



ORAL HISTORY PROJECT

Howard A. Pearson, MD

**Interviewed by
Matthew Pearson**

July 9, 2000
Ashford, CT

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PREFACE

Oral history has its roots in the sharing of stories that has occurred throughout the centuries. It is a primary source of historical data, gathering data, spoken memories and personal narrations from living individuals via recorded interviews.

This volume is the written record of one oral history interview. The reader is reminded that this is a transcript of spoken rather than written prose. The use of face-to-face interviews provides a unique opportunity to capture a first-hand 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.

ABOUT THE INTERVIEWER

Matthew A. Pearson

Matthew A. Pearson was a tenth grade-honor student at Eisenhower High School in Yakima, Washington, and a member of Boy Scout Troop 528 in Toppenish, Washington when he conducted this oral history of his grandfather, Dr. Howard A. Pearson, on July 9, 2000. This was a part of his activities for the Family Life merit badge, required to attain the rank of Eagle Scout, which he achieved in October 2001. He currently is an Information Technologist and computer expert in Walla Walla, Washington. The oral history was updated in 2010.

Interview of Howard A. Pearson, MD

My grandson, Matthew A. Pearson, originally conducted this oral history when he was a tenth-grade high school honor student in Yakima, Washington, and a Boy Scout in Toppenish, Washington. He interviewed me at the Hole in the Wall Gang Camp in Ashford, Connecticut in July 2000 as part of the activities for the Family Life merit badge, which is required to attain the rank of Eagle Scout. Matthew became an Eagle Scout later year. In 2014 Matthew's mother and my daughter-in-law, Mary Lou Shefsky, helped to update this document.

Matthew: Dr. Pearson/Grampy, when and where were you born?

DR. PEARSON: I was born in the Panama Canal Zone on November 4, 1929. At that time, the Canal Zone was a quintessential American possession, purely isolated from the country of Panama, a totally socialistic system run by the U.S. government. My father was there as an accountant with the Panama Canal Company, which managed the affairs of the Panama Canal. My family had moved there from Lynn, Massachusetts, probably in the early '20s. My two older brothers were born in Lynn; but my sisters, my youngest brother, and I were born in the Canal Zone. Since the Canal Zone was an American possession, it was officially American soil. So if I really wanted to, I could have become President; but I decided not to.

Harry Oliver Pearson, Sr. was my father. He was born and grew up in Lynn, Massachusetts, a city just north of Boston. He was raised by his mother and a group of maiden aunts. He was apparently something of a juvenile delinquent. When he was 14 or so, this was in the middle of World War I, he ran away and he enlisted in the Army using an assumed name. He picked the name of a crippled buddy, whose name was "Howard." I was named after him.

While he was in an Army camp near Lynn, his mother went looking for him and found him. The sergeant told her, "The war is going to be over in a couple of months. Let the boy stay—it'll make a man of him." The next thing he knew, he was going to the trenches in France, where he was in a number of actions. And you know that in the First World War, soldiers mostly just sat in trenches. Occasionally, they would go over the top and get shot at by the Germans and would run back again if they didn't get killed. He was there and had his 15th birthday in the trenches in France. They used phosgene gas, poison gas, in the First World War; and he was gassed. He said for many years that the reason he had lung disease was because he was

gassed in the war. The four packages of cigarettes he smoked a day most of his life had nothing to do with it!

My father worked as an accountant all of his life. In the mid 1920s, he took an accounting job in the Panama Canal Zone; and the family lived there until 1939. My father was a handsome man. Because he was away from home most of the time while I was growing up, I wasn't very close to him. My best memories of my father were playing cribbage with him. During the summer before college, we had a long cribbage tournament—which (since he can't dispute me) of course, I won!

I should mention what my father Harry did during World War II. We came back to the U.S.A. from the Canal Zone in 1939. As you know, this was just before we entered the Second World War, but Britain was already fighting Germany. For some reason, he decided to go up to Montreal and join the Canadian Army. He became an officer in the Canadian Dental Corps and spent most of the Second World War in Canada. After the war, he got a job in Bellows Falls, Vermont, where he was an accountant at the Moore & Thompson paper mill. He lived there and in Charlestown, New Hampshire, which is just across the Connecticut River from Bellows Falls, until he died of emphysema—due to the gassing in the First World War, to say nothing of the four packs of cigarettes a day.

My mother was named Mabel Augusta Erica Holmgren. She was born to Swedish immigrants. Her father, Eric Holmgren, was a very smart man and an inventor who emigrated from Sweden as a young man. I don't think that he came through Ellis Island but probably came through Boston because there were relatives in Massachusetts. We have very extensive records of the Holmgren family in Sweden. Many of them were clergymen. My grandfather worked for the United Shoe Company in Lynn and is said to have patented several inventions, which were important to shoemaking, Lynn's major industry in those days. When my mother was 16 or 17, her mother died. She had two younger brothers, a younger sister, and a couple of older brothers. As the oldest sister, she was essentially given the tasks of cooking, washing and taking care of the house and the family. She left high school; and one of her great regrets over the years was she never got to be a teacher, which was her great desire.

Matthew: What about your siblings?

DR. PEARSON: There were seven children in my family. My oldest brother was called Junior (Harry, Jr.). He was an opinionated man, but also very smart. He went into the Navy during the Second World War and served in Washington, D.C. and Corpus Christi, Texas. He met and married his wife Martha while he was in the Navy. After the war, he went to college and earned several degrees. He became a teacher and taught in high schools in New Hampshire, New York State and then in Oregon. He had a large family, 5 children, all of them very nice kids. I met most of them at a family reunion at my mother's 85th birthday. He ultimately died of a combination of colon cancer and Alzheimer's disease when he was in his 60s.

My second brother, Buddy (Palmer A.) is still alive and well. He was a skilled, master carpenter for most of his life and lives in a beautiful house he built himself in Lynn. He was in the military during World War II. He was in the Naval Reserve while in high school and was called into active duty in 1941 as a sailor. He was in Pearl Harbor just a few days after the December 7th bombing that pushed the United States into the war. While in Hawaii, Buddy had a recurrence of malaria that he had contracted in Panama as a child; he was discharged from the Navy because of this. Shortly after that, he was drafted into the Army infantry. He became a combat infantryman, attained the rank of sergeant and was shipped to France. Buddy landed on Omaha Beach in Normandy for the famous D-Day invasion (June 6, 1944), where he was wounded in action. He was still in France just before the Battle of the Bulge when he got his second wound and was evacuated. The place where he was stationed just prior to that battle was exactly where the German Panzers went through. He has no doubt that his wound just prior to the Battle of the Bulge saved his life; he feels that he would have been killed, or captured and executed because there were no prisoners taken by the German during that battle. He was left with a damaged right hand; his fingers are still curved under to this day. He received two Purple Heart medals for being wounded in action, as well as a Bronze Star medal for bravery. After recovering from his wounds, Buddy transferred to the Army Air Force and was in pilot training school. But the end of the war was coming, and they disbanded his unit. One of my most indelible memories of that time was when my mother received the telegram from the War Department informing her of Buddy's wounding. In those days, the war was very much in everyone's mind. Families with servicemen put a little flag with a blue star in their front window. Families who had lost a soldier or sailor son had flags with gold stars, and there were many gold stars in our city. The telegrams from the War Department were delivered by a Western Union messenger on a bicycle. I answered when the messenger rang the

doorbell, and of course I knew what the telegram might say. I took the telegram up to my mother, who couldn't bring herself to open it, so I did. "Mom, he's only wounded, he's going to be OK." After the war, Buddy married Gloria Sindoni, and he has 2 daughters and 2 grandsons.

My third sibling was the first girl, (Virginia R. Coughlin). She was largely responsible for cooking and tending us little kids during the War because my mother was often away someplace, and my father and older brothers were in the military. Ginnie died in her fifties of ovarian cancer. She had 3 sons and a number of grandkids.

Next came Ethel (Hussey) who lived her adult life in St. Augustine, Florida, until she passed away in 2011. Ethel had 3 children. Ethel and her husband Cliff (Clifford) devoted an enormous amount of their lives raising and supporting their son Cliffy, who became completely deaf after a bout of meningitis when he was an infant. I admire them greatly for their dedication.

I was next.

Then came Midgie (Helen Ann Nelson). She was called Midgie because she was one of premature twins—the other died—and was very small at birth. She now lives in Charlestown, New Hampshire. Midgie has 3 children.

The seventh and youngest child in my family is my brother Richie (Dr. Richard E.). He was very young when the family returned to the States from Panama in 1939, and he grew up mostly in Charlestown, New Hampshire. He followed me at Dartmouth, later got a PhD in psychology, and is now a retired professor at Syracuse University. He has 3 children.

Matthew: What are your earliest memories?

DR. PEARSON: I have a few memories of my first 9 years in Panama. The Panama Canal Administration Building was on a great big hill surrounded by a steep lawn. In Panama they have only 2 seasons: the wet season when it rains all the time and the dry season when it bakes and bakes for months on end. During the dry season, the grass on the hill was very, very slippery. We used to take husks from the coconut palm trees to use as a sled to slide down. I remember my brothers taking me out into the jungles around the Canal Zone to a swimming hole surrounded by trees full of chattering monkeys. I remember picking and eating mangos. My brothers

had paper routes on an Air Force base called Albrook Field, which was near where we lived. I can remember going into the walk-in refrigerator in the barracks kitchen, and for the first time I felt cold and saw my breath. I remember toilets and drinking fountains that were labeled either “GOLD” or “SILVER.” This was a hangover from the days of the building of the Panama Canal when white employees were paid in gold, and black laborers were paid in silver coins. The Canal Zone was very much an American enclave, and a lot of the people were from the southern U.S. and had some of the southern prejudices of the time.

A long-lasting memory was going to a little friend’s house. The kid had taken 2 huge, black Cuban cigars from his father’s supply. We went outside to smoke them. I couldn’t light mine, and he told me you had to bite off the end. I bit off about half of it and swallowed it. We smoked a little while until I got very sick and started to vomit. I’m sure I had acute nicotine poisoning. I have never really been a smoker, probably as a result of that experience.

Our family car was a big Hudson convertible with running boards that we stood on while delivering newspapers. One time – this was in 1936 or 1937 – my father put a sticker on the front windshield that said, “*Boycott to Stop Japanese Aggression.*” When we came out one morning, the windshield was smashed. There was a lot of anxiety about the resident Japanese, even though most of them were vegetable farmers. A high chain-wire fence with guarded gates separated the Canal Zone and the country, and there was little personal interaction except with Panamanian women who would come into the Zone as maids. I never learned to speak Spanish, even though I was in a place where it could have been done very easily, which I have always regretted.

The Canal Zone was the kind of a socialistic society where government provided everything. I remember the boat ride coming back from Panama. They had a ship, the S.S. Cristobal, which would bring people working in the Canal Zone back to the States every 2 years in the summer for vacations. They thought that working in the tropics thinned your blood, and you had to get back North to get your blood thickened again. I remember being on that boat and being as seasick as a dog. I could never get over being seasick. I would be a wonderful sailor except that I get seasick. I remember going into Port-au-Prince, Haiti. The boat would come into the harbor, and there would be a bunch of little Haitian kids, who swam out to the boat and dived for coins. You’d throw in a penny or a nickel and they’d dive down to get them, put them in their mouth, and come back up and yell for more.

When we got to Massachusetts in 1939, we spent the first summer in a cottage at a resort lake in Wenham called Pleasant Pond. In the fall of 1939, I started school. That winter I saw snow for the first time. I first went to the Aborn School, which was where my mother had gone many years before. In fact, there was a teacher there who had taught my mother. I then went to the Highland School for the sixth grade. Then I went to the Eastern Junior High School for 3 years. Finally, I went to the Lynn English High School, and I graduated in 1947. I guess I was something of a leader in high school, and I did well academically. I was president of my high school class, a member of the National Honor Society, a winner of the Harvard Book Award and that sort of thing.

Matthew: What were the holidays like when you were younger?

DR. PEARSON: One of my favorite memories is Christmas time in the Panama Canal Zone. My parents would go through the Sears & Roebuck catalog and order all of our Christmas presents. These would come in a huge wooden box, shipped down to Panama. For years and years, I thought that Santa Claus was inside that box. Again, when you grow up the first 9 years of your life in the tropics, the concept of a Christmas with ice and snow is not very real, but I can remember my brothers collecting used Christmas trees from the neighborhood to make a big bonfire. I remember decorating Easter eggs at times when I was a little kid.

