Waksman. ... So, penicillin came in '45. Aureomycin and one of the tetracyclines in '47, chloromycin in '48, then the '50's, geez, they all came. So, that was exciting. You had kids with pneumonia and endocarditis who were cured.

KP: How did you first become involved with meningitis and resistance?

DM: We saw a lot of it. We saw a lot of it in Jersey City. Meningitis itself is only a general term, you know. When you read about that in the papers, just like pneumonia is a general term, you have to know what is the bug: pneumococcal pneumonia, influenzal pneumonia, mycoplasma pneumonia. Now meningitis is a meningococcal, pneumococcal, and so on. ... Again, we were a referral center. People used to be afraid of meningitis. It was a scary thing. ...

-----END OF TAPE ONE, SIDE TWO-----

KP: This continues an interview with Dr. Dominic A. Mauriello, on April 7, 1995, at Rutgers University in New Brunswick, New Jersey with Kurt Piehler.

PS: And, Paul Sambrowski.

KP: And, I guess I would like to follow up a little more on communicable diseases, and one of the questions is in your study of meningitis. Did you explore the relationship between meningitis and tuberculosis at all?

DM: Well, tuberculosis could produce meningitis, we know that. But tuberculosis had no relation to other types of meningitis unless the person with tuberculosis was so immune deficient, let's say, from an overwhelming disease, he could be susceptible if he was exposed to it. But that was all. So, TB was a separate entity from meningitis.

PS: To get back to what you said earlier, how other doctors and other hospitals were sending meningitis with TB your way. Was it fear of catching the disease or they just did not know enough about it?

DM: No. Well, remember, there are all types of care. There are three levels of care. One, two and three. Three is the highest level. So, if you, as a practitioner, had a patient who had a stiff

neck, fever, convulsions, you'd say, "Hey, meningitis! Who has the most experience? Let me send him to the communicable disease unit in Jersey City Medical Center, level three." And, that's what happened. Just as if somebody has, let's say, a brain tumor. Who has the most experience in a brain tumor? You'd send him to a center for that. And, that was the reason. So, the pattern of referrals gets built up then. You get a complicated infection, I remember, in Rahway they used to have rug factories, and in wool there's a certain disease, anthrax. You may have read that. ... That's the bug that they use mostly in bacterial warfare. So, they'd get a case of anthrax, and they'd send him up to us. And, anthrax is communicable when it's inhaled, sometimes by touch. But, at any rate, there is a little fear on that score, but also, ... the management was not complicated. Penicillin cured it after 1945, when penicillin came. So, that's the way that went. But really, you sent patients to an area, a hospital, or a person, who had the most expert experience.

KP: What were the differences in the patient populations in the communicable diseases that you saw, first at Jersey City Medical Center, but then, you mentioned at Fort Ord you had a higher percentage of VD, venereal disease, than in Fort Dix. What were the ranges?

DM: Well, here's what. I didn't say we had a high percentage. We had a lot of VD, but when you say percentage you're comparing with the population. I don't mean that. We had a high number because it was a big camp and they used to go to San Francisco and Los Angeles. ... The thing about ... a recruiting center, like Fort Dix, is that all the recruits lived close together. And, if you had a disease where there's a normal carrier rate of say, five percent, and five percent of us carried meningococci, a bug in our throats which are not virulent. But if you put these guys together in the wintertime, where they are working hard and out in the cold weather and all, the resistance is a little lower, and then, these bugs, which are carried in the throat, are disseminated because of living close together. And, you can get epidemics, so that, I was at Fort Dix for twenty months, and in that twenty months we had eighty-eight cases of meningitis, which is high. And so, we had a tremendous experience, and we wrote papers on it. In fact, I kept all the case reports some years after I left Fort Dix. My secretary wanted to borrow them because the new chief wanted to compare his new experiences with ours. And, we were able to do that, compare the mortality. So, at Fort Ord, they didn't have that. It was all sunshine out there. You didn't have cold weather there. And, you would have it in the Northeast, Northwest, and Chicago areas, but that's the Great Lakes, where they had the naval recruiting areas, and had had it, but not out West. So, the experience was very different. Out there they had fungus diseases. ... At Fort Ord, the Salinas Valley, okay, the lettuce and all that, they had fungus. So, when we saw patients with a hole in the lung out there, we said, they had a fungus. ... We saw somebody out East with a hole in his lung. We said, "That's TB." That's the difference. Locale had a lot to say. But meningitis was a big problem in recruiting centers. In fact, for our work, we did good. The mortality rate was around four percent, and the expected rate is five percent.

KP: The high rate of recruits with meningitis, is that one of the reasons why the army funded research?

DM: Oh, yeah. They have vaccines for it, two bugs. There are many bugs in strains. Probably there were about ten strains, but the three commonest, A, B, and C, and they had a vaccine

against two of them. ... Maybe now, I'm away from it for a few years, maybe, there is a third vaccine. But our work is really great. I had a dictum, even in civilian life. "Somebody with meningitis had to be on treatment within one and a half hours of reaching the emergency room." That was the dictum, and everybody teamed, and that worked out. That's why we had such a great experience.

KP: Why was that so crucial?

