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The Reminiscences of

DR. ALAN GREGG

Oral History Research Office

Columbia University

1958

Prefatory Note

In the spring of 1956 Dr. Alan Gregg decided to record his memoirs with the Oral History Research Office as part of a pilot study undertaken into the history of contemporary American Medicine. In the beginning some 250 interview hours were projected. It was felt that such intensive interviews would result not only in a fascinating autobiographical account but also in a vivid history of medicine in most countries of the world during our own time, and above all in a frank history of the division of medical sciences of the Rockefeller Foundation. In all some 17 hours of interviews were held before Dr. Gregg's death last year. The resultant Ms. is but a fragment of what might have been. Dr. Saul Benison who conducted the interviews has edited the Ms with a view to making it a chronological narrative. The memoir lacks the questions which Dr. Benison had put to Dr. Gregg.

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PREFACE

This manuscript is the result of a series of tape-recorded interviews conducted by Saul Benison of the Oral History Research Office with Dr. Alan Gregg during April, May and June, 1956, at the Century Club, New York City.

The manuscript has been carefully edited and is therefore not a verbatim account of the interviews; however, the reader should bear in mind that this is a transcript of the spoken, rather than the written, word.

The manuscript may be read, quoted from and cited* by serious research scholars accredited for purposes of research by Columbia University in such place made available for purposes of research by Columbia University.

No reproduction of this memoir, either in whole or in part, may be made by micro-photo, typewriter, photostat or any other device except by Dr. Gregg's heirs, legal representatives or assigns.

* This does not include those portions on pp. 226 and 227 which have been blocked out according to the instructions of Mrs. Gregg. They will not be available to scholars until January 1, 1978.

My father was a Congregational minister, born in Medford, Massachusetts. My mother was born in Louisville, Kentucky. She went to the New England Conservatory of Music in Boston, and my father met her when he was a theological student at the Andover Theological Seminary. Originally Father was the Congregational minister in Hartford. Later he went out to Colorado Springs, then a town of about ten thousand. It's an interesting fact that he decided to go out to Colorado largely because Hartford, Connecticut, at that time, contained so much malaria that he didn't consider it a fit, healthy place to bring up a family. He certainly didn't go for the money; his top salary in Colorado was three thousand dollars.

Father was a man with one rather peculiar characteristic which is found frequently, I believe, in Scotch stock; namely, he was a man of what I could call corporate loyalties. It is relative to clan behavior and clan thinking and feeling. Anybody for Father who was Scotch Irish, a graduate of Harvard, and a Congregationalist had special access to his sympathy and presumptively Father considered any one of those three groups as all right. He would lend them money without hesitating. Mother gave the contrast to that characteristic by being completely realistic, by being completely practical, completely without corporate loyalties. She wanted the cash on the barrel head and proof when she was shown anything. But Father was an absolute victim of his loyalties, and they were very deep loyalties.

I was the last of seven children, arriving, as I later learned, as something of a mistake. Both Father and Mother wanted to go to Europe, and I used to tease my mother by saying that the enthusiasm she had for travel which was interrupted by my appearance on the scene had some prenatal influence, because I've always enjoyed travel which was doubtless on her mind as something she wasn't getting. There were three boys ahead of me at convenient intervals of five years each, three sisters in between the brothers.

Mother was the manager, and she managed extremely well, because she got all four of the boys to college and one daughter to Radcliffe and, though heavily in debt for a period, stayed solvent.

Raising seven children on a three thousand dollar salary had its aspects of modest expenditure. I think that the thing that illustrates that as well as any was the party that General William J. Palmer, the head of the Denver Rio Grande and Western, and a man of immense wealth, gave for the children of his friends and acquaintances in Colorado Springs. Once a year we were all taken out to his country estate at Glen Eire to what became known as the Palmer Party. To go the Palmer Party meant that one was to walk on polished floors, and while my shoes were not hob nailed, they did have nails in them. The day before the Palmer Party I had to take a file and file down the iron in my shoes so that they wouldn't scratch the floors of the Palmer house. That's complicated, because it means

that I was among those who went to the Palmer Party, but I also went in a condition of spit and polish, plus the concern about what my feet might do to the Palmer floors. That really summarizes it. We were poor as the devil behind the scenes but we got asked to the parties just the same.

I also had, along with that status, the knowledge that I would have to succeed intellectually. There was no doubt about that either. I didn't have a free choice. I wasn't going to stop and be a prominent grocer or something like that. It would have to be somewhere in teaching, learning or one of the professions--that was a set piece.

There was a good library in the house. The poison in that situation, however, was fairly simple and is probably painfully revealing. I had six brothers and sisters who were on my neck supervising my education because Mother was too busy with the general business. I got so sick of being told what I should read that it was almost a guarantee that I would not read a book if it was strongly recommended to me. I can find traces of that even at present--a resentment at having had my reading dictated by my older brothers and sisters. That sounds rather embittered. As a matter of fact, I see now that it was inevitable.

I remember among the book shelves I once discovered Spencer's Fairie Queene. Then the wonderful quality of that book

lay simply in the fact that nobody told me to read it, and I used to read it on Sunday afternoons with real excitement and a real sense of discovery. However, all of the rest of the books were clouded by recommendation. "What? You haven't read that. Well, why don't you get to work and read it?"

During one rather hectic July, my sister, Margery, read aloud to me a good deal, because I got some powder in my eyes on the Fourth of July and had photophobia and couldn't read. I lay there and Margery took me through The Talisman and Ivanhoe. I've looked at them since and just don't understand how I could be interested, but I was.

We had books of reference as well as standard good quality books almost uniformly. I remember we had the Jungle Books and two or three English children's books like Castle Blair. I think that I can perhaps describe the situation that obtained best by saying that absolutely the only time I ever heard my father and mother have a falling out with criticism and resentment (and all that goes with it) was when Father bought a book of reference that Mother didn't consider completely necessary. She berated him for spending money on books. When he came back at her rather annoyed, she fell on him like a ton of bricks. She was a very forceful person. I remember Father's argument quite clearly. "How am I going to be the intellectual leader of my church if I can't buy books?"

Mother's answer was, "It doesn't matter what you think you've got to do. There are two libraries in this town, and we've got to make the grade."

Mother was what one might call ultra-refined. I remember that she objected to Mark Twain as being vulgar. She was the daughter of a young Englishman who came to America to make his fortune. He was, I think, of real ability and quality. He was a Northerner in sympathies in Louisville throughout the Civil War. At the end of the War Lincoln appointed him as Collector of United States Revenue for the State of Kentucky because he was one of the very few honest men who had been a Northern sympathizer. Some of the flavor of life and real ability of my mother she got direct from her father. He, for instance, sent her to Oxford Seminary for Women over on the Ohio side of the river, which was one of the first schools in that part of the country that went in for woman's higher education. Because my mother had musical ability, my grandfather then sent her all the way to Boston to go to the New England Conservatory of Music.

There were a great many taunts for the son of a minister. "Oh, a minister's son! Well, we can't say anything!" And the temptation was to outdo everybody in naughtiness so as to prove that I wasn't outside the fold. In actual fact, being a minister's son gave me a certain social status in that little town that I was completely unaware of when I was a kid. Now, it comes out more in contrast

to other friends of mine who remember a life that wasn't quite as fortunate as that. But the stuff had to be there. You had to deliver the goods.

Long afterwards my mother told me that when I first went to school I delighted the teachers because when the name Michelangelo came up I knew roughly who he was simply from stuff picked up in family conversation. I didn't suppose him to be a leading catcher on the Brooklyn baseball team. We had as strong a contact with Europe in the form of culture and art and refinement and real quality as Mother could possibly manage. The boys did well at Harvard scholastically and that was all she wanted.

I think I must have been somewhat independent because, although my father was a conservative Republican, when the IWW struggles were at their liveliest in Colorado (or very near their liveliest) I slipped out of the house one evening and I went to a labor meeting downtown. I heard both the local people and John D. Rockefeller maligned to a point that one couldn't believe. My introduction to the Rockefeller name was such that would have shocked either father or son in that family because the labor feeling was so intense and so violent. The result was that I was completely puzzled by this formidable difference of interpretation of human behavior.

There was a game that I played as a kid that might have some interest. One of my small boy friends, Dudley McClurg, had a mother

who was very interested in the Mesa Verde Indians, and one of the first in that pioneer society to show that interest in the Indians. His house was filled with various artifacts of the Mesa Verde Indians, and without reasoning it out in so many words, I became perfectly accustomed to the idea that there could be people that you never saw who left artifacts of one kind or another that you could see in quantity. I don't exactly know how the game grew up, but Dudley McClurg and another boy, Eugene Preston, and I played a game consisting of assuming that we were the representatives on earth of imaginary people about eight or nine inches high. Our main occupation was producing the artifacts of civilization of these three imaginary peoples. We never made representations of our people. We only showed each other what they did. It was wonderfully free to the imagination. We would, for example, make stamps of these people. We found that by taking the thread out of Mother's sewing machine we could run sheets of paper up and down in the machine and perforate them perfectly well. After we perforated the stamps we designed them.

My people's name was the Trobens and Eugene Preston's people were the Brogans. I remember that he was furious when he found that Brogan was an actual word and meant a large shoe. Dudley McClurg's people were the Bibits. We'd spend every Saturday, year after year, preoccupied with showing each other the way the Trobens did things as contrasted with the Brogans and Bibits. We had one assumption which

psychologically was perfectly delightful; namely, we'd get biscuit ware, put on a glaze, and then fire them and make them into pottery. If they turned out well, they were typical Troben or Brogan products. If they turned out badly, all we had to say was that this was early Troben or Brogan that had just been discovered. Consequently all failures were covered by a halo of antiquity. It was just as beautiful and as easy for our consciences as it well could be. We never had any failures. They were either early Troben or Brogan or relatively recent Troben or Brogan.

I have a map that I made of Trobania which shows curious similarities to the map of the British Isles because there is an island alongside the mainland which plays the same lefthand relationship that Ireland plays to the British Isles. There was a little bit of an island which was very much like the Island of Man in position, although it had the singular distinction of being the earliest point of origin of the Trobens. This Troben, Brogan, Bibit game covered maps, histories of the country, the creation of royalty and occasional shifts of sovereigns. It covered religious activities and beliefs. The God of my people was Cash and, being completely visual-minded I spelled mine Kash. It didn't occur to me that that was something very much like what some Americans also worshipped. I remember being quite annoyed when Gene Preston teased me by saying, "That's not an awful lot different from what goes on in Colorado Springs."

Religion covered religious techniques, methods of worship, prayers, hymns, anything we saw around us. We'd say, "Now I wonder how the Trobans did this?" I think most of what I know of the useful arts like glass making, paper making, weaving, writing histories, history itself--anything that I know about the ordinary arts, I learned then. I also learned quite early that if I could get to Father's copy of the Encyclopedia Britannica, I could read up on any subject pretty well.

Colorado Springs had a very dry climate, and when we came on the works of Flinders Petrie, the Egyptologist, it was just enchanting because we would mummy a white rat (turn him into a mummy), bury him some place out of town, forget about him a year, and then go and do a Flinders Petrie reconstruction. We discovered from pretty early that we could write pretty clearly with ink on manila paper, give it a bath of hot melted wax, rub off the surplus wax, and have a dead ringer for parchment. We invented languages with figures of any kind to represent different letters. It was good rainy day stuff. Now, I've never seen anybody who had a game just like that. We got refreshment by seeing how the Brogans did it, or how the Bibits did it, and we exchanged ideas all the time. It was wonderful, when we went out on an expedition and discovered one of our parchment records. It was so long ago that we couldn't remember what had been written. It was, as a matter of fact, a praise, eulogy, and something of a biography of this favorite white rat. All I know about cryptography I picked out of the

dictionary and it helped us decipher the hieroglyphics we made up.

I can remember an interesting thing that happened to illustrate the flavor of life in Colorado Springs. The town had been started, I think, in 1870. It was a pioneer country. When I was in the company of my elders and betters, I could frequently hear discussions on "Is El Paso County too big," or "Should the boundaries be changed," or "Where will we have the water supplies," or "Where ought the roads to go?" Much later--in fact, years and years later when I was in Lyons, France, at a dinner party--the conversation of my French hostess and host and friends ran to modern French poets about whom I knew virtually nothing. Consequently I said nothing and listened. I was thinking, "Well, the last time I listened as patiently and as long to conversation that I didn't understand at all was when I used to hear Father and his friends talking about the future of Colorado Springs and where would we put the roads and so on." This is wonderfully different.

At that instant Madame Lepine, my hostess, said, "Dr. Gregg, I'm afraid we're talking about things that don't interest you. Just for fun, I'd like to ask you what were you thinking?"

I said, "Well, I was thinking that the last time I listened so much in the subjective and not participating at all was when I was a boy and used to hear discussions on problems that you, Lyonnais, had settled for you by the Romans in 60 A. D." Whereat there developed among the French at the party the most amusing and interesting

dispute on the question of whether they would like to take the whole countryside around Lyon and do the roads, the bridges, the canals all over again, or whether the Romans after all had done a pretty good job. I say that to illustrate the point that in Colorado there were all these primary questions being settled, and it was the atmosphere, "Sure, we can do what we want. Now what's worth doing?" We had almost no heritage at all to conform to as most of the people in Europe had. We had it to make, and the atmosphere of freedom of choice, but necessity of action, was singularly vivid.

There was in Colorado Springs at that time a characteristic effort. In 1874 a small college was begun. When the town was still in an extremely formative stage, that little college (Colorado College) had to have a preparatory school in order to have enough students to run with. I went to Cutler Academy, as that school was then called, for my secondary education.

The president of Colorado College in those days was a fellow named William F. Slocum, and he had the wit to see that he could get far better personnel in that little college if he made a trip once a year to the Eastern colleges. He usually went to the president of the Eastern college and said, "I haven't got money enough to rob you of some of your good teachers, but if tuberculosis develops in any one of the members of your faculty or the members of their family and they have to go to Colorado Springs, would you kindly

write me their names because I may have a place for them?" He got some exceptionally qualified teachers in that way for that little school. He had a man who certainly would have been headmaster at Phillips Andover. That person had "weak, weak lungs" but because he could live out in Colorado Springs perfectly comfortably, he kept on teaching. He was one of the best teachers I ever had. (I'd almost say, that I ever could have.) His name was Clement Giles.

We had another thing in Colorado Springs that I also think was important, and that was that Colorado Springs was the favored resort for people with tuberculosis. It was known far and wide as a place where lots of people with tuberculosis got well instead of dying. That brought to Colorado Springs a highly selected recruitment of its citizens. If somebody in the family had tuberculosis, it was the reason they came to Colorado Springs. Now if they came to Colorado Springs, it usually meant that they were (1) well informed and (2) fairly well supplied with money because people couldn't take a trip of that dimension unless they did have money. The town therefore had a singularly Eastern and civilized flavor.

We had a very lively intellectual life granted the size of the town, I think mainly because of that curious role of tuberculosis' supplying a selected group who had to live there anyhow and simply loved the idea of being a teacher and still have their health. The

town did that for a living, relatively little else. We were near mining and there were smelters in the adjoining city of Colorado City three miles away. But the smelters were the only industrial element in Colorado Springs and the rest of it was what were called "one lungers". The flavor was one of a pioneer town with much to be done and everything to be arranged, but almost nothing of making of money. Life was singularly healthy, and there was sunlight in quantity.

My mother was a very competent, very thoughtful and very independent minded person, and she handled my education in a way that I've always been grateful for and that I have a great deal of respect for under the circumstances. We didn't have any money for my primary education to supply anything in that direction, and there weren't any very good private schools. As a matter of fact, I went to the public schools. However, Mother was so bored with what President Lowell called the "convoy system of education" (namely, the performance of the classes was at the rate of the slowest boat, not of the fastest), that she compromised on my early education in a very independent and original way. She kept me completely out of school until I was ten years old. By then I was so restless for the company of my contemporaries that when I got to school I was determined to hold my place. I was going to stay or else.

To begin with she put me in the fourth grade. I was desperately unprepared for it, but I was also desperately in earnest. I worked like hell. I don't know of another school year in which I worked more consistently. I had difficulty with spelling for a while. I used to get fifteen on a scale of one hundred, but I worked at it. I never lost courage at all--why, I don't understand, but I never did. I skipped half of the fifth grade and then I skipped half of the sixth grade and landed in the seventh grade where I stayed for the whole time. Then I skipped all of the eighth grade and went into the secondary school at the age of twelve. At any rate, I know that when I got to Harvard I had just passed my seventeenth birthday. What Mother did essentially was whoop up the speed of performance to a point where I kept busy. And I kept very busy. I'd had up to my tenth year for being in pasture and I didn't mind being busy. I got a good physique out of it. I think it was very wise, and, as I say, I'm very grateful for that element in my earlier existence.

My life in Colorado Springs toward my fifteenth and sixteenth year is roughly represented by the hymn that runs, "I'm but a stranger here. Heaven is my home." I knew that in all probability I was going to go to Harvard College and that I was not going to have the rest of my life in Colorado Springs. That knowledge lent a curious flavor to my existence. I knew that the finances of the family were narrow enough so that I would have to help put myself through college

and that I would be on my own from pretty early on. Father told me eventually that he'd give me a college education if I would help some, but that he couldn't help me on the professional education at all. That's what it proved to be.

I regarded Harvard College as probably if not the superior at least the equal of Olympus. I was sure that the people there were going to be everything that was wonderful, agreeable, stimulating.

Harvard College for me, I can now see, was a very curious experience. I was convinced when I arrived that although I couldn't prove to myself that these people that I landed with were demigods, they certainly were different from anything that I had known in Colorado Springs, and I would have to wait for a long while before I saw the magnitude of the excellence of their characters. Now, of course, they weren't gods or even demigods but it took me a long time to find out how to fit in that atmosphere. I did a piece on that for the Harvard Bulletin once, and doing that sharpened my wife to the passionate loyalty the whole family felt for a place they only began to see little by little. When I finally got to Harvard, three of my brothers had already been through the mill. This was the Harvard of the elective system, and my brothers gave me very sensible advice which was, "Don't bother about the consistency of your studies. Go to the best teachers."

I had the pick of a remarkable group of teachers, and I simply went to the best ones there were. There were a lot of them. The English Department had as much as any, but the best ones were also scattered around the lot.

It was the first time I had had exclusively male teachers, and they were very active fellows. I remember I was simply dumbfounded to see a highly competent fellow like Charles Haskins spending his time teaching. He had a course in European History, History I, which was wonderful. The section men weren't anything completely remarkable, though I thank God that I had a fellow named Sheppard in English A (which was the only required course in Harvard), who was sympathetic and encouraging.

I ranged very widely. I went on a little further with Greek, but I didn't take any more Latin in college. I took neither French nor German in college. I got those later. I passed my requirements in French and German to get into college. In geology I just missed Nathaniel Shaler by one year, but I took Geology 4 with William M. Davis.

I've come to make a rather doubtful generalization about geologists. They are men with strong bony faces, not very articulate, but very firm on the ground that they stand on. Davis was not an articulate teacher, but he had an expression on his face when he talked about clines and anti-clines and sedimentary and volcanic structures that seemed to me to be so completely content and so completely solid and indisputable, that I got that flavor out of geology. I'm damn glad that

I took that course because it has made the travels that I've had since much more interesting. When I look out of the window going down through the Pyrenees I know in a certain sense where I am.

The great regret--and this is not of the dimension to crush me at all--was that in entrance to college in my day you had to pass examinations in certain courses so that your total system of values was twenty-six points for entrance. You also had to present the signature of your teacher to the effect that you had had the instruction requisite to enable you to pass the examination. What I regret is quite simply this. Harvard did not allow say two points out of the twenty-six where you hadn't had any teaching but you were just interested enough in a subject that you presented yourself for examination. I would have presented myself in physiography and meteorology which I had read up in because I was genuinely interested. If I had gotten in to college even to the tune of two points out of twenty-six for something which is sometimes called auto-didactic--that is, self-taught--I would have learned at the age of seventeen a lesson which I didn't learn until I was twenty-six. It's a very important lesson: namely, that you can instruct yourself about something, and be competent in it without ever having received instructions given to you by somebody else. That was the one defect from my purposes in the elective system. For the rest of it, it was just perfectly suited to my frame of mind, and the time that I spent figuring out what courses I was going to take was

considerable. I only made what I now regard as one cardinal error and that is that I didn't take biology with William M. Wheeler who would have opened a world to me that I've only come slowly to be able to open myself. I missed him. I am very unhappy that I didn't have that, but it isn't worth mourning over.

In college I deliberately was a C student so that I could cover a lot of ground and fields of interest. I'm glad I did that. I discovered with something approaching aversion the knowledge that in order to get scholarships at Harvard, you had to stay in one field where one course would help you with another course. I remember that Edward I. Hunt, a year ahead of me in college, was very bitter about that. He could pull down the A's easily enough providing he stayed in one field. My feeling was, "Why I didn't come to college to stay in one field so early."

Now, of course, I haven't mentioned a thing that is and was very important. I think that probably thirty percent of what you get out of college you get out of your contemporaries, and my contemporaries were in the writing crowd. In my senior year I was president of the Harvard Lampoon. Louis Williams was my sidekick on it. Jack Reed was one year ahead of me. Bob Benchley was there a year after me with Fred Allen. I remember many years later when I went to Russia for the Rockefeller Foundation the very first hours I was in Moscow I decided that I would go and see Jack's tomb which was right outside the Kremlin, about a hundred years from

Lenin's tomb. I hopped over a low fence and was looking at this black granite tombstone, when a Communist policeman came and shooed me off. I thought, "Well, this is the height of irony," because on occasion when Jack and I were approached by policemen in Cambridge it never occurred to us that someday I would be shooed off looking at his tombstone by a policeman. I think he would have hooted and thumbed his nose at that Communist policeman just as a challenge to authority of any sort.

