



ORAL HISTORY PROJECT

**Thomas E.
Cone, Jr., MD**

Interviewed by

Howard A. Pearson, MD

July 17, 1996
Lincoln, Massachusetts

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Preface	i
About the Interviewer	ii
Interview of Thomas E. Cone, Jr., MD	1
Index of Interview	43
Curriculum Vitae, Thomas E. Cone, Jr., MD	46

PREFACE

Oral history has its roots in the sharing of stories which has occurred throughout the centuries. It is a primary source of historical data, gathering information from living individuals via recorded interviews. Outstanding pediatricians and other leaders in child health care are being interviewed as part of the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics. Under the direction of the Historical Archives Advisory Committee, its purpose is to record and preserve the recollections of those who have made important contributions to the advancement of the health care of children through the collection of spoken memories and personal narrations.

This volume is the written record of one oral history interview. The reader is reminded that this is a verbatim transcript of spoken rather than written prose. It is intended to supplement other available sources of information about the individuals, organizations, institutions, and events which are discussed. The use of face-to-face interviews provides a unique opportunity to capture a firsthand, eyewitness account of events in an interactive session. Its importance lies less in the recitation of facts, names, and dates than in the interpretation of these by the speaker.

Historical Archives Advisory Committee, 1997/98

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ABOUT THE INTERVIEWER

Howard A. Pearson, MD, FAAP

Dr. Howard A. Pearson is Professor of Pediatrics at the Yale University School of Medicine in New Haven, Connecticut. He was graduated from Dartmouth College and from the Harvard Medical School in 1954. He served a rotating internship at the U.S. Navy Hospital in Bethesda, Maryland. During his rotation in pediatrics he first met Dr. Thomas E. Cone who was chief of the pediatric service. This experience convinced him to become a pediatrician, and he served a two year residency at Bethesda under Dr. Cone. He then had a fellowship in pediatric hematology under Dr. Louis K. Diamond at the Boston Children's Hospital. He returned to Bethesda Naval Hospital as a staff pediatrician under Dr. Cone for six years. He then joined the faculty of the University of Florida College of Medicine. In 1968 he came to Yale as Professor of Pediatrics and Chief of Pediatric Hematology/oncology. Between 1972 and 1985 he was Chairman of the Department of Pediatrics at Yale and Chief of the Pediatric service at Yale New Haven Hospital. In 1991 he was elected Vice President of the American Academy of Pediatrics and served as AAP President in 1992. In 1993, he was appointed to the AAP Historical Archives Advisory Committee and has served as its first chairman.

Interview of Thomas E. Cone, Jr., MD

DR. PEARSON: This is Dr. Howard Pearson. I am interviewing Dr. Thomas E. Cone, Jr. at his home in Lincoln, Massachusetts. The date is July 17, 1996. Dr. Cone will you just say a few words to check the equipment?

DR. CONE: I am delighted to be able to do this because Dr. Howard Pearson and I are old friends, having served together forty years or so ago at the National Naval Medical Center in Bethesda, MD.

DR. PEARSON: Dr. Cone I hope this will be as free-floating as possible but I do have a crib sheet. Let's start at the very beginning. You were born in Brooklyn, in 1915 - I never knew that. Tell me a little bit about your family.

DR. CONE: I was the oldest of four children, having been born on August 15, 1915. My mother was eighteen or nineteen. My father was a bit older; he was about 30. I was born on the third floor of an apartment house on St. Marks Avenue about three in the afternoon and my mother told me later that it was one of the hottest Augusts in history in New York City. I was put out on the fire escape to cool off. She was delivered by a general practitioner and all of my three sibs were so delivered. We never saw a hospital.

Later we lived in the Eastern Parkway section of Brooklyn from about 1916 to 1927 and during this period going to elementary school. I went to PS 167 on Eastern Parkway. We had nobody to bus us or to drive us. We walked and it was about seven or eight blocks. It was a largely Jewish community and still is, I guess. I remember the first time I was locked out of school because my mother didn't know it was a high holiday for Jewish families. I felt like I was really a minority there. I went all through public schools until I entered Columbia College in 1932.

DR. PEARSON: You're Irish?

DR. CONE: Irish, yes. My father's people came to the States before the potato famine and they did very well. They were very successful. My paternal grandfather won all sorts of prizes at various international expositions. He was a manufacturer of sulfur and his company was eventually bought out. During my father's early years he lived in great comfort. My mother's family were from the Irish diaspora of 1846 or 47. Both families settled in the New York area and eventually migrated to Brooklyn: Brooklyn, at that time, being sort of the bedroom community for Manhattan where the housing was more adequate and less expensive. My mother and father both had limited education, because circumstances demanded it. My mother started working at about fourteen for the New York Telephone Company as a telephone operator. My

father was whatever a wire chief happens to be but that was what he was. In those days children didn't ask parents "what do you do," and "how much money do you make" and so forth. We were brought up the old-fashioned way that children should be seen and not heard, although we had wonderful devoted parents. My father's mother had inherited the business when her father died. It took about twenty years or so or less before she was swindled out of her money and my father had to leave school at age 14 and go to work to support his mother and his two sibs.

There was a rather great family tragedy in that my paternal grandfather who had the same name as I do, graduated from the New York Medical School in 1873. He interned at Bellevue Hospital and was on the staff of Bellevue Hospital for quite a number of years. Then, as so often happened in families back then, he became a nonentity. His name was never mentioned. When I'd ask about him, I was told that he was a doctor but he left his family. I had no idea why he left us. In 1906 an article in the New York Times described the death of a doctor, probably my grandfather. When he died no one knew who he was, but that he lived in the Bowery and would buy the New York Times every day. The dealer selling the papers thought he had an accent different from those living permanently in the Bowery. He was tubercular with pulmonary TB [tuberculosis], because he was admitted as a desperate emergency to Bellevue to the same floor where he had once been, I don't know if chief, but his name was listed on one wall. I know that because I had a temporary internship at the surgical service at Bellevue in 1938. It turned out that he was an alcoholic and he just drifted away. Being interested in history, I tried to trace his practice in a directory of practitioners published by New York State every two or three years. His practice gradually moved from nice places in Manhattan all the way to the lower east side, which was a rather poor section. I don't know what happened to him. The family just wiped him out. About 1906 a newspaper article appeared about my grandfather. A long time later, my mother showed me an article in the New York Times about a Dr. Thomas Edward Cone, same as my name, who had been admitted to Bellevue, and died of pulmonary tuberculosis and was to be buried in Potter's Field. My father, feeling that shouldn't be, reclaimed the body and had the body buried, not in the family plot but nearby. It was a no-no to talk about him and I would like to know a lot more about him.

DR. PEARSON: So he wasn't your model for medicine?

DR. CONE: I was always interested in medicine for some reason. I knew I wanted to be a doctor and I suppose it was people like Albert Schweitzer. No, my namesake was not my model. I didn't know what he had done until much later. I did trace out something about him but it was very limited. I could get no help from my parents.

My mother's family was more typical. She was second or third generation from Ireland. My father is about fifth or sixth generation. Her father, my grandfather, was

a policeman in Brooklyn. I never knew him. He apparently had a good tenor voice, I was told, a typical Irish type. He died at about age 46 or 47 of a stroke. I suspect he had hypertension. My mother grew up in Brooklyn. My father did too.

In 1927 we moved to Bay Ridge which is a nicer section of Brooklyn along New York Harbor. For about a year or so I went to the same public school where my mother had gone (PS 102). One of her teachers remembered her and knew me through my mother. That was a very nice contact.

I was a little different from the usual kid, I guess, because I always felt that I would be trapped in Brooklyn. I was looking for something wider and broader. My family, because of their limited education, had very few books and took no magazines or anything like that. My rescue, my safe haven, was the library which was about three or four blocks away. I spent an awful lot of time trying to read voraciously everything I could. In high school I was very adept apparently in languages because I was president of several of the language clubs. I also found out about corresponding with kids and adults all over the world, exchanging letters and postcards with them. The idea of getting a postcard from Indonesia was exciting. I would send them something like a postcard of a building in New York and they would thank me for that. I developed quite a correspondence with people in foreign countries. I must have had two or three hundred letters and some of them were written in Russian, Estonian and so forth; I still have some of these. I could not share this with my father because he was the old school and felt that there was no such thing as a “hyphenated” American. I didn’t know I was Irish. He never told me that. I assumed, I heard it from my mother, but there was no concept of Irishness. We never went to a St. Patrick’s Day Parade. My father was a teetotaler, a very upright man, absolutely firm. We knew where we stood and where we didn’t stand.

DR. PEARSON: You had how many siblings?

DR. CONE: I had a sister who was a year and a half younger than me and a brother a year and a half after that and another brother came along twelve years later, the last of the group. I was away at college when he was four or five.

My life was centered around working in the summers. After I graduated from high school I went on to Columbia College. I think I was the only one of a high school class of about 400 that went to college at the time - it was the pit of the Depression, 1932. I lived in the dormitory and worked all kinds of jobs. I was desperately interested in medicine. I knew I wanted to be a doctor. We were very fortunate because at that time, in 1934, the professor of chemistry I remember won the Nobel Prize, Harold Urey. He was a role model.

To support myself I had a great variety of jobs. The first one was as a paid clerk in the New York Stock Exchange in 1932. I worked on the floor of the Exchange and learned how that worked.

The next summer the Columbia student agency referred me to a very toney Episcopal Church called the Church of the Heavenly Rest on 93rd St. and Fifth Avenue near the New York Academy of Medicine. Dr. Darlington, the pastor, said “ If you want a good job I have it, but it’s going to be a lulu, a real challenge. Your record is good enough from college that you might do.” It was to tutor a rich kid out on Long Island who was from an enormously wealthy but dysfunctional family originally from Lenox, Massachusetts. This lad had already been thrown out of school. He was eight and it was my job to teach him how to read, so I went out there for the summer. It was quite a job because his mother was with him. The father had lived in Paris because he found it easy to get the booze there. It was an entirely different existence from my early life, from rather ordinary people in the nice sense to becoming a member of a yacht club and a group of Beaglers. The thing I remember most is that on the table there were giant folios of the four volumes of Audubon’s Birds of America. It was a show piece and nobody paid any attention to it.

I had quite an interesting summer. The little fellow did well. I followed him for about seven or eight years at which time he just disappeared. A report eventually got back to Dr. Darlington, who was the pastor of the Episcopal Church of the Heavenly Rest. He said “You know you did such a good job, I have another job that’s even more complicated and would you like to try it, and it will pay well.” It was paying something like four or five hundred dollars per summer which I believe is equal to about \$4,000 now. I desperately needed the job so I said sure. I hadn’t met this kid. He was a thirteen or fourteen year old lad who, I believe, was a chronic alcoholic. His father had attended St. Paul’s School, and then either Yale or Harvard. He was bounced out of school and went to Paris as an expatriate and lived there. His son was placed in school in Switzerland and would come to Paris in the summer. The father told me the first day, when I first met him, (I hadn’t met him before and nothing was given to me as far as background), that his kid could drink any man under the table in Paris although he was only ten or eleven. I knew I had a lulu.

I was given a ticket and I was to spend the summer with him at the Equinox House up in Manchester, Vermont, a lovely community. We went up on the Albany railroad line to Albany and from there to Manchester, Vermont. We shared a room and this fellow, Howie, was just unbelievable. He was brilliant, but for me desperately trying. How do you handle an alcoholic? He had about a \$50 a week allowance which would now be about two to three hundred dollars. I alerted all the people at the hotel - and this was a very fine hotel - that he was too young and not to buy him liquor. Well, he would tip them \$20 to get a bottle. He’d sneak it in and be drunk at night. I would have to try to sober him up.

He was a genius as far as conning people, the greatest genius I had ever met. At that time schoolteachers would take two weeks off and stay at the hotel. It was an old fashioned elegant hotel with verandahs and rocking chairs with guests sitting there talking. These were women who devoted their lives to teaching and were not usually married. He subscribed to the Book-of-the-Month Club and Literary Guild. He didn't read the books but read the flyer from Clifton Faddiman. He would read the dust cover and say to me "Now watch me in action." He would go down to some lovely lady and say, "Oh Mrs. Abercrombie," or whatever her name was, "what do you think of that book you're reading? I've been very interested in it." He would then quote verbatim what Clifton Faddiman had written. He sounded like a professor of English at the college level and they thought he was a genius. Well, to make a long story short, I finally got all of the liquor eradicated and he promised me he was going to change to a new life but I didn't think he would.