DM: Early treatment? Well, you could have a live patient who had deafness or convulsions later on or some other problems. You could not delay treatment. In fact, our team, we were pretty good at it. Back ... when I left, the commanding general of the post got me up there, and I got a certificate of achievement for our work. But all of the young doctors were enthusiastic there. They were two-year guys, and we had a couple of regular army fellows, but the two-year guys were exuberant. They want to do good work. We wrote papers there and there was an academic atmosphere.

KP: I noticed. I have read that you published several papers.

DM: Yes.

KP: Was that expected of new physicians? Or were you more ambitious at the time?

DM: Well, remember, we were ... the doctors are a different breed. The regular army guys were good, too, but the young guys are aggressive. They're exuberant, and these guys all had residencies. And, I was a senior man for these fellows, and they knew that I came from Jersey City, that I was chief of ID up there, that I was a chief resident, and they expected good things from me, and, I think, it worked out that way. ... Some of the guys really produced some great work. One of them, Bill Ruberman, came to me one time, and he says, "You know, I think that we're getting these guys out of the army with bronchiectasis, and I bet they all don't have bronchiectasis." I said, "What are you saying?" He says, "Well, you know what we ought to do? They all get pneumonia, and they're coughing up sputum when they're well, and we say, "Hey, they have bronchiectasis." We put the dye in their lungs and indeed it shows. Bronchiectasis is a dilating of the bronchial tubes; pus hangs in there, and we say bronchiectasis. They go out and they get twenty percent, twenty-five percent disability. He said, "Let's give them temporary disability, bring them in three to six months, and again do the lipiodal, the dye testing." I says, "Fine. Great idea." What can you do? So, he did it. And, he found that these cases improved to normal. So, this was a syndrome that had been mentioned before called pseudobronchiectasis. But, the paper was written. He and the Colonel, and head of Ears, Nose, and Throat that did the tests, published in the American Review of ... Respiratory Diseases, has saved the army a hell of a lot of money. Guys would go on temporary disability, come back, re-check, perfect. They're back on duty and no disability pension. Terrific! And, also, we wrote other papers that were for information, but that was really the best thing that came out. And, we had other guys that did studies. Steve Deschamps did studies on liver disease in these lads from Puerto Rico, with a parasite, schistosomiasis. I wrote one, two, three papers. ... Two with meningitis and one with Stevens Johnson Syndrome, a reaction to drugs that patients get. So, I think ...

KP: So, your years at Fort Dix sound very good for your career.

DM: They were good. ... I could have done without them, you know. I would have got the same, some experience back in civilian life, but it was not a waste of time.

KP: In other words, you didn't feel you were stuck in some backwater. I get the impression that ...

DM: Not at all. It was a general hospital, active service, good staff, and it worked out. My wife, I must say, she had the tough part. ... By this time, we had four children under the age of six. And, she was home. And, that was not easy for her. ... But we survived. She was a nurse, so she had her head on straight. She knew.

KP: Now, did she retire when you got married, from nursing?

DM: She only nursed for about six months. ... She became pregnant, and that was it. You see, I always told her I married her for her money. She was getting ten dollars a day when I was still a resident. I was getting three bucks a day.[laughter] So, you had to marry wealth. Paul, you know what I mean?

KP: I will bring it up now. How did you and your wife meet?

DM: She was a senior student nurse on the floor and, it's interesting, and I was to do a spinal tap on a patient, and she was to assist me. I was a second-year resident at this time. And, she was a pretty thing. And, I thought, "I'm going to impress this girl here, this student nurse". So, after the patient was draped and the iodine on the skin, I told her, I said, ... "This is only gonna take a few seconds to get this spinal fluid." And so, I put the needle in, and boom-boom, in twenty-one seconds we had the fluid out. It usually takes longer than that. A minute, two minutes, it depends. But, and I'm looking at her, and she's looking at me, and she's probably saying, "This arrogant son-of-a-bitch!" But he did ... get her, finally.[laughter] And so, we started dating, and that was that. And, ten months later, we married.

KP: You married a nurse. I am curious about your comments about the relationship between physicians and nurses, and what it was when you first started medicine, and what did you see evolve over time?

DM: Well, I'll tell you. I realized early how vital nurses were because when I started my internship ... a senior nurse was very kind to me, and I didn't know my way around the hospital, how to approach, and she was great to me. I had great respect for nurses. And, I think they were maltreated by some tyrannical physicians. I could not understand that, how that should be. But it was. But, obviously, that's changed lately. And, you know, for patient care, you need a good doctor, a good hospital, and a good nurse. That's the sequence.

KP: Because at one point, there was a major complaint among nurses about how doctors treated them.

DM: Oh, absolutely. I think they were justified. And, they weren't getting paid right. They weren't getting enough money. Terrible! Terrible! ... How could a nurse get paid ten bucks a day when somebody, a waitress or somebody, is making fifteen or twenty bucks in those days. It's wrong! Wrong!

KP: Maybe I should ask more about the army before you tell me more about general medicine. You mentioned the people coming in for their two years, like you were, at Fort Dix.

DM: Sure.

KP: But then there were the regular army doctors.

DM: Yes.

KP: What differences did you see between the two? You mentioned that the two year people were more likely to try to publish and were more ambitious.

