

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

NEW BRUNSWICK

AN INTERVIEW WITH ROBERT H. LEAMING

FOR THE

RUTGERS ORAL HISTORY ARCHIVES OF WORLD WAR II

INTERVIEW CONDUCTED BY

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KP: This begins an interview with Dr. Robert H. Leaming on January 17, 1995 with Kurt Piehler at Boonton, New Jersey.

Robert Leaming: It's Boonton Township.

KP: Boonton Township. I guess I would like to begin by asking you a few questions about your parents and where you grew up. I guess I would like to start with your father. Your father owned a hardware store in Camden, New Jersey.

RL: Right.

KP: Which section of Camden did he own the store?

RL: Well, he was on Broadway, and he was right across from the Lyric Theater, which is no longer in existence, but it was on Broadway [in] Camden.

KP: And did he always own the store?

RL: No, he bought it from an elderly gentleman by the name of (Dougherty?) who lived in Haddonfield, New Jersey, and he worked for this man. And then when he retired, my father ... bought the business.

KP: Was this in the 1920s or the 1930s that he bought the business?

RL: This would have been, I guess maybe 1918, something like that.

KP: And did your father employ anyone?

RL: Yes, he had one or two employees.

KP: How did the Great Depression effect his store?

RL: Well, as it effected most people. His business was not as active during the Depression. But he survived and he had quite a unique hardware store and he must have had, oh maybe 15,000 little boxes and on the front of every box, which was a sample of what was in it, and that was unique. And people, if they didn't know what they wanted, why, they could just go in and say, "That's what I want." Because it was sitting on the front of the box.

KP: And that was unique to the hardware stores in Camden.

RL: Yes. It was the only one of its kind that had that particular property.

KP: Did your mother ever work in the store?

RL: No.

KP: Did you ever work in the store?

RL: Yes I used to go in and help out in a very minor way or if he needed a delivery once I became eligible for a driver's license, I would help out in that respect.

KP: Were most of your father's clients industrial customers, builders, or were they homeowners?

RL: Mostly builders and homeowners. He did have a few industries that he supplied hardware for.

KP: Your parents, did they expect you to go to college?

RL: Well, my father always wanted me to take over the hardware store, but I was not so inclined. And when I did go to college, I had no idea that I would go into medicine ultimately, but I was always interested in biology, so I picked a biological science course which would eventually lead me into research or something to do with biology, but then. We started out with 125 pre-med students in 1938, and I think we graduated maybe 30 or 35, so there was quite a decline in the graduates who originally started out in biological science. So I decided after that first year where I put in a lot of work and effort, if I was going to go that far and succeed in getting through the first year, I might as well go all the way and go into medicine.

KP: So medicine was something you came to as you were going through your curriculum.

RL: Exactly, right.

KP: When you were growing up in Camden, what did you think you would do? Did you have a sense of a career?

RL: Not really. As I said, I was always interested in anything animals or biology. ... In the summers, I would be a camp counselor in a place in Jersey, in Medford Lakes. And I would either be in charge of or have something to do with nature.

KP: Were you a Boy Scout?

RL: Yes, I was an Eagle Scout.

KP: Did you go to the Jamboree in Washington, D.C.?

RL: No, no, but I did go to the World's Fair as a Boy Scout-- 19, what was it, '34.

KP: The one in New York or ... ?

RL: No, in Chicago.

KP: Oh, okay. The neighborhood you grew up in. You grew up in Camden.

RL: No, I grew up in a suburb of Camden called Woodlynne. That was between Collingswood and Camden.

KP: But you went to Collingswood High School.

RL: Yes.

KP: Did everyone from Woodlynne go to Collingswood or did your parents move?

RL: No, just about everyone that I was in grammar school with ultimately went to the local high school, which was Collingswood.

KP: In your high school, was there an expectation that many would go to college?

RL: Not that I recall. Most of them I don't think expected to go to college.

KP: And when did you have a sense that you might not be managing your father's hardware store? Was that before college?

RL: That was before college.

KP: How crucial was the state scholarship in your going to Rutgers and college?

RL: Well, it helped a lot financially and I was most appreciative of the fact that I was able to get a state scholarship. In high school, I was president of my class and I played in the band and played in the orchestra, which helped, I think, in them awarding me a state scholarship. Because I did play in an orchestra in college and also in the Rutgers band.

KP: Did you have any sense or interest in making music a career?

RL: Not really. My poor mother had to suffer through my violin lessons and that sort of thing, and she, I'm sure would have liked me to go into ... music as a career, but she was willing to do whatever I had the greatest interest in.

KP: You came to Rutgers. What led you to Rutgers besides the state scholarship? Had you thought of any other schools in the Philadelphia area?

RL: Not really, no. I did want to get away, because I think that was beneficial, rather than stay at home and go to college. So I don't really remember which directed me to New Brunswick, but of course, the state scholarship did help.

KP: In the interviews a number of people talk in interviews mention a real North-South split in New Jersey in 1930s and 1940. Even today, people still talk about this split. Did you feel this split when you got to Rutgers, coming from South Jersey and Camden?