He then found people to get him mouthwash and Listerine, anything with alcohol and he began drinking that. One night I went into the bathroom and I saw him retching and the bathtub was full of blood. I think it was a hemorrhagic gastritis or something, but I hadn't the faintest idea what to do with him. I called an ambulance and we took him to Rutland to a hospital where he was transfused. I tried to get in touch with the family but they were so disconnected that I couldn't find them. The grandmother who ran the show was the matron of the whole business. She was away in New Zealand or Australia so I was left completely responsible for this young man. I felt sorry for him. Here he had all the money in the world and nobody to pay any attention to him. I finally got him through the summer and he thought I had done him some good. He said, "You know when I go to St. Paul's School, (he was already admitted there because his father was an alumnus) I am going to be the life of my dormitory." He had a great big attaché case which had a silver container for soap and a place for toothpaste and other toilet articles. He would replace these with containers, beer in here, vodka in there. "I'll have these students in my dorm and we'll have a roaring good time." Well, I knew desperately that this wasn't going to work so I made one drastic mistake. I was reading the New York Times magazine section and it contained a lot of ads for military schools. I knew I had heard of Staunton and also Culver Military Academy. I thought that maybe that would be the better place to sober him up, because by going to St. Paul's he would be bounced out in no time. So I wrote, thinking they would send me catalogs. They sent catalogs but also people from the admissions office, because they were so desperately short of paying students in the middle of the Depression. When he saw them he wouldn't talk to me because that was the last place he wanted to go. Well anyway, I got him back safely to New York.

The family had a townhouse somewhere in the 60's and the grandmother was there when we arrived. His mother was off in Spain and his father and mother were divorced. The father was at the townhouse, having just come back after taking the

cure at Colorado Springs. The grandmother said. "I would like to talk to you about Benton (which was his father's first name) if you have some time." In the meantime, the father tugged at me and said, "You know, Doc (I was in medical school), I want to be a good father. I'm turning over a new leaf. I've just come back from the cure at Colorado Springs and I'm not going to drink anymore, but I can't talk here with my mother so will you come downstairs with me and we'll just go out and sit in a nice quiet place?"

We went downstairs to his big, old-fashioned limousine. The chauffeur's partition is open. The chauffeur is all in livery and the father comes up to him and he says "Take us to," and he mentioned a place on Madison Avenue. The chauffeur said "No, I can't do that because your mother said (he was probably about 38 or 40, I was probably 21, 22, because I was out of medical school at 23) she won't let me do it." Well he takes out a \$20 bill and tips him and Howard, this was amazing. I could write a story for the New Yorker, you know how he's going to take a new lease on life. He vented his problems on how he thinks his drinking has contributed to his son's problems, etc. We get into this cocktail lounge, a very swanky bar, and the chief bartender runs out and hugs him. He was for years one of their best customers coming back. A waiter gives us a special little booth in the rear and the father starts drinking like mad and soon gets kind of sappy. I was getting no place with him and didn't know what I could do.

In the meantime, in comes the grandmother with her driver, a bouncer type. He grabs the father. She runs him out and she's hitting him over the head shouting to me, "You better look after that boy." Then they disappeared. It took about three or four months before I got my salary so I thought, "Well this isn't the way to earn money." The next year, I thought, "I'll take a better job. I won't go back to the church and have to wrestle with these dysfunctional kids." By the way, this poor fellow, I was crazy about him in many ways, but felt absolutely inadequate about how to handle an alcoholic at that period in my life. So, I felt in a sense that I had failed him and lo and behold he committed suicide about four years later.

DR. PEARSON: This is still in med school?

DR. CONE: Yes, I was going into my third year. I found out that a Germantown Friends' School that was on the main line in Philadelphia was looking for a camp doctor, not a qualified MD, but someone sort of like a super nurse to spend the summer taking care of campers. I thought, "Now here's Germantown Friends, where all the students must be Quakers." My wife went to a Quaker School in Providence and she had told me how strict they were. So, I thought, "This will be great."

I don't know if you remember in those days, but if you go back to about 1936 or so, at Grand Central Station, all these campers left for camp at about the same time. The camp director or one of the senior counselors had a pole and at the top of the pole

would be the name of the camp. This camp was Camp Miniwawa and it was up in Raymond, Maine on Little Lake Sebago. I hadn't seen these kids at all. The director took me sight unseen. No interview, but I guess the college or medical school recommendation was sufficient.

We got on the train. We went to Albany and from Albany to Portland. We went on to Raymond about 15 or 20 or 30 miles north of Portland.

This was a good experience because we lived not in tents but almost tents, totally screened with wooden floors raised from the ground. When it was rainy, the rain would come in.

I had the little kids, 4, 5, 6 or 7. I was put in charge of them because I was a medical student. The counselors were young men from Williams and Amherst who were 16 or 17. My charges were desperately home sick because the first week or two it rained constantly.

I was very ambitious. At that time, I had already developed an interest in growth and development; how youngsters were growing and what made them grow, were there ethnic differences? So I weighed them and measured them at least weekly. It was almost a clinical experiment without being a clinical experiment and every day I would check them out and get frequent blood counts and urinalyses, routine things, to find out how they were doing. I would report this back to their parents. Camp ran for six or seven weeks.

At about the fourth week I noticed problems in some of the older campers who were 12, 13, or 14 years old. When reveille took place in the morning at 6 when the bugle blew, they were all supposed to get up and jump in Lake Sebago which was ice cold. We thought this was a good hardening process. You know, the Outward Bound process. It was just getting going then. So these 13, 14, 15 year old kids would drag about and I thought, "Boy, they must be coming down with something." So I was more aggressive trying to examine what was wrong with them, doing more studies and more urinalyses. Simple things like having them keep a record of what they ate, their nutrition and diet. I thought they were anemic or something simple like that.

I was puzzled by it and I began talking to some of the counselors and said, "I'm confused because there are three or four of these kids that look awful and you're teaching them swimming or tennis. What is your impression? What do you think is wrong with them?" By that time I had developed some rapport and they said, "Well Doc, if you really want to know. Now don't tell anybody. You meet us beyond the ballfield at night and then we'll show you what happens." I didn't know what I was getting into. The idea was to wait for the camp director and his wife who had the place up on the hill. "When their lights go out," I was told, "we'll wait a little bit, enough

time so we'll feel that they're asleep." One of them had an open Ford touring car. "What we'll do we'll push the Ford out, the kids will do that, then we'll start the motor."

Well I'm in there with these kids and I didn't know what was going to happen. Nothing serious by present day standards. We went up to Bridgeton or I think Poland Springs, someplace like that, where there was a bar. They only played the juke box and drank beer. At about 2 in the morning when they closed, the same procedure was repeated. They'd get into their sacks maybe about 3:30 in the morning and at six o'clock had to be up. Well the ethical dilemma: do I tell on them? They promised they were not going to do it again. I never mentioned it to the camp director. Maybe I should have.

DR. PEARSON: You went to Columbia?

DR. CONE: I went to Columbia and finished almost all the courses in three years and then went up to P & S [Columbia College of Physicians & Surgeons].

DR PEARSON: Was it hard to get into medical school?

DR. CONE: Oh yeah, but I didn't realize it. I applied to three and I was admitted to all three: Harvard, Cornell and Columbia; and the reason I went to Columbia was that I had already had my three years at Columbia and I was told I would get my Bachelors after my first year in medical school. Cornell said they would do the same but Harvard said "No." They would wait until I was conditionally admitted but I would have to take the fourth college year. Well, I had completed all the premed courses and I had taken other courses. Do you remember Thomas Merton? He was in a class after me and sat in front of me in Mark van Doren's class on North American literature. His son got into all that trouble in that quiz show.

Well in any case, I was offered a job working as a waiter in the graduate women's dormitory at Columbia, overlooking the commons on Morningside Heights. The transition was easier and P & S only required a \$50 deposit. Harvard I think was \$100 and I don't remember what Cornell was.

Columbia Presbyterian Medical Center was just being developed. It was a great medical center, the first time all the affiliated hospitals were put together. Very impressive. This was 1935.

The job was fascinating because, as I mentioned, it was a graduate women's dormitory and there were two tables, about six at each table, of Catholic nuns. In that period they all wore habits. The mother superior was with them. They were getting advanced degrees in the teacher's college or one of the graduate schools. The director of the dining room said, " Will anyone volunteer to take care of the tables with all these

Catholic nuns ?” Well I had not been close to the church at all. As a youngster I went to the usual conventions, but my family was not churchgoers. I had no fear of them so I said, ”Sure I’ll do it.” Well, it was the easiest job I ever had. The sisters would sit down and I would take their choice of menu. If there was steak one wanted medium rare, the other rare, the other well done. They were paying good money in the Depression for this kind of service but it was so easy because the mother superior would say “Well, this is what we’ll have tonight,” and I could bring all the food. It was wonderful. A lot of my experience at Columbia was working in various jobs and I did very well as a matter of fact.

DR. PEARSON: Well I see that you were AOA [Alpha Omega Alpha] and you graduated in three years?

DR. CONE: Four years in medical school, three years in college. I was a junior AOA. I was second or third in my class and we had some very bright kids. Your friend and former dean, Robert Berliner, was one and he and I and two or three others were elected. I don’t know how I was elected so quickly.

Even at that time I was desperately interested in history. We had a Medical History Club and I was presenting papers on seventeenth century medicine. I don’t know how I did it, Howie.

DR. PEARSON: There was a History of Medicine Club? Student based or faculty?

DR. CONE: Student based. But I was one of the only students who ever gave any papers. It was very small, but I enjoyed that.

Between my junior and senior year we could take medicine in the summer and surgery in the winter. This gave us three months free in the senior year. I had a clinical clerkship in general medicine and that qualified me for the medical requirements so I took a job as a substitute intern at Bellevue Hospital. It was to replace a resident who had developed tuberculosis.

A fascinating story, this is unbelievable and I tell this to my current students who are 65 and older at the Harvard Institute for Learning in Retirement. I was there about a day or two and I was taken into a so-called “Walk-In Emergency Room” at Bellevue which was chaotic. You know Bellevue back in those days was nothing like it is now. There were hardly any chairs and people all over the place.

My first patient, a little old lady with a babushka, had a wry neck or torticollis. She could speak very little English but she would point to her neck and use hand gestures. There were no translators, you just had to feel your way. I hadn’t the faintest idea how to treat torticollis, but I remembered my mother when we were young used to use Oil

of Wintergreen if we had aches or pains and rub it on. I didn't know what to do with her and I couldn't find any past records. The record keeping if anything was disastrous. I wrote out a prescription for Oil of Wintergreen. "Take this and rub it on your neck two or three times a day and if it is not better, in six weeks or one month, come back"

In the meantime I was promoted upstairs to the operating room and we operated from about seven in the morning till seven at night continuously. I was holding retractors and so forth but I was in there thinking, "Boy, surgery is wonderful." We were doing all sorts of general surgery which then was like a firing line almost.

One afternoon or toward the end of the day, I guess around six or seven I was leaving the hospital and the people where we signed out said, "You know you must be the one who did this." I wondered what the heck I did, if someone was suing me for some reason. "There's an old lady in there and she's been waiting here all day. She didn't remember your name but she gave a description that sounds like you and we ruled out every possible individual so it must be you. She won't leave and we have to close that unit. Will you please go in and see her?" Well I went in and she grabs me around the neck. I wondered what in the dickens I should do. So I asked her how things have been going. Then she opens her pocketbook. At that time I had a pen with light blue ink that I had used to write the prescription for Oil of Wintergreen. I had forgotten about it. Out of her pocketbook comes this prescription form which she had repaired with scotch tape and even sewed stitches in it, cross-hatched stitches. She had my prescription which she had rubbed on her neck and it cured her!

DR. PEARSON: Tell me a little bit about your medical school professors at P & S. That was certainly a very powerful time.

DR. CONE: Yes, Dana Ashley, Robert Loeb, William Darrow.

DR. PEARSON: Who was in pediatrics then?

DR. CONE: Rusty McIntosh, Peter Gench, Charlie Wood, Elvira Goettsch. Rusty McIntosh was the boss. Surgery was Allen Whipple and that was a very strong department. At that time, during the thirties, P&S had tremendous talent. In urology there was J. Bently Squire. He was known for getting out the prostate faster than anybody else.

DR. PEARSON: Did you have much to do with Rusty McIntosh?

DR. CONE: Not an awful lot, no. I had more to do with Virginia Apgar. Virginia Apgar had always wanted to be a surgeon but she was told by the chief who preceded Allen Whipple that they didn't want women in surgery. So she bypassed surgery and

went into anesthesiology. She got into the operating room that way. She taught us anesthesiology but she also taught us a lot of general medicine and general pediatrics. She was a great lover of music and made her own instruments. I was very close to her also with Robert Loeb and with Dana Ashley. I took to them. They were sort of figures you looked up to. You didn't call them by their first name or anything like that. They were surrounded by some fairly wealthy kids, like Henry Saltonstall and Charlie Houston who set up the Exeter Clinic. You couldn't just go up to Dr. Ashley and say "Hey, Dana, I have a problem."