DM: Well, I didn't say that they more likely to publish because one of these regular Army docs did publish. On my staff, I had a major who was regular army. He was my assistant, and there was a lieutenant colonel. And, the major was one of the guys that wrote a paper, ... because I promoted that. I wanted the guys to do that because they had to progress. ... But we were in a situation where ... everybody, really, had a great attitude. The nurses did, the CO of the hospital, Colonel Skinner, he was regular army, he was interested in not having any problems. So, anything we did was fine. And, really, ... he was smart, and he knew he had a good chief. He had a good chief of surgery. ... So, we really could get whatever we wanted, and that was it. So, about regular army, I never had any problems.

KP: You did not see that regular army people were not as qualified?

DM: Oh, no. Not at all. Now, remember, this is after the war, eight years after, and the regular army guys could ... go into residencies and get trained, you know. The army paid for it, gave them two or three years to go into ... an army hospital center, Brooke, Letterman in California, Valley Forge outside Philly. ... And, they could get their residency and get certified. So, I found nothing different. It's not like the '30s when there were boozers and so on. It is totally different now. And, they respected anybody with talent. ... Most doctors did, you know, because they could learn, and I think that's the way that was.

KP: What was it like to treat army people as patients? Was there any difference between civilian patients and soldiers? There may have been none or there may have been a great deal.

DM: Well, ... there was ... a little bit of a difference, but we took care of that right away. Now, you see, my position later on when I was chief of medicine, that called for a colonel's rank, and I

only was a captain, because they gave out rank in the medical corps by years out of medical school. My training entitled me to run that desk, but I didn't have the years to get it. So, the line officers, the colonels, the regimental commanders would call, and I, really, was the doctor to the higher-ups. I was the chief of medicine, and they didn't go to somebody else. ... And, they'd call, "Can I speak to Captain Mauriello?" And, my secretary, sharp, sharp, I said, "Millie, I don't want any of this bull." She said, "Captain Mauriello, oh, you mean the doctor, yes, he'll be right with you." ... That was it, except for the Major General, who became a friend of mine. There's no bullshiting with him.[laughter]... And, that worked out. ... So, there was no problem, but you'd find some line officers that are used to chain of command, you know. The captains jumped and all, but not in our place. We never did that, and in fact, sometimes the patients would get up out of a chair, stand up on ward rounds, and none of that. Oh, I felt strongly about that. No military attitudes or discipline in a hospital. That was, no way. And, I called the shots.

KP: So, in other words, you would have these privates who would be called to get up for attention.

DM: Well, it was a habit. I don't know where the hell they got it from, but not in our place. No. But they did it. That was habit, though. It's interesting, you know, but ...

KP: Had you traveled much before the war?

DM: Not at all.

KP: What did you think of these various places you have been? Fort Dix was not too far, but your initial stint in the army ...

DM: I found it interesting. ... I found it interesting to be in San Antonio and that the St. Anthony Hotel was off limits because in their restaurant everybody got dysentery. I found that interesting. ... They had a Mexican dining room, they called it the gonococcal room, but you didn't go there. In California, I thought it was great. We used to take ... the night owl train up to San Francisco. That was great. I found it interesting. And, traveling west by train through Wyoming and all this great country. I found it interesting, and I enjoyed it. So, you see, I had a very enjoyable life. ... I wouldn't change it.

KP: You mentioned that you had a lot of respect for the army, and you are very appreciative they paid for a good part of your medical school, and it sounds like, except for the three months of basic, you got very good medical experience. You were not in the backwater.

DM: ... Yes, that's right.

KP: But you said that the army had some strange ways about it, at the time.

DM: Yeah. ... Well, remember this, any military has to have certain rules. And, it depends on who's enforcing the rules, and you have to be careful. You can't break the rules either because if you break it in one situation then something else arises where it shouldn't be broken, and it will

be. But ... I was always tolerant of the army situation. Not always, but most of the time. ... I can remember when we made up the budget for our department and the MAC, ... Medical Administrative Corps, the captain, one time, he said, "Gee, you wanna cut this out, cut this out." Now, remember, I've ... paying real estate taxes, income taxes, so I'm tax conscious. I said, "Yeah. We don't need that." He says, "Yeah, but next year it won't be in the budget." I said, "Great. We don't want this darn thing in the budget next year." And so, that's okay, too. But about combat, I can't answer to that. I'm sure many decisions are made that are poor decisions. I know that. ... But in our civilian-military, I didn't see that too often, at all.

KP: In other words you thought the ship ran fairly well?

DM: Oh, yeah. Well, there was no stress, you know. Gee, ... if we had medical problems, we could ... ship them out to Walter Reed, you know. We didn't do brain surgery at Fort Dix. We'd ship them out to Walter Reed. That was all. So, we always had another layer of care ... that stood behind us, and that made us comfortable. Although the urgent care, ... we did great stuff, good cardiology. In medicine, we didn't have the problems that the other guys had, you know. I think they made foolish decisions. For example, we used to get fellows with sun stroke, and that was cruel, in the summer, to have the guys out in hot weather with their uniforms and all. With sun stroke some of them would die. That was poor. Just like you saw a few months ago, these marines in the water, and four or five of them died. It was stupid. But we didn't see much of that.

KP: But you did, occasionally, see sun stroke?

DM: Oh, yeah. Oh, yeah. Sure. Oh, yeah. Or they're out in the fields with lightning. We had guys struck by lightning a few times, too. And, you know, when lightning is above you, you better get the hell out of there.

KP: What would happen in those cases, with the sun stroke? Was anyone disciplined for that?

