

EB: You must have learned a little German? Have you ever used it?

TS: No. I can say “Guten morgen”. I remember when Kennedy said, “Ich bein ein Berliner”. I knew what that meant, but I don’t think I knew much else.

EB: It sounds as if you boycotted it after that?

TS: Yes.

EB: You didn’t need it in Spain?

TS: No. I did graduate from the R.O.T.C. as a distinguished medical graduate, which I had forgotten and that I think.....

EB: You didn’t tell me that.

TS: That is what the DMG means. I think that helped me later in my junior year in medical school getting accepted into the Air Force Medical student Program. I worked my way up in those four years, because I stayed in R.O.T.C. for four years in college. I did my Saturday afternoon marching and I marched in some parades and they sent us one summer to an Air Force base so we could actually see what an airplane looked like. So, I had done a good job there. There were several of us, I wasn’t the only one. I think graduating with a certificate as a distinguished medical graduate helped several years later when I wanted to get married and I applied for the medical student program.

Anyway, the last story about Colgate, which I think that we mentioned before is: I had worked my way through, I had gotten tuition scholarships, but I got my room and board by working in the Fraternity house. I did everything from making breakfast, making beds, to washing dishes and that sort of stuff. What I didn’t tell you was that the room and board that we got, the food was identical to what everybody else had, but the room was down in the basement of the Fraternity house and it use to be called “the mole hole”.

There were four or five of us who had little rooms down there with no windows. In today's world you couldn't do such a thing, because there would be a fire hazard. They had put some sort of plywood walls and down in this "mole hole", we had a bar, and a little room that the fraternity brothers use to call their meeting room, actually it was place to sit and drink beer. That is where my room was, down in the basement, the "mole hole".

Anyway, I got to medical school. I was reading the New York Times the other day about Paul Zol who pioneered the development of pace makers at Harvard and George Smith and other had studied under him, but what is said in this obituary in the New York Times which was January 8, 1999, it said, "In those days "the standard" treatment for cardiac arrest was crude. A doctor would cut into the chest and squeeze the heart with his hand to pump blood through the body. Our cardiologist carried large jack knives and even our poor eye surgeons were taken to the dog lab and shown how to cut into chests. After that eventually closed chest resuscitation was developed in the mid fifties and then pace makers as we know."

The reason that caught my eye is I can remember very well that one of the cardiac surgeons, (Dr. Ralph Alley was his name), used to give us our lectures on cardiac anatomy and say, "now you have to be very careful you don't fall asleep in class because someone may cut open your chest and start pumping on your heart, thinking you had a cardiac arrest". I remembered that story when I saw this article. I can recall as a sophomore, or a junior being on one of the wards, when in fact a patient had a cardiac arrest and one of the over zealous interns pulled out a scalpel from his jacket and cut open this persons chest and started manual massaging the heart and then calling for help, because what are you going to do now? You have to have a surgeon come in stick in a

chest tube, close the chest and all the rest. So, that was discouraged, but what I am saying to you is when I started medical school, in 1954, there were still some places in the country where open cardiac massage was used to restart a heart with a sudden cardiac arrest. Of course that would now be considered malpractice. Over the next couple of years closed chest resuscitation, where you learned how to push on the chest developed, and then ultimately cardiac pace markers.

EB: I wonder how many patients actually survived passed the first couple of minutes?

TS: I have no idea. You wonder if any of them really needed it. It is a very good question. Yes in fact, I saw and witnessed that only once. Of course it was roundly discouraged. I remember Dr. Alley telling us, first of all don't go opening peoples chests, that is something that heart surgeons should do.

EB: And don't fall asleep in class.