Recently, my holiday tradition is cooking. I only know how to cook a few things. One is turkey that I cook in a big grille called Old Smokey every Christmas and maybe Thanksgiving and Easter, too. I think that people are getting sick of it. I sometimes cook flaming *Bananas Foster*; I wrote down the recipe during a trip to New Orleans. A couple of times, I singed my eyebrows when I lit the bananas! About the only other thing I cook is “wink-eye” egg sandwiches, using a “secret family recipe” that has been passed down from generation to generation.

I enjoyed reading and academics. At the time my father and brothers were away in the military, my mother was often away, so I was pretty much on my own. I don't think that anyone but me usually read my report cards. In junior high school I was given an old set of the *Book of Knowledge* by one of my relatives, Wendell White. I read that from cover to cover, and I think much of the trivia that I still quote today came from that. I read the books of Richard Halliburton, a 20th century adventurer who swam in the pool of the

Taj Mahal and swam the Panama Canal. I read the poems of Robert Service about the Yukon and can still recite some of them. I was enamored by Edgar Allen Poe's poems and memorized several of them. I composed a bunch of poems, which, when I read them now, are pretty awful. I was something of a singer, particularly before my voice changed. I sang as a boy soprano, a mercenary, in an Episcopalian church choir for 50 cents a week until my voice changed, and then that source of income dried up markedly. Later, I sang tenor in the choir of a Methodist church – again because most of the men were away in the war.

And of course, I was very much involved in Boy Scouts. City kids, I think, like the Scouts because they have a chance to get outdoors and camp and do things that are really not city things. I went up through the ranks and got my Eagle Scout and more than forty merit badges. Again, some of the trivia I quote dates from these merit badges. I was a counselor at Boy Scout summer camp for two or three years in a row. This was a time when all the men were off to war, and the older boys – high school boys – could get jobs in defense plants for a lot of money. Since there were no older boys to be counselors, I became a senior counselor at 13 or 14. I loved my Boy Scout camps, Camp Powow and Camp Nyhan, and carved my first totem poles there. During World War II, when I was 14 years old and in junior high school, the Boy Scouts were recruited to go to Aroostook County in northern Maine to save the potato crop. There was such a manpower shortage that they mobilized the Boy Scouts, and I spent about two months picking potatoes – my contribution to the war effort! It was backbreaking work, and I had to make up my schoolwork when I got back.

Matthew: What kind of a person were you in school?

DR. PEARSON: Well, that's hard to tell. You know, how do you judge yourself? I know I was pretty well liked by most of my classmates, although my circle of close acquaintances did not include the rich kids in the class. We had a high school class of around 500, and I was elected class president.

I thought my education in a public high school was very good. I had some good teachers that I respected. I think the reason I ultimately went into science was my 10th grade biology teacher named Guy Tucker. Guy Tucker was a spectacular teacher of science; he influenced and inspired me. I still remember little songs that he taught to teach us about biology. For example, *The Sad Fate of a Youthful Sponge* sung to the tune of the *Battle Hymn of the Republic*:

**“There was a little blastula no bigger than a germ
Who performed invagination in his mother’s mesoderm,
And soon his nascent cilia with a joy began to squirm
In ecstasy supreme.**

Chorus:

**Oh, the joys of locomotion, down within the depths of ocean,
Oh, to feel the great commotion, within each blastomere.**

**No protozoan e’er can guess the joy that he did feel
As he felt within his mesoderm a growing gastrocoel,
His chromosomes and polar cells at length began to reel
In foolish self content.”**

Chorus.

**But oh, alas for youthful pride as upward he did soar,
He caught the top most spiculi upon his blastopore,
And trying hard to wrest it free his ectoderm he tore,
A great big ugly rent.**

Chorus.

**And now each night his little ghost swims silently around,
And murmurs to the annelids that burrow in the ground.
The hydroids wave their tentacles and shudder at the sound
Of this familiar strain.**

Chorus

Now this was 55 years ago! Guy Tucker could make science fun, and he was the most inspiring teacher in my life. He posted the names of “A” students on a blackboard, and I was pleased to be listed as a “Brainy Biologist!” I did well academically but was never very good in mathematics. I wasn’t an athlete, but I played football and was a letterman in football. Even though I really was only a semi-competent player, I enjoyed the athletic environment and the time with teammates.

Matthew: What did you do during the Depression?

DR. PEARSON: Well, again, we were in the Canal Zone, which didn't really have a Depression because it was entirely federally funded. When we came back to the States at the tail end of the Depression in 1939, we were quite poor. I remember having to stand in line to get free milk that the government was giving to poor families. It was humiliating, and at that point I decided that I was never going to be poor.

Matthew: What were your first jobs?

DR. PEARSON: I had a bunch of jobs. I always worked hard. I can't remember not working from the earliest times. I was a caddy, but I couldn't follow golf balls very well; so I wasn't a very successful caddy. I had a paper route and got up at 5:00 in the morning to deliver papers. That was tough when it was below zero. I remember also that I had a job delivering racing sheets to various bars and restaurants around Lynn. The sheets had all the sport results and racing news, but the major attraction was that they published the daily U.S. Treasury balance. This was a long string of numbers, and the bookies used the last five numbers to bet on – undoubtedly illegally. I had an old clunky, balloon tire, second-hand bike that originally belonged to a cousin, Fred Keach. That bike was very hard to pump – terrible. I would pick up the racing sheets in the center of Lynn at 4:00 or 5:00 in the afternoon and go on a route, which I think must have been at least 15 or 20 miles every night, dropping the racing sheets at bars and restaurants.

On Sunday mornings, I sold newspapers in front the Catholic Church to people as they came out of mass. I worked in a drug store for 25 cents an hour. I worked as an usher in a movie theatre, I was a soda jerk in the mid 1940s (a person who prepared and served sodas and milk shakes at a soda fountain), and I worked for more than a year in a haberdashery store (a men's clothing store).

One of my favorite job stories involved a good friend who graduated from high school with me named Armand Sindoni. Armand is the brother of Gloria, who married my brother Buddy. Armand and I got a Saturday job at Friend's Bakery. Friend's Bakery had a fairly big plant at the time. They made bread 6 days a week, but on Saturdays they didn't; and so the cleaning crew came in on Saturday. The cleaning crew for at least a while was Armand and I. We would go in and scrape up dried dough from the floor and mop the floors and clean the mixing machines. It was pretty boring work. The mixing machines were full of wet, sticky dough, and it wasn't

very long before we began to throw pieces at each other. We also learned that balls of the sticky dough would stick to the ceiling. We would throw them up on the ceiling where they would stick but then gradually separate, strand by strand, and fall – PLOP! One time after Armand threw a ball of dough up, the boss walked in. We were all standing there, and down it came! It didn't hit the boss, but it almost hit him. He said, "You're fired!" So Armand got fired, but for some reason I wasn't.

Matthew: What were your favorite foods when you were young?

DR. PEARSON: Oh, I know the things I didn't like! I hated pea soup! It still makes me almost throw up. My mother would make pea soup with a big fatty ham bone, time and time again, and I'm sure it was healthy – but boy, I hate pea soup! I hated creamed chip beef. We were a big family with not a lot of money, so often our food would be something that would be inexpensive and go a long way but was sometimes not enough. This was probably the reason that I still eat very fast, much to your grandmother's distress.

Matthew: What's the difference between mashed potatoes and pea soup?

DR. PEARSON: Exactly! You can mash potatoes but you can't pee soup! Great Hole in the Wall Gang Camp joke! The good food that I have come to enjoy as an adult, we never had when I was young. Steak and lobster came at a much later time. I liked Wheateena for a breakfast cereal, and I didn't like Ralston. My favorite dry cereal was Rice Krispies, which we didn't often have. Also, there was no fresh milk in Panama, so we used evaporated milk. When we came to the States and had fresh milk regularly, I thought I was in heaven.

I really liked peanut butter. We used to get big vats of peanut butter, and at that time it wasn't homogenized, so the oil would come to the top, and you'd have to mix it up to try to get the oil back in. Of course, when you first got it, it was soft and delicious and would stick to the roof of your mouth. But after a few weeks the oil was all gone, and the peanut butter got crumbly and dry. I love peanut butter. I used to eat it with my finger.

One night during the rainy season in Panama, I heard some whining outside. I went out and there was a big German shepherd dog begging for food. What do you feed a German shepherd? Peanut butter, of course! And

apparently, the dog liked it. We called her Rinty, after Rin Tin Tin, a German shepherd who was rescued from a World War I battlefield. Movies and a television series were made about Rin Tin Tin in the twentieth century, which made the dog famous around the world.

As boats went through the Panama Canal, sometimes pets would escape. This beautiful big shepherd was probably some official's dog. Rinty stayed because she liked peanut butter, and we adopted her. My father had her bred, and she had six or seven puppies. Shortly after she had her puppies, she was hit and killed by a car. It was my first experience with death, and it was very hard.

The smallest of Rinty's puppies was a little black fuzzy thing that we called Teddy. Teddy essentially became my dog from the time we were in Panama almost until I went to college. Teddy was a city dog. He spent most of his adult life in Lynn where he spent much of his time chasing and trying to kill cats. When my family moved up to Vermont, he tried to keep up this habit. The trouble was that instead of cats, there were porcupines and skunks. I remember pulling out porcupine quills from his nose and mouth with pliers. He had a rough time!

Matthew: What was your first date like?

DR. PEARSON: I think I kissed a girl when I was 5 years old. I don't remember the first date. I know that I had very limited money so I couldn't do much. I had a girlfriend, a very intense girlfriend in junior high school, named Dorothy. I had another girlfriend named Dulcie. In high school I had a girlfriend named Angie. And then in the summer of my third year in college, I worked on Cape Cod and met your grandmother (Anne S. Livingston) there; and that was the end of the girlfriends!

Your grandmother and I worked at the Craigville Inn on Cape Cod for two summers. I got the job through the student employment office at Dartmouth. The only requirement was that you couldn't be a smoker. She was a waitress, and I was a houseboy – mopping, cleaning, and making beds. She always says that the first time she saw me, I had a mop in one hand and a pail in the other. She must have thought that I had the right stuff. We were engaged at Christmas time in 1949 and married a year and a half later at the White Church on the Dartmouth campus in Hanover, New Hampshire. We got married during my first year of medical school on a cold wet March day, and we were surrounded by my medical school classmates.

Matthew: What were your favorite vacations?

DR. PEARSON: I really had very few vacations when I was in school. I always worked. I worked in the summers in junior high school as a camp counselor. The summer after I graduated from high school, I worked in the Moore & Thomson paper mill, my father's paper mill, in Bellows Falls, Vermont. After I was accepted at Dartmouth, I had no job that summer, so my father said there was a job that I could do at Moore & Thompson. My parents and 2 younger sibs were living in Bellows Falls at the time. For a while I cleaned and oiled paper machines that were being shipped from Vermont to Palatka, Florida, where they were relocating. When that was over, they assigned me to clean out steam boiler tanks. These were huge tanks that were used to generate steam to make electricity for the plant. The tanks were filled with water from Bellows Falls, which is notoriously very hard. It has a lot of lime in it, which precipitated out as a shell on the inner lining of these tanks. My job was to go down into this big, round, empty iron tank and remove the scale that was as hard as rock. The only way you could get it off was to take a hammer and chisel and chip away. Well, you can imagine that when you are in a closed iron tank and hit a hammer and chisel at full force, it makes a lot of noise! BONG!! I'm sure that I lost my upper register hearing at that point. But it was a job.

Between my first and second year in college, I dug telephone post holes throughout New Hampshire and Vermont. The company I worked for did contract work for the telephone company. Post holes are usually dug using big mechanical diggers that look like giant corkscrews. But these diggers are of no value if they encounter hard gravel or rock. That's where my job came in. We used long shovels to dig holes and would deepen the holes by dynamite blasting. Of course, I knew nothing about dynamite. I would use a long crowbar to make a hole at the bottom, stuff in a stick of dynamite with a blasting cap attached to a long wire and tamp it in with the crowbar before exploding it with a battery. It's a wonder I didn't kill myself. I was paid dollar an hour. In fact, I don't think I got more than a dollar an hour for quite a while.

Matthew: Tell me about some of your other vacations.

DR. PEARSON: I don't think I've had many authentic vacations. During high school, I worked summers, in college I worked summers; in medical school, I spent several summers on active duty in the Navy Reserve.

And you really don't have long vacations during internship, residency, and fellowship. During our years in the Navy, we often drove to Northfield, Massachusetts and to spend a week with your great-grandparents, Edgar and Kathryn Livingston. Well, this meant putting 4 or 5 kids into a station wagon and driving something like 600 miles, but it always seemed longer because of the pit stops. I remember on one trip the kids all had diarrhea. Another time they had the measles. We decided that the best way to make the trip was to get in the car around 6 or 7 o'clock in the evening and drive all night so the kids would sleep. I must confess I used a "pharmacological baby sitter" – I'd give them a little Benadryl to prevent motion sickness. Right? But it would also make them sleepy, which was a dividend.