RL: Not really. The only activity that I had with anything North or South Jersey was I did play tennis in high school, and I did get to be a runner-up for the state championship for tennis, so I did get to meet some people from North Jersey as a result of that tournament. But I didn't have any real directives about North or South Jersey.

KP: You did not join any fraternities when you came to Rutgers.

RL: I was a pledge at AKK for I don't know how many years, and knowing that I was going to medical school, I ... really wasn't that interested in being, if I was going to be in a fraternity, I would have preferred it to be in medical school. But I was a pledge I think for the AKK fraternity for two or three ... of those years and enjoyed it, but never joined.

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

RL: I lived on 10 Bartlett Street, which is right in back of the Chi Psi Fraternity in a private home, and there were maybe eight of us, three in my class and two in the class before me who lived in this private home that attended Rutgers at the time.

KP: How did you find that home?

RL: I don't really know whether it was through the alumni office or-- incidentally I worked for Ernie McMahon, who was the head of the alumni office, which helped pay for my meals at Winants Hall, because I think I did make ten dollars a month or something like that which was my meal ticket. And I think through them I found out that there was such ... a place available. So that's when my roommate, this Dick Bullington and I, who was also from Collingswood High School, we somehow or other through the alumni office I guess got into this private home.

KP: You worked in the alumni office, but did you have an NYA job?

RL: That's right.

KP: Did you know, I actually just interviewed someone, it was my last interview Clark Gutman also worked at the alumni office and Joe McCartney?

RL: ... Yes. Yes, Joe I remember quite well.

KP: You were in a sense working in Winants Hall when you were at the alumni ...

RL: Not in Winants Hall, no, but what I meant was what I received from the NYA job paid for my meal ticket at Winants.

KP: No, I'm sorry, Old Queens actually was the alumni office at that time.

RL: Well, yes, the alumni, I worked ... [with] McMahon, who was the head of the alumni association, worked in his office doing little odd jobs and secretarial work. And that, what I received from it salary wise helped pay for my meal ticket.

KP: Did you feel that you missed anything by not living in either a fraternity house or a dormitory? Or that were you so close it did not matter?

RL: Not really, the dorms were quite noisy. You did benefit from fellow classmates who might be in the same curriculum, but having lived next to Chi Psi and their fraternity doings, ... and their boisterous, that way of life, I didn't miss anything, I was very glad that I lived in a private home.

KP: How long would you study during the semester? How many hours would it take to stay up with the curriculum? Because it sounds like a lot of people washed out of the biological curriculum?

RL: There was and I spent quite a bit of time, you know, into the evening hours and weekends studying just to keep up.

KP: You had mentioned that Thurlow Nelson was your favorite professor. What do you remember about him?

RL: Well, he of course was head of ... what they called the biology department or something. And he, ... I think, impressed a lot of the ... people that were in the same course because of his way of teaching and he could get close to us and bring out the best of us, put it that way.

KP: Do you think your success in the curriculum in the sciences was partly due to him?

RL: I would say so. And towards the end of the year, for whatever it's worth, I didn't have enough credits to really graduate. So I was always interested in entomology, so I took a course in entomology, not having gone to any of the lectures, just took the final exam, and got an eighty-something in it, so that made up my credits so I could graduate. [laughter]

KP: Which is not a bad achievement. Everyone had to take two years of R.O.T.C. Did you ...

RL: No, I did not. I was in the band.

KP: So you were not, if you were in the band you were not ...

RL: Not required.

KP: Oh, really?

RL: Yes. I gather that's the way it went, because I had no real desire to enter the R.O.T.C., and I guess, having been in the band sufficed to keep me out of the R.O.T.C..

KP: Did you not want to join R.O.T.C. because you didn't want to be in the army?

RL: Well, I didn't have any leaning towards any of that sort of thing. And, of course, not knowing whether I would ultimately be in the service or not, I preferred to be in the band, go away with the teams and that sort of thing, rather than march up and down the field in the ROTC.

KP: It sounds like you have very fond memories of your trips.

RL: Oh yes. I enjoyed, we used to go to Lafayette games and that sort of thing. We didn't go far, but I enjoyed it. ...

KP: Do you stay in touch with any people from the band?

RL: No.

KP: A number of people who I have interviewed have very distinct memories, both of chapel, and also of Wendell Wilkie's visit to Rutgers. He apparently gave a very electrifying speech. Do you remember it?

RL: It must have not been that electrifying, because that's news to me. I don't even remember it. [Laughter] But I did enjoy the chapel and the music and what was his name, Soup ... [Walters].

KP: Yes.

RL: I enjoyed his glee club. I wasn't a member, but I did like music, with the music back then, so I enjoyed chapel.

KP: I guess maybe I should lead in with a simple question, but when you were going to college, did you have time to read the newspaper? Do you remember reading the newspaper?

RL: Not really. I usually turned the radio on for the news.

