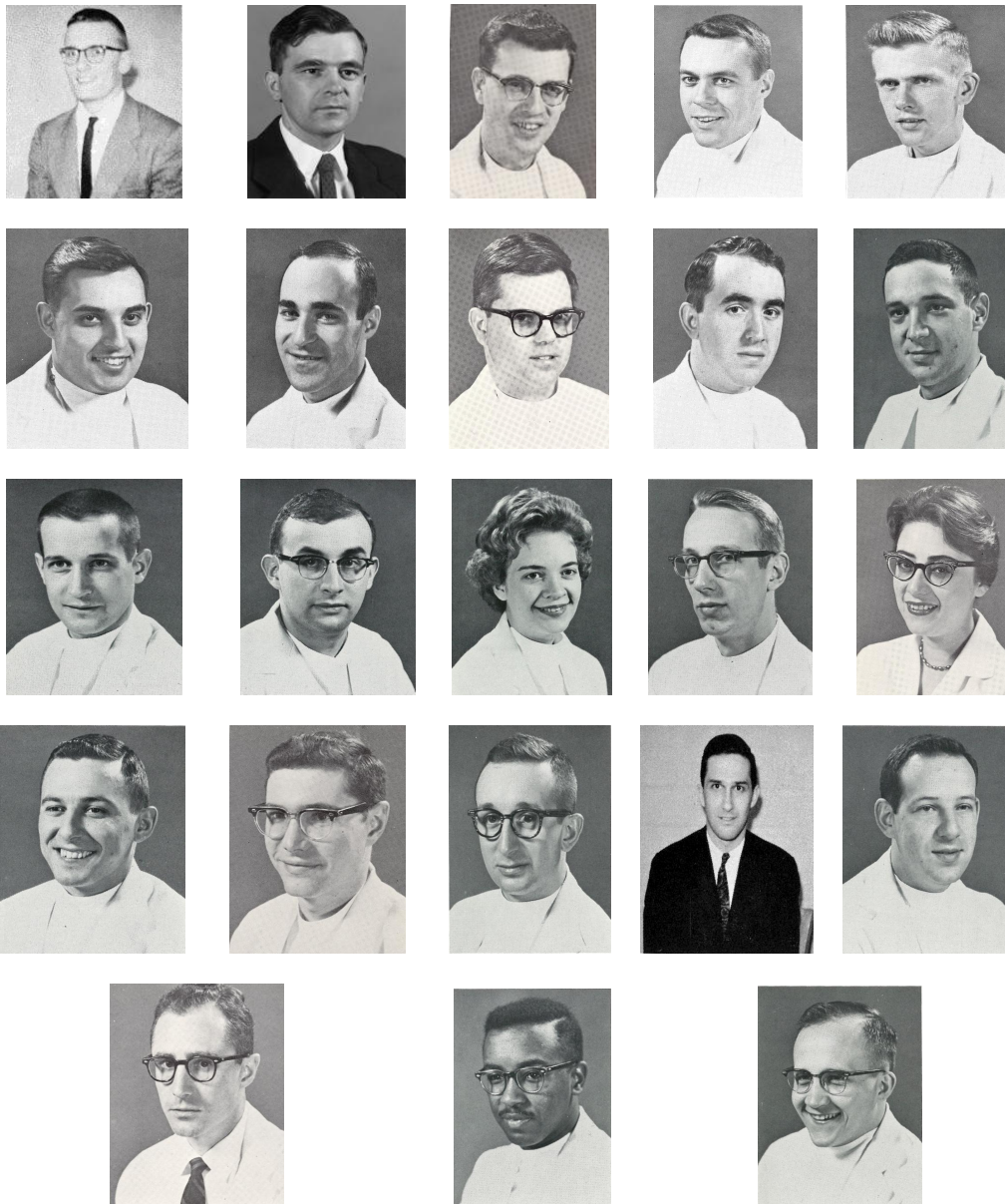


# OUR FIFTY-YEAR JOURNEYS

## THE UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY CLASS OF 1961



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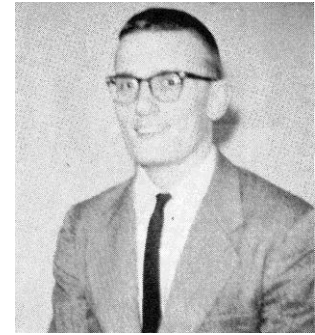
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## CARL H. ANDRUS



To begin with, I would like to offer two principles:

1. Good luck can't hurt.
2. If you find yourself burning out, start over.

It has been 54 years since anatomy on the fifth floor. I've been here in Rochester 49 of those years. My career has been in and out of a full time relationship with the Department of Surgery, but focused on the department throughout.

I had the good fortune to get an internship in surgery at The Presbyterian Hospital in New York City. I had strongly considered medicine, but surgery was the right choice after all.

The Berry Plan—you remember that—put me in the Navy after internship. Having inquired about the Icebreaker Service and having decided I really wanted the Mediterranean, I was assigned to Antarctic Support Activities. I spent one of my years on the ice and was Officer in Charge of Byrd Station, 400 miles from the pole, for the winter over period. If you google "Mount Andrus," you will find one of the results of that experience.

As it turned out, there wasn't a place for me to return to Presbyterian, but there was at Strong. Good fortune on more than one count. My first Sunday back in Rochester, I met Noelle in the Morton Room. We married 13 months later and have been lifelong best friends. It is nice being married to a twin; they are born sharing. We managed to produce and raise two happy and successful kids.

I took some lab time out of residency. We went to Duke where I worked in transplantation immunology. I qualified as a PhD candidate, but did not finish. The pull of practice turned out to be too strong. I stayed on after residency as the only junior faculty in a department of tenured full professors in their fifties. I did general surgery, vascular surgery and kidney transplants. I was all things to all people at all times, often triple booked, a setup for burnout.

On July 1, 1980 I went part time with an outside office. I am a clinician at heart. The relationship with my patients is the magic that kept me at it. Consistent with my college major, I found that every encounter with a new patient was like reading a poem. I continued as a transplanter. The vascular surgery had by then become mostly access for hemodialysis.

That time included a stint as president of the Academy of Medicine. In that capacity I received a letter from the FTC, citing one of our daughter organizations for collusion over fees—complicated, but it worked out. In addition, I was president of the Rochester Surgical Society. The combination of all this with general surgery complicated cross-coverage. It meant I had to sign out to two people. I left transplantation and vascular surgery entirely, and I focused on building a general surgical practice.

The elementary school (#42) on Lattimore Road was bought by a group of docs and recycled as a medical office complex. I found room there and, aided by inheritance as my older siblings in surgery, Allyn May, Clay Phillips and Dick McEvoy retired, I grew a busy and stable practice. I operated both at Strong and Highland, and I gradually focused on breast and endocrine surgery. I had the good fortune to develop an office staff of mature women with

kids in school. I followed the model I grew up with and saw my inpatients every day if I was in town.

In the late eighties, Seymour Schwartz was made Chair of Surgery at Strong. The vascular surgery had by then become mostly access for hemodialysis. and recruited a group of loyal part timers to be full time while he completed his faculty with younger recruits who are now senior people. I stayed for about 18 months and then reverted to part time. During this period I served for ten years as chief of surgery for one of our early freestanding surgicenters—interesting challenges dealing with recalcitrant and age-impaired surgeons, and some rewarding friendships among the board.

The practice became extremely busy. For a few years toward the end, we saw almost 1000 new patients a year. With my older siblings retired, I was fortunate enough to share cross coverage with the full time faculty. In fact, I functioned in many respects as full time.

In 2006, my office staff of 18 and 26 years decided they needed to retire. I wasn't ready, so, again with good fortune, I moved back into full time. I wasn't really feeling burned out, but a fresh start was good, and it facilitated cross coverage.

Our current Chair, Jeffrey Peters, reorganized the department on the silo principle, with each division specialty focused. Surgical Oncology became a separate division. My practice fit right in.

I retired formally from practice on in January, 2008. I am fortunate that our Chair feels it is important to keep the elders around. I've been analyzing the data we report to NSQIP, the American College of Surgeons' National Surgical Quality Improvement Project. It definitely needs a surgical mindset.

Then, in the summer of 2008, the junior breast surgeon went on maternity leave and did not come back. To fill the gap, I volunteered to return to the practice of breast surgery on a part time basis. Part time fits my current level of stamina, and it doesn't encroach on my day job. It meant being a more active member of the division, serving as Quality Liaison and writing up complications, and conducting an occasional root cause analysis. It keeps me very busy. On the other hand, I need the structure to keep my head together. And it does keep me sharp. I can't think of anything else I would rather be doing.

I am very proud of what Noelle has accomplished, first our kids and then her academic achievements. At the beginning of our marriage, we agreed that it would be important for her to have a strong identity of her own. She had trained as a nurse, but after a master's degree in counseling, she worked at a series of interesting jobs and then earned a PhD in anthropology. For the past 13 years, she has worked at URM's Center for Community Health as Director of Education, developing training materials and online courses in population health. She has just transitioned to part-time in the School of Nursing faculty.

A resident asked me recently how Rochester became such a powerhouse in surgery. After a little thought, I attributed it to the influence of a few good men in leadership positions. I feel extremely privileged to have associated with them over the years.

## JAMES T. BARTER

I graduated as a pre-med student from Antioch College in 1952. The Antioch curriculum alternated study and co-op jobs. My off campus placements were at the Chicago Natural History Museum and with their archaeological team in Arizona. I also worked as a lab tech in a large hospital. Archaeology was more interesting and fun than my tasks in a hospital lab! I didn't feel ready to apply to medical school. Instead I chose to do graduate work in anthropology



I enrolled in the graduate program in anthropology at the University of Arizona. My second year there I met and married Eloise Richards, who after 57 years is still my support, companion and life partner. We both got our Masters of Arts degrees, hers in archaeology and mine in physical anthropology.

The draft was still in force as we graduated and my exemptions ran out. A precipitous four year enlistment in the Air Force kept me out of the draft. I managed to be assigned to The Aeromedical Laboratory, Wright-Patterson Air Force Base, which had a team of physical anthropologists. Irv Emanuel was there, before he went to Rochester.

Although only an Airman 2/C, I was a physical anthropologist researcher. The human engineering research and work I did was interesting and important. The other staff respected my work, but I was miserable. Frequently, I was pulled into KP, once dictating a site visit report to a captain as I scraped dirty trays.

Promotion was impossible unless I left the Aeromed Lab. Eloise and I were living at a poverty level and I had two more years of service to go. Early in 1957 I found an obscure regulation: one could get out of an enlistment after two years of service upon acceptance to medical school.

Few medical schools were still accepting applications for the fall of 1957. I selected two. Western Reserve turned me down. The dean told me older students with graduate work "did not make good medical students."

I wasn't very confident when I interviewed at Rochester. Dean Fenninger assured me that Rochester welcomed older students. I had a letter of acceptance within days of my interview. With me in the Class of 1961 were Ben Belknap, Charles Baker and Dick Defendini, all of us "Old Men," I was married, another oddity for medical students at that time. Classmates were mostly male. In 1957 Judy Hood was the only woman in our class. A year later Carol Nadelson, then married to David Shander, joined her.

The first two years at Rochester were tough. The course work was difficult and the amount of studying required exceeded any that I had experienced before. Since I was in a double minority, married and older, I found it hard to participate in the informal study groups the other medical students organized. At the end of a day, I wanted to get home. Eloise took on the responsibility of supporting us – she was a caseworker at Hillside Children's Home – and taking care of me. Both were formidable tasks. Eloise was extremely good at managing our finances through these tight times.

All preclinical students were plagued by too much knowledge and too little understanding. We all suffered the disease-of-the-week syndrome. We were tired from long hours of lab work, lectures, and study. Some became convinced the lack of energy was because of thyroid deficiency or anemia. Once in histology lab, when I was doing a differential blood smear count, I noted a preponderance of mononuclear blood cells, a sure sign of leukemia. When, with trepidation, I asked the teaching assistant to look at my smear he said, "Wow! you have mononucleosis." In my vivid imagination and tired state I had been unable to distinguish between monocytes and leucocytes. I was embarrassed by my mistake but also relieved that my life wasn't about to end. Many classmates experienced variants of self misdiagnosis. Later, when a classmate was found to have thyroid cancer, we became even more susceptible to the suggestion that we were all unlikely to survive long enough to graduate.

Eloise and I rented a five-room apartment on Jefferson Avenue (a "transitional" neighborhood) over a beauty parlor and next to Zipp's tavern. Medical studies limited our social life but we still managed occasional dinners with friends and often had the older medical students over for a dinner prepared by Eloise, an imaginative cook.

Jefferson Avenue provided entertainment – "street theater." Once, we heard a loud whoomp followed by high flames. A car parked at the curb directly in front of the apartment was on fire. A bunch of men dressed in hunting clothes came pouring out of Zipp's. They ran to the trunk, opened it and took out rifles and boxes of ammunition. It was a brave—but foolhardy—thing to do since the car was burning fiercely. One morning when Eloise arrived at Hillside, her fellow workers surrounded her demanding details about the murder at Zipp's tavern. We had both been soundly asleep and missed hearing any of the ruckus. Later from neighborhood gossip we learned that Zipp and his wife were fighting. She retreated upstairs to their living quarters and Zipp started to follow with the intention of giving her a thumping. She started throwing eggs at him from a big crate that was at the top of the stairs. He took out a pistol and shot her multiple times. We didn't need television.

With the arrival of the clinical years I began to feel more comfortable and competent. I loved working with patients. The Department of Psychiatry taught clinical interviewing technique and my skill in eliciting histories and writing the initial workup improved. Course work, mostly seminars, was interesting and challenging.

Like all third year students I did scut work for the interns and residents. Depending on the service, we usually went on morning rounds with them and the attending physicians. If we had worked up the patient, we did a brief presentation, gave a differential diagnosis and suggested a course of treatment. Treatment decisions, of course, were made by the house officers and attendings. Our suggestions were just part of a learning exercise. We always needed to be prepared.

The fourth year of medical school was similar to the third except that we had more responsibility. We also had an opportunity to take some elective rotations, particularly in speciality areas that we might be considering for further training. I took an elective in anesthesiology which I liked, in spite of the ribbing from fellow students about being a gas passer. Hugh MacIntosh and I seriously discussed the possibility of becoming anesthesiologists and going into practice together. We both ended up in psychiatry.

A major event for us in the fourth year was Eloise's pregnancy. The child was post-mature and stillborn. Eloise and I were devastated. We had a strong support group who helped us through our grief. All the preparations we had made for the child had to be packed away. My study was to be the nursery. It was difficult to use it after this disaster. Eloise returned to work. Our plans for the future were unclear.

In my senior year a research project I had done with Dr. Gilbert Forbes on the measurement of total body fat won the Strasenburg Award. It later was published by the NY Academy of Sciences. My first scientific paper in a referred journal.

Many of my classmates entered medical school with a clear idea of what they wanted to do after graduation. I marveled at that kind of clarity and wondered if I was strange in being so uncertain about the future. The clinical rotations were designed to acquaint students with different medical specialties to help in making career decision. Later, when I was an attending physician in a medical school, I observed the fierce battles that each specialty waged to secure, extend and protect the amount of time a medical student would spend on their service. I enjoyed almost all my rotations and began to lean toward general practice. I thought it would offer an experience with a wide range of patients and clinical problems.

I chose a rotating internship at The Mary Imogene Bassett Hospital in Cooperstown NY. Rotating internships were being phased out, but I hoped it would clarify a career direction for me. In many ways it was a repeat of the fourth year. Family practice still seemed likely.

Through its affiliation with Columbia-Presbyterian, Bassett was starting a psychiatry residency. The first year was to be spent at Bassett, followed by two years at Columbia/Presbyterian and the New York State Psychiatric Institute. The Bassett Chief of Psychiatry asked me to take the position. Since I had enjoyed all my psychiatry rotations and saw how it interfaced with other areas of medicine, it was a no-brainer. Our first child was born in Cooperstown and we welcomed the opportunity to stay another year.

My path from this point on was fairly direct. I have been able to combine an academic teaching and research career with strong clinical practice. My research interests included adolescent suicide, substance abuse, Native American mental health, and public psychiatry.

My first position was at the University of Colorado Medical School, where I started an adolescent inpatient service. The opportunity to run a part-time consultation training program on the Crow/Northern Cheyenne reservation got me back in touch with my anthropology roots. I began a long time involvement with American Psychiatric Association committees. My longest academic affiliation has been with The University of California Davis, where I was Professor of Psychiatry. My interest in public psychiatry, especially the severely and persistently mentally ill, lured me away from time to time to administrative positions. A year's leave of absence from UC Davis allowed me to serve as the Medical Director of Mental Health for California. For six years in the 1980's I was the Director of the Illinois Psychiatric Institute in Chicago. Eloise and I managed a "commuter marriage" during this time, so she could continue her work as a California Associate State Archaeologist.

Sacramento, California is home—which we never would have predicted when we were in Rochester. Our three children were born during the early, migrant years of my medical career: Cooperstown NY, Tenafly NJ, and Denver, CO. All grew up in Sacramento, and attended California universities. They all are in stable marriages, and are happy with their jobs (IT specialist, marine scientist, teacher/artist) we have five grandchildren. The only down side is that two children are now permanently in New Zealand. That also has an upside—we stay with them there every winter (their summer).

As I was reaching retirement age, New Zealand recruited me to restructure the public psychiatry program in Northland, a rural district in the subtropical north. The work was difficult, but rewarding. The population included a large number of Maori, an anticipated cultural factor. Most unexpected was the cultural differences in medical practice in the hospital. We were in New Zealand for three years. I left feeling satisfied with the changes made, Eloise had a good three years working with archaeologists there, and we developed lasting friendships.



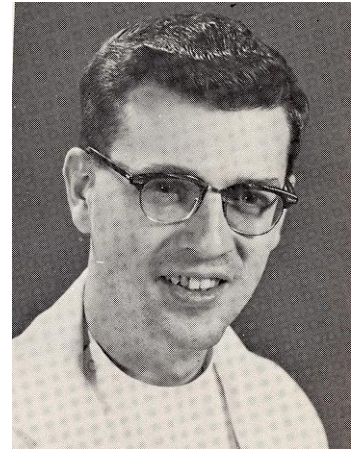
In New Zealand, I learned wood turning. Back in Sacramento, I had no interest in returning to the University of California or to involvement in psychiatry. My satisfaction came from my increasing skill at the lathe. Bowls accumulated and I began selling everything I turned, attending three or four craft shows a year. There was now time for that outmoded pastime, reading. Computers opened up a new world. We have grandchildren growing up in San Diego and New Zealand. Eloise has been a volunteer archaeologist with California State Parks after her retirement. We both have our gardens, enjoy traveling, and eat and argue politics with our friends.

The changes in treatment and successful outcomes that are now possible in all fields of medicine, including psychiatry, were unimaginable back in the sixties. From my position as a professor, researcher and clinician in three medical schools and advocate within my professional societies, I saw great advances in humane and effective treatment of the mentally ill. As an administrator of public programs, I have also watched public policy dismantle effective programs. I cannot isolate specific contributions Rochester made to my professional career, but I know that the experience fit well with my view of myself and my world. I am still thankful that I was accepted.

## ROBERT E. BURKE

### FIFTIETH REUNION MUSINGS

From my earliest memory, I was nuts about science - birds, animals, fossils, the American Museum of Natural History, astronomy, and on and on. My mother preserved a short school essay (undated but probably from third grade) in which I stated that "... I want to be a scientist working in a big modern laboratory..." In college I majored in biology and chemistry, and my aim was to go to medical school because that was the route I thought would most directly lead to this goal. (I had never heard of a thing called a PhD.) I picked Rochester because that was where I grew up, could live cheaply at home, and where I had a state scholarship. The U of R School of Medicine and Dentistry proved to be an ideal choice because it offered the year-out program, designed to give naive medical students like me the opportunity to experience actual scientific research.