I don't know that I could illustrate whom I deflated on the Lampoon. I tried to deflate snobbery, but from my present point of vantage I was too near to a snob myself to do a handsome job at it. I've always been interested in words and a lot of my contributions to the Lampoon were plays on words. Some were poor puns and a lot were in Biblical style. But what I got out of it was realizing the scope that the Lampoon offered. You could tackle anything you wanted to and if you could get away with it, well and good. On the Advocate, which was the literary magazine, I confined myself to efforts at verse. I don't think I wrote a single essay. The towers in those days were in the Harvard monthly. Walter Lippmann was the admitted chief of my generation in the way of writing.

I took a course--it wasn't a large course--but it was a very popular, very eclectic and at the same time a very much talked

about course with Copeland. That consisted in doing a long essay every two weeks. You'd then let it lie fallow in Copey's hands for two weeks and then you went to his room and read the thing aloud to him. It was a terrible experience, because by that time it was usually cold, clammy and dead. Copey used to be pretty critical. You sat at a desk, and he'd sit in the corner and listen and make comments which you were to write in with red ink. I didn't have even an idea of what musical language was. My sentences used to be pretty awful and I remember Copey once interrupting me and saying, "This is out-Gregging Gregg! Devil do thy worst!" He preceded this comment by saying, "Cacophonous and rude. Write that out!"

What I got out of that course was just the beginnings of the feeling for clear and forceful writing--the choice of the right word. That's grown slowly with me so that I really appreciate either spoken or written excellent language and apposite words for what one wants to say. I remember George Vincent, who was the president of the Rockefeller Foundation, told me a thing that illustrates this point exactly. He said that he knew of an Oxford don who was asked his opinion of another don whom he disliked intensely and he replied, answering the question of what he thought of this fellow, "What time he can spare from the adornment of his person, he devotes to the neglect of his duties." I just loved that. Because it was so closely packed.

Every word was right and there it was. That's the thing that I picked out traveling around with the fellows on the Advocate and Lampoon. I carefully watched the praise that they gave. When you got on the Advocate you could look through the drawer of things that were being submitted and sometimes by chance find some of your own that hadn't been published yet for very good reasons. The critical judgments of your contemporaries were usually written on the outside of these papers. I remember that Shorty Long, on a poem that I had submitted, wrote out in a very small, but in a very quiet and effective handwriting, much like Tom Eliot's, "I am ill at these numbers." That put a sufficient block on my "numbers" so that they weren't as frequent for a while. The contemporary criticism at Harvard was very lively, and there were some first rate boys there. Tom Eliot was on the Advocate with us. About the best I could do then was either pay attention or in retaliation write parodies of their stuff and put them in the Lampoon.

Coming from Colorado Springs to Boston was a very stimulating and strenuous business. I felt uncouth. I felt like a monkey at an afternoon tea. I seemed to be doing the wrong things consistently. I picked up, not by explicit statement, but by people's behavior, a lot of standards that I tried desperately to follow. Some of them were good standards and some of them were fearfully superficial and trivial. I was pretty largely at sea so far as values went because I had made a very

big transition and I didn't want to remain.

Although I had a good constitution in the sense of surviving illness, I did not have strength and in particular muscular control and agility. I rode like a madman and badly all the way through college. But I didn't have the skill to play the hardy Westerner. I really wasn't. Colorado Springs as a Western town wasn't a Western town, excepting that it was near Cripple Creek and we had a little of the flavor of gold mining. Although I saw cowboys in town many a time, I never lived on a ranch. A great deal of what Owen Wister immortalized or at least made better known was not the kind of thing my family or most of my friends were interested in. They too also lived the West at second hand.

I was a long way from the fons et origo and I payed sharp attention to it. I got to know, partly through my brothers and sisters, the Lowells and Cabots and their views of things. I got to know them well. I went to their families on Sunday for lunch and that sort of thing, and I heard the flavor that they had. To my very slow and very reluctant diillusionment I realized that they didn't have the flame in their hands anymore. They were talking about the Thomas Wentworth Higginsons and the generation that was going fast. Henry Lee Higginson was alive, available, but the Longfellows and the Lowells and so on existed as tribes. They didn't exist as remarkable individuals.

Once Miss Mabel Lyman described somebody as, "I think he was in the class of '87". I knew it was sin. I knew that it was a damn upstart remark, but I was damn certain that there was something in it for me to say, "What college?" She nearly fell over. She sort of smiled, laughed a bit self-consciously and then said, "Why, I suppose that that means that I have always thought of classes as classes in Harvard." She had, and that was, if anything, an understatement. Exactly how I fitted in I don't know. Incidentally, the provincialism of Harvard College was one of the things I did put pretty substantially in the Lampoon.

I have come to the conclusion that I was very slow in development (that I grew very slowly). I'd gone to college pretty young-- just turned seventeen. What in a sense then troubled me was that I was so youthful. I knew it, but I couldn't do anything about it. My life consisted of two things roughly. One was my inner life, which was pretty lively, and an outer life which, compared with some of my contemporaries, had the effect of making me feel pretty damn young and pretty damn immature. I should say that that was modified a little bit in turn by the fact that during the summer vacations, in order to earn some extra money, I taught. I did that by being a tutor in families. It was tremendously stimulating, because I saw the inside family life of four different families, and it was in pretty sharp contrast to what I'd had at home. I saw marital

quarrels. I saw an indifference to standards to be set for children that just appalled me. For instance, I was once at the table of one of the families I tutored in where there were eight kids under thirteen (by the process of bringing in some of their friends and neighbors) where the parents were all drunk three quarters through the meal. I was the only sober person at the table. I'd never seen anything approximating that at home. Talk about comparative literature. I got comparative family life to an extent that made me very mature in some directions and very immature in others.

I used to feel (this isn't a question in my mind any longer of racial generalities) fearfully immature when I compared myself with Carl Binger who was the year ahead of me in college and with Joe Aub who was in my class. I didn't understand why it was that they were so far ahead of me in reading, interests and values. I think I've got the answer now, but it's taken me a long time. It's this. The analogous boys to Walter Lippmann, Carl Binger and Joe Aub are the children of American missionaries in China. These children have the extraordinary task, duty, obligation or circumstance of having to see life through the eyes of two different cultures with quite different values. If you grow up that way seeing life binocularly instead of monocularly, you get mature in some ways pretty early along. I once described that situation to a teacher down at Duke, and he looked almost uncomfortable. He said, "I've never had an explanation. My brother's a missionary in India

and I'm looking after his son and daughter who are just exactly the same age as a son and daughter of mine. Dr. Gregg, the comparison between the two children is one to make me fearful of my children's capacity to earn their livings. These others are so much more thoughtful and so much better prepared. They know the way the Indians think about things and also the way the American missionary thinks about things."

I felt very unhappy about the kind of loneliness that being an uncouth and awkward Westerner brought me. My activity on the college paper was something of a protest against my insignificance in the athletic sense. But still and all I had to decide what I wanted to do. It was my decision, which it wouldn't have been if I had been a football hero, because then I would have been under the coaches completely. I think, as a matter of fact, that I could stop any inordinate interest in football even in a state university by three moves if I were president. Each of these moves would be perfectly harmless but in their summation they would finish football. The moves would be these: First announce that since football is a splendid developer of character as well as brown, it will be an obligatory course of all students attending the university. Let that sink in and then, about two weeks later, announce that in order to encourage-- wonderful motive--those who are doing not very well in football,

marks will be given for performance in football just as they are given in the course. Then let that sink in for two weeks. Then announce that the coaches have been instructed to give most of their time to men who are getting D's and E's in football. That would finish it. They are impeccable reasons and disastrous results.

I still think that my tendency to let the courses take their own pace, although it made going through a little bit harder financially, was a wise move intuitively taken. It seems to me, higher education in my time was very heavily tactical and not at all strategic. The definitions that I have in mind in saying that are, that strategy is the art of knowing when and on what you will engage your strength. After that decision has been made comes the question of tactics which can be defined as the skill, economy and the adroitness in reaching the ends already defined by strategy. Now, I think that college ought to be a time when the strategic issues come forward pretty pointedly. I don't mind it if secondary education is largely teaching in the ways to do things, but what to do, I think, ought to be much more on the horizon than it ordinarily is in college. As I understand the general phenomena of higher education, we have too much tactics. We still have too much of just learning ways and means. We don't have enough freedom deciding just what does amuse you. It's like the German slang phrase, "Ich gerecht". It's a thing

that I have a right to do just because I'm free and I can choose. Well, it seems to me that boys and girls at the college age intuitively feel that something is wrong. They make up for it by student activities where you're not told how to do things. For example, you're certainly not told how to write on a college paper. You write. William A. Nielson once told me that he thought being on any one of the college papers was worth any two courses in English in Harvard College. And I think it was. You have as critics contemporaries whose criticism you care about. There's no mother to guide you. There are no performance tests. You can write about what you please. It's an intimate and searching experience in strategic values.

I've devised a game on pure chance which is both amusing and revealing. Take a group of ten friends who are in their forties and over, and ask them, "Looking back over your life, can you think of any events, persons or books which you now realize were turning points in the business of growing up?" I have deliberately avoided saying "education". It is important just to say the business of growing up. Well, about a third of the people will say, after a little reflection, "No." But you always get, in a group as large as ten, three or four fellows who look at the ceiling and then look at the floor and then they suddenly smile and say, "Why, I never thought of it that way. Yes, I can tell you." You get the most interesting stories on that basis.

For myself, I think the most powerful turning point in college was reading William James and in particular his thoughts on habit. But the dominating event was a thing that happened quite by chance. I was nineteen years old, and was up at a camp that James Putnam, William James and Professor Bowditch maintained in the Adirondacks. Putnam was then professor of psychiatry at Harvard. It was September, 1909, and it was told to kids in the Putnam family, Tracy on one side and Martha on the other (who were contemporaries and friends of mine), that Dr. Jim was going to have three foreign visitors. Sure enough they turned up and a very foreign outfit they were. Their names were Freud, Ferencsi and Jung. They stayed at the camp for a week. After they had left and partly while they were still there, I asked Dr. Putnam who they were, and he out of the sweetness of his heart gave a college sophomore an explanation of Freudian theory. I saw Freud. He was in the flesh. I saw Ferencsi and Jung, but I didn't talk with them hardly at all and certainly not on the subject of their primary interest. That event dovetailed with my life in a very interesting fashion.

I used to, in very sophomoreic form, keep a journal of what I was most interested in and what I wanted to say to myself. I had written out a piece within two weeks or thereabouts of the time that I had met these people, the burden of which was that sex had some curious relationship with accomplishment, especially artistic accomplishment.

The nearest analogy that I could think of was Niagara, in the point that the natural phenomena of a tremendous waterfall with a hell of a lot of energy could be modified by taking some of that water to run turbines and make electricity. I thought that the tremendous brute force of the sex drive could (I didn't know the word sublimated, but I came at it in every conceivable fashion) do things. Well, then came along this fellow who said it did which was a terrific reinforcement. I spent most of my sophomore year in college, taking my courses, but also keeping track of my dreams and seeing what happened, and watching the slips of tongue that people made. Without being analyzed I great deal of the machinery. It was a fearful load, because I couldn't explain it to anybody without their thinking that I was sexually perhaps off the line, but I did a tremendous job of digestion that year, as well as in my junior and senior years. It was a big turning point. However, it was an interest so totally barbarian to most of my contemporaries, and certainly my seniors, that I didn't dare show it. I had an inner life of my own which I didn't share with anybody or practically not at all.

Towards the end of college, although I had known for a long time that I wanted to go into medicine, lots of my friends tried to persuade me to go into writing. I was enthusiastic enough about it. I found the writing crowd at Harvard much more congenial company than anybody in chemistry. As a matter of fact I just skipped biology

because it seemed to me to be so much the flavor of what nowadays we call scientific and that didn't regale me at all. The desire to go into medicine, however, was an old one deeply rooted in my childhood.

I can remember that when I was about ten years old, I had a severe sore throat, and the family doctor in Colorado Springs was called. I noticed immediately my mother's reaction to him was one of respect, intense concern and great punctilio. I remember Dr. Lawrence came with a cigar which Mother allowed him to put on a marble covered table, and Dr. Lawrence listened to my heart by the old direct method. He smelled as nobody I ever smelled before. There was an appalling smell of tobacco. He turned to my mother and said, "Did you hear the curlews last night?" (The curlews used to migrate over Colorado Springs.) She said, "No." "Well," he said, "I was coming home from McCaffrey's--eight pounds and in good condition. Mrs. McCaffrey's doing very well." Turning to me he said, "I heard those curlews, and it was a wonderful sound about three o'clock in the morning." He then reached for his medicine bag, pulled out a bottle of little brownish purple crystals, and asked Mother to get a glass of water, which she did. He put a few of the crystals into the water and the water turned a glorious purple. It was permanganate. He said, "Now, make up some of these, Mrs. Gregg, a half a teaspoon to a pitcher of water, and let him gargle every hour, half hour first and later an hour."

I noticed that he said "let", and that impressed me. There were no categorical orders. It was "let him gargle". After he had gone, I heard Mother say to Father, "I like Dr. Lawrence. You can trust him." I'd never heard Mother make a commendatory remark about much of anybody, but she was all for Dr. Lawrence because he gave her so much confidence. It was almost a denial in terms to think of giving my mother confidence because she had a handsome supply of it, to my mind, all the time. Yet, here was somebody who gave her confidence.

About four days later after I was over my sore throat, I was sitting in a swing that belonged to a neighbor, and it just came on me like that, "I'm going to be a doctor". This was a revelation so intense that, being a minister's son, I thought I ought to talk to God about it. Out in a public swing where anybody could see me kneeling down was not quite the place so I ran up to our bathroom which was the only room in our house that had a key and knelt down under some paraphernalia, my father's back scratcher and an enema outfit, and thanked God for showing me what I was going to be. I was just as sure of that as I could be of anything. I went to college and took the courses that interested me "in preparation" for the medical school. It wasn't a preparation at all, but I was absolutely certain that I wanted to be a doctor. It was a set piece from the age of ten.

To my interest I found from Frank Boyden, who is the headmaster at Deerfield, that it's a characteristic thing nowadays that medicine is

the only career that boys know from very early on. It's bewildering for most of the rest of them. I think that's an interesting fact, and I wish I could probe to my own satisfaction the various motives that boys have for going into medicine. Mine has been, I think, a composite of a sensation of wonder, the wonder of living tissue, a curiosity, plus an element of liking people's affection and respect. I have no competition in me at all. It doesn't amuse me to compete because I can't stand the results most of the time. I know that was the difficulty with athletics. However, you can be nice to people and have them grateful, if they're ill and you're the doctor, in a fashion that passes belief. That's what I really like. I don't think that's the motive for everybody in medicine, just the same as I don't think motives are shared uniformly in any field. I realized getting into medicine was going to be different.

Initially I considered going to Johns Hopkins Medical School very seriously, because the provincialism of Harvard was deep in me (although I hasten to add that I'm a loyal graduate thereof). Although I knew that I had to earn some money to get through medical school and that through friends and acquaintances I could pick up summer jobs in Boston much better than if I went down to Johns Hopkins, I went down just the same.

In the spring vacation of my senior year I left the tutoring job that I had up in New York state and went down to Baltimore. On arrival

at Hopkins I wandered into the Anatomy Building. I saw a very sharp looking person, with very intelligent eyes there in the hall, and he came over to me and said, "Is there anything you're looking for?"

I said, "No."

"Well," he said, "you're looking around."

I said, "I don't mean to bother you with my own affairs but I'm trying to decide what medical school to go to."

This individual was Franklin P. Mall, whom I didn't know from a hole in the wall. He gave me about fifteen minutes of talk about what Johns Hopkins was. I left in a perfect storm. I wanted to sign on so much. I went out into the street and I saw as one of the students at Hopkins a fellow I had been a counselor with up in a YMCA camp in my freshman year. He looked at me with astonishment and said, "Why, Alan Gregg, what the hell are you doing here?"

I said, "Why I'm trying to make up my mind what medical school to go to. I'm going to go to medical school next autumn."

He said, "You come here. You won't make any mistake. We have wonderful professors. In physiology there's Howell. Popey Welch is in pathology. Then there is Thayer in medicine." He was all enthusiastic, and then he added, "All except one son of a bitch."

I said rather guardedly, thinking that it would be a good thing to know early on, "And who is that?"

"He thinks he's our professor of anatomy. His name is Franklin P. Mall. I'll just tell you what he did to us. The first day he met us

in Anatomy, he said, 'Gentlemen, the dissection room will be open from nine in the morning until ten at night except on Saturday afternoon when you ought to go out and get some exercise anyhow. Up until six o'clock there'll always be somebody to get you out of any tangles you get into. I can recommend the three following textbooks, and when you're ready to take the examination, let me know.' Now," said my young friend, "if you can beat that as a son of a bitch of laziness in a professor you're going some."

Well, the whole thing just unfolded at that. I said, "This is a place where I would like to go." However, financially I couldn't manage it and I knew I couldn't get jobs in Baltimore for the summer. So I said, "Any port in a storm I've got to stay where I can make enough money to go." So I went to Harvard. I would have gone gladly to Hopkins. Mall has stayed in my mind as a good example of excellent teaching completely wasted on a badly prepared student mind. This boy I spoke of just missed Franklin Mall by yards and yards and yards. I privately think that Mall's teaching was designed for and appreciated by A-number-one students, but that Mall had an appalling mortality because so many of his students thought, "Well, he must be interested in golf or something. He isn't teaching." This boy, incidentally, was 1908 at Yale and the level of Yale instruction then completely failed to fit him for Johns Hopkins and Mall's instruction.

Mali was remarkable, and he's far nearer to being the core of Hopkins than many people realize.

One of the requirements to get into Harvard medical school was to say that you'd had chemistry and to explain that you had not had zoology, and that was all. It was nothing like the competition nowadays. I think the pre-requisite stuff now is on the whole probably wise. I think it has some very serious limitations because it throws the time of decision nearer to the sophomore year than the senior year because you have to proceed to say, "Well, I've got to have three years of chemistry and I've got to have a year of biology and a year of physics." That's putting it so that you can't decide to go to medical school at long last which again is tantamount to saying you've got to be a little precocious. We gave a tremendous reward to precocity although as part of our course in biology we take it as a complete fact that man among the animals is distinguished and has reason to be damn glad of the fact that he has a long period of childhood and adolescence. Speaking in terms of pure zoology, the only reason we can have education is because this long period exists in which we can teach. We proudly say, "Yes, the reason a man can transmit a culture is that he has a long period of preparation for it." Then we turn right around and we give admission to the medical schools to those who are precocious in preference to those who are a long way from being precocious.

When I arrived at the Harvard Medical School it was in a transitional stage of moving from a status where it was almost entirely a local institution into being part and parcel of the then rather bewildered but slowly growing medical climate of the United States. To put it somewhat too sarcastically, a Boston birth certificate was no longer one of the requirements for a professorship. Harvard was just slipping out of that.

In order to get a very good clinician at the Massachusetts General, Richard Cabot, who was the obvious inheritor and heir apparent, after Fred Shattuck, gave out word that he'd get out of the way if they could get a good man from somewhere else. They got David Edsall. That, under terms of the then prevailing morals, was a very handsome thing for Cabot to have done. I think it was somewhat less handsome in a way because Cabot was preoccupied with purely moralistic questions. He later became professor of social morality, or something fantastic like that at Harvard, quite apart from medicine. As a matter of fact, later he offered me a position as his assistant which at the time was a guarantee of an established position in Boston. I wasn't interested in it because I'd gotten interested in preventive medicine, but Richard Cabot did a very decent thing in getting out of the way. As soon as Edsall came, the solid Boston front began to waver a little. Cushing was put in at the Brigham--or better to say, the Brigham was created. It was the first real rivalry that

Massachusetts General ever had. Christian had already been brought in to the Brigham from Johns Hopkins, as a professor of medicine. The combination of Christian from Hopkins, Cushing from Hopkins and Edsall from Philadelphia via Washington University at Saint Louis tipped the scales and Harvard became an interstate rather than a one-state institution. It fell in with President Elliot's educational ideas.

By 1909 Elliot was convinced that Harvard University had no future at all as a regional institution and that its only future lay in its being above questions of region, and being a quality job and a national university in the sense of support from everywhere. In Edsall's regime that became the fact for the Harvard Medical School and still remains so. I think that Edsall was a good deal more of the architect of the medical school as it stands today than most people realize. I remember that once he asked me, "Do you think I ought to keep on my position at the Massachusetts General Hospital in clinical work or give myself entirely to the dean's job at Harvard Medical School?" I was dumbfounded when he asked me because given my age I didn't think it was any of my business. I know what he was doing now. He was trying to sample the opinion of the younger generation.

I said, "I think the latter is the thing to do."

He made no comment, but he'd gotten his sample and that was that.

I came in to the Harvard Medical School with this Colorado taint and so I saw the scene a little bit from the grandstand in the sense of not being committed to a desire to live in Boston forever and forever, and knowing that probably it was going to be in other fields than Boston that my future was going to be thrown. I could look in and the more I saw of the Medical School the surer I was that exogamy was what was needed. I'd cheer every time that they brought in an outsider. The school went up just like that in quality. It was a fantastic change.

I used to make my contemporaries mad as hell by saying, "Look, the Boston Red Sox don't require a birth certificate as admission for employment. They're looking for baseball players. Why can't we draw a moral from a very unlikely place?" We should have and to a certain extent we actually did. But in the beginning Harvard was not like Hopkins. Osler, Welch and Halstead built up in Hopkins a tradition of excellence, of knowing its features fairly well, knowing its food fairly well, of knowing the animal called excellence. That has since survived some very unfortunate appointments. (It is interesting that that spirit of excellence still can be evoked in Hopkins, and I think that Barry Woods can evoke it.)

At the Harvard Medical School I had Johnny Warren and Robert N. Green, his assistant, in anatomy, Breemer and Councilman in pathology, Cannon in physiology, and old Folin in bio-chemistry. Those five were easily the top. Physiology interested me partly because of Cannon's quality, and partly because anatomy being so largely taught at that time as spacial relationships didn't amuse or interest me immensely. Johnny Warren was a rather painful piece, in my opinion, of nepotism. He belonged to the Warren family and there wasn't anything much better to do than to make him professor of anatomy. He was a very second rate mind.