Most of the roads then were not turnpikes or freeways, and it took a long time. We'd get there at 5 or 6 in the morning. There were landmarks that we would see on the way up. The New Haven tunnel, which is still here, was something the children recognized – we were getting close to our destination. Just south of Hartford there was a restaurant with a big statue of a purple cow by the side of the road – that was also something the kids looked for.

After I got a paying job, we spent several family vacations on Cape Cod, which everyone enjoyed. While we lived in Florida, we rented a cottage on Flagler Beach but had to cut it short because of a hurricane.

Your grandmother will tell you that we rarely have taken vacations unless they were working vacations. We have gone to some wonderful places but often associated with a meeting where our airfare would be paid. There were 3 memorable vacations that your grandmother and I have had together: Tikal in Guatemala, Greece and the Greek Islands, and Egypt. We went to Guatemala as guests of the Central American Pediatric Society. During that visit, we were able to make a side trip to Tikal, a fantastic complex of Mayan ruins way out in the rain forest. We boarded an old World War II vintage cargo plane that was just about falling apart and flew for an hour over unbroken jungle. Then suddenly, white towers appeared. We landed on an unpaved landing strip but were able to spend about 8 hours exploring those amazing ruins – it was terrific. I read a while later that the plane we had flown on had crashed.

Before the meeting in Guatemala, we spent several days in Panama. We had a grand tour of the Canal; your grandmother had a chance to open the gates of the Miraflores Locks to let a ship through. During that trip, I visited the children's hospital in Panama City. The hospital was very crowded and very

hot. There would sometimes be 2 or 3 sick babies in the same crib. Supplies were short, and the few doctors were overworked. Children that we would have admitted to our ICU in New Haven were being sent home! That same afternoon, I visited the pediatric ward of the Canal Zone's Gorgas Hospital, where I was born. The ward was spotless and air-conditioned. The equipment was up-to-date, and there was a large pediatric staff. But there were no patients. This illustrated for me the incredible differences in the care and resources for children between third-world countries and the U.S.

We had a trip to Greece including an authentic cruise of the Greek islands. I was invited by Ross Laboratories to speak in the Mid-East about iron-fortified formulas. As an incentive, they said that they would bring your grandmother over after I was finished and that they would sponsor a cruise of the Greek islands. Going to Athens was spectacular. I had studied architecture in college. Well, I actually didn't study architecture, what I did was show slides for a college architecture course for money. But I listened and learned a lot about Greek architecture. But then to actually be in Athens and look out your hotel window and - there was the Acropolis. It was just spectacular! The cruise was wonderful. I wore a scopolamine patch behind my ear and didn't get seasick. One of the islands we visited was Cos, which was the island where Hippocrates, the father of medicine, lived and taught. There was a square with a big "plane" tree under which he is said to have taught his students. A cutting of that plane tree was planted on the grounds of the National Library of Medicine in Bethesda. The Greek islands were beautiful. We then went to Istanbul, once Constantinople, in Turkey. We saw the Hagia Sophia Cathedral that had been converted to a mosque. Finally, we went to Ephesus where St. Paul had preached and wrote the Bible's book of the Ephesians. There were miles after miles of Roman ruins, and the ruins were spectacular.

Another unforgettable vacation followed our last visit to Saudi Arabia. On our way home we went on a cruise up the Nile (the Nile flows north), starting at Aswan and going to Luxor. We had seen the King Tut treasures in the Egyptian National Museum in Cairo earlier and were thrilled to be able to go down into King Tut's tomb in the Valley of the Kings. This tomb is cut into living rock 200 or 300 feet under the ground. The walls were painted with all sorts of figures and hieroglyphics in gold and very bright colors. I wondered "*How in the world did they get light down there to do these paintings and carvings?*" They couldn't have used torches because they would have suffocated. We were told that they used mirrors to reflect the light down these long passages into the deep tombs in order to do the paintings. The

temples at Luxor are absolutely incredible. So if you ask me about our most memorable vacations, they would be Tikal, the Greek islands, and the cruise up the Nile.

Later I got to go back to Panama as a visiting professor at the Gorgas Hospital where I was born. When I was a year old I got malaria, and my mother told me that I would have died except for 2 Army nurses who “specialized” me. When I returned as a visiting professor, I was given the brass key to the ward where I nearly died when I was a year old.

But we have gone a lot of other places: Puerto Rico, Hawaii, and most of the states in the country. I have visited most of the states, 40 of the 50 states, at least once, and I’ve given my talk about the spleen in most of them. When you’re an expert in something like hematology, you’re invited to speak at a lot of educational meetings. We’ve traveled a lot, but most of the travels were associated with professional meetings or with the American Academy of Pediatrics (AAP) because our airfare and expenses were paid.

Perhaps the most elegant vacations for our family were during my **two** years as Vice President and President of the AAP. We were able to bring most of our kids and a number of grandkids to the annual meetings in San Francisco and Washington, D.C. We had a luxury suite and felt very important.

Matthew: You and some of the family went on 2 Allagash canoe trips. Talk about those trips.

DR. PEARSON: I don’t know how it ever arose. I think your Uncle David (Dr. David E. Pearson) heard about the Allagash from someone and wrote to Maine to get some information about it. What he got was a map that showed the Allagash River and Wilderness Reserve and some general information. So we planned our first Allagash trip with your parents and your Uncles Mark, David and Douglas. David negotiated for canoes with an outfitting firm in Fort Kent, which is about as far north in Maine as you can go – it’s right on the border with Canada. It’s also the start of Route #1, which goes right down the Atlantic Coast to Key West, Florida.

We drove, and it’s a long way to Fort Kent from Connecticut. I think it took us 12 hours or more to drive up there. When we got there at night, we found a campsite the outfitter provided where we could tent the night before. It was miserable—black flies and it was very cold. The next morning we loaded

all of our gear on a truck, left our cars, and the outfitter took us and our canoes down to Chamberlain Lake.

Chamberlain Lake is a huge lake, an enormous lake. We hadn't realized that those kinds of big lakes have big waves. Our canoes were loaded to the gunnels, and I still wonder why we didn't capsize or sink. I was in a canoe with your mother in the middle of Chamberlain Lake when we saw a bullmoose swimming out in the middle. Being big damn fools, we chased it but fortunately didn't catch it; but we got some good pictures. We spent a day or two paddling on Chamberlain Lake until we got to the Chamberlain Dam, which is the start of the Allagash River. The Allagash River, like the Nile, flows north. We met Dorothy Kidney Boone, who was the dam keeper's wife and an author of several books about the Allagash.

We planned the meals so that everyone had to cook for one day. I had got some steaks and strawberries and put them in a cooler with dry ice, so on the fourth or fifth day we ate very well with grilled steaks and strawberry shortcake. Our first Allagash trip was also memorable from a dietary point of view because your mother served bulgur for lunch one day. Bulgur can be enormously laxative, and it hit all of us Pearson males at the same time while we were in the middle of the river. There were looks of panic in each canoe as we paddled very hard for the shore. Your mother was not affected.

A year later we went back for Allagash II. And this time we included Michael Broad, a college friend of David, and my brother Richard with his son, Chris. This was a good one, too. We were experts by then—we knew how to shoot the rapids and everything else. The third Allagash trip was planned for two years later. But just the week before we were due to go, my mother died, and we have never had Allagash III.

Matthew: What was your first car?

DR. PEARSON: We didn't have our first car until we had been married for several years, had 3 children, were in the Navy and we lived in Rockville, near Bethesda and Washington, D.C. I learned to drive when I was in high school, but I didn't own a car until I was 25. Our first car was a used Studebaker, which lasted for a few years and took us on some of the trips to Northfield. One time coming from Northfield back to Rockville, a gasket or hose blew. There was water all over, and the engine began to overheat. We kept adding water to the radiator. I remember joking that we might have to pee in the radiator so we could get home.

My favorite car was one that I bought fourth or fifth hand when I was in the Navy. It was a 1953 Austin A-40. You probably know about the Austin Healey sports car. The A-40 antedated that. This car was spectacular. It was a convertible, and it had leather seats and an all-aluminum body. All the nuts and bolts were solid brass. I drove that car for years and years. I drove it from Bethesda when we went to Gainesville for my first academic job, and I drove it for a few years in Florida after that. There was only one old mechanic in Gainesville who was willing to fix it, and he was very slow. When I finally bought a new car, I asked your father, who was 16 or 17 years old, “Do you want the A-40?” He went down and talked to the old mechanic and asked how long the A-40 would last. The mechanic said, “Well, if you treat it like your father did, it will last as long as you want. But if you hump it, it’ll be gone in a week.” Well, Stephen didn’t want those kinds of wheels, so we junked the Austin A-40. I have always felt badly because I had a great deal of sentiment invested in that car. It would be worth a fortune now, at more than 50 years old. You know, instead of directional signals, it had little lighted arms on the side that would go up and point whether you were turning left or right.

For years I drove your great-grandma Mable’s car, also called “Butterscotch” because of its unusual color. This is a 1973 Nova that she paid cash for in 1973. She was very proud of it. For many years she drove it twice a week from Charlestown to the White River Junction Veterans Administration Hospital, where she worked as a volunteer and got an award for 10,000 hours of service. Just before she died, she was still proud of the car, even though the thing was rusting out from all the salt on Vermont highways in the winter; and she gave it to me. I spent an enormous amount of money getting it fixed – all new steel, everything. It’s a piece of work, just because of its emotional and sentimental value. Cars have never been really important to me. They start, they stop, and it’s more important that they stop than start.

Matthew: What is the first movie you remember seeing?

DR. PEARSON: I was talking to your Uncle David about that the other day. It may have been Shirley Temple in *The Good Ship Lollipop*. When they premiered that movie down in the Canal Zone, my family gave me a picture of Shirley Temple, and I folded it up and kept it in my pocket for a long time. They teased me for years after that that I was in love with Shirley

Temple. It was either *Lollipop* or a movie with Errol Flynn about the fliers in World War I called *Dawn Patrol*. I still remember a song from that movie:

“When a man has a man to guide him, to guide him today
Then he’ll have a friend beside him, beside him always.”

That’s 60 years ago, or maybe more!

Matthew: What’s your favorite movie?

DR. PEARSON: Oh, I like *Hoosiers*, I like *The Bridge on the River Kwai*. Really, I’m not a big movie buff. I periodically look at them and enjoy them. I thought the one we went to in Washington State with you last year was terrific—*Erin Brockovich*. I see a movie perhaps once or twice a year, much to your grandmother’s distress. She’d like to go to movies regularly.

Matthew: What kind of magazines did you read?

DR. PEARSON: I don’t think I was much of a magazine reader, even in college. Sometime along the way I started reading *Time*. I mostly read medical books and journals like *The New England Journal of Medicine* and *Pediatrics*. As your grandmother will tell you, if not obsessed, I have been at least immersed in my profession for a very long period of time.

Matthew: Tell me about Dartmouth College.

DR. PEARSON: There was no tradition in my family of college, but I was a good student and knew that I wanted to go. I had a friend in high school by the name of Stanley Van den Noort. Stanley’s father was a teacher, and Stanley was very smart. One day he asked me, “Where are you going to go to college?” I said, “Stan, I don’t know. Where are you going?” He said, “I’m going to Dartmouth.” I said, “That sounds good.” So I only applied there. He said, “What are you going to major in?” I said, “I don’t know, Stan. What are you majoring in?” He said, “Pre-med.” I said, “That sounds good.” That’s how great decisions are made! Stan and I were roommates for 2 years.

I enjoyed college and did well. The first year’s tuition was \$600, and I got a \$200 scholarship. I didn’t have much money and did a number of jobs. I baby-sat for 25 cents an hour. I worked opening up the college dining room at 6 A.M. for which I got my meals. I was a chemistry/zoology major. I had

some very good professors – I remember Professor “Cheerless” Richardson in chemistry and Professor “Cess” Poole in botany.

My acceptance into Dartmouth Medical School was interesting. At that time, Dartmouth Med School was a 2-year school that you could enter after only 3 years as an undergraduate. I remember interviewing with the dean of Dartmouth Medical School, Dr. Rolfe Christian Syvertsen, during my first week in Hanover. Dr. Sy would interview all of the incoming freshman who had declared for pre-med. On the basis of that interview, he chose his first-year medical school class for 3 years later. It was remarkable. Years later, I began serving on the Admissions Committee at Yale School of Medicine with a huge committee - 70 or 80 people. We would interview more than 800 candidates. We analyzed the MCAT scores and the GPAs and review all sorts of letters of recommendation in order to choose our 100 medical students. In my time, the dean, Rolfe Syvertsen, on the basis of a 15-minute interview, decided who would be his class 3 years hence. And that was it! No MCATs, no letters of recommendation, no grades! And Dr. Sy did all right and most of my classmates have been very successful academicians and physicians! Stan Van den Noort went to Dartmouth Med School, too. He became a neurologist and was dean of the University of California Irvine Medical School. I started Dartmouth Med School in the fall of 1950 and got my A.B. (written in Latin no less, not a B.A. written in English) from Dartmouth in 1951. I graduated magna cum laude and was elected to Phi Beta Kappa.