During first year, I was blown away by Dr. Wilbur K. Smith and his course on neuroanatomy. You will all remember Dr. Smith's energetic lectures, backed by huge charts that he hung on the wall before every class. His charismatic teaching style covered the workings, clinical and physiological, of the nervous system well beyond the dry details of its anatomy. Luckily, I got a summer stipend to work with him and Dr. Alexandra Feldmahn between first and second year. This was such a rewarding experience, balanced between a lab project and clinical rounds with them that I put in for a year-out fellowship between second and third year. Dr. Smith let me choose my own project—supraspinal control of motoneuron excitability—which he generously supported with modern electrophysiological equipment. Dr. Smith also took on four other classmates—Bob Kim, Richard Defendini, Doug Ernst, and Bob Anderson. Dr. Smith sent me to present my results at the Atlantic City meeting of the American Physiological Society and encouraged me to write up a thesis report that later won the Borden Prize at our graduation.

This experience changed my life! I resolved to become an academic neurologist with one foot in the lab and the other in the clinic. After seeing patients with ALS, I resolved to study spinal motoneurons. Richard Defendini, who was older than the rest of us, was seeing Dr. Lucy Frank Squire, whom you may recall taught many of us about radiology. (They later married.) When Lucy learned of my interest in the spinal cord, she said that I should meet her brother, Dr. Karl (Kay) Frank, at the NIH in Bethesda, MD. At the time, Dr. Frank's lab was one of the only two in the world using the new technique of recording intracellularly from spinal cord neurons using glass micropipette electrodes. Dr. Smith arranged for a visit to Dr. Frank's lab at NIH and I asked him whether I could join him after I finished my intended clinical training in neurology. Amazingly, he agreed.

After graduating from U of R, I went to the Massachusetts General Hospital in Boston for three years as a resident in Medicine and Neurology. During the latter, at the height of the Vietnam War, I received my draft notice. I had learned that a person could satisfy the draft requirement as an officer in the Public Health Service doing biomedical research at the NIH. I called Dr. Frank at NIH and to my further amazement, he remembered me and instantly agreed. I went with my wife Trish and three kids to Bethesda in 1964, intending to stay there for two years and then complete my neurology residency at MGH.

On arrival at NIH, Dr. Frank showed me my (gasp!) lab, a world-class electrophysiology set-up that was not being used by anyone else. Like Dr. Smith before him, he said that I could do anything that interested me, although he did suggest a very attractive intracellular recording project on synaptic input to spinal motoneurons. After three intense years at MGH, I thought I had died and gone to heaven. This first project, with some very lucky breaks, led to a result that had a wide impact on current and subsequent thinking about the function of neuronal dendrites. For anyone interested in the details, see pp. 207 - 214 in "The Theoretical Foundation of Dendritic Function" (ed.: Segev, Rinzel and Shepherd, MIT Press, 1995).

My two years at NIH extended to a third and I was then faced with a dilemma. My original intent to become an academic neurologist was tempered by the realization that I could not be completely successful if I tried to meld the clinic with the lab, given the all-consuming nature of my research area. Instead of Boston, I chose in 1967 to spend a year in Gothenberg, Sweden, in the lab of Prof. Anders Lundberg, then the world authority on spinal cord interneurons. This was a marvelous experience, both scientifically and personally. We made many good friends and our fourth child was born in Gothenburg.

After our return to Bethesda in 1968, I joined Kay Frank's new Laboratory of Neural Control, embarked on new projects, notably to study motor units (motoneurons and their synaptic inputs in relation to the types of muscle fibers that they innervate), and spinal cord circuits involved in the control of locomotion. In 1975, Dr. Frank moved to an administrative position in the NIH Extramural Program, and I succeeded him as Laboratory Chief. After 41 years at NIH and around 150 papers, I retired in 2005.

As to personal history, Trish and I were married in 1960 before my last year at U of R. We had four children, Mary Kay, David, Jean, and Christina. Tragically, Trish died of colon cancer in 1993, just a year after our youngest graduated from the U of R in anthropology. In 1997 I married Janet Majerus, who had been a close friend to both Trish and me since our days in Boston, and who had her own personal tragedy. Janet and I became increasingly restive with life in Bethesda, no longer a sleepy, friendly DC suburb, but now more impersonal and clogged with traffic. In addition, changes in the scientific climate had made it quite difficult to continue my experimental work on animals and I began to think seriously about retiring.

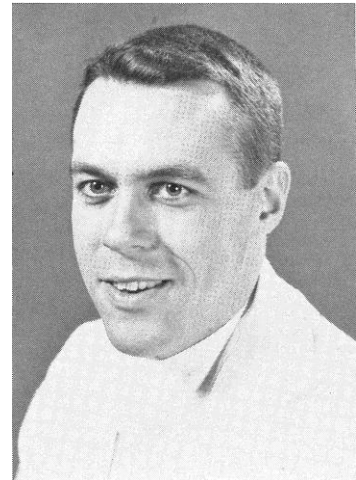
Janet and I had discussed eventually moving to the Southwest after my retirement. She is a writer of mysteries and in 2002 she returned from a writers' workshop in Taos, New Mexico to announce that she had found the ideal place to live—small, relaxed, but full of artists, writers, musicians, engineers, physicians, and even scientists, most all of them retired from professions throughout the country. There are spectacular mountains that offer world-class hiking and skiing, and of signal importance to me, a dark, clear sky at night. I had always dreamed about having a backyard observatory with computer-controlled telescopes and cameras to photograph the heavens. One visit convinced me; there is even an excellent sushi restaurant about a mile from our home.

Our home is on the northern edge of Taos proper where the Milky Way is visible throughout the year. (Try that on the East Coast!). I retired on May 31 and on June 1 we got into the car and drove west. Neither of us has regretted the choice. Our home is 25 minutes from the world-class Taos Ski Valley, where at my age I get a season pass for \$100. Most seasons I get my daily lift cost below \$3. Sound good? Come visit!

## ERIC K. BUTLER

As I sit here in the sun on my patio in California, in the heart of Silicon Valley, and reflect on how I ended up here and what I have done since leaving Rochester, multiple memories clutter my thoughts. They all carry a certain sense of inevitability, but also the randomness of chaos.

I had been brought up with the idea of service being the goal of any profession, and when I entered college, I was ready to be a teacher or a preacher. The necessity of taking a science course in each of the first two years resulted in exposure to biology, and a sudden awareness of a third option: medicine. I came to U of R with the intent of being a small town (in New England) general practitioner. The “twists and turns” of fate and decisions brought surprises.



First turn: I took my optional month in surgery under the tutelage of Roland Stevens and Stan Widger. These two surgeons impressed upon me that in surgery technique was important but only a part of the practice of surgery. That exposure, plus my personality characteristic of wanting to *do* something, rather than just observe and think about it, led to my shifting to a goal of being a small town general practitioner who did some surgery.

Second turn: Friendships with my fellow students from Wyoming and Washington State, along with a tour of the west in the summer between third and fourth years led me to apply for a rotating internship with emphasis on surgery in Seattle. Thus, I thought, I would be able to fulfill my goal at the end of the first turn.

Third turn: Shifting to surgery. Residencies required commitment to one goal. I was already in the West, so applied for positions on that coast. I included the University of British Columbia program, centered on Vancouver General Hospital, primarily because of an interview with the most humane surgeon I have met, the chief of the program, A.D. MacKensie. I still harbored the idea of GP+ when I went there for four years.

Fourth turn: I married (neither wisely nor well) a woman whose family lived in Vancouver. One of the family friends was a cardiovascular and thoracic surgeon under whom I trained (and apparently did well), who offered me a partnership with him in Vancouver after a two-year training program. So, I thought, I will be a surgeon with a sub-specialty in CV surgery practicing in Vancouver.

Fifth turn: I had to fulfill Berry Plan obligations after residency. I became a U.S. Navy officer as a general surgeon, and spent two years state-side in Southern California. Since I had to wait a year after the stint in the Navy before starting the fellowship program I set up, I returned to Vancouver, planning on supporting the family and saving dollars, by working in the VA surgery clinic. That August when I returned, Canada initiated its Medicare system, a benefit for all of Canada, but not for my situation. Bureaucratic delays led to my not being paid for six months. Finally I could stand debt and bleak future no longer, I gave up the plan of training in cardiovascular surgery and staying in Vancouver. I doubled back, looked for work elsewhere as a general surgeon, and obtained a position with the Kaiser Health Plan (Permanente Medical Group) in Redwood City, five miles from where I have lived ever since.

Sixth turn: In my third year in that practice of general surgery, one of the two orthopedists of our group left, the other didn't want to do the hand surgery, and I volunteered to take on those patients. After three months, I realized not only that I didn't know enough to practice well, but also that hand surgery was intriguing. So I decided that three months of training with a hand surgeon in Phoenix would educate me enough to do a competent job. While in Phoenix I became aware of two things: problems of the hand fascinated me, and I couldn't learn it all in three months.

Seventh turn: With a bent for foreign travel and hoping to understand the culture from which my Scandinavian (then-)wife came, I arranged a twelve-month sabbatical to study in Sweden, Scotland, and Denmark, with the intent of returning for a year to Kaiser and to exclusively do hand surgery for a year before going into private practice.

Eighth turn: Travel and time hadn't helped the marriage, which deteriorated to end in divorce a year after we returned from abroad. So I stayed on at Kaiser, doing hand surgery full-time (24 x 7 x all but vacations) and general surgery (taking night and weekend call).

Ninth turn: I married again, this time "well and wisely" to Suzanne, who bravely took on this man with two children. She had lived here in Menlo Park since she was a child, worked at the time in the Menlo Park Library, and taught (as she still does) international folk dance.

Tenth turn: A colleague and friend in a private solo practice in San Jose developed a brain tumor and died eight months after the diagnosis. His widow offered his practice (for sale). By then I was exhausted with my schedule at Kaiser, with rising blood pressure and a feeling of "no exit" from my doubled practice there. So I seized the opportunity, despite a mortgage, one child in college, and one in private school.

Eleventh turn: After 15 years of solo practice of hand surgery in San Jose, I had two major surgeries within 5 months (one of them for cancer), decided that I "had enough", and retired.

Through all these twists and turns, one thing persisted. Although I didn't like the phrasing, the "biopsychosocial" model Rochester taught persisted through each of the practices. I found that what George Engel and John Romero taught, which I thought would be valuable only to GPs and internists, was essential to being a good surgeon. I saw the model in the practices of Drs. Stevens and Widger, and Dr. MacKenzie, and even with the several men who trained me in hand surgery. They were all superb surgical technicians, but also men who involved themselves in their patients' lives and hopes. Each of these men spent time beyond the "finding-out-what's-wrong" and the "here's-what-we-are-going-to-do-to-make-it-better." The involvement in patients' lives takes time, and even in medicine, "time is money." But the importance of that approach became more and more apparent to me as time passed.

Having started with the intent of being a general practitioner and ended up as a sub-specialist in surgery of the hand, I realize that there were not only those major influences of the men under whom I studied and trained, but serendipitous events that led me on the path I took: My grand-uncle was a fine example of a small town doctor in Canada; visiting with him when I was a teenager allowed me to see how one could relate to the lives of patients. The one talk given at Rochester that has lasted through the 50 years was that given in our fourth year, one day at 4 PM (not the strongest, most alert time for us externs) by Dr. Paul Brand. His talk

about his work in India taking care of the hand problems of lepers, along with his knowledgeable but humble manner, deeply impressed me. Only later, when I was a member of the American Society for Surgery of the Hand, did I realize how influential he was in the practice of hand surgery. When I worked with Drs. Stevens and Widger, I was intrigued with their care of the patients whose hands had been injured in the industrial setting, especially their teaching me what the effect of injury did to the psyche of the worker. When I was in the Navy, I sat in on clinics run for the Navy orthopedists by Dr. James Wilson, a private hand surgeon in San Diego, and found his diagnostic skills and sensitivities were to be emulated.

Having seen medicine practiced in Canada (pre- and post-Medicare), Sweden, Denmark, and the United Kingdom, and here in the United States in the Kaiser system and in private practice, I realize that I might have had a different career “had I but known”—not just what each involved, but known myself better. Choices might have been different at almost each turn. Some seemed inevitable at the time, but I justified others too superficially.

Success for me has been the satisfaction of practicing the kind of service that I recognized to be right. All else was luck and happenstance.

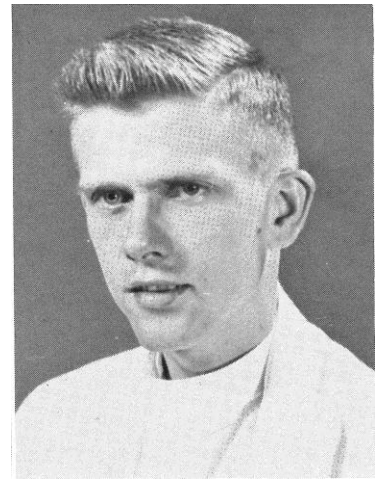
The joy of the practice of medicine came for me from two things: First was a never-ending stimulus to learn, from books, teachers, mentors, colleagues, and patients. And second, the people: the enthusiastic teachers of Rochester, who held to the philosophy that “the care of the patient is caring for the patient”; the doctors whose goal of practice was not just primarily, but exclusively, the benefit for their patients; the colleagues who freely shared their knowledge and ideas; and the patients, who taught me that knowledge may be power but caring is as important. I can think of no better life than what medicine brought: unending mental and physical stimulus, satisfaction of giving of oneself, and a feeling of living the kind of life I wanted to live.

## ROBERT L. CALDWELL

### SURPRISES

#### SURPRISE 1 GAINING ENTRANCE TO MEDICAL SCHOOL

“Caldwell, how do you account for this lackluster record of yours in the sciences?” “So asked the dean in my application interview for the Dartmouth School of Medicine.” “This is not starting well”, I thought to myself. Sure enough, after having spent the first three years of college pursuing my pre-medical course requirements, and hoping to gain entrance to the school after my junior year, rejection. I was at first devastated, but eventually came to realize that my senior year was free of those really ill-advised and mostly useless science courses. Enabled to pursue a more liberal arts education, I ended up English major. I applied to the Dartmouth School of Medicine again in my senior year and was again turned away. Eventually, the U of R granted me admission. Once I got my foot in the door I thought it best to keep it there—and here I am 54 years later. The school and the community have served me well and I have been happy with my fate. Thank you, Dartmouth dean!



But back to the medical school years. Remembering much about the first two years is difficult. (I must have been struggling hard to create a more than lackluster record in the sciences). However, I do recall, painfully, my most embarrassing moment in those two years. Remember we met with Dr. Whipple weekly in K 207? He invited two students to sit with him in front of the room to “discuss” pathology. During my turn in front of all of you, he asked me to name those millions of cells in the body which lacked a nucleus. Do you think I could remember those oddly shaped red cells? A brain anesthetized by anxiety! But he was a kind and gentle man and thus didn’t put me down. I also remember Dr. Orbison—a true gentleman who astonished me a couple of years later when he called me by name as we passed in the hall. What didn’t thrill me in his course was his repeatedly spying on me as I was trying to hide behind the biggest guy in the class (thinking incorrectly that I would be invisible to him!). And then there was the lovable and funny Dr. DiStefano who, totally by chance, ended up being our next door neighbor in Scottsville. He and his wife were dearest friends until their untimely death a few years ago.

The second two years were much more fun—real patients to take care of, the thrill of being in the OR, etc. Despite minimal guidance from my residency advisor, I decided on surgery because I loved anatomy (thanks to Dick Isay and Judy for letting me do so much of the cadaver dissection), loved and was good at knot-tying, and was captivated by the theatre that is the OR.



## **SURPRISE 2 GRADUATING FROM MEDICAL SCHOOL**

Despite my claudicatory progression through medical school, especially the first two years, and not receiving any feedback or any grades ever (no pink slip in the mailbox meant at least a passing grade), I was allowed to graduate and was accepted into the general surgery residency at Strong. After completing my training I entered the private practice of surgery at Highland Hospital, retiring 9 years ago, after 33 years of practice. It was my great and good fortune to meet my future wife when she was a junior resident in surgery and I was a young, self-important attending. But we hit it off and have been happily married for 40 years.

## **SURPRISE 3 AVOIDING BOREDOM IN THE THEATRE**

After repairing a couple of thousand hernias, it struck me that the next one wasn't quite as exciting as the first unless there was a resident and/or a student present to enlighten through a combination of querying and revelation (aka "pimping"). Sharing what I knew about surgical illnesses and surgical anatomy was great fun—it was sustaining really. And there were plenty of laughs along the way. During one hernia repair I asked the student, who was palpating the transversalis fascia through which the direct hernia presented, if he didn't think the fascia was "thinned, attenuated and diaphanous" (the English major in me coming out). The student looked askance at me and said, "Dr. Caldwell, why do you always use three adjectives when one would do?"! A plus for chutzpah! My love of teaching led to assuming the job of Surgery Clerkship Director, a responsibility I relished and held for 20 years. I continue to teach in the gross anatomy lab, Problem Based Learning conferences, etc. A particular interest is career advising, probably based on the fact that I got next to none in medical school. As faculty advisor of the Surgery Interest Group, I like to tell students that the goal of the group is "enlightenment not enlistment". Through a combination of lectures and shadowing, including guided OR tours, we strive to reveal to students what surgery, and surgeons, are really all about in the hope that they will discover whether surgery is, or is not, their true passion. We want to do our best to help students pursue—the specialty that is right for them, be it surgery, psychiatry or whatever.

## **SURPRISE 4 THE EVOLUTION OF SURGICAL TECHNOLOGY**

Another huge surprise was the evolution of surgical technology, in particular the introduction of laparoscopic surgery. I was fortunate to be young enough in 1990 to learn the procedure and to introduce laparoscopic cholecystectomy to Highland Hospital. The first patient underwent an uncomplicated, though anxiety-ridden, three hour procedure (I wasn't going to run aground in this maiden voyage). When we saw her on rounds the next morning the first thing we noticed was a "positive lipstick sign" (no one puts on makeup if they aren't feeling well, right?). And she was sitting up in bed reading the newspaper, her breakfast tray was empty and she was free of pain. She certainly didn't look like someone who had undergone major surgery less than 24 hours previously.

Her husband picked her up later that morning and took her out to lunch after which she made two trips to the mall, all within 24 hours of her procedure. She returned to work three days post-op. What a mind-blowing experience—and certainly the most unexpected and most rewarding advancement in surgical technology imaginable—something that thrills and amazes me to this day. Who knows? Maybe future generations will be doing DaVinci Robotic appendectomies on Martian pioneers!

## **SURPRISE 5 THE EVOLUTION OF THE MEDICAL SCHOOL CURRICULUM**

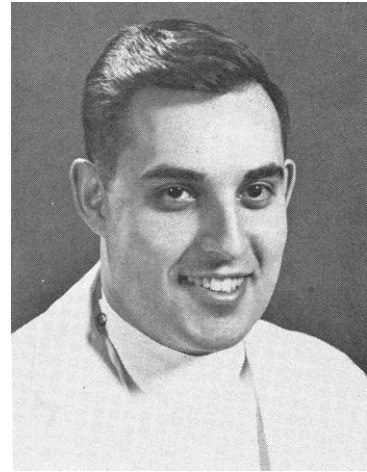
We all were privileged to be students at the U of R—we had as good an education, for the times, as any one could get and we certainly had many superb and unforgettable teachers. And we learned the all-important biopsychosocial approach to patient care. We studied and socialized with as great a group of classmates as one could hope for. In retrospect, however, were we not subjected to a great deal of useless information, especially in the “pre-clinical” years? We can all remember sitting in the classroom listening endlessly to some PhD professor, or a would-be PhD, telling us about his or her research, clinically relevant or not. Simply put, the faculty was trying to teach us everything there was to know about medicine. Finally, a Dean of Medical Education

(Edward Hundert) realized that a) there was just too much medical knowledge to teach in four years and b) half of what was taught would be proven wrong in five or ten years, the problem being that no one knew which half! He also realized that the teaching of the basic sciences would be more fun, and would stick better, if it was related to clinical problems. Thus was born the “double-helix” curriculum—the interweaving of basic sciences with clinical sciences throughout the four years of school. Instead of trying to teach everything, the curriculum now focuses on the “core” material and prepares the student to “learn for a lifetime”. The first course in school today is not anatomy but “Mastering Medical Information”—learning how to research questions, how to interpret papers and data, etc. Then comes not “anatomy” but “Human Structure and Function.” When the students are studying the anatomy of the heart in the lab, for example, they are also learning the physiology and histology of the heart. And, most importantly perhaps, they are working through the scenario of a patient with heart disease (“Problem Based Learning”).