One interesting experience. We used to go to Seaview Hospital for our course in physical diagnosis. Seaview was a tuberculosis hospital over in Staten Island. It was one of the first places where Streptomycin was used for TB patients, before the Streptomycin period. I was examining a lady. We didn't have X-rays. We were told to tap out the chest and listen and then say which lobe was affected by hearing rales and also what type of rales. I was on to all that sort of thing at that time, locating pulmonary cavities and so forth. I was very meticulously doing this and I warmed the stethoscope before I listened with it. This nice old lady said, "You know, you're the first student who has done that. You're so nice, I'll tell you. I have a cavity up here in the left upper lobe and I have some fluid down here on the diaphragm on the right side." And she went on and described all the physical findings. I said "Well I should do that myself." She said, "Oh, no, no, no. You're the first one that warmed the stethoscope." Because of my exposure there I got a very strong positive PPD [purified protein derivative] test. I didn't receive any therapy but it's still very strong.

My medical school days were very happy ones. They were much more rigid than today. During the first two years we didn't see any patients at all. It was devoted to a whole year of gross anatomy and of course the usual, organic chemistry, biochemistry, pharmacology, physiology, pathology, and histology during the first two years. During the third and fourth years we were thrown into the wards with a white coat and a stethoscope and we were scared to death. We spent an awful long time learning how to take a history and do a physical exam. All the questions. You went right down a form, and they checked you to make sure you asked all those questions and filled them all in.

When I was in medical school I was still thinking about Schweitzerian ideas of going to places where they really needed doctors. I took extra courses in tropical medicine which have stood me in good stead. My classmates used to have a nickname for me. They called me "Congo." They thought I was destined for the Congo in Africa. I realized afterwards that was impossible - a childhood dream. I got out of medical school before I was twenty-four, in 1939. I think I had very immature ideas of what the world was really like. When I first went to Columbia at sixteen I took a course in biology. I did not know what a homosexual was. I had read Sons and Lovers but I had never identified what this was all about. Growing up in the city in Brooklyn and New York we were much less informed than kids are now.

I graduated in 1939 and I met Barbara in 1938. Having left Providence, she went to Rhode Island School of Design. She wanted to get away from home. She was an only child. She decided nursing might be one way to get away from home so she came to down to Presbyterian Hospital Nursing School and we met then. She developed infectious mononucleosis a couple of months before she graduated. At that time they sent her home to recuperate. She went back to Barrington, Rhode Island with her parents. The first time we could get married was in December so we married in December of 1939. I was the second one in my class to be married. The first was Don Anderson who went on to become dean at BU [Boston University] Medical School shortly after he finished his medical internship. Then he was Dean at Rochester for many years and then went to the American Medical Association. His brother, Robert Anderson, was a famous playwright. They had quite a lot of money.

Barbara and I had none. I knew to get married I had to have some money. My father said, "Don't get married until you have \$10,000 in the bank." Well, we decided we wouldn't wait. I was accepted at Presbyterian for a medicine internship but they paid nothing. I was also interested in obstetrics and gynecology. I applied to Boston Lying In and was told, "Sure, you can come here but you have to have an automobile" because I'd be doing home deliveries as an intern. A final option was Lenox Hill Hospital which was a general hospital at 76th or 77th Street on Park Avenue. It originally was called the German Hospital.

DR. PEARSON. Wasn't that Abraham Jacobi's Hospital?

DR. CONE: Jacobi's, yes. My intern advisor told me that it was an excellent hospital because you received a rotating internship if you didn't know exactly what specialty you wanted to go into. I liked all of them. I knew some I didn't care for as much, but it was hard to choose. I didn't think I would be a surgeon but medicine I loved and I loved obstetrics and gynecology and I liked, of course, pediatrics. So I had a two year rotating internship during which time my salary was something like \$20 a month and Barbara was earning \$75 a month at Babies Hospital. We lived across the street from Babies in a small apartment and the rent was about \$30. We lived not very well, but we would take a 5th Avenue bus downtown to Greenwich Village and have a glass of wine and some cinnamon toast on Saturday night. That was the evening and it would cost maybe 40 or 50 cents.

DR. PEARSON: Just a little bit more about your internship at Lenox Hill Hospital.

DR. CONE: That was a wonderful internship. It was a two year internship, what was then called a rotating internship. I remember talking to Drs. Robert Loeb and Dana Ashley about interning at Lenox Hill. I had very good grades and could have stayed in the Presbyterian Hospital program. At that time they were still sold on the idea of

getting a general overview of medicine rather than getting directly into an internship in pediatrics or obstetrics and gynecology. University hospitals required an internship before you could get into these fields. They preferred somebody who had a rotating internship.

I went to Lenox Hill. I was one of, I think, twelve or thirteen rotating interns. It had a good reputation not as a teaching hospital so much as a practical one.

DR. PEARSON: And they paid.

DR. CONE: Yes, they paid. They were very generous because I could have Barbara come down and have meals with me or she could have me come up to P&S and I could have meals there at Presbyterian Hospital. We got our meals that way. Lenox Hill did my laundry and gave me a place to sleep.

There were very demanding hours. Every other night and every other weekend. When we were on duty it was rare to get much sleep at all. At the end of the week I would be a zombie every Saturday and Sunday. It reached up to a point I almost needed a day or two just to sort out where I was going. I think we were put under too much pressure.

As a matter of fact, the day we married was a day we almost didn't get married because I had had duty the night before. This was the December 5th that we were married. I was on duty in the obstetrical section of Lenox Hill. At about 2 or 3 in the morning a woman came in with twins and she was assigned to me. The first twin came rather easily but there was some problem with the second twin. I was supposed to meet Barbara and her family about 9 o'clock. It was about 10 o'clock before I could get out. They wondered where the heck I was, whether I had wandered off. Entering marriage that way, hungover - not from drinking - but tired. I recall the enormously long hours that we had.

Rusty McIntosh asked me to come on up to Babies for residency. By that time I decided that I must go into the Navy and I thought I would get back to Columbia later. I had several letters from Dr. McIntosh saying, "Please, please come back. You made a mistake staying in the Navy." Well, I don't know if I did.

DR. PEARSON: You also took pediatrics the second year at Lenox Hill?

DR. CONE: Yes, I took six months of pediatrics but they didn't have a strong pediatric department. It was a fairly well to do clientele. It was located on Park Avenue between 76th and 77th Streets. It was the hospital where Winston Churchill was admitted inadvertently back in the thirties. He had been running across 5th Avenue and forgotten that traffic went in a different direction from that in England. He

was alone and was hit by a taxi. They brought him into the hospital because it was close by. He said, "I'm so and so" and they thought he was kidding. He wrote a very nice letter to me. It was printed and I had it posted on the bulletin board about how much he enjoyed being admitted although everyone thought it was under a subterfuge, and that he was not the Winston Churchill of history. The patients included Dick Rogers and Oscar Hammerstein who were very well known writers of plays and musical comedies. There was a tremendous practice of stage people like Tallulah Bankhead.

It was very sad in some respects. Some of the doctors there had German names and were the old-timers from the German Hospital. Their sympathies were more toward the Germans. This was 1939-41. One senior physician wanted me to come to his house for supper where I met the Counsel General of Germany. He was a spy it turned out later. He was employed by the German Tourist and Railroad Agency in New York, I believe.

DR. PEARSON: The Navy didn't ever know ?

DR. CONE: Yes, if the Navy had known that... It was all a great surprise.

I should have mentioned, while I was at Columbia College that one day a notice came up on the student bulletin board inviting students interested in the NROTC [Naval Reserve Officers' Training Corps] to come to a meeting at such and such a place. Now I thought maybe I could get into the NROTC. I had this glorified idea like our old friend, David Harris had when he saw the Navy ships coming up the East River and the sailors all in white uniforms. He was in Brooklyn too but the Brownsville section where he thought he would never sail on a ship.

The NROTC was highly competitive in the early 1930's. No one knows how I was selected, but I was selected. We had classes on naval history and naval diplomacy, foreign policy given by people, so-called braintrusters who went on to Washington with Roosevelt, such as Rexford Tugwell. They were well-known people. I went to a few meetings and drills and then all of a sudden, they disbanded the NROTC because money ran out. They were downsizing all of the military, so I totally forgot about the NROTC.

When I was finishing my internship one of the staff doctors said, "Won't you come and practice with me because I have a great practice?" He was a brother of Richard Rogers and had developed a very wealthy, very fine practice. He said I could continue at Lenox Hill because I would have privileges there and we could have a fine Park Avenue Practice. Well I didn't know how to tell him that this was the last thing in the world I wanted, although I admired him.

One day in the mail I got a letter from the ROTC which read as I recall. “Even though you were inactivated you are now being reactivated if you pass the physical exam. Go to 90 Church Street, the headquarters of the Third Naval District.” I didn’t want to go in the military but I really had no option.

DR. PEARSON: This was 1940? Just before Pearl Harbor?

DR. CONE: Yes, it was before Pearl Harbor. Right. I was told that if I went in I would serve 16 or 17 months and then I would comply with all the requirements as far as the military was concerned.

DR. PEARSON: There was a draft at that time?

DR. CONE: No, the draft had not occurred, but they were calling in some doctors, preparatory I guess. So I went to 90 Church Street and had a physical which I passed.

I had no idea what the Navy was like. They sent me a book on naval customs and routines. How if you make a formal visit you have to turn the little flap up on your calling card and put it in the right place. All this old Southern tradition of the Navy of the past. It all seemed so strange to me. I took a written question and answer test.

Well, I received orders to go the US Navy Marine Barracks in Quantico, Virginia as a general medical officer. Barbara and I had no place to live. Quantico was a dump then. So we went down to Fredricksburg. We didn’t have a car. Fredricksburg was about 10 or 12 miles south of Quantico. One of George Washington’s sisters’ relatives was living in an old house and she was renting out part of the attic . We rented that whole attic which was hot as the dickens. Of course there was no air conditioning. I commuted by train everyday in the morning to Quantico, Virginia. I got into great trouble the second or third day I was there. We had sick call and in came a general. He later turned out to be General “Howlin’ Mad” Smith. He became a highly decorated Marine Corps General in the Pacific and “Howlin’ Mad” was his nickname. Out of his pocket came a vial with no label on it. It had tobacco all over it, he was a pipe smoker. “I want a shot of this. It’s a cc.” I asked him what it was and he said “I can’t tell you, but I’m ordering you to give me the shot.” I said, “I don’t think I can do that because it’s not according to the way I was taught.” He left me to see the Skipper who was a Medical Corps Captain. I was called in and the Skipper didn’t support me. He said, “You know in the future when a general orders you to do something, do it.” I said, “Well I can’t do that because I don’t know what I’m giving him.” Well it was Vitamin B1 or something like that. He had come back from looking at the problems of the Blitz in London and apparently thought he needed it. Well that’s a long story.

We were told that we were part of the Marine Corps; it was the First Marine Brigade. I had to learn how to make brig visits and how to examine the kids in the brigs. I also

had to go down and check on the prostitutes and bar keepers, etc. in Quantico looking for signs of syphilis or gonorrhea and other sexually transmitted diseases.

I also had to do some field work with the Marines out in the field as they marched around in battle formation. They were preparing to go down to British Guyana where at that time they were planning on building a naval air station. This was before Pearl Harbor. The field work was nothing - a little poison ivy, chigger bites and minor aches and pains. After a bit it seemed like wasted time. Again, looking at a bulletin board, I saw a notice about a course in public health where medical officers might apply. The courses were given at Harvard, Columbia or Johns Hopkins. As I remember, I would be happy with any of the three. I applied and was accepted at the Harvard School of Public Health.

As it turned out that Barbara was pregnant then, this was still in September, 1941. We lived with Barbara's family in Providence, Rhode Island, and I was enrolled as a graduate student at the School of Public Health on Shattuck Street, which is now the administrative offices for the Children's Hospital. The Countway Library at the head of Shattuck Street had not yet been built. The Library was the old Harvard Medical Library in Building A.

I commuted by train and though I wasn't that desperately interested in public health, it was a lot better than field work. It led, supposedly, to a master's degree of public health, an MPH. The Drinkers, Cecil Drinker and Philip Drinker, were my prime teachers. They were then working on hyperbaric pressure chambers because the Navy had a contract with them for possible military uses such as submarines.

It was decided that what was best for me was to concentrate on industrial medicine, which was the farthest thing I had any real interest in. So I had courses in industrial medicine, injuries and claims for people working in industry etc. We went all over the New England area to visit manufacturing plants. After a while the statistical aspects were interesting. I thought, "This isn't so bad because in the last semester, they're going switch me to another division of public health."

Barbara and I were in a movie theater in Providence on December 7, 1941. That was before they had television news. Out came a newsboy who hollered that Pearl Harbor had been bombed. We went back to where we were staying in her home. About two days later I received orders stating that all temporary duty was curtailed and that I would be reassigned and would have to report within 48 hours to whatever the new assignment was. By this time, Barbara was pregnant with Tommy (my son, who by the way has taught at Andover Academy for 30 years).

I got orders just before Christmas to report to the U.S. Naval Mine Depot, Yorktown, Virginia to be the field doctor in the dispensary. We were given quarters, which was

amazing because I didn't know what quarters were like. I went down there and found out that I was "the" and really the only doctor, because the senior doctor was an old-timer, a commander. He had been in World War I and he had never had any interest in medicine but he stayed on. He ran a dairy on the base and sold milk to the people on the base.