My medical school class had 24 people; almost all of them were from Dartmouth undergraduate school. I don't think, even in retrospect, that many of our teachers were first rate, with the exception of Dr. Sy and Dr. Harry Savage who had been a general practitioner (GP) in nearby Lebanon, NH. Drs Sy and Savage taught gross anatomy. Physiology was taught by Dr. Jan Nyboer – a.k.a. “Num-Num.” He had done some research as a life insurance doctor, and he spent 3 of our 4 months of physiology teaching us about the electro-impedance plethysmogram and the ballistocardiogram – which he felt were the cutting edge of physiologic research. No one now has ever heard of them. So much for the cutting edge!

We were not too respectful of the medical school faculty with the exception of Drs. Sy and Savage. I was reminded by a classmate, Dr. Giles Hamlin, about a ditty that I had written in med school about some of the faculty: Drs. Jan Nyboer, who taught physiology, Clarence Campbell and Alan Mather, who

taught biochemistry, and Kenneth (Snuffy) Atkins, who taught bacteriology. This was sung to the tune of a bawdy college ballad called *Virgin Sturgeons*.

I hate Campbell, I hate Mather,
I think Nyboer is a tool.
When it comes to Snuffy Atkins,
He is just a plated stool.

Dartmouth Med School had some difficulty with the accrediting boards after I left. It only offered the first 2 years of medical school but had an understanding with Harvard that students could apply and transfer there for the last 2 years. Dartmouth was said to be too small, with a limited base of students and a poor faculty. But judging how its graduates did subsequently, it couldn't have been too bad! About half of my class entered academic medicine. A number became full professors and departmental chairs, and one became a medical school dean. It has since become a full, 4-year school.

In my second year at Dartmouth Med, your father was born. Your grandmother remembers me sitting with him in my lap while I read a bacteriology textbook. We lived in an old Quonset hut. I remember your grandmother washing your father's diapers and hanging them out to dry. Within a few minutes they were frozen into solid sheets. There were no disposable diapers, so your grandmother had to wash them by hand. The dirty diapers were kept in enamel buckets with a lid. After a day or two, the smell of ammonia was overwhelming and almost lifted the lid off.

I then transferred to Harvard Medical School with 20 of my 24 Dartmouth Med School classmates for the last 2 years of medical school. All of us were good friends. We had been Dartmouth undergraduates and were very close in the first two years of medical school. When we transferred to Harvard, there were really some medical giants there. I was especially impressed by Dr. Fuller Albright, who was an endocrinologist at the Mass General. He had advanced Parkinson's Disease, but he was able to communicate with his patients despite hardly being able to talk. I was impressed that his patients loved him. And at the Boston Children's Hospital I met Dr. Louis K. Diamond, who became very important to me later.

We lived in a tiny apartment in Brookline, and I took the bus to class. I really didn't get to know too many of my Harvard Medical Student classmates. Many of them lived in the med school dormitory, Vanderbilt Hall, a huge 6-story octagonal building with a central courtyard. That could

be a pretty wild place. There was a lot of drinking, partying, and periodic riots. There were some legendary riots. One student, who fancied himself a bombardier, would launch paper bags filled with water from the top floor down on anyone walking in the courtyard. Another student shot flaming arrows from his window. Another one shot off a cannon when the spirit moved him.

One riot during my senior year got so out of hand that the Harvard Police were called over from Cambridge. A bonfire was set off on the tennis court in the courtyard. Students were all yelling from their windows and many were running around. Flaming arrows were flying. Water bombs were coming down! The Harvard Police finally grabbed a student and hauled him into the center of the courtyard, and yelled: "Listen, we've got one of yours. If you don't stop right now we're going to take him in." The place fell silent for about 10 seconds. Then a student on the top floor yelled, "Sacrifice Him" and the riot resumed. The next day it was found that the bonfire had damaged the asphalt tennis court, and the school assessed all of the students to repair the damage. Since I lived 7 miles away, I didn't think that was fair – but I think that I paid it.

Our apartment was very small. One time in our tiny kitchen your father, who was a toddler, got a hot water burn and had to be admitted to Children's Hospital. At that time, you could only visit once a week – it was very sad. Obviously, we had no money to pay the hospital bill, so I went to talk to the hospital administrator, a not very nice man named Lendon Snedeker. He told me, "We don't pay our house staff's medical bills, why should I help you?" But I worked out a plan to send the hospital \$5.00 a month until I got a paying job.

There was a great story about Snedeker. A local candy company had given Children's Hospital a bunch of lollipops. Snedeker, the Chief Administrator of that huge hospital, actually sat down and calculated the lollipop per patient per day consumption and decided that so many were being used that the house staff must be eating them. He sent out a notice telling the house staff, "Stop eating lollipops!" The house staff responded, "Hell, if you paid us, we wouldn't have to eat your lollipops!" At that time the house staff at Children's Hospital received little or no pay.

Med school was fine, but we had no money and 2 kids. In fact, your grandmother and I wonder how we ever did it because we had absolutely no regular income for nearly 3 years. None! And yet, we got through it with

very few debts. I gave blood every 2 or 3 months for \$25. The blood bank offered you a glass of orange juice or a shot of bourbon after donating, and I opted for bourbon. I filed X-rays in the cellar of the Peter Bent Brigham hospital for 75 cents an hour. In order to save money, one time I went to the Boston Quincy Market to look for cheap food. There was a great bargain in kidneys, which I knew nothing about but they looked good. I took them home and boiled them. I didn't know that you were supposed to soak them for 24 hours, and our home smelled of urine for weeks.

Two weeks before graduation, I developed lower belly pain. I took the bus to the Peter Bent Brigham Hospital and had my appendix out. Fortunately, I still was covered by Med School insurance. If it had happened two weeks later, I would have been in big trouble.

Matthew: Where did you do your internship?

DR. PEARSON: When I finished medical school at Harvard in 1954, I had to choose where to go next for internship. I really had no choice – we had no money and 2 kids. I chose a Navy internship because the Navy paid a salary. I also wanted a rotating internship, because I hadn't really decided what I wanted to do in medicine. I was lucky enough to get assigned to the U.S. Naval Hospital in Bethesda, Maryland, which is the flagship hospital of the Navy Medical Corps. I went there as an intern, and our on-call schedule for a year was every other night – 36 hours on, 12 hours off, and every other weekend from Friday morning until Monday afternoon. This was a very hard year for your grandmother, who raised the kids virtually single-handed and was still washing diapers. I was so tired on my nights off that I usually fell asleep after dinner. Once during that year, my parents came to Washington and invited us out for a nice dinner. Your grandmother hadn't been out of the house for weeks, and she was a bit stir crazy. We went to my parent's hotel room, and I sat down and promptly went to sleep. My parents felt so sorry for me that they let me sleep, and we never left their room. This was the nearest your grandmother ever came to divorcing me.

During my internship year, I met Dr. Thomas E. Cone, Jr., who was the head of pediatrics at Bethesda Naval Hospital. He was an inspirational man. Largely because of Dr. Cone, I decided to become a pediatrician. I was torn, at least initially, because I liked surgery but realized I was a physical klutz. I liked obstetrics and I delivered something like 130 babies in my 2 months of obstetrics as an intern. Although I liked it, I realized that I'd seen about as many ways that a square head could come through a round hole! I decided it

was no longer very challenging, and I met Dr. Cone at that time. He became one of my most important mentors. I applied for and got a pediatric residency position under Dr. Cone at Bethesda for the next two years.

During my second year of residency, a position for civilian training became available. The Bureau of Medicine was looking for someone to fill this line. They talked to Dr. Cone and then called me, probably because I was nearby, and asked, “Would you like to do a year of training at a civilian institution?” Well, by this time I had more or less decided that I wanted to be a pediatric hematologist. When I was a resident, one of my patients was a little boy who had a pure red cell anemia, so called Diamond Blackfan Syndrome. He needed a blood transfusion every 3 to 4 weeks. There was no effective treatment at the time. I found an article in the British literature by a Dr. Cathie who had treated a patient with adrenocorticotrophic hormone (ACTH), and the patient got better, so I treated my patient with ACTH. I think that mine was the first reported American case that responded to ACTH. (*Pediatrics* 1957; 19:44) He had needed transfusions for 12 months, and suddenly he didn’t need them anymore. I thought that I was really good, and I really liked being able to make diagnoses just by looking at blood and bone marrow smears under the microscope. So I decided to ask for training in pediatric hematology.

Dr. Diamond had been one of my teachers at Harvard and is considered to be the “Father of Pediatric Hematology.” So I called him in Boston. My call was transferred back to Bethesda, because Dr. Diamond was visiting right across the street at the NIH. After we talked a bit, he said, “I’m going to make a few phone calls, but I’ll call you back in a half an hour.” He called back in a half an hour and said I had a position as his fellow. I later found out that during that half hour he called Dorothy Murphy at the Harvard Med School. Dottie was the Dean’s secretary and one of those indispensable people who does everything and knows everyone. Dr. Diamond called her and asked, “What do you think about Pearson?” She apparently answered, “He’s a good guy.” So I got the fellowship because of her.

We went to Boston and spent 13 months living in Natick, MA. This was 30 miles from work at the Boston Children’s Hospital, driving on Route #9, which at the time was a death trap with multiple U-turns. I don’t know how I survived. I decided that I would never again live in a place that took me longer than 15 or 20 minutes to get to work, and I have been true to that. I learned a lot of hematology and even wrote three papers that were published.

After the fellowship in Boston, we returned to Bethesda, and for 4 years I was Assistant Chief to Dr. Cone. I had a chance to do a lot of hematology, including a lot of work with radioactive isotopes.

Matthew: And then you went to Florida?

DR. PEARSON: When I got to the University of Florida College of Medicine in Gainesville in 1962, it was a new school. They had just graduated their first medical school class. The Department of Pediatrics was only 2 or 3 years old. Dr. Richard T. Smith, who was chairman, actually contacted me in Washington through Dr. Diamond and recruited me as their first pediatric hematologist/oncologist. I was actually recruited in a bar at National Airport!

You know, the one thing about starting a new division by yourself is that if anything is accomplished, there's no question who did it because you're the only one. I set up a hematology lab and was very attracted to the large numbers of patients with sickle cell disease. At that time genetics was much simpler than it is now. You could learn a lot by doing pedigree analyses and family studies. I did a lot of genetic studies, and I remember a lot of great stories. We had one child who was a diagnostic puzzle. To make sense of it, we needed to study his father in the worst way, but the father wasn't known. I got a call from the preacher of the church that the child attended who said that the father, of whom the child was a "spitting image," worked over at the paper mill in Palatka. I said, "Do you think I can draw blood on him?" He said, "Why don't you call the company?" So I called the company and spoke to a middle manager. He said, "What do you want the blood for?" I said, "A genetic study." He said, "Well, if he agrees to it, fine; you can come over and do it here." I got the blood, but it didn't answer our genetic question because blood groups showed he was not the father.

Another time we made a field trip up to southern Georgia, again looking for members of a family to study. We drove into this little, miserable town—shacks, abandoned cars and all. As we drove up and down trying to find out where we were going, a police car flagged us down. A big policeman came up to our car – he looked like the cop in Paul Newman's movie *Cool Hand Luke* – sunglasses, an enormous pistol and a scowl – and said, "What are you doing?" "We're looking for this family; we're professors from the medical school in Gainesville. We're looking for this family for a medical study." The cop said, "Gainesville? Huh. Well, what do you want to know?" I said, "We're studying a genetic condition." The cop said, "Do those niggers have

something we should know about?” We said “No, no, no!” But we got our blood anyway.

I remember going out to draw blood from a child who lived in Orange Lake – a very tiny and very poor town that was close to 100% black. I brought your Uncle Mark with me. We went up to this run down shack. The family couldn’t have been nicer and invited us in for a glass of lemonade. There were only 1 or 2 rooms, no glass in the windows, a potbelly stove, holes in the floor and no running water. While we were sitting there, a big pig ran into the house and rooted around. On our way home, I thought that this was a great opportunity to teach Mark about poverty and also how well off we were; so I asked him, “Mark, what do you think about what you saw today?” He answered, “Gee Dad, that was a keen pig.” Some lesson!