Clearly, there has been a sea change in medical education and it has been an exciting privilege to be part of this evolution. I sometimes wish I was applying to medical school now—but when I consider my failed first application experience, and more particularly the superior brain power, broad knowledge and incredible worldly experiences of today’s applicants, I realize I couldn’t get in. It is they who are teaching me now!!

## PAUL FINE

### MY FIFTY-YEAR JOURNEY: BORING BUT NEVER BORED



The year was 1953. Every evening I would wait for the St. Paul Street bus to take me home from my classes at the U of R River campus. I would wait under the pillars in front of Strong Memorial Hospital, watching the medical students and residents, the pockets of their white coats full of stuff, scurrying back and forth in front of the hospital. I thought, “I could do that,” and so started my journey to medical school. The reason I was waiting for the bus was that my mother, an Eastern European immigrant, said I could go to any college I wanted “as long as it was on a bus route.”

My years as an undergraduate at the U of R were not always the happiest. I was always a “city student.” I had a job in the library and on Saturdays worked in a dry cleaning store. I was in the History Honors program requiring two afternoon seminars a week where we presented papers. This did give me time to work on my pre-med courses and, with a little bit of luck, I was accepted to the class of 1961.

I was interviewed by Dean Whipple who seemed most interested in my health. (I didn’t think I looked that bad.) I married Shelly between college and medical school, a step I never regretted. Shelly earned \$4,000 a year as a first grade teacher. Remember, tuition was about \$1000 or less at the time. We lived in University Park and became good friends with the Blomgrens (Steve) and the Galbreaths (Robert), both of whom have passed on.

Medical School went well. In my fourth year, Shelly became pregnant and Dick Rubinson would refer to her growing girth as “Fetus Fine.” I thought I would pursue a career in OB-GYN. I was the first mixed medicine-OB-GYN intern. I was appointed to the OB-GYN residency, but after six months of internship, I decided this was not for me. Dr. Lawrence Young, Chief of Medicine, went to great lengths to arrange an additional place in his medical residency program and for that I will always be grateful.

After internship and one year of residency, I became an “obligatory volunteer” in the Air Force. I became a “SAC trained killer.” Events were just beginning to heat up in Laos and Cambodia, and so I was asked to report directly to the air force base with no basic training or orientation. I arrived with my wife and two small kids and asked “where headquarters was located?” I was told: “by the flagpole where it always is.” After getting into some trouble tying my shoe on the general’s car bumper, carrying an umbrella in uniform, and carrying groceries in uniform, I finally made it to an honorable discharge.

One other incident in my two-year military medical career stands out. I was asked to be present when President Lyndon Johnson landed to kick off his "War on Poverty." Apparently it is protocol that a military doctor be on hand whenever the President takes off and lands. President Johnson had had a myocardial infarction and wanted this downplayed. I told my brother I was going to be present when the President arrived. Somehow, the Gannett news service reported that a Rochester cardiologist (which I was not) was present when the President landed. The White House immediately called Eighth Air Force Headquarters, who then called my colonel and, of course, gave him hell, which he passed on in no uncertain terms.

From the Air Force, I returned to residency, then a fellowship in Immunology/Rheumatology. I was fortunate to work with people such as Ralph Jacox, John Leddy, John Condemi and John Vaughan. During that time Zane Burday, our classmate, was doing a study on insulin levels in obese diabetics (High). He let me in on it and even put my name on the paper. Zane went in to become one of Rochester's leading endocrinologists. I was offered a job at the Scripps Clinic in La Jolla, California to help start their new rheumatology group under Dr. John Vaughan. I elected to stay in Rochester. I joined a three person internal medicine practice, which over the years expanded to ten physicians. The University of Rochester bought our group, making us part of the faculty group practice. I never regretted this move. My life became hectic with a full practice, medical students, residents and family.

There were long hours, periods of severe stress, some moments of great joy after a good outcome. There was always that nagging guilt if things didn't go well. I am convinced that guilt is part of every doctor's life. It may even be a requirement. Even now, after almost four years of retirement from clinical practice, I still read the obituaries, and when I see a familiar patient's name, wonder if I could have done something differently.

Somewhere along the way my children decided on medical careers in spite of me. Son Steven is in a MD/PhD in Infectious Disease and specializes in HIV medicine and hepatitis. He works at Highland Hospital, Strong and The Jordan Center, a larger inner city clinic. His wife Lynn is an infection control PhD at Strong. Daughter Elizabeth is a pediatric nurse at the National Children's Hospital in Washington, DC. She was recently featured in the U of R Nursing Quarterly as the "Nurse Who Never Gave Up." It was a retrospective about one of the Strong's smallest neonates. Elizabeth was assigned this baby, just out of nursing school. Things looked hopeless, but Liz persevered, pushing the doctors to go the extra distance. She was recently invited to the "miracle baby's" wedding and received notice of her graduation from nursing school. We get great *nachas* (look it up) from our kids and four grandchildren. Our place on beautiful Keuka Lake serves as a focal point for the family.

I think at 50 years we are allowed some slack to mention some recognition without sounding self serving. Although at this point, who worries about self serving, and self serving to what end? I received the Lawrence Kohn Teaching Fellowship, The James Stewart Community Physician Teaching Award, Fred Anderson Teaching Award and the Alumni Service Award from the Medical School. In 2003, I received the honor of a named Chair in Medicine. The Medical School was good to me. As a student when I had a shortfall between assets and tuition, Dr Fenninger, Dean of Students, arranged some help. He asked if "I would give it back someday?" To that end we established the Fine Family Scholarship, the first recipient, Anne Whitehead, recently graduated.

In 2008, I retired after about 40 years of practice. I teach in the Introduction to Clinical Medicine course for first year students and the Master Clinician program for second year students. In addition, I have moved to the “Dark Side” as a part time Medical Director for a Health Insurance company.

Retirement, for me, has not been as free of care as you see in the Fidelity ads. “Man plans and God laughs” is an old proverb. My wife of 54 years had a difficult hip replacement, followed by a slow healing sacral fracture. My son-in-law lost his vision in a motorcycle accident placing great stress on his family, as well as ours.

I close with some disconnected musings. So what have I learned along the way? I learned that life is full of a lot of trivia that doesn't matter. Remember the great brouhaha caused by Mike Kaplan's growing a beard? I still don't really know what George Engel's Monica had to do with anything. I know that we really didn't know a lot about curing people. I am envious of today's first year medical students because they are entering an era where truly great things will be done for patients, probably in the next decade.

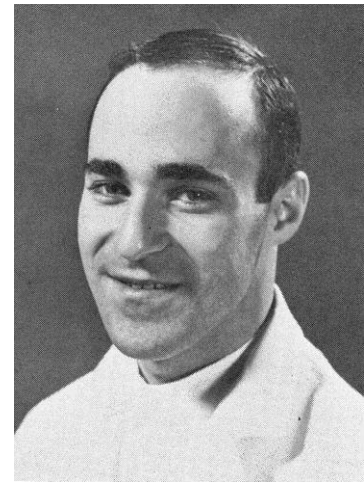
I learned that everyone has a story. I recently sat at dinner with some elderly people in a senior facility. They were bent and all had walkers behind their chairs. I listened to them tell their stories. They had knowledge of art, music, stories of families. Everyone there had a story. Then there were the people whom we had to steel ourselves to enter their rooms as they lay near death. It was difficult to hear their story, but then you might see the occasional card on the bedside table with a childish scrawl “Get Well Grandma.” There was the story in those three words, likely a wonderful story.

I tell the students to get into the patients' head, ask the embarrassing questions, use the open-ended model at least while you are a student and have the time. At Rochester and beyond we saw life begin and end. In our 50 years we likely all had very similar challenges, frustrations and I hope some triumphs. I think I made a difference in some people's lives. At least they told me I did at my retirement. One of the reasons why Medical School reunions are so successful is the shared experiences we had had, no matter where we lived and worked. We have likely all mellowed and become more empathetic and humane, cried a little and laughed even more. But one thing most of us can say is that we were never bored along the way. Boring to some, most assuredly, but never bored.

## STANLEY A. GOLDMAN

### REUNION REMEMBRANCES

I just finished reading a “Dear Provider” letter, one of many that come to me weekly. I haven’t gotten used to that designation. My image of a “provider” runs more to that of an old man on a park bench feeding peanuts to the pigeons. (One can never fully get The Bronx out of one’s psyche.) I suppose that “provider” is something that primary care physicians brought upon themselves by defusing the responsibility for patient care to others in our highly complex medical milieu. Doctor-patient relationships “ain’t what they used to be,” to borrow from an old song. So now, after fifty years of practicing medicine, I find it a struggle to maintain the freedom of thought and action that I learned as a medical student many years ago. Fortunately, I still have patients who are senior enough to remember what care was like and appreciate my efforts to maintain this Rochester model we all embraced and which sustained us throughout our careers.



You may blame Larry Savett for asking me to provide a little bit of my personal history. He convinced me that *any* contribution would have some merit. However, all is not doom and gloom. My small internal medicine group was very recently acquired by a local hospital system and provided this seasoned physician with a three-year contract and a signing bonus (shades of the NFL or NBA)!

Now for things for many of you may not know about me. My journey to Rochester was predicated on the fact that I played the trumpet with more than average skill when I was in middle school and high school. The U of R appealed to me because of the Eastman School of Music, in addition to its academic standing. I had been playing professionally for two years including summer resort jobs and was convinced that I could co-mingle college work and music. I lived on the River Campus but visited the Eastman School frequently, made acquaintances, had a small band and participated in the first Big Band Jazz Concert by an Eastman group to play on the River Campus. I realized then that I didn’t have enough talent to be a career musician and consequently made certain that my academics were taken care of. Medical school followed and the trumpet stayed in the case for six years until I was stationed in the Upper Peninsula of Michigan as an Air Force doctor. There is not much to do in this area between October and April except to look at snow and patients, and so I started practicing again and entertained at the officers’ club where the patrons were intoxicated enough to think I was really good.

Three more years of training (internal medicine and cardiology) in Cincinnati followed by the Air Force stint. I met my wife there and in 1968 we moved to Richmond, Virginia where I joined another internist and started my medical practice. I found new musical opportunities with local wind bands, brass quintets, university orchestras and other assorted combinations, playing everything from jazz to classical and swing to klezmer. This is still a principle source of recreation and diversion from things medical.

Other parts of my life have been equally rewarding. My wife has had an amazing career in community organizations and professionally as the cantor at a large Reform synagogue. She retired seven years ago and now has launched a career as a chaplain. My two children have been a source of joy and pride; son Daniel is an Assistant Professor in the Physics Department at Georgia Tech and daughter Joanna has had careers as an actress, handbag designer and manufacturer, and most recently full-time mother to our granddaughter. My good luck has extended to other recreational activities including long-distance bicycling and running several times a week.

I conclude with a few words about my medical education. Those four years were the most formative of my life in focusing my thoughts about what really mattered in relationships and behavior. I believe we were taught to do “the right thing” and absorbed that concept through cognitive processes as well as by immersion in an atmosphere of excellence. There was support from faculty but even greater support, stimulation and concern by wonderful members of the Class of 1961. I hope those who have read this continue to enjoy good health, good luck and can remain on the ‘above ground’ side of the reunion giving list.

## JAMES A. GRANGER

My journey in medicine and beyond began with George Engel and his Biopsychosocial Model. His lectures and patient interviews brought to life the concept of nested systems and the intertwining of body and mind. He certainly influenced my own interviewing style, the creation of my Equation of a Child's Behavior, and my structured conjoint interview with children and their families.



As a teacher, I broke with tradition and either watched the medical student or resident partner with the patient and/or her family through a one-way screen or sat in the room and supplemented the interview when appropriate.

In my faculty practice I would meet the patient in the context of the waiting room to start my observations early and to see how family and staff interacted. I feel that the receptionist or nurse sets the tone for what is to come and thus are critical components on the medical team.

I expected the doctor in training to give an expanded “ID” so that the person as patient was well defined and not just a disease entity.

My various illnesses and accidents, I believe, made me a more sensitive clinician, since I had been on both ends of the stethoscope.

In one of my military assignments, I was tasked with supervising both family and psychiatric residents. One assertive and delightful osteopathic-trained first-year family medicine resident opened my eyes to the fact that he could and should be a dedicated family man with other interests and still be an effective physician. Thus my old school beliefs started painfully to be shed. He also re-affirmed for me the fact that you can go beyond even the humblest of college and graduate training programs given motivation and caring mentorship.

Mothers taught me to question medical dogma: in Peter’s case that his autism was not caused by a “refrigerator parent,” as Kanner had suggested. Mrs. G thoughtfully led me to more current thinking on the subject.

In mental health centers, I required partnering with the primary therapist, thus avoiding the role of pill pusher. In evaluating complex children and adolescents, I would gather an interdisciplinary team for triaging rather than relying on the usual assembly line format. I made time to think, often in the evening, about these complex cases and sometimes resorted to non-prose to highlight the problem and its formulation.

Since retirement I have tried to use this knowledge and experience as I work as a volunteer with my homeowners association and at a nearby assisted living facility. I continue to learn from people whom I encounter and feel that recent books that I have read help to validate what I have tried to practice as a clinician, teacher, medical advocate, family and community member. These books are:



-*How Doctors Think* – Jerome Groopman

-*Counterclockwise* – Ellen Langer

-*The Emperor of All Maladies: A Biography of Cancer* – Siddhartha Mukherjee

If a doctor in training should read this journey, I would hope that she would re-affirm yearly loyalty to at least certain sections of the modern version of the Hippocratic Oath:

**“I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.**

**“I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.**

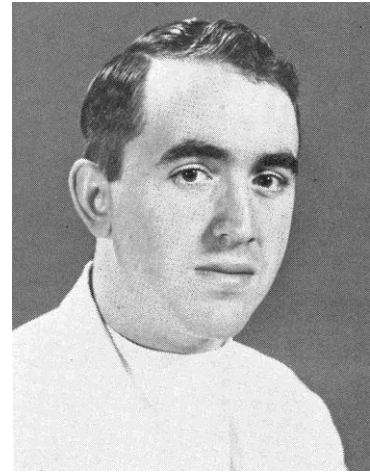
**“I will not be ashamed to say ‘I know not,’ nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.**

**“I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.”**

May you have a meaningful journey, also!

## WILLIAM HALLENBECK

'Twas Grandfather who decided my career, almost before I was born; he had wanted to be a physician, but quit school when his father died. Large in size and personality, he was the dominant figure in my life. My father, a reluctant parent at 18, was only interested in my mother and motorcycles; we all lived unhappily together with my great-grandmother in a small house at the sawmill grandfather started after prohibition (during which he made and sold applejack). I was a sickly child; the family doctor came often and was treated like royalty. All of this explains why, when eighth grade tested indicated that I could choose any career, I chose "Doctor"; from that point on, it was a matter of saving face!



After five years of one-room school I moved to the central school. High school was easy, and although I was not very social, my girlfriend Gloria was, and we were both into music and the years went quickly. College, at Rochester, was not easy and was made more difficult by my needing part time work; there was no time for social life. I married Gloria at the end of sophomore year and our daughter was born the next year. Gloria worked at Genesee Hospital, and U. of R. gave me a lab tech job in biochemistry where I managed to sever tendons in my hand requiring repair by Dr. R. McCormack. ("Worst result I ever had," he said after three procedures.)

Interviews at the medical school didn't go well. Dr. Fenn talked fly fishing and sailboats; I answered with bait casting and powerboats! Dr. Fenninger needled me as to why I wanted to be a country doc and live in the country. I finally became annoyed and asked him where he lived. He smiled and said, "About 10 miles out, on a farm!" Perhaps that, plus my biochem job (and maybe because Harriet Purdy knew my wife's parents) helped my admission. My only aspiration at the time was to graduate!

The first two years were difficult; we moved several times (with the much appreciated help of Jim Granger) and a son was born, pulled out by Dr. Scotty Law with the cord around his neck and an Apgar of four. During those years Dr. Engel was always impressive, as was Dr. Orbison, who in the summer met me for the first time in a stairwell and called me by name. We found out later that he learned our names from our pictures.

The last two years went well, although grandfather died in April '61 knowing that I would graduate. The two specialties that I'd have previously rejected became my favorites: anesthesiology and OB. Therefore, after a mixed internship at Genesee, I stayed for anesthesiology. A terribly busy year followed, with every other night on call, and we had another daughter.

I did 1200 cases plus some "ghost" cases in OB that earned cash (wouldn't get away with that now!), but by June was feeling poor and exhausted and, having looked around at other opportunities, moved back home to practice family practice and anesthesiology with the first medical group in the area. The founder was Dr. Bob Smith, a GP who had returned to surgical residency, and he became my mentor and helped me with many patients.

My anesthesia training exceeded that of all others in the area and I quickly began to do cases for surgeons outside the practice, which helped the practice financially more than me. I therefore made plans to return to residency in January '66, but two weeks before that I found out that I would be drafted! I could have been worse—I spent two years as the only anesthesiologist at Sandia Base Hospital in Albuquerque (where I ran across Chuck Weed at a used car lot). We enjoyed the Southwest, but in late '67 Gloria was diagnosed with Hodgkin's disease. After treatment she initially did well, but this caused me to change my career plans, and after discharge in April '68 I became one of the early full-time ER physicians and continued anesthesia practice part-time. We lived back in the old family farmhouse, growing kids, chickens and beef cows, traveled some and snow mobiling, and worked to finish our home-built cottage on a lake in northern NY.

The cancer returned in early '72 and Gloria started chemo. She started to improve but then worsened and died suddenly in October of undiagnosed tuberculosis. A lawsuit would have been justified, but I was so shocked and so busy with work and children that it was impossible. The grandmothers helped out and after two years I married Alice, a divorced neighbor with three children of similar ages, and we put the families together in the family farmhouse (with an addition). Alice handled the family problems and I continued in the ER and was placed in charge of it. In addition, I helped to develop the curriculum for the new Clinical Campus out of SUNY Upstate; this earned me a Clinical Associate Professor title, which, sadly, paid nothing.

Ten years in the ER was long enough, the night and weekend work was wearing on me, and I phased out of that and into a position at the then new Broome Developmental Center. I was the primary physician for three total care units and found this to be a profoundly humbling experience. At the same time I went back to part-time family practice with my old medical group and continued this for 20 years until retirement—a relaxed practice, “the joy of medicine.”

The educational experience was unique in many ways. The emphasis on good history taking and the psychosocial aspects of disease together with good physical diagnosis were of great benefit in practice and the teaching of students. The emphasis on being aware of what one knows and does not know (but can look up) helped me avoid trouble—I was never sued.

Now, as we age, we continue to enjoy motor home travel, usually to the Rockies with our German shepherd. We cut and burn wood from our 500-acre tree farm and still have a cottage up north. We help out Mother (97) and aunt (102) who still live alone. My children (one M.D.) are scattered, but Alice's sons live nearby and help a great deal. I still treat friend and family at times and we continue on with faith in God (and supplements).

## MICHAEL P. KAPLAN

Fifty years! Wow!! Who'd a thunk it? I left Rochester with the same things most of my classmates did: a good education, good friends and good memories.

During the Rochester years I was forced to become less a perennial school boy and more an independent person. There was a lot of time for thinking, evaluating and planning. Slowly, but unconsciously, my life plan was falling into place. Two Rochester professors had a major influence on my life choices. The encouragement and guidance of Dr. John Vaughn, Chairman of the Department of Immunology, led me to read and understand the English language literature on transplantation immunology and put it into an understandable lecture format. Since 1961, there have been four Nobel Prizes in Medicine awarded for transplantation science. And thanks to Dr. Vaughn's tutelage, I was let in on the ground floor.



After my third year in medical school was completed, my classmate, Jerry Metz, and I went to the University of Colorado in Denver to do a clinical clerkship in surgery for six weeks. It was a wonderful experience: long hard hours, lots of teaching, lots of responsibility, and we were treated with respect as members of the team. The skills and knowledge we had gained at Rochester were paying off. Then Metz and I were off to Mexico for a three-month vacation we had planned during Rochester's cold winter months. We didn't so much travel, but rather wandered around Mexico with a spur-of-the-moment itinerary. It was carefree, inexpensive and enjoyable.