He had photographs of all the cows. (This is an anecdote which probably shouldn't be in this.) The supply clerk was a Helen, whatever her last name was. He didn't like her, in fact he detested her. So he took a picture of the ugliest looking cow and called her Helen. He would go down to Norfolk and buy silk stockings before the World War II had started. He told me that during the Depression he made a lot of money buying silk stockings in Norfolk and selling them in China. He was a Pennsylvania Dutch fellow, by the name of Dryfuss. I became very attached to him because he was so different from anybody I had ever seen.

DR. PEARSON: So your joining the Navy was a consequence of having signed up for NROTC in college?

DR. CONE: Right. And I thought I was separated from it. The whole thing was apparently a preliminary trial at Columbia and they ran out of money. And then, too, that was in the 30's and there were a lot of pro-Communists and activists at Columbia and they were fighting ROTC. I was so busy working and trying to take courses and finish in three years to go on to medical school. I didn't think of the difficulties. Of course there were but it all came out later.

DR. PEARSON: So you were saved from a Park Avenue practice.

DR. CONE: Yes, just as I was saved from another disastrous mistake with Charlie Chapple in his main line Philadelphia practice later. Well anyhow.

DR. PEARSON: So your first Navy assignment after the war started was?

DR. CONE: Just at the start of World War II, I reported to my new assignment at Yorktown, thinking I would be there a very short period of time. But I became indispensable, apparently, because I became the family clinic doctor and also a lot to do with the civilian workers. I published several papers, Howie, about the influence of TNT or trinitrotoluene on the formed elements of the blood. I began to get interested in the chemical aspect of industrial compounds causing aplastic anemia and easy bruising.

When the war was ending, I was asked if I would stay on in Yorktown. They desperately needed someone. They knew me and I had taken care of many of their families too. A lot of the workers lived across the river in a place called Matthew's

County. These were an amazing group of people. They had a language all their own and I began to study it. They were descendants of the Hessian soldiers when Cornwallis surrendered at Yorktown. He had no money to send them home because money ran out. So what they did was to go over to Matthew's County and become farmers. This was at that time a rather isolated place and many intermarried. They had more of a Germanic accent that was very difficult to understand. But anyhow, I was asked if I would stay and be a general practitioner. I had no specialty certification. They wanted me to practice in Williamsburg a few miles south of Yorktown which was a lovely place. I went to see the Williamsburg restoration people and they said, "No we can't rent you an office in any of the buildings in colonial Williamsburg because this is a living history museum." It seemed so arduous and difficult I gave it up.

In 1946 I was then told that the Bureau of Medicine and Surgery was thinking of developing some sort of post-graduate training program and that the Navy would do this. However, it would be a year until they knew for sure. In the meantime, everybody was being discharged. So I was discharged conditionally with the idea I could come back in a year if the program came through.

I moved to Princeton and worked for a year at Merck. I was in the Civilian Reserve Corp and worked with some people who were working on synthetic penicillin. Merck is in Rahway, if you know it. A huge place. Because I had some industrial medicine they thought I was a natural there.

Then Admiral Bartholomew Hogan came to see me in Princeton. He said, "You must come back, we have a place for you. We are setting up a whole new training program and we'll see to it that you get your certification. We will send you first to the Naval Hospital in Philadelphia, which then had a close attachment with the Children's Hospital of Philadelphia. After that we'll send you to the Graduate School of Medicine at the University of Pennsylvania where you can get a master of science degree in pediatrics." All of which sounded fine. Then he said, "If you do this you will have obligated duty of six or seven years." I already had five or so years in the military and I thought that would be twelve or thirteen years. It all worked out very well.

While waiting, we lived in Princeton and I had a temporary job in the evening at the student infirmary. They wanted me to stay desperately, but I didn't want to become a school physician in their infirmary. I liked the students and it was an easy job. The Naval Hospital in Philadelphia was just developing a residency training program in Pediatrics and I was one of the first, if not the first, resident in pediatrics.

DR. PEARSON: So there had been a conscious decision by the Navy to have pediatrics?

DR. CONE: Yes, they had contract doctors during the war. Remember Bill Burdick and Bill Anderson when we served at the Bethesda Naval Hospital? Both were contracted by the Navy so that military dependents could go to them during the war years and the Navy would pay their fees. The Navy then decided not to continue to contract with private physicians because they had no idea how interested they would be in the Navy's enlisted families. I suspect the fees were also probably scaled down. It was that and also that the military services were able to attract good doctors. By good I mean different than the World War I group that stayed on and drifted and never really developed a specialty interest at all. And that's how I think it started.

In Philadelphia were Charlie Chapple, Andy Hunt, and Joe Stokes who was then head of Children's Hospital [of Philadelphia]. At that time, Chick Koop was an intern before starting his work as a surgeon at Philadelphia Children's. They were all our consultants. They came down to the Naval Hospital to see our patients. I, in turn, was given an appointment as a junior staff member and would lecture and make rounds with them at Children's. It worked out very well.

I found in the Saturday Evening Post during the late 40's a picture of me with Charlie Chapple with an Air Shields Isolette. That's a whole story within itself. Charlie Chapple was one of the unique teachers in pediatrics. Did you ever know him, Howie? He wrote the section on Orthopedics in Nelson's Textbook [of Pediatrics]. He didn't believe anything anyone else had done. His idea of congenital defects, I mean bony defects, were that they were positional in utero. He also had the idea that there were electromagnetic forces that had influences on one's health and welfare. He was sort of psychotic but not quite. He had a brilliant mind. I remember once we had a child with fever of unknown origin and nothing seemed to work. He came in as a consultant and said, "Tom, why do you have the baby in an east-west axis, put him in north-south one." Well, the temperature charts are what they used to call hectic fever, and then the next day it was flat. So you see it proves a point. I worked closely with him. He wanted me to leave the Navy after I was at the Graduate School because he taught there and wanted me to practice with him in Philadelphia. He had lots and lots of money, but the plans just didn't seem to work out.

I had not received any orders after completing residency training. I was attached, as a Pediatrician-Afloat, to the Military Transport Service which was then transporting young service brides and mothers and children over to Germany and bringing them back. Their husbands had already been sent over after World War II and were stationed in Germany or in England. So I had a lot of experience transporting families for about a year and a half.

Meantime my family still stayed in Princeton. It was a wonderful place for them to grow up. We loved it and I would have been happy if I stayed there but I was so tied to the Navy and working so hard, and I had already gotten my certification. I knew I

wanted to do pediatrics and I did a lot of pediatrics on the ships. A different kind of pediatrics. Then as you know I was sent to Bethesda.

DR. PEARSON: You were at Children's Hospital of Philadelphia and the Navy Hospital in Philadelphia for your residency and then?

DR CONE: Graduate School of Medicine [University of Pennsylvania] and that gave me my certification. From there I went to Bethesda. At the very beginning of my time at Bethesda, I met two or three people who were advisors to the Navy. They were civilians working on programs for motion sickness. Drs. Gay and Carliner at Hopkins had just published their work about Dramamine. If you remember the story, an old patient of Gay or Carliner had to take a street car all through Baltimore to get to Hopkins. One morning she came in after taking the street car all through Baltimore, and said, "You know, this is the first time I haven't been car sick. What was that medicine?" Well Gay and Carliner published a paper that was specifically on prevention of motion sickness by the use of Dramamine.

And then the Tri-Service Research Program developed. The Navy didn't want to take it alone on just this one article, so we set up an exquisitely sensitive, double-blind study with maybe 18 or 20 Atlantic crossings. I had temporary additional duty for the first part of my time at Bethesda. They activated really top-notch physiologists who would just make one or two trips, but that's another story. Anyhow, we wrote a whole lot of papers on a ship's motion at sea and the various physiologic effects of a ship's motion. As you may know, there are six motions a ship goes through underway. Naval Architects from the David Taylor Model Base in Washington put oscilometers on the ship so we could measure these motions, like electrocardiograms almost. These permitted an effective analysis in mid ship of the G force of each forward and aft compartment. We had long, long records.

The plan was to test six different medications. We couldn't call them capsules, because these volunteer troops, kids really, didn't know what that was. We also didn't know what they were. They were contained in a Number 2 pink capsule. As the troops came to the chow line aboard the ship, we made sure they put it in their mouth and swallowed it before they could go get their chow. And then we went through all the compartments.

In the first 48 hours, we told the Skipper to make the crossing as rough as possible. We took the great circle route and started in October and November when the weather was bad. We were stepping in vomitus all over the place. I think some of the volunteers wished they had died. Anyhow, we charted the data and found it isn't the ship's roll, it's the heave.

DR. PEARSON: And what's the best motion sickness medication?

DR. CONE: Well, Dramamine isn't bad. Benadryl was good too but there was a problem, could Benadryl be used? One of the side-effects of Benadryl was that it made them sleepy. We were still talking about possible invasions from the sea and these LST boats landing on the beach with half the marines unable to shoot because they were so sleepy. One of the experimenters with me was a professor of physiology at Brown. He was sent down to Camp Lejune and we were also called down there to see what effect Benadryl would have at 10 min., 15 min. and 20 min. They had excellent researchers to see what effect Benadryl had on those shooting at targets. These were skilled marksmen, but they were all over the place. Bonamine ultimately became the one we selected to offset motion sickness.

I worked somewhat tenuously with Professor McCance and his group at Cambridge because they were doing the same thing in England. They were using Scopolamine. We had an experiment with Scopolamine and found that it made people dizzy and crazy. One night I saw one of the young sailors on the railing of the ship weaving back and forth and flapping his arms. He said he thought he was a seagull and wanted to fly home. Now I don't know if that was due to Scopolamine or not. The motion sickness experiment ended and I became full-time in pediatrics at Bethesda [National Naval Medical Center].

DR. PEARSON: So now we're going to talk about Bethesda from 51-63.

DR. CONE: Yes, that's right. We stayed there a little more than ten years. During that period we developed a residency training program.

DR. PEARSON: Was that the first military training program in Pediatrics?

DR. CONE: I think so, yes. We had at that time two civilian consultants, Dr. William Burdick and Dr. Bill Anderson, a wonderful man. Both were good general pediatricians. We worked through Georgetown with Fred Burke, who was then professor of pediatrics and for a while with Roland Scott over at Freedman's Hospital and Howard Medical School. We also had an arrangement with Johns Hopkins under Bob Cooke. I got a lectureship in pediatrics. We used several of the Hopkins' staff as our consultants, which was a wonderful addition and it improved the residency program immensely.

DR. PEARSON: Particularly Hopkins.

DR. CONE: Yes, the Hopkins group. People like Leo Kanner in psychiatry and Helen Taussig in cardiology and Lawson Wilkins in endocrinology.

DR. PEARSON: Bill Zinkham?

DR. CONE: Bill Zinkham in hematology. And also, Samuel Livingston for epilepsy and Askin for urology. They would come down once or twice a month and we would try to save relevant cases for them. They would like to come down to Bethesda because we were able to cull out some unusual cases for them.

DR. PEARSON: Also you paid them and they were poor academicians.

DR. CONE: Yes, I know. It was interesting because Leo Kanner didn't drive and I'd have to go down to Union Station to pick him up. A wonderful man.

DR. PEARSON: What about the Pediatric Service at that point. Whom did you serve?

DR. CONE: We served not only the general Washington area but all Navy referrals too. Also a great number of foreign children because during the Eisenhower regime there was the People to People Program by which we were trying to develop friendly relationships with the Embassy people. We saw a number of them from various foreign embassies. The Navy was picking up their costs but we never talked to them about this. Some of those were rather important people and had diplomatic positions like senior attachés.

The CO of our hospital, a medical officer, felt that we should see as many foreign people as possible because that built up the international reputation of the hospital. He was a great one for Embassy parties. He would go to the parties on the weekend and I would almost know what parties he had gone to because on Monday morning I would come into my office and they would be waiting. Pakistanis one week, Afghanis the next, and so forth. And he would say to them, "Now if you have any problems go see Tom Cone, he has a wonderful program." So that was interesting because it gave us a wider variety of patients. We saw more variety than you would see in an average suburban hospital, or even at the DC Children's Hospital. Certainly more than at Georgetown.

Half of the medical students from Georgetown were supposed to come to take their pediatric clerkship at Bethesda and the other half at Walter Reed. We apparently had a better reputation than Walter Reed so we had a greater number of them. Some of them went on to become fairly well established practitioners in the Maryland, Washington area and around Boston too. That was because of our connection with NIH. I was a consultant for the Division of Neurologic Diseases and Blindness and also in general medical pediatric problems. It was a very broad experience. Having residents like yourself made it as challenging as most academic venues. I didn't feel that I suffered anything by being exposed because I had to learn all I could directly from patient care. Lou Diamond would come down occasionally from Boston

Children's Hospital and other guests would come from Hopkins when we had special problems. You remember it, Howie.