TS: Yes, and don't fall asleep in class. Then my first encounter with the labor movement, in the summer of 1955. I had just finished my freshman year. I got a job, (as I told you before), living in a hotel in downtown Albany taking care of a paraplegic (a man who was in wheelchair), I just used Mr. P. I worked for him for about six or seven months as his caretaker and I would get him up in the morning and then I would go off to school. That summer I would still do the same except there was no summer school for medical students, the summer between our first and second year. There was school between second and third. The only summer I remember getting off was the summer between my first and second year. I got a job driving a truck for Pepsi Cola. I had a route that would take me up into the hills north of Albany, up toward Lake George and I would deliver

Pepsi Cola. They needed extra drivers during the summer, because all of these resort areas would open in the summer and you had to deliver Pepsi Cola to these little restaurants and bars and places that were closed the rest of the year. One day the boss, who had been a friend of my sisters, (that is how I got the job), asked me if I would drive a truck full of Pepsi Cola to a town maybe about fifty miles away to another distributor. Take it up and they would unload the truck. When I get there, (here I am a young kid, knowing nothing about anything, I did have a license to drive a truck by then), arrive at this place to deliver this Pepsi Cola and there is a picket line and people with picket signs and they wouldn't let me through. They were striking against the owner of this distributor. It was probably a private distributor. I didn't know what to do. I was scared. I was really scared because these guys were mean. If you would have tried to run through their picket line, who knows what they would have done.

EB: Sure that is serious business, to them.

TS: Of course it was. So, I didn't know what to do, so I turn around and drove down the street and I called back to the home base and told the boss they won't let me through there. I don't know what to do. He said, "Well I will call another friend, and we will have you drop it off at some other place." I have forgotten where. It was the first time I had ever had an experience where I personally was involved in a labor dispute where I felt frightened. I remember that feeling to this day. They could have thrown a bomb at me or shot something or me.

EB: There wasn't much industry in New Rochelle.

TS: This was in Albany.

EB: Yes, but I mean in New Rochelle. So, you weren't around much of that. There were no factories or....

TS: Well, there was a 7-up bottling plant. The Joyce family had a 7-up bottling plant. You know I think that you are right. I don't recall much industry at all.

EB: Even during the war when I had lived in Connecticut so that my father could go into defense work to stay out of the military. In Connecticut they converted the watch making factories into ball bearing plants.

TS: Well, yes, they had plants in Bridgeport and some of those places.

EB: Sure.

TS: No, New Rochelle I don't recall.

EB: It was more of a bedroom community.

TS: Bedroom, suburban. But, anyway, this was outside of Albany New York, that summer anyway. I survived that, but I was remembering that the other day, and I was thinking about it watching something on the TV news about some picket of some strike someplace.

I have already told the story of pharmacology, which almost got me thrown out of medical school. Celia reminded me the other day, when I was saying to you that I never went into surgery, I really wasn't that interested in surgery to be very honest with you. I hated getting up early in the morning and going in and having to make rounds and then showing up in the operating room at 7:00 in the morning. Celia said, "Did you tell Eileen the story of when you were in surgery and something fell on the floor and the surgeon asked you to pick it up?" I wasn't scrubbed in so it wasn't a matter of breaking a sterile field, but I bent over and my green pants split. He said, "You are never going to be a

surgeon kid, get out of here.” So, I walked out. I must have been embarrassed with my underwear hanging out.

EB: What was that about pharmacology? What story was that?

TS: I told you that at the end of my second year we had to take national boards and pass them in order to go on to the third year. I had been very ill in the spring of my sophomore year, as a matter of fact, just before I got married to Celia. I had “infectious mono”. I had not studied for a number of weeks. I was exhausted. I had been living in the downtown Wellington Hotel taking care of this man. I went in and took the exam and flunked it. So, the professor of pharmacology brought me in “and maybe there were two others who flunked it too”.

EB: That was when the.....

TS: And he said, “ We will let you study for a couple of weeks and come back and we will give you an oral exam, if you do okay on that and you pass the National Boards, we will give you a passing grade and let you go on.” As it turned out, I did okay with their oral exam, but I did very well with pharmacology primarily because I studied very hard with Steve Sullivan, my roommate. I had left the man at the hotel and gotten a roommate.

EB: But then you gave up that job, taking care of that gentleman?

TS: Yes. I only did that most of my second year. I did it for about seven or eight months, into the spring of my sophomore year.

I only put down under mentors, Dr. Voorhees who was the chief resident in pediatrics when I was a junior in medical school and it was she who really peaked my interest in pediatrics. I credit her with having an influence. When I graduated in 1958, I was given the Wharton pediatric prize as the outstanding student in pediatrics. So, really, under

Mary Voorhees tutelage when I was on pediatrics. I worked very hard and I did very well.