In late October 1960 it was back to Rochester to finish my fourth year and get an internship and residency in general surgery. I had planned to go back to the University of Colorado for my training. But in December Colorado's surgery chairman retired, several professors left for other schools, and the city of Denver did not renew its contract with the medical school. I decided not to apply to the University of Colorado.

My Rochester advisor, surgery professor Raymond Hinshaw, knew of my interest in transplantation and my desire to do my surgical residency outside of the northeastern states. He also knew through friends that Vanderbilt University was likely to develop a kidney transplant program. He worked very hard in helping me get my application to Vanderbilt and my interviews organized. On March 15, 1961 I matched for the general surgical program at Vanderbilt University Medical School. I was elated. Thank you, Dr. Hinshaw.

The school year finally ended. Graduation, proud family, and ten days at home to visit with high school and college friends. I left Rochester with a good education, good friends and good memories. Then off to Nashville. I moved into the house staff quarters at Vanderbilt on June 24th, 1961 and began my surgical internship and first year residency. My room had a bed, a dresser, a desk, a lamp, and a chair, all free as was the meal ticket for the hospital cafeteria. And, they paid me—\$25 a month before taxes. My parents graciously sent me another \$25 each month.

I had very little time to worry about my physical surroundings or paucity of money. We were on call 36 hours and off 12 on week days and on 24 hours and off 24 on the weekends. There was so much to do and so much to learn. We had two-month rotations through the various surgical subspecialties. I was always doing things wrong, forgetting things, not getting the right information, not remembering the right facts or science. But, my evaluations were “very good.” I began to understand where my insecurity and seeming inadequacy came from—it was built into the program. The Professor (Professor and Chairman, Dr. H William Scott, Jr.) felt that a Vanderbilt-trained surgeon had to know as much about non-surgical diseases and their treatments as about surgical diseases. That, and the ability to do research and teach, was what helped him to take 22 general surgical interns down to four chief residents in general surgery.

Three important things happened in those first two years. The Professor hired a highly regarded kidney transplant surgeon to start a transplant program. In March 1963 I learned that I would be drafted during the summer. I decided to be “voluntarily drafted” into the Air Force. The Professor promised to have a slot for me when I got out. Lastly, in early June 1963, I assisted on my first cadaver kidney donation and cadaver kidney transplant. The transplant worked. In any event, that nailed it: I was going to be a kidney transplantant.

In late summer I went into the Air Force and was assigned to a base in rural France, eighty five miles northeast of Paris and 85 miles south of Brussels. I was the “D-Level surgeon,” at the end of the runway, and I was helping defend our nation against France. I did my job well and France never attacked us.

I spent two years and eight months at that little 24-bed hospital with its two unsophisticated operating rooms, primitive X-ray equipment and no endoscopic equipment other than a laryngoscope. We were 7 MD’s, 6 RN’s, 1 CRNA and 12 corpsmen to man the hospital and out-patient department. And of course there were the necessary support personnel for military, maintenance and medical needs. The medical work was banal. The military personnel and their dependents were heavily screened at enlistment and again whenever they changed bases before they went overseas. So most problems were routine. I scrounged around for hernias, hemorrhoids, cysts, circumcisions and skin lesions to operate on—anything to avoid the walk-in clinic. The routine nature of the work allowed me to have an active social life, travel and ski. And I was making good money, \$7000 a year, so I could live fairly well. But the real perk of my military career was a personal and medical maturation.

Seven critical medical events occurred that taught me that I wasn’t stupid, wasn’t lazy, and wasn’t surgically timid: caring for a burned family of three, emergency operations for a patient with gangrene of the gall bladder and one with a strangulated bowel, and three emergency Caesarean sections. All turned out well. I was going to be a surgeon, and a damn good one.

In late June 1966 I went back to Vanderbilt knowing who I was, where I wanted to go, and how to get there. The private general surgery service was an easy service and I had it totally under control. But after six weeks I noticed I was sleeping late, my morning work rounds were incomplete, I didn't go to conferences and I was taking long naps in the afternoon or evening. Though I managed to do all the critical work, I decided I was doing a poor job because I was afraid to admit I didn't want to be a surgeon. I made an appointment with The Professor in two weeks to discuss it. The week before the meeting I had a mild sore throat and it cultured negative. That afternoon while scrubbing on a case, I felt sweaty and faint so I scrubbed out. I thought I was having a hypoglycemic attack and drank some heavily sugared water and rested. I felt better and returned to the next case. My symptoms returned, I had a high temperature, and I felt worse than before. Blood tests confirmed that I had severe infectious mononucleosis! I was never so relieved in my life to hear that I was really ill and that the Rochester psychiatric mumbo-jumbo didn't apply.

In April 1967 I ascended to the state of grace in the eyes of The Professor. I was on his service and doing morning work rounds at 6 am on his ward. One day the floor nurse came up to me and said the patient in room 221 was complaining of severe abdominal and back pain. He was in the hospital to have his abdominal aortic aneurysm repaired the next day. I went to his room and found him breathing but unconscious, with a blood pressure of 50. I told the nurse to get all available ward personnel to the room and I got betadine, sterile towels and gloves and a #20 scalpel. I sent somebody to emergency page the chief resident and anesthesia and call Dr. Scott. I sent somebody for blood, somebody else for oxygen and the crash cart, while somebody else was pushing intravenous fluids. I opened the abdomen and compressed the leaking aneurysm against the vertebral column. Anesthesia arrived and anesthetized the patient and the chief resident arrived and we went to the operating room. By the time The Professor arrived we had clamp control of the aorta and a blood pressure of 120/70. The Professor scrubbed in and repaired the aneurysm. The patient lived but lost his leg above the right knee. The next week The Professor gave me kudos at grand rounds. My chief residency was assured!

Third year residency was a research year. You chose a faculty member and worked in his laboratory. Two good things and two great things happened to me that year. My lab work got me one paper and two abstracts. And, I got my private pilot's license. But more importantly I met a wonderful woman, fell in love, and she allowed me to marry her in August 1968. And a month before we got married, with immense help from The Professor, I was awarded an NIH fellowship to study tissue typing and transplant immunology in England. So, in late 1968 it was off to England with my new bride to study in the laboratory of Dr. J. Richard Bachelor for two years.

For me it was an exciting time. I spent most days learning the theory, methodology and clinical meaning of tissue typing. I learned immunologic techniques on various strains of mice, rats and rabbits. Three times a week, work was set aside as the whole lab got together to brainstorm over new theories and problems with our experiments. and proposed new experiments. And there were visits and seminars with other transplant immunology laboratories, some run by current or future Nobel Laureates.

My wife and I had time for many leisure activities: theatre and music in London, sightseeing around England and Paris, a vacation in the sun in Majorca, and skiing in Austria and Spain. I even did some flying in England.

We got back from England in late December 1970. It was great to be operating on patients again, and this time at a senior level of responsibility. The transplant program at Vanderbilt had changed significantly. New section directors had arrived for research, transplantation and dialysis. Thus, when I finished my surgical residency in December 1972, there was a well organized, fully functioning transplant program to join.

Three of us were doing the surgery of renal failure: the donor and recipient transplant surgery, their access surgery, and their general surgery. Individually and in pairs, we traveled middle and eastern Tennessee retrieving cadaver organs and lecturing and meeting with various medical groups to encourage organ donation and the adoption the Harvard Criteria for Brain Death. There were talks to dialysis patients and their families to encourage them to sign up for transplantation and to consider living related organ donation. I was working very hard, but was doing something I loved and enjoyed.

But when one colleague left Vanderbilt in late 1973 and the other got Hepatitis B in early 1974, I ended up doing all of that work. There was virtually no family time. (Judith, my wife, and I had a son born in September, 1971, and he was the apple of my eye.) I decided to look for another job.

In July 1975 the family moved to central New Jersey where Rutgers Medical School wanted me to develop a renal transplant program and teach transplantation and general surgery to the residents and medical students. The school had two nephrologists who had started a dialysis unit for both acute and chronic patients. So the meetings, presentations and lectures began again in order to recruit patients, encourage living donors, develop a cadaver donor network, make tissue typing and organ sharing agreements, and get my hospital up to speed in handling transplant patients. And there was the endless writing of protocols for every step of the transplant process. There must have been 25 or 30 of them. But things were building and organizing, and I was pleased. From nothing, something was growing.

Elsewhere, things were going well. Judith was pregnant with our second child. We had a nice home and good friends in New Jersey. And we had time to visit family, mine in New York and Florida and Judith's in Nashville. Additionally, I thoroughly enjoyed the frequent and close contact I was getting with the medical students and residents.

March 1976 was a terrific month. Early in March I did the first cadaver kidney transplant at Rutgers Medical School, and later that month our second son was born. (I had two eyes, I deserved two apples.) As 1976 progressed I did one living related transplant and four more cadaver transplants. And I had two living related transplants lined up for 1977, a year that saw a total of eight kidney transplants performed.

In July 1977 the state of New Jersey announced that it had huge budget problems and many programs would be cut. In October 1977 the state announced the closure of the dialysis and transplant programs at Rutgers Medical School as of January 1. (They were reopened in 1982.) I had to find another transplant position.

I looked at several positions around the country and decided that the one at Wayne State University School of Medicine was the best fit for me. In October 1978 we moved to Grosse Pointe, Michigan. The medical school and its hospitals were in Detroit's inner city. It was only a 30-minute commute at the worst of times. The community we lived in was safe, affluent, with very good schools and services, and shopping within walking distance.

Work went very well. The structure of the program was in place and only occasional donor or recipient talks were required. The state had a central Organ Procurement Organization (OPO) and a single recipient list for nine transplant centers. So, other than monthly meetings of the board of directors of the OPO, there was no structure to build, and most of it was on "cruise control."

Of the five hospitals in the Wayne State system, my hospital, Hutzel, had general medicine, general surgery, renal failure services, obstetrics and gynecology. My boss and I ran the kidney transplant and university general surgery service there, and I ran the medical student and teaching program. I had lots of surgery to do, I was transplanting patients and doing their post-op care, and running the educational programs in surgery at our hospital for residents and medical students. At work, I was very happy.

But at home things were falling apart. In late 1984 my wife decided she wanted a divorce. She was unhappy and didn't want to be married to me. There was no infidelity, no abuse, no financial irresponsibility—she was just not happy. So in September 1984 she filed for divorce, and, with my permission, took the boys to Atlanta to start a new life and live near her brother. To her credit, she never put limits on or tried to interfere with the amount of time I could have with the boys.

I was devastated. I was a failure. I besieged myself with recriminations and "what if's" and "I should have's." I didn't tell my parents or siblings until March 1985. In August 1985, I was called on the carpet by my boss and the hospital director for being mean and hostile to the staff, and very difficult to get along with. So I "fessed up" and promised to get some counseling. I never got the counseling, but just admitting my problems improved my behavior significantly. In February, 1986, my divorce became final.

Work remained fun and rewarding, primarily because there were fresh, young, bright-eyed medical students and residents to teach. And, I promised myself I would be selfish with my free time. I made certain I had free time to devote to my boys when they were available, and to do things with and for them. Then I made certain there was time for my interests.

I had quit power flying in England. It was expensive, time consuming, and unless you did it frequently it was unsafe. But I loved flying, so when I learned there was a glider port near my home in New Jersey I licensed out and did some flying there. Later, I joined a club in Michigan and did some soaring there also, and after my divorce I did a lot of it. I made certain my boys got to enjoy skiing, soaring and a new-found interest, deep water salmon fishing—things I did both with and without them.



In 1988, the department got a new chairman, Dr. David Fromm, and the medical school moved all medicine and surgery to Harper Hospital. Dr Fromm brought his own transplant surgeon, Dr. Ron Reinitz, from Syracuse to be section chief. He recognized my strengths as a surgeon and teacher and my connections, both locally and nationally, and we got along well.

The next ten years flew by. I still loved the work, fulfilled obligations at the university, state and national levels, provided invited commentary to local and national media, and won some minor awards and honors. Life was good.

Then, in late 1999, Ron fulfilled a lifelong dream and moved with his family to Israel. For the next 18 months I was the only surgical support for the renal failure service. After six months of that, it was no longer any fun. I told Dr. Fromm I would retire shortly after we got a new transplant team in place. By mid-2001 my successor was hired, and over the next year two more transplant surgeons and several ancillary personnel were hired. On March 31, 2003, I retired, totally burned out and not wanting to be involved in medicine or transplantation again.

Now that I am retired, I am very involved in my boys' lives, probably more than they would like. I'm considering doing a Ph.D. thesis on the art of napping, or at least the intensive field research I'm doing would so indicate. And in 2006 I bought a home in Nevada, overlooking Lake Tahoe. It is undergoing extensive renovations.

I lost my father in 1996 and my mother in 2000. In 2006 my brother Peter died. He was my buddy and my best friend, and he died at only 66. After my divorce, we spent a lot of time together. I miss them all terribly.

Many close friends have diseases and ailments and virtually all are on some sort of medication. I myself have very bad lungs (smoking and a childhood inhalation injury), am 50 pounds overweight (eating and drinking), have high blood pressure, had a heart attack in 2007, and a bleeding peptic ulcer (50% of my blood volume) in 2010. That's what you get for living 50 years past your college graduation.

But I am not depressed. I intend to live at least another fifteen years, pursuing my interests—all the while overlooking beautiful Lake Tahoe. As the *truly* wise man once said, "If I had known I was going to live so long, I wouldn't have taken such good care of myself."

## PAUL H. KINDLING

Told that we had been culled out of some 1400 applicants, we came together in August 1957 in the courtyard just west of the library to document, by way of a photo, our arrival as the University of Rochester School of Medicine and Dentistry's Class of 1961. From backgrounds rather diverse, a PhD from the Sorbonne, a foreign affairs scholar from the Woodrow Wilson School at Princeton, a Hungarian Freedom Fighter—to list a few—we were about seventy, almost all white and male. I felt overwhelmed and outclassed, amazed that my interview and record—I had not graduated from high school or college—had led to my presence here. Only eight months before that interview, on my way to register for the spring quarter at Kent State University for the French, Spanish, and economics classes I needed for my planned career in international commerce, had I decided to study medicine.



Not quite four years later we assembled for “Match Day,” then a very new process. Well, the computer, that amazing contraption, had decided how we would disperse. For Nancy and me that meant Receiving Hospital, Wayne State University in Detroit. It had not been our number one choice, though they paid a trifle more, but as it turned out I cannot imagine where I might have had a better experience. From the start of a rotating internship with twin breeches as the first delivery, the 20 or so incompletes per 24-hour shift in the gyn ER room, acceptance into the surgery residency program, the 90 operative cases in my four months on the fracture service, pneumonectomies and thoracoplasties, two months in the shock unit, to the first formal right hepatic resection done in the department as chief surgical resident, to calling the Disaster Plan during the 1967 riots, these experiences had allowed me to become a surgeon. Nancy often worked nights on my nights off, yet finding time to care for two daughters who had arrived to live with us and our son from Rochester.

After the residency I stayed a year on staff, took my boards and looked for a place to practice. I was recruited to Topeka by a pediatrician visiting his cousin in Detroit, and I joined two older surgeons in a multi-specialty group. On September 1, 1967, my first day, I was called late in the evening to see a patient with a cold, dusky leg. Though I explored the femoral artery and removed some clot I did not think adequate circulation had been restored and told the family that he would lose this leg. Well, he did not.

To Topeka we had moved and in Topeka we have remained, often wondering how we could still stay in the Land of Oz, with its bigoted homophobes, the Phelps, its religious fundamentalists like current governor Sam Brownback, whose faith-based administration is turning back many a clock, its “Operation Rescue” extremists who are happy that Dr. George Tiller’s clinic would be closed and shuttered after his murder, seemingly condoning the shooting. We stayed because we found that it was a good place to raise our kids, and schools were good and generally stable. Yes, yes, only in Kansas would there be an Evolution vs. Intelligent Design debate. We did speak out and you will recall that ID did not make its way into the school science curriculum standards. For about five years Nancy served on the editorial board of the Topeka Capital Journal and provided a balance to their right leaning attitude. My good friend Craig Yorke recently found this quote from Dante: *All where is here and all when is now*. So we have been happy here.

I would leave the multi-specialty group a few years later when one of my fellow residents from Detroit, Norm Thoms, joined me to start our heart surgery program here. It was the time before angioplasty became common and we were very busy. Soon, the other hospital wanted to start their own program. We said they should not because of a previous agreement and—what else should we have expected?—they hired their own team anyway. We had suffered our own case of “mural dyslexia,” Dr. Metz, thank you very much. But for us it was not as serious as it apparently was for him. We continued to work as hard as ever.

This was an exciting time in cardiac surgery. Better oxygenators, better pumps, better drugs, better monitoring devices, better protection for the heart and for the patient, these came along during my time in this field. In the shock unit in Detroit it took 80 ml of blood and 20 minutes to calculate the cardiac output in a patient. Now one injected a small amount of room temperature saline and had the result instantly. The nerd in me had a ball!

Active in the American College of Surgeon, I served as president of the Kansas chapter and later as a member of the Board of Governors in Chicago, involved with a committee on diversity, a committee the college should not have needed.

Nancy and I took time to ski in Colorado with our children, to travel to Germany so they could meet my cousins and maintain connection. Nancy and I sailed the Virgin Islands and when skiing was no longer an option because of hip replacements, I took up diving—more applied physiology—Nancy staying on the surface snorkeling and relaxing. Through the years, however, music played a most important part to keep our center in balance. I always participated, played piano, sang in choirs, studied counterpoint and chaired the Topeka Symphony board of directors. Quietly sitting at the piano in the evening, improvising on a tune, more in the lower register, allows me to relax stressed synapses and softly close the day.

With our children safely—more or less—off to college, Nancy could pursue some of her other goals and, at one point, we had all but me in college. Nancy had already become very involved in the community, serving on boards of various organizations, often in leadership positions. Always polite, she however observed her ideas usually being ignored until male members on the boards later “came up” with identical proposals which then would always be accorded the enthusiastic “great idea” status. Our daughter Anne faced similar situations when she was a partner in a prestigious law firm. She now is risk manager at the hospital. Computers became the livelihood of our other two daughters, one in hospital data management the other managing new software releases at Sprint. My fascination with flying spilled over to our son who captains business jets. Grandchildren ranging from age 7 to 29 are a diverse bunch from princesses to artists and motocross racers who, of course, are all above average and good looking. When I lost my right leg—an old bad ankle fracture—my grandson Ben, then 10, opined that I was now a foot shorter. Right! It is in the nature of parents that they worry about the state of the world and how its affairs and resources will be managed by future generations. We concluded this is such a waste of energy, did it anyway, then realizing it turned out OK in spite of our worries.

Fifteen years ago I retired from the group I helped form in order to make room for a young surgeon. Some six years before a superb young surgeon had joined us and we were looking to the future. In this field it is not possible to “slow down” in transition. That is unfortunate. I thought at the time I still had stuff in my quiver I could contribute, tricks I had learned from many patients, nurses, colleagues, ways to deal with patients and their families when they were in trouble, how to avoid unnecessary steps in the operating room. Bob McElroy, now retired from the dominant Topeka general surgery group he helped create, told my son-in-law recently that during the time I was practicing I became recognized as the “go-to-in-crash” surgeon. I thanked him for the compliment and had to acknowledge that what I missed most in my retirement was the challenge of the patient in trouble, the situation where life might hang in the balance, where you literally pour everything you have into finding a way to the safe shore. A way cannot always be found, however, and losing when so much has been invested was always hard for all of us. Dealing with the family, the questions they asked and didn’t ask, their sense of loss and being lost and, yes, their anger, their early grief, I found not difficult at all. In fact, I found this a strangely satisfying completion of our care.

Our 50-year journey from Rochester has been a wonderful ride. The practice of medicine is a vocation like no other. I always considered it a great privilege to have the trust of my patient. That a person would give me permission to operate, to cut open the chest, to stop the heart, maybe even to stop the circulation to the brain, to excise a valve replacing it with an artificial device, or do whatever procedure was required, has always filled me with awe. The completion of my task, fulfilling my responsibility to do my best for that person always gave me a sense of accomplishment and was, by itself, a reward beyond description.