DR. PEARSON: Very well.

DR. CONE: It worked out very well and we had a fairly good newborn service and also a premature nursery with good nurses. Kay Burnett was our long time secretary. She was wonderful and held things together.

DR. PEARSON: I've heard you mention your involvement with Dr. Larry Mellon in Haiti.

DR. CONE: When I was in Bethesda, I think maybe you had left, Admiral Galloway was head of the Naval Research Unit at the Medical Center. His daughter was married to a marine officer who was the military attaché in Port-au-Prince, Haiti, and they heard about Larry Mellon's hospital being developed at the Artibonite Valley in Deschappelles. Galloway asked me if I would go down because he thought it was a good place for Navy interns and residents - not necessarily in pediatrics - but in general medicine to see tropical diseases. Mellon had developed this hospital with his own money. That was an amazing experience. One of the best experiences I've ever had because Mellon was actually unbelievably talented, a male Mother Teresa. He came from the Pittsburgh family with a lot of money. He had gone to Princeton. He was sort of the F. Scott Fitzgerald type. I think he lived in Paris for a while. He spoke both French and German fluently. During the war he was in the OSS [Office of Strategic Services] and was parachuted into enemy territory. He was with Wild Bill Donovan before the CIA. When the war ended, he developed an interest in prize cattle. he went back to New Mexico or Arizona where he had his ranch and was developing some more prize cattle. Then he had almost an epiphany. One day he read a copy of Life Magazine. In it was a story about Albert Schweitzer and Schweitzer's hospital in Africa.

Almost immediately something clicked. He changed his whole attitude about life. He was then about thirty-four or thirty-five. He went to Tulane and got his medical training and then interned I think at Charity Hospital. His wife was Gwen Grant, one of the Grant Foundation members. She learned to do all sorts of laboratory techniques and procedures so she was able to do routine blood counts and urinalyses. They went to see Schweitzer in Africa and asked where in the New World did Schweitzer feel it was most necessary to build a hospital for children who had no medicine. Schweitzer told them of two places. The northeast section of Brazil or Haiti, both of which were both desperately in need. I don't think Schweitzer had ever been in Haiti or in Brazil for that matter.

Well, Mellon went to Brazil and the Brazilians told him, “Oh, you don’t have to come here. We have great plans,” and they brought out drawings and so forth. “We’re going to have infirmaries and dispensaries all over northeast Brazil.”

He went to Haiti, and for some reason they took him up on his offer because they are very sensitive about foreigners. With his own money, he built a hospital which has about 150 beds and has all the modern equipment. When I went down at Galloway’s suggestion, Mellon was very glad to have me come, hoping that they would get help from both military doctors and others. I worked on and off, periodically and episodically with him and saw diseases like neonatal tetanus, TB [tuberculosis] and multiple worm infestations and so forth.

Well to make a long story short, a formal arrangement didn’t work out but I was able to help in an indirect way while I was in Bethesda. Detail men would come in and try to get us to buy their brand of antibiotics or the newest one in style. I just asked them by chance, “What do you do with antibiotics that have reached their expiration date - like the 10th of the month. I’m sure they don’t just suddenly lose their potency on the 11th.” Well because of that, I began to get great quantities of outdated antibiotics. It helped the drug companies in the eyes of public relations that they were supplying it to poor kids in Haiti. So I got a lot of that stuff sent to Mellon’s Clinic with the help of Galloway’s son, who as I said was a military attaché. When it got to Port-au-Prince the customs officers would steal it all and nothing would get through. With the American marines delivering it, it got there safely. Here I was providing help to a multi-millionaire. In time he realized, as all of us did, that there was a need for more than medicine, just taking care of immediate medical problems. They needed to know the way to build a latrine, hygiene, sanitation and so forth. They had no milk and didn’t have cows. Like Rockefeller had done in Venezuela, Mellon brought in a strain of cows that could give milk in hot weather. Some of the patients, particularly in ophthalmology, had an awful lot of trachoma and eyes diseases. Mellon would send them up to Pittsburgh at his expense. Once they got to Pittsburgh they rarely went back.

DR. PEARSON: Tell me about your involvement with the military pediatric section of the American Academy of Pediatrics.

DR. CONE: The Navy suggested that we wear our uniforms at medical meetings. I had two or three exhibits done at the audio visual and arts section of public relations at the Naval Research Unit. One was on “The Artist and Child” which was a very popular one. I would stand in front of it and the sign would say “Captain Cone, Medical Corps, USN.” People would come up to me and say, “Oh, Tom, I thought you were out of the Navy. What are you doing in the Navy? Are you not confined to the ordinary problems of healthy, young men?” I’d say, “No.”

I thought that something should be done to support, not only pediatricians but all doctors in the military service, particularly in our area. I think it was Christopherson from the AAP or maybe Phil Barba who said, "We'll take it up with the Academy." As far as I know that was the genesis of the Section on Military Pediatrics.

DR. PEARSON: That was the genesis of it?

DR. CONE: Yes, that was the genesis of it. I don't know what happened. It's one of those things that I got into and it just sort of grew. I got into a lot of things in the beginning and the Navy encouraged me to go ahead with this. It was mainly to protect the military doctors. We didn't want them to think that we just took care of healthy normal soldiers or sailors.

DR. PEARSON: Could I ask just a little about military pediatrics at that time? Was there any interaction between Bethesda and Walter Reed?

DR. CONE: Yes, we had joint meetings occasionally, but it was not a very smooth one. It wasn't a competitive situation. Ogden Bruton was the head pediatrician at Walter Reed and he had been working on agammaglobulinemia. He was a hard fellow to get along with. You met him, I'm sure. We made joint visits and had joint rounds, but in time it sort of petered out. We had problems getting over there and back. They had the students from Georgetown as we did. I don't know if they had a larger service, but not a large obstetrical service. In our obstetrical service, Lebhart and Hill were the chiefs. I became chief of the dependent service because I was senior to them and the senior one was in charge of the dependent service. It was a rather interesting and yet demanding experience because my telephone was an extension to the main hospital. It was very hard to get away. I had the feeling looking over the compound to the hospital that there were a lot of sick kids over there. I was very conscientious about checking on them to make sure. I had a feeling I couldn't leave, which was crazy. It was hard on Barbara because I confined myself almost entirely to the hospital. They would go down to Rohoboth Beach for a week or two. I would go down for a weekend and come back.

DR. PEARSON: Do I see in this the beginnings of the Tri-Service Medical School, or was this long before?

DR. CONE: Long before that. We had the Naval Medical Research Unit which was involved with malaria and tropical diseases. They had a unit in Bangladesh and Dacha working on cholera. There was no talk about a tri-service medical school. There was some talk about merging some of our departments with NIH [National Institutes of Health], but it was too difficult to make that arrangement. They were separate entirely.

DR. PEARSON: But I remember, all the young people doing their two year tour of duty at the NIH looking for pediatric support and care for their kids across the street.

DR. CONE: Yes, they had very little pediatrics. There was Dr. Dekeban who was head of Neurologic Diseases and Blindness. He came over and saw a lot of our patients and used them in his textbook of pediatric neurology and also used some of our pathology slides. The whole period was rather rewarding because of the many fine residents who worked and trained with me.

DR. PEARSON: Mention a few.

DR. CONE: Well, you Howie. Then Ken Sell who went to England and got his Ph.D. with Coombs and then came back and worked in the Naval Research Unit. He eventually went over to the NIH. Certainly Gordon Avery who went downtown and became a professor at George Washington and head of the neonatology section. His textbook is one of the standard neonatology textbooks. Some went into general practice like George Magnant who is still very successful in Virginia. I see him occasionally. And Del Pasco who went out to San Francisco.

DR. PEARSON: How about Bob Baird. What did he do?

DR. CONE: Well, he's still down in Washington involved in epilepsy at Freedman's Hospital, I think. I saw Bob at a medical meeting recently. I was invited to go down to Howard and talk to a group. For the first time he came up to me and said, "You know I miss telling you how much I loved being with you at Bethesda."

That's a little story itself of how things have changed. I recall getting a call from someone in the Surgeon General's office saying that they had a very competent black pediatrician who had high ratings from the Freedman's-Howard group and Roland Scott had recommended him highly. Would I be willing to have him come on the staff because we had no black medical officers? I don't know if you were with us that time. Once we went to Thompson's Restaurant near the hospital for seafood and they made a fuss about seating him.

DR. PEARSON: This was during the Korean War too.

DR. CONE: Yes, during the Korean War. It was very touchy. Amazing how that has all changed. Bob Baird did quite well and was well trained. He was from British Guyana. His father was an English teacher. Bob married a Washington girl who went down with him to Georgetown, Guyana. She took two looks at it and decided that was enough for her. So they came back to Washington. I think Bob would have been happy going back to Guyana but he stayed here and went into general pediatric practice with

an interest in neurology. For me as time goes on a lot of people have names I remember but I can't tell you exactly where they went.

DR. PEARSON: Let's shift gears and go on to "Clio Pediatrica" or pediatric history. Tell me a little bit more about it. You told me already of some of the shaping things in medical school that got you interested in history like reading in the library and things of that sort. Did you have other than these essentially self-taught sort of things, any formal instruction in history?

DR. CONE: None in historiography. I was a minor classics major at college. Trying to get into medical school I had so many lab courses to take and pretty much earning my own way that there wasn't much chance. I did take two years of Greek and got very interested in classical history and I had taken a lot of Latin. In high-school I had won the classical prize for the best student in New York City. We would have to translate Latin into Greek and Greek into Latin. I had sort of a flair for that. I always had a very great interest in history and I followed it as sort of a hobby. In medical school, as I mentioned, I was involved with the Medical History Club and then that led later on, as you know, into the Pediatric History Club of the American Academy of Pediatrics.

DR. PEARSON: Tell me a little bit about that. You were President of the AAP Medical History Club from 1960 to '64?

DR. CONE: Yes. Originally, we had exhibits at the annual meetings.

DR. PEARSON: Is that how the organization began?

DR. CONE: Yes, we started with exhibits. Then we had meetings at night and usually I gave a paper and Samuel X. Radbill gave a paper. Only eight to ten pediatricians would come hear us in the evening. Next door was the Mead Johnson party and it was very tempting for them to go over there. We put on exhibits and the exhibits were very successful. I had many old books and Radbill had a tremendous collection of old utensils. Drake, who had invented Pablum and made a fortune also attended. He married later in life and Nina was his second wife. He left an enormous collection of pediatric bottles, books and so forth. She would bring them down from Toronto. We had a very rich collection of exhibits. The Academy gave us two or three counters and the walls were loaded with papers and photographs. We would sit there and talk about this and meet once in the evening during the Academy meetings. It sort of went along a little bit in spurts. There wasn't enormous interest. The average pediatrician was too busy earning a living to take time reading something that happened in the past, unless they had a natural inclination toward history. There was so much to learn at the present time they didn't want to get back to what L. Emmett Holt, Sr. said in 1902.

The Club went on, as I say, for several years. After I left, I don't know what happened but it didn't continue. Radbill lived to be in his late 80's, but he became rather frail and didn't participate. He and I were really the founders and the spirit behind the Club.

I wrote a few papers on history which got published in Pediatrics, but Pediatrics didn't want to go into it extensively. Charley May was editor of Pediatrics. I remember when I was in Bethesda I sent him a paper about the history of weighing newborn infants. He said, "I accept it on the spot. Fine, great paper." There were one or two of them like that. Then in the Journal of Pediatrics I published articles concerning "diagnosing from the canvas," making diagnoses from the paintings of great artists and infant religious paintings. Things like mongolism, hypothyroidism, rickets and so on.

DR. PEARSON: Who was the Journal of Pediatrics editor then? He preceded Bill Nelson.

DR. CONE: Yes, I think that was Borden Veeder. I also made diagnoses of favus infections as shown in Murillo's painting of St. Elizabeth of Hungary. She probably had an infective type of ringworm.

DR. PEARSON: You left the Navy in 1962. Why?

DR. CONE: By 1962 I was becoming a rather senior captain as far as my rank, and you know ten years is a long time in one place. I don't think anyone else had been there that long. One reason, I suppose was that the big shots lived in the row houses on the compound. The Surgeon General and Bob Brown who later became the Surgeon General. We took care of their children and they wanted me to stay because they didn't want to lose contact.

Then I had the impression that things were going to change because if I prolonged the natural course of promotion I would be assigned as Executive Officer in a smaller naval hospital. It would be all administrative work, which I was not at all interested in.

I had met Charlie Janeway in a medical meeting. He wrote to me once or twice and said, "When you retire talk to me because we might have a place for you." They also asked me to come over the NIH and work with Dwayne Walcher and Bob Aldrich and they were very anxious to get me to join them. I would have gone except for one thing. You couldn't take two government salaries - you couldn't double dip. I needed money desperately because at that time I had Mary at Sarah Lawrence, Maddy was at Vassar and Tommy was still at Trinity. I had three in college. None of them had scholarships and they were not the kind of kids that worked to help pay their tuition. So I needed that double salary. The offer from Children's [Hospital Medical Center, Boston] was not anything to write home about, but at least I had my pension after twenty-two years of service. So I went up to Children's.