EB: She was a M.D.?

TS: She was a physician. She was a pediatric resident. She was only a couple of years ahead of me. She ultimately went on and became a professor of pediatrics at Syracuse University, but at that time she was a resident.

EB: That is an unusual name, there is a place right outside of Albany, Vorheesville.

TS: No relationship. You are right it is called Vorheesville.

EB: I have never heard of that before. A friend of mine lived in Vorheesville.

TS: It was right near Albany. Anyway, I don't think that she was related. Mary was wonderful. The other person who had a great influence on me was Dr. Maynard Guest. He was an internist in town. He was not full-time on the faculty, but he use to take students into his office and he was the first physician who I observed taking care of patients in an office setting. He was very influential to me.

We talked about my joining the Air Force junior and senior medical student program and getting a salary and having some money finally. Celia and I getting married.

EB: You had your first child.

TS: Yes, we had Peter. Peter was born when I was senior in medical school.

EB: What is this here etoh?

TS: Etoh is an abbreviation for alcohol. There use to be a couple of professors who enjoyed taking students to a local bar and I only put that in because I think that today, it would be frowned upon if a professor took a student out and bought him beers after a

day. Maybe not, maybe it's still done, I don't know. Some would tend bar at the professors house parties.

EB: They did it at the medical school.

TS: Maybe you are right. Anyway....

EB: I know a few who use to take the students out. They look forward to it.

TS: Then I went to El Paso where I did my internship. There I wrote down Dr. Claude Ballinger's name because he was one of the pediatricians at Beaumont Army Hospital in El Paso and wrote me several letters of recommendation. Actually he wanted me to go to his alma mater which was Washington University in St. Louis. I ended up going to Penn, as you know, the University of Pennsylvania. But Claude was a wonderful pediatrician and was another one of my role models. What I have done here is written down a number of people in my life who I think in retrospect were influential in my life. Over on the right-hand side I have already told you a story about the Lieutenant General's son. I won't repeat that. It was the first and only place I ever saw a rattle snake bite. A little kid was brought in one night.

EB: This is El Paso?

TS: Yes. This is all in El Paso. He came in with a rattlesnake bite and I knew nothing about it. Fortunately one of the residents in medicine had taken care of a rattle snake bite and we were able to get, quickly, rattle snake anti-venom and I remember sitting up with that kid all night. In those days you injected the site and around the site and in the arm and you keep it in ice.

EB: Had anyone done anything first, primarily to bringing him in?

TS: I think the father....

EB: The old thing of cutting and all of that?

TS: Yes, I think that was done. Of course I am not even sure that is the proper thing to do anymore.

EB: It supposedly is not.

TS: The only time I saw a rattle snake bite. The kid survived, but his arm must have been the size of my thigh by the time it was swollen.

EB: How old was this kid?

TS: He was about eight or nine. He had been out in the woods and of course there were rattlesnakes. It was the only place I ever saw “coccidioidomycosis meningitis”. There was a little child who had cocci meningitis and I remember very well in pediatrics having to give this kid IV’s of a very potent drug that they used in those days. The other interesting.....

EB: Did he survive?

TS: By the time I left after one year he was still alive, ultimately he probably had severe damage to his brain, although I don’t know that. The one interesting and most rare disease I saw during my internship was “acute intermittent porphyria”, which is a very rare disease genetic. People have all sorts of neurologic problems. Interestingly enough, they put out when they are in an acute crises, a by product of porphyrins which comes out into their urine and on standing turns sort of a dark red, like a red wine. This woman has this when the nurse put in the catheter and we took out the urine because she was in a coma. One of the things you get with porphyria is you can go into a coma. This lady was in coma. I was the intern on the service. The nurse put in the catheter and called the resident and we were doing whatever you did in those days for people in coma

and she says look at this urine over here. The urine was this dark red. The resident and I didn't know what it was. He said, "You go to the library and start looking up the causes of red urine and I will take care of the patient. I can recall sitting up most of the night with him in the lab doing various tests with a lab technician and reading the book. One of the reasons for this of course was acute intermittent porphyria.