No journey like this goes on without rough stretches, and meet some we did. Yes, we had some health issues, hips, heart, backs, we lost good friends along the way, among them our best friend Ben Belknap who shared our first Thanksgiving meal, who himself faced rough roads and had an only 37-year journey, but nothing hit as hard as seeing a grandson, beautiful boy, lose his battle with a malformed heart at six months of age. One’s parents are supposed to go before one’s kids and to see such a tragedy befall our son shook us to our core. Now, eight years later, he says to have had Jack with him for six months was a wonderful experience. The void remains.

Of other members of our class I already mentioned Ben. He, Judy Hood and I met in Dr Tobin’s classroom when we were assigned to a certain table. There we learned anatomy from a nameless gentleman, a man who had made a gift of his body so medical students could look inside. I have made arrangements to demonstrate my gratitude to this man by doing the same, by donating my body, though, hopefully that will not happen too soon. Ben and I studied together on many nights and became good friends. He would have to slow down sometime as he tired easily because of a supposed mitral valve problem but still made AOA. During his internship in Seattle he had a heart catheterization. In the recovery room he arrested and was promptly resuscitated. Later he would marry the nurse who was there. The heart cath showed IHSS as the culprit of his problems and in 1963 he became the seventh patient John Kirklin operated for this condition. After a time at Marquette in Milwaukee, he returned to Seattle to a distinguished career at the University of Washington, where we last visited him a short time before his life was cut short at age 63 in 1994. <sup>(1)</sup>

With always happy George Kenessey, spicy Hungarian sausages from his family in Aurora sustaining us for a few days, I took a trip out West to look at internships. In his not-so-spacey for overnighting, slow to go up-hill VW, we drove Route 66 to LA, once being nearly run off the road by a big truck. We swam in the Pacific, interviewed at San Francisco General and on the return took up Larry Moncur's invitation to stay with his mother in Lovell, WY. She knew well how to care for her boy's friends. We knew Larry as he was among a number of us, Henry Smith included, who had inexpensive rooms at the Colgate Rochester Divinity School up the hill off Goodman Street. After George Kenessey interned further west, in Honolulu, I later lost track of him only to learn he died fairly young as well.

In the rest of the summer 1960 I had the good fortune to have a fellowship with Bob McCormack. Watching him operate was magic: gentle with tissue, careful in shifting and approximating layers without tension, his results were stunning. That summer I evaluated a series of patients with various hand injuries, nerve and tendon repairs. A paper came out of that. Bob became another life-long friend and mentor as it was he who introduced me to Nancy Hendrikx and was the best man at our wedding.

Of the many memories of Rochester coming back into focus I must mention two: The fascinating Dr. George Engel interviews of the diabetic woman, so convincingly demonstrating how the level of her diabetes control was related to her emotional, psychological and family stress levels. That was early on and introduced what today is called the "biopsychosocial" character of our education.<sup>(2)</sup> The other memory remaining very vivid is Scott Swisher's: "Don't just do something, stand there!" I have often heeded his admonition.

As I am coming back to Rochester now in my eighties, I want to express my gratitude to the 1956 admissions committee for offering me a place in the Class of 1961. They had apparently seen what I learned only later: Rochester was the right place for me. Oh, how I wish the present committee could offer me a place in the incoming class, because I would, without hesitation, start all over again. With the knowledge base ever expanding, now seemingly at an exponential rate, what the graduates of the Class of 2015 will experience in their 50 year journey cannot even be imagined.

In Rochester we became infused with the "And Then What?" We keep asking.

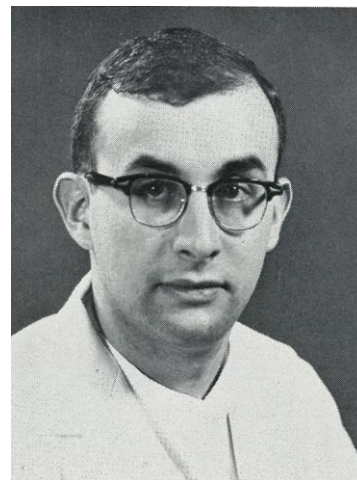
<sup>(1)</sup> <http://community.seattletimes.nwsources.com/archive/?date=19940126&slug=1891657>

<sup>(2)</sup> Bradford C. Berk, MD, PhD, in *Rochester Medicine*, Summer, 2011, pg 1

Paul Helmut Kindling, born 1930 in Kiel, Germany, lived through the bombing destruction of the ancestral home in Nordhausen in April 1945, attended high school there, in Berlin and in Kiel, and immigrated to the US in 1950. Drafted into the US Army in 1951, he served two years as a lab technician, later studied abroad and attended Akron University and Kent State University.

## **MARK R. LEVY**

### **A LEGEND IN HIS OWN MIND**



July 1, 1961. I got out of bed, ate the nourishing breakfast my mother made me, got into my new Corvette and drove ten minutes to the Albany Medical Center for orientation as a medical intern. I was assigned, with several other interns, to an open 30-bed ward. One problem, however—the Assistant Resident who was supposed to be our mentor was still the property of the U.S. Navy, and wouldn't be back for two weeks. Although some of the other interns were graduates of Albany Medical College, and thus familiar with the procedures on the ward, when the medical director saw that I had graduated from University of Rochester, I was made Assistant Resident pro tem.

I elected to go into the Berry Plan out of internship, and I chose the Navy because I wanted to avoid mud. What I didn't realize was that the Navy supplied medical care for the Marine Corps. So, after basic training at Camp Pendleton, I was sent to Okinawa. Arriving after a 33-hour flight, just at the tail end of a typhoon, my quarters were 8 inches under water (however, no mud).

All 30 general medical officers were ordered to line up for assignments. We were informed that the major general wanted headquarters to have a doc who had training as a cardiologist. When no one raised their hand after several seconds, I volunteered (and immediately wrote to my mother to mail a book on cardiology special delivery). What I didn't know, once again, was that the general also wanted an expert bridge partner. When he discovered that I was abysmal at the game I was transferred to the jungle under the leadership of the medical equivalent of *Apocalypse Now's* Colonel Kurtz.

My second year in the Navy I was assigned to Third Naval District Headquarters in Manhattan. Needless to say this was a better billet. While I was cooling my heels in NYC, daily reading the *New York Times* cover to cover, I was interviewed by the president of the American Academy of Ophthalmology and accepted into his residency program at the University of Chicago.

Throughout high school, Cornell, and med school, I maintained an interest in the performing arts, both acting and singing. While at Chicago I participated in the "faculty revels," portraying Elvis Presley (another 1935 baby you may have heard of, along with Woody Allen and Luciano Pavarotti). The manager of the Psychiatric Consultation Team offered me her congratulations. Her name was Nancy. After consulting the Billings Hospital yenta regarding her marital status, I began dating Nancy, and so began my relationship with my soon to be one-and-only trophy wife. We married as I was finishing as Chief Resident and went on together to Johns Hopkins for my Heed Fellowship in Ophthalmic Surgery.

In 1968 we started looking for a place to practice. The only two ophthalmologists in Troy, N.Y. were desperate to get some relief from their 24/7 work schedule, and so they expanded their office, equipped the new space, and filled my schedule. I was busy from day one. I received Board certification in 1969. I was an Associate Clinical Professor at the Albany Medical Center, and for twenty years chairman of ophthalmology at my community hospital.

I worked in that office for forty years with Nancy as my office manager without ever missing a day for medical reasons. We raised two marvelous daughters (Wendy, a former attorney at Sidley Austin in NYC and full time mom, and Amy, a Vice President at the Univision Television Network).

I sold my practice in 2007 and moved from the Capital District to Westchester County one week before the birth of our grandson. In addition to Harrison Scarborough Boyd (the 53<sup>rd</sup> president of the United States), another motivating factor for moving to Westchester was to pursue my avocation as a musical theater and cabaret performer .

When we moved to the Capital District in 1968 I had become active in community theater. Every Wednesday afternoon I took voice lessons. I frequently participated in the member concerts of the American Academy of Ophthalmology, most notoriously singing the politically incorrect parody written for me by our brilliant poet and classmate Jerry Metz, entitled "I am the Very Model of a Modern Ophthalmologist." Many of you heard this at the 30<sup>th</sup> reunion. All recorded copies of that song were conveniently lost by the board of trustees of the Academy.

Auditioning successfully for Paul Gemignani, I became a full-time student (at age 72) at the Professional Musical Theater Program run by Manhattan School of Music. I studied voice, music theory, sight singing , musical theater performance, acting (under Austin Pendleton), and how to audition. I continue these studies at the Music Conservatory of Westchester. At present I sing with the University Glee Club of NYC, a 120 member male chorus. We perform in white tie and tail at Lincoln Center twice a year. On most Sunday nights I join a group of very talented singers and a fabulous pianist at Mark Janas's Salon on 44<sup>th</sup> St. in Manhattan. Here I get to rub shoulders and perform with the legends and soon-to-be legends of the musical theater and club world.

What have I learned in 76 years? Carpe Diem! I've been one incredibly lucky guy.

## JUDY HOOD McKELVEY

What a pleasure it is to look back on my medical career and to honor the great University of Rochester School of Medicine and Dentistry for giving me such an auspicious start! When we got together in the fall of 1957 and I realized that I would be the only woman in the first year class, I quickly learned that I would be treated with great respect and that I had entered into a professional atmosphere that would sustain me throughout my medical education. My dissection partners—Bob C., Bob S., Dick and George—would first be my "family" and all the other members of the class would provide me care and support over the years. Our professors—Drs. Tobin, Emmel, Engel, Orbison, Romano, Morton come readily to mind—were always gentlemen and created a positive environment of learning that was not duplicated in many other schools of that day.



Luckily I was joined by Carol and Marilyn as our class progressed, and we were fortunate to continue to benefit from the opportunities for research and expansion of knowledge that Rochester offered. After my first year I worked with Drs. Engel and Reichsman on a project about depression and had a chance also to see the well-known Monica. Following my second year I did a summer hematology project at Washington University School of Medicine. And after our third year John, Arnie and I were able to work at Delafield Hospital in New York City on cancer research fellowships.

After graduation in 1961, I did a medicine internship at the University of Chicago Hospitals followed by psychiatry residency at U. of Michigan, Yale and George Washington University. I had married and by the end of my child psychiatry fellowship at UCLA, I had two small children. My next step was into private practice in Pacific Palisades, California where I did very gratifying work with children and adolescents in an office that overlooked the ocean!

My husband's work (as a physician and lawyer) took us to Dallas where I began part-time work at the University of Texas Health Science Center and eventually received an appointment as Chief of Child and Adolescent Psychiatry. It was a treat for me to supervise many young child psychiatrists-to-be and to participate in academic activities, in national meetings and as an examiner for the American Board of Psychiatry Child Psychiatry Board oral exams.

Eventually my family moved to Washington, DC, where my husband was active in work for the oil and gas industry and in political dealings. I was fortunate enough to know many senators and to attend some pretty nice parties in important Washington venues—Mt. Vernon, the presidential yacht, the Corcoran Gallery—and at two places in California—the Getty Museum and Bing Crosby's house! I did both inpatient and outpatient child psychiatry and was involved in the local psychiatric groups. Thereafter I became a psychiatric consultant and continued this work until the present time. In this capacity I've had the opportunity to travel both domestically and overseas, usually with the outcome that I've been able to be helpful and supportive to individuals and families.



After 30 years of marriage I was divorced while living in Washington, and I later married Jim McKelvey, a professor of chemical engineering who had been the Dean of the Washington University School of Engineering for 27 years. I moved to St. Louis and expanded my family by acquisition of two stepsons. Now Jim and I spend our time following the adventures and accomplishments of our four children and the antics of our four grandchildren! Our daughter is an elder law attorney in Bethesda, MD; our oldest son has invented a device called "Square" which is used to transfer charges from a smart phone and he did this in collaboration with Twitter's Jack Dorsey; our next son is an Emmy Award-winning producer for "CBS Sunday Morning"; and our youngest is in marketing for the pharmaceutical industry.

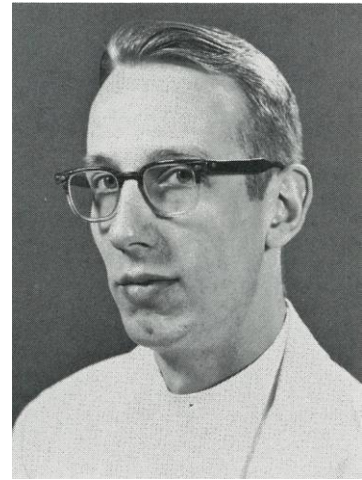
So thanks again to the faculty of the University of Rochester School of Medicine and to all you classmates who gave me such an outstanding start in the medical field. "It's A Wonderful Life" and you played a vital part. Best wishes and congratulations on this 50th Reunion!

## GERALD A. METZ

When I graduated from high school my beloved Granny gave me a copy of “Kon Tiki” and I swore someday I would have my own open ocean adventure. I saw the Rock Hudson movie, “Magnificent Obsession,” and decided I would be a doctor or die trying.

*Dare to dream big dreams.*

As pre-meds, Hugh MacIntosh and I got early acceptance to Cornell Medical School and I was happy but Hugh said, “Take a look at Rochester.” When I got back from the interview, he said, “What did you think of Fenninger?”



Never met him,” I said. “They had me talk to some old guy back in the cinder block part of the building and all he wanted to talk about was fly fishing and I don’t know a damned thing about fly fishing.”

“Do you know who that *was*?” said Hugh, mouth agape.

“George somebody,” said I.

“That was George Hoyt Whipple! He won the Nobel prize!”

*Ignorance is bliss. Greatness and humility are not incompatible.*

The first day at Rochester they took a class photo and I struck up a conversation with three guys sitting near me and we decided to go downtown for a cheap spaghetti dinner. I soon realized I was dining with a bunch of geniuses. One guy had read every important work of American literature. Another had done significant research work as an undergraduate. The third had graduated from Harvard and received the Dean’s Scholarship. I wondered quietly if I would ever graduate, given this level of competition. Well, Bob Kabo left to pursue an academic career in literature, Phil Mandel went to work on stress with Hans Selye in Canada, and Graham Newstead didn’t graduate with our class.

*Slow but steady wins the race.*

Cornell had a bad ratio: 5 or 6 guys for every co-ed, and I didn’t have a car. Medical school didn’t leave much time for a social life. Fools rush in where angels fear to tread. I didn’t know the differential diagnosis between love and infatuation and learned too late.

“*First law on holes - when you’re in one, stop digging.*” Denis Healey

“*I grew up in a big family so I was never lonely till I got married.*” Lewis Grizzard

So I was married for a decade, single for a decade, married for a decade and single since. If it had not been for the second I would have no idea what a happy marriage is. It ended tragically but I wouldn’t have missed it for anything.

*Blessings are not dimmed by their impermanence.*

After a year as AR in general surgery I knew I wanted a sub-specialty ... but which? When in doubt, join the Army. The Flight Surgeon’s Office (101st Airborne Division) was right down the hall from EENT, so I had coffee with the optometrists and the ophthalmologist, who invited me to watch him do a cataract operation. “Heck,” I said to myself, “That looks easy. Even I could do that.”

*Sometimes good things happen through sheer dumb luck.*

What a field for a gadget freak! Operating microscopes! Lasers! Lens implants! My residency was heavy on surgery and light on the stuff you can learn out of a book, so when I was ready to practice I wanted a place that was under-served, where I could build a surgical practice right away and get my family out of Manhattan. There were two elderly docs and a middle-aged U of R graduate doing eyes in Bangor, Maine, and Bangor was a railroad town and a river town like Binghamton, where I grew up, so it felt like home.

*There's no place like home.*

After 25 years I had a referral practice and limited my work to the things that interested me: anterior segment surgery, lasers, and glaucoma. My office crew was wonderful, and with few exceptions we loved our patients. Then the optometrists got greedy: they put a bill before the legislature to be granted the right to diagnose and treat glaucoma. I ranted loud and long in Augusta to keep inadequately trained non-medical people from trying to treat a potentially blinding and usually asymptomatic disease. We lost. They cut me dead. No more referrals. I was suffering from a bad case of mural dyslexia.

*"Mural dyslexia is the inability to read the handwriting on the wall." Tony Coelho*

The practice dried up. My hottest competition offered to buy me out, but they had a catch: in order to regain referrals from the optometrists, I would have to leave town.

*If I'd had half a brain I should have said, "That'll cost you extra."*

The truth of the matter was I was burned out. I had become a human doing instead of a human being. I loved my work so much for so long, but now I hated to get out of bed in the morning. I thought about Kon Tiki. Studied marine architecture and navigation, carefully selected a rugged little sloop, spent half a year modifying it to suit my needs, pulled the anchor out of the Maine mud and sailed away down the coast with no particular goal in mind.

*Dare to dream big dreams, then dare to live them!*

I reached Key West the end of 1996 and called a Maine woman I knew, an excellent sailor, and she joined as crew. We made careful inquiries from the local nautical renegades and planned to sneak into Cuba. I was fluent in Spanish. Our curiosity was strong: we had to take the chance. I'll never forget the anxiety level as we approached that island! At first it was just a line on the horizon but we could smell burning cane. Then we could see buildings. Then windows in buildings, then the entrance buoy to the marina, and I kept calling on the VHF and half expected to be blown out of the water by a Cuban gunboat but there was no response. Nothing! Finally, in desperation, I called again: "Marina Hemingway, this is sailing vessel Enigma. I have your entrance buoy in sight! Come back to me, please! ¡Adelante, por favor!" A calm voice answered, "Oh yeah, we've been watching you for the past two hours. Come in on a heading of 140 degrees and we'll meet you at the dock. Welcome to Cuba."

*Don't waste worry on imagined threats.*

Two years on the boat were enough. I ran out of wind in North Carolina, came ashore and sold the boat. Settled in the same town as my second ex-wife. Ended up teaching English as a Second Language at community college and trying to rekindle the marriage.

*Three strikes and you're out! Sometimes just two strikes will do...*

In the same town there was a “green” organization devoted to saving big trees and the native plants and they had an arboretum/botanical expert named Lowell Orbison. Could it be the same man? The Big Orb of yore? I called him up and found that—yes!—he had been a professor of pathology at U of R.

*A healthy plant may be good for more than one use.*

He said that he remembered me from medical school.

*A bad sign. The language students I remember were the troublemakers.*

After teaching ESL I worked one year as a medical interpreter at a big hospital in western North Carolina.

*Mother said working with young people kept her young. She was right. She died at 85.*

I lived in a big A-frame on a bluff overlooking a bend in a river, the most beautiful home I’d ever had. I had lots of friends and interesting work and thought I was happy until the State of Maine put a hook in my heart and hauled me back, homesick to the point of tears.

*The heart knows things the mind can’t begin to comprehend.*

An old friend developed ALS and he faced an ugly death. He “took early retirement” with the help of an organization called Final Exit Network. I got curious; I got drawn in. I am now on the Board and work as Medical Director and on the Medical Evaluation Committee helping to select which cases we think we can help. I help to train Exit Guides.

[www.finalexitnetwork.org](http://www.finalexitnetwork.org)

*Since my return to Maine seven years ago I’ve had to “put down” four beloved dogs. We call that “being humane.” What do we call the things we do to terminal patients?*

So now I live in a little log cabin in an evergreen forest on the Downeast Coast of Maine, about an hour’s drive from Canada. Three big dogs share my home and heart, and one of them helps control my flock of free-range domestic geese, the regal white Embdens and the lovely brown Toulouse. I call my place “Loose Goose Farm,” where I’m as happy as a clam at high tide.

*A goose farmer no less! Some kind of a quack doctor...*

## CAROL NADELSON

It is difficult to believe that it has been 50 years since we graduated. My internal self image now doesn't match the image in the mirror, nor the dates on the calendar. I welcome the chance to reflect back on a rewarding and wonderful life personally and professionally. I have been able to travel roads I would never have imagined possible.



When I first thought about a career in medicine, it was not considered an acceptable aspiration for a woman. As a rebel even then, I did not believe that I had to accept that view. I found support from the very few role models available to me, from some of my teachers and family, and from many heroines of literature and history, including Nancy Drew and Marie Curie.

Applying to medical school was discouraging. Despite denial of the existence of explicit and implicit quotas, based on gender, religion, background and which undergraduate school one had attended, I experienced them all. My interviewers were convinced that women would “take up a place” in medical school and never practice medicine, especially after they had children. This belief was firmly held regardless of a century of data contradicting it. It justified questions from them about my social life, contraceptive use and plans for marriage and family. Despite my academic performance and record of leadership among my pre-med colleagues, 99% of whom were men, I was accepted at only one medical school; I had applied to 24.