Matthew: Tell us the story about doing a bone marrow on a lion.

DR. PEARSON: Well, when I was in Florida, we were always looking for animal models of human diseases. One pediatric faculty member was Dr. Andrew E. Lorincz. Andy was a character in himself and was very interested in a genetic disease called Hurler’s Syndrome, or gargoylism, which is one of the mucopolysaccharidoses. In Florida there’s a genetic disease of cattle that causes a condition called “snorter dwarf,” which is the cow-equivalent of Hurler’s Syndrome. Andy was busy collecting cow pee and analyzing tissues from these cows. I had worked with Andy on his human patients with Hurler’s Syndrome and shown, I think for the first time, that the bone marrow can be used to make a diagnosis because you can see large amounts of the mucopolysaccharide in the bone marrow. We had written up and reported this finding in *Pediatrics* (1964; 34:280). So we decided to study the bone marrows of cows – normal and snorter dwarfs – and made several trips out to the barns. Picture the doctors from the medical school in white coats and low shoes wading into cow manure three feet deep to get to the backsides of huge cows. We noticed that the vets always wore high boots.

One day, Andy got a call from the Jacksonville Zoo saying they thought they had a lion who might have Hurler’s Syndrome because he wasn’t growing well, was snorting instead of roaring, and his bones were curved. They asked Andy to come up to examine him. Andy said, “No, send him down to Gainesville.” So they brought the lion to Gainesville. He said, “Hey, let’s check this animal’s bone marrow for mucopolysaccharides.” When I came into the room, they had the lion on a table. They had given him some sort of

important research. Probably my most significant discovery was the “functional asplenia” of little kids with sickle cell anemia. We knew that as many as 25% of little kids with sickle cell anemia died in the first 5 years of life from severe infections. These infections were just like the ones seen in children whose spleens had been removed surgically. This was a paradox because most little kids with sickle cell anemia have big spleens. One of my old Dartmouth classmates, Dick (Dr. Richard T.) Spencer, was in the nuclear medicine department at Yale. We began to do radioisotope scans of the spleens in sickle cell kids. We found out that although the spleens were big, they didn’t work. So we had discovered the reason for the severe infections in sickle cell children. The paper *Functional Asplenia in Sickle Cell Anemia* was published in the *New England Journal of Medicine* (1969; 281:923) and is considered to be a landmark, classic paper.

Matthew: Was that the “born-again spleen?”

DR. PEARSON: That’s another great story. It was really a side issue. The spleen scans we were using at that time involved giving radioactivity to the children. They were expensive and were kind of a hassle. I began looking for an easier way to study the function of the spleen. I read about a method that could study splenic function just by looking at red blood cells under a special, interference phase contrast microscope. Many of the red cells of people who don’t have a spleen have little surface indentations called “pox or pits.” People with normal spleens have very few or no “pocked” red cells. You can count these pocked red cells and semi-quantitate how well the spleen is working in an easy, non-invasive way.

So I bought the appropriate microscope; and to test it, the first thing I did was to ask one of my hemophilia patients, Salvatore Letterri, for a drop of blood to look at. Sal was an interesting man who had severe hemophilia. He had his spleen removed after an accident had ruptured it when he was a kid and had very nearly died from bleeding. This was long before Factor VIII concentrates were available. I looked at a drop of Sal’s blood under my new microscope and couldn’t see any pocked red cells. I said, “Oh damn, the microscope doesn’t work!” But I followed up on this and studied a bunch of kids who had splenectomies. We showed that about 50% of little kids who have had their spleens removed as an emergency procedure because of traumatic rupture have return of spleen function as indicated by low levels of “pocked red blood cells.” When the spleen is ruptured, spleen cells are spilled into the abdomen, where they become attached to the peritoneum and grow into splenic nodules – so called splenosis. Children who have had

controlled splenectomy for hematologic or oncological indications have high levels of “pocked red blood cells.” I was going to call this phenomenon the “*re-born spleen*.” Your mother and father, who were in New Haven at the time, suggested that since Jimmy Carter was in the White House (during his presidency, there was a lot of talk about “born-again Christians”), calling it “*born-again spleen*” was more appropriate. *The New England Journal of Medicine* (1978; 298:686) published our paper under the title *The Born-again Spleen* without hesitation. They do sometimes have a sense of humor. Sal Letterri died some years later because of transfusion related AIDS and at autopsy had a cluster of little splenules in his abdomen. I got an enormous amount of national publicity, including articles in the *New York Times* as well as *Time Magazine*.

Matthew: Talk about your work in thalassemia. How did that come about?

DR. PEARSON: I saw patients with severe thalassemia major when I was a fellow at Boston Children’s Hospital. The Thalassemia Transfusion Clinic was usually assigned to the low man on the totem pole – me – and was not very interesting. When I got to Florida, there was little thalassemia. In fact, my only 2 cases were a brother and sister, the Pappas children, who had moved down from Marblehead, Massachusetts. But when I went to New Haven, I set up a very large Thalassemia Clinic. It was interesting because we were able to do some good things for them involving chelation treatment to get rid of the huge amounts of iron they get because of their many blood transfusions.

Matthew: Did you meet Dorothy Guiliotis through that work?

DR. PEARSON: Yes, Dottie founded the Connecticut Campaign against Cooley’s Anemia, a community association that supports research, education and services for our patients. Dottie had a sister who died of thalassemia major, and so she has been very motivated. She signed me up at a meeting 40 years ago and has kept me involved since! It has been an interesting group to work with – especially in our work of community screening for thalassemia trait, education and genetic counseling.

We did a lot of screening in Greek churches all over Connecticut and Massachusetts. We have been able to screen more than 5,000 people, mostly Greeks and Italians, for thalassemia trait because we found a method for easily and cheaply screening for this. The red blood cells of people with

thalassemia trait are quite small, and there are now electronic blood cell counters that also measure the red cell size. This gave us a quick and inexpensive test for screening for thalassemia trait.

We wrote this up for *The New England Journal of Medicine* (1973; 288:351). I remember going into a Greek church in New Haven and seeing the old Greek men sitting there playing poker. So I sat down and played cards with them in Greek, and I won a little money – or maybe I lost some!

At any rate, because of our better treatments and the fact that very few new patients with thalassemia major are being born in Connecticut – in part, I think, because of our testing and education – our patients with thalassemia are much older. When I started my Thalassemia Clinic in New Haven in 1968, their average age was 7 years; it's now more than 35 years.

Matthew: Talk a bit about your tenure as Chairman of Pediatrics at Yale.

DR. PEARSON: My predecessor as chairman and the man who recruited me to Yale was Dav Cook (C. Davenport Cook). He was not loved by many of the community pediatricians, and his relationships with some of the faculty could have stood improvement. When the end of his third 4-year term came up in 1972, he was told he wouldn't be reappointed, although three terms as Chairman at Yale is the norm. A Search Committee was set up, but I think the Dean at the time, Dr. Fritz (Fredrick C.) Redlich, had already decided that I should do it; and I'm pretty sure that he persuaded the Search Committee. And so I was appointed Chairman of Pediatrics in 1974. It was an education! The first bad thing I found concerned our departmental reserves. Departments always have to have a reserve to give a little bit of freedom to do things and meet crises. I knew that the Department of Pediatrics had a million-dollar reserve, but the Dean let Dav Cook use all of this to set up an endowed chair. So I started with no reserves.

For all of this, I would say that we did very well for the next 13 years. One of my major goals was to expand our sub-specialty divisions, which had only 1 and 2 persons, into 3- or 4-person divisions so that they would have time to do academic work and research and teaching as well as taking care of patients. I also worked very hard to mend our fences with the private pediatric community. We did a lot for the community docs. There was major town-gown friction before I took over. We took over the pediatric residency program at nearby St. Raphael's Hospital, which at the time had

only foreign medical grads. I thought that it was intolerable to have two levels of pediatric care in a town the size of New Haven, so we put our pediatric residents there. Dr. Bill (William E.) Lattanzi was head of pediatrics at St. Raphael's, and we became very good friends. He once saved my life by administering a Heimlich maneuver after I had choked on a piece of *steak au poivre* in the Old Heidelberg Restaurant in New Haven.

Another close friend in New Haven was Dr. David Hale Clement. Dave was very much a Brahmin and aristocrat in every sense of the word: ritzy prep school, Yale College and a Whiffenpoof, and Harvard Medical School. He was instrumental in getting me to New Haven. When I was first approached for the job at Yale, I knew that Dave Clement, an early trainee of Dr. Diamond, was there doing pediatric hematology part-time as a practitioner. I knew that I would not go into a place and displace a friend. Dave called me in Florida and said, "I'm the strongest advocate for getting you here. We need a full time person." Dr. Norman Siegel came to New Haven as an intern the same year that I arrived. Later, I appointed him as my Associate Chief of Pediatrics. Norm was a pediatric nephrologist who was a superb clinician, researcher and teacher. He was my strong right arm in running the department. Unfortunately, Norm Siegel died of a heart attack a few years ago.

After I had served 12 years as Chairman of Pediatrics, we had a new Dean, Dr. Leon Rosenberg. Lee had been Chairman of the Human Genetics Department; and although our departments had many joint activities, I didn't get along very well with him. Lee was an internist and very invested in basic research. I don't think that he really understood clinical medicine and the many issues that a clinical department has to answer to. I think he felt that clinical departments should make basic research their highest priority – a view I didn't agree with. I believed that the most important functions of a clinical department were to do patient care, teaching and clinical research. So I was not reappointed. Of some interest was the fact that a few years later, Lee Rosenberg, the self-styled academic purist and scientist, almost without notice, took a high-paying job with a pharmaceutical firm. I think I was respected and appreciated by my faculty and the private pediatric community who gave me recurrent kudos and support. I stepped down from the chair in 1987. But as I said before, 3 4-year terms as pediatric chairman was the norm at Yale.

Matthew: Wasn't this when you got involved with Paul Newman and the Hole in the Wall Gang Camp?

DR. PEARSON: In April of 1986, I was visited in my office by a man named A. E. Hotchner, who is a pal of Paul Newman and a partner in his food business. I didn't know Hotchner, and I hadn't read any of his books. He was a biographer of Ernest Hemmingway and a consultant in movies of Hemmingway books. He apparently first met Newman on a set in Hollywood. I thought he was trying to impress me talking about Paul Newman, but I listened to him. He said that Paul wanted to build a camp for children with cancer in Connecticut, and would I help? Why did he come to me? Well, I was the senior blood doctor in Connecticut at the time and chairman of the Department of Pediatrics. Newman had Yale connections. He had gone to the drama school here. I think that he got my name through Dr. Richard Eherencranz, a colleague in my department. Why in Connecticut? Because he lives in Westport, CT. There were only 2 things that were certain: the name would be the Hole in the Wall Gang Camp after the bunch of outlaws in *Butch Cassidy and the Sundance Kid*, Newman's favorite movie, and that the camp would be built yesterday, money be damned! This was the time when I was just finishing my chairmanship in pediatrics, so I figured I would have a lot of time. I'd said that I would help, thinking I'd be mostly a consultant or advisor. I was appointed as medical director. Your grandmother got to meet Paul Newman and confirmed that he really has very blue eyes – raising envy in her friends. Very early in the process, I was able to convince Paul that the mission of the camp should be expanded to include children with sickle cell disease, thalassemia and hemophilia, who are cared for by the same doctors and clinics that serve children with cancer. So the camp became one to serve children with cancer and serious blood diseases.

During the next 18 months, a lot of time was spent on site visits and planning. We found the tract in Ashford, which at the time was totally undeveloped. I suggested the architect, William Beeby who was Dean of the Yale School of Architecture, and worked with him on the layout and design, especially the plan for the Infirmary. Beeby's design is spectacular – as he said, the buildings are a “mélange of American architectural genres.” It is really the Taj Mahal of summer camps.

Newman initially gave about \$10 million from his Newman's Own food company profits for Camp. Construction began in earnest in September 1987. Thirty-eight buildings and all the infrastructure, roads, electricity and sewers, were completed in only 9 months. The bulldozers left the first of June 1988, and the first group of campers came to Camp 2 weeks later. I've

said many times that if this had been a Yale project, 20 years later we would still be conducting feasibility studies. I had an interchange with my old nemesis, Dean Leon Rosenberg. Lee visited camp and said that Paul Newman should give his money to the medical school to support cancer research – then there wouldn't be any need for our camp. Sure!