KP: What did you sort of know at the time? I mean, this is sort of looking back fifty years ago, but looking back, what did you know about the world in 1938, 1939, 1940, the coming of war?

RL: Not a great deal, but as I said, since there was quite a turmoil, a beginning turmoil at that time, I was always interested to turn on the radio to keep up with world events.

KP: Say in 1939, '40, where did you think the United States was going to come down? Had you given it any thought?

RL: Not really.

KP: Was Pearl Harbor a bolt out of the blue?

RL: Yes, it was. I forget where I was at the time, but it was a real shock, like it was for most people.

KP: You were raised a Methodist. And I went to Drew as an undergraduate.

RL: Did you?

KP: Yes. And I know there's a strong temperance movement in the Methodists.

RL: Oh yeah.

KP: Were your parents?

RL: Yeah, we had no alcohol in our house. And my mother was quite active in temperance activities and affairs and none of my family used alcohol, so I was brought up in that fashion.

KP: Your mother's activities in temperance organizations, was she a member of the Women's Temperance?

RL: Yes.

KP: I forget the WTC?

RL: Right, yes, she was and she was head of women's clubs, very active in the church, sang in the choir.

KP: Your father, was he active in any civic organizations?

RL: Not really.

KP: Your parents were Republicans in the 1930s. How did they feel about the Roosevelt administration?

RL: They were most anti. [laughter]

KP: You enlisted in the navy. How did that go?

RL: I didn't really enlist, but to go to medical school, and to be out of the draft, you had to either enter the army or the navy, so I joined the V-12 program, I think it was called, which was the navy part of, and by joining that, why we obviously had to serve a certain length of time after we graduated from medical school and internship.



KP: Had you given any thought to enlisting in the regular service or did you know you wanted to go to?

RL: No, no, no. I did, years later, after the war was over, I did help out at the local Naval Reserve Center by doing physical exams and that sort of thing. And finally I was disinterested in that and we had a choice of either putting in more active duty in the Naval Reserve or getting out, so I chose to get out.

KP: When you enlisted in the V-12, were you in a sense called up or did you just simply report to medical school?

RL: Just report to medical school.

KP: And which medical school?

RL: Jefferson Medical College in Philadelphia.

KP: And you started in September of 1942.

RL: That's right.

KP: And the name has now escaped me, but I interviewed someone who went to the medical school at the same time from your class and I'm trying to remember him. Was it Dr. Mancusi-Ungaro who had gone to Jefferson?

RL: No, he didn't go to Jefferson. I'm trying to think of who it might have been.

KP: Oh, well.

RL: ... None of my classmates had attended Rutgers.

KP: One question maybe starting with the military: How military did they make the medical school?

RL: Very minimal. Actually, we wore (-----) uniforms.

KP: Did you have roll call?

RL: We had roll call, I think once or twice a year, we were obligated to go to the University of Pennsylvania on their football field and drill, which was kind of a catastrophe. But I was in charge one day and I messed up on the directions and had the whole platoon going towards the Delaware River. [laughter] So I was not the most active or interested in the navy in that respect.

KP: I guess the next question is how difficult was medical school?

RL: Very difficult. There again, we started out with a certain number and after the first year there was quite a few that were eliminated, so they used to say that if you got through the first year of medical school, just like the first year of college, you could probably graduate. It was a struggle, but I made it.

KP: Why did you think you made it through medical schools and other did not? Because in medical school you figure that you are dealing with the cream of the crop even more so than in college. Why were some just not able to make it?

RL: It was the academic grades that they expected you to accomplish, and some of them just were not fit or didn't qualify from an academic standpoint. Other people found out, I guess since it was so difficult that they'd just as soon go into another field.

KP: So people thought being a doctor was this, and then they would actually see the reality.

RL: Right, ... you know, it was, of course the first year or so when you have really no physical contact with patients or that sort of thing 'till your third or fourth year, so it was really things like organic chemistry and biochemistry which really were, I guess necessary, but really not related to what we wanted to do and that mainly is to see patients and practice.

KP: When you entered medical school, what type of medicine and type of practice had you envisioned for yourself at the time?

RL: At the time I was interested in ob- and gynecology. And then in my junior and senior year, ... I stayed at a hospital in Camden, New Jersey, Cooper Hospital, as a junior intern, and at night, I got to deliver babies. And seeing the hours and that sort of thing, sort of cured me from going into ob/gyn, and then I, towards the end of my medical school, I got interested in the practice of general medicine. But when I went into the service, I ... had a choice of Guam, Paris Island or Roanoke, Virginia. And, of course, I knew what Guam was and Paris Island, never heard of Roanoke, so I chose Roanoke. And I got down there, that was the psychiatric hospital, which I had no interest in, but they needed somebody to read the x-rays. So that's where I got started in the field of radiology.

KP: And in many ways, it was an accident of the assignment.

RL: Right, it interested me in making that a career.

KP: How had the push to get people through medical school influenced your medical education, looking back on it? I know that most colleges and other professional schools were put on an accelerated program.