Dr. Breemer had more of an interest in the student. Once he asked me if I'd like to help him with a little piece of research. I was so flattered and delighted that I said I would. As a result Breemer set me to making a reconstruction of a rabbit placenta. I did it only reasonably well, but the relationship which Breemer maintained with me was very stimulating. I also had Councilman in pathology. Councilman was the son of a Maryland farmer and the key to his interest and character was that of a biologist, better to say a natural historian. The distinction between an experimentalist and a natural historian is that the natural historian observes and records the uniformities of behavior. He never tries to interfere with an experiment to see what will happen. Councy was much more of a natural historian than an experimentalist. He was rather conscious of the fact that when he left Johns

Hopkins to come to Boston he was leaving Mecca. He married a capable Bostonian who changed his point of view a bit but not very much. The thing that took Councy's measure I think was the ability of Dr. Mallory in the same department. There was a bitter quarrel between the two, the inside of which I never knew, but I knew it was on. Councy was the kind of a person who was so emotional that he was far from being above trivial and nasty things that he'd say or do, and Harvard pathology just went on the rocks. He was on the other hand a perfectly charming character and picturesque figure. He loved teaching and did it pretty well. He loved the natural historian approach, but was, however, so narrow and small minded on certain subjects relating to his department and his relationships with Mallory that he just tore things to pieces.

Mallory was a first class observer and scientist, not magnificent as an experimenter, but very good. I remember a tale that Ted Parker, who was a classmate of mine and an adherent of Mallory's, told me. He said that once Mallory came in to his gang of assistants with what looked like a piece of tissue in his hand. He shoved it before them and said, "What is it?"

They looked at it and they were completely confused. It was almost colorless, slightly blood stained, originally apparently a clear transparent, but in the form of a big bag of something or other with a perfectly definite covering to it. They'd never seen anything like it.

One of them poked it with a match, looked at it, and finally Mallory bellowed at them to tell him what it was. One of his assistants, smelling of the match, said, "Well, it looks like paraffin."

Mallory just bellowed at the top of his lungs, "It is paraffin."

He was just trying to reward an honest but incredulous observer. Mallory stood for that sort of thing. He stood for good observation. The air at Harvard in pathology was cloudy all the time that I was there. It came out much better later.

Physiology had a better standing at Harvard than it had in many other schools at that time. That was largely due to Cannon's quality as a human being. In a negative sense it was also largely due to the fact that pathology was in such a mess that physiology was bound to stand out even by contrast. Harvard gave much more of a reward to an ambitious student to go into physiology than it ever afforded a person who might have gone into pathology. For example, Alex Forbes, an assistant to Cannon, asked me if I would like to do research on nerve action current. He did some of the preliminary and pioneering work in that field in the United States. I liked Alex Forbes and found out a great deal of the flavor of research from him. When we were done Alex insisted on putting my name on the paper. In my opinion then and not far from it now, I felt that it was a dishonest thing to do because I didn't understand the stuff that I was signing and

Alex hadn't the faintest idea of the depth of my ignorance. I know now why he did it; it was done to get me interested.

I may inadvertently have given the impression that there were no first rate students among the pathologists. That just wasn't so. There were examples of first rate youngsters in the department of pathology, and it seems to me that the medical school had about as distinguished a product of pathologists as it had of physiologists, but to a student and to myself as a receiving mechanism they weren't in the same class. Cannon was way ahead, and physiology was way ahead. Cannon had an affection for his students. There wasn't any spare affection to be had in the department of pathology. It just wasn't one of the commodities that was on the shelf. Homer Wright, who was a pathologist down at the Massachusetts General, was a rather embittered, retiring, uncompromisingly honest fellow who felt that he had been done down. I remember working late in his laboratory one night, and I stopped on the staircase to look at a picture of Popsy Welch. Homer Wright was just going home and he saw me looking at it, and he bellowed at me, "Do you know who that is?"

I said, "Why, that's Dr. Welch of Hopkins, isn't it?"

He said, "The only white man of my experience!" and stormed out of the laboratory. That described pretty well how he was getting along with Councey and with Mallory. There was no friendliness in the department at all.

Being taken from a college atmosphere where I had had relatively little science and plunged into the thick of it disturbed me. It was pretty disturbing because I didn't get better than C's so far as I know. I had hoped to get A's and be given a scholarship. I can remember that in chemistry where I had had a very poor preparation and felt thoroughly incompetent, I think the sweetest words I ever heard were at the end of the examination in bio-chemistry. Folin was staying by--it was a laboratory examination as well as a written examination--and I was the last one to leave the laboratory. I was feeling very depressed, inadequate and low. I was plugging along, and showing by tenacity what I lacked in intelligence. Folin came over to me and in his slow and sing-song Swedish intonation he said to me, "Don't be a hog. You have done very well."

From that moment the gordian knot was cut for me. I was in the clear. I finished up the experiment hardly able to contain myself for satisfaction and contentment.

Yet there is no gainsaying that I was pretty bewildered by my first year in medical school. I didn't know a damn thing about observation--perhaps that's why I'm still interested in it. I didn't do very well the first year because I'd stayed out a year to tutor in order to get money enough to at least start in medical school, and I was profoundly troubled. I remember in this

connection I was up at summer camp and Richard Cabot was there as one of the owners of the camp during a part of the summer that he could spare. We were out canoeing together. He was in the bow and I was in the stern. We were talking and he said, "How did the medical school go?"

I said, "It didn't go very well."

Then he did something that I wasn't prepared for. He was an awkward guy, and he almost tipped us over by turning around suddenly, looking at me and saying, "Why, Alan, you didn't think the medical school was a hundred yard dash, did you?"

A little defiantly I answered, "Well, it does have some elements of competition, Dr. Cabot."

"Oh," he said, "if you're thinking of doing well in the medical school and settling your future that way, you're completely wrong. I assure you you are completely wrong. The time to draw the line and add up the pro's and con's in medicine is on your fortieth birthday."

That was a tremendous relief to me because I thought to myself, "Well, damn fool that I am and a possessor of C's instead of A's, I know one thing. I can keep at it. If that's what's required, I certainly can keep at it." It was a tremendous relief.

Then something encouraging happened a little bit further on. When I got into the clinical years my marks suddenly began to be A's and B's. I couldn't understand it, but of course I was cheered up by it. I did not get into AOA until thirty-five years later when I was given an honorary which, I think, is a perfect example of justice. Everything improved in the clinical years (the third and fourth years). I got along with patients well, and I got clear stories out of them. I think now that it was in the clinical relationships with people that the pay-off of having suited myself in my college courses began. It has never ceased.

I'm rather reluctant to judge students at a time when the most wonderful thing for them to be is precocious and awfully good scientists. However, that isn't what they'll need later on quite so much. I think that it's a salient and significant fact of medical education that we put boys under the guidance of and make them the victims of criticism of nothing but doctors for four years. Perhaps it's better to say seven years because during their internships their critics and judges are doctors also. We then turn them loose into a lay population and suddenly their critics and judges are laymen. They don't know that the criteria have changed, or at least they feel completely bewildered by the change that there is. I think that it would be a

good thing--and I make the point when I talk to students of warning them--that the road is going to change and it's going to change at right angles, and they'd better, insofar as they can, pick up a little bit of something that might help them to see the way doctors are regarded by laymen. I tell them to learn what qualities they will have to show other than a clear and simple knowledge of oxidation processes.

As a medical student I had a very definite ignorance of the complexities and the elusiveness of psychosomatic conditions; although I had a very definite interest in psychiatry. From Elmer Southard I had the most intelligent treatment in terms of what to allow a fourth year student who elects an elective course in psychiatry that I ever had from anybody. I simply met Southard who in his breezy way said, "What are you interested in? What do you want to do in this time?"

I told him that I wanted to read and look over histories of the psychopathic. He said, "That's fine. I'll meet you on the last Wednesday of every month and we'll talk over your reading and your impressions. Goodbye."

I just reveled in complete freedom and with that amount of freedom I got a major interest in psychiatry because I felt, "Well, here is a new field where practically nobody is at work."

Another important experience that I had in my clinical

years as a medical student was exposure to CPC, or the clinical pathological conference. Our CPC's were held at the Brigham. Richard Cabot was the clinician and Bert Wolbach was the pathologist. Usually Cabot never saw the case before the conference. One day Cabot gave his impressions of what the condition was and I was sitting up in one of the back rows and wrote down my impressions of what it was going to turn out to be. Now, Cabot was wrong and I was right, and I got a wonderful kick out of being right. But that got me far enough into it that I kept a pretty careful account. It won't surprise anyone to know that Cabot's batting average was a great deal better than mine. That's after all something to learn. You have interest, the material is there, and yet I would add somewhat maliciously perhaps, that I was puzzled by the pathologist's performance, in that in many an autopsy (and I think too many), the end results could be summarized that either it was a case where you said, "Well, how the hell did he keep alive with this state of affairs in his insides, or still what did he die of?" That pointed my mind in the direction of saying, "There's a lot more in function than in form, that until we know the functions of an organ or a system of organs, we don't know anything really."

It was a wonderfully vivid form of teaching, and it allowed me the chance to be right just enough to whet my appetite. It was a creator of interest.

I thank the Cabot brothers a great deal for introducing that at Harvard. It represents by its continuance and by its effectiveness a measure of magistral humility that is not to be found in other parts of the world. As it stands I have seen it act as an absolute model of humility to people who have been brought up where it is not practiced or used. They don't have any hope of taking it back to their country because it would ruin the prestige of the boys who are never wrong. It's an admirable thing. I didn't know until recently that it wasn't the Cabots who started CPC. In essence it was started by the Panama Canal medical organization because too many people died in Panama from diseases that couldn't be explained. For example, it became a military ruling that the doctors had to have a written, signed diagnosis, if surgery was involved, of what the pre-operative diagnosis was and what the diagnosis was on death and then the pathologist's report. The same was true for medical cases.

Looking back I think the Harvard hospitals, both the Massachusetts General Hospital and the Brigham, were honest in keeping their mortality figures. I ought to add that Richard Cabot caused a huge storm in Boston the time that I was there by announcing that he had gone over the CPC records and the Massachusetts General doctors had a score of fifty-four percent correct. It was a terrifically disturbing thing to think that the Massachusetts General was only fifty-

four percent right. Yet that was not the right way to state it, and one has to bring some clear statistical thinking to bear there. The Massachusetts General Hospital, at that time, had a singularly large number of exceedingly difficult diagnostic problems who were specifically brought to the hospital for that reason. Therefore, they were playing in a field where expertise at best was very justifiably modest. A great many people didn't realize that. They didn't realize that a hospital in those days very much as now was trying to crack the hardest nuts. That doesn't mean that doctors had a little bit above flipping a penny and being right. The thing that interested me along with that statistical approach and I still feel is a great field for development, is the study of the kind of thought and clarity of thinking that is brought to a medical case. I can sometimes illustrate things by witticisms because the witticism hangs on cloudy thinking. I happen to recall now a woman who said to her doctor, "Doctor, is the pain in my right knee a sign of getting very old, perhaps too old?"

The doctor said, "No, madam, your left knee is just as old as your right."

There's cloudy thinking in there somewhere. She sounded as though she were putting the entire emphasis on the adjective, and it was an insignificant adjective and the doctor rightly caught her in the insignificance of the adjective. Now, all these things

build up into a job that has to be done. We've got to bring better thinking to bear on our cases.

Another thing in which I took some role or part and which subsequently had a good deal to do with my interests was the introduction of statistics into the study of cases. We had a society in the medical school called the Boylston Medical Society at which, in your fourth year, you had to give a serious paper. You had to have present on the evening of your paper one of the members of the faculty whom you had invited to come and discuss the paper. Well, after a certain amount of fiddling around, I made my subject the contribution of mathematics to the study of medicine. I taught myself the rudiments of statistics. I actually knew what a standard deviation was and what a coefficient of correlation was and so forth. However, I left to pretty late the business of finding a member of the faculty who would come and discuss my paper. I couldn't find anybody. There just wasn't anybody on the faculty who was willing to come. On bended knee and because he was one of the few personal friends I had on the faculty I got Richard Cabot to come and talk about it. I don't think that he had the faintest idea of the importance of a standard deviation, or had any notion of the broad line of reasoning that the statistician used. Although Cabot didn't understand the necessity of making distinctions between mode, mean and average, he came

anyway. I don't remember the details of the evening but the discussion reinforced my views that the subject warranted attention. Deeper I knew there was a lot for medicine coming in that field.

One important area in this field was and is the problem of the observer. For example, only a couple of days ago, I thought that "Since I've got to talk at my college's forty-fifth reunion, I think that I'll talk about something that everybody has had one whack at in one way or another. That is, the general conclusion of a certain section of our class that is now still living, that the world is going to hell in a hand basket and that people are not as moral, responsible or decent as they used to be. Could that supposition by any chance be explained by this line of reasoning?" Out of our whole class there was a fraction at least of sober, god-fearing, moderation-at-all cost boys who were that way very largely because they were extremely sensitive to criticism and moralistic remarks. To become convinced of moderation in all things is something that makes it quite likely that one will reach the age of sixty-five. That is to say that when those who are sixty-five meet together it's practically inescapable that they will come to the conclusion that in their youth people were a lot more sober than they are now. Sure, what of it? They always have been. They always will be. The boys that aren't paying any attention at all to the experience of the past are going to be dead

before the ones who do pay attention. So on the forty-fifth anniversary of the class of 1906 there will be those who are naturally sagacious and who have learned the trick of surviving to an old age pretty young and they're going to say, "When we were young, people didn't raise hell." But the truth is that those that did died off, and that could explain the almost uniformly general feeling that the world is going to hell. That particular thing is being celebrated by those who didn't have that tendency and are now looking back on it or are now looking at the younger generation that has both kinds of people pretty severely and saying, "Not in my day". Well, they didn't in their day and that's why they are still alive now. That touches on the problem of the observer. There are these intricacies. What does the observer bring to the observation that in some way or other seems to either enter the observation or enter the conclusions that are drawn from it? It's one of the things that has continued to fascinate me in medicine.

Speaking of observation and the quality of thinking reminds me of an interesting experiment I engaged in when I was a student at the medical school. In those days I used to go occasionally to dinner parties in Boston Saturday night and I would hear rather frequently remarks from my elders and betters, or strangers, that bore on the excellence of the Harvard Law School. It piqued me to find that the Harvard Medical School had no such country-

wide reputation, not be a long shot. It has now, but in those days it didn't.

With the brash directness of youth I said to myself, "Well, I don't think I'll be missed anywhere if I play hockey for a couple of days, and I know what I'm going to do. I'm going over the law school and see what it is they have that is so wonderful. It's a big enough show so that I won't be put out of any classroom that I choose to go into."

I went to the law school and I found out two things that were interesting. One was that on the hoof and en masse the law school students were very much better quality of animal than we had. They looked far more intelligent and they behaved with a great deal more apparent self control, knowledgeability and seriousness of demeanor. That rather shocked me because I didn't find it amusing to be in with a gang of casual dolts which is a pretty poor description of the Harvard Medical School at that time, but we had some rather weak brethren which I didn't see any evidence of in the law school. The other discovery at the law school was far more important and made far more of an impression on me. That was that I saw whole classes being led and encouraged and helped in the business of how to think and not what to know. That threw my mind very sharply on the fact that the mental processes of the medical students were being taken for granted. Medical students were not given any

attention to compare with the law school. Of course, it was obvious that the law school boys had no laboratory to work in, they had nothing to observe, they just concentrated on, "How do you get that way? Why do you say that?" The thinking process was very sharply emphasized. That's come to my assistance many times since; namely, the relative neglect of the processes by which one arrives at a conclusion. I think that there is a thing that would deserve this description if it weren't for the pun involved. I know that there is a process called logic. I think there's a process called biologic--that is, it's the thing that is in play when a doctor says, "I don't know. I can't tell you how I arrived at that, but I just know that this is typhoid."

Now what's going on? Why does he say it in that vague fashion? Well, that relates to statistical experience and interpretation. In the Harvard of my time it was a little bit lonely business to be doing that. There was one other companion that I had in that kind of thing--a boy named Jake Wilbur, who later went into psychoanalysis. Jake had an adventuresome and a pretty well experienced type of mind and on his own account and with no direction or pressure on him at all he was very widely read. He was a good deal of a philosopher in the sense of being the onlooker about most of the things that happened. Along with that, curiously enough, he had a timidity and

a sense of responsibility that almost overwhelmed me because as one may realize responsibility is piled pretty heavily on the young shoulders in the medical school. To be blunt about it, you occasionally kill somebody. I remember the first man that I thought I had killed, and I probably had. It isn't a light load at all. It contributes to your growing up considerably when it happens.

Cushing I was told, but I never confirmed it by him, spent the night walking up and down as a house officer when he'd killed his first man. He was trying to decide whether to drop medicine entirely and go into architecture. Well, you have to face those things. When I found that that was the case and that nearly everybody and perhaps everyone had, inadvertently killed someone it was a great relief to me. However, until that moment I didn't realize that that was the magnitude of the responsibility. It was and it sobered me. I can spot today among biologists, who have never had clinical responsibility, a streak of fancifulness without responsibility which spells itself, "Well, we might give him some chloride instead of some bromide", "We might give him some of this instead of that", that doesn't have the faintest relation to what would happen if they did give it to him. It's a very solemn thing that happens to you when you find out some of the things that can happen.

You see, in your third or fourth year perhaps ten or fifteen of your teachers handle patients, and they do it amazingly differently. Most of them do it very conscientiously and your wits are sharpened to that very fast. One of the amusing things-- although it would be hard to convey the amusement of it--of the third year is that you see a lot of your classmates whom you have known as pretty rough and tumble tough guys develop their idea of the perfect bedside manner. Some of the early and initial essays in that direction were ludicrous. I won't name names but I can remember a boy who put on a sing-song voice and began to pat everybody that he came near not knowing what kind of people you can pat and what kind of people it's very well to leave along. I can remember that in 1928 when I came back from three years in Europe I attended ward rounds of a professor of medicine in an extremely well-known American medical school. I was thunderstruck at his culmination of rudeness and stupidity. I saw him come up to the bedside of eight successive bed patients in the university hospital and forget to say good morning to the patients. It was much more, "Have the x-rays come in yet?" and then onto the next bed if they hadn't--there was no relationship whatever with the patient and I was pretty troubled by it.

After Harvard College the next big turning point in my life came at the end of medical school when I entered the Massachusetts General Hospital to begin my internship. Almost immediately I learned an important lesson. I had as two visiting men Dr. Richard Cabot and Dr. William H. Smith. I made the none too pleasant discovery that they had very different interests in medicine and that if I wanted to make merit with either one of them I could write a history designed to please them. Unfortunately, however, I couldn't tell who was going to take up a given case. It might be that Cabot was going to take up a history that I had written for Smith and vice versa, and then in neither case would it succeed. But if I had the good luck of having the man take up the case for whom I had written the history it was all right. I felt like sort of an intellectual prostitute. I could please the patron maybe, but I wasn't having any fun.

One night I stopped Bill Palmer, who was then resident at the Massachusetts General in the throughway in the hospital. The resident at the Massachusetts General in those days was almost unattainable, even the senior wasn't supposed to bother him much. But I got my courage up and I stopped Bill Palmer and asked, "Dr. Palmer, could I speak to you for a minute?"

He looked a little surprised and said, "Yes."

I said, "Could you give me any tips on writing a good history?"

He looked very cloudy and finally said something that was

just perfect. He said, "No, I don't know of any tips about writing histories." Then he looked at me quite pointedly and said, "But I think that if you write a history that satisfies you, it will be a good history."

I thought that was an absolutely sweeping remark, and I thought with shame, "It never occurred to me to do that. It has never occurred to me. By gosh, I'll go up to the ward work tomorrow, and I'll write a history that satisfies me and I don't care how long it takes." I was then right at the stage where I could write a passable history. I could take a passable history in forty minutes, re-write it in half an hour, and it would conform with the usual tradition of a history. However, that history would be one done to please my bosses.

I went up, and by pure fortuitous circumstance, the woman in bed that I was assigned to take the history of as an intern had migraine. I had only read about migraine very casually, but she had it. I said, "This is it. I'm going to take a history that will satisfy me." Instead of forty minutes I spent two hours with her and I asked her every damn question I could think of. When I finished I had a tremendous number of notes and I found that it took me a whole hour to get these notes in order and digested. Then two miracles occurred, and they really were. They just knocked me for a loop. One of them was that I realized that I wanted to go to the library not to appear to know about things,

but to find out how much anybody else had ever learned about migraine. I really was directly interested, and independent of any other consideration I wanted to learn about migraine. That astonished me because I had never gone to the library in any other frame of mind than one of "Well, now, of course, I can't be caught off base. I'd better read about this." This time that wasn't what I went for. I went to find out as much as I could.

The other miracle was also completely fortuitous. We hadn't had any migraines on the wards for a long time, and when it was reported to both Dr. Smith and Dr. Cabot that a case of migraine came in the day before, both of them wanted to take up the case instead of only one. They usually wouldn't cross each other's fences and repeat on the same patient, but both of them wanted to, and both of them read my history and both of them said, "This is an unusually good history. Who took it?"

I manfully stepped forward and took the credit that I knew or felt fairly certain was coming as credit. Then it suddenly flashed over me, "You suit yourself, and by gee, you don't have to worry about suiting anybody else." That was a primary discovery which I could have made on meteorology and physiography before I got to Harvard College perfectly well if they had given credit for my teaching myself. An intern taking a history is teaching

himself. That was postponed until I got into the internship. However, it changed the entire face of medicine for me as being something you could say this way, "This has never happened before. I who am a queer guy anyhow, meeting this woman who is an individual sick with migraine. Now what's going to come out of it?" That gave me a freshness of interest in clinical material on patients that I don't think I've ever lost. Since that day, I've never gone into the pigeonholing business, like, well, this is manifestly a case of Addison's disease and once you get it labeled you let it alone. I've got completely out of that, and that was another first class turning point.