A kind of an odd and difficult person, Jeffrey Glick, was chosen as the first camp director. He had a PhD in children's recreation and always introduced himself as "Doctor." He felt that he knew everything and was in charge of everything. He was not a nice person. During the winter and spring of 1988, I kept telling him, "You're going to have sick children there. Who is going to take care of them? What is the medical plan?" He kept saying, "Forget it! I've got it all covered; I've got it covered!" The day before Camp was to be opened, I went to Ashford. I brought my sickle cell nurse, Sue Staples (later Johnson) with me. She and I had been doing our own planning for Camp privately during the spring. I asked Jeff, "What's the medical and nursing set up?" He said, "I've got my wife—she's a licensed practical nurse." He apparently didn't know, or didn't care to know, that LPNs can't dispense medicine in the state of Connecticut and really can't work unsupervised and so Sue and I decided to stay for the summer. Jeff was fired after the first summer. Sue spent 12 years at camp. I spent 14 summers at camp as full-time camp Doc. A downside is that your grandmother periodically reminds me that we haven't been to a Boston Symphony Orchestra outdoor concert at Tanglewood, Massachusetts in a very long time.

I never dreamed in 1986 that Camp would become such an important place in my life for such a long time. But we've been able to do some really great things. We set up special sessions for children with congenital HIV/AIDS – which, at the time, was really a pioneer effort. We had special sessions to try to accommodate the huge number of kids with sickle cell disease from New York and New Jersey. Our goal is to serve kids who, because of their disease, its treatment or its complications, can't go to an ordinary camp; and we've had some very sick campers. And to do this, we need to be able to do a lot of things in our infirmary such as blood transfusions, intravenous chemotherapy and antibiotics, and many others. We have a special session for the normal brothers and sisters of our regular campers; these kids understandably sometimes get overlooked because of their sib's illness, and we've let them feel special. We now serve more than 1,000 children each summer and have active programs in the off seasons.

I have received a lot of praise for my work with the Camp. In 1992, Paul Newman said: “What Jefferson, Madison and Washington were to the original States, Howard Pearson is to the Hole in the Wall Gang Camp, plus a generous splash of Spencer Tracy and a hint of Houdini.”

Matthew: Talk a bit about the totem poles.

DR. PEARSON: As I said, Jeff Glick was kind of a strange person, to say the least. He set up programs that had little relationship to the western motif at camp that Newman wanted. So I decided to carve a totem pole to bring a little western flavor. As I told you earlier, I had carved a couple of primitive totem poles when I was a Boy Scout. I carved 9 totem poles during my years at the Hole in the Wall Gang Camp. I’ve learned to be careful when I do something at camp because if you do something once or twice, it becomes a tradition and you have to do it from then on.

The 1988 totem pole was carved from a hickory log. I was helped by George Harakaly, the maintenance manager, who manned a chain saw. I insisted that we should only use traditional tools, so I called it a “Native American Chain Saw.” I did the carving with hand chisels and a wooden mallet. At that time, I thought that the legends of totem poles should be read from the ground up, but I later learned that they should read from the top down. So the 1988 pole is dyslectic. Here is the legend I wrote for the 1988 pole:

THE LEGEND OF THE 1988 TOTEM POLE

In the beginning there were the woods – tall green pine, maple and hemlock.

And there were the waters – blue and dancing under the sun.

But the woods and waters were silent, for nowhere could be heard the voices and laughter of the Children

And the spirit of the great Newmoose came to the woods, and he had a dream and a vision of what might be.

And he built the Hole in the Wall Gang Camp.

And the Children, special brave Children, came to the Camp in ever greater numbers. Living and playing together, they gained a special wisdom about themselves and of each other.

And they left these woods and waters - this Camp – with a soaring spirit of freedom – and a wider vision of their lives and of the future.

For the first 4 or 5 poles, we used logs that were cut when Camp was cleared in 1987. We didn’t know it then, but because they had been lying on the

ground, they were full of worms and termites. We learned that a few years later when they were attacked by woodpeckers, and some were reduced to sawdust by termites. As time went on, I tried to make them whimsical and use symbols of Camp. I got a lot of help from George Harakaly and Rex Champagne, a local craftsman and a true artist. Your grandmother and Sherry Talley, the camp artist, did all of the painting. Paul Newman decided to join in the fun, and painted the butt ends of the poles that went into the ground with creosote. A few years later he said, "I'm going to get you a pole to make another totem pole. What kind do you want?" I said, "Well, I'd like a medium-sized red cedar, just like the Indians use in the Pacific Northwest." So he got me a 40-foot yellow cedar, which is what you make pencils out of, from California. So much for that! The next year I said again, "Just a small red cedar." Then I got three white pines, 70 feet tall, freshly cut from Maine and hauled down here in a truck.

Matthew: Do you have a favorite pole or a favorite figure on one of the poles?

DR. PEARSON: A really neat one is the one that has a turkey on top, because the turkey is still a handsome bird. Also the one topped by a Canada goose. But probably the best one was the next to last one I carved in 1996 and named OLYMPICS. It has a lot of fun symbols of Camp. It has a hot air balloon on top because we have volunteer balloonists who come to Camp each summer, and we put in a figure of Newman waving from the balloon in the basket below. There's a squirrel because we have a lot of squirrels; there's a campfire and the Camp teepees; and a caduceus, the symbol of medicine. Also, there are things that reflect our resident clowns and our theater. There is a pink flamingo because one of the camp clowns, Therese, has an act where she is a pink flamingo. You can see that the flamingo on the totem pole has a woman's (Therese's) legs. And our clown Noodle is represented by her hat and guitar. Wonkie the Wonder Horse is my prop in an act that I do with the clowns on Stage Night, which takes place the last evening of each Camp session.

Matthew: There is a black widow spider on the bottom of that pole that you just described. What does that symbolize?

DR. PEARSON: When I was carving, Sue Johnson's daughter, Sara, came over and said that she wanted to help. So I gave her a black marker, and she drew a blot on the bottom. I made it into a black widow spider with a red hourglass on its stomach for color. That's what the spider symbolizes.

The last totem pole was carved in the summer of 1998 from one of the big pine logs. It was meant to depict all of my experiences at camp over 14 years. It has symbols of many of the friends I have had, and on the bottom is the symbol “OMEGA” to signify that this was my last.

Matthew: Dr. Cone was very interested in the history of medicine. Is that where your interest started?

DR. PEARSON: I think so, but I’ve always had a historical interest. I mentioned that one of my relatives gave me *The Book of Knowledge*, and I read it in junior high. A lot of my historical trivia dates from that time!

Matthew: What have you written in pediatric history?

DR. PEARSON: History is a varsity sport at Yale! Rummaging through the cellar of the medical historical library, I came across a student notebook of Dr. Eli Ives’ lectures given in 1820 on the diseases of children. Ives gave a series of Yale med student lectures from 1813 until 1852, and he held the formal title of Professor of the Diseases of Children at Yale. In the history of American pediatrics, the “Father of Pediatrics” is usually thought to be Dr. Abraham Jacobi who started practice in New York City and had an academic title in pediatrics in the 1860’s. But here was Eli Ives, 50 years before Jacobi, giving a course in pediatrics at Yale. I was able to find 7 or 8 of the Eli Ives’ student’s notes in the Medical Library (*Pediatrics* 1986; 77:680). They’re written in perfect penmanship in little black notebooks. If you compare different students’ notebooks 15 or 20 years apart, the diseases are the same, the treatments are the same, and even the jokes are the same; no changes at all! If you compare what’s written in a medical textbook now with one published 20 years ago, the changes are astounding. This says something about the static nature of medicine in Ives’ time. I wondered how his students were able to copy his lectures in the first person singular, *verbatim*. I think what probably happened was that he would deliver a lecture from his written notes, and then he would leave his notes on a table where students could come and copy them. There were few textbooks at the time; the first American pediatric textbook was published 1826. So the students used their Ives’ notes as a textbook. I like to tell my New York friends that Abraham Jacobi – the so-called “*Father of American Pediatrics*” – was a Johnny-come-lately compared to Eli Ives.

Another of my interesting historical projects involved writing the centennial history of the American Pediatric Society (APS), which was founded in 1888.

Your Uncle David was in New Haven at the time and helped me a lot. I had a great time sifting through the old records and books of the APS. The part I liked best was gathering funny anecdotes about APS members. One of the best involved Dr Waldo Nelson, editor of the *Journal of Pediatrics*, and happened at the 1960 APS meeting in Swampscott, Massachusetts. The New Ocean House was an old, run-down hotel that had greatly overbooked their rooms and there was mass confusion. Early one morning a frantic hotel operator called Dr. Nelson's room and demanded, "Is Helen Taussig (a quite old and dignified woman pediatric cardiologist) in this room?" Without a pause Dr. Nelson said, "That, madam, is a question that no gentleman would answer," and he hung up. Dr. Nelson was my good friend for many years. As I said before, he made me a contributing editor to the *Journal of Pediatrics* very early in my career at the University of Florida. Dr. Nelson always said that he had "discovered" me!

I have continued my pediatric historical interests and have written definitive anniversary histories of the American Board of Pediatrics and the American Academy of Pediatrics, 2 major national pediatric organizations. The AAP book received an award from the American Medical Writers Association.

Matthew: Tell me about Pearson's Syndrome.

DR. PEARSON: In the early 1970s I was referred a Navy dependent from New London, a little girl who had a severe congenital anemia that required regular transfusions. My major hematology finding was morphologic – the appearance of blood cells under the microscope – and I pride myself on being a morphologist. The blood cell precursors in the bone marrow were all peppered with holes—vacuolization of a striking degree. Iron stains of her bone marrow showed "ringed sideroblasts," which are mitochondria laden with iron, a very unusual finding. I followed the child for more than a year and looked for diseases and deficiencies that produce a similar picture and excluded all of them. We treated her empirically with many medications but got no response. She had failure to thrive. We worked her up from a digestive point of view and found that her pancreas wasn't working. Ultimately, she died of metabolic acidosis. If I had been smart enough, I would have realized that mitochondria are important in oxidative metabolism, and that she could have sick mitochondria as indicated by the ringed sideroblasts in her marrow. I could have been the first to describe a disease of the mitochondria. However, diseases of the mitochondria weren't discovered until the early 1990's.

Because no patients like this had been reported, I sent her bone marrow slides to a lot of hematologists, including Dr. Frank A. Oski and others around the country. I got a call from Dr. Laurie (J. Lawrence) Naiman, who at the time was at St. Christopher's Hospital in Philadelphia, saying that he had a child with similar problems. I had the child come to New Haven; I didn't do much except confirm that she had the same constellation of findings. Then while I was a visiting professor in Fort Worth, Texas, I was presented a child with a mysterious anemia; and it was the same thing. Over a period of 10 years I was able to collect 5 or 6 cases. I didn't know its cause, but I knew it was a new syndrome that hadn't been described before and published my cases in the *Journal of Pediatrics* (1979; 95:976). It's the only time I have had color photographs in an article that I published. Dr. Nelson who was *Journal of Pediatrics* editor told me that I had done the *Journal* many services over the years, so he printed the color photomicrographs for nothing.

Ten years later I got a long-distance call from Paris from a French doctor, named Dr. Arnold Munnich. He said they had had several children with the syndrome I had described. Because they had consistent metabolic acidosis, he had worked them up from a mitochondrial point of view because mitochondria are involved in oxidative metabolism. Munnich and his associates found that there were large deletions of the mitochondrial DNA of their patients. Well, it turns out you can get DNA from fixed tissues, so I went to Pathology to get the slides and other material from two of my original cases and sent them to Paris. Munnich analyzed these and found the same kind of deletions of the mitochondrial DNA. (*Genomics* 1991; 10: 502) Dr. Victor McKusick of Johns Hopkins, who publishes a compendium of human genetic disease, gave it the name *Pearson's Marrow Pancreas Syndrome*. It is probably the most common mitochondrial disease and probably is under-diagnosed because most of these patients die early. It's a little sad to have my name attached to a usually fatal disease. Since ringed sideroblasts are iron-laden mitochondria and the metabolic acidosis suggested mitochondrial dysfunction, if I had been a little smarter I could have described the first human mitochondrial disorder.

Matthew: Talk about being the President of the American Academy of Pediatrics.

DR. PEARSON: The whole story of my AAP presidency is somewhat of an anomaly because in 1989 when it all started, I had no thought at all that I would ever do that sort of thing. The AAP is essentially the organization of

the practicing pediatrician rather than the academician. I think that's an over simplification, because the number of academicians who belong to the AAP is proportionately about the same as the private practice community, to say nothing of the contributions of the academic community to AAP councils and committees. In 1988 or 1989 I was visited by Dr. Maurice Wakeman, a private pediatrician in Guilford, not far from New Haven. At the time, Maurice was on the National Nominating Committee of the AAP. He asked me, "Would you object if I submitted your name as a candidate for vice-president elect of the Academy?" I replied, "Why not?" and promptly forgot all about it. I do remember saying to Maurice, "I'm a life-long academic pediatric hematologist. Why do you think that I could speak for the general pediatrician?" He said, "Well, the private pediatricians in New Haven think that you have represented us very well during the past 10 years and would represent us well in the AAP."