Anyhow, I was invited by Charlie Janeway to come up to Boston Children's. Then Ros Gallagher said, "You're the only one around here who has general clinical experience. Would you like to join me on a part-time basis?" Well, I did for a while. That wasn't very successful. Can I tell you exactly some of the inside stories about Ros Gallagher?

DR. PEARSON: Sure, absolutely.

DR. CONE: Ros had come to Children's from Phillip's Academy in Andover where he was very successful. The headmaster there had been a great friend of his. Claude Fuess, and Connie, his wife, had worked in the infirmary for the students. Then after the war, Fuess had died or retired and they brought in an army colonel who was in the history section of the army writing the history of World War II. Ros didn't get along with him at all. They told Ros to look for another job so he left on his own. He went to Wesleyan for a year as a school physician. Then he came to see Charlie Janeway about getting room to open what he then called an adolescent unit. This was the genesis of the whole adolescent movement.

When he did come to Children's, Ros said, "Tom I'd love to have you work with me." I realized that there were two separate divisions. In a place like Children's there were these empires that developed. Ros, not having any board certification was more a generalist. They thought of him as not particularly experienced in general pediatrics; if he was it was adolescent medicine. He used his own consultants, most of whom came from outside the Children's orbit. Some were from the Harvard Medical School like Somers Sturgis and Graham Blaine. Also a couple of other physicians from Mass General [Massachusetts General Hospital] and from BU were his consultants. Of course the hospital was jealous in a sense because they thought their own people should be the consultants. Ros had a thing against psychiatrists. He hated psychiatrists for some reason and he would get red in the face talking about them. Maybe I shouldn't talk about this, but George Gardner was the head of psychiatry and a wonderful, wonderful man. I was very good friends with him. He felt that Ros was doing harm to some of these kids that had profoundly difficult psychiatric and social problems. He would have girls with anorexia nervosa and he would carry them for maybe six months to a year with no improvement. The psychiatrists felt that was time lost. There was even some mention whether he was competent enough to handle these patients. If he admitted anyone to the hospital, he couldn't attend because he had no privileges on the ward. I would substitute and take care of his private patients. I liked Ros and I liked George Gardner. I was sort of in the middle and I couldn't exactly tell Ros what they were saying about him but he sort of knew. Bob Masland was the other adolescent person and Bob stayed on. Bob is excellent with kids, adolescents. He too had a problem of not having adequate credentials. He wasn't

certified in anything. He and Ros really ran the place and I was sort of the general medical consultant to Ros's private patients.

At the time they were nice patients, who came from Brookline, Newton and so forth. The parents, like their teenage kids, were bright but goof-offs in some way. They would bring them in with things like acne or the boys weren't growing as fast as the girls. They would come in and say, "He only got a C in history. He got a B+ before. Tell me what's wrong with him." That kind of a practice was fine for Ros because he was accustomed to prep schools. At that time Andover was a highly selective, special group.

I think I got into some difficulties, but not with Charlie Janeway. I didn't know all the intrigue at Children's but there was an awful lot of intrigue in a big place like that. Ros saw the handwriting on the wall and left and went to Yale. He had gone to Yale College and Medical School and got some sort of a position. Morris Wessel and Dav Cook know much more about it.

DR. PEARSON: He worked with Walter Anyan in Adolescent Medicine at Yale, but he was obviously reaching the end of his career. I think he was welcomed back to New Haven.

DR. CONE: Anyway when Ros left I no longer had any connections with the adolescent unit. It went on its own way. It was a very strong department. Eventually it has become much stronger with some of the women physicians who have come in.

Ros would have been appalled at the nature of the practice today. It is so changed from the Brookline-Newton type. Being right across from public housing, they are seeing kids with drug addiction, alcoholism, teenage pregnancies, delinquency and probably by now patients with AIDS. Ros was accustomed to a nice kind of practice. Ros was extremely kind to me and he had a battle at Children's which was very difficult for him. I don't know how supported he was. He was supported by Charlie Janeway but as you know, Charlie would be away a great deal and Ros was pretty much on his own. He had a small office in Building A and he had Mrs. Mersereau, his secretary who had been with him for years. She was sort of a front who kept people out who might bother him. He also had the idea that you should never have a parent around when you examine an adolescent and not just sit at a desk but sit in a chair as we are doing with the adolescent next to you.

There was not much inspiration in that and of course, I was looking for as much as I could in the way of broader experiences. That's when Clem Smith came and asked me if I would be book editor for Pediatrics. Well I loved that. That was all part-time extra hours. Clem and I got to be close friends. Harry Shwachman had been head of the New England Pediatric Society for a while and turned it over to me. I think with one

secretary we ran it for thirteen or fourteen years. It was a real operation because it had four meetings a year. I kept very busy with those two things.

Then Park Gerald asked me if I would help him because he was setting up a Birth Defects and Clinical Genetics unit. For the last ten years of my time at Children's, that was what my prime duty was. Those were very happy years and I got to know Park very well. He had a very good staff. It was tragic, Howie because Jeff Aldrich who was under Park and committed suicide was one of the brightest of all I've ever come across, an MD, PhD. Park in the last year or so was miserably unhappy for some reason. It was hard to get close to Park. I remember I talked to Lou Diamond about it. We came from different backgrounds.

I had no feeling that I was not accepted. I had areas of so-called expertise that were lacking at Children's. A general concept of pediatrics. Also, an ability to memorize and remember syndromes and be able to write detailed notes about the history of these syndromes. So those years were quite pleasing.

DR. PEARSON: So your genetics again was self-taught.

DR. CONE: Self taught, yes. Absolutely it was self-taught. I read all the books I could. I read to the point where I had to go back to get some more physics and chemistry. Sometimes reading these journals like Cell and Cell Biology, I didn't even understand the titles of what they were talking about. Because it wasn't valuable or necessary because I was seeing the clinical aspects. It was fascinating in many ways.

Then it ran into financial problems because to see a patient with birth defects or clinical genetic problems, it would take at least an hour for the first visit. Before they came we would send out forms so we could get a pedigree and try to get as much information about previous doctor contact and x-rays and so forth. We were told that we were not making money for the hospital because surgeons and others could see four patients in an hour. They didn't actually see them, they just looked at the sutures and took a couple of sutures out and made sure that the plaster of paris was not too tight.

It all worked out well. I got along well with administrators like David Weiner but I got along much better with Len Cronkhite because Len had a military background. His mother was then president of Radcliff. Len had gone to Bowdoin and then went to Harvard Medical School. During World War II he was in China and he learned to speak Mandarin Chinese. He was not in the Medical Corps. He did not go to medical school until the graduating class of 1950 of Harvard Medical School, its first general. He became a reserve general and he marched on the Fourth of July heading the troops because he was an infantry officer. He was known as "the general" around the hospital.

Len tried to develop a military group at the hospital. We would meet and talk over current military activities. Len was very amazing in his sorts of talents. Seneteca was his assistant. Len Seneteca was interesting too. David Weiner came in as hospital director and Weiner had no particular background except that he took a year or so at Yale in hospital administration and then came to Children's. He filled it very well. I remember taking David with me to the American Pediatric Society meetings once or twice to meet some of the people.

DR. PEARSON: So you're reaching the end of your Harvard career at this point. Let's just add one thing. You mentioned you were associate editor for Pediatrics with Clem Smith and was editor for books. But I think anyone looking back over 25 years of pediatrics remember best your "TEC, Jr." comments. Tell me a little about those.

DR. CONE: Well, those were so-called historical white space fillers and I contributed maybe six hundred or seven hundred of them and I enjoyed doing them. I had a great number of letters from readers saying, "You know, I read your white space fillers more than I read the articles."

DR. PEARSON: The best part of the journal!

DR. CONE: That stimulated me to write some more. I had quite a collection of antiquarian books. I'd look for historical notes in old pediatric texts that I collected where I could get this information. I've sold most of them. I also collected an enormous number of primers and readers which go back mostly prior to the Civil War. In them was a lot of information about duties of parents and the child's duty to the parents. I contributed these fillers for about 25 years.

DR. PEARSON: 1994, I think, was your last.

DR. CONE: I think so. When Clem Smith and I were on the editorial staff of Pediatrics, there was a move to put the ads interspersed with the articles. Clem was absolutely adamant about that. The AAP people came down from Evanston at the time and we had lunch at the Children's Inn. They said no to Clem who felt that since he was the editor he had a right to decide how those ads should be placed. He wanted them all in one part so if people bound their journal, you could take the first part and last part and throw those away and just bind the articles. If you bound them the way they are now, you'd have articles in between the ads.

Then in his last year as editor, 1972-1973, he developed rheumatoid arthritis and was very incapacitated for about six months. He was at Mass General on and off and he lived over at Cambridge trying to put the journal together which was a big responsibility. Every so often he would say, "You know, someone promised us an

article and we have a deadline with four or five unfilled pages. Could you write up something this weekend?" So I would write about making a diagnosis on the color of urine or fevers and that sort of thing which I picked up here and there. I was getting pretty popular! That experience with Clem was very rewarding for me. I loved the idea of book reviews and there were good books that did not get reviewed. I held on to them and passed them out to people at Children's who might be interested.

Then in '82 or so I felt that I had gone as far as I could go. Genetics was sort of falling apart because Park was not at all enthusiastic. I don't know what happened to Park. He developed antipathy toward Children's. He would only come in occasionally for grand rounds and then would duck out before anyone would see him. I felt that it was a good idea to leave. I was then '67 or '68. I then went from little children and their problems to the senior citizens. Dr. Neuhauser helped me in the beginning of the interest. He had been, as you know, head of Radiology at Children's and had been retired for a couple of years.

DR. PEARSON: Could we intersperse here what we talked about at lunch. You were a geneticist and speaking nationally on genetics, body types and that sort of things. Then you went to Dallas.

DR. CONE: I went to Dallas as professor of pediatrics at Southwestern Medical School to organize an institute of growth and development and to do research on the secular aspects of growth and development. I was an eclectic physician in a sense.

DR. PEARSON: It sounds familiar. One more thing. We really just covered a little bit about the year in Dallas. I thought that was an interesting story. You were lecturing and they heard about your interest in growth and development.

DR. CONE: Yes, Lou Diamond and I and maybe one or two others were invited by Heinz Eichenwald to lecture in Dallas. I probably spoke about growth and development. At that time I was interested in the secular acceleration of the rate of children's growth over the past several decades. Henry Bowditch was the first professor of physiology at Harvard, a direct descendant of the Nathaniel Bowditch from Salem, who wrote The Practical Navigator. He wrote an article, not a manual, which I picked up at the Countway. He had been commissioned by the school committee of the City of Boston in 1876 to measure and weigh children in Boston public schools. He did this because he was an American and a patriot in a way. The British were saying our kids looked like runts and that foreign children were developing faster than their American peers. He published this very excellent manual which was previously totally unknown.

I became interested in the history and finding out if anybody else had previously measured the height and weight of children. Also if anyone had investigated the age of puberty as a biologic marker. I found of course several records, but they were not very good. I think I probably talked about that in my talk in Texas and I had a number of slides to show. This was a new subject to most of the audience, so it was of some interest. After the meeting we went back home. I remember flying back with Lou Diamond.

Later I was invited to come to MIT to see the unveiling of Alexander Calder's great stabile in the main quadrangle of MIT. There I met Heinz Eichenwald again who said he had mentioned my name to Eugene McDermott, who had helped to found Texas Instruments in the thirties. At the time I didn't realize that his interest was limited just to Sheldonian somatotyping. Heinz said that McDermott would like me to come down and have an interview with him and meet with people about forming an institute.

It was strange to hear about all the available money. The institute would have so many thousand shares of Texas Instruments. If the stock went up, we could keep the profits. If it went down there would be some more Texas Instruments stock. I guess he controlled millions of shares. So I did go down to Dallas after much thought. I mentioned this to Charlie Janeway. He said, "Tom, you know what we do at Harvard - if you find anything better, take it. On the other hand, if you decide to leave, don't worry. We won't have any trouble replacing you. They will be crawling on their hands and knees to have you come." I think he really meant it would be the right thing for me to do.

I shouldn't say this, but there is one thing that did bother me. When I first came to Children's, somebody asked me what my Navy pension was. Whatever salary Children's agreed to pay me per year, they were going to deduct my Navy pension from it. But I needed two incomes. It was the whole reason I had come to Boston - to get two incomes so I could pay for my children in college. I thought that was sort of an unfair way of approaching me.

DR. PEARSON: Cheap.

DR. CONE: Yes, cheap. They seemed so affluent in Texas that money didn't seem to be a problem. I could get almost anything I wanted in terms of assistance. But it all had to be approved by two or three people working for McDermott who were not at all qualified to know whether medically the program I had been setting up or thinking about or that the protocols would be worthwhile.