You learn your way. You see a lot of painful mistakes. You stay afterwards when you're an intern to talk to the patient because you're living with him and the visiting man is going home. I can remember an incident of that kind that made a good deal of an impression on me. One day we had a young man who was an expert accountant come in to the hospital with Bright's disease, acute. He told me the reason he had come to Massachusetts General was because he had heard that Dr. Richard Cabot told the truth to patients, and he had to know the truth about himself. We got all the laboratory work finished and when he was ready for presentation, he insisted on seeing Dr. Cabot. It was natural enough, in my opinion. At the end of Cabot's examination he was half-sitting up in bed and

breathing rapidly because he was pretty sick, but he said, "I've come in, Dr. Cabot, because I understand you tell the truth to patients who ask you to."

Cabot said, "I do."

The patient said, "Do you think I'm going to live, Doc?"

Cabot said, "Nope."

The patient sort of fell back and said, "Well, of course, none of us are going to live forever, but how long do you think I'm going to live?"

Cabot said, "I should say somewhere between a week and ten days."

The patient sank back, very nearly fainting away, but quite out of reach otherwise, and, as the phrase goes, the visit went on the next bed. I was then a junior, and the patient reached out and caught me by the hand before I left and he said, "Bend down."

I bent down to hear what he wanted to say, and again between gasps he said, "Jesus, that's a handout. Can I see another doctor?"

I said, "Yes, I'll have Dr. Lee see you tomorrow."

The next day Roger Lee came, went over the whole thing and got the same question, "Am I going to live?"

Roger Lee said, "Mr. Nelson, you've got to realize that you're an awfully busy man when you're sick. We're pretty busy too. You be busy being sick, and we'll be doing the worrying. And I want to tell

you also that I have known doctors who in their most honest opinion were wrong."

The visit went on, and the patient reached out again for me. Between his gasps he said, "That's what I call a good doctor."

Well, you see these things, and there isn't much doubt about the choice of handling the patient on the question of telling the truth after you've seen that. There are ways of admitting it, and Lee also said, "I think you're very sick and I think you're very busy. Now, you be a good boy and keep busy. I'll do the worrying." The response to that was, "Jesus, that's what I call a good doctor."

You see those things played, and they're played in the raw and with a great deal of feeling. You pick up things from time to time.

A lot of education went on among the juniors and I remember something that impressed me at the Massachusetts General. We had an awfully good crowd of boys. Once we had a woman come in with a question of tuberculosis. One of the boys whose job it was to do the laboratory work as promptly as possible examined her sputum that afternoon, didn't find any tuberculosis, and recorded it in the history. He'd done his work for that day. He'd done his work but he was going to examine it again later. The senior in charge of the service was Bill Kerr, who later became professor of medicine at California. Bill came home from his night

off and read all the histories before he went to bed. When he came to the extremely expressive NEG on the report on the sputum; namely, negative for tuberculosis, he said, "Not be the history. That woman's got tuberculosis. Where is Dirk?"

Dirk was the fellow in charge of the laboratory work and I said, "He's gone to sleep."

Bill spat, "Sleep, hell! I'll see him," and he went in and work Dirken from a sound and much deserved sleep. He said, "Dirk, you put on your pants and come up to the laboratory and I'll show you that that woman up in 16 has tuberculosis. I know damn well she has and you ought to, too." Dirk couldn't refuse that challenge and he put on his pants and they went up to the laboratory. They worked until three o'clock in the morning and Bill found the tuberculosis all right. That's the kind of morale there was. You didn't let down the service by putting in a negative report when within reason you should have had a positive one. It was a tremendous stimulus. In many ways it was like the sensitiveness that a college freshman has for a college senior. That same psychology was in play on the surface, and the surface morale and tone was such that the visiting doctors had to keep us away from work rather than urging us to do it. That was literally true. I remember internes got so tired that they came out with boils and many a surgical senior in my time had to get off the service

service for a while because he was too tired or too sick to be around to be safe for the patients. That standard of performance was a very high standard and we were proud of it.

The chiefs of the service in my time were Roger Lee, Bill Smith and Richard Cabot. We didn't see an awful lot of Cabot because he had other interests and was trying to open up some opportunities for younger men, but I saw a great deal of Bill Smith and a fair amount of Roger Lee, though his services were so timed that I missed him as a senior, which I've bitterly regretted.

The Massachusetts General at that time was, I think, fairly clearly the best intern service in Boston. It was very much on its good behavior because the Brigham had just come into the picture and the Brigham was reaching out for the best men it could get. The Boston City was good on a very peculiar basis; namely, if one took a city hospital internship, one had an endless quantity of material but not quite so good and careful guidance through it. However, if you were mature enough to take that, there was more actual responsibility at the City than there was at the Massachusetts and the Brigham. Channing Frothingham, a little bit ahead of me, took the city hospital appointment because he didn't get the Massachusetts appointment and because he knew that he wanted plenty of responsibility. Well, he was so much better than the ordinary

intern there that they gave him a tremendous responsibility. He gained by that compensation phenomenon.

I recently wrote an account of what happens to a young doctor in training and called it "Anabasis". Well, "anabasis" means the way up into, and I have long been convinced that one's entry into medicine is not a spectacular plunge. It's much more like a coming up from the seacoast into the mountain range in that it is accomplished at different speeds, subject to the different kind of country that you go into. It's a slow, winding experience such as going up into the mountains would be from the seashore. It's a long game and parts of it come at very different tempo from what your friends and classmates are going through.

The contemporary influence that I felt the most came through my relationship with George Bigelow, Tommy Goethals and Joe Aub. Joe had more of an influence on me than he realized. I didn't have any junior family life and I didn't have any immense interest in them. As the youngest in the hospital family I always automatically pointed to those who were a little bit ahead of me rather than my juniors. George Bigelow was a little ahead of me at the hospital when I was there. He was witty, shrewd and sensitive. He not only had the ability to summarize situations; he had as well a perfectly delightful sense of humor. He was also modest to

the point of absolute agonized embarrassment when he did things that were wrong. I found him awfully good company, and there were an awful lot of things he made me see or enabled me to see which were very useful. Tom Goethals was an awfully hard worker and bore the purple a little bit because his father was General Goethals and he'd gone to medical school in spite of his father's wishes.

In spite of the fact that I was the youngest in the family I was not without proper regard for my elders and betters of the hospital hierarchy. The senior on the service that I went into when I entered the Massachusetts General was Bill Kerr. Arly Bock and Harry Dirken were between the senior and myself--if I'm not forgetting anybody. Arly Bock later became head of the hygiene department of Harvard College, and I don't think that I've ever worked for anybody as hard as I worked for Arly (partly because with mature judgment we both agree that he was passionate for unnecessarily detailed repeated studies). He wanted total urines done three times in a row on a new admission. He wanted total bloods done every four days or five. The burden of work on me was such that I have never had before and never since. But I was very fond of him and I worked my head off to make it go.

Dirken was extremely original and fresh and capable, especially in cases where neurosis complicated the picture. Dirken could sit by an adolescent girl of fourteen or fifteen and come out with a story of what her difficulty really was which simply amazed all the rest of us because we didn't know how he did it. He was usually right.

We used to watch our seniors on the service very closely and very sensitively, and we knew what kind of guys they were, although we were all overworked by routine. The hospital was not then in a position to have either the sense or the money to have any technical work done by technicians, and we had to do all of it. We had to do so much of it that again and again a patient would come into the hospital and go out of the hospital and though in charge of the laboratory work I wouldn't learn anything from the patient at all because I just had my nose to the grindstone, getting the stuff out. When you get up in a hurry (and you're more in a dream than awake) and you put on your clothes and go down and have a hurried breakfast and get out to the lab about half past six and are faced with eighty urines to test and have ready for reporting at ten o'clock you've got a job. We were so preoccupied with moving fast and keeping things accurate that thinking about cases was not in the picture. It was a real defect that stuff went at that speed.

I did, however, see enough of the gauche and awkward young intern to see that something was seriously wrong. I had a brief service time on the surgical service. I won't mention his name, but I had a surgical intern who thought that it was correct or at least a reasonable thing to do to come around in late afternoon and say to a woman who had been operated on for an abdominal tumor, "I had my hands in your blood this morning."

Well, that wasn't calculated to restore a woman's fading courage or her respect for a doctor. The amenities of civilized existence of some of these boys just showed up in extraordinary conspicuousness by their absence. You got that side of things. However, there was one thing that I missed, and I didn't catch it until much later when I was down in Brazil. I used to have a lot of coast-wise travel to do while I was in Brazil. Often on these little coast-wise Brazilian steamers there were from one to five American traveling salesmen. I used to naively introduce myself as Dr. Gregg and I would be treated as a doctor throughout the voyage by all the Americans on board. One day it occurred to me that it might be fun to just come on as Mr. Gregg and spend my time in the off hours talking about doctors to the other Americans. The didn't know I was one. It was dishonest if you choose to call it that, but it revealed a wonderful lot of stuff to me that I didn't know

before. It revealed for instance the fact that the majority of these men fell into only two groups. One was the man who was so enthusiastic about his doctor that he would give you his name and address so that in case you were ever sick in Kokomo you'd call on Dr. Joseph. The other group was those who had been so embittered by the doctors that they delivered themselves of a general tirade against doctors. I didn't know that there was anywhere near as much smothered, smoldering--and to change the figure--unuttered irritation on the part of laymen against doctors. I'd never heard it when the stethoscope was hanging around my neck. Of course, I didn't. I did it partly because in public health work you have to pay a good deal of attention to the perfectly well person. "What do they think?" I learned a lot by that device. I learned how completely isolated a doctor is from honest opinion, right or wrong. He's isolated because he has a stethoscope hanging around his neck, so to speak.

The relationship between doctor and patient that in my actual experience came nearest to what I imagined it would be was on the district delivering poor women of their children. The student in those days came into the house. He was the doctor. He came in at a moment of terror, uncertainty, straight fear, concern and worry. He stayed by and nature being what it is he stayed until the usual conclusion

was a fat and healthy baby and a very much exhausted, but also very much relieved, mother. Presumably he stayed long enough for the husband to get sober again, though the Jews and the Negroes always behaved themselves as fathers. The Irish never did, or practically never did, and he got a flavor.

I got a flavor in those days in the metropolitan hospitals service of different cultures and the way they reacted to events of life. It was pretty vivid. You were the bringer of confidence, of support, moral and physical, relief, moral and physical, and then happiness unalloyed, and it was a lot of fun. That's what I thought practicing medicine was all the way up and down the line. Seeing people at their worst in terms of behavior only lasted a short time if it was there at all. Sometimes it was best from start to finish, and I loved that part of it. It was a considerable relief to me to have that experience in contrast to being in night and day attendance on awfully sick people on the wards and then discharging them. I used to feel bitter about the latter. The phrase was "discharge, relieved to the out patient". Well dammit I knew that that was a pretty funny description of what really happened. That side of disease and disease experience made a pretty strong impression on me. It made a strong impression--perhaps better to say, it made a stronger impression than I realized because I see now that getting your medical education

by practicing in poor parts of town and with poor and bedraggled individuals to whom injustice has not infrequently occurred was in a very marked contrast very different from the initial experiences of a student of law who sees no occasion for employing the devices of an intelligent mind to help the underprivileged (he doesn't see that unless he occasionally gets into Legal Aid Society work). It seems to me that in contrast medical education is devised very well to give one a broad sympathy. I'm ignorant about it--but I don't see much in legal education that wouldn't fall into the witty definition of the Republican Party once given; namely, that what the Republican Party does very well is to organize egotism. The overtone flavor of working in a metropolitan hospital is not in that direction. It's far more humane; all come and are served as far as possible.

To me one of the important impressions that I derived at the Massachusetts General Hospital was related to a ruling which the hospital wisely held that when a patient came back for a second or third or a fourth time, the beginning of his history was to be a careful recapitulation of the facts recorded during his earlier stays at the hospital. One afternoon we had an old cab driver in Boston who came in for his eighth stay at the hospital with nephritis. It was in November. He had eight histories. I had to go over his entire record and it took me the entire afternoon and well into the night.

From the histories together with some questioning of him I knew perfectly well that when discharged he was going to go up to a cold water walkup tenement room. It was certainly no place whatsoever in late November for a man recovering from nephritis to conduct a decent convalescence. I was profoundly disturbed by the future of that man and by the futility and excess wasted effort of his coming into the hospital again when his convalescence was ausgeschlossen (there wasn't a chance of it).

The next day after I had done that history and recapitulation, and was still under the cloud of saying to myself, "I just wonder whether it's worthwhile?", I was in the male outpatient doing scut work in the sense of finishing up with some patients. Luncheon had already been available in the dining room for very near to an hour. About ten minutes after the hour one couldn't get any lunch. One of the young visiting men, Harry Forbes, and I were staying on to finish the load and Harry said to me, "Sometimes I feel as though I am running a little office in a lot about a hundred feet from the street. I am working all alone, and looking out I can see a line of people reaching the street waiting to see me. Most of them have sprained ankles and very dubious questions of fractur of the ankle because of something which I know very well; namely, that there is a hole in the sidewalk outside of my shop. However, I am so busy with patients who are in pain that I never have a chance to get a shovel and go fill up the hold."

I said to myself, "By god, that's exactly the way I feel. Yesterday I took in a man and I know that to do anything to prevent his condition from occurring again is quite out of the question. I don't want to go into a field of work where I can't call the tune and where I just take the line of stuff that's loaded on me. What I do for my patients is wonderful in intent and perfectly miserable in result. By gosh, I'm going into public health work."

Now, as I later learned, that decision was a little foolish because I was not being exposed in the hospital of those days to being of use to any people secure enough to take my advice. I was working with paupers who couldn't take my advice. I saw it right hand and left hand, and I thought, "Thanks very much. I'm not interested in being forever after the fact, and I'm not good enough with my hands to be a surgeon and to take some definite action that way. I think that probably the thing to do is public health work."

I wish at that time--I can make up all kinds of lovely things that might have happened--I might have had a junior among the instructors to whom I might be inclined to take my puzzlement and say, "How about it?" A little bit later, a young doctor named F. Gorham Brigham said, "Oh, don't come to that conclusion.

Alan. You can do an awful lot for people as their doctor by telling them how to live and what to avoid and when to consult you."

That's an impression of medicine that is of a crowded free clinic. It isn't medicine.

While I certainly had ideas about disease they weren't articulated. I had no fears at all. That was through ignorance, I think. I remember that we once had a choice event at the Massachusetts General. A woman with diphtheria came in and had an examination in a metabolism machine in which a mouthpiece was used first by one person and then by another. She spread diphtheria over the hospital like a thunder clap, and there were five house officers and three nurses that came down all at once. I was one of those that came down. I knew that I was hot, but I wasn't bothered. We went and got shot with diphtheria anti-toxin and then spent an extremely welcome two weeks and a half in the status of convalescence. It never gave me two minutes of concern as to whether I had anything or whether there was anything serious. I never was afraid of disease, but that was, as I think, because I had very good health, and I just didn't know enough to be scared of it. I remember reading with some amazement that in the old days when a family doctor was called on a case of diphtheria he usually left his wife and children crying in the hallway because

how could she know that he wouldn't bring it back. It was much more of an adventure than then anytime since.

I was very much impressed by the whole discrepancy between psychiatry, psychiatric disease, and other forms of so-called somatic disorders. I was prepared to see that the greatest recent headway--in other words, the headway between 1890 and 1910--that had been made was the headway that concerned bacterial or virus forms of disease. Apparently that was the place where work paid off the best, and it did pay off extremely well. Diseases of nutrition were virtually unknown and unrecognized up to my early student days, which were 1912. Vitamin, the name, was coined in 1912 by Casper Funk, if I remember rightly, but the full force of bad nutrition expressing itself as it did in our own South was just dismissed as, "It isn't the right food." However, specific deficiencies were unheard of so there wasn't very much emphasis on nutrition or metabolism as it came into the picture. The big threat was bacterial invasion. We just conquered typhoid fever--so that where my brother who was five years ahead of me on the same service at the Massachusetts General as a house officer had had forty cases of typhoid to tend to, on the same service ten years later I only had four. It was a pleasantly easy thing to remember. It was ten to one.

There was nothing fatalistic in my attitude towards disease excepting insofar as hereditary disease was concerned and there the atmosphere that was in my mind was pretty largely fatalistic. "Well, you were born with this thing to come out some time and now it's come out." There was a passionate desire to get in early enough so as to make some difference. That took its form in going into public health work for a while. There was nothing of the daemonic in it, nothing of the satanic, or malicious, very little of the uncontrollable. I hadn't seen enough of it. My attitude towards disease and death had more to do with violent deaths of war than the general attitude towards the diseases of old age and death. To illustrate that I'd like to jump ahead a bit and tell of an experience I had during World War I. When I got into the war I knew something about transfusions and how to do them. Up to that time the British didn't use transfusions at all. Consequently I was sent to the field hospitals up the line to do them. I felt very, very embittered by that surgical experience in the war mostly on two counts. The only casualty clearing station that I worked in during a push which got the people that didn't die on the field was because I could do transfusions. I was put in charge of a receiving ward where the men came right off the Lorrys and the trucks. I shouldn't have been put there. They should have had an experienced surgeon there

because it was I who had to decide who would be operated on and who wouldn't, and I thought that it was stupid as the devil.

The only casualty clearing station that had anything different was presided over by a Major Scrimminger, a Canadian, who as the best and most experienced surgeon spent all of his time in the receiving ward deciding who and who was not going to be operated on, which was a highly intelligent use of his skill and ability. To put me in charge--well, I can remember the most shattering experience that I had. One night we were working, as an all night team. I was in charge of the receiving ward. We got along until about five o'clock in the morning. All heavy cases had been done practically speaking. Because I knew they were either going to go to their quarters and go to bed or else finish out the all night service, I sent in for operation a sergeant major of the King's Royal Rifles who had the front of his abdomen just torn to ribbons. His bowels were in his pants roughly speaking. Well, it took three and a half hours to stitch him up. And afterwards an awfully nice London surgeon named Barris who did the labor on this poor sergeant came to me in the most deferential and kindly way and said, "Gregg, if you don't mind, I know that there was nothing else that was better for me to do,

but in the case of a real emergency with lots of people waiting for operation, you wouldn't send in a chap to me like the sergeant major, would you?"

I said, "Barris. I certainly wouldn't. It was a question of giving him a break or giving you a little sleep."

He said, "Quite all right. I thought that was it. By the way let's go over and see him."

This was the day afterwards and there was the sergeant major sitting up in bed and looking like a million dollars, thanking us in the most casual and innocent fashion imaginable. I said to myself, "I know my judgment is bad. It's been demonstrated after all in a very pleasant way, but everybody's judgment was that he was dead so why bother with him, and everybody was wrong."

It was an awful experience to have seen numbers that run up into thousands of people go over to the other side while still in full health and vigor and everything else. My attitude, so to speak, about violent death, was that it was quite unnecessary, quite meaningless and completely tragic. I was obsessed by a lot of these things that I saw. It was very rough going.

The hereditary diseases impressed me immensely. That is the hereditary diseases that I saw at the hospital more than in

the war. The diseases of old age were such as to leave me with grave sympathy for euthanasia. I did not see my ignorance as being quite such as to validate the idea that you fight for everybody no matter how much suffering they have and no matter how certain they are to die. I'm not in favor of that. Unnecessary agony for weeks on end doesn't amuse me and one of the best talks that I had from one of my teachers I got from Bill Smith who told me that one of his first assignments as Fred Shattuck's assistant was to take care of Dr. Arthur Cabot in his last hours. He said, "My instructions were that whenever a twinge of pain came over Dr. Cabot's face, I was to give him some more morphia. We kept him without a twinge of pain for four weeks until he died. I said to myself, 'That's humane, and when I'm on the pallet suffering I want to have somebody look after me who will take care of that end of it.' "

Speaking of death there is one thing that I wish I could make a dent on and that is the subject of autopsies. Autopsies are regarded by the laymen usually in this framework. They are a concession on the part of grateful family to the morbid curiosity of a doctor. Now, in contrast I have an agreement with my wife that if I am struck by appendicitis in Kokomo, Indiana, and the hotel physician is called, I will say to him, "Now, Dr. Parson, I

think I ought to tell you that I have a rather unusual arrangement with Mrs. Gregg; namely, if this illness comes rather slowly or rather promptly to the worst conclusions, Mrs. Gregg will ask for an autopsy, and I think it's honest to let you know."

I do that because the autopsy really could, and when used, does, play a role that nobody attaches to it, but everybody should. It is practically a cost-free way of getting the best medical attention that you can demand, because it says to a highly intelligent doctor, "Here's a patient who's thoughtful enough of my knowledge, of my desire, to become a better doctor that his last gift in the world is a gift to me because he lets me find out whether I've been right or wrong." That's what it does to a good doctor, which is very welcome indeed, and improves your relationship with him. To a cheap doctor it is the most inescapable threat that he'd damn well better call a consultant as early as he can if he's in any doubt because he's going to be shown up as incompetent if he doesn't. Now, why people don't get on to that I don't know. I proposed that idea at a talk that was fairly well limited in scope and also in interest at a meeting of the American Physicians because the meeting was scheduled for half past four in the afternoon. They'd been in conclave for two days and I said, "I've got to have just one idea and have it clear because everybody's blood sugar is very low at half

past four in the afternoon and they can't pay attention to a wandering piece." It went over very well. Curiously enough it has come out in the current number of the Reader's Digest, although they picked it up the year after I gave it and ran one piece on it. Now they're running it again but there's no mention of the autopsy as a form of protection for the layman.