DM: Well, here's what. Our colonel would get the reports, and, then, the regimental commander, he'd know what happened to his folks. If he had a patient who died, he'd know about them. If there was something that pertained to medical care, we made it known and, indeed, it would be rectified. Let's say, if the housing was not adequate, or, I know, even in one case when the roads weren't in good repair, and the colonel says, "If you guys don't ... fix the roads my ambulances are ... not going to go on the roads." Well, they get fixed. Because, ... you know, they had respect for the guys that ran the medical establishment. And, they had to, because they couldn't have their guys on sick leave for too often. And, sometimes they'd be irritated at what we did. But I knew this, though. I sat on the physical evaluation board with line officers. We had monthly meetings, and if guys were put out of the army, line officers and I, as a medical representative, made the decision. And, it was good give and take, we got along very, very well. And, I'd explain why. And, these guys respected my expert opinion, and I listened to their expert opinion, what was demanded of guys, too. So, we were in a non-combat level, you know, as I told you in my ...

KP: But you'd had some interaction, though, with regular line officers.

DM: Oh, yeah, very much.

KP: This give and take, you would give these medical opinions, and what would they offer in response? What would be some of the cases that you would deal with?

DM: Well, especially guys with ... fellows with heart murmurs, I remember. See, we had our own individual Medical Disposition Board, strictly medical. Then it went to a higher group, the Physical Evaluation Board, line officers and medical. And, if our Medical Disposition Board did the right job and identified why this guy couldn't do a march, "Well, if he doesn't march, can he do clerical?" "Yes, he can." And so, the line officers, they wanted the numbers out in the fields, you know. And, they'd say, "Well, geez, it's this and that. In civilian life he did this." "Well, I know, but that ... may be, but he didn't know what he had, and he's got a murmur that wasn't picked up, etc." And so, the interaction, I always felt, was pretty good. There was never rancor. But again, these were non-combat times. And, I think if we were in combat, we wouldn't be putting guys out of the army, either.

KP: Any temptation to stay in the army?

DM: No, because I was well-settled. I was well-settled. ... If we didn't have four kids, and we had only two kids, and my wife was with me, I might have because I was treated with respect.

KP: It sounds like you have very fond memories of Fort Dix, in particular.

DM: Yeah. I was treated with respect. And, it was not an easy time for my wife, so it was ... not easy for me. But I was home twice a week, you know. ... I think most of your doctors, if they weren't in combat, you know, it was not a fearful situation. You've seen that. So, I say, I was never in the war.

KP: One of the MacDougall brothers was a fighter pilot before going to medical school, so he has worked ...

DM: Yes.

KP: But his other brother was in medical school in Vermont, and Dr. Leon Canick was also put in charge of a ship.

DM: ... Yeah. So, if he was in a destroyer, let's say, and he was in D-Day, then he had a rough time. But if he was down in the Caribbean someplace, then. ...

KP: After leaving the army, you came back to Jersey City and resumed full-time private practice. When did you start teaching?

DM: Well, the medical school came in 1956. Well, in 1955, I got out in '54, and in 1955, I was asked, "Would I be consultant for the surgeon general?" This is still army experience. And, I agreed, and it meant that one day a month I would go to ... they wanted me to go to two hospitals, Fort Monmouth is one and the hospital at Governor's Island. And, I did that for five years, and it meant that it was teaching and patient care, but teaching first. And, I could be called on the phone for some advice, and then I'd say, "Hey, look, you guys can't handle that, send it over to Walter Reed," or wherever, or "Do this, this, or get this consultant." So, it was some direction. ... Then in 1956, Seton Hall established the medical school at Jersey City, and this hospital in Jersey City was built with a view of having a medical school. Their autopsy room had, what do you call that for students? Geez, there's a word for this; it escapes me now, but anyway ...

KP: There was a place to view autopsies?

DM: Yes. They had the seats.

KP: Frank Hague really did envision the medical school?

DM: Oh, yeah. Well, WPA money. You know, the government was putting people to work, and they put millions into that hospital complex and ... the architecture was deco. It was patterned on Presbyterian Hospital in New York City. The same architect was used. And so, Seton Hall started their medical-dental colleges there, and most of us, the clinicians, were inside, too. We were there, and we welcomed the school there. ... There were a lot of guys who were certified, and they knew that to really progress academia and clinical practice, they should be together. Most of us felt that way and became very active, and the school was very happy to have us. So, I was inside, too, and I was the first Chief of Infectious Diseases, and that went on for several years. Then they moved to Newark, and I was asked to go there, but I didn't want to go. I didn't want to give up practice. ... I had a romance with that. ... But, also, things were progressing so quickly. I had no experience in bench research, and I knew that's going to come along. So, the new chief has to be a guy from the National Institute of Health or someplace like that, with bench research. So, they got a new chief there, and we had a good marriage. I ran the clinical side and he ran ... the academic bench research side. So, we had great respect for each other. Chris Martin, a super guy. ... And, we had a good meld. So, it worked out. But I was not full-time.

KP: So, there you were an adjunct?

DM: That's correct, yeah. I was a professor of clinical medicine and also clinical professor of preventive medicine.

KP: How long did you maintain your affiliation with Seton Hall Medical and then ...

DM: Well, it became New Jersey Medical School.

KP: Yes.

DM: I still continued that until two years ago.

KP: Oh. So, you really got to see the development of ...