As I said, I forgot all about it until, I think it was in August a year later, when Maurice called me and said, "You've got to go to Chicago in 3 weeks." I said, "What for?" He said, "You're scheduled to appear before the AAP National Nominating Committee." So I got on a plane and went. They allotted 45 minutes to each candidate. Someone on the Nominating Committee asked me what I had done for the Academy. I told them that in the 1960s when I was a member of the Committee on Nutrition of the Academy, we prepared a statement on iron. Since I was the only hematologist on the Committee, I was assigned to write it. I wrote a very extensive, long paper on iron nutrition and feeding in infancy. The most important conclusion we came to was that if a mother decides not to breast feed and is going to use a formula, it makes good sense to use an iron-fortified formula to prevent iron deficiency anemia. I listed supporting reasons and data plus a lot of references. Well, the Committee on Nutrition statement and its recommendations were ultimately published in *Pediatrics* (1969; 43:134). It was somewhat controversial, but it really was the major reason that when the national WIC (Women, Infants and Children) program to provide food for poor babies came out in 1972, the government was persuaded by the statement that the standard infant formula given to poor kids should be iron-fortified formula.

And therein lies a tale, because in New Haven, we had seen the near disappearance of significant iron-deficiency anemia in our poor inner city kids. It was the basis of a landmark paper by your father's dear friend and classmate, Dr. Pablo Vazquez-Seoane, a Yale medical student of mine at the time who did his senior thesis with me on the changes in the prevalence of

iron deficiency in New Haven. Pablo and I published a paper in *The New England Journal of Medicine* (1985; 313:1239) pointing out that WIC had essentially eradicated severe iron-deficiency anemia in a high-risk population in New Haven. This finding was later confirmed around the country.

I told the Nominating Committee that I was convinced that the Academy can make statements and recommendations that can have a major impact on pediatric practice. After only 30 of my allotted 45 minutes, the Committee dismissed me. I said to myself, “Well, that’s it! What the heck, you know, nothing ventured, nothing gained.” Twenty-four hours later I got a call from Maurice that I was one of the 2 nominees for Vice-President Elect of the AAP.

Well, the AAP election process is very interesting because you have to go around the country and speak to all of the 9 District meetings during the 6 months between October and election, which at that time was in April. Your grandmother and I traveled all over the country and met a lot of very nice people. It was terrific. I was running against Dr. Kenneth O. Johnson who always referred to himself as “Johnson from Wisconsin.” Ken Johnson is a great guy but his campaign statements and speeches were not very well received. Well, it was no landslide, but I won even though only about a third of AAP members voted!

From then on it was a totally different experience, and it turned out to be a full-time involvement for nearly three years. This was the time that Hillary Clinton’s health plan was being drafted and debated. I spent a lot of time in the AAP Washington office. Jackie [Elizabeth] Noyes, head of the AAP Washington office, assigned Karen Hendricks, one of her new people, to me, and we learned together about government and pediatrics. Karen has remained a dear friend since.

One of my favorite stories about my year as president in 1991 – 1992 happened at the Annual Meeting in Washington, DC, in October 1992. Our keynote speaker was Hillary Clinton. She was scheduled to talk at 9:00 but hadn’t shown up by 9:30. The audience, which had been locked in the room at 8:30 for security reasons, was getting restless. I stood up and said, “Remember from your college days, you waited 5 minutes for an assistant professor, 10 minutes for an associate professor, 15 minutes for a full professor, and for the First Lady...” Everyone got the point and laughed. After her speech, she went down into the audience, shaking hands and greeting people. I don’t know if you remember, but you and your brother

Daniel were in the front row, and you had on badges with your names. The First Lady knelt down and shook your hands and said, “Matthew and Daniel, aren’t you nice to have come so far to see your grandfather.” Some great advance work!

Perhaps the most important thing that I was involved in came up while I was Vice-President. I got a call from a pediatrician in Seattle, Dr. Abraham Bergman. Abe asked me what the Academy’s recommendation on sleep position and Sudden Infant Death Syndrome (SIDS) was. I knew we had nothing official. Abe said, “You know, we in Washington State need some direction from the AAP on this. There are people writing into the Seattle newspapers asking about this. You’ve got to say something.” I knew that if we followed the usual AAP procedures, we would refer it to the Committee on Fetus and Newborn, and that it would be four years before a statement would come out.

I talked to AAP Executive Director Jim [James E.] Strain, a very practical and effective man and asked, “What can we do to get a quick resolution of this?” To be honest, I initially was convinced that there could be nothing to associate babies sleeping on their bellies and SIDS. It didn’t even sound very sensible. Everyone knew that babies are put to sleep on their stomachs to avoid aspiration if they vomit. Right? Every grandmother knows that! Jim said, “Well, we do have a mechanism called the Special Task Force. We can appoint a Task Force with a small number of carefully selected people who have impeccable credentials and give them a charge and a timetable.”

So we did that. We appointed a blue ribbon Task Force: Drs. John G. Brooks a neonatologist from the University of Rochester; John Kattwinkel, a pulmonologist from the University of Virginia; and David Z. Myerberg, an epidemiologist from the University of West Virginia. Dr. Ed (Maurice E.) Keenan, a practitioner from Massachusetts, joined them later. We told them, “You have 3 months to do this.” They reviewed the extensive literature, most of which was in foreign journals, very rapidly and came to a unanimous conclusion that there was strong evidence that putting infants to sleep on their backs could reduce the incidence of SIDS. They wrote their statement, and the Board of Directors approved it.

It was due to be released in April. Well, therein lies a tale, because it turned out that April was also the time of Spring Meeting of the AAP in New York. The same people who were on our Task Force were on a program scheduled a year earlier to discuss SIDS. And so they of course reported the findings of

their Task Force and their recommendations. Being in New York City, this was picked up by the *New York Times*, the *Wall Street Journal*, and about every newspaper in the country. Pediatricians began calling the AAP asking why they hadn't heard about this in advance. They were going into their local hospitals and were being asked by their nurses what they should do with babies in their nurseries. Some of them were very angry and called or wrote to the AAP.

Some of the Board members were really scared and were almost ready to rescind the statement. They called it the "position fiasco." I remember saying, "If you have only 20 or 30 people out a membership of 45,000 writing or calling to object to a controversial initiative, you're doing pretty well. Let's cool it and wait and see what happens." But the controversy delayed the publication of the Task Force recommendation for several months. Two years later, the recommendation of the AAP Task Force was picked up by the CDC (Centers for Disease Control and Prevention) as the "Back to Sleep" campaign; and the rest is history. The incidence of SIDS has dropped 40 to 50% in the United States in the years after the AAP statement. Our early release probably saved about 4,000 babies.

One other accomplishment during my AAP presidency was the setting up of the Academy's historical archives, called the Pediatric History Center. One of our projects is to do oral histories on eminent pediatricians. This has gone very well, and by 2000 we had done about 30 of these. Oral histories are terrific because they flesh out and humanize *curricula vitae* by getting stories and anecdotes about a person's life that aren't recorded anywhere else. I've had the pleasure and honor to take oral histories from Drs. Tom Cone, Gerry Schiebler, Milton Markowitz, Lewis Barness, Audrey Brown, Melvin Jenkins, and [W.] Hardy Hendren [III], and some others.

Matthew: After you finished with the Academy presidency you spent some time in Saudi Arabia.

DR. PEARSON: I had spent considerable time in Kuwait and Saudi Arabia consulting and doing research in sickle cell anemia and thalassemia in the 1980's. In 1992, Joe [Dr. Joseph B.] Warshaw, our pediatric chairman, negotiated a contract with the King Faisal Hospital in Riyadh, Saudi Arabia, to provide consultants and teachers on-site there. I was given the job as coordinator. During the next 2 years, we sent 20 or 30 of our faculty to Riyadh for 1 or 2 months. I spent several months in Riyadh, working with their hematologist/oncologists. The King Faisal Hospital is a

top flight, superbly equipped hospital; and I think we learned as much as we taught. One of the most fantastic things medically in Saudi Arabia is the high rate of first cousin marriages – as many as 40 to 50%! As you can imagine, the rate of genetic abnormalities and diseases is very high.

I learned some things about the Arab mentality. For example, there is a quite high frequency of lymphoma in children in Saudi Arabia. Cases in the U.S. respond well to aggressive chemotherapy that includes high dose cyclophosphamide (Cytosan). When I listened to one of the oncologists explaining the treatment to the fathers (the mothers sat in a corner and never spoke), I noticed that the oncologist listed every possible complication of Cytosan therapy, but never mentioned sterility in the boys, which is nearly inevitable. When I later asked the oncologists why they didn't talk about sterility, they said that if they mentioned this, the father would have immediately taken the patient away – accepting death rather than sterility!

While we were in Saudi Arabia, it was nice having apartments in the city and being able to walk in the streets and shop in the neighborhood stores rather than being sequestered on the hospital campus. Your grandmother came to Riyadh twice and remembers having to wear an abaya, a long, black flowing dress and a shawl over her head. She didn't have to wear a veil but was once accosted by the religious police who yelled at her, "Woman, cover your head." She was a good sport, and I think she enjoyed the experience, even though it was a little unsettling when a bomb went off in an American Army building not too far away. As a result of the contract, our department banked several million dollars, which was used to construct a Pediatric Research Center.

Matthew: Tell me about your children.

DR. PEARSON: We have 5 children. I probably ought to say 6 children, because we raised Jennifer and she has been like a daughter to us.

Your father Stephen James is our oldest. He majored in anthropology at the University of Connecticut. Then he joined the Peace Corps and spent a couple of years in Paraguay, where he met your mother, Mary Lou Shefsky. I remember that when he was down there and saw the plight of the Third World, he wrote to me and said, "I think I can have a greater impact on health as a physician than as a public health person; how can I become a doctor?" I said, "Steve, it's a little hard when you took no pre-med courses." When he came back from the Peace Corps, he married your mother and got

a job with Dr. John B. Robbins, an old friend of mine from Florida who then was at the National Institutes of Health where he did some good research. Steve went to the University of Maryland and took pre-med courses. He applied to med school and was accepted at Yale, and he spent 4 years in New Haven. Your mother got a Master of Public Health from Yale at the same time. He then took his pediatric residency at Children's Hospital in Washington, D.C. I am very proud of your father's decision to go into medicine and into pediatrics. He has remained true to his original reason for going into medicine. He still treats poor, Spanish-speaking patients; but I've told him many times that there are many poor, Spanish-speaking patients who are closer to home than Yakima, Washington. He has 2 sons: Matthew, the interviewer for this oral history who is now a computer and IT expert, and Daniel, who is a student in the MD/PhD program at Harvard.

Our second son, David, had a circuitous route. After high school, he was in the Army at Fort Devens, Massachusetts, for several years. Jennifer was born there. He then went to the University of Massachusetts in Amherst, and he graduated *magna cum laude* in Sociology. He then was admitted to graduate school at Yale and got an MA degree and a PhD in sociology. While there he published an important book on the shooting down of Korean Airline 007. This got a lot of press, and he appeared on several national TV shows. He then was a professor at the University of Texas in Brownsville. He is a fine teacher and has published a second book. He is married to Paloma de Andrés, a Spanish woman from Madrid, and has 2 daughters (Annemarie and Palomita) and a son (Johnny). He currently (in 2014) is Dean of an affiliate college of the San Diego State University in the Imperial Valley of California.

Our third son Mark went to New England College and graduated from the University of Rhode Island. After college, he got a job as an aide in a senatorial campaign in Connecticut. He got bitten by the law bug and went to Law School at Gonzaga University in Spokane, Washington. He returned to New Haven to practice general law, and he is currently in solo practice in New Haven. He married a New Haven girl, Julie Febbraio; and they have 4 kids (Andrew, Alex, Kate, and Sarah), two of whom graduated from college in 2011.

Our daughter Leslie graduated with honors from the University of South Florida in Tampa. She then came back to Connecticut and earned her RN from the Bridgeport Hospital School of Nursing. She then moved back to

Florida. She currently lives in Connecticut and has 4 children (Siobhan, Sile, Damon, and Seanna).

Our youngest son Douglas spent 4 years in the U.S. Air Force. He got to be a sergeant and served for a long time in Del Rio, Texas in airplane maintenance. After the service, he attended the University of West Virginia and graduated with honors and then got a masters degree in communication. He has worked in college recruiting at Sacred Heart University in Bridgeport and at some other higher education institutions.