My concern with World War I dates back to really earlier than 1917. It dates back to 1914 when war had just broken out. I went to a Boston gentleman named Mr. Arthur T. Lyman, who had more than kindly supplied me with funds to finish the medical school, and asked him what he would think of my going into the war. He said, very aptly, "What would you do in the war?" I realized that I couldn't say that I could be a doctor because I was only half way through the medical school. I said, "Well, I could go up, and for purely adventure some reasons I'd like to get into the Canadian Black Watch. The Scotch tradition runs reasonably strong in me and I would like to do that."

He said, "No. That isn't what you should do."

I thought to myself, "Well, after all, he's put up my hopes in medicine and I ought to pay some attention to what he says." I asked him why and he said, "You'll be far more useful if you finish your medical school and then go into it."

I realized that that made sense so I deferred and, hearing about the formation of a Harvard medical unit, I deferred in the sense that I went to them and said, "I'd like to go in when I'm through. I can go right after I finish medical school, or, if I get an appointment at a hospital, I'll come after my appointment."

They said, "We'd prefer that," so I was set for the year 1915 and 1916. I graduated in 1916 and I knew that I'd be free from

my hospital in September, 1917, and I signed up for that date. It was getting into the war in a serviceable fashion, and it wasn't anything more than that. There was an element perhaps of adventuresomeness, plus the fact that I wanted to be in whatever was going on that was important.

I went to London as soon as I could be shipped in September, 1917, and to my surprise things happened that I just didn't expect. I found that I would be given what was known half facetiously as an honorary, temporary commission in the Royal Army Medical Corps and that I would have to have a British uniform for it. I picked up what I could of it. I remember the first day that I had on my British uniform. I was still sightseeing and I went down to Whitehall and was looking up at one of the mounted guard at Whitehall. He went into a full military salute. I had clean forgotten that I was an officer, and I thought he was going to fall off his horse. It was the damndest thing I ever saw. It was as though he had an epileptic convulsion on horseback. I realized with immense embarrassment that he was saluting me, so I took his salute as well as I could under the circumstances and escaped. I also had an amusing experience just before my uniform was ready. One day as I was walking in the streets of London an enthusiastic English girl rushed up to me, seized my lapel and pinned a white feather on me for being a coward. I had enough detachment to realize that I wasn't quite as bad as she thought, but

I certainly understood the position of somebody who was hiding from service, being caught on the street by an unknown female, and having a white ribbon pinned on for being a coward.

I got over to France and everything was new, including the role of being a British officer. I tried to watch how the others behaved and learned with great relief that in a British hospital medical unit when officers went to the mess for dinner they took off their Sam Brown belts, which meant that they no longer had rank above or below anybody. The Officer of the Day, on the other hand, had to keep on his Sam Brown because he was in command of the situation--the Sam Brown in effect was his badge of office. All the rest of it, however, was on a very civilized and informal basis. We almost used to laugh at the Americans who were next door to us at the base hospital, because the second lieutenant had to salute the first lieutenant and the first lieutenant had to salute the captain, and the captain had to salute the major, and so on. It was all so self-conscious, and there were no human beings left, so to speak. I learned a lot of British technique or tradition, like pronouncing it "leftenant" instead of "lieutenant". The ways in the mess were also different. The attitude toward enlisted men was different. It was all very workable, and officers above field rank, majors and better, didn't bother to salute each other at all. That was humane. Certainly those below field rank didn't bother to salute each other because it was ridiculous.

I am glad that I went into the British Army, partly because it gave me a sudden over-all view of the whole British Empire. We had New Zealanders, Australians, Canadians, Imperials, Tommies, North countrymen--we had every variety of dialect of English and some very interesting people among them. I felt for the first time in my life the stamp of feudalism and class distinctions. I used to think, "Really, if I had my choice of being a gentleman and not being a gentleman, the obligations in England of a gentleman's life are so considerable that it deserves some reflection as to whether you care to be one, because you have a very much harder life. For instance, as a lieutenant in charge of ten soldiers, you can't possibly feed yourself before they're looked out for. You must see that they are bedded and fed before you touch anything." That whole line of obligation from above downwards was a pretty impressive thing, and the officers lived up to it pretty well.

My first psychiatric case among British troops was a gallant, wonderful sergeant who had been appointed a lieutenant on the field of battle to take care of what was going to pieces. He developed a neurosis that he wasn't a gentleman and it completely unmanned him. This took the form of was he properly dressed, and had every button been buttoned. This poor unfortunate fellow

would go over his uniform and appearance two and three hours at a time trying to be a gentleman. I can't imagine any American who is made a lieutenant on the field of battle who would go into a tallepin on the question of whether he was a gentleman or not.

I also got a lot of the thing that has interested me almost as much as anything and that's variety, not only variety of phenomena, but variety of interpretation. Life in the British Army was modified to some extent by the fact that all my fellow officers at the base hospital clinic were Americans, and only a few of them were Canadians. The nurses were in the majority of cases Boston nurses, but the non-commissioned personnel--the sergeant and the corporals of the hospital staff who carried patients around--were all British. (English as from England, not from Canada, Australia or anywhere else.) Hospital life was a beautiful example of the British capacity to compromise on the unimportant things and keep the essentials running right. It was a life where the biggest limitation was that Colonel Hugh Cabot, who was in command of the unit when I was there, was extremely interested in making a good impression with the British. That had limitations because he wasn't entirely square with some of his young Americans. He knowingly took youngsters who had not had internships in the United States and were rawly plucked out of medical schools, and never saw to it that they got any teaching in that

hospital, although we had plenty of older officers who could have taught us. I was resentful on that point. I was also resentful about several other things that he did or failed to do, so that when the whole show was over I never tried to have anything to do with Cabot again. I was fed up to the teeth with him. However, he did one thing for me that was very helpful. I knew about transfusions and could give them. Because of this he sent me up to the base hospitals and I did nothing but transfusions in the receiving ward, so that I was busy. I felt that I was useful and now, almost forty years later, still think so. However, I really didn't have any first line experience at all.

At the end of the war I had an offer to go on into Germany with a British unit. It was at a terribly undecided stage of affairs, and then I discovered one thing that's since been helpful. That is, nobody seems to recognize that in a war medical officers suddenly have their future carved out. Their hearts are usually gone, because they don't know where they're going to be, what they're going to do, or whether they're going to live. All of us finished the war in 1919 in a fearfully uncertain frame of mind because we hadn't been able to hold up to ourselves what our next five miles might be. I never realized that we lived with potential hopes and that they somehow or other stabilized our existence. If you live for six or eight months

without them, you're a very lonely puppy, and you don't know what the hell's coming. Now, I utilized this knowledge in the second World War by getting the Rockefeller Foundation to say to certain first rate teachers in our medical schools, "Would you like eight thousand dollars to spend on somebody who will be your assistant when the war is over and to whom you can write now, saying, "When the war is over I will give you that residency that I would have given to you anyway'?" We spent something on the order of six hundred thousand dollars doing that. I know that it meant an immense amount to the youngsters because it gave them a fixed point which they could look at from time to time. It stabilized them and kept them from being absolutely forlorn and absolutely buffeted around by whatever happened.

The plans that I had were similarly affected. About all that I knew at the end of the war and, curiously enough, this was almost enough, was that I was going to go see the people at the Rockefeller Foundation and find out whether they were doing anything in public health that I might latch on to.

I think also that the experience in the British Army had paved the way very considerably for me to realize that some very valuable items and sides of medicine existed in the world and in Western Europe in forms and in conventions of behavior that I had never even dreamed

of before. I was the deep sea fish all over again. That is to say, I discovered America by leaving it and by coming back to it. I saw flavors in our life that I could not have seen if I hadn't had this experience in a quite different medical environment. It bowled me over, for instance, to be told by a young Britisher that when one went to the medical school in London, "One lived as near as one could to the playing fields."

"Why do you do that?" I asked.

"Why do you ask?" he replied. "Why don't you see that we want to live right next to the playing fields?"

I said, "By the time a fellow gets to medical school in the United States, he's gotten all of that worked out of his system." It was a fearfully sarcastic thing for me to say.

He looked at me. "Do you have four years that you spend between the secondary school and the medical school?"

I said, "Yes."

"Well, what do you do in them?"

I realized then that we make up in college for a perfectly outlandish system of secondary education where we get no cultural stuff at all, practically speaking. It's all routine and very cheap and ordinary routine at that. I'm very far from the ordinary sympathizer with what we've got in the way of secondary education in the United States. I think that we throw two years of it away by not

making it stiff enough and by dissipation of this and that. The British, on the other hand, went right from secondary school into medical school and, of course, they liked to play games. They did play games, and the games at the London hospitals were and are quite as important as football, baseball and so on are in our colleges. I got a lot of that. I got a lot of the idea that things are much more comparative literature than they are the Gospel of St. John. There's much more variety in there, and that stood me in very good stead for the experiences that I later had in other parts of the world.

I wasn't in Britain for any of the war in a professional capacity, and I did not see the British hospitals. On the other hand, I learned a good deal about the ordinary progression for a young doctor in Britain purchasing a practice, what being a locum meant--a whole set of things that really reflected the current social structure and standards over into the professional in a perfectly novel fashion. I think--to put it in the simplest form--what I got out of the RAMC was almost infinite variety and nearly all of it well controlled. There was awfully little of it that was sloppy. I saw what being the various kinds of a doctor was and it was a very different thing from anything that I knew in the United States. I liked it and furthermore I think that it broadened my point of view

quite substantially.

Looking back I would say that I also got a great deal out of being in the different casualty clearing stations. I had no companion at all from America and I never will forget the shock of going into one of them up near Popry one morning. There was a boy lying in bed. I said, "Good morning."

Out of him came, "Good morning, sir."

I said, "Where do you come from?"

He said, "I don't know exactly where I come from, but I used to live in North Carolina."

I discovered that the Americans had taken over the sector and I had a ward full of Tarheels.

It was here that I got a very substantial experience in physical examination and general sizing up of "Is he sick or is he only half sick?" I got to recognize what the illness was without the use of any words. Lawrence Henderson once put me on to one awfully interesting thing; namely, the English language is deficient in one way that is rather deceptive. We have only one verb for the idea "to know". French has "savoir" and "connaitre". German has "wissen" and "kennen". We don't make a distinction between what we mean when we say we know something. I say to you, "My dog knows me." I also say a little bit later when you tell me that

Pasteur was born in 1822, "I know it." Those are two very different meanings. "My dog knows me" entirely evades, avoids and raises no question about putting it into words. It's knowledge without words. Whereas I say "I know" the Pasteur item because I read it or heard it, I wasn't there when Pasteur was born. In the latter case there's no experience at all. Now, these various kinds of knowing have tremendous advantages and tremendous limitations. If you mean "mon chien me connait", "my dog knows me", you are talking about the kind of knowledge the dog cannot transmit. It grows within and it dies with him, and a lot of the knowledge that the clinician has he cannot communicate. He'll do his best, but he can't tell you why he thinks so and so. Now it's a great defect that that kind of knowledge can't be communicated, but one immense payoff is that that kind of knowledge, coming from experience, gives you courage and guts. The other kind of knowledge--from reading, or from listening to something--gives you only a secondary kind of courage. Say you're at the top of your class. If that's courage, I'm a plumber. You don't know things in the deep sense. However, such knowledge can be spread and stored for indefinite periods. The British lean more heavily than we do on the knowledge that comes from experience--at least so they impressed me when I was among them. Along with that there is also a sort of horse sense.

It's pretty impressive and also at times pretty depressing because it is so uncommunicable. You may have known at one time or another men who could sail a boat damn well, but who couldn't possibly tell you how to do it. Well, I thought there was a good deal of that in British medicine. There was also a good deal of supersensitiveness to social position. I felt that full time was going to be quite a while coming to England because I thought that the part timers would go to see the duchesses whether they liked to or not and if necessary desert the classes that they were supposed to lecture to. On the whole, the Londoners had, as boys, experienced a great deal more contact with excellence than most boys in this country had. They had a tremendous sense of moral inter-personal responsibility, which was very impressive.

I think that technically I didn't get much. There was too much rule of thumb and by the time I got into the war a great many British doctors were bored to tears and embittered. Some of them were broken up in their family relationships. I, on the other hand, had a very good time because I was "quelquechose unique". In terms of my suppositions, I was something that they hadn't seen before, and they put me over the jumps pretty steadily.

All during the war which, for me, began in September, 1917, and lasted until February, 1919, I, in a certain sense, lay fallow.

I knew that after the war I wanted to get into public health work and I decided that I would take a chance--the future wasn't very certain anyhow--and ask the Rockefeller Foundation if they had any job for me. I hadn't the faintest idea that they were frantic for doctors. I remember going to see Wycliff Rose, who was then the head of the international health division. He had an office that overlooked New York harbor at 61 Broadway on the twenty-seventh floor. From his window I could see the boats going back and forth in New York harbor, with the suggestion of a world that lay beyond. When I told Rose I wanted a job he said, "Yes, Dr. Gregg, I think we can use you. Now, I'd like to give you your choice of where to go and what to do. We need two men in malaria and hookworm in the southern states. Dr. Connor would like someone in the yellow fever field in Ecuador. Dr. Hackett would like someone in Brazil on hookworm and some malaria work. We want to send someone to the south seas. Dr. Sawyer would like someone in Australia. We're very anxious to get a man to start in public health work at the school in Peking, and the government of Spain wants somebody for hookworm in the mines, and Italy would like somebody in malaria. Would any of those interest you?"

Well, I never felt so acutely being at the crossroad. My frame of mind might be inferred from the fact that I thought, "Which of these do I know the least about?" I finally decided that I knew the

least about Brazil, and I said, "I'd like to go to Brazil."

My die was cast--this was on the 23rd of February, 1919.

Rose then asked me when I could leave.

I said, "Anytime."

He said, "Could you make it by the 10th of March?"

I said, "Yes."

He said, "Very good, we'll send you all the necessary instructions."

Now I can't help but thinking what would have happened if I had gone to two of the places that were mentioned (one was China and the other was the south seas). However, I had a very valuable time in Brazil, and that's how it started. It's the reason I left clinical medicine.

Now the thing that I didn't know about public health work was that one of the motivations that I had for medicine in general was honestly winning human gratitude. In public health you don't get a great deal of gratitude out of improving the death rate from malaria from point something or other to point something or other. I can remember that I was very much impressed when I had been in the little town called Florianopolis in Brazil very nearly a year, and one of the citizens stopped me in the street to thank me for making the area around the hospital so much more healthy than it

used to be. He said, "Malaria has disappeared. Frankly, I'm able to rent two houses that I never could rent there. I can now find people to take these houses. They were in so insalubrious a place."

I thought, "God, it's been very nearly eleven months. I haven't had a word of gratitude from anybody. This is very nice. But is public health always going to be like that, that the only satisfaction that you get is from your own technical knowledge, and that everybody behaves in a way that my old medical school friend, George Bigelow, summarized very neatly?" George, because he was public health officer for the State of Massachusetts, once went to a dinner of the Good Samaritan Hospital, given by dowagers interested in social work. He was a very witty and amusing person. He stood up before these dowagers and said, "I'm sure I haven't any idea why a public health officer of the State of Massachusetts should be not only admitted but invited to such fine company as you people in this chronic sanitarium provide me with this evening, unless of course there is some truth in the statement that has been made occasionally that a public health officer is like manure in that in large quantities it's offensive to practically everybody, but if it's spread thin, it's said to do some good'."

I can remember about the third day I was in Rio, getting to know Louis Hackett, who was my chief, sitting out in the afternoon at the time when all the boys and girls did a little bit of walking around and looking at each other. The scene was so exquisitely peaceful and so amazingly different from northern France in the winter of 1918 that I had a hell of a hard time not bursting into tears, mostly from self pity, but partly from relief. Brazil was new in practically every sense of the word. My boss, Louis Hackett, told me later about a theory of his that concerned when it was a good time to send a newly arrived Rockefeller Foundation doctor out into the bush on his own. He'd come to the conclusion that the best test of real capacity at communication was to find out whether the unknown could tell a dialect story or not. After I'd been there about a month boning up on helminthology and studies of mosquitoes, Hackett said to me one night, "I haven't asked you. Do you know any good coon stories?"

My mother was a Kentuckian and we'd had Uncle Remus read to us by the hour, by someone who knew how to pronounce it, and so I obliged with a couple of coon stories. The next morning Louis said, "I think it's time for you to go out into the bush."

I had spent the whole month of May in Sao Paulo, learning about the helminths and hookworm principally, at the school that the department maintained there in public health. Then Hackett, on

the basis of this story about the Negroes, decided that I was ready for the hinterlands, and sent me to the state of Parana to make a survey of the incidence of hookworm. In my party there were five Brazilian youths of somewhere around the age of twenty.

One of them was a trained microscopist who had been at another one of our stations, and another was a *garde chafe*, whose function was to herd the party for me. Then there was a little doctor named Remisio, who could talk what he thought was French and what I thought was Eskimo. However we did manage to converse and in the process I learned Portuguese.

First we'd go to a Brazilian village that would be representative of the highland or the lowland, the interior or the coast, and make contact with the mayor. With Remisio's help we'd explain that we were sent by the state board of health--the latter was largely a figurehead but had good writing paper. Usually the mayor already had had a word from them that we were coming, that everything was being paid for by the state and that all he had to do was provide help in lodging us momentarily. Then we'd announce that we'd examine anybody for nothing and tell them whether they had hookworm and treat them if they did. We got very varied receptions; however, the natives were friendly and trusting. By the time we had examined at least six hundred people--men, women and children--we'd say, "All right, we have a working idea of what

infection is here, and it's time to move." We'd give them a treatment and then move along. I did that for three months.

We gave them quinipodium and oil of quinipodium, one dose in the morning at six while they were fasting, and then two hours later a dose of magnesium sulphate to clean them out. That was all. It cleaned them out pretty well, and it was a pretty good job in the sense that they all felt better. Frequently, however, we didn't witness the results of the treatments and only when we stayed as long as ten days could we notice a real difference. This in essence was the procedure we used in the survey.

The work I did later was to pick three places in the state and start up what were called posts. There we rented a house. The guardas lived in the house and early every morning they went out on horseback and did a recensiamento, which is a census of families--that is, where they lived, how many were in the family, etc. The guardas also collected fecal specimens and brought them into the laboratory for examination. Later we treated everybody who was infected, and in the lowlands of Brazil that's everybody. I got rather fretted. We had an obiter dictum from the United States that thorough treatment was to be three doses of quinipodium per individual at ten day intervals. There wouldn't have been any harm at all if it had been a week

interval. It would have been ten times as easy to say, "This is Monday, isn't it? All right, next Monday I'll give you the second dose." But we'd have to say, "I'll have to give you the next dose a week from this Thursday." That isn't easy administratively. In fact, it's quite near to impossible.

Some of my college education came to my assistance in Brazil, particularly a course in the history of the west by Frederick J. Turner. It made me aware of geographic differences. I saw, for example, that Portuguese settlers coming from Espirito Santos in the south first encountered a high range of mountains. Way inside of that was the Planalto, which was cool enough to be free of some of the worst of the mosquito and worm infestation. Life was healthy up in the Planalto. It wasn't healthy in the lowlands. Wealth, happiness and health were the reward of enterprise in the state of Sao Paulo, but in the state of Pernambuco death was the reward of being too enterprising. There the settlers simply got into more and more hot river valleys where there were pests that they didn't know of and had never encountered before, whether snakes, insects or diseases. I also saw that the character of settlement was markedly different when no racial lines were drawn. The early Portuguese married the native women to their hearts' desire, so to speak, and the resultant Brazilian caloco is really a mestizo. The pure bred European stock dwindled and

changed very rapidly.

Brazil had a very different history from the United States. The force that took people to Brazil was the hope of finding El Dorado in whatever money they wanted to count in. It was not to practice their own religion or to live in freedom. It was a very different atmosphere from the settlement of the United States by the various European powers, like the English, the French and later the Scandinavians.

I saw the historical development of the country halfway before my eyes. Because in Brazil, as you go away from the railroad, you go back in time. I've seen children playing all their games with Gregorian music because they had had no additional music since the earliest Gregorian music which was used for children's games. In Parana and in Santa Catherina a slightly acquainted pair of men who have widely separated ranches and chance to meet on horseback find that the polite way to finish a conversation with an acquaintance from three weeks' away is to ask, "How is your obligation?"

The other one says, "It goes well, thanks be to God, my obligation proppers." What does he mean? He means his family. "Quantos familias tent?" or "How many families have you?" relates to the old custom of the daughters marrying and

living with their fathers and their husbands--their families always remain under the paternal roof. "How many families?" means "How many daughters have you?" Usually they all get married.

As you left the railroad you kept going back in time and the human relationships you encountered reflected this. All of that was extraordinarily striking and interesting, and you got into it by just the measure of how well you knew the language. If you knew the language reasonably well, you got way in deep. I reached that point in Pernambuco, where I lived with Brazilians for about eleven months. When I was recalled from Pernambuco to Rio, I went down by the royal mail steam packet line, the *Almanzo Ora*, an English boat. Here for the first time in eleven months I saw my own race. Believe me it was impressive. We anglo-saxons or western Europeans are interested in movement and in muscles. We're not particularly interested in our glandular life, but the Brazilians adore the glandular life and they can't bear to move. When I got on that boat I saw women walking up and down restlessly. I said to myself, "Why, these women have freedom. Nobody's hanging on to them. They're walking up and down all by themselves, and they're preferring to exercise, which is incredible." To be like the Brazilian women I was seeing they should have been sitting in deck chairs and emoting, just having emotions--complicated, delicate, forceful, anything you please, but not walking around.

We're neuromuscular. In effect our cue is movement and action. Previously I had never seen my own race from any other point of view. The subtle differences I observed were awfully stimulating. It made the relative isolation cost me much less. It was exciting, fresh and new. Much of it was undescribed.

It was said when I was in Brazil that on the mountain Itatiya, which is not very far away from Rio, there's a biologist's reputation for every five hundred feet difference in altitude because there are forms of life there that have never been described. The thing that I wish I'd had at college to make all of that experience worth more was a good course in zoology. I hadn't had it and still was not alert to the fact--as I should have been--that I could learn a good deal on my own hook. That's been a constant struggle and stimulus to me, to learn without teaching, but I didn't have it right at hand.