DM: Oh, yeah. ... Great. Great.

KP: The move of University of Medicine and Dentistry into Newark, into its location was a very controversial one.

DM: Yes.

KP: Do you have any memories of that?

DM: Yeah. I do. There was a lot of politics involved with this, but I thought it was a good move because Newark needed something after all those riots in Newark. ... You may have been a child at that time, but whole blocks of houses were burned down. And, it was very critical. Newark had nothing, really nothing, except the insurance companies. Newark was a great insurance center, and Budweiser beer. So, that was okay with me, and I don't think our hospital location could serve the future of a medical school that had to expand. And, that was okay. ... I thought about these things, and so I thought it was a good move. The move to Newark was the result of an agreement between Mayor Addonizio of Newark and Mayor John V. Kenny of Jersey city.

DM: John V. Kenny and Mayor Addonizio had made a deal that the school would move to Newark. Oh, by this time the state took over from Seton Hall. Seton Hall cannot afford 900,000 dollars a year that it was costing them to run the dental and medical school. Not much money, but they didn't have it. So, Governor Hughes was governor at that time, and they took over the school, which is fair. What's wrong with that? Instead of having it gone. See how life is, Paul? Wait 'til you get out. You'll see more of it. The school did move to Newark. ... And, that was a good idea, I thought. Newark had a new city hospital, which was really not a part of the future, but it was there. So, they put in some temporary buildings and it's worked out well.

KP: Yes. The University of Medicine and Dentistry has become a major center.

DM: It is. Well, not only that, they have a school of allied health science, you know. So, it really is great. I think it's good. ... I know the president well. I don't approve always of his ways, but the bottom line is good. So, that's okay. They have a major, major health industry in New Jersey. Three medical schools, a dental school, allied health sciences, radiology, and so on. And, that's great for a state that until 1956, did not have a medical school. We ... had to go out of state. And, many out-of-state schools won't take applicants but from their own state. So, it's great. I think it worked out. I'll tell you a funny story now off the record.

-----TAPE PAUSED-----

KP: In terms of patient care, because you were both a practicing physician, you had your own patients, but you also taught. How have you seen the relationship between physician and patient change or not change?

DM: I think that there is always ... a difference in attitude ... and I don't know if it ever will change. It's not a good one, though. The reason that it exists is as follows: the practitioner has a gross income greater than the academic man. The academic man, though, has a better pension. He doesn't have to pay malpractice insurance, and he doesn't have to worry about hiring people. And, the pluses and minuses equal, in my opinion. ... And, I could never understand why people can't just select what they want to do, because the financial things even up. And, I say that from my observations, and, also, I have a daughter who's ... full-time ... chief of radiology in a hospital in Seattle, and she has all these perks, so called, and yet ... I know that some practitioners make a ton of money and then they have problems. So, I think it's whatever you want. If you don't want the hassle, then go full-time, we say. That's the way I look at it. But will it ever change? I don't think it will change because human nature is, there's always a little jealousy. The full-time guy sees the big salary here and this guy sees the ... cushiony job, he says, and you have this in any medical center. Am I right about that?

KP: Yes. What about patients? How did patients ...

DM: The patients didn't care. You know what a patient wants, believe me. ... Patients will talk against medicine in general, but about their individual doctor, they don't have bad things to say, ... because they're getting the care they want. Patients just want the care, and they don't want to pay too much, and I don't blame them. Some of the fees are outlandish and they shouldn't be. But, that's another story. So, patients want the good care. And, I saw no difference between, I learned early, in my residency, we had a chief resident when I was a junior resident, Carol Leevy, a super guy. He became the director of the department at the medical school, years later. And, he taught us academic medicine; it was good medicine. He brought in speakers from the Lahey Clinic, Mayo Clinic, and we learned early that the two are not only compatible, but necessary, if you want to have your community have the best care. So, again, I was blessed. So, about full-time and the town and gown, I think that will always exist.

KP: How did you see medicine change, or not change, with Medicare and Medicaid? You practiced medicine both before and after.

DM: Yeah. It has changed for the better, but the sad thing is that, in my mind, that there are features of Medicare and Medicaid that can be changed without altering the delivery system at all, and the folks that are trying to change things don't see it. You see, Hillary Clinton and Magaziner had it all wrong. And, it's a good thing, this thing broke down because this managed care system, the way it is, won't work even now, no matter what they do. It's really a "managed cost," and that's wrong. What they could do, they could make the system work better by eliminating certain features of the paperwork. For example, if you're in New Jersey and you have certain insurance, I mean, you work for the State of New Jersey? There are four insurance companies, and they're going to be going through the papers before they pay your bill. Four! You know, you don't need them. Well, you say, "Why don't you have one?" Ah, but the

Prudential, the Aetna, they won't stand for this. Now. So, we ought to have one and we ought to have the system that the Congress has. You know, they have a different system. The federal employees, ten million of them, have a nice system. They don't go through all the hassles we do. I don't know if you know this. Congress has a different health system ... than what was proposed. So, what I'm saying is this: I think we need Medicare. I think we need Medicaid, but it's not as bad as Clinton says. Everybody who needs care, he can go into St. Peter's. You'd get the drunk on Albany Street. They'd pick him up, he's bleeding, vomiting blood, and whatever. They take him into the Emergency Room at St. Peters, or Middlesex General, he gets his care. Right? The hospital doesn't get paid, though, that's the hitch, and that's a good hitch. So, I think that they could streamline it. ... They can do things just to make it work better. And, there has to be a system, no question about it, in my mind. So, how did I see it work? I think the old system was easier for patients because they got their care and no hassle, but it couldn't be that way. Hospitals were losing money, and they're still losing money, and somebody has to pay, and they have to improve what they're doing now.