RL: Well, ... we actually went through in three years instead of four, because we gave up our summers, so you know, not having any vacation, that sort of thing and realizing the time you have to spend ... made it all worthwhile, made it a reality.

KP: How closely did you follow the war while you were in medical school? Did you think you would be done with your medical education before the war was over?

RL: I don't know how to answer that, really. I wasn't that, you know, as I said, I was interested in the news, but I didn't really follow it that closely or anticipate that I would be in the act of service or whatever.

KP: For the people who washed out, in a sense how, what was the attitude toward them?

RL: A lot of them gave in, went into dentistry or something perhaps less involved.

KP: So if you didn't make it, you were not necessarily in the enlisted ranks, sent off to ...

RL: No, I don't really know what happened to those that dropped out of medical school, or the V-12 or army program, whether they were expected, I guess, to go into the service in the army or the navy.

KP: It is a hypothetical question, but how important was the V-12 for allowing you to go to medical school? Would you have gone anyway or do you think it was that important?

RL: I think I would have gone anyway, having gone through four years with pre-med and the time and effort ... then on to becoming a medical doctor, regardless of who was going to pay for it.

KP: Are there any memories you have of medical school, in terms of the curriculum, in terms of your classmates or in terms of your professors that stick out?

RL: Well, of course, we were, we saw very little of upper or lower class men during the time we spent in medical school 'cause it was all concentrated in our class activities and programs. And the only association I had with either upper or lower class men was at the fraternity level. I was in a medical fraternity. That's the only contact I had with others other than those in my class.

KP: Medicine has changed a great deal in the last 50 years, but how well did medical school prepare you for a career as a physician?

RL: Well, Jefferson has a very fine medical school, and I think that certainly had a decided influence on my future career, because ... I was well prepared for just about anything through the three years that we spent.

KP: The other thing that I found, I guess, very striking when I interviewed, especially the MacDougall brothers who were in general practices, that one of the things that struck me was that there was a real notion that a physician would do everything still, more so than I think from my understanding today, where there's much greater specialization.

RL: Well, I have utmost respect for anybody that does general practice, because as you say, you had to know a little bit about everything. It was not unlike radiology, because you have to know a little bit about general medicine, surgery, ob, to be effective in the practice of radiology. So even though it's a specialized field, you still had to keep up with all aspects.

KP: When you were called up for active service, was this in 19 ...

RL: ... 45

KP: and had the war just ended?

RL: I think it was just about to end or something like that and then of course, in '45 I graduated from medical school and then before I went into either service, why I had to spend a year in internships.

KP: So it was 1945, '46 you did your ...

RL: Right.

KP: And you interned at Cooper Hospital. Which I learned also that interns, you were unpaid at the time.

RL: That's right.

KP: And you lived at the hospital.

RL: Right, at the hospital.

KP: You told me one experience about delivering babies which convinced you might want to reconsider your field. What else do you remember well about the internship?

RL: Well, it was very valuable, because it helped me later on to have some idea about how to take an appendix out and that sort of thing. How to deliver babies, how to set a fracture and that sort of thing. And at night, as an intern, why we did get to do a lot of procedures that would have been done by the attending physician during the daytime, so it was valuable experience I think helped me eventually in radiology.

KP: So you did the full range as an intern.

RL: Oh yes. It was the general.

KP: Everything from surgery to delivering babies to just general run-of-the-mill.

RL: Yes, all the different specialties were involved.

KP: When you were called up for service, you mentioned you had this choice of the three, and you chose Roanoke. What was it like to be in the service, because now you were fully, even though you were a physician, you were an officer in the navy now.

RL: Yeah. I wasn't impressed, you know with the service as a career or anything like that, because especially being sent to a psychiatric facility which I had absolutely no interest. It was real drudgery until the opportunity came when they needed somebody to read the X-rays. And of course I was not experienced in that, but I had the advantage of four radiologists in the town of Roanoke who used to come out at least twice a week. And if I had a problem, why they would help solve it.

KP: When you initially got there and it was a psychiatric hospital, what was your involvement with the psychiatric hospital before you got into radiology?

RL: Well, we would be taking care of psychiatric patients as far as their general health, whether or not they needed the use of the x-ray department or surgery or that sort of thing. It was sort of like a general internship, like all over.

KP: Many of the cases that worked as hospitals, were most battle-related or was it the full range of cases?

RL: I think it was the full range of cases.

KP: You had no interest in going into psychiatry?

RL: None whatsoever, especially after having served in that capacity.

KP: How good a hospital was it? How effective were patients treated, looking back on it ... advances have been made?

RL: Well, I think I guess generally they were well cared for. I didn't think that they received the general care of the patients that I'd seen in my internship. That, of course, was a specialty hospital and kind of hard to judge with. But they did have a good staff of surgeons and radiologists to supervise what went on at the VA facility. ... I had an interview last night. You know, they call once in a while and say, "Would you answer some questions?" Well, I spent about five minutes answering questions. One of the questions was, "What do you think of the Veterans' Hospital?" I admitted, "Not much, having worked in one."