The contact with unsophisticated, unspoiled and uncitified people was a very refreshing thing, and I got one or two things that were quite good out of it. I can remember dealing with a chafe politico of a little bit of a municipio or a little bit of a county. I wanted terribly to convince him that there was such a thing as hookworm disease and hookworms. I got some strongyloid larvae, which closely resembled worms, and since they're easier to get and put under the microscope I said, "I'll show you

these snakes that are sucking the blood in your belly. You come and look at them."

He came and looked at them under the microscope and broke out with, "Noces, Senor. By our lady."

I got too optimistic and said much too soon, "Well, now you believe that there are snakes in your belly sucking your blood, don't you?"

In a very sing-song, reserved, but decided fashion, he said, "No, Senor, I don't believe it."

I said, "Why not?"

He said, "Because I see lions and tigers in the cinema and they're not there."

That's a profound remark. I couldn't explain the theory of the compound microscope. It was obviously something the likes of which he'd never seen before. Were the worms there? He'd seen lions and tigers in the cinema and they weren't there. The whole business of getting the confidence of these people and getting them to let you treat them was really quite an experience.

One of the vivid ones was in the state of Parana. I went way into the interior to get to a Polish colony that had gone down there in 1845 and settled and had lived in a Brazilian environment for eighty years. This was in the early twenties. They had lived there all that time. We went to the place and were given rather

formally a house to live in right across the street from the Catholic church. All Friday we were there, but none of those Poles came in to be examined. On Saturday afternoon I got very worried. I remember that I was sitting on a keg of magnesium sulphate that was awaiting consumption and I realized something that has been of help to me ever since, and that is that these people had absolutely checkmated me by refusing to accept a gift. There was no reason for them to be grateful. It was going to help them a lot. But I could very wisely be extremely grateful to them if they allowed me to give them a gift of great value to them. That revised my view about the Foundation for all time. I can say, "We're indebted to Dochez when he lets us give him some money to work with. He has no reason to be grateful because we won't exist unless we find some people capable of receiving money and using it wisely."

I got frantic in this situation among the Poles. They were all going to church and none of them were coming to us. Finally I went to see the padre, a Polish Catholic, and said to him, "I'm troubled because I've come all this distance to help your people and they don't come."

He said, "Well, what is this man Rockfelice?" (Happy Mr. Rockefeller, it means in Portuguese.) "I don't understand his motives. Now, if you could tell me that he had lived a life

of considerable dubiousness and he was giving all this away as a peace offering to his God, then I'd understand, but you haven't told me why he's giving it away."

Then I had the one happy inspiration that I've had in life-- I think awfully slowly usually, but it occurred to me to say this. "If you walk down the street, Father, and you see a man starving and so weak that he can't stand up, what would be the motive for your helping him and giving him a little to eat or a little money?"

He said, "Charity or a sense of guilt."

I said, "Well"--I was awfully tempted to say, "Same thing here," but I didn't--"the Rockefeller Foundation has just spent three million dollars in Poland for the starvation in Poland."

He said, "It has?"

I said, "Yes."

He said, "Oh, well then, how many people do you want to treat?"

I said, "By Sunday I'll be ready for five hundred. Will they be here?"

He said, "They certainly will."

He sent me seven hundred and the day after he sent nine hundred. We were absolutely swamped, but he wasn't going to have anybody do anything for his flock unless he knew why. I

showed him that he didn't have to have the motive if he was still in the position to give somebody a little food on the street without a reason for it, better than, or more cogent than, Christian charity.

In general, however, we didn't have any objection at all from the Brazilians. They took it mildly, gently, and were friendly, and it got very picturesque results. I know of one father who came to me complaining a little bit. He said, "You've treated my son, and it was all very well. He was too weak to get up from the floor and he'd been that way for six years, but you've treated my son and he's run away from home, he's so full of energy."

We used to have these bursts of strength come on young people that would just carry them right out of the box because they were free from worms.

We had instructions from Johns Hopkins that the methods that we were using for diagnosis of hookworm disease were about three percent inaccurate in the sense that they missed detecting the infection in three cases out of a hundred. When I was in the lowlands we very rarely had an infection rate lower than ninety-eight percent. In other words, the population was one hundred and one percent infected and I said, "What the hell is the use of examining these people as though you were finding one case in forty of infection when they're all infected. In fact, they're one hundred and one to one hundred and five percent infected."

I got Hackett to let up a little bit, and, in areas where a primary survey had already shown something better than ninety-five percent infection, we would just treat everybody. The treatment was picturesque in its efficacy and in its promise, and we had complete success with it. I shudder to think what would have happened for any roughneck that came after our first sweep through and said that he was also from the "Rock-felice Foundation". He could have done anything with the people because of some of the wisecracks who said, "You don't get anything for nothing. There's a string attached to this and I'm not going to take the treatment." Well, when we left town we left them very disconsolate and bewildered. We hadn't asked for anything.

The country was lovely. It was picturesque physically and it was a beautiful contrast to northern France during the war. More important I had lots of fun with the language, learning more and more of it, particularly the use of diminutives and augmentatives. In Portuguese you can stick an augmentative on any noun, which transforms whatever you're talking about into something big. With this device you can get the most delicate shades of meaning. I remember I heard a fellow get off his horse after a long ride. His friends in the tavern said to him, "A big trip, wasn't it?"

His reply was, "It was a little bit of a great trip."

That was combining the two to mean that "I'm a master of anything that comes to me no matter how big it is." It was a bag of shells.

Language came to my assistance in my Brazilian experience. I'd had a good preparation in Greek and Latin and although I was capable in languages I knew no Portuguese. I picked up Portuguese in Brazil in a way that I never thought of picking it up; namely, entirely by hearing it. I did not do much reading, and I had practically no grammatical study. I had a miserable two months when I couldn't express myself at all. However, that situation changed and in a relatively short period I got to a point where I could begin to express myself. The learning of Portuguese made a profound impression on me. Through it I found how inadequate, vague and scrappy English was in certain ways. For example, I found Portuguese far richer than English in adjectives and adverbs, these being subjective words and describing feelings with shades of meanings that were quite beyond our common usage. On the other hand, they were weak on verbs and weak on nouns because they hadn't touched as many things in this world as the seafaring English had. For delicate shades of meaning Portuguese has us all backed off the map. The simplest illustration that occurs to me is our word "corner". We have the "corner" of the street or the "corner" that you were sent to when you were a child for punishment. It simply

bewildered Brazilians to be told that it was the same word. They kept saying, "It's an exactly opposite condition." Well, I learned that after all, all human thought didn't begin and end with English and I learned that a statement made in Portuguese was as inescapably different from English as any conversation I might have on the same subject with two different people. They're two different statements, and it can't sensibly be otherwise. I learned that, and it helped me a lot towards seeing, "Well, how does this other guy regard the circumstance he's in? I can see what I think of it. How does he regard it?" It was a tremendous pressure in the direction of pluralism rather than monism. At present I'm not ready to take the monistic view of anything. I like the sense of unity but I always feel that it's spurious. That knowledge came to me at a particularly important time. I was not married and when my time was off, it was completely off. I had plenty of time to think about things and for three years I had a chance to puzzle out an awful lot of what was confusing and bewildering me. Looking back it was an experience I wouldn't trade for anything.

I can hardly exaggerate beyond reality how completely pioneering we were in Brazil. The decade between 1910 and 1920 was really the renaissance period of public health work. We didn't know where the ore lay. We didn't know what to put emphasis on. All we felt (and I felt it pretty strongly) was, "I spent all these

years learning to be a clinician and now this isn't clinician's work at all. Where are the leads?" It was anybody's choice. There was no movement to guide us. There was no precedent. We would be talked to about Lemuel Shattuck and "the great figures", but what does one do in Brazil? Herman Biggs was still alive. There were perhaps three or four figures of the Biggs dimensions, but the questions were, "Is it right for public health men to be full-time public health men? Is that the wise thing to do?" All these were unresolved puzzles and we reacted to this state of puzzlement according to our temperament.

It was a little bit confusing except that we were all in the same boat. We were doing public health work for a government and at the same time maintaining our status as a supremely independent private organization in a foreign land where not only we but our wives--if we had any--had a great deal to learn about keeping house. Everything was new. It was enjoyable, and the contributions of each man were very different. Everybody tried to tackle the problem in his own way and then would rather laboriously come to the point of admitting that George Strode's view of doing it was probably better than anything we had. We had plenty of chance to contribute, but had very little consciousness of the fact that we were contributing. We were just bewildered. I did write two papers, but that was sort of a repetition of an old habit.

The fact is that we didn't know how to do public health work. For example, take the problem of obtaining publicity for public health and public health education. I had no precedent and I just had to sit down on my tail and figure out what probably would be the best way to do it. Fortunately I came upon something that I still feel can be used in other places. That is, the place to give your public health demonstration is in the public market place on public market day. One should never put a health exhibit in the mayor's office because nobody goes there.

I just let my fancy free in the business of conveying and teaching Brazilians that it was well worth the effort to get rid of their worms. I did anything that occurred to me and I had very interesting and amusing payoffs. One day in a little village I thought, "Well, when I was a kid in Colorado, the railroad companies used to take pictures of fishermen holding all the trout that they got in a stream lined out on a string. Why don't I take one of these little kids, treat him for ascariis (which is the long worm about the size of a pencil that all the children had), retrieve them and pin them to a board, and then have the kid hold it as though it was his fishing catch to show passersby in the market place what he'd harbored."

I did it and I had the full and delighted cooperation of a kid. His arms could hardly stretch the length of a board that was long

enough to pin all the ascaris he'd had inside him the night before. I took a picture of it and stuck it in one of my reports. To my immense astonishment, in 1929, when I was talking with a professor of parasitology in Leningrad, he showed me that photograph in an effort to impress me with the importance of parasitology. He said, "Look at that".

I said, "Good God, where did you get this?"

He said that he had put it in a Russian journal on parasitology because that particular type of worm was known all through Russia. I then told him that I took the picture in Brazil in 1921. I might add that he disbelieved me.

The exhibition I arranged was simply a way that occurred to me to demonstrate to Brazilians the amount of worms that they carried, and it was a fantastic amount. One day in Santa Catherina, one of my guardas came to me and asked for special permission to treat a woman for worms. Outwardly she looked pregnant but after I examined her thoroughly I couldn't see any reason not to treat her. She filled three urinals with nothing but ascaris. The baby was nothing but worms. It was to be sure an extreme case, but I think it conveys my point; namely, that Brazilians had a good many worms.

I never tried to play the extremes with my prospective patients. It was almost enough to tell them they were sick, because they were

all sick. I brought home hookworm in the sense of a new name for a very old condition. They used to call it the exhaustion. I established with a lot of them that the exhaustion was related to hookworm and that one could get a cure for it. Today you don't see the railroad stations in Brazil filled with the pathetic, pale, inert, hardly living people that you used to see. It's gone. They know that if you have hookworm and that if you take treatment you're finished with it. It's all right. In that way, thousands and thousands of people--and I say that literally because in one post we treated a hundred thousand patients for hookworm--are alive and doing well who before would have been just hanging on to existence.

The other thing that I managed to do went back to my interest in statistics. I had seen the International Business Machines and it occurred to me that with nothing but an ordinary cardboard card I could put notches up and down a line so that when the cards were stacked together, some would fall down and some would be held up by the border. Louis Hackett improved on that substantially by thinking of putting holes all the way along the margin of a card and making a hole that was cut through so that it fell out. We found that we could run a skewer through a pack of these cards and in this way sort a thousand people by their age, sex, type of work and kind of infection for one or any one of a combination of six

different types of intestinal worms. We got some fascinating stuff out almost immediately. I brought that technique home and it has been used in the Foundation ever since. There is one thing, however, that I've always been sorry about. I kept a record of children's height, weight, age and verminosis (particularly the many different kinds of worms they were host to). I had over twelve thousand children sorted in this way. However, before I returned to the United States I left those records with some people with whom I stayed and they later threw them away. I was pretty unhappy about that because it was the one good payoff that I'd had from the whole business, and I never got anywhere with it.

Public health was just coming into its own in the United States-- and in Brazil we were carrying a flag which had just been put together as a flag. We didn't know what parts of it would rot and drop out or what parts of it would hold fast in a fairly stiff breeze. Public health was our marching banner but what was it good for? We didn't know.

I could say rather promptly and rather forcefully that nobody gathered this together. It was completely disjointed. The idea of writing the history and trying to make a digest rather faltered because of a very understandable thing. We were so busy that we didn't have time to think on a centipede basis which leg went first.

We just had to walk, do what we could, and watch for the major successes and follow them as much as possible. It was much more a guerilla warfare on disease than a planned campaign. Although a planned campaign sounds perfectly wonderful in retrospect, it was really guerilla warfare.

When I later returned to New York I had a complete shift because I decided to go into a new venture of medical education which had never been studied in a conspective fashion before. I brought to the division of medical education simply a fairly lively memory of what medicine was like when it was put on a preventive basis by complete novices in a foreign country. I don't think there's any doubt that in those purely empirical forays that we made into a new subject, new at home and certainly new abroad, that we got into what Mrs. Wharton calls "The thick of thin things", sometimes for six months or a year at a time. What I was very much impressed by was the great importance of having a testing laboratory somewhere in the whole picture so that the questions raised by experience in the field could be clearly studied and explored, so as to get better and better field operational procedures. Now, the safe interval between two doses of quini-podium was a case in point. We had this obiter dictum that ten days had to elapse. Well, we would have been

able to treat thirty to fifty thousand more people if we'd had it a week because patients didn't forget if you told them to come back in a week. We wanted a place to go back to and say, "Now look, you tell us beyond a peradventure what the minimum period is because we need to know that." I saw very clearly the value of a testing laboratory, a place where certain aspects (that nobody could think of until they had it shown to them by experience) could be explored, precisely defined and then be ready for application. That was a tremendous lesson.

Incidence of disease was an area in which experience taught me a great deal, in particular the importance of getting a general conspective view by taking everything into account when dealing with parasitical and intestinal worm infections. We were, for example, concerned with problems of nutrition. Our guards in Pernambuco used to be asked rather revealing questions by their sick hookworm patients. The question was, "Would you let me have a loan of your rifle for a few days because my appetite is so enormously more than it has ever been before that if I could go out and shoot a few birds I'd be very grateful to you." What we noticed right away was an enormous increase in the appetites of people who had been eating miserably because they'd had no appetites. What was more important was some excellent work that was done in Puerto Rico by

one of our men whose name I forget for the moment, to the effect that dogs who also have similar types of parasites if fed (a really good quality of meat and plenty of it) don't have hookworm, although their conditions of living are exactly the same. In other words, not only does food help the general nutrition but it protects the animal against parasitical infections. The concept of an organism run down by malnutrition being a safer harbor for a parasite if it doesn't have good food and an organism practically protected from parasitical infection if it does have good food was a new idea. We might have been able at a far greater cost to get rid of parasites in Brazil by feeding the population extremely well. There was an extremely good example of that in Santa Catherina. A very religious and pious German Brazilian Catholic established a rest house or a cure sanitarium which was made more impressive by his taking a perfectly lovely mountain side and putting very expensive, imported stations of the cross on the hillside. The technique was to take a poor--in terms of physical condition but rich in terms of income--Brazilian gentleman who suffered a great deal from that tired feeling, make him do the stations of the cross and then afterwards give him an astonishingly good meal. That fellow had wonders to his credit, and people came from all over Brazil to stay at his pension because they got well and came away

feeling wonderful. The feeling wonderful was probably quite as much due to the quality of the midday meal as it was the restoration of the physique through prayer. It was also true for the hemoglobin count. There is no doubt that the condition improved greatly on a good diet.

I am perfectly willing to admit that I was almost fanatically interested in diet, and that the whole concept of vitamins was then making a great impression on me. I watched it fairly carefully, and I insisted that my guardas take food that they hadn't been accustomed to, like liver and fresh orange juice. The Brazilians did not have at that time a good understanding of nutrition.

The instructions that I had from the Foundation on leaving New York for Brazil were mainly to the effect that in working with the Brazilian public health officials, doctors and population generally I was going to make merit in the New York office in precise ratio to the extent to which I gave it away in Brazil. I was to take no credit. I was to seek or tolerate no publicity. All my work was to be done in the name of the state health department of whatever state I was in, or in the name of the federal health authorities. When I started out I thought that was pretty high ground. I thought it was applying moral principles

pretty literally and pretty forcefully. I did not see the Machiavellian cleverness of it and how well it would pay off. It paid off in the following manner. In essence we did not attempt to establish any working relationship with the Brazilians for any long period of time. Our purpose was simply to go down and show them the results they could get with a certain organization and certain methods of detecting hookworm and treating it. We made our contracts with definite time limits and they usually ran for about three years. However, they could be renewed for a comparable period of time.

When I went to the state of Santa Catherina it was on a three-year arrangement. Consequently the thing I wanted most was to get the Brazilians interested in doing public health work, and in particular work on hookworm. It was a disease that was very easily handled, however, unless it was controlled it was disastrous in its results.

I used to have lots of interviews with Brazilian laymen who would come and beg me to start control work in their county and I would always say, "I am sorry. I cannot give you an answer on that. I'm only working under the direction and at the invitation of Dr. Ferrera Lima, who is the head of the state health department. You must go and talk to him. He is the man who gives the permission and he instructs me."

Well, they'd go and see Dr. Lima, and he just inhaled the news that he was running the show. It was a very trivial and subtle step for him to move over from the enjoyment of being given full credit and full power for running the show into believing that it was his work (which by insinuation and overtones he allowed to be the general inference). The cleverness of that policy blossomed later. When I left, Dr. Lima for two and a half years had taken it and let it be known that the hookworm project was his work, and he found later that he couldn't stop. It simply guaranteed the permanence of the work that the Foundation did.

Dr. Lima wasn't a cantankerous human being. I'd ask him a question and he would say, "Tell me what you think because, frankly, I don't know." Under those circumstances I'd tell him, but only under those circumstances. Everything became Dr. Lima's decision. The policy of giving the credit all away and completely refusing any credit for any results made the work stick.

Now another aspect of the work was that being an American doctor exposed me to an enormous number of requests for just a little private advice on the side. I was offered bribes. I was offered all kinds of kindness and consideration if I would only see little Emilie after lunch and so on. If I had strayed

from the path, I could have established very lucrative relationships because I went to places where a doctor never had been before, or had not been within the memory of anybody there. We were awfully worried about setting a bad example to the young Brazilian doctors whom we wanted to get into public health work. We felt that if they saw the boss seeing people on the "qt" and on the side they could not resist doing the same thing. We were putting people in areas where no doctor, to say nothing of a public health man, had ever been. For example, at one point I got a wonderful offer signed by a committee to stay in a municipio of about twenty-five thousand people, financially guaranteeing me anything that I could have sensibly wanted. There simply was just a crying need for medical care. The experience of being in the bush carried a funny little corollary. When I was in the deep wilderness as a doctor, I found that there were no other doctors to talk to. Excepting very inferentially and very much second hand, that meant that I didn't get a chance to find out what kind of a knowledge, skill and approach Brazilian physicians brought to problems in medicine.

Looking back, I think I found Brazilian medicine more to be criticized on the sociological and moral plane than on any other. That was a ruder surprise to me than the discrepancy, or the difference, or the step down in standards in technical procedures.

Their technical procedures were not very good, but they were far nearer passable, for example, than the regulations, customs and legal provisions in Brazil regarding the estate of a man who had just died. These laws were uniform throughout Brazil and as I moved from state to state I always encountered them. Their provisions stated that in case of death the doctor's bill had the first claim on an estate and that the undertaker's bill had second claim on an estate. If there was a difference of opinion about the size of either of those bills, the law provided that it was to be settled by a commission consisting of an undertaker, a doctor and a layman. Well, hand washes hand, and those commission opinions were valueless because they were arranged. All the doctors would vote for the doctors. All of the undertakers would vote for the undertakers, and the undertakers would vote for the doctors if it came to a quarrel with the third member of the commission, who was a layman. He was always outvoted by two to one. It was a very immoral and very unwise provision to have those professional bills take precedence. The people were horribly gouged again and again and again. Lots of times I was asked to come and pronounce a man dead because any Brazilian doctor that was called under the circumstances would charge so atrociously that the dead man's family was almost sure that I'd be cheaper. I never went, but there it was.

Now, the tradition of humane and free medical service was very scant. It was matched in some ways by a purely self-seeking and endlessly hopeful activity on the part of laymen in Brazil to escape paying anything to a doctor. In the end these moral relationships matched off and I think it was extremely unfortunate. Once I was waked in the middle of the night way out at the end of nowhere by a poor peasant whose wife was dying in labor. He had knocked on the door of three doctors in this little village to come out and see if they couldn't save his wife, and all of them demanded an atrocious fee paid in cash before they started. He didn't have the money. When I learned that that was the circumstance I was so angry that I went out with him. We walked about nine miles through a marsh and, as luck would have it, by the time we arrived the baby had been born. There was nothing for me to do, so to speak, but wash up, and that was that. I don't think many doctors in the United States would survive if they refused to attend a woman who was dying in labor or refused to go until a pretty big fee was paid. On that side I wasn't particularly drawn to the standards that obtained. They were pretty primitive. I was told that a fourth or a fifth of the students who went into medicine in the medical schools in Brazil at the time I was there went in because the title of

doctor and the status of doctor served their political purposes better than any other. They never had any intention of practicing. And as for practicing in the sense of the priesthood, *jamais de la vie*, there was nothing of that at all. I used to hear numerous stories of deceits in practice which recalled the atmosphere of the trickster in the middle ages.

One nice one that I remember concerns a little doctor in the country in southern Brazil who arranged things in the following manner. His little consultoria, or room where he saw patients, had a transom on the door that overlooked the next room. The transom was always open. The doctor never stayed in his consultoria, but in the room next door. When patients came to see him, the doctor's wife would go to the door and invariably tell the patient that the doctor was not in, but that he was expected back soon. The patient would then be invited into the consultoria to wait. Once in the consultoria, the doctor's wife would ask the patient some intelligent and revealing questions.