KP: What do you think will be the solution for the uncompensated care for hospitals?

DM: Oh, there's no question if they don't pay for the patient care, these hospitals will go bankrupt. And, it won't be permitted, that they go bankrupt. The state will have to pay, or the US government will have to pay, and the tough part of medical care is this, you see. We say health care is a right, and it is a right to a certain extent. Now, is it a right for everything? Yes. Who's gonna pay for it? Renal dialysis, oh, my gosh! Should you put a seventy-five year old guy on dialysis? The eighty-five year old guy on dialysis? What should you do? What should you do? Now, a doctor is being sued because of the mother of the patient, who's a vegetable for many months, and the hospital ethics committee decided to stop ... the life ... preserving equipment and they stopped it. The committee says, "Hey, there's no senses, she's not ... doesn't enjoy life, etc." And, the family is suing them. They shouldn't have done that. What do you do with that case? You are enlightened. If it were your mother, let's say she had a hemorrhage, brain hemorrhage, and she'll never make it. After many months, the doctors say, "Here's the brain scan, here's the ... electroencephalogram," and so on. You'd say, "Well, gee, doctor, ... then let's let her go." Would you say that?

KP: Probably.

DM: You probably would, yeah. Or you'd say, "If you're gonna give her intravenous, okay, that's fine. But ... if she gets a pneumonia, don't give her antibiotics. Let God take her." "Pneumonia is the friend of the aged," Sir William Oslen said, and that's true. So, that's a problem we have. How far do you want to go? Now in Oregon, you know, they're gonna decide whether certain people should get treated or not. ... I don't know what the answer is, I really don't know. ... It's tough to make that decision. It's not euthanasia, but. ... We did this in practice, though, years ago. We talked to the family and said, "Look, momma is very bad. She's got cancer, it's metastasized. Do you want us to take her into the hospital?" "Will you cure her?" "No." "Then don't take her." ... It's a tough decision. Ethics, right? ... I don't know how you answer these. It's common sense and you guys will answer these, too, as well as the doctor. All a doctor is gonna say is what the future is medically, and what the hell are you gonna do? Do you want everybody

to have a Cadillac, ... or what's the matter with an Escort? You know, ... isn't that the problem? So, I don't know the answer to that, Kurt, I really don't.

KP: One of your children went to medical school. Would you have liked more to have gone into medicine?

DM: I have six children. Only one of them is doing what he or she trained for. But whatever they wanted to do I stood by them. They all had their heads on straight so I had no problem. And, it's interesting how she made her decision. You know these women these days, ... they are hard-nosed. And, that's good. I say it in admiration. ... She was a bright girl. She got a fellowship to Yale in English. She met a Yale law student. They met each other and they got married and so on. He's working in Washington, and she's working in a public relations department of a major hospital there, and she sees the doctors running around. She left her fellowship after a year to marry this fellow. Fine. So, one time she called me and said, "Dad, ... I'd like to go to medical school." And, I know she can do it, too. She'll have to take courses, but she's industrious. So, I said to Mary, "I'm sure you can make it, but the big thing is what does Tom say (her husband)?" She says, "He's supportive." I say, "Go ahead." So, she's taking the courses, right, and I'm in a meeting in Washington, a medical meeting, and I'm staying at her house, and she's driving me downtown, and we stop at a red light, and she picks up these little cards, and she's reading the minute that the light is red. ... So, she is a very compulsive kid. And, they moved to Seattle, and ... she was accepted ... at the University of Washington, which is one of the ten top schools. And, indeed, so she was accepted there. And, her tuition there, this is about twenty years ago, was 1200 dollars. I was paying about 1400 dollars a year for my son in high school, and she's paying less for medical school. So, she lived in Washington. And, what they did there, that University was smart, they were in the center of the city, then they moved a little bit to the outskirts. They never sold the property. And, they were getting rentals of about sixty million dollars a year from their inner city property. So, the state guys weren't paying much, not only medical school, but the rest of the schools. So, there it was. So, that's the story of her. ... Now she's full-time, and I'll tell you what she gets, too. She gets, after ten years she's head of the department of radiology there, and she's forty-six years old, which is great. She gets a year sabbatical at half-pay. Wow! She's taking six months this year and going to Italy for a month with her family. So, she doesn't care about the other guys and how much they're making. So, there you go. So, I never pushed. I'm not against their going into medicine. Some fathers say, "Oh, it's changed." I say, "Baloney!" You take care of your patients, and that doesn't change.

KP: It sounds like you got a lot of satisfaction from your patients. You enjoyed teaching a great deal.

DM: Oh, my patients were my friends. Really. Really. ... Oh, my gosh, Christmas time, the Italian would bring a jug of wine, and you know it was half vinegary because all Italian wine is vinegary, Paul.

PS: Chianti. Yeah, I know.

DM: Yeah. ... I had a lot of satisfaction.

KP: What were your most challenging cases? Do any stick out?