I went to Albert Einstein College of Medicine for my first year. There were six women in my class. I had been rejected by Rochester.

When I married David Shander in 1958 it was clear that one of us would transfer, so I welcomed another chance to come to Rochester. I was delighted to join the second year of the class of '61, and Judy Hood was delighted to have company, since she was the only woman in the class for the first year. It was not an easy time in some ways and great in others. I vividly recall the eight women in the school meeting in the “ladies lounge,” decorated with pink sofas, across the hall from Dr. Whipple's office. We shared our humiliations and victories, sometimes in tears and sometimes with humor, as we encouraged one another. We believed, as did others (some faculty and classmates included), that we should be grateful to have been accepted and that we had to prove ourselves worthy.

We endured many challenges including sleeping in patient rooms, even when women were in labor, because no women's on-call rooms existed. One night, my rebellious soul got the best of me when I was on an obs/gyn rotation. I startled my male colleagues when, exhausted and defiant, I slept in the “doctors” room. We learned to ignore pornographic slides during lectures, and frequent taunting. This was not unlike what was reported by 19th century women medical students. Nonetheless, I also received recognition, encouragement and honors at Rochester. I was respected and supported and even earned an apology for not having been accepted in the first place. I was startled when I received the Benjamin Rush Prize in Psychiatry.

My search for an internship in medicine repeated my medical school application experience. Despite an outstanding record, and being encouraged by my advisor to apply to the best programs in the country because I would surely get accepted, only Rochester was willing to take a chance on David and me as a couple. I was repeatedly told that a woman had never been accepted and that they were not about to start, or that since we were in a couple's match I would probably have a baby and I would drop out. I was the only woman intern in medicine at Strong that year, and one of the few in any department. It was, however, a great year!

When I decided to leave Rochester and seek a psychiatry residency in Boston, both George Engel and John Romano were explicitly disappointed and I felt very guilty. It took some years for us to resolve this, but they became friends, colleagues and mentors. I began my psychiatry residency at Mass. Mental Health Center in Boston, and even there I was met with a not unexpected, but unacknowledged quota on the number of women in the program. It couldn't have been a coincidence that there was one woman and five men on each of four services. It was, nevertheless, an enriching experience, despite the fact that, in addition to being a woman, I was not from Harvard (rare in that residency training program).

I finished my residency and a fellowship in psychiatric education at Boston's Beth Israel Hospital because I wanted to be in a general hospital setting, since I was interested in the medical/psychiatric interface. I had a few wonderful role models and many mentors, men and women, who taught me and supported my often alternative career paths and decisions, even when they didn't agree with where I wanted to go.

It was in this context that my career as a faculty member at Harvard Medical School and a psychiatrist at Beth Israel Hospital began to take shape. It was inspiring to be in a department chaired by a woman, Dr. Grete Bibring, the first woman chair of a Harvard medical department. My responsibilities for the education of medical students in psychiatry and psychiatric consultation for the department of obstetrics/gynecology were formative experiences. I became very active, with my medical colleagues, in issues around reproductive choice and also developed the first rape crisis center in Boston.

At this time I also confronted a challenging new life experience. I had remarried, had two children and faced the struggle of all women with careers and aspirations, balancing family and professional life. A small group of women physicians, pregnant and meeting for lunch in the hospital cafeteria, generated a plan to start a day care center in the medical area. At the time there was no day care available in the Boston area and, we were condemned for this "radical" idea.

Shortly, it was time for me to begin to publish if I was to remain at Harvard Medical School. Interest and experience led me to choose somewhat unconventional academic areas, with which I had some expertise. I was naïve enough to be unaware that I was crossing a border that could have serious career consequences, but I was determined to work in the areas of my passion. I started by writing on the formation of the day care center, careers for women in surgery, and the psychological aspects of abortion and reproduction, as well as on innovations in medical education. My realization that women's health went beyond obstetrics and gynecology led me to begin to publish in this emerging area. With a colleague we launched the field of women's mental health, with a series of books, considered landmarks in the field. This helped define my career.

On other fronts I was involved in many medical school activities, supported and encouraged by my many male (very few female) mentors. I was the first woman to chair a section of the Harvard Medical School Admissions Committee, to be president of the state medical society (Massachusetts Psychiatric Society) and then the first woman president of the 35,000 member 144-year-old American Psychiatric Association (APA).

My next challenge was to lead the American Psychiatric Press Inc. (APPI), as President and CEO. When I began, it was a fledgling enterprise and I had no experience running a publishing company. Since failing was not an option, my career took a new turn and I learned quickly and commuted to Washington weekly. I even surprised myself when I was able to grow it into the largest publisher of psychiatric books in the world.

Despite this track record, old gender attitudes prevailed. My stories are too numerous for this essay, but they amuse and astound my students, residents and my nine-year-old granddaughter. Recently, as she watched me receive an Honorary Doctor of Science degree from my alma mater, Brooklyn College, she asked, "Nana, what does being first mean?" She had no concept that women didn't do the things she had come to see as normal.

My academic career continued to blossom. I was president of several medical and psychiatric organizations, especially involving education. I left Harvard for a period of time and went to Tufts where I was Professor and Vice-Chair of the Psychiatry Department and Director of Education. It was a rewarding period, but I returned to Harvard 15 years later, after a year as a Fellow at the Center for Advanced Study in the Behavioral Sciences at Stanford.

With increased commitment to bring my activist soul to help develop women leaders in medicine, in 1998 I accepted a newly created position as Director of the Office for Women's Careers at Brigham and Women's Hospital (BWH). There was no specific roadmap but the task was to address the obstacles to women's career development that had been documented at Harvard as well as everywhere else. I continue to direct this office and have ascending the ranks to professor at Harvard.

I have had a rewarding and unpredictable career, a wonderful ride. I've received many honors, including being elected to fellowship in the American Academy of Arts and Sciences. While the stumbling blocks have been many and the ride has not been smooth, I remain passionate about what I am doing and dedicated to my career and to those at Rochester who helped so much to make it a reality. For this reason I have spent the last several years as a member of the Alumni Council for the medical school.

I was blessed to have by my side through most of my journey, my greatest cheerleader and dearest friend, my late husband, Ted Nadelson, who accompanied me and championed me throughout. Had he lived to be with me at this time, we would have been able to share this momentous anniversary and bask in the joy of our grandchildren, Sarah, Teddy and newly arrived Abraham. I am grateful to my children, Robert and Jennifer, who were brought along on this journey. They have weathered the storms with enduring love and support. My journey has been rewarding and, at times, humbling. I have been privileged to have taken it.

## JOHN L. NICHOLSON

### FATE? OR CHANCE?

We in our class were lucky to be born during the depression. We were few in number, but blessed with multiple opportunities during our lifetime.

By fate or chance I came from accented immigrant parents. Because of economic circumstances, their education stopped at the eighth grade. As a result, education and hard work was the strong theme in the household. Mother had dreams of her son becoming a doctor. Father leaned towards law and business.

Like a box of chocolates, my Godfather, Uncle Jim, cornered me prior to one of our Sunday dinners. "John, you are now a junior in high school. What are you going to be?" Looking at his gold tooth, I said, "A dentist." He said, "You said, 'A doctor.' Very good. Shake hands." I was then informed a contract had been made. At dinner I noticed mother with a grin as Uncle Jim nodded with a wink.

Then off to Rochester. Another box of chocolates. I obtained an education, both in college and medical school, beyond my imagination. In medical school, understanding not only the biological but also the social and psychological component of people and patients was deeply rooted. In later years I have noticed successful leaders have learned these principles elsewhere. Likewise having been in contact with those from other medical institutions makes it apparent to me that Rochester is second to none.

By fate or chance I headed west to University of California San Francisco (UCSF) for my surgical training. At that time UCSF was very surgically oriented and fit my desires; I finished in plastic surgery.

While a resident I found another box of chocolates. I noticed a pretty young girl working in the hospital as a social worker. After asking her out for a cup of coffee, a surgical colleague mentioned that I better move up; others had noticed her. An hour later I asked her out for dinner. Engaged in six months and married in one year, we had three children in our first five years of marriage.

Another box of chocolates showed up. Fate? Or chance? I fulfilled my military obligation after residency stationed in Japan for two years. Mary Jane, two toddlers and I lived in Japanese housing. At the peak of the Vietnam War, the professional experience was outstanding; unfortunately at the expense of our wounded fighting force.

Setting up solo practice in Los Altos, Ca. just prior to the beginnings of Silicon Valley was yet another moment of fate or chance. Then to Stanford University with a clinical appointment at the medical school was more chocolates. Practice lasted nearly 40 years with only one lawsuit, which I won. (Thank you, George Engel.) Memories were many. Learning from patients was enjoyable. (Thank you again, George Engel.) Being the first or second in the country to open a surgicenter in 1974 was traumatic. Many thought I was crazy. Papa was happy. Being involved in local and other non-medical committees was fun.





I feel I have had a lot of good chocolates. Mom, Dad, Uncle Jim, Rochester, UCSF, Mary Jane, three kids—John, Greg, and Beth—and now four grandchildren.

Is life now over? NO!! I hope to be an Uncle Jim to my four grandchildren—Jack, 10, Ava, 9, Charlie, 8, Mary Jane, 6—and set out some chocolates for them.

Among other traditional things—golf, travel, exercise—my future is being very active on the Genomic Committee at the hospital. The intent is to get genetics into the mainstream of medicine. I feel we are at the same stage as I was opening a surgicenter in 1974. Another box of chocolates?

When do I stop looking for chocolates? I do not know. It is up to fate or chance.

## RICHARD M. RUBINSON

I was one of five students accepted to the U of R SMD from Hamilton College. As nurturing an environment Hamilton had been for me, Rochester, by contrast, seemed like a lonely place. At least I knew the names of a few medical school classmates, which was good. Mike Kaplan I knew very well, since we were born in the same hospital one day apart; we went to the same elementary school and college as well.



Although the details of my time in medical school are a blur to me now, there were lessons learned that stayed with me for my entire medical career and beyond. When George Engel introduced us to the notion that the onset of a disease can be triggered by a psychological event, I thought the man had lost touch with reality. Although that concept was difficult to recognize in practicing my chosen specialty, I always was aware of the emotional aspects of illness and I was a better doctor because of it.

I did leave a small legacy behind in Rochester. On my third year obstetrics rotation, I delivered, or helped deliver, a Mrs. Colon her fourth child, a son. She thought I did a great job and that she wanted to name the newborn after me. She asked me what my name was, and I told her, “Sigmoid”. Well, I thought it was funny at the time.

On the personal side, I cannot forget the many one-on-one sessions I had with Dr. Robert Berg. He was my role model and mentor; he kept me focused. I regret deeply that I did not keep in touch with him after leaving Rochester. I should have made it my business to do so despite the egregious working conditions of a surgical internship and residency. On the positive side, I married Cessy Goldman between my junior and senior years. Did I make a thoughtful, considered decision to marry? No, it was totally testosterone driven, but it turned out right. We celebrated our 50<sup>th</sup> anniversary last year. Lucky us.

To this day, I wonder how in the world I was matched to the surgery program at Grace-New Haven Hospital. After I met my fellow interns, I thought initially I was overmatched, but the rigorous work schedule equaled the playing field. To say the least, I did not see much of New Haven or Cessy. Our son Andy was born during September of my internship. Even though I didn't get to see him much, I was so proud. I showed his picture to everyone, including the old battle-ax nurse in charge of the night shift on the surgery ward. She taught me a life lesson when she said, “Listen, Doc, when you're old and gray and peeing all over yourself, it's your daughters who will take care of you, not your sons.”

My interest in cardiac surgery began as a third assistant on an open-heart surgery case during my junior medical school year. I liked all of the neat-looking instruments, all of the gadgets and plumbing on the heart-lung machine, the cutting edge nature of it all, and the swashbuckling antics of Earl Mahoney. So that was my goal. At Yale, I expressed this desire to the division chief, Dr. William Glenn. He took an interest in me and was kind enough to recommend me for a fellowship at the Surgery Branch of the National Heart Institute. Despite overwhelming odds (five people chosen from a load of applicants) I got it.

The NIH fellowship was a real game-changer for me. I was introduced to the worlds of academic medicine, clinical and laboratory research, and scientific writing. I took it all in, and when I returned to New Haven two years later, I had a career plan in mind: I would stay at Yale and become an Instructor in Surgery, with the idea of working my way up the academic ladder. We had three children at this point. Somehow, I managed to cobble together a week's vacation to Florida during the December 1968 holiday season. So off we went, the five of us. While there, I decided to phone one of my former NIH Fellow compatriots who was then on the faculty of the University of Miami Department of Surgery. So, our families got together for a New Year's drink. I was told there was an opening in his department that might be right for me, and he suggested I meet his chief at Jackson Memorial the next working day. "Not me. I'm on vacation. The last thing I want to do is visit a hospital" was my reply. He insisted, I relented. To shorten the story, I was in Miami on July 1, 1969 to begin my academic career in the sunshine. Funny how some important life decisions are made.

Academia for me lasted four years, during which the leadership in my division and department changed. People left, animosities surfaced, new people were brought in. Should we move on and leave Miami, or stay? Cessy and the kids loved living in the sub-tropics—outdoors all the time, sports, swimming, no bundling up in winter clothes.

We had found our little corner of paradise; our vote was to stay. I found a good opportunity in private practice, and I took it.

In my 32 years in private practice, the happiest were those when I practiced alone. I enjoyed the independence greatly; when I wanted to write a check to my favorite charity (which was me), I didn't need to have a conference. With time, I built a great referral practice. As new techniques came along, I made it my business to keep up and stay current. Videothoracoscopy and robotics were part of my skill set when I retired in 2005.

Two years after I retired from practice, I contracted a closed space Group A Streptococcus infection in my left soleus muscle. I became deathly ill in a hurry. After emergency surgery, vasopressors running wide open for 48 hours to keep my blood pressure near 80 systolic, multiple organ failure, ventilator, dialysis, and ICU for a month, somehow I survived. Thanks to a good dose of retrograde amnesia, I don't remember too much of the ordeal. So, I proved to myself the truism that I always was ready to tell other people: life, under the best of circumstances, hangs by a thread.

Interests outside of medicine have been an important part of my life. In South Florida it is difficult to avoid nautical pursuits since we are surrounded by so much water. I became an avid salt water fisherman over the years, but of course I carried things too far. In 1996 a custom sport fishing boat was built for me; the project took three years to complete, and of course ran over budget. In retrospect, building that boat was one of the stupidest things I've ever done. But, alas, I enjoy using it to this very day.

Orchid culture is another one of my interests, a pursuit made easier in our warm climate. As well, Cessy and I have traveled all over the United States and other countries participating in Habitat For Humanity's Carter Work Week. We did this for 14 straight years, enjoying those experiences greatly. But, in a word, Jimmy Carter is not a fun guy.

Presently I am enjoying a second career as a dealer in rare stamps for collectors. My partner is an experienced veteran dealer who knows the business well. So, we travel to stamp shows around the country and we do business on the internet. It keeps me occupied, and the added income is nice even though it isn't essential.

Our life at present is quite satisfactory. We have lived in the same house for over forty years, fixing it up and remodeling it from time to time. Our children are spread out around the country (was it something we said?), our nearest one 1150 miles away. So, Cessy and I take long plane rides on a regular basis. But, we are happy campers, busy squeezing the last drop of pleasure and enjoyment out of the life that is left to us.

If I knew then what I know now, would I still choose a medical career? As they say in Minnesota, "You betcha". Medicine is a noble calling. I was proud to be a doctor.

## LAURENCE A. SAVETT

When I stopped practicing medicine in 1997 after a serious illness, necrotizing fasciitis, from which I have long since recovered, I sent each of my patients this letter, which said in part:



...I know it is not easy to change physicians. With many of you, the relationship that we have shared goes back many, many years. My relationship with others has been shorter. And so each of you may see this need to change physicians as more or less of a loss.

I, too, feel a loss. My career in medicine has been one of great satisfaction and joy. Many have asked me, “What is the best part of medicine for you?” and the answer is an easy one: the *relationships* with my patients. You have shared with me your stories, not only about your illnesses, but also about your lives in general, the challenges, successes and frustrations you have faced, and how you have dealt with them. I have been touched by that trust and have learned a great deal from each of you. The wisdom that you have shared with me, I believe, has made me a better physician and teacher.

From my own recent illness, I have learned once again what I already knew about the important elements in medical care: the need for continuity, for compassion and comforting, for adequate explanation in language that is understandable, and the need for accessibility. All of this takes time, and none of this should be compromised...

Though I retired from practice, I remain an involved physician. I continue to teach and to reflect on what I have done during my career. But being a physician does not define me completely. I am a husband, a father, a son, a brother, a teacher and writer. Through the years I’ve changed both location and direction in my career. I belong to various communities beyond the community of physicians—a community of friends, the Jewish community, and the larger St. Paul community. My own experiences are not unique, but they illustrate a number of elements of a medical career: change is a reality; dealing with change is a necessity; values dictate action; a career in medicine offers many opportunities; one is not simply a physician, but also part of a family and a community; we don’t have to handle things alone.

My own story is no more or less important than the story of my medical school classmates and many other physicians. Each of our stories draws on experience, models, values, and what we’ve learned from our patients and from life itself. I’ve been a patient. Members of my family have been patients. Each of my parents’ serious chronic illness made me understand, early on, the impact of illness, not only on the one who is ill, but also on the person’s family. In 1956, when she was 47 and I was still at Hamilton College, my mother discovered a lump that turned out to be breast cancer. She died 11 years later. Not long after my mother’s cancer diagnosis, my father had a recurrence of a severe depression which persisted, more or less, until his death, close to his 90<sup>th</sup> birthday. As a family we have experienced other illnesses, great and small, and felt the impact of those illnesses on our day-to-day existence and on our relationships.

These stories are all part of my experience, as was the intervention of our family doctor in Utica, NY, Irving Cramer. A general practitioner at first, he became a surgeon, and I began to consider a career in medicine because of his example. Whenever I returned to Utica in the years during and after medical school at Rochester, I would look him up, have a talk, and sometimes make hospital rounds with him. From Irv, I learned these important lessons: (1) When you're with a patient, *sit*. If you're standing, even for 10 minutes, it seems as if you've got one foot out the door; if you're sitting, even for only a minute, it seems like you've got all the time in the world. (2) In Utica, where there was no hospital house staff, he always made second rounds on his way home; even if there were no important observations to make, he took that opportunity to sit and talk with, and listen to, his patients. For years, I made it a practice to follow that example.

Without hesitation Irv advised me on matters other than medicine: how to deal with crises in my family and how to spend my summers in college and medical school ("away from medicine"). He remained my mentor for at least half of my career as a physician, until he died. He is still my primary model. He cared for all my family even when the issues were not surgical.

And so when I spoke to patients, I spoke with all these voices. With a depressed patient and his family, I thought of my father's illness, and I had an extra measure of understanding and compassion. With a woman with breast cancer and her family, I thought of what it was like for my mother—and for my father, sister and me. And when I was stuck as to what to do or say next, I would ask myself, "What would Irv have done?"

My experience as an undergraduate at Hamilton College deepened my appreciation of the joy of learning and the human elements. From Otto Liedke, my German professor for four years, I learned the importance of the relationship between student and teacher, and that teaching goes beyond mastery of the subject; it sometimes involves performing. From time to time, I sometimes find myself copying some of his *shtick*, as I hear myself saying to a student, as Herr Liedke would, with a smile on his face and a twinkle in his eye, "Mr. \_\_\_\_, you being a person of great insight, please tell me..." As a teacher, he showed me the importance of caring about a student—and saying so besides. Not a bad model for a teacher, physician...and human being.

At Rochester, *how* we learned was as important as *what* we learned. Lessons from George Engel and the rest of the medicine-psychiatry liaison group have stayed with me throughout my practice and teaching careers. I came to Rochester thinking I would do general practice, but by the end of my third year, I thought that I'd have to specialize narrowly; after all, sometimes an orthopedic resident would be called, even to treat a sprained ankle. But in the summer after that third year at Rochester, I worked as a summer volunteer medical student at the Grenfell Mission Hospital in northern Newfoundland. Physicians there were jacks-of-all-trades and had multiple skills, and I regained my desire to practice more broadly. There nurse-midwives provided the primary care for the people in the villages, and they taught me the value of the nurse-physician partnership.