"What troubles you?"

"I have a pain in my belly."

"Where in your belly?"

If the patient pointed, the wife would say, "Oh, the lower right hand side. Well, how long have you had it?"

In effect she would make the patient state his history in an audible voice. The doctor, listening in the other room, would then run out, get on his horse and ride around a special road that he had made. When the patient rather dejectedly was about to leave the doctor would come back as if from a visit to another patient, enter the house, and cry out to his wife, "Did any patients call?" His wife would then answer in a loud voice, "You have a patient in the consultoria."

The doctor would appear in the door of the consultoria, look at the patient, and very dramatically say, "Wait. I know what's troubling you. You had a belly ache last night. I wouldn't be at all surprised if it was in the lower right hand quarter of your abdomen. You haven't had any vomiting, but it is perhaps a question when you're going to. I know the story. I can see it written on your face and in the way you're standing."

That diagnosis made a tremendous impression on the patient, and this particular doctor, by the device of listening through the transom, never had any trouble gaining his patient's confidence.

There were, however, some very good doctors. In the main, they had been to Paris, and had worked in the Paris clinics. They had a wide reading knowledge, great influence, and were skillful. However, their knowledge was more of the book than

of the hand or the ear. Although Brazilians had very little experience in scientific laboratory work, there were a few that had and those were superb. One of them, Carlos Chagas, was a first rate intellect and character.

While French medical tradition was dominant in Brazil, there was no Spanish medical tradition at all. Brazilians were enemies root and branch of everything Spanish. I suppose that in large part it was because their own traditions were Portuguese. As a matter of fact, they weren't very much more loyal to the Portuguese than we were to the English. The same parent-child confusions existed in Brazil as well. When I first got to Brazil, Brazilians would ask me with great interest how the Portuguese had done in the World War. I made the simple inference that they probably wanted to be told that they had done wonderfully. When I obliged with what fragmentary evidence there happened to be (and there wasn't an awful lot), I found that it annoyed them. I learned that they wanted to be told that the Portuguese were the scum of the earth. Their feelings were much worse towards the Spaniards and the Spanish tradition. Dr. Ricardo Machado, a good friend of mine in Porto Alegre, once told me that there were two factors responsible for the fine character of the people in southern Brazil. He explained that one was coal and that the other was the Spaniards or Argentines.

The latter, according to Dr. Machado, obliged the Brazilians to toe the line by being their major affliction.

The trick part of the situation that the Foundation found itself in in Brazil was that it in fact was offering prevention of disease instead of a very lucrative cure. We were "Norte Americanos" and not French. This is rather a circuitous statement. Although circles of Brazilian medicine in the cities like Sao Paulo and Rio seemed to tolerate us, I suspect a great many of the rest of the Brazilian medical profession was somewhat startled and somewhat bewildered by an American attitude toward medicine which was not filled with the traditional sanctified state of twenty to thirty French doctors that I could name. It must be remembered that at this time all of the Brazilian medical students' books were in French and the French tradition quite clearly was his pathway out into the medical world.

There was some conflict regarding my traditions of service and the Brazilian climate of opinion. It was hard for me to deny to be of any use because the condition involved was something we weren't treating. That called on several occasions for rather detailed explanation which was rather hard for the Brazilians to understand, especially the ones who wanted some consultation or some treatment. But it was extraordinarily

important on two or three counts. It kept our attention on what we were supposed to be doing. It smoothed the way enormously for such cooperation as we might need from the Brazilian doctors because they really saw that we meant what we said and that we were not trying to take their practice away or planning an invasion by American doctors. We were adhering to our side of the agreement. Deeper, it showed something that I think in social affairs is of greater importance than is recognized; namely, our conduct was predictable. You don't resent it if a fellow comes up and says, "On Tuesday morning at 10:30, I am, if it's possible, going to get at you and deliver the sharpest blow that I can on your chin." His conduct in that is predictable. He's a fellow who at bottom you respect and like far more than if he just sailed up to you and hit you on the chin at 10:30 on Tuesday morning. I think that predictability of other people's conduct is more important than the conduct itself. Well, in that way the Rockefeller Foundation said to the Brazilian doctors, "We will do so-and-so. We will not do so-and-so." When they found to their astonishment that our conduct was predictable, they liked us for it. They didn't love us by any means, but they could at least tolerate us because we'd kept our word, and the business of keeping our word after all depended essentially on predictability.

The salient thing for me being in Brazil was that I went through a constantly moving and changing experience. I reached points where I began to feel that I understood the Brazilians that I was working with. I got quite confident about it and then from time to time the earth suddenly opened in front of my feet and I found myself before a chasm of unknown depth. I found that I didn't know Brazilians as well as I thought I did. That disillusionment or shock mended itself rather slowly. It was not a unique personal experience; others went through it as well. Louis Hackett, my boss, was no exception.

One day Hackett was driving in the city of Rio on the avenue of Rio Branco when a presumably slightly intoxicated citizen stepped off a safety island and was hit by his car. When Hackett saw that he hit the man, he turned off at the first right hand turn and came around the block to see if he could be of any use to this poor fellow. He was of no help and for his pains he was hauled in and obliged to appear in court to explain how he was driving and how fast he was going. When Hackett tried to explain his actions to the judge the judge just couldn't get the idea that anybody who had hit a citizen would do anything but run away. He kept saying, "You say you turned. What did you turn for?" Hackett explained and the judge just didn't see that that was an understandable piece of human behavior. "What did you go back

for. To see whether you'd done any harm? You say that's it? Well, what the use of that? All that meant was that you were going to be arrested." Prior to the accident Hackett thought that he knew Brazilian psychology pretty well, but found that he didn't understand it at all because he couldn't explain to a judge why he'd gone back and carry any conviction whatsoever.

There are sides to the Brazilian character which are quite notable and quite memorable. For example, they have an almost oriental degree of stoicism on the subject of pain. That stoicism is particularly accentuated in the case of Brazilian women, and I saw it come out in a rather vigorous and impressive form. When I was in Brazil a book about the state of Santa Catherina was published. The climax of eulogy and praise given to Santa Catherina women in that volume was this: "In short, the women of Santa Catherina seem born to suffer." Meaning by that that the women took their suffering so well that they didn't do anything else as well as they suffered. Well, that isn't a climax of eulogy that would go very far with us because some implous North American female would say, "Says you! You're in a nice place to say that because you're a man", and so on. The Brazilian--and I'm told that it is traditional in the Portugese as well--is extremely stoical in the face of suffering. It was interesting to compare their stoicism

with their attitude toward the hospital. Their attitude in this area was completely negative and with good reason. The hospital was a place of last resort. It was a place where one usually died. Brazilians didn't want to go to the hospital and there was more basis of reality in that than is comfortable to think about. It was regarded as acceptance of defeat even to go to a hospital. The usual name for a hospital in Brazil was misericordia. Although misericordia meant pity, it didn't mean any technical skill. Nursing, for example, was an act of rather diluted piety (heavily diluted by the passage of time and the loss of motivation of a really pious character). The misericordia were places of extraordinary inefficiency, waste, carelessness and a good many human qualities that never should be in a hospital.

It was interesting to observe the different values or connotations put on various diseases. I remember once when I was up on a fazenda treating people, that I was asked to the proprietor's house for lunch. Eighteen sat down at the lunch table because there were three daughters and they were all married, and living, as the custom was, with their father. The wife of my host got me to sit opposite a little girl of nine. In the most curiously intense and emotional way imaginable, she begged

for the privilege of having me look at the little girl, just to give a little word of counsel to her about what she should give her for food and whether there was any medicine that seemed good. In discussing her little girl's health, she said, "Of course, she's very syphilitic, doctor, but what I'm worried about is whether her lungs are strong." Which meant "Has she got tuberculosis or not because that's the thing I'm afraid of." Tuberculosis was the terror that stalked by noonday, while syphilis wasn't a matter of anything more than casual conversation. The other disease which was terror-striking was leprosy, and leprosy in certain parts of Brazil was pretty awful. I'll never forget some of the leper patients that I saw there and what it meant. Now some of the states in Brazil were more intelligent than others and organized leper colonies. The baffling thing was that it was very difficult to keep a normally poor peasant from joining the colony because it was a sure handout of food from the government. There was no difficulty in keeping the lepers in the colony; that was foregone and easy. They'd stay. The problem was to keep normal people out of the colony and prevent them from getting leprosy and so adding to the total burden.

Brazil the twenties for me was the quickest access to the middle ages to nearly every form of life that I could have imagined. It introduced me to medieval Europe with a bang, and with a vividness

that I could magnify if I chose by simply going back and looking at it a third, a fifth and a twentieth time. It was there. The date was somewhere around 1680 and you could get it all up and down the line. In medicine it was somewhere in the center of the Eighteenth Century, 1750 or thereabouts. For example, in Ribram Prato in the state of Sao Paulo, on the dining table of the inn there was a combination crust of vinegar, olive oil and potassium iodide, because all the men were taking potassium iodide on the assumption that they had syphilis, which was frequently correct. The medication was only as generous as that, and it was exactly what I would have expected it to be about 1750.

I think the biggest impression that I got from working in the field of public health was that it's an absolute novelty to the Brazilian mind. I remember the puzzlement that I caused among doctors with the concept that it might be better of one prevented disease rather than go through it. "Aren't you a doctor?" people would say. "In that way you sacrifice your livelihood." I further got the notion that every witnessed action and event had a multiplicity of interpretations. In a foreign country one must continually be on the alert to an event or an action having almost an infinity of meanings. It helps define the social environment.

The rest of my experience was partly the inestimable thing which comes from associating with interesting people. Louis Hackett was my boss, and a first rate one. He had a wonderful sense of humor and a wonderfully alert and curious and wondering mind. I was very fond of Jack Hydrick. He was a very serious minded, hard working and admirable character. Sam Darling was a very picturesque and brilliant person. When I came to Brazil he was in Sao Paulo as professor of hygiene, and he just sparkled with ideas. Fred Soper, who succeeded me in Porto Alegre, in the state of Rio Grande de Sol, was a very rough and tumble Kansan with what used to be said of the Cabots in Brookline: "They had customs but no manners." Soper is a good friend but he's too domineering to suit my tastes. I don't really care for him a lot, but I had a lot of fun with him and he was good company in Brazil. George Strode was first rate. He was a very serious, careful and effective health officer. Jim Janney, who followed me in northern Brazil, was a first rater, and he's done perfectly beautifully since in Chile, as I was sure he would do.

While I was in Brazil, Dr. Richard Pierce came down on a visit. One night he asked me to take dinner, and my questions of him about what was happening in medical schools in the United States gave him (I didn't have the faintest idea what I was doing) the idea that I was a fellow he could have for an assistant. I was then coming to the end of my three year's service and Pierce offered me a chance to go into the New York office when I got home instead of returning to South America. I'd had what I thought was the major return from Brazil and I wanted to get married, so I accepted. I went home on my leave, and after my leave was technically over, I went into the New York office for a year. In the beginning I was just a desk boy for Pierce.

One of the important people at the Foundation at that time was Dr. Abraham Flexner. Abe had earlier been a highly successful owner and headmaster of a secondary school in Louisville, Kentucky. He told me once that his wife announced to him one day that he was going to give up the school. He thought she was crazy and he didn't understand why she said it. She told him, "I know what you're going to do. You're going to go to Harvard and write a book on the American college. You can do it, and although I can't tell you how to do it, that's what you're going to do."

Abe went to Harvard with a flying start, because President Eliot, who was a very shrewd citizen, had noticed that boys who

came from Mr. Flexner's school in Louisville were extremely well prepared for Harvard College and did very well. They had enough to make Eliot believe that something of their capacities was related to the type of teaching that they had had, and he made a point of knowing Mr. Flexner. When Flexner's book, called The American College, came out, Eliot, who was then on the Carnegie board, mentioned Flexner's name to Dr. Pritchett when that gentleman asked Eliot if he knew of anybody who could make a survey of American medical education. Abe was named as the person. He told me that he didn't know how to proceed, but that he went down to Johns Hopkins and asked Popsy Welch how to go at it.

Welch thought the best way to proceed was to take a leaf out of Dun and Bradstreet and simply go to the medical schools and say, "I'm listing or not listing your school among the American medical schools. If you want to be listed I'll have to see what you've got in the way of equipment, see what your setup is and talk to some of your principal people."

As with Dun and Bradstreet, it's wiser, although having some defects, to be in than it is to be on record as "I can't report on this outfit because they don't allow anybody to learn anything about them." Abe went right at it but said that the thing that made

it successful was the fact that he went down to Johns Hopkins at the outset and spent upwards of two or three months seeing how it was put together. Hopkins was unique at that time and Abe simply used Johns Hopkins as a foot rule to measure the other medical schools in the United States.

Abe Flexner was and is a very able fellow. I have considered for a long time that he was far shrewder and wiser as an appraiser than as an administrator. He was extraordinarily bold and usually correct when it came to appraising and evaluating a system of education. He was a man trained in the classics. He knew what good teaching was. He knew how to get it and how to give it. But he wasn't entirely at home in satisfactory cooperative endeavor. He was terribly restless at the effort involved at seeing lots of people in his office. All the rest of us would be seeing all and sundry and doing an awful lot of talking and some listening. However, Abe would be in his office virtually inaccessible for long periods of time--weeks--writing books and putting things together in a way that was extremely effective.

I once went to a luncheon of Foundation officers when Dr. Pierce was in Europe, and Abe did something that was quite characteristic. We used to have little talks by various members of a group--some eight or ten. Abe had the floor at one luncheon and he went

right down the table and showed how completely unfit for his present position every man at the table was. He left us all gasping. There was no mercy and nobody was spared.

The flavor of Abe Flexner in the group was on the whole simply excellent, but he had some rather troublesome traits of character. Abe was terrifically jealous of his job and of any apparent incursions or intrusions.

There was an interesting arrangement between Abe Flexner and Richard Pierce on the subject of who was doing what and where, which comes near to being important history in the Foundation. According to that arrangement, Flexner reserved the United States for his bailiwick in the field of medical education, while Pierce staked out Europe and Canada. That worked itself out to mean that although we were the division of medical education and it was in the Foundation and located in New York, I, as an underling, was not supposed to go anywhere in the United States or know anything about American medical education except what I picked up on my own. I couldn't do that, so to speak, on office time because our division wasn't supposed to have any relationships with any of the medical schools in the United States. That was Flexner's bailiwick and it was very bluntly defended. It was an unfortunate thing because it meant

that I really didn't know the central problems that we were having in this country well enough to help me understand what was going on when I went to other countries. That was that and there was no uncertainty about it.

Although Abe was supposed to keep out of Europe, he went right ahead and broke his agreement. In 1923 he went over to Europe and came back steaming about the condition of medical education in Germany. The report was so horrendous that Pierce had to make a special visit there. This was really stepping over the boundaries. Now I think that the essential fact was that Abe didn't have a great deal of interest or respect for Pierce's mind or Pierce's ability, and I think that Abe did only a mediocre job of hiding that low estimate.

Richard Pierce was my boss and he was my friend. He was in charge of the medical education division, which had been created because the International Health Division had come to the conclusion that our relationships in the field of public health in foreign countries were limited, and had a ceiling placed upon their growth, activity and effectiveness by the level of medical education in the country that was involved. When Rose was convinced of that he got the Foundation to create a division of medical education that was going to do something about the education in

medicine, especially in those countries where the public health work had gone well and was beginning to produce something roughly comparable to a miracle in the way of progress and improvement.

I remember the first time I met Pierce in Brasil. I had come in from the hinterland and there he was. I put a note in my diary that Pierce's exterior was about as inviting as a cemetery wall. It was. It was (as it is in lots of cases) the result of shyness and not the result of superiority or aversion. Pierce was a very shy person and, like a great many shy people, extremely sensitive. Pierce had lost his mother when he was about nine or ten years old. His father married again and the traditional stepmother situation developed. The new wife poisoned the father against the small boy and when he was twelve years old Pierce ran away from his parents. He told me once that he remembered in complete vividness earning his living in New Haven driving a grocery truck and seeing his father and his stepmother on the street laughing at him. That just cut him to the quick. For years he went along as best he could. He wanted to be a doctor and worked his way through Tufts medical school. After graduation he went to Philadelphia. I don't know how he got to Philadelphia, but he came there as an assistant to Simon Flexner in pathology.

Pierce worshipped Simon Flexner. He told me that once he took a trip to Europe so that he wouldn't have to make a speech about Flexner at Flexner's anniversary at the Institute because he couldn't trust his voice in any such speech about Flexner. After a while he was given a research professorship at Pennsylvania and was personally among those young professors at Pennsylvania who wanted to get the University of Pennsylvania pointed to the outside of the world instead of being in the hands of some squabbling clinicians. The fight was tough and Pierce consequently was a little more than ready to leave Pennsylvania when Simon Flexner put him up as a possible candidate for heading the new education division at the Rockefeller Foundation.

Pierce told me of an incident that occurred in these years at Pennsylvania which later proved to be of considerable and actual importance in the work of the Foundation.

When Pierce was with Flexner at Pennsylvania, Flexner came to him one day and said, "Dick, I think you had better go to Germany for a year."

This was something of a thunderclap because Pierce was then in the process of getting engaged to the present Mrs. Pierce, who was the daughter of Professor Musser. It wasn't a time when

Pierce wanted to leave that particular neighborhood. However, he went and then a curious, fortuitous thing happened. He worked with a German pathologist who in physical appearance as well as manner bore so strong a resemblance to Pierce's father that they didn't get along from the start. Pierce stayed because the professor was a person whom Pierce's boss and ideal had sent him to. A little later, Pierce, a lonely, lovesick student, contracted typhoid. His convalescence was long and arduous and, to add to his burden, he developed an embolism in both legs. This limited him for the rest of his life in the amount of exercise he could take because the circulation in his legs remained poor. He developed a hatred for Germany and this German professor that knew no bounds, but he kept it quiet. That hatred was reinforced during the first World War, when Pierce, although a volunteer, was rejected for army service because of his phlebitis. He bitterly resented the fact that he was not able to serve as other men did in the war. It was simply another strike against the Germans.

The end result of that attitude was that when I went abroad Pierce received my letters saying that I thought that I ought to go to Germany very coolly. I finally avoided open warfare with Pierce by simply devoting my vacation to being in Germany and learning German and something of German medicine (which I never learned

any too well). At the time I didn't know the German medical school situation except from what I could get from avid reading. Reading didn't prove too helpful because there wasn't anything anybody cared to write about in post-war German medicine.

Although I had a responsibility for German medicine I was severely discouraged from having anything to do with it. It also meant that later when Pierce was in Japan he never warmed up much to the possibilities of Japanese medicine because it was so completely Germanified. We never did anything either in Japan or in Germany to compare with what we could have done.

Now that's what I call unofficial history and it came about and showed itself deserving of that term by the fact that when Raymond Fosdick was doing his book on the Foundation Mrs. Carson, who was helping Dr. Fosdick, said that she'd encountered some great puzzles and she'd be glad if I would have lunch with her and explain some of these things. One of the main questions from her was, "Dr. Gregg, I've looked through all the records of the period 1922-1925. Why didn't the Foundation do more in Germany?"

I said, "Do you want the official explanation, because I can give you that. I know what that is. Or do you want what I think is the real explanation?"

She said that she'd like the real explanation. There it was. That's the kind of thing that doesn't get written in many a formal history and I resent it. I am supported in my resentment by reflecting on what the autopsy has meant in the development of medicine. The autopsy tells the truth as it is understood, records the attendant circumstances rather than ignores them and comes out with some very useful information. It is, however, true that the autopsy is a privileged document. I think that history might be a privileged document up to the time when nobody much cares whether the situation is decorous or not. Although the prejudice of an individual is not entirely decorous, admirable or understandable, it actually explains a great deal more than any other nominal facade of supposition and correctitudes. That's what makes me interested in Professor Nevins' Oral History Project. It enables some facts to be mentioned which either carry their own conviction later on or don't, but if they do, it is the only place they will come out.

Pierce had so lively a memory of his own difficulties and his own hardships that he was extremely tenderhearted and solicitous with junior people. He was awfully afraid of himself. I came at him in a funny way. I was so astonished and completely bewildered by having a position of assistant offered to me in

Brazil by a man who didn't (as it seemed to me) have any idea of my character or capacity, that when Pierce told me that we were going to go back to New York on the same boat from Rio I said to myself, "Well, when you go up in a balloon, it's wise to take a parachute. I'm going to look around pretty lively and fast to see what I can do when Pierce fires me because when he discovers what kind of a guy I am he will fire me. It will be made very decorous and everything, but it will be there. The best thing I can do on this two weeks' trip to New York is to be perfectly reckless in my comments, not try to curry favor and be just as blunt and casual as I can be."

Although I did this it didn't seem to have any effect. It wasn't that I wanted to have him break with me before we got to New York. I just wanted him to know quite thoroughly what he was dealing with. I didn't want the humiliation of being fired. I'd rather have gone back and made some other arrangement. We got along beautifully. I can see now that he was enchanted to have perfectly frank, bold and daring comment from a young fellow who apparently wasn't afraid of losing his job before he had gotten it. I saw his relationship with other young men and it was outwardly extremely formal, even to the point of being almost timid in its correctness. Inwardly it was one of great sympathy and great yearning. It was quite touching.

Pierce told me once that the role of a family country practitioner was the kind of life that he thought was the finest possible--certainly not being a pathologist, or a foundation executive. I think that he was disappointed as nearly all men who go into science are that he hadn't made a contribution of greater significance. However, he was a well trained pathologist and he had a very strong sense of good teamwork without any excess sentimentality. He was much too timid and self conscious to dare to show his feelings. He couldn't bear that but he was awfully concerned about how things went.