KP: So you saw that there were problems?

RL: ... Yeah, in the veterans' hospitals.

KP: Why do you think there were the problems? What were the roots of some of them? Was it the quality of ... ?

RL: I think it was the quality of the people that were attending the patients. I don't know whether they couldn't make a success of it on the outside so they went into a government-run facility for whatever reason, but it was just like in college. The people that took the pre-med course and never went into medicine were just not oriented to take care of the public, general practice, that sort of thing, so then they went into research. So they still, you know, afforded valuable time, but not as a practicing physician but in a research [capacity].

KP: Were there problems that you saw in the staffing of a hospital from the perspective of the other medical and non-medical personnel, with the nurses and orderlies?

RL: Yes, there were different type of people, particularly in the VA hospital. You had to be oriented to take care of mental patients. And I'm sure that most of them did a good job, but I could not really get interested in the mental part of it.

KP: But it did teach you in a sense radiology.

RL: Oh yes, ... that directed me to which way I should go by that opportunity to practice radiology.

KP: How long did you stay at Roanoke?

RL: Oh, we were required to serve two years, so I guess it was from '46 to '48 before I went back to Jefferson as a resident in radiology.

KP: And your base was commanded by R.J. Harper.

RL: Yes.

KP: What was he?

RL: I have no idea. He was in name only.

KP: Really, you never ...

RL: Never had any contact with him.

KP: Who did you report to when you were at Roanoke?

RL: ... I don't have an answer for that, actually. I don't remember anybody ever coming to the hospital and saying, "I'm Harper," or something like that.

KP: So in a sense on a given day, you would in a sense practice medicine, your charts.

RL: Right. They had a man who ran the facility, ... but he didn't bother us one way or the other just as long as we did our jobs.

KP: What was it like to live in Virginia? Where did you live when you were there?

RL: Well, I lived in the facility, right at the hospital for a while. And then another physician and myself had the opportunity to live in a private home, which we did and we were very grateful that we did, rather than live at the hospital. And that was towards the end of the two-year duty we enjoyed that part. And then the commute every day into the hospital.

KP: You met your wife there.

RL: That's right. As part of the radiologists used to come out and answer questions about difficult cases. They would often, in turn, take me into the hospitals in Roanoke and in a sense were good teachers. And so one of the hospitals was Roanoke Hospital, so that's where I met my wife.

KP: And your wife was a native of the Roanoke area.

RL: ... Right.

KP: Was this the first time you had been to the South, when you had transferred to Roanoke, or had you traveled there?

RL: Actually, I had never been further than Delaware or Pennsylvania, so it was an experience.

KP: What did you like about the South?

RL: Well, it took a while for them to get used to me, like most people, they kind of resented Northerners to a certain extent, Yankees. But once I got to know the people and they know me, I enjoyed it. And I enjoyed my stay in Roanoke.

KP: More so than you think you would have enjoyed your stay in Guam or Paris Island. Is there anything that you did not like about the Roanoke area or the South?

RL: Not really, no. I enjoyed my tenure down there.

KP: You listed on your survey that there was a ship, the *U.S. Albany*.

RL: Yes, we had the opportunity, if we wanted to, either fly somewhere or go on a ship. And, of course, being in the navy, why I chose a ship. And I was on the *U.S.S. Albany*, which was a cruiser and we went to Bermuda and that area for I think two weeks. And I enjoyed that. That was an experience. We had a fellow who became quite ill, and he had to be operated on. Of course, I was a radiologist not a surgeon. And the chief naval officer was a psychiatrist. And there was another fellow just the same thing, from the hospital, who was not trained really in surgery. So I put myself in the least vulnerable position. I gave the anesthesia. And unfortunately, the poor guy had a retrocecal appendix, so it was a real difficult job. And I

commended the guys that did the surgery, but towards the end of the operation, he came out of the anesthesia, so I had to give him some more. So we watched him very closely, but we headed right for Norfolk to get him in a naval hospital. But he did survive. It was a good experience.

KP: So you actually did some work on this. And was the cruise to familiarize you with naval practices on board a ship?

RL: Well, it was more like a vacation, really, to go to Bermuda or wherever we went. And to be on a vessel.

KP: What did you think of a naval vessel?

RL: I was quite impressed. The facilities, of course, they're much different now, and I'm sure have improved greatly, but they had everything that was necessary. I was impressed.

KP: You left, or maybe I should say you went on inactive reserves and returned to Thomas Jefferson. What led you to pick Thomas Jefferson to do your residency?

RL: Well, I had no other official connections, you know, with any other medical school or anything like that. So I decided I was going into radiology, why knowing some of the professors that I had and the type of radiology we were exposed to as a medical student, why I just decided to go back to Jefferson.

KP: Did your parents being in the Philadelphia area, did that influence you at all, too?

RL: In the sense that when I was in medical school, I lived at home, so it was not that far away, so yes. I wanted a facility in Philadelphia [where] I could still live at home and not have to board away.