I went down to Texas and after a bit I realized I had been fooled and I was probably naive. I couldn't, as I mentioned, run up to NIH and meet with the people there or the head of the Child Development Institute. I knew him quite well because I was on the

First National Advisory Council. At that time they seemed to have the money for studies in growth and development. McDermott wouldn't accept any help from the NIH because he wanted to keep it all in Texas. I couldn't, therefore, send grant requests in for peer review because the Dallas group didn't want grants through the NIH. If they were worthwhile the NIH would accept them. If not, I'd know it was something I shouldn't waste time with. It would be sent to people who were authorities. After a while, I realized that this was a waste of time.

In September or early October, 1966, I met Charlie Janeway at the annual AAP meeting. We talked about staff privileges and so forth. At that time I was an Associate Professor and he said, "We'll try if we can to promote you on the faculty." It would still be a clinical appointment, but I would be a full clinical professor. That didn't mean any more salary because Harvard contributed very little to the money, but enough so I could get TIA and CREF coverage.

Growth and development also involves another activity which I got into. I was a founding member, co-founder really, of the Irish and American Paediatric Society, which has become a very strong, very interesting society. It started out in 1961 when I was invited by Bill Kidney, who was then probably the senior consultant pediatrician in Dublin, to give a discussion of an article about the birth weight of newborn infants at the Royal College of Medicine of Ireland which was written by Jonathan Swift in 1729. Jonathan Swift was Dean at St. Patrick's Cathedral Church of Ireland that was down the street from the Royal College of Medicine of Ireland in Dublin today. It was a natural. After the meeting, Bill and his wife, Naomi, said "We would like to show you the west of Ireland." So we went out on what they call holiday for about four or five days to the west of Ireland and it was fascinating.

During this he said, "You know, Tom, I know Harry Bakwin, I've talked with him and I've been to Georgetown and talked with Fred Burke. They like the idea of an Irish American Pediatric Club."

It sounded all right. We could do simple studies such as comparing the heights and weights of Boston Irish children with those living in Ireland, and the dental findings in those with caries and also the incidence of disease and strep infections. It was felt that rheumatic fever was more common in kids with freckles and red hair of which there are many Irish children. Milton Markowitz still talks about that. Maybe we could compare notes on clinical findings in Boston and Irish children. It was all very tenuous.

This was in March, 1961. In September I went to Lisbon and I brought our exhibit, "What's the Diagnosis," to the International Congress of Pediatrics.

DR. PEARSON: Was that the multiple syndromes exhibit?

DR. CONE: Yes, multiple syndromes. I took it to Venezuela and to Ecuador too. In any case, we sat one day, Fred Burke and Bill Kidney and I, in the cafeteria of the medical school in Lisbon. We wrote the bylaws all of which were sort of tongue in cheek. What we wanted to do was collaborative work and get to know each other. We would only nominate people who measured up to the talents of the founding officers, which would be extraordinarily difficult! Oh, it was a tongue and cheek set of by-laws, but it took off like mad.

Bill Kidney unfortunately died a year or two later but he had worked everything out and we went to Dublin a few years later for our first meeting. The meeting was enormously successful. Two or three of the senior pediatricians in Dublin arranged for me and the founding group to meet the President of Ireland, Eamon Devalera. I have a photograph of us. Devalera was extremely interested in any cooperative program. He was born in New York and in a sense felt he was partially American. So he told us he wanted very much for the society to continue and he gave his stamp of approval. The next meeting was two years later. We have alternated annual meetings between the States and in Ireland.

Virginia Apgar, George Gardner, Merritt Low, I invited them all to present papers, as well as Clem Smith. Clem Smith had a Methodist preacher in his background. Clem was Anglo-Irish, I guess. It was an extraordinarily successful meeting. We had all kinds of talent. The problem was we didn't want to dominate the Irish group because bringing over all these Americans was a very sensitive issue. So we had an equal number of Irish and American members. We were amazed at how talented the Irish doctors were in clinical work because only a very few are in research.

Well the society developed and developed and developed until we now have over 1,000 members both in the United States and Canada and both parts of Ireland. We alternate every other year. Last September we were in Burlington, Vermont and this year I'll be appointed as an honorary fellow of the Royal College of Medicine of Ireland.

1969 was the 100th anniversary of Children's Hospital. For the Irish American Paediatric Society I worked out a collaborative program with the American Academy of Pediatrics and with the three teaching pediatric hospitals in Boston, Children's, Mass General and Floating Hospitals. It was a truly successful meeting.

It never became a drinking club or social although it's social in a way. We were very careful because if you said you were going to an Irish American Paediatric Society people might think it was a drinking society, whereas if it were Hungarian-American or Swedish-American they would have taken it perhaps more seriously.

DR. PEARSON: Tell me a little bit about membership. I think I heard you say you don't have to be Irish to be a member.

DR. CONE: No. Sid Gellis is a member. One member said that if you flew over Ireland on the way to London and looked down while flying over Ireland, you might qualify for membership. However, the majority of our members are of Irish heritage

DR. PEARSON: Who was the mayor of Ireland that was Jewish ?

DR. CONE: Briscoe. He was the mayor of Dublin. He was Jewish. It's amazing how little friction develops among the professional people. I think it's the American-Irish who make a big deal about it. I am still very active in the Society and they have a lectureship named for me. I'm proud of that.

DR. PEARSON: You have a military lectureship named after you too, don't you?

DR. CONE: Yes and I have a perinatal history lectureship from the Academy.

DR. PEARSON: But you're not perinatal?

Dr. CONE: No, but I wrote a history of the feeding of the premature infant. Have you seen that one?

DR. PEARSON: This is what we ought to talk about. I know your two books. I think your bio said you published four books. I know The History of American Pediatrics and The History of the [Care and] Feeding of the Premature Infant. Tell me about the background of these hard cover books.

DR. CONE: Before the hard cover books, I published two paper back books. The first one is about two-hundred years of infant feeding in America. I was writing that when Dewey Sehring said that Ross [Laboratories] would like to underwrite it but there would be no advertising. I asked Charlie Janeway if he had any objections and he said, "Oh, no, anything, as long as it's not advertising." That book was published in paperback.

I had always thought of writing a history of American pediatrics. The way I got to Little, Brown was that Lyn Richter, then the medical editor for the Little, Brown Medical Department, came to me at Children's and said, "Tom, we'd love to have a spiral bound manual of pediatric therapeutics. Would you help us put it together?" So we published the Manual of Pediatric Therapeutics that's now in its fourth or fifth edition. It's been translated into about eight or nine different languages. Having known Lyn Richter, I asked her if they would be willing to publish a history of American pediatrics. I was going to write it anyhow.

DR. PEARSON: This is while you were at Harvard?

DR. CONE: Yes. She said if you get a subvention. At that time I didn't know what a subvention meant. So I talked to the National Library of Medicine and they said, "Yes, that might be a good idea. We'll give you a small grant." Also, I talked to Dewey Sehring and he said, "We'll probably help you, too. Well at least we will be able to provide what the cost of the printing will be." I didn't know how successful it would be but Little, Brown was very proud of it and it got awfully good reviews.

DR. PEARSON: Sam X. Radbill also wrote a pediatric history book. The fellow from Connecticut, Ernest Caufield, also did some pediatric writings but these were more articles weren't they ?

DR. CONE: Essay and monographs about certain diseases. My book covered the whole spectrum. I had access to early records at the Mass Historical Society and also as a proprietor of the Boston Athenaeum. Both have an enormously valuable treasure of colonial newspapers and full runs of colonial newspapers listing diseases and proprietary medications which came from England for children. Then I read Cotton Mather's diary and many others. I had quite a lot of information from early writings in pediatrics. I mentioned this again to Dewey and I went out to Columbus and met the Medical Director of Ross Laboratories, I forget his name. A very nice fellow. He said, "We would like to see the manuscript when it's finished." It was published in late 1979.

DR. PEARSON: Which book was that one?

DR. CONE: That was The History of American Pediatrics. The blue book.

DR. PEARSON: That was published by Little, Brown?

DR. CONE: Little, Brown, yes. The second one was Little, Brown too. Little, Brown also did the Manual of Pediatric Therapeutics which I edited for three editions. I started out with John Graef and Mel Levine. I got very close to Mel Levine because he was one of the few residents who had an interest in humanities and medical history, not all science. Mel was a Rhodes Scholar with all of the proper credentials: Harvard Medical School, and he'd gone to Brown.

We gave a course on medical humanities for premed students over at Harvard. We'd meet at Dunster House, for instance, or someplace like that and the pre-medical students would attend. We'd talk about the sort of things that we were interested in. Mel was interested in medical history too. Then we'd have Jean Mayer come and talk about the nutritional problems of the third world.

We had a lot of competent people for the Manual of Pediatric Therapeutics. Mel and I did the first edition of the Manual and John Graef took over on the second edition. I was the editor, getting the young fellows who were involved in cardiology, endocrinology, urology and so on as well as the directors from their departments to write in a very formalized telegraphic style. It was quite successful. The first edition sold about 90,000 copies and it was a boon to Children's because they got a good part of the royalty. Charlie Janeway was enthusiastic and so was Mel Avery. When the Japanese edition came out with the forward, I made a Xerox copy - it was in Japanese - and I said to Mel Avery, "Mel, if you have any objection to this, let me know." Of course, I couldn't translate it.

Then I did The History of the Care and Feeding of the Premature Infant. That was not as well received. Bill Silverman helped me with that book. Bill Silverman had a broad experience, particularly when I got into things like the use of oxygen and retrolental fibroplasia, I mean the development of retrolental fibroplasia. Mel Avery helped with respiratory distress, surfactants and such. The book came out after I retired but I still continued to be active with the Manual of Pediatric Therapeutics.

DR. PEARSON: This seems like a good place to talk about your post retirement number two activities.

DR. CONE: Post retirement number two, yes. From the Navy to academia to the Harvard Institute for Learning in Retirement for senior citizens. It started about fifteen years ago and the teachers weren't necessarily faculty members at Harvard but they would like to have them. I got into this naturally because I loved that sort of thing and I found that the students were also interested to a degree in medical humanities. I learned a lot from them because we all were survivors as Dana Farnsworth used to say - I was born in 1915, went through World War I and the depression and then World War II, the Korean War and Vietnam War. But it was my retirement number two, yes.

This has been rewarding to me because I have met people coming out of all different backgrounds, different from those I had previously known. In pediatrics, as you know Howard, with the residents, fellows and medical students you have a language in common. You center around the child and his problems and diseases. These people come out of an entirely different background and reflect a way which you don't pick up with the young people and a way of life I could identify with because I lived through the depression. Many of their experiences during the 20's, were very vivid to me because I was in high school in the 20's. I formed friendships with them to a degree I haven't with too many young students. I guess I give them more than what they give back to me.

Fortunately at Children's I made a great collection of slides - they had good audio-visuals. The Fogg Museum helps a lot so I can illustrate my talks with a great panoply of color slides. As you know, the history of medicine can be depicted through photography, but we also used art. What we know about the history of medicine, what hospitals looked like, what doctors looked like, what the patients looked like prior to photography were done by artists. Medicine and art is a whole field of study and you can trace out the humoral therapies, trace out all the types of treatment that used to be done, what patients with syphilis used to look like, as well as plague patients. They are loaded in art. So I used this as an illustration of the history of medicine through the work of great artists. Another one was "Diagnosing the Canvas" - making diagnoses not only in children but adults by looking at paintings and making diagnoses. For instances, I don't know if I gave you a copy of Botticelli's painting showing the Babinski reflex - the big toe reflex. Of course the artist didn't know the significance of the reflex.

DR. PEARSON: This is revisiting what you've done before.

DR. CONE: Yes, there is also an Oppenheim reflex, also painted by Botticelli which causes a big toe extension. That's what I have been involved with, pretty much.

DR. PEARSON: Who are your students?

DR. CONE: They tend to be between 65-85 old and I would say 80% to 90% are women.

DR. PEARSON: Like the way medical school is going.

DR. CONE: Yes, I know. It's wonderful for them because many of them have lost their husbands. They are living on small pensions. They live in the Cambridge - Somerville area, are threatened terribly by rent control being eliminated, are desperately worried about what's going to happen to them and they can take a lot of courses. They're excellent students, I think. It gives them a sort of a support group. I didn't realize that was so important. They meet and talk over their common problems and share interests in these little one room apartments all through that area. They take maybe three courses a semester. The courses are two hours and usually meet just once a week, but they take six to eight hours of classes in a variety of subjects. Everything from Mozart to Archeology. Two or three of them have been professors of Archeology and have been heads of digs in Crete and Troy and so forth - experts - they wrote the textbooks. Also languages that are practical - colloquial languages.

Things have shifted and changed during the thirteen years of so since I left Children's. Everybody's different. I go in now and don't know any of them. It's amazing. In the Fegen Building, the building which was developed when I first came for ambulatory

medicine. The idea was that every patient would come in through the same building. Through computers you could work out a protocol for every clinical condition. When Charlie Janeway retired, they had a beautiful portrait done of him. It's in the hallway. But the students don't know who he is.