DM: The challenging cases, yes. In infectious diseases, we had these exotic virus diseases, the parasitic diseases, and you can only make a diagnosis with a meticulous history taking. Where was the patient from? What was his exposure? There are no shortcuts. This is ... what I found. And, these new viruses, AIDS, my gosh, there's nothing more challenging than AIDS. ... I can recall, well, the AIDS disease was discovered in ... '81, you know, in San Francisco. In 1985 the tests came out, '85 or '86. Well, we were seeing patients in ... 1983. I remember one fellow, he should have had AIDS, but he was married, and he denied shooting drugs. He denied homosexuality, and we knew he was somewhat heterosexual. And then, when the tests came out, I remember vividly, we tested this guy and he had AIDS, and then he came out with it, he was bisexual. So, it is challenging. And, these viruses, they change resistance. You read about this. Some drugs work, and then the lungs mutate, they change their enzymes. So, our most challenging cases were the viruses, because bacterium, you know, we can stain it and see it, but a virus ...

----- END OF TAPE TWO, SIDE ONE-----

KP: I just have a few more questions.

DM: That's okay. ... This really is not much about army medicine, though, is it?

KP: Has it ever struck you that, in terms of your medical career, that in the late 1940s and early 1950s that it seemed, I wouldn't say cure almost everything, but that a lot of these diseases that have plagued man for years were just, you know, one after another conquered, both infectious and communicable diseases, but also you had polio and a series of those diseases?

DM: Yes. Well, in infections, yes, you could cure, but the others you had new techniques. That is, diagnostically you can make a diagnosis early, but the only sure cure was surgery to lop it off or take it out. But if it were too far gone, you had some palliative in curing, but not like in infections where you give a vaccine. Polio is wiped out. You know that.

KP: Yes.

DM: It's wiped out and they don't know, no. I'm sorry, no, smallpox is wiped out, and they don't know whether to get rid of the sample they have either in Moscow and in CDC in Atlanta. Polio is almost wiped out. In this country, you don't get five or ten cases a year. But, with infections, that's true. Now, with these vaccines, the chicken pox vaccine is coming out shortly. Measles, it's unheard of to get measles unless they're not vaccinated. Diphtheria you don't see. And, I've seen those, early.

KP: Was it ever frustrating now that you have new viral diseases? Even the reemergence of tuberculosis, which we thought had been conquered.

DM: Yeah. Well, you see, it disturbs me with AIDS. I'll tell you why. I treated a lot of them, of course, and it's frustrating. It's incurable. It's a death sentence, usually, not always. Some of them will go on, we don't know why. Some cases are different from others, but ninety-nine percent are going to die within five years, eight years tops. ... Well, it's gonna be ... what we call an opportunistic infection, an infection that usually shouldn't kill, a fungus like monilia. TB has come back only because the authorities have screwed up. And, I'll tell you why I'm being long-winded on this one.

About fifteen years ago, I was one of six or seven people appointed by the Commissioner of the Institutions and Agencies in New Jersey to decide what to do with a TB sanitarium up in Hunterdon County, New Jersey. And, we were supposed experts in TB, and we met, and we said, "Look, you don't want a hundred-bed hospital up here in the hills. If somebody has a bleeding ulcer or a coronary, he's not gonna get the care, and the hospital's going to take care of TB." And, we said, "Now, if you close this hospital, you're going to save five million bucks after you even put some of this money in enlarging the clinics, to TB clinics." In Hudson County we had four of them, so I knew first-hand what could be done. So, indeed, that was our recommendation, essentially, and it was accepted. Well, you know what the hell happened? They never put this in outside treatment because the Commissioner with her Institutions and Agencies had charge of hospitals for TB, and some other department had charge of the clinics. So, the people in charge of the clinics never got the money. Where you were getting 28,000 new cases a year, country-wide, say fifteen years ago, now probably you are getting 35,000, 40,000.

And, what is happening is the immigrants are bringing in TB. And, fifteen percent of all TB in immigrants is drug resistant because, let's say, if you're in the Philippines, and you're coughing for two or three months, the doctor knows there's gonna be tuberculosis after three months of coughing. He'll give you Isoniazid, ... the patient takes it for two or three months, feels well, ... stops it. No good. It's not cured. You got to take it for nine months, a year, whatever. And so, he's got a bug that is viable, but it's now resistant to our best anti-TB drug. So, we have that problem. Also, the patients with AIDS, there's a coexistence of TB in AIDS so that some of us, not all of us, think that if you have AIDS you should take treatment for TB. I don't agree with that, if you can monitor it. If you can't keep that patient monitored, yes. ... So, that's another factor. But I do believe that ... our authorities, under the guise of budgetary cuts, which are real, I don't know where you can draw the line. ... So, that's the story of TB. But in answer to your question, in infectious diseases, we are eliminating a lot of the bacterials, a lot of the viruses, but there will always be new diseases. Mother Nature sets it up this way.

KP: Did you think that way in the 1940s and 1950s?

DM: No. I'll tell you why. Because even the polio virus had been discovered, but they didn't have the vaccine till years later. No, we didn't know that. But in the '50s, yes. And, there's Enders of Harvard, had a way of growing viruses. I think he got the Nobel Prize for it. And, ... that opened up the way to viruses, but not to these new ones, the new viruses that we're getting now. They're tough. But they'll always be with us.