KP: So did you live at home with your parents?

RL: Yes, until the time that I became a ... third and fourth years, I stayed at the hospital, where I was a junior.

KP: In talking to a number of physicians, they said they have experienced many of the key transitions in medicine from the 1940s to the present. And one of the things they comment on a lot is the relationship between patient and doctor, and how it has changed. And one of the things they note is that the patients were much more trusting of doctors, say in the 1940s and '50s, not that they don't trust doctors now, but they may be a little more skeptical, more willing to ask more questions. Did you see any of that in your career?

RL: Yes, well especially at Memorial Sloan-Kettering, which is strictly a cancer hospital. You developed a much more personal relationship with a patient, because many of them were not going to live and particularly with children. I could not treat children. At least an adult, when he developed his cancer, he had lived his life, but these poor kids that we would see in the childrens'



ward may never leave the hospital. That had quite an effect. But there wasn't much personal, more personal relationship with patients that had cancer.

-----End Tape One, Side One-----

KP: How long did you stay at Jefferson?

RL: We went through in three years, because of the V-12 program.

KP: No, I mean in terms of your residency.

RL: Oh, in the residency. I was there two years, and then I stayed on as a fellow of the American Cancer Society. So I spent an extra year at Jeff, so that fulfilled my three year requirement for residency training. And then the last part of that as a fellow, I was sent to Memorial Hospital ... for three or six months as a fellow of the American Cancer Society, ... and I stayed on.

KP: At ...

RL: Memorial ...

KP: Memorial Sloan Kettering. And you in a sense never left.

RL: ... No, when I finished my tour of residency duty, I never thought I would practice in New York 'cause I'm more of a country person. But I was afforded an opportunity right there in-- first they gave me a staff appointment, which I was most appreciative. And then I had the opportunity of spending some time with a private radiologist who's already established a practice right there in Manhattan. So that's how I came to stay in New York.

KP: But you would in some ways have preferred to stay in South Jersey or ...

RL: No, no, because having had the opportunity and the facility of the kind of equipment that they had at this cancer hospital, many places in South Jersey even today don't have that type of equipment. I was fortunately, had the use of, so I preferred to stay with the more up-to-date hospital facilities.

KP: Where did you live when you first started working might be the first question.

RL: Well, as a resident, we lived in Long Island for a while, and then one day, my wife was pregnant with our first son, we saw this place in New Jersey advertised out here that had a brook running through the yard and two or three acres, something like that. So we lived on Long Island at the time, and I commuted into Memorial, so we fell in love with this place, which was about a mile away here and came out and looked at it and we decided that we'd buy the place. Then I commuted.

KP: So you used to take the Lakeland Bus Lines.

RL: Right.

KP: Even the image of cancer has changed a lot.

RL: Oh yes.

KP: When you first started working with cancer patients and working at Memorial Sloan, what was the image of cancer that both your patients and the public shared about this disease?

RL: Well, of course at that time, a person with leukemia was expected to die in two or three years or something like that for instance. Whereas nowadays, why there are many five-year survivors. So it's just a constant increase in the way the patients were treated and the facilities that they had that there's been a marked improvement over the years.

KP: Is a diagnosis of cancer for a patient less dreadful than it was say 30 years ago? ...

RL: They still have a stigma that if they have cancer why they're sort of doomed to die of it, but I think it's been a gradual decrease in that concept. The denotation for instance with the Memorial Sloan Kettering as a cancer hospital does have an effect on some people. Even if they had cancer they prefer to be housed at our sister hospital in New York, Cornell Medical Center right across the street, just because of the stigma of having cancer. I think it was Senator Taft or somebody like that who had cancer or whoever it was insisted that he not be enrolled at Memorial Sloan Kettering because of their name, but he chose to stay at New York Hospital.

KP: You mentioned that it was very hard to deal with patients who were children, that that was very difficult. How hard has it been to deal with patients, especially in the beginning of your career who had a very low survival rate?

RL: Very difficult. I think even in medical school, I was, we were given certain patients to take care of at that level. And the first patient I had did have cancer. As I remember, I stayed up with him all night several nights. He finally died; but it left, you know, a lasting impression, the futility of some patients that had advanced cancer. I knew and they knew that they were not going to survive.

KP: How has your own field changed? What would you say are the most dramatic advances?

RL: Oh, there are dramatic changes in radiology, both in diagnosis and in treatment. And if I had to, I retired in '88, and if I had to go back now in '95, I would have to do a lot of review to keep up with the advances that have made in both diagnosis and therapy.

KP: Do you look back on the earlier part of your career and say how primitive it was?

RL: Exactly.

KP: You were in the inactive reserve. Was there any concern around the Korean War period that you might be called up?

RL: Not really. Of course, age made a difference. I was older then, and I was not obviously to be drafted. And since I had served in the navy and had a satisfactory ...

KP: Record.

RL: ... record and was discharged. ... I had a discharge from the navy. I wasn't really concerned about going back into the service and had no interest.

KP: It sounds like that you did your service, but you had no fondness for the military.