During rotating internship at Minneapolis General Hospital and internal medicine residencies at Cleveland Metropolitan General Hospital and the Cleveland Veterans' Administration Hospital, I had wise academic and community physicians as teachers and models. My residency was interrupted by a two-year stint in the United States Air Force, where I practiced radiology as well as internal medicine; there I began to get a taste of what it was like to have my own practice.

I started private practice in Gloucester on Massachusetts' North Shore, 25,000 people and 25 doctors, a mix of family physicians, surgeons, pediatricians, obstetrician-gynecologists, and internists. My one concern in going to Gloucester was that if people became *really* sick, they would want their care in Boston, "the mecca," an hour away. As it turned out, practically no one wanted to go to Boston; patients preferred to remain in their home town, near family and friends, cared for by their own physicians and nurses in their own community hospital. During my two years in Gloucester, I learned what I could do, what exceeded my skills, and what breached my threshold of concern. I learned to work efficiently and to rely on my colleagues. And whenever I found that my need for information or advice could not be satisfied with what was available locally, I would call one of my former teacher-experts from residency. In subsequent years, I enhanced my realization that medicine is a collaborative profession—not only doctors collaborating with doctors, but also with nurses, social workers, clergy, and therapists of all types.

Though I had been fulfilled as a physician practicing in Gloucester, we had other needs as a family—to be close to at least one of our families of origin and part of a larger Jewish community, and to have the cultural benefits of a larger city. And so we moved from the small town, where I was one of few physicians, to my wife's home town, St. Paul, where I was one of many.

During those years, my practice situation changed more than once. After seven years, because of a conflict with my physician-partner about respectful ways to treat patients and staff, I left that partnership and took my established practice to a new location in the same building. After four years I formed a new partnership with a physician 15 years younger, just out of training. We quickly found that we shared ways of viewing medical problems and dealing with patients. Most of all we shared values. Then we merged our practice with two other offices. The sociology of the merged office was far different from what I had envisioned and ultimately we broke up that office, and my former partner and I joined a larger group, though we maintained our separate office. Despite the different atmosphere in the merged office and then the larger group, I managed to avoid compromising on time and values. During all those moves in St. Paul, my patients moved with me.

Other things changed. When I started practice in St. Paul, there were few sub-specialists in internal medicine and so I dealt with a broader range of problems. With the arrival of more physicians who separately sub-specialized in the care of diseases of specific organ systems, we general internists tended to see the less complicated cases as referral patterns and patient choices changed. Yet I remained professionally satisfied, stimulated and busy. For the reality has always been that patients need physicians who provide the broad view and continuity of care and who coordinate complicated care.

There were other reasons for my satisfaction. Through the years, I often began something new. Because of my interest in the “problem-oriented system” of medical reasoning and recording—Lawrence Weed, who crystallized the concept, was one of my teachers in Cleveland—I oversaw a program of nurse-physician collaboration at my community hospital, and I consulted with a computer company early in the days of computer applications to medicine. I traveled to a small town in Wisconsin once a month to provide internal medicine consultation. I joined the editorial board of a nursing magazine where I provide a physician’s perspective on issues related to nursing. Along with that, I am now on the editorial board of the journal of the National Association of Advisors for the Health Professions, the readers of which are undergraduate pre-health professions advisors. Twenty-five years ago, my wife and I helped to found a new Jewish congregation in St. Paul.

And I have always taught. Teaching has been an opportunity to refine my thinking and reasoning and to recycle what I know. Teaching has kept me on my toes and stimulated. I have taught medical students, interns and residents, nurses, seminary students, undergraduates, and adults and children in the community. Since 1994, even before I retired from practice, I have taught a course, “The Human Side of Medicine: Learning What It’s Like to be a Patient and What It’s Like to be a Physician,” to undergraduates, first at Macalester College and subsequently at University of St. Thomas in St. Paul, and I have advised and coached pre-meds and other pre-health professions students at those places. I have returned to Hamilton several times to be part of programs for pre-meds.

Among the perks of being a physician are these additional things I learned during and after Rochester, some of which is quoted from my 2002 book, titled the same as my course:

- There’s more to being a physician than technical expertise.
- Hearing other people’s stories allows me to count my own blessings and put things in perspective. When you have your health and your family, there’s hardly anything else you need.
- Medicine is a metaphor for life. What we—patients and physicians—learn in dealing with illness has application outside the medical setting.
- When we neglect the human side of medicine (in other words, the biopsychosocial model), everyone—patients and physicians—loses.
- The relationship is the vehicle for most transactions between the patient and the physician. The relationship is important, not only to the patient, but also to the physician. Absent a relationship, doctors don’t know what they’re missing. Without it, we cannot be happy in our work, and it’s important for doctors to be satisfied professionally.
- Patients don’t change. What we know about illnesses does—their cause, their treatment, their prognosis. The system changes. Physicians change. Their reasons for choosing medicine as a life’s work may change. Their expectations may change. Their attitudes may change. But patients don’t change.
- You can’t compromise on time. Adequate time is crucial to all aspects of medicine, technical and non-technical.
- You can have a personal life as a physician. And your personal and professional life can complement each other.
- It’s important to find, and take advantage of, trusted mentors.
- You don’t have to be a genius to be a really good doctor. It simply takes a good head—and a good heart.



A few words about my family. Since he was very young, my son Jon has stimulated me with his insights, his sense of humor, and his intellectual prodding. As a rabbi and teacher, he has provided yet another model of good pedagogy and has helped me to examine the similarities between the doctor-patient relationship and the teacher-student one. Through the years my daughter Ellen has kept me humble. Never reluctant to critique my teaching style, question my views, or to shore me up with the wisdom of a younger person, she helped me re-examine some long-held opinions. Both kids are very good writers. Both take me seriously, but not too seriously.

And then there's Sue. For 48 years my wife has helped me refine how I speak with patients and colleagues, and struggle with how to establish rapport with patients with whom I'm having difficulty. When I have struggled in other ways—with a patient who was in failing health, with relationships, or with life's more serious dilemmas—she has helped me sort things out. Much of the wisdom related to dealing with patients come from the social work paradigm, which she helped me understand. Her social work profession and mine overlap nicely. Sue taught me most about relationships; ours continues to grow. Many, many times, I tell others, "Sue is the best part of me."

## ROBERT H. SCHWARTZ

### MY FIFTY-YEAR JOURNEY



**“A journey of a thousand miles begins with but a single step.”**

For me, that step led to the first floor of our house in Brooklyn, New York, where my father’s patients gathered to see him for asthma and allergy treatment. All I knew at that time was that he was a “doctor.”

Patients flocked to his “care.” He was “highly regarded and loved.” As a young boy, as I would go up the same steps into our home I would hear, “There goes the young Doctor Schwartz.” The gravity of disease hit home when I was ten years old—my mother died from ovarian cancer. This is where and when it all began.

**“Wherever you go, there you are.”** I borrowed this mantra from Jon Kabat-Zinn, Ph.D. and have personalized it to, **“Wherever I go, there I am.”** In 1957, I started medical school at The University of Rochester School of Medicine and Dentistry. It is also the year that the city of Cannon Beach, Oregon was incorporated and it is here on July 4, 2011, while writing this memoir, that I found myself gazing south down the beach towards Haystack Rock, the iconic monolith in the Pacific Ocean. It has become our omphalos (umbilicus, ancient Greek center of the universe) for the past nine years since retiring from the active practice (care, teaching and research) of pediatric allergy and immunology.

After fifty years, Carol and I finally broke the cord with Rochester, New York in 2007 when we moved our primary residence to Portland, Oregon where I am now able to maintain a bit of my medical identity and purpose by volunteering at Children’s Community Clinic, a facility for under-served and under-insured. The machinery and mechanics of medicine have become more complex. Despite my ad hoc attempts at CME, my cognitive and practical skills have become rusty. I’m not saying this is the way it has to be for everyone or will be at 75 years, but this is the way it is for me. Living vicariously through the accomplishments of my family—two daughters, their husbands, five grandchildren—and many former students and colleagues have mostly replaced personal achievement.

So, where else have I been? I’ve been mostly in the right place, at the right time. I came to medical school in Rochester, New York to be close to my college sweetheart, Carol, who was an undergraduate at Cornell University in Ithaca, New York. We have been married for 53 years. Our first daughter, Rhonda, was born at Strong Memorial Hospital, having been conceived when I was a “Year-out Fellow” in immunology with Dr. John H. Vaughan, the second mentor who helped me to steer the course through an academic medical career. He followed my father, Dr. Emanuel Schwartz, who not only practiced allergy from his office on the first floor of our house in Brooklyn, New York, but also taught allergy and directed the Allergy Laboratory at Long Island College Hospital in Brooklyn (Downstate Medical Center). He was one of the first doctors to publish observations on the use of glucocorticosteroids in the treatment of patients with allergic diseases. In those days, we referred to this kind of physician as “A Triple Threat.” Because of their knowledge and experience they were also known as “diagnosticians.” Business acumen was not a necessity as it is today and practical knowledge and decision-making had not yet been distilled to logical effective algorithms. In the olden days, this had been called “wisdom.”

I suppose, in my own career in allergy and immunology, I too became a “triple threat”—practitioner, teacher, researcher, and even tenured professor with NIH grants and all that. But in 1985 I shifted my focus to mainly taking care of patients (mostly children but also many adults) with asthma and cystic fibrosis and as a side interest in IgE-mediated cow’s milk allergy.

Recently (January 2011), I thought of both of my early mentors as I responded to an allergic medical emergency while being evacuated from Cairo during Egypt’s recent revolution.

For Carol and me, pyramids, papyruses, & peanuts are now symbolic of the beginning and end of our planned vacation. It turned out to be an unexpected Adventure & Exodus from Egypt. As one can imagine, we experienced great relief after having been airlifted from the chaos in Cairo to safe-haven in Frankfurt, Germany. Thoughts of pyramids and papyruses left us and we finally began to relax as our plane took off from Frankfurt bound for the USA (JFK), seven hours away. After being served peanuts and beverages, and as I began to doze off, I heard the following announcement: “If there is a doctor on board, please identify yourself.”

In retrospect, I guess I am still a competent pediatric allergist, as evidenced by then having been able to successfully rescue a 4-year-old boy (father said he weighed 20 kg) from peanut anaphylaxis (angioedema, urticaria, wheezing, vomiting) on this Delta Airline flight from Frankfurt to JFK, 30 minutes after take-off, just as the flight was entering the Atlantic Ocean airspace.

Soon after I administered (only doctor on-board) 12.5 mg of diphenhydramine (1/2 capsule PO in apple juice) and 0.2cc 1:1000 epinephrine IM in his right anterolateral thigh using a tuberculin syringe (22 gauge 1 1/2 inch needle), he responded (angioedema of lips and urticaria resolved) and lungs cleared (ear to chest auscultation). I had some prednisone with me and gave him 20 mg PO, which he vomited. Another 12.5 mg of diphenhydramine put him comfortably to sleep.

The attendant then relayed a question from the pilot, "Should we touch down on land or proceed over the Atlantic?" My recommendation (pilot, of course made the final decision) was to continue on. I observed the boy closely for the next 7 hours, thinking about “biphasic reactions,” recurrence, etc. He playfully left the plane after landing at JFK, accompanied by his father, on their way to Jacobi Hospital in The Bronx where his maternal grandmother was critically ill, on a ventilator, waiting to see her grandson.

Our aborted trip to Egypt was certainly “being in the wrong place at the wrong time.” Our trip from Frankfurt to JFK was an example of “being in the right place at the right time.” I have now checked both of these experiences off my “bucket list.”

From 1964 to 1966, while U.S. [combat units](#) were being deployed to Vietnam, I was fortunate to have been selected to serve two years as a clinical associate at The National Institutes of Health in Bethesda, Maryland. There, my third significant mentor was Paul A. diSant'Agnese who had discovered the sweat defect in cystic fibrosis, the critical observation that served as the basis for the diagnostic sweat test and for understanding the basic defect at the cellular level. I learned about clinical and basic research and the excitement of inquiry, which launched me on a twenty-year academic career in cystic fibrosis patient care, teaching, and research. I travelled throughout the United States and Canada harvesting blood from Amish, Mennonite, and Hutterite cystic fibrosis kindreds for studies of DNA fragment length polymorphism linkage analyses.

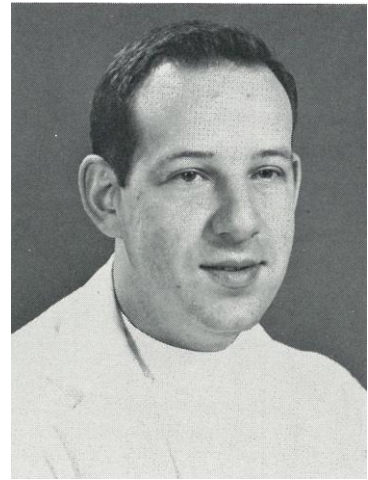
Wherever I went, there I was, preoccupied with the hope of discovering how to reverse the relentless genetic process that either gradually or suddenly claimed the lives of infants, children, adolescents and young adults who were under my care. I am left with many sad memories that even today are painful to recall. My second daughter, Lisa, was born in 1965, while we were at the NIH. Ten years later, she lost her best friend, Janice, to complications of cystic fibrosis. I was Janice's doctor. On the other hand, Joanne, a fifty-year-old patient (friend), who is now 14 years post-bilateral lung transplantation, visited me at Cannon Beach two years ago. We were able to share and enjoy the view of the Pacific Ocean and Haystack Rock. When I retired, I gave Joanne the "doctor's bag" given to me by a drug company at graduation from the U of R. The bag became a symbol of the healing and inspiration she now provides for other people and families contending with cystic fibrosis. The gesture and its consequences made me again recall the importance of rendering "hope" as a necessary skill in the practice of medicine.

I've had a life-long passion for photography and photographs. In college, I had the honor of taking Robert Frost's portrait for the college newspaper. **"Two roads diverged in a wood, and I—I took the one less traveled by. And that has made all the difference."** I had a chance to talk with him. The encounter had an influence upon my appreciation of future events. These I have chronicled in thousands of photographic prints, slides, digital images and power point presentations. The humorous ones with commentary have been published on my website ([www.amatureproduction.com](http://www.amatureproduction.com)) in a section called "Bob's Log." This is one way I communicate with my grandchildren, giving them an insight to my history, thoughts, feelings, and sense of humor. In addition, somewhere in my photographic archives I still have photographic prints of pictures that I took with my Minox spy camera in anatomy class in first year of medical school. Besides our cadaver, there were my cadaver partners, Bob Caldwell (surgeon), Dick Isay (psychiatrist), Judy Hood (psychiatrist), and George Kenessey (radiologist). I also have pictures in this setting of Stan Goldman, Paul Kindling, Mark Levy, John Nicholson, Dick Rubinson, Larry Savett, Charlie Scibetta, Dave Shander, Ron Smith, and Max Wilson, all having taken roads less traveled by. I will always remember "Anatomy." Besides being confronted with the stark reality of death, some of us for the first time, my cadaver group was able to share in the excitement of making a diagnosis when we discovered that our "patient" had died from aspiration of a large piece of meat, which we had found obstructing his larynx and upper trachea.

At Dartmouth College (Class of 1957) I was “**pre-med.**” I’ve had a long journey in medicine as a doctor. I have now arrived in the “**doughnut hole of life,**” This gives me a different perspective as a patient I bristle at being called a “consumer,” or a “client.” I find I am “**pre-diabetic**” and “**pre-hypertensive.**” My entire health problem list is lengthy. But, then again, aren’t we all “**pre-terminal**”?

## DAVID SHANDER

I was about 16 when my uncle, who lived next door to us in a small apartment building in Brooklyn, was the sole victim of a freak accident involving two ferries that collided on Chesapeake Bay. The superstructure of the one he was on collapsed onto his car and fractured his neck leaving him quadriplegic at the age of 45. He died several months later after spending the entire time in a Stryker frame at Montefiore Hospital in the Bronx. Ben had been a vigorous and seemingly indestructible man. His paralysis was unfathomable to me. I visited him on several occasions in the hospital, and felt the abject futility of it and the grief that I shared with his wife, their two young boys and the rest of the family. I was taking a course in comparative anatomy in high school, and, if my memory is correct, we were studying the nervous system at the time. The charts and illustrations in the textbook took on a new meaning, and I think it was then that I resolved to consider medicine or a related field as a career.



I went on to attend Brooklyn College where, in addition to furthering my education, I met my wife to be, Carol Cooperman (now Carol Nadelson). Carol applied and was accepted to Albert Einstein, and I, together with Bob Davies, was accepted to the University of Rochester. He and I were the first in many years to come to Rochester from Brooklyn, and the rumor was that the reluctance to accept students from the New York City schools stemmed from bad experiences with “those communists” during the 20’s and 30’s.

Carol and I were married that first year and she transferred to Rochester for the second year. Needless to say, despite our failed marriage, she has turned out to be one of the school’s most eminent graduates.

Rochester was my first extended period away from home, since I had lived with my parents during my four years of college. The four years of medical school was the honing of my maturity. The diversity of my classmates and the variety of backgrounds represented a new world for me. The old cinderblock walls and the dark, wood paneled classrooms were somber but demanding of respect and admiration. I was going to be a doctor. I remember the comments given by Dr. Bob Berg early on; ironically he said that most of us had not yet made the most important decision of our lives, and, to the surprise of most of us, he said that most important decision is “who to marry.” He is undoubtedly correct.

I will not review many of the innumerable recollections that we all share from our experience at Rochester, but I will forever be grateful for the human aspects of medicine that were emphasized throughout our stay there. Who can forget the demand for respect of the cadavers in anatomy class with Dr. Tobin, or the emphasis on the psychodynamics of disease stressed by Dr. George Engel and other members of the psychiatry department?

After my internship at Strong Memorial, I moved to a medical residency at the Beth Israel Hospital in Boston. I spent two years there and married my second wife, who worked at the hospital. She is the mother of my three children. Having signed up for the Berry Plan, I declined the offer of chief residency, entered the army, and was stationed at Ft. Wainwright in Fairbanks, Alaska for two and a half years, or better described as three Arctic winters. A great experience for me, but my wife hated it.

On my discharge physical I was found to have microscopic hematuria, a finding the significance of which would not become evident for another 30 years. Declining further medical workup in the army which would have delayed my military discharge, I returned to the lower forty-eight and a fellowship in cardiology at the University of Colorado in Denver, where I have been ever since. The Mile High City has been a delight, marred only by the failure of my second marriage not long after arriving here. My wife and children moved back to Massachusetts, resulting in my frequent commutes to visit them. I am grateful that the divorce was non-contentious and visiting my children was not contested. In fact my ex-wife and I have remained cordial ever since, and I have succeeded in maintaining a close relationship with my children as well.

After an unrewarding year in St. Louis at Jewish Hospital and Washington University, I returned to Denver with an offer to join a prestigious practice at the main private teaching hospital for the University of Colorado. I was the junior member with two astute and dedicated individuals who treated me as an equal from the start. While the revenue was limited before the introduction of interventional procedures, the experience was marvelous and intellectually stimulating. I had a clinical appointment at the university and rose to a full clinical professorship in an active teaching program. I had the honor of being elected president of the Colorado Chapter of the American College of Cardiology and president of the medical staff of Rose Medical Center where I worked for almost 40 years. I thought that I had found my niche and felt rewarded. But alas, after a number of years, friction arose in the practice group and resulted in its dissolution. For me, however, there was a silver lining, for I was invited to join another larger group where I remained until my retirement in 2006. During that time I had the fortune to meet my current wife and we have been a couple for 34 years. The third time is a charm.

I have not fulfilled all of my dreams, but I consider myself to be among the most fortunate. I have had a full and good life, and I treasure the experiences of those 75 years. Coming from humble origins, I know I made my parents proud, and I have been rewarded for my efforts, forever grateful to my folks for choosing to emigrate before WW II from Poland to this great country where all of this has happened to me.