What typically happened at about seven or eight in the morning, (they still do it to this day), the chief of the service or in this case the head of medicine comes and has morning report. The residents and interns would report to him and other staff. The room would be filled with people talking about who was admitted the night before. The residents said, "Tom you present to Colonel Hunter, he was the chief of medicine, you present the patient." The way he would do it was the way typically in teaching, you sort of play a game, you give the history and physical and the people in the audience ask questions. I knew what the answer was and no one in the audience knew what it was, except the resident. I only knew because.....

EB: Then you knew the medication?

TS: Yes, because we had been working on it all night long. We never got to sleep. I presented it and it was the first case that many of the people there including myself had ever seen although we had read about it. So, then it was due to a sulfa medication that the patient had been given at a small base dispensary near by. She was a woman army dependent. Anyway, it made all sorts of points I guess with the chairman of medicine and other staff. So, they asked the resident and me if we would put on a seminar on this condition the following week at the usual grand rounds. So, I can recall that very well. I worked very hard. It was one of the first times in my career when I was asked to prepare

a presentation before other physicians, not students, (this wasn't medical school), and get up and make slides and that entire sort of stuff. It probably was one of the first experiences that I had that said; I might want to be a teacher some day.

EB: You liked that?

TS: Yes. I remembered it as very positive.

EB: Did you have CPC's when you were in medical school?

TS: Yes, oh sure.

EB: This would have been similar to that?

TS: Similar to that, except that this patient didn't die. The same format. We would present the patient with the history, physical, laboratory work and people would sort of guess what were the possibilities and then someone would get up and give the answer. Most CPC's you would have an autopsy before.

EB: Did that patient survive?

TS: Yes, she did.

EB: What was the usual result of that disease? Complete remission?

TS: Yes. As I recall, until you were confronted with a drug or some other toxin that precipitated the episode you were fine. So, it was one of these things where certain drugs would trigger this biochemical reaction which lead ultimately to red urine and coma. I got to go back and read about it.

Our second son Chris was born there. Those are some of the stories that I can remember about internship. So, now we go to Philadelphia and we are there for two years. The two people there who were most influential was Dr. Barness who was my professor and chairman of the department of pediatrics.

EB: Do you remember his first name?

TS: Lewis. He is still alive. He is retired. He lives in Florida. Dr. William Mellman, (Bill) was one of the young pediatric faculty at Penn and he was very influential. He subsequently died rather early in life. He had some form of lymphoma or leukemia. Those were two people who were very influential. There were others, Dr. David Cornfeld was very influential. I just wanted to put those in.

EB: I wanted to ask you about the spelling of your son's name. Is it Geary. I haven't seen it spelled that way.

TS: That is correct. That is just like Geary BLV in San Francisco. He is named actually after the husband of Celia's best friend. We always liked that name. I think that it may be an Irish or Gaelic spelling. Then we go to Philadelphia where Geary is born. I told you the story of getting assigned to Spain, by going down to Washington and all. Remember I told you that whole story?

EB: Yes.

TS: Going out to lunch. The other thing that I put there was this was the first time a patient for whom I was caring died. It was as though it was the first....

EB: A child?

TS: Oh yes. I was a pediatric resident.

EB: You only took care of the children?

TS: I was only doing pediatrics. I was a pediatric resident at the University of Pennsylvania and was on call and I go to the emergency room and this little black child, I have forgotten how old, probably pre-schooler came in with asthma and I treated her the way we were taught to treat it and sent her home. She came back an hour or two later, her

mother brought her in and she was still having a bad attack. I treated her again. I probably should have put her in the hospital when she came back the second time. Unfortunately I sent her home with some medication and I remember the next day was the worst day of my life. Still to this day I would say it was the worst day of my professional life. It was a Sunday morning. I was off duty Sunday morning at eight. (Frank Oski came on. Frank subsequently went on to become one of the premiere pediatricians in the country. He just died recently. He was professor of pediatrics at Syracuse and then became professor and chairman of the department of pediatrics at John Hopkins for a number of years. He was editor of the pediatric yearbook and one of the premiere pediatricians. He and I were residents together. Of course he was far superior to me as far as I am concerned. He was an outstanding person). At any rate, he came on duty at eight o'clock and relieved me and I went home. I was home having breakfast before I was going to take a nap after being up all night. He called and Celia said, "Frank is on the phone." He told me that this little child had come back and died in the emergency room or shortly after admission. Well as you can realize the guilt I had was enormous and I can to this day still say to myself was there something that I should have done that I didn't do. I guess in retrospect I should have put the child in the hospital where we would have observed her more carefully.