RL: No, no, no.

KP: Would you have wanted any of your children to have served in the military or are you glad that they did not?

RL: I'm glad that they didn't have to serve. ...

KP: Had you wished any of your children had gone on to medical school?

RL: Yes, but I didn't influence them one way or the other. They saw the time that I had to put, you know, in the early hours to get into New York and back, and unfortunately, I do regret not having had more time to spend with them, because of the full day that I spent in New York. They, all four of them decided that they didn't want any part of medicine, but it would have been nice if one [had]. ...

KP: You mentioned you had very long days. What time would you leave here?

RL: Oh, I'd get the seven o'clock bus, 6:30 sometimes. And I'd never get home till seven at night.

KP: And that would be a typical day?

RL: Yes, except that I had my weekends free, mostly. We were on call sometimes, but not that often.

KP: Do you have any regrets about the specialty you selected? Did you every once in a while think, well, I could have gone into general practice and lived in a small town?

RL: No, there again, maybe from a selfish standpoint, I saw the hours that they put in, and they, I just preferred the route I did, even though I put in some more hours. But at least I wasn't on call at night.

KP: And on weekends you really had your weekend.

RL: Right.

KP: A number of doctors I have talked to had a lot to say about Medicare and Medicaid and how that influenced the practice of medicine. From your perspective, what effect did you see of both programs and probably even more importantly, government research grants, particularly in the late 1960s and early 1970s when the federal government put a lot of money into cancer research? Do you have any thoughts on that?

RL: Well, as far as Medicaid, I don't think I ever was paid a cent. I would just treat it for free rather than waste the stamp, because with Medicaid patients they didn't pay anything anyway. And with Medicare, many times having my private office versus being full-time at the hospital, if a patient didn't have money, I would either forget the bill or curtail it accordingly, whereas in the hospital where I ... worked and on the staff and not full-time, why they were not as lenient, put it that way. But I think there's a definite need for Medicaid and Medicare and enough, Clinton's idea, I don't approve with what he has in mind or Hillary, but something has to be done.

KP: So you are one of those doctors who say that there are things that need to be fixed in the present system.

RL: Oh yes, no question about it.

KP: From your perspective, what is very good about American medicine as you practiced it? And what would be the areas that you would improve?

RL: Well, they have the facilities in contrast to say something like Canada, when the Canadians develop cancer something like that. With their system of medical practice, many of those patients do not have the facilities to get the treatment they need, so they have to come to the states for it. At least in the states, it's available. It makes a difference.

KP: In terms of things you would fix in the present U.S. system, what would you improve if you could?

RL: Well, in the cancer field ...

[Interruption]

KP: In terms of fixing, what would you want to fix about American medicine?

RL: Well, that everybody has an equal opportunity to take advantage of the research and the new innovations regardless of skin color or race, some of the underprivileged areas, like in Harlem, may not have the direct use of the facilities that they should have, that they should be entitled to just mainly because of the almighty dollar, you know.

KP: One of the things I learned from doctors, it's actually been a very interesting group to interview, and especially talking about medicine in the 1940s and 1950s is there was a high expectation in this period that physicians would do pro bono work, that this was part of the obligations of the profession that you treated patients who didn't have to pay. And a lot of them said that that declined with Medicare and Medicaid.

RL: It has, right, and unfortunately now, with Medicare, some of the doctors are really selective about who they treat. And some of them don't want to treat Medicare patients, because they know they'll get paid 80 percent of somebody's idea of what it's worth, which is unfortunate because the people who decide on what it's worth are really not that knowledgeable.

KP: So you do have a sense that those who are evaluating how the money is distributed really do not have a sense of ...

RL: Exactly. ...

KP: Personally, what did you like most about medicine?

RL: The contact with patients. And that I missed for the first year or two after I retired. But then I gradually got over that and decided to enjoy, there are things other than going into New York every day and practicing medicine.

KP: Would you say that the commute into New York and the time was the thing you enjoyed least?

RL: That's right, right yes. I'd spend three hours on the road every day, which is wasted, really. Of course, I could read or sleep or whatever, but it just seemed like wasted time.

KP: Are there any other questions I forgot to ask about your service in the war or Rutgers in the 1930s or the post-war years?

RL: Not really, I'm just grateful for the opportunity, through the V-12 program, that I could go to medical school and they'd pay for it. And, of course, I was grateful for the state scholarship which helped financially. So I am grateful that I had those two opportunities to get what I did.

KP: Had you thought of using the G.I. Bill at all?

RL: No, never really taken advantage of it. I mean I don't mean taken advantage, I mean I never had the need to use it.

KP: You never thought of a career in research, medical research?

RL: No, no 'cause I like patient contact. ... It's good that there are people that would rather isolate themselves and do research. We need that, but on the other hand, there are also people who need to take care of patients.

KP: Were you active in any medical organizations or associations during your career?