My later years have been challenged by a number of medical problems, beginning with renal failure at the age of 63, salvaged by a kidney transplant from my son, the youngest of my three children and one of my many treasured gifts. The persistent microscopic hematuria first noticed at the time of my discharge from the army revealed itself to be a form of IgA nephropathy, which only occasionally leads to renal failure. My number had come up. Following a complex laminectomy at age 70, I have been left with considerable problems of ambulation and the end of the pleasures of skiing, bike riding and even golf.

The latter may actually have been a reward, considering the nature of my game before the surgery. Unfortunately the powers that be were not yet finished with me, for at the age of 68 I was diagnosed with Merkel Cell carcinoma of the left eyelid, treated with radiation and chemotherapy initially, only to reoccur more deeply in the orbit three years later, resulting in enucleation of the eye.

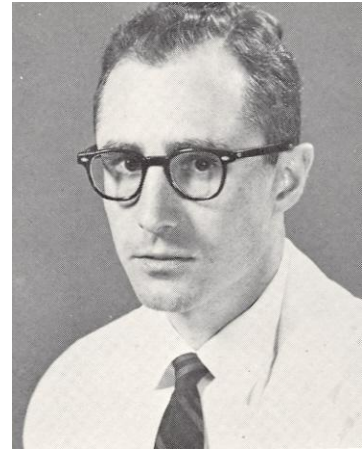
To date there is no evidence of recurrence. My wife, Karen, has nursed me through all of these crises and many others as well, perhaps the greatest of all my gifts. She swears that I look more dapper than ever with my black eye patch.

Scientific American has been on my mind and on my desk for well over 60 years. Curiosity has always been my driving force, so now my time now is spent volunteering at the Denver Museum of Nature and Science where I am a facilitator in the Space Odyssey exhibit. This is an interactive display on science and astronomy, and I love it. I am also volunteering as facilitator in an exhibit on health sciences and a temporary exhibit on Eighteenth Century Piracy. Here my eye patch serves me well. All in all it has been a great journey, and I owe much to the U of R for setting me on the right path. I've begun writing my memoirs for my six grandkids. Who knows, maybe I will see you all at the 60<sup>th</sup>.



## **SHELDON C. SIMON**

I remember Dr. McCann, chairman of medicine, telling us that they are teaching us to think independently and critically, because much of what we were learning would be out of date in ten years. That turned out to be true, but the basic principles of history, physical and patient care are enduring. It was George Engel who had the strongest influence on me. His interviews behind the one-way glass partition were remarkable. Once he interviewed a man who was admitted for an elective cholecystectomy the next day. You would think it would be straightforward, but through his remarkable skills he opened up a goldmine of material.



As graduation approached, we all felt we were not ready to be doctors yet, for we didn't know enough. In retrospect, medical school was the launching pad. Once we were launched, we continued to learn actively for the rest of our careers. I learned from books, journals and, most of all, from my patients. During my training and army years, I systematically combed through monographs and review articles in each of the subspecialties of internal medicine. I still have my notes from this project in 12 5" X 8" loose-leaf books.

I was in solo practice for 13 years. I was intent on being thorough and comprehensive. My office visits were unhurried and a minimum of 30 minutes. I developed close relationships with my patients; they were like family. It was extremely gratifying work. My patients were loyal and grateful.

In the next phase of my career, I was the assistant medical director at an academically oriented long-term care facility. We were affiliated with Mt. Sinai in New York, and I had an appointment as assistant clinical professor. Their fourth-year medical students had a rotation with us, and their geriatric fellows spent six months with us. In addition we had seven full-time physicians. One of my many jobs was to manage the teaching program. We had professor's rounds, subspecialty conference, neurology rounds, morbidity and mortality conference, autopsy conference, grand rounds and X-ray conference. I chose the speakers, the topics, and the cases to be presented. I made sure all the teaching points were made, and all the pertinent questions were asked. Once we had a nephrologist for grand rounds. Afterwards he told me that he had presented the same material to the nephrology meetings that year, but the questions he got there were not as incisive as the ones we asked. I also read EKGs for the institution and gave a weekly EKG conference to the medical students. One student told me he had a volume entitled 100 Interesting EKGs, but that they were not as interesting as the ones I was showing them.

I also kept my finger on the clinical pulse of the institution. I did morning report with the full-time staff and made rounds on our active cases twice a week with our Mt. Sinai attendings who admitted our patients to the hospital.

Since retirement I have been doing community service. I actively research preventive medicine and speak to community groups on how to stay healthy.

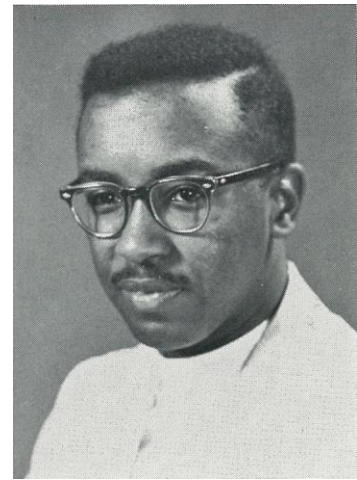
In summary, being a doctor has been a privilege and a very meaningful career.

## **HENRY T. SMITH**

### **OUR FIFTY-YEAR JOURNEY**

For all of us, this 50-year journey was shaped more than 50 years ago.

I grew up in a low income (i.e. poor) segregated neighborhood under the extremely watchful eyes of my grandmother until the age of nine. At that time, I went to live with my mother and adoptive father.



As an accomplished student at I.C. Norcom High School in Portsmouth, Virginia, I earned a full scholarship to Howard University in my junior year, at age 15. It was decided best to keep me for another semester until I was 16.

At Howard University, a historically black school in Washington, D.C., I performed well—inducted into Phi Beta Kappa in my junior year, the top debater in my last two years (despite painful shyness), the highest ranking Army ROTC Cadet and Battalion Commander of the Army ROTC, a distinguished military graduate, as well as graduating magna cum laude with a Bachelor of Sciences degree. The dean of Howard Medical School heard of my interest in medicine and approached me about the school’s interest in retaining promising students.

Having grown up in the segregated South, attending an all black high school and a predominantly black college, I was determined to venture out to see what the “integrated” world was like. I had no contact with that world except in passing as a member of the debate team.

I had been accepted at the University of Chicago, and I was notified of being “wait-listed” at Harvard University. However, I decided to accept the offer from the University of Rochester, without a visit, as my funds were limited.

My parents had never been out of the South. We drove straight through from Portsmouth, Virginia to Rochester, New York. They did not plan to “test” the integration of any restaurants. We brought food in the car. At service stations they looked for the “colored” restrooms.

We arrived in Rochester. They had no words of wisdom to impart. Neither had graduated from high school. They could only express their love, pride, and hopes. I was more concerned about their return home. I knew they had no concept of integrated hotels and would sleep or rest in the car for the return home.

The culture shock was more than I had anticipated. I had expected to be in the minority, but so much (or so little) of a minority? Maybe the other minorities were coming later. Slowly I realized that there was only one African-American in each of the classes ahead of me. Perhaps there was a trend here. We have to remember this scenario in the context of the time—the late 50’s, early 60’s.

I think that in the setting of youth, immaturity, inexperience, I felt isolated, homesick, alone, sad. In retrospect, I am certain that the school would have tried to provide some type of help. I did not know how to reach out, how to ask for help, what help should I request at this bastion of mental health? Was this temporary sadness part of an adjustment or was it dysthymia, melancholia, or depression? These were difficult diagnoses for a 20 year old. I believe I started to berate myself. How could I be sad with this wonderful opportunity that had been presented to me? That made matters worse.

Some nights I spent more times staring at my books than reading them. I remember the early challenge of needing \$189 to purchase a second hand monocular microscope. A more mature classmate would have approached the school about a loan or perhaps a gift for a sum that did not approach the cost of the new binocular Zeiss microscope of some of my classmates. But in my immaturity, I agonized over how I might obtain the money. My mother came up with \$200 and sent me the money. It did not occur to me to seek help from our elite psychiatry department in adjusting to these new found challenges.

I went through a period of questioning how someone with such seeming promise could become an average or perhaps less than average medical student. At least that was my perception, since no one ever told me that and we did not have grades. Would I have been more comfortable at the University of Chicago? Would maturity have helped if I had accepted my ROTC commission and improved my position on the wait list at Harvard? Was I “cut out” to be a physician? Without benefit of a mentor or role model, I wondered if anyone had ever experienced such feelings, especially in the face of such opportunity?

Each summer I returned to Virginia for work with a black business. I could count on a good job at the black operated beach or the painting group. The assumption was that I would ultimately return to Portsmouth to practice medicine. My mother had already selected the location of my office—our home.

I grew increasingly doubtful of such plans. My understanding was that black doctors could not have hospital privileges in Portsmouth; African-American doctors could not join the local medical society, the state medical association or therefore the American Medical Society. Some black doctors joined the African-American counterpart, the National Medical Association.

We all remember certain professors at Rochester—Dr. Tobin, Dr. Orbison, Dr. Engel, Dr. Romano and others who contributed to our academic progress. I remember mostly kindnesses. The kindness of Dr. Feninger, Harriet Purdy; the kindness of Warren Hecht and the spaghetti dinner that he prepared; the many kindnesses of Jasper Daube with rides, helping me look for a used car, inviting me to participate in his wedding; the kindnesses of anyone who would give me a ride during those car-less years.

Finally there was graduation with a four year tenure marred only by the terrible insensitivity of one professor. Larry Savett and I took off for our internship at the Minneapolis General Hospital.

Internship was a tremendous year—hard work, much learning, lots of experience as well as lots of laughs especially with the other two African-American interns.

Following internship, I fulfilled my military obligations under the Berry Plan. I was assigned as the Commanding Officer of a medical detachment near Taejon, Korea. I suppose my ROTC experience got me the commanding officer position.

After a year in Korea, I was assigned to Kenner Army Hospital in Fort Lee, Virginia, where I am told that the hospital commander announced my coming and his expectation that I would be treated like any other captain or physician without regard to race. My tour at the hospital included a temporary assignment to care for Army dependents at nearby Petersburg, Virginia. Upon completing my tour, I received the Commanding General's Certificate of Achievement "in recognition of faithful and efficient performance of duty."

I returned to Minneapolis for a residency in internal medicine followed by a fellowship in nephrology. I am board certified in both. After my fellowship, I thought it would be good to "give something back." I spent the next two years in a location akin to a neighborhood health center in a low income area in Minneapolis that had been the site of riots earlier in the 60's.

Subsequently, I was recruited by a multi-specialty clinic, the Saint Louis Park Medical Center, which with a merger became the Park Nicollet Medical Center. I practiced internal medicine and nephrology at the location for 23 years.

It was while attending a national nephrology meeting that I had an unusual experience. In those days I did not meet very many black nephrologists. At this meeting I began to talk with this gentleman who was a nephrologist with one of the Kaiser Permanente Clinics in California. He asked about my medical school and the year of graduation. When I told him, he laughed. He said "you took my place." He went on to explain that he had actually interviewed at Rochester with Dr. George H. Whipple. After the interview he was told "it is the policy of the University of Rochester School of Medicine to accept one Negro student each year and we have ours for next year." I was that student.

I was next recruited by the Hennepin Faculty Associates (HFA) in a variety of positions including Director of the Division of HFA Internal Medicine, Director of the Clinics of HFA, and Director of Hypertension Clinics. Later I was certified as a clinical specialist in hypertension by the American Society of Hypertension. I have been with this group for 17 years and continue to see patients in a full time capacity.

During the intervening years, I have served on the Board of Trustees of the Minnesota Medical Association, the president of the Kidney Foundation of the Upper Midwest, the vice president of the Minnesota Heart Association, and I remain a Clinical Professor of Medicine at the University of Minnesota. In 2004, I received the Laureate Award of the Minnesota Chapter of the American College of Physicians. There have been several listings in Top Doctors of Minneapolis/St. Paul Magazine, as well as listings in Best Doctors in America (though I am uncertain about how some of these selections are made). Other honors include serving as president of the Minnesota Association of Black Physicians, serving on the Board of Governors of the University of Minnesota Health System, and receiving the President's Award and the Minority Service Award from the Minnesota Medical Association. There were also several years of national and international speaking engagements on hypertension and kidney disease, primarily under the auspices of the pharmaceutical industry. I also served as nephrology consultant for Modern Medicine Magazine, as well as associate editor of that periodical. I was additionally abstract editor of Geriatric magazine.

I met Diane, my wife of 38 years when we were involved in the political campaign of the late state senator, Robert Lewis. She is a native of St. Paul, MN and a graduate of the University of Minnesota, with a Bachelor of Sciences degree in education. She went on to be selected as the Princess of the West Winds in the Saint Paul Winter Carnival. After working in the public elementary school system for a total of 25 years, she continues to teach the Gifted & Talented Program in a St. Paul elementary school.

Our marriage has been blessed with two magnificent children. Our second born, Alicia was eight weeks premature at a weight of two pounds, 13 ounces. She remained in the hospital for 45 days. She attended Breck School and graduated from Stoneleigh-Burnham School for girls in Greenfield, Massachusetts. While there she gravitated to the dance program where she won several awards. She decided to explore a career in dance, and received her Bachelor of Fine Arts degree in dance from Stephens College in Columbia, Missouri. She is now employed at Continental Ballet Company in Bloomington, MN as the Box Office/Registrar Assistant, and also teaches dance to young students. Our first born, Robert graduated from Breck School and Georgetown University. Because of his fluency in Spanish and Chinese, he initially considered a career in the Foreign Service. Among his many accomplishments, he has been a Woodrow Wilson Scholar and a Fulbright Fellow. After spending time in China, Argentina, and Israel (among other locations), he decided on a career change. He is now at Stanford University pursuing a PhD to teach the history of religion with a special interest in Jewish studies. He also tutors high school students and is involved in an educational business venture.

We are proud of their accomplishments but we are most pleased that they are such wonderful people.

It has been an interesting and challenging journey, particularly for one who started out as the premature birth of a 15-year-old unwed mother who had such remarkable dreams and love for her only child. Her wisdom far exceeded her knowledge with her limited academic background.

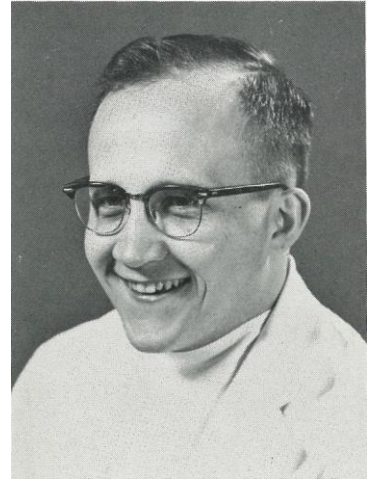
Hopefully my journey represents an ode to the “average” but determined medical student committed to a lifetime of learning, hard work, and dedication.

“I want a wise physician rather than a smart physician.” Anonymous

## RONALD H. SMITH

### MY FIFTY-YEAR JOURNEY

In looking back on my professional career, I see that I have had good things happen to me and that I have been very lucky. First and foremost, lucky to have parents who directed and supported me. My father had to quit school in the tenth grade to help support his family by working in the coal mine. My mother had a teaching certificate from the University of Wyoming and taught grade school. When I attended college and medical school, Mom returned to teaching to help support me. For as long as I can remember I knew I would go to college. My extended family, all blue-collar workers sent the same message: I would get an education. In addition to this support I have had, a lot of things happen that just turned out well.



The University of Wyoming and the University of Rochester School of Medicine and Dentistry had a special relationship over a number of years. This was somehow related to Dr. L. Floyd Clarke, Chairman of the Department of Zoology, having done some of his graduate work at the University of Rochester. In 1956 Dr. Clarke suggested to three pre-med students that they apply to the University of Rochester School of Medicine. That led to Marshal Atwell, Alan Dean and me joining the class of 1961. As I think back on that, it really was special. We did not have an interview.

The years at Rochester involved a lot of hard work, considerable anxiety and great fun. It was exciting to learn medicine and to experience a new part of the country. We learned the basics: how to listen, examine and come to a conclusion, and then come up with a plan. We had great mentors from the faculty and the house staff. I also learned a great deal from my classmates.

After internship, residency in internal medicine and a fellowship in infectious disease in Seattle, I learned I would be drafted into the U.S. Army in October. The Billings Clinic asked me to join them for three months. We greatly enjoyed this opportunity and I liked the group practice format. We planned to return after my military service. While in Billings I received my orders that I would be going to a “restricted area overseas”—Vietnam.

Karin and I and our two children, ages 2 and 7 months, drove to San Antonio where the army tried to turn us into soldiers. The six weeks went by very fast and soon we were back in Cheyenne where the family would live while I was gone. After an early Christmas, I flew to Vietnam in early December. A vivid memory is the opening of the aircraft door after we landed in Saigon. It was as if we were hit with air from a blast furnace. I was temporarily assigned to the 93<sup>rd</sup> Evacuation Hospital in Long Bien. I would remain there for a year. The hospital was located in a very large logistical base and was located about 35 miles northeast of Saigon. We had an excellent staff of physicians, nurses and corpsmen. When an offensive took place we would start receiving casualties and the surgeons would be very busy. A few days later the internists would get busy seeing the GI's with fever, often due to malaria, but also scrub typhus, dengue, and cellulites. My ward was largely made up of patients with fever. My year of ID came in handy. On a couple of occasions we had large number of casualties where every one was involved getting wounded ready for the OR. There was lot of down time in between.

The Officers Club was the hang out as it was one of the few places that were air-conditioned. M\*A\*S\*H could have come from our hospital. Many funny things happened and the attitude was, "What can they do to me, send me to Vietnam?" We were very fortunate that we had no attacks on our area and that I returned home before the Tet offensive.

My second year in the army was at Ft. Lewis, WA at Madigan General Hospital. The medical experience was fair, but it was a great place to live and get re-acquainted with my family. We returned to Billings in October of 1968 and have remained there since.

The Billings Clinic started in the early 1900's as a two person general practice. After WW II it began to grow into a multi-specialty partnership. By the time I joined there were about 20 members. It was a true partnership with all major decisions made at the monthly partnership meetings. It was progressive, always trying to bring physicians who would add something to the group. I had great mentors who led by example. They were active in the community and in medical organizations and urged us to get involved.

In 1993 the clinic merged with the hospital across the street. This was largely done to avoid duplication of services and to be able to plan together. The board of directors of the merged organization had eight community directors and two Billings Clinic physicians. I was one of the two physicians. The merger did not go well. By 1995 there was serious talk of de-merging. Two long weekend mediations took place and the governance was changed in which administrators and physician leaders would share the decision-making. Also the next board chair was to be a physician and I was elected. My year as chair went amazingly well. The vice-chair, a community member, and I opened up the board to be interactive and inclusive and the new governance worked well. The organization continues to thrive today.

I truly loved practicing medicine. I did primary care general internal medicine and consultative infectious disease. I thought I had the best of several worlds: office, hospital and a specialty consultative practice. I was also fortunate that something always seemed to come along that was new and interesting.

I always have liked to teach. In 1972 the University of Washington started a program to decentralize the medical school into the region. This was called WAMI (Washington, Alaska, Montana, Idaho). We formed an internal medicine clerkship for third and fourth year students and I coordinated this for many years. I also traveled to Bozeman to lecture to the first year students on infectious diseases during their microbiology course. One of the more difficult but rewarding things I have done is serve on the UW MT WWAMI admission committee. I have really enjoyed my "academic" connection.

Infectious diseases have been sort of a specialty and a hobby. In 1983 I took a sabbatical and spent six weeks at San Francisco General Hospital. The AIDS epidemic was in full bloom and I had an opportunity to learn about it and ever since I have been involved in the care and prevention of HIV/AIDS. The Rocky Mountain Pus Club, whose motto is "It may be pus to you but it's our bread and butter," is a group in the Rockies with interests in infections. This has been a source of great comradeship, education and fun.



I have enjoyed being involved with the American College of Physicians. I was fortunate to become the Montana Governor. Serving on the Board of Governors gave me an opportunity to be involved with national issues and to meet a wonderful group of people many of whom have become long term friends.

Life in the Big Sky Country has been good to me. Karin and I are healthy, our three kids are doing well and we get to see our five grandchildren a lot. We have a great mixture of “urban Montana” and a cabin in the mountains sixty miles away. It doesn’t get much better than that.