EB: That would have gone to a committee for review?

TS: It did and the chairman Dr. Barness reviewed the whole thing. I was never charged or accused of anything. Maybe poor judgment. I maybe should have put the child in the hospital.

EB: What would have been done if she was in the hospital.

TS: I don't know, but we might have put her on oxygen, we might have tried other medications. I am not sure what we might have done.

EB: You felt guilty about it?

TS: Oh gosh yes, for a long time. It was the first child to die under my care! I had seen death before, but I wasn't the responsible physician or the treating physician. I would have to talk to other physicians and I would think that most young doctors, most physicians can remember their first patient that died.

EB: I would think so.

TS: It has an impact on you.

EB: Did that have such an impact, do you think, that you didn't like private practice.

TS: No, I don't think that it had anything to do with private practice, because I took care of lots of sick kids after that. I don't think that was it. It certainly made me a lot more cautious and I was for the rest of my career in the military and private practice and even later. I always have taught students, and said when you are pretty sure you know what is going on, step back and question yourself. Are you really sure? Start over again. Lew Barnes use to say, "when everything else fails", because we were being raised now in the beginning of technology medicine, lab tests, x-rays and all sorts of stuff, "go back and examine the patient" I am sure that I have said that to many other people. It is probably a cliché and boring to some people, but a lot of truth to it. When things aren't going right, you have to stop and go back and look at the patient again and say it looks like "a or b, but could it be c or d"? What else is going on? Good physicians do that.

Anyway, I guess most physicians can probably tell similar stories of the first patient who died under their care.

EB: I am sure it has to be the most traumatic experience.

TS: Yes, anyway, I finish my residency and we talked about how I got assigned to Spain, which was one of the great, (Celia and I think one of the greatest things) that ever happened to us.

EB: A good point in your life?

TS: Oh absolutely. We went to Spain as you can see with Peter, Chris, and Geary and while we were there Marty is born. Ted Jacobs in Las Vegas and his wife who was also a doctor, “Parvin Jacobs”, were really my mentors there and my best friend of course was Dr. Rubio who was....

EB: Ted and Parvin Jacobs? Parvin was the wife?

TS: Yes. They and Dr. Rubio and there were others, Harry Knutson and the “so called Spanish Mafia” that ended up in Las Vegas and I told you about them before. There were seven or eight of them. They were all very important to me, because I was still a young physician right out of my residency with not much experience and they were all very wonderful to me. There were a lot of interesting things that occurred in Spain and some of them I have written down here and some we have all ready talked about.

EB: That is where you got your board certification?

TS: Yes, that is also where I gave up smoking. I told you that story.

EB: Yes, I remember you on the airplane. You got the Air Force Commendation medal?

TS: Yes, for my three years there. Then there were a number of.....

EB: You are still a Captain at this point?

TS: Yes, I am still a Captain, I didn't get promoted until I got to San Antonio. I told you the story of the physician who had been addicted to Codeine Cough Syrup. I also told you the story about our Spanish professor who ultimately married my older sister.

EB: Yes. That was you sister what was her name?

TS: My older sister here Evangeline. The one who gave me her kidney. She was a schoolteacher and she had come to Spain and met our Spanish teacher. He used to come to our house, one night a week, and we learned Spanish from him.

EB: Had she been married?

TS: No. The story here I was going to tell you. Did I tell you about Marty being born at home? The Cuban missile crisis was on.

EB: I think so, but go ahead.

TS: Celia was going to deliver Marty in late October or November of 1962, and the Cuban Missile crisis was on. The president of course was Kennedy before he was killed. They told us that all of our dependents had to be ready to be evacuated in the event of a nuclear war. We all thought that was the silliest thing going. Celia said, "What are you talking about? Where are we going to go?"