Jennifer came to live with us when she was six months old. Your grandmother remembers with gratitude that, by this time, disposable diapers were available. Jennifer became obsessed with horses when she was 6 years old. She says, because she learned that dinosaurs were extinct and that you can't ride deer, that she became a horse person. After high school she attended Meredith Manor, a horse college in West Virginia. She has credentials in riding and training. She was an honor student earning a BA, *magna cum laude*, at the University of Connecticut. She then earned a Master of Social Work from University of Denver, and followed that with another Masters degree from Edinburgh University. She is now pursuing a PhD at University of Denver. She hopes to have a career in animal assisted therapy with horses.

Matthew: Talk about some of your friends.

DR. PEARSON: I have only a few people that I can really call close friends. I consider your grandmother to be my longest and best friend and the love of my life. I marvel at how she has tolerated my quirks and my obsession with medicine over the past 50 years and kept her endless patience and good humor.

Among my other close friends is Dr. J. C. Parke of Charlotte, North Carolina, who came to Bethesda as a resident in pediatrics. I had not known many southerners before then, and he was a good guy that I am still in touch with.

When I went to Florida, I met Dr. Gerold L. Schiebler again. Gerry was long-time chairman of pediatrics and has done incredibly important work for children in Florida. We were classmates, although not close friends, in Harvard Medical School. Gerry, when he introduces me always says,

“Howard and I were very close in medical school, 139 and 140 out of a class of 140 - very close!”

Dr. Sorrell Wolfson who was a pediatrician in Tampa came to Gainesville for several years to work in my clinic, and I’ve stayed in touch with Sorrell until his death.

Dr. John B. Robbins was in Gainesville, when I was there. John is just a wonderful person and one of the smartest people I have ever known. He has worked at the NIH for most of his career where he developed the technology that led to the *Haemophilus influenzae* vaccine. I still call John every month or so to share jokes.

Dr. Frank A. Oski, who sadly died not too long ago, followed me as a fellow with Dr. Diamond. Diamond trained something like 40 pediatric hematologists who really populated the field in the United States for a long time. We were all called “Diamond Chips.” Frank served as chairman of pediatrics at Syracuse and Johns Hopkins. Frank had a fantastic sense of humor. He didn’t take himself too seriously and liked to puncture stuffiness. We got along very well over the years.

I have already mentioned Bill Lattanzi, Dave Clement, Norm Siegel and Dottie Guillotis. And of course, I met and admired scores of pediatricians during my years with the AAP.

Matthew: How has pediatrics changed in the course of your career?

DR. PEARSON: I think major changes have occurred in the last 30 years. I’m disturbed by the managed care business where children with complex diseases may have to be seen by doctors who may know very little about the disease before they can be referred to me. I see unfortunate changes in what used to be called “professional courtesy” that bother me. One of the things I have been honored by and appreciated during my career has been to be asked by a physician’s family to take care of their child. I appreciated the pediatricians and obstetricians who cared for my family when I was in medical school and never charged a penny. When I started, you would never, never think of billing; now, you’re expected to. I often didn’t charge patients that I knew couldn’t pay, but got a lot of grief from the billing office.

I'm a little concerned that when I look at some of our medical students today who come from families with a lot of money. Many of these privileged kids have never worked with or really even talked to "common people." They really can't identify with the problems of many of their patients. However, because of the availability of scholarships and loans, disadvantaged and minority students are being admitted in increasing numbers.

I lived in a Golden Age of Pediatrics, I think. There was a time when you could do meaningful research by doing histories, physical exams, family studies and minimal laboratory tests. Now, unless you're cloning, blotting or doing recombinant DNA, you're really out of it, but I discovered things that could never be recognized in a basic science lab. A few years ago, I got a call from Bridgeport about a child who had an acute hemolytic anemia after eating mothballs. This is classic and typical of Glucose-6 Phosphatase Dehydrogenase (G6PD) deficiency. I asked what the level of G6PD was; and they said, "We're sending his DNA to a research lab in California for the gene!" I asked, "Didn't you measure the enzyme?" "No! We're gonna get the GENE!" And so it goes.

My own specialty of pediatric hematology/oncology has changed as lot in the last 30 years. Examining blood and bone marrow under the microscope was the essence of my practice 50 years ago. Now our students and trainees hardly use the microscope; instead, they send blood to the pathology laboratory for flow cytometry analysis. The revolution that has occurred in children's cancer treatment has changed what pediatric hem/oncology doctors do. The very real successes in cancer treatment have been possible because of intensive treatment. But these treatments are complicated and time consuming and have resulted in a far lower priority of the non-malignant blood conditions that have occupied me for more than 50 years.

Matthew: Is there anything else that you'd like to say about your life and career?

DR. PEARSON: As I look back from the perspective of having far more time behind me than ahead of me, I probably spent too much time, including nights and weekends, on my own work and my career rather than my family. I really have no hobbies except an obsession with crossword puzzles. I do at least one crossword a day, and when I finish, I say to myself, "Another day without Alzheimer's!"

I came from a generation that emphasized time commitment and hard work as the essential ingredients for success. I confess that I may have overdone it; but I've accomplished a lot, been to a lot of places, met many wonderful people, and helped thousands of sick children. I can't remember many days when I have gone to work reluctantly. I think that's a pretty good epitaph.

Mary Lou (in 2014):

DR. PEARSON: I passed the torch of Camp Medical Director to Dr. Sharon Space in 2002 but continued serving on Camp Board of Directors until a short time ago. I still enjoy visiting at Camp. In April 2014 during a visit, I talked about the early days of Camp, saw several of the totem poles that had been installed in the Dining Hall, and hopefully inspired the staff members preparing for the summer sessions.

During the past several years, I was very active on the Yale Medical School Admissions Committee. I immensely enjoyed talking to these young people and am very impressed with their intelligence and accomplishments. In the spring of 2014 and at the age of 84, I turned in the key to my Yale office. Now, I continue writing at home. In 2015, my book "Doc's Story---The Hole in the Wall Gang Camp and Its Totem Poles" should be available through the Camp. It was a pleasure writing it with you as my co-author and with Matthew helping with photographs and the design. I am waiting for final feedback from key people on "Histories of Pediatrics in New Haven and the Department of Pediatrics, Yale University School of Medicine and Yale New Haven Children's Hospital." The Newman's Own business and foundation office in Westport has asked my input for including totem pole motifs in their new building. You and I are planning to work with Camp on a "Create a Totem Pole" project so that children at Camp can design, assemble, and paint a miniature totem pole of their own at the Wood Shop and write their own legends. I will continue to do whatever I can for the benefit of the children.

Matthew and Mary Lou:

Thank you, Grampy/Dad!

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CURRICULUM VITAE

Howard A. Pearson, M.D.

ADDRESS

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New Haven, CT 06520

BIRTH

Ancon, Panama Canal Zone, November 4, 1929

EDUCATION

Canal Zone Public Schools, 1934-1939
Lynn, Massachusetts Public Schools, 1939-1947

Dartmouth College, Hanover, New Hampshire,
1947-1951, A.B., Magna Cum Laude, 1951

Dartmouth Medical School, Hanover, New
Hampshire, 1950-1952
Two-year diploma in Medicine, 1952

Harvard Medical School, Boston, Massachusetts,
1952-1954, M.D., 1954

MARRIAGE

Anne S. Livingston, 1951; Children: Stephen,
B.A., M.D., David, B.A., M.A., Ph.D., Mark,
B.A., J.D., Leslie, B.A., R.N., Douglas, B.A.,
M.A., Jennifer, M.H.

POSTDOCTORAL TRAINING

Rotating Internship, U.S. Naval Hospital,
National Naval Medical Center, Bethesda,
Maryland, 1954-1955

Residency in Pediatrics, U.S. Naval Hospital,
National Naval Medical Center,
Bethesda, Maryland, 1955-1957

Research Fellow in Hematology, Children's
Hospital Medical Center, Harvard Medical
School, Boston, Massachusetts, 1957-1958

MILITARY

SERVICE

Medical Corps U.S. Navy, 1954-1962
Discharged with rank of LT CDR.

HOSPITAL AND TEACHING APPOINTMENTS

Clinical Instructor, Pediatrics, Georgetown
University Medical School
Washington, D.C., 1959-1962

Assistant Clinical Professor, Pediatrics,
Howard University School of Medicine,
Washington, D.C., 1959-1962

Assistant Chief, Pediatric Service, Assistant
Head, Clinical Hematology, U.S. Naval
Hospital, National Naval Medical Center,
Bethesda, Maryland, 1958-1962

Assistant Professor, Pediatrics, University of
Florida College of Medicine, 1962-1964

Consultant, Oak Ridge Institute of Nuclear
Studies, 1963-1968

Associate Professor, Pediatrics, University of
Florida College of Medicine, 1964-1966

Professor of Pediatrics, University of Florida
College of Medicine, 1966-1968

Professor of Pediatrics, Yale University
School of Medicine, 1968-
Attending Physician, Yale-New Haven Medical
Center, 1968-

Assistant Chief of Pediatric Service, Yale-New
Haven Hospital, 1968-1974
Chief of Pediatric Service, Yale-New Haven
Hospital, 1974-1987

Chairman, Department of Pediatrics, Yale
University School of Medicine, 1974-1987

Medical Director, Hole In The Wall Gang Camp,
1986-
Executive Director, Hole In The Wall Gang
Camp, 1989-91

President, American Academy of Pediatrics,
1992

MEMBERSHIP IN PROFESSIONAL SOCIETIES

American Federation for Clinical Research,
1957-1970

Diplomate, American Board of Pediatrics,
1959;Recertified, 1980, 1990

Certified, Sub-Board of Pediatric
Hematology/Oncology, 1975;
Recertified, 1990

National Research Council, Division of Medical
Sciences, Representative for Society of
Pediatric Research, 1967-1970

Council, General Clinical Research Center's
Advisory Committee, NIH, 1974-1978

National Board of Medical Examiners
Pediatrics Test Committee, Part II, 1968-1971

American Society of Hematology, 1960-

Society for Pediatric Research, 1960-1975
Council, 1969-1972
Membership Secretary, 1971-1974
Vice President, 1974-1975
Senior Member, 1975-

American Academy of Pediatrics, 1966-
Committee on Nutrition, 1966-1972
Committee on Education, 1977-1982
Connecticut Chapter AAP, 1968-

Southern Society for Pediatric Research,
1964-1968

American Pediatric Society 1969-
Council, 1979-1986
President of Council, 1985-1986

New England Pediatric Society, 1970-

President, 1978-1979

American Board of Pediatrics 1978-

Oral Examiner, 1978-1988

Pediatric Hematology/Oncology Test Committee,
1977-1981

American Society of Pediatric Departmental
Chairman, 1974-87

Chairman, Oversight Committee. National
Prophylactic Penicillin Study II. Study
finished September, 1994.

Chairman, Pediatric History Center Advisory
Committee, American Academy of Pediatrics,
1995.

Alternate District I Chairman, American
Academy of Pediatrics, 1997-

Chairman, American Academy of Pediatrics
Committee on Pediatric History Chairman, DSNB
STOP Program, National Heart, Lung and Blood
Institute, National Institutes of Health

EDITORSHIP

Contributing Editor in Hematology, Journal of
Pediatrics, 1966-1970

Editorial Board, Journal of Pediatrics,
1970-1979

Editorial Board, Pediatric Research, 1970-1976

Editor, Pediatric & Adolescent Medicine
Reports 1996-1999

HONORS AND AWARDS

Phi Beta Kappa, Dartmouth College, 1951

Alpha Omega Alpha, Faculty Membership,
University of Florida, 1965

Honorary Master of Arts, Yale University, 1968

Francis Gilman Blake Award: Awarded by the
Class of 1972, Yale University School of
Medicine, as the most outstanding teacher in
the medical sciences

Dr. Martin Luther King, Jr., Award for outstanding contributions to research in sickle cell anemia. Awarded by the Southern Christian Leadership Conference, Philadelphia, May 31, 1972

Murray Thelin Award for dedicated and successful participation in the battle against hemophilia. Awarded by the Connecticut Chapter of the Hemophilia Foundation, 1975

Liberty Bell Award for distinguished community service. Awarded by the New Haven County Bar Association, October 29, 1992

Annie Blount Storrs Award, for compassionate dedication to the care and comfort of children with cancer. Presented by the Calvary Hospital, Bronx, NY, May, 1996.

T. Stewart Hamilton, M.D., Distinguished Service Award. Presented by the Connecticut Hospital Association, June 20, 1996.

Distinguished Career Award from the American Society of Pediatric Hematology/Oncology for recognition of outstanding service and significant scientific contributions to the understanding and treatment of blood diseases and cancer in children. Presented October 12, 1996.

UNICO National Rizzuto Award, Omni Harbor Hotel, Baltimore, Maryland, August, 1998.

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ORIGINAL ARTICLES

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