KP: We have talked a little about when you served as a consultant for internal medicine with the Surgeon General.

DM: Yes.

KP: And, that lasted from 1955 to 1960.

DM: Yes, five years.

KP: Why did that stop? Did you want it to stop?

DM: Yeah. I'll tell you, I was very active in teaching at New Jersey Medical School, Seton Hall. I also was a lecturer at Rutgers Medical School, busy practice, and consulting. I, also, was now chief of staff ... at our hospital for six years. I couldn't quite do everything. And, what had to give? The stuff outside my own circle had to give. And, that was that. But I enjoyed that, too, because we consultants served a need, and it was good for the guys to see an outside opinion, and that was good, and good for the patient. Remember the name "doctor?" "Doctor" means "teacher," you know. D-O-C-T-O-R means "teacher," and that was our attitude ... over the years, a lot of us in those years. It seems like a load of bull, but I mean that. I really do.

KP: In treating patients, did you ever treat any veterans of World War II who were affected by the war? Did you observe any cases where the war had really affected them, either mentally or physically?

DM: I don't recall that too much. Yeah, we saw fellows with injuries, war injuries and all, but they were in, the VA clinics and the VA hospitals, and then the pensions took care of them. And, when we saw them, instead of their paying us, now, we'd say, "Hey, look, go to Washington Street in Newark, and they'll take care of you as an out-patient or [we are going to] send you into the East Orange VA Hospital up in South Orange and East Orange, there at the old Bamberger's Estate." And, that's it. So, we didn't see them too often. The first time, yes, then we'd shop them for their own sake, financially.

KP: None of your children went into the military?

DM: No. Well, ... remember they registered, but they never volunteered. I don't think, these days, people should volunteer ... because ... there are mishaps. There's a lot of stupid things. ... So, hey, look, if you get the call, you go, and that's all. ... I don't agree that you should run to Canada, but that's my own attitude because I wouldn't. But still, that's okay, I can't tell others how to live.

KP: Did you want any of your children to come to Rutgers? Would you have liked them to come to Rutgers?

DM: One daughter did do her graduate work here in history. Yeah. Wait a minute now. Elaine, she now is a banker with the New York Federal Reserve. But I always felt Rutgers is great and

I've recommended it to others, and my kids made their own decisions for various reasons. ... But Elaine, ... she got her bachelor's in history at Boston College, came here, did her graduate work, and ... I guess, it's a two-year program, and she did it in one year, and she regretted it. It was too rigorous. But that's all right. And then, ... she worked at MIT in personnel, and then she took an MBA at NYU, and then she got a job at the Federal Reserve. A few months ago she got a promotion as a Vice President with the New York Federal Reserve Bank. So, Rutgers, I recommend to other fellows, especially if you're in-state, because the tuition is what, seven or eight grand, or something like that?

PS: Yeah, something like that. With room and board it's about eight to ten, yeah.

DM: Oh. Even so.

KP: Tuition itself it only about 2300.

DM: Oh, is that all?

KP: I'm sorry, per semester. So, you figure 5,000. With books, 5,000.

DM: ... Well, when my friends say, gee, they go to Hunter College, NYU, this and that, I say, "Look, what's wrong with Rutgers or St. Peter's College?" ... Rutgers is out of the class of St. Peters and Seton Hall, admittedly, but ... I could never understand that. I think this is a great school, scholastically. Am I wrong about that?

KP: No. Paul could even talk better about this.

DM: You know, I think you have all the colleges here, and I thought that the professors were good. Not personally, but that's my feeling.

PS: No, I really like it here. For what I can afford, I couldn't even get close to this in comparison. Nothing for my price range. If I wasn't in-state, to get the quality here I'd be paying, I don't know?

DM: Yeah. Well, it's a state school and ... I think you have no inadequacy here to speak of. Maybe for certain schools, ... certain colleges in the University, you might be lacking something. I don't know, but. ...

PS: No. I'm more than happy with Rutgers.

DM: Yeah. Well, your history department is really greater than it used to be.

KP: We have a very good one. I got my doctorate here, so I have both taught here now and I've also had my doctorate here. So, it's been an interesting relationship.

DM: And, you stayed.

KP: Yeah. I left and then came back, actually. So, I've been away and been back.

DM: Is this finito?

KP: Yes. Is there anything we forgot to ask you about anything?

DM: No. I'll tell you, gee, as I told Maureen Prado. I said, "Maureen, I don't know what you guys want to do with a guy like me." ... Get these questions answered, transcribe it, and you're saying, "What the hell is all this stuff Mauriello gave us?"

KP: Maureen was really disappointed she couldn't make it. In fact, she even wrote some of the questions I asked you about medicine because one of her jobs at the book store is medical textbooks.

DM: Oh, great!

KP: And so, she was interviewing someone from another class, from the class of 1940 who was involved in the production of penicillin, so, she was looking forward to that, but, she was very disappointed. She had a meeting that came up that she couldn't get out of.

DM: Oh, yeah. Hey, look, that happens. Good.

-----END OF INTERVIEW-----

Reviewed: 2/24/97 by Scott Ceresnak
Reviewed: 6/17/98 by G. Kurt Piehler
Edited: 8/28/98 by Gloria H. Hesse
Edited: 7/1/99 by Dominic Mauriello
Reviewed: 8/4/99 Sandra Stewart Holyoak