RL: Well, I'm a member of the Radiological Society of North America and we have a group, mainly people that were associated with cancer or our hospital, made up of surgeons, radiologists, and medical interns that do nothing but treat cancer, and it's a society and we meet at least once a year, and papers are given and things to bring us up to date. So let's see, I was in a couple other radiological societies, but that's the extent of it.

KP: I guess the one question I had meant to ask a long time ago is you came from a temperance background, but when you came to Rutgers did you ...

RL: No, I didn't imbibe, even at Rutgers. I just really never have, ... I've tried several times, gained an interest in beer. I have a drink once in a while of hard liquor now, bourbon or something like that. My wife will still not touch any form of alcohol, but ...

KP: So that Methodist ...

RL: Yeah, that ... has been preserved, so to speak. I could get along without alcohol.

Susan Contente: May I ask a question?

KP: Yes.

SC: I was just curious what musical instrument you played and if you still play it.

RL: I played the violin and took lessons for several years and was in the All-State Orchestra in New Jersey. And we used to have an orchestra down in Princeton. And ... they developed an orchestra between NJC, New Jersey College for Women and Rutgers and I was in that orchestra with the violin. But then I was in a band in ... high school. And I think there I played a mellophone or something like that. But then when I went to Rutgers, I heard of a new instrument called the-- ... you don't see many of them, I can't even remember the name of it. It was a double-barreled baritone, a horn and not a mellophone or something like that, but what was the name of that thing? But it was an instrument that played melody, but one octave lower than say a trumpet.

SC: Those are very different, violin and ...

RL: Yes, but, of course, I couldn't play the violin in band, so. [laughter] But I was primarily interested in the violin part of it, because I had training there. And I played in the All-State Orchestra.

SC: Do you still play?

RL: Very little. I have a violin, but once in a while, my wife or the grandchildren will ask me to get it out. It all comes back. But I don't really play very often.

KP: Do you enjoy going to concerts at all?

RL: Yeah, we used to go to the ... New Jersey ...

KP: Symphony.

RL: Yes, in Newark. My wife appreciates music, and she really enjoyed that, but we sort of gave that up going into Newark. ... We enjoyed anything associated with music. That's it?

KP: Yeah, I'm trying to think if there's any area I haven't covered.

RL: Well, I think you got a pretty good idea. As they say, during the war, I don't have much of a military record, but it was because I was in medical school at the time, so I don't have any, that's when I said to Tom or somebody, I said, "Well, if they're looking for experience, my experience in the military, I don't have much to tell you." And I said, "The only time I've been even remotely involved was my experience on the **Albany** and that was for two weeks." I don't have any real interesting war anecdotes to pass on.

KP: Although one of the things is we want to try to get a balanced proportion. And actually, you'd be surprised how few of the class have war anecdotes.

RL: Well, most of us, you know in that era who were involved with medical school, why I'm sure there were very few that went into the service, army, air, and navy ... as a result of ... the opportunity through the army or navy.

KP: Two people, one of the MacDougall brothers went right to medical school like you did to move on, but the other one was a combat fighter.

RL: Oh, was he?

KP: Yes, I think.

RL: Doug, was it?

KP: No, I think it was Robert.

RL: Robert and what was the other name?

KP: Howard.

RL: Howard.

KP: Howard went right to medical school, but Robert went into the service.

RL: Oh, I see.

KP: And Leon Canick, he was skipper of a small navy ship.

RL: Oh, was he?

KP: Yeah, he enjoyed it.

RL: You mean after his internship?

KP: No, before he went to medical school.

RL: Oh, before. I see what you mean.

KP: For some, the path led right to medical school.

RL: Of course, if you were in the ROTC or whatever equivalent they had in the navy, why you might have enjoyed that part of it. That didn't interest me in the least.

KP: Would you have wanted the United States not to get involved in the war?

RL: Oh, not at all.

KP: You thought that ...

RL: Somebody has to.

KP: What about your parents? Were they glad you were in medical school?

RL: Exactly. ... Yes, I'm sure. They never expressed it as such, but I'm sure they were glad that I didn't have to go into the service. And none of my sons have had to go into the service, but, of course, if we had we would [have].

KP: Did you have any brothers or sisters?

RL: I have one sister living, and she's in a retirement home down in South Jersey.

KP: Well, unless there's something I forgot to ask, I appreciate it very much. Thank you for your time.



RL: Well, I hope you, something comes out of it. As I say, I was you know, wondering about who is going to benefit from all this, but I'm sure you have your own ideas and somebody will eventually, but whatever. I hope you ...

KP: You'll be seeing a transcript of it, so.

RL: I hope that you get more people involved. What percentage of our class would you say have been interviewed?

KP: We have so far of the class that are interviewed in participating, I've interviewed about 60 and about 80 members of the class are interested. The problem is that the 25, they are all scattered.

RL: Yeah, and I think I read somewhere from one of the Tom's letters, when interviewed, only one that I can recall said he really wasn't interested. Or he didn't see the value of it or something like that, so I think you have a pretty high percentage of people that are willing to cooperate.

KP: Yes, most people it's been great. Well thank you again.

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

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