I suppose I had more varied experience than most people at Children's who had followed a single path. This was easier to follow because I was shifting all over the place. Any other questions, Howie?

DR. PEARSON: Well you know, it's amazing. I put all of this in order and you have almost followed my script without knowing it. Do you have anything else you would like to say. The future of pediatrics based on historical precedents?

DR. CONE: I'll end up saying that as I look back, I came through a very rewarding period of pediatrics. I entered before antibiotics had come into use. The sulfanilamides had just come out in 1935 or something like that. Then it seemed the whole field of medicine and pediatrics changed from an intensely organically oriented discipline. Kids who had really serious infectious diseases were a major part of our training. As time went on, it shifted more to psychosocial and behavior disturbances, all that coming within my lifetime in pediatrics. In 1935 I could have said, "Howie, I was exposed to the kind of medicine that would have been practiced thirty years before." I didn't feel that what I was doing was that much different than thirty years before. All these new drugs that we use now, I don't think hardly any of them were known. We had little to work with. We tended to be therapeutic nihilists, I think. The old aphorism about the healing power of nature and primum no nocere - "First thing, don't do any harm."

We didn't have the technology. I mentioned once at grand rounds or chief's rounds at Children's that I had seen a patient that had pneumonia. I had written on the chart that the patient had consolidation of the left upper lobe. I was sure of that. I could hear it and tap it out. The first question was "Where is the x-ray?" Well I had to admit I didn't have an x-ray. The next question was "Do you know who William Roentgen was?" Of course I did. "When did he develop the x-ray? 1895 and here it's 1965 and we don't have an x-ray!" We used our hands and eyes much more because it was before high tech came into use.

DR. PEARSON: Are we doing enough with pediatric history. Is this something important? Is it outdated? Is it something our medical students and housestaff should know about?

DR. CONE: Well, I think so. I have this old cliché that to know where you are, you should know where you came from. The story of how it came to be that medicine is at this particular level. Who are the people who have made pediatrics and medicine in general.

I think, too that the idea of ultra-specialization is sad and is going to become devastating. We wanted people to be generalists and not the whole idea of becoming specialized in one disease or one organ system. It was direct first patient contact. A beautiful example of this is the Patient and the Doctor written about 1926 by Francis Peabody. "You and the patient are the important thing not the laboratory," it goes on. It sounds wonderful. You could almost play your violin. But there is a lack and loss, I think, of that personal relationship and it has to be because of the complexity of medicine. You don't as you would have in the old days, live in the community where you knew everyone. The hypochondriacs, and the others--if they complained of a pain you wouldn't take it seriously. It was considered just a part of the hypochondriasis.

I'm not a philosopher. I have a feeling I came through a much more interesting phase of medicine. I've seen it develop into a really different animal from what it was when I started. The last issue of the New England Journal reviewed some books that cost three or four hundred dollars, amazing! One was on endocrinology, the usual thing. It's a wonderful book, but a little disjointed because it's multiple authored and some of the chapters are strong, some are weak. However, there is not a reference after 1993. The inference being why pay \$450? Of course, it wouldn't be valuable for a practitioner. It should be on the shelves in the libraries of hospitals and so forth. But things didn't go that fast, that rapidly for me. I know the first time I had anything to do with penicillin was with my daughter Mary. When she was born, she was only about 5 ½ pounds. When she was about 8 pounds she developed otitis media, very severe. We got penicillin through the Navy then we collected her urine. Whatever was not absorbed would come out in the urine and we would use that again, it was so rare.

DR. PEARSON: Times change. Now it's \$300 for a capsule to treat some things. Dr. Cone, I hope you have enjoyed this day as much as I have, and thank you very much.

INDEX

—A—

Air Shields Isolette, 19
Alpha Omega Alpha, 9
American Academy of Pediatrics, 24, 26, 36
Anderson, Bill, 18, 21
Anderson, Don, 12
Apgar, Virginia, 10, 35
"Artist and Child", 24
Ashley, Dana, 10, 12
Askin, 21
Avery, Gordon, 25
Avery, Mary Ellen "Mel", 38

—B—

Babies Hospital, 12, 13
Baird, Bob, 25, 26
Bakwin, Harry, 34
Bankhead, Tallulah, 13
Barba, Phil, 24
Benadryl, 20
Bowditch, Henry, 33
Bruton, Ogden, 24
Burdick, William, 21
Burke, Fred, 21, 34, 35
Burnett, Kay, 22

—C—

Camp Miniwawa, 6
Caufield, Ernest, 37
Chapple, Charlie, 17, 18, 19
Children's Hospital Medical Center, Boston, 28
Children's Hospital of Philadelphia, 18, 19
Christopherson, Einor, 24
Church of the Heavenly Rest, 4
Churchill, Winston, 13
Civilian Reserve Corp, 18
Columbia College, 1, 3, 8, 14
Columbia College of Physicians & Surgeons, 8
Columbia Presbyterian Medical Center, 8
Cooke, Robert, 21
Cronkhite, Len, 31

—D—

Del Pasco, 25
Diamond, Lou, 22, 30, 32, 33
Dramamine, 19, 20

Drinker, Cecil and Philip, 16

—E—

Eichenwald, Heinz, 32, 33

—F—

Freedman's Hospital, 21, 25

—G—

Gallagher, Ros, 28
Gardner, George, 29, 35
Gellis, Sid, 36
Gench, Peter, 10
Gerald, Park, 30
Goettsch, Elvira, 10
Graef, John, 37, 38

—H—

Haiti, 22, 23
Hammerstein, Oscar, 13
Harvard Institute for Learning in Retirement, 9, 38
Harvard School of Public Health, 16
History of American Pediatrics, 36, 37
History of the Care and Feeding of the Premature Infant, 36, 38
Hogan, Admiral Bartholomew, 18
"Howlin' Mad" Smith, General, 15

—I—

Irish American Paediatric Society, 34, 35, 36

—J—

Janeway, Charlie, 28, 29, 30, 33, 34, 36, 38, 40
Johns Hopkins, 16, 21
Journal of Pediatrics, 27

—K—

Kanner, Leo, 21
Kidney, Bill, 34, 35
Koop, C. Everett "Chick", 18

—L—

Lenox Hill Hospital, 12, 13, 14
Levine, Mel, 37

Livingston, Samuel, 21
Loeb, Robert, 10, 12

—M—

Magnant, George, 25
Manual of Pediatric Therapeutics, 37, 38
Masland, Bob, 29
Mather, Cotton, 37
May, Charley, 27
Mayer, Jean, 38
McDermott, Eugene, 33
McIntosh, Rusty, 10
Medical History Club, 9, 26
medicine and art, 39
Mellon, Larry, 22, 23, 24
Merck, 18
motion sickness, 19, 20, 21

—N—

National Institutes of Health, 22, 25, 28, 34
National Naval Medical Center, 1, 21
Naval Hospital in Philadelphia, 18
NROTC, 14, 17

—P—

Peabody, Francis, 41
Pearl Harbor, 14, 15, 16
pediatric history, 26, 37, 40
Pediatrics, 18, 19, 21, 24, 26, 27, 30, 31, 32, 35, 36, 37
People to People Program, 21

—Q—

Quantico, 15

—R—

Radbill, Samuel X., 26, 37
Rogers, Dick, 13
Ross Laboratories, 37
Rusty McIntosh, 13

—S—

Schweitzer, Albert, 2, 23
scopolamine, 20
Scott, Roland, 21, 26
Seaview Hospital, 11
Section on Military Pediatrics, 24
Sehring, Dewey, 36, 37
Sell, Ken, 25
Silverman, Bill, 38
Smith, Clem, 30, 31, 32, 35
Southwestern Medical School, 32
Squire, J. Bently, 10

—T—

Taussig, Helen, 21
“TEC, Jr.”, 31
Texas Instruments, 33
Tri-Service Research Program, 20

—U—

University of Pennsylvania, 18, 19
Urey, Harold, 3

—V—

Veeder, Borden, 27

—W—

“What’s the Diagnosis”, 35
Whipple, Allen, 10
Wilkins, Lawson, 21
Williamsburg, 17
Wood, Charlie, 10

—Y—

Yorktown, 16, 17

—Z—

Zinkham, Bill, 21

CURRICULUM VITAE

THOMAS E. CONE, JR.

Born: August 15, 1915, Brooklyn, New York

1936 BA, Columbia College, NY, NY
1938 Alpha Omega Alpha
1939 MD, Columbia College of Physicians & Surgeons, NY, NY

1939-1941 Rotating Internship, Lenox Hill Hospital, NY, NY
1941-1963 Medical Corps, U.S. Navy - (Lt. (jg) to Captain)
1941 Harvard School of Public Health
1948-1949 Graduate School of Medicine, University of Pennsylvania
1949-1951 Resident in Pediatrics, U.S. Naval Hospital, Philadelphia, PA
1951 Certified: American Board of Pediatrics
1951-1953 Chief of Pediatrics, U.S. Naval Hospital, Philadelphia, PA
1953 Fellow, American Academy of Pediatrics
1953-1963 Chief of Pediatrics, National Naval Medical Center, Bethesda, MD
1953-1963 Clinical Associate Professor of Pediatrics, Georgetown University School of Medicine, Washington, DC
1953-1956 U.S. Navy Medical Officer in Charge of Tri-Service Motion Sickness Research Team
1953-1963 Senior Attending Physician, The Children's Hospital of the District of Columbia
1955-1963 Pediatric Consultant - Section on Developmental Neurology, National Institute of Neurological Diseases and Blindness of the National Institutes of Health, Bethesda, MD
1958-1963 Senior Attending Physician, Harriet Lane Home, The Johns Hopkins Hospital, Baltimore, MD
1958-1959 Chairman, Section of Military Pediatrics, American Academy of Pediatrics
1959-1963 Lecturer in Pediatrics, The Johns Hopkins University School of Medicine, Baltimore, MD
1960-1964 Chairman, Pediatric History Club, American Academy of Pediatrics
1960-1963 Chairman, Medical Research Committee of the National Naval Medical Center, Bethesda, MD
1962-1965 Member of National Advisory Council of the Institute of Child Health and Human Development, NIH, Bethesda, MD
1963 Retired from the Medical Corps, U.S. Navy
1963-1965 U.S. Navy Representative, Division of Medical Sciences, National Academy of Science
1963-1966 Chief, Ambulatory Services, The Children's Hospital Medical Center,

Boston, MA
 1964-1966 Chief, Medical Out-Patient Service, The Children's Hospital Medical Center, Boston, MA
 1963-1966 Senior Associate in Medicine, The Children's Hospital Medical Center, Boston, MA
 1966-1967 Professor of Pediatrics, University of Texas, Southwestern Medical School, Dallas, TX
 1967-1983 Clinical Professor of Pediatrics, Harvard Medical School
 1967-1990 Chief, Medical Ambulatory Services, Children's Hospital Medical Center, Boston, MA
 1969-1983 Pediatric Consultant - Gorgas Memorial Institute of Tropical and Preventive Medicine, Panama
 1973 Senior Associate in Clinical Genetics, Children's Hospital
 1983 Clinical Professor Pediatrics, Emeritus, Harvard Medical School
 1982- Teacher, Harvard Institute for Learning in Retirement

Memberships:

1938 Alpha Omega Alpha
 1941 American Medical Society
 1945 Mercer County Medical Society, NJ
 1948 American Academy of Pediatrics
 1958 American Association for the History of Medicine
 1961 Irish and American Pediatric Society
 1963 American Pediatric Society
 1963 Benjamin Waterhouse Medical History Society
 1963 New England Pediatric Society
 1963 Ambulatory Pediatric Association
 1967 Texas Pediatric Society
 1969 American College of Sports Medicine
 1970 The Society for the Social History of Medicine (London)
 (Founding Member)
 New York Academy of Sciences

Awards:

1941-1963 Several citations and awards for distinguished performance as a medical officer, U.S. Navy
 1963 Decorated by the Republic of Brazil with the Order of Naval Merit (Officer) for distinguished service to the children of Brazil
 1984 Outstanding Service Award, The American Academy of Pediatrics, Section on Uniformed Services
 1996 Honorary Fellow of Royal Society of Medicine of Ireland

Editorial Positions:

- 1962-1964 Consulting Editor, Medical Annals, District of Columbia
1962-1969 Editorial Board, Clinical Pediatrics
1965-1973 Editor-for-Books, Pediatrics
1958-1970 Abstractor of foreign pediatric articles, Excerpta Medica, Amsterdam
1967-1973 Associate Editor, Pediatrics
1969-1975 Editorial Board, Current Problems in Pediatrics
1972-1982 Editor Board (contributing editor for pediatrics), Postgraduate Medicine
1974-1980 Editorial Board, ER Reports (The Practical Journal for Primary Care Physicians)

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