In the office he was highly respected for his complete honesty, modesty, thoroughness of work, and his capacity to get at the essence of a proposal or a request from the outside. There were people--Flexner was perhaps the most clear-cut example--who resented the slowness of Pierce's mind and the apparent cloudiness of his acceptance of ideas expressed to him. He didn't have an instantaneous grasp of everything. He had one or two funny attitudes. He cautioned me very explicitly against writing or speaking because he said, "As soon as you explain what you think is worthwhile, you'll be embarrassed by the number of requests from people who had that same idea and come in and say, 'I've always wanted to do the very thing that you describe.' Don't go in for that."

He did more than that. When I got to Europe I started a round robin letter, describing, in effect, what I saw and my reactions to it. In essence it was more reflection than description. Pierce wrote me a letter saying that he thought that that kind of correspondence was too far from the work in hand and that he wished I would not spend too much time on it. It really meant, "Give up and stop that". I didn't get started again until the dean in Louisville urged me to do some writing in 1936. In the period from 1926 to 1936 I did no writing at all. I have never felt Pierce's worryment about being caught by somebody who says, "I've just had the same idea you expressed in a speech at so-and-so." I never have felt that to be a handicap. As a matter of fact, I have had relatively few people say explicitly to me, "What you have described is just exactly what I always have wanted to do. Now get the money for me." It is quite possible, however, that that situation might not have obtained had I been in Pierce's position ten years earlier.

Pierce had awfully little muscular movement in different moods. His face was impassive and didn't accompany him. It sort of hung as a mask. Every once in a while when he was too moved to speak or moved to tears he would pull out his handkerchief and blow his nose very hard. It was as far as he ever got

into an external expression of his emotions. As a mind he had singularly accurate and tenacious and searching intelligence. But he didn't particularly enjoy self expression and he wasn't particularly good at it. He could approach conditions previously completely unknown to him and seek out and find the kernel. There were few reports that I submitted to him that would not get a four to five page memorandum pointing out the inaccuracies and all the things that I had left out. I didn't obtain perfection in his response ever. There was always something needing repair and patchwork.

Although we had some pretty strenuous times, Pierce stood by me later pretty intelligently, with one exception, and that I won't go into. He was extremely loyal.

Although Pierce was considered a little difficult of access, his status among pathologists in the United States was much respected. While many didn't feel particularly at home with him, he came to the point of being practically revered. He had a bad heart, and after about a month of acute invalidism in February, 1930, he died suddenly in a hospital while under the care of Alfred Cohn.

I'd like to turn now and discuss the flavor of the Foundation and the kind of work I did when I first came to New York with Pierce. In the early days work in the office consisted for me in reading a good deal of the incoming mail in order to get an idea of the requests or projects we were having thrown at us. It was a heavy mail, although I usually saw only those elements which Dr. Pierce's secretary, Miss Blake, decided Dr. Pierce couldn't see for two or three days and needed an immediate reply. I spent long hours reading letters coming in from various countries and in a certain sense I began automatically or incidentally to memorize names, identities and functions.

We had a valuable bipartite rule in the Foundation in those days. One was that we would never go to any country where we weren't invited. In effect that meant that we had to wait for quite a long while for invitations from some countries. The second rule was that we never proposed to give money away to a country that we had not visited. That rule involved me in making digests of the tons of material we were given whenever we planned to visit a country. Usually we were given reports of conditions in that country that nobody had ever read. The habit of giving a visitor the reports that the local boys think they know well enough so that they don't think they need to read

them was and still is rather widespread throughout the world. I did an enormous amount of report reading. I wanted to do it because usually it was the only available descriptive material of the medical setup in countries that we were quite likely to visit or had just visited.

In addition in this early period Pierce gave me special assignments which had the advantage of showing me the workings of some American medical schools, although in a very different role from what might have been expected. On several occasions I was used as a guide for various visiting medical commissions from foreign countries. In that I think a minor error was made. For example, once I took seven Japanese doctors through the United States for nine weeks. I was given the task of planning their entire visit. With the enthusiasm of youth I planned the visit in such a way that those poor doctors didn't have time to see anything but medical education. The Japanese found it pretty strenuous. It was a stupid mistake on my part, but I was very loyal and hard working. A short time later I took a group of four or five professors from Strassburg around the United States for a much more limited visit.

I was impressed by the seriousness and the deliberate precision of the way these foreign visitors, all of them professors

and all of them men of forty and beyond, made statements. They were very conscious of the importance of formulating their ideas carefully and well. While at first I thought it was due to the very definite handicap of speaking in a language with which they were not completely at home, I later found that they were very careful about their statements even if they had facility in English. On the whole they were very formal. They assumed a position of being about halfway on the platform. They also showed pretty definite evidence of feeling that they were the final authority on anything they were talking about and didn't expect to be challenged or didn't expect to be interrupted with a question. I noticed that in contrast to the casualness with which an American counterpart would break down and be very indirect and very informal in much of his behavior after he'd stood, so to speak, on the platform for a certain period of time. They didn't. Both the Japanese and the French were much more on the platform and in a certain sense much more on a formal good behavior.

One thing came out with the Japanese and to a somewhat less extent with the French. They had quietly assumed that they would be asked to lecture and that they wouldn't be entirely in the position of receivers and listeners when they visited institutions. Eugene Opie at St. Louis was the only one out of upwards of sixty professors who had the adroitness, the kindness and the understanding

ask the Japanese to give a lecture. They all had lectures with them in their suitcases begging to be delivered. The only trouble was that they usually weren't asked. I would like to give a piece of advice to people taking foreigners around. By all means ask them whether by any chance they would be willing to give a lecture. Gosh, they are not only willing, they are expecting it and they're very near to hurt feelings if they are not asked to perform somewhere.

This discovery led me to another thing that has proved very valuable in arranging visits of a similar kind; namely, if one wants to teach a foreigner something without the faintest trace of assuming that role recognizably, ask him about a year in advance to come to the United States to give six lectures. He will come and because he considers that his main, and perhaps his exclusive, role is to spread the light, he's actually in a frame of mind which makes it perfectly easy for him to discover something which one couldn't possibly lecture to him on. He goes away having really profited from his visit because he was asked to teach and he was let alone to learn. If he had been brought over to be lectured to there would be resentment from the very start because one just doesn't lecture to a professor. The only circumstance under which a professor from many of

the foreign countries can learn is to be asked to teach and do his learning in a hidden or concealed fashion. It was on such a basis that the Rockefeller Foundation got the great German clinician, Frederick Muller, to come and lecture at Chicago. Because Muller was brought over to Chicago to spread the light, he discovered some things that he couldn't possibly have been convinced of if he'd been asked to come and receive; namely, that at that particular time American bio-chemistry was moving rapidly and was already well ahead of Germany in certain fields of bio-chemistry. It was on that basis that the Germans invited Dr. Irving Page, who is now in Cleveland, to go to the Kaiser Wilhelm Institute in Munich as a teacher. The Germans quietly did the natural and needful thing to catch up on certain phases of bio-chemistry. The Foundation couldn't possibly have achieved those results by asking Frederick Muller to come over and learn what the Americans were doing. It is true that the method of asking people to teach and relying on their picking up something is the acme of indirection, but it works extremely well. The Foundation used that a lot and used it very effectively. It, however, is an item in the interchange of ideas which is usually overlooked.

The French visitors we invited differed markedly from the Japanese. The Japanese visit was put over by President

Vincent. Pierce, I think, did not want it because he didn't think that Japanese medicine was in a position to be given money on a large scale. However, it was done for reasons of international comity. The feeling about the Japanese on the West Coast was such at the time that it was both difficult and necessary. I would say that the visit was almost purely a political gesture, a thing the Foundation usually doesn't go in for much.

The background of the Strassburg visit was entirely different. Pierce's idea was that Strassburg professors with a history of having worked in both the German and French tradition might really profit from seeing how things were done in the United States. He felt that such a visit would result in closer relationships with American medicine. It worked very well. When the Foundation invited the French to visit us they were enchanted and understandably so. We said quite bluntly, "We think that it will be easier for us to deal with you in the future if you understand the point of view that we have in making certain offers and arrangements with you. You'll understand us better if you see the background in which we have grown up."

For example, some time later, when we decided to aid the medical school in Lyons to put up a perfectly new building, we

insisted that they come over and see some of the medical schools in this country. We did this partly because we felt that they could make better plans for a building if they saw what could be done. The visit which the Foundation paid for was not restricted to the United States. The Lyonnais went to Germany, England and Scotland as well. The trip had one half humorous result. When the French architect, Balmain, who accompanied the Lyonnais on their visit, saw the construction of the hospital at Vanderbilt, he was struck dumb by the fact that we ordered standard size windows for the whole place. He had never thought of doing anything like that. In his experience all of the windows had to be of different sizes and shapes so as to look nicely. We got across rather perilously the idea that a medical school seen by the passing architectural eye might be made very beautiful at immense cost but, because its function was that of a medical school and not an object d' art, it might profitably be made a little bit more like a factory in order to save costs. Fortunately the architect was open minded enough to say, "Well, after all you are paying the total bill and if you say that you are not fretted by something that looks pretty much like a factory, I'll do it." The bill for a block order of windows all the same size was so much below what Balmain's original plan had been that the Foundation really saved the entire

cost of the trip to the United States for the Lyonnais. The results of that visit not only carried advantages in terms of economy but served to focus the attention of the Lyonnais on the actual essential function of a structure. To look at the function of anything was and is new for a great many people in this bewildered world.

I spent all of one morning once talking to a Japanese doctor. He asked me very bluntly what my impression was of the Japanese physicians who had come to the United States and whom I'd seen in Europe. With the proper appearance of deference and hesitation I told him that I thought beyond any question that the Japanese that I had met were wonderfully courageous and meticulous in copying forms but that I hadn't yet seen a Japanese who was interested in function. He didn't know what I was talking about. I spent much time thereafter explaining and he was, I think, quite honestly (and I know in form at least) remarkably appreciative and understanding. If I remember correctly, I asked him first about the function of a laboratory in physiology. I got him around to see that it was teaching physiology. "Well, then," I said, "what do you care about form? It's the function that I want you to take. I want the form to be as Japanese as it can be or it cares to be but first you've got to define the function."

That distinction between form and function came up sharply for certain countries because again and again we were interested in providing for the function of a laboratory, say, of bio-chemistry or embryology. If our visitors really preferred or insisted on having a building that had some decoration in it, we would sometimes say, "Well, all right, if it makes such a glaring exception to the architecture of the rest of the medical school, go ahead and put on some curlycues. We will put up with it. It's not what we care more about. It's what we care less about," and we'd get by by weakly conceding the point.

However, again and again these visits helped reorient points of view all along the line. For instance, visitors would talk with professors of embryology and, seeing that the bio-chemistry of embryology was developing quite rapidly in the United States, would think, 'Gracious, here's somebody who is doing something in embryology that we haven't realized the significance of. It hasn't yet been published much, and it certainly hasn't been accepted, but today I have seen that biochemical methods as applied to embryology are quite significant and very promising indeed.'

We made it perfectly clear at this time that it was possible for us to take youngsters for a year or two and give them a training which would enable them to see the horizons of new and promising fields. We showed our visitors that it would be worth their while for example to take a promising young fellow and say to him, "Now, you read all you can about the status of bio-chemistry applied to embryology," and while not promising him anything make it clear that if he did reasonably well and learned the alphabet of things that there was a good prospect that he could be sent at Foundation expense to a place where things were really moving in that field. To make a phrase, it was a policy of investing in the horizons of young men.

We did insist, however, that anybody who went on our fellowship had to have an assured paid position at the end of the fellowship. That stipulation saved us from wasting a great deal of money. If you offer a fellowship without asking at the same time for a quid pro quo in the sense of an appointment to your young man, he literally doesn't know what he's going to do when the fellowship is over so he doesn't know what to study. It can be a great defect. Another and sometimes more serious situation that we had to guard against was offering a fellowship to brilliant but cantankerous youngsters whom the schools really

did not want. Many schools were very glad to get fellowships for such youngsters in order to get them out of the way.

It is hard to guess what impression the Rockefeller Foundation's work and program made on some of our foreign friends. One must remember that this early stage in which I was working at the Foundation was the mid-Twenties. People in Europe generally, and people in the universities particularly, were in some measure to be described as quietly licking their wounds and trying to recover from the first World War. The first World War had a far heavier mortality than the second World War. The disastrous plan of allowing volunteering made it a literal fact that the English elite who volunteered in droves in World War I took a fearful beating in the first battles of the war. A friend of mine named Campbell who was a professor, I think, at Bart's, was one of a group of twenty young men who came up to Oxford in 1913. In late August, 1914, they all volunteered for service. In 1915 one of the group got a shrapnel wound of the head and was invalided and never came back to anything in the Army. With hard work he later became one of the leading barristers in London. Another of this group of twenty had a heart failure in 1917. With very careful nursing and care he became the headmaster of one of the English public schools.

When I asked Dr. Campbell about the others, he replied, "They are all gone." Looking at war from a biological standpoint it is not difficult to realize what an effect that has had. It is self evident that it stopped those particular individuals. However, it also made a very curious shift in the sex ratio and the sex relationship. The real widows of World War I were not the girls who had just gotten married, or who married during the war and lost their husbands. The real widows were the girls who were just coming out or who were just being exposed to the freedom of getting married. They were not taken because the young widows took their place. The latter, having had experience in getting married and having their dead husbands' property plus their own, were perfectly able to find another man. The young widows were not the widows of the war because they got married again. The real widows were the girls who hadn't even got married.

It's a little bit unfair to expect a very clear impression to come to these visitors because they were still getting over the war, licking their wounds and trying to find successors. Still there were some impressions. One, I would say, was a rapidly developing realization on the part of Europeans that America and Canada were both beginning to have things that were worth seeing. I would say that their grand style provincialism was beginning to desert them. You can be provincial if you're a Parisian and the

trouble with that is that your province happens to be the only place in the world. Metropolitan provincialism is almost a disease. In fact, it's the kind of provincialism that is pretty marked. Today we've got the same thing in New York.

That did change considerably. It changed on an embittered basis, embittered because they said, "Well, you've got money so I suppose you may have something." The essence of this kind of thinking came out when I made a visit some years later to the second medical clinic in Naples. My identity was revealed to the surrounding residents when the medical visit was in progress and I was being given a lecture on exophthalmic goiter by a very curious, violent and rather vain professor. At one stage of the game he interrupted himself to summarize what was obviously his opinion of my relationship to him. He shot both his arms into the air, assuming a position of crucifixion and bel-lowed, "Sometimes I feel like Christ on the cross when I see all the people with ideas having no money and all the people who have no ideas having all the money."

It came awfully close to being an insult because it was so clearly directed. However, I think that was an impassioned expression of what a great many of the European leaders felt. Later I learned why this professor in Naples had gotten that way. He got

that way because he had seen so many sick Italians coming back from the United States with perfectly diagnosable conditions. They had never been correctly diagnosed in certain American cities because the Italians didn't know whom to go to. As a result, on the basis of what he had seen of our missed cases, this Italian professor considered that we were absolute ignoramuses and barbarians. Of course our good men never knew the kind of a reputation they were acquiring. It was not their fault at all.

I can't say that the impression that was made struck me as being very favorable. In fact, it was relatively difficult for Europeans to make a comparison with our teaching methods and theirs because they were dealing with highly trained young minds, very explicitly an elite who quite frequently carried a great deal of intellectual baggage from the family life they lived. They were in fact a professional educated class. I should say that in Europe a young man came to the university intellectually twice as well prepared as the average young man here, so methods of procedure were bound to be different. The biggest difference was the fact that the European assumed and still assumes that the young man coming to the university will take a measure of responsibility for his own education and be active about it. In fact, they thought he

should not be bound down by the convoy system of education. Giving Europeans our obligatory course structure gave them the same sense of incomprehensible futility that we would have if we had a special officer in the army whose job it was to make sure that everybody put his shoes on. Well, one could say, "That's their problem and it's a waste of time to make sure that everybody has his shoes on. Let's not do that." The Europeans used to feel that our educational system was not their problem. They felt that in large measure everything depended on the interest of the student. The French student had a phrase that summarized that position rather nicely. It was "debrouillard". "Debrouillard" means that you can find your way around anywhere even if you're tossed in, born yesterday. A debrouillard can find the road, find the path and find what to do (and they do, too) with an independence and freedom and resulting originality of mind that I found new and in many ways admirable. Now, the human tendency when one finds something perfectly new that works well is to suspect that it is perhaps superior. I learned a darn sight more from most of the Europeans that I met than I could expect them to learn from me, especially if they had any of the mentality of "Sometimes I feel like Christ on the cross." That kind of person just won't learn. Mostly I think one learns when there is a challenge. Under such circumstances there is almost an overwhelming obligation to learn.

Our European visitors did learn some things. They knew that full time as an idea was quite inoperable in their countries because most of their governments in the Twenties were right in the middle of a heavy inflation and could never pay the salaries that were necessary in order to get the leadership that was desirable for such a program. In most cases Europeans had inherited their buildings in which to teach the pre-clinical sciences of physiology, anatomy and pharmacology. Well, it was just nonsense to think that one could build new laboratories at that stage of post-war reconstruction in Europe. There was just no hope for that. The results of course were well-nigh disastrous. In the University of Paris during the Twenties there were only eighty benches in pathology for over eight hundred students. What could a student do under those circumstances? Well, he usually got busy in the hospitals and slid or skinned through pathology as best he could.

I don't want to present the next point as typical but it existed. The chairs that were really valuable in most of the European universities were not the chairs of the pre-clinical sciences. Instead they were the clinical chairs. If you were a real professor the income was tremendous. The result of that was that the European schools (not so much the English) were absolutely dominated by clinical criteria and interests. The dean of the

medical school at the University of Strassburg told me the story of a candidate who once got a job working in a clinic and thumbed his nose at physiology, pathology and bacteriology. When the time for examination came, the teacher in physiology, who was hoping to get a clinical chair himself, got a note from the clinical professor about the young candidate who had been slighting his work. The note ran this way: "My dear colleague:" (He might just as well have said, "My dear inferior colleague:") "Young so-and-so is, I understand, taking his examination in physiology. Because he is very intelligent I have loaded him with heavy responsibilities in the clinic and I understand that he is not quite as brilliantly prepared as I know you would like him to be. I would consider it a great favor if you would keep these circumstances in mind when you examine him." In short form, that letter meant, "Let this boy through and I'll feel indebted to you and so when your name comes up for a clinical professorship, I'll not forget it."

I once made a rule for myself that I would never criticize what I saw in any foreign country until I had stayed long enough to hear one of the native authorities make the criticism which I wanted to make. I think that it is absolutely essential in working abroad on cultural matters never to bring in the atmosphere of a

judge who first invites himself to a trial and then proceeds to pronounce sentence. I don't think one in a thousand of our cultural representatives understand that, because there's a trick in it. Sometimes one has to wait quite a long time for such criticism to present itself. If you wait four years instead of four months, or four days, you get to see some exceptions to your rule and you're not quite so sure of yourself. When you at long last hear a native person who has lifelong familiarity with local problems say the very thing that you think, you can at least quote him. It's also a fair assumption that he's going to know some additional facts which will make your primary impressions just look foolish by their superficiality. I never will forget when Pierre Marie came in to our Paris office and I got him started on the defects of French medical education. He gave me an account of French medical education which involved things I never even heard of. He truly showed me how great the defects were. Now any priest would know and any doctor would know that you have to establish a certain relationships with patients or penitents before they will tell you the whole bad news, and you don't get that established very quickly with persons who don't even have the advantage of being total strangers. They feel themselves partly known, and when you ask them to tell the whole dirty story they just don't.

The visitors who came to America were always grateful when I was critical of something we might have seen. However, they were also always a little bit distrustful of a temperament that would reveal the inadequacies of his colleagues. Sometimes they were grateful on another score. They just didn't understand the atmosphere of the American high school. They didn't understand the fantastic conception of giving a large number of students a not very good education and finding it more worth while than giving a very few a first rate education. They didn't understand the extent to which the American teacher generically (and I mean this up and down the line) was so concerned with the failing student. The model in the European medical school and elsewhere in the university followed a different outline.

First of all, there was no limit to the number of students. In that case, the duty of a professor was to present the subject as clearly and as effectively as possible in his lectures. He didn't have any personal concern for the students. It wasn't his problem. His problem was mainly to give good lectures. I must say that the level of lectures in Europe was two to three times as good as it was here. Nevertheless the professor was overloaded with lots of things to attend to, so he had to have some competent help. How did he get it? Well, he picked out of, we'll

say, six hundred listeners or men in the first year class, five to eight youngsters of apparently real ability and devotion. In exchange for a perfectly incredible amount of stupid slave work, he promised them special personal attention. In Italy they were known as "ayluti" and in France as "eleves". In essence, however, the system was the same all over. It was a bargain in which both sides were happy and there was a loyalty there that we rarely see here. That company of men, however, wasn't completely slavish because they realized that they never were going to get anywhere except on a competitive basis. They just had to be better than somebody else's favorite. But they were marked men in their class. They had it in the palm of their hand and they usually did want to use this distinction.

That reminds me of one other thing of European student life and student attitudes which is pretty different from here. In 1947 I had occasion to make a little bit of inquiry into student life and its effect on students in Germany. I asked some eight or ten medical students at Tübingen how many of the men in their class they knew by name. Well, the low man said he knew the names of eight classmates, and the high man said he knew thirty-one. Although these observations occurred after World War II, it wasn't a post-war phenomenon. It was, I think, characteristic.

One knows perfectly well that you just can't go through an American medical school without knowing more than thirty-one persons at the end of four years. I tried to think of a comparison to measure the social isolation and distance from fellow human beings and contemporaries that that situation implied. I think I hit it fairly closely by saying, "You don't find a personal responsibility to know the first or last names of everybody that goes to a certain concert at Carnegie Hall with you. Why should you know the names of everyone who sits in your row and why should you speak to them more than saying, 'I beg your pardon' when you step on their toes?" I said to these students, "Well, who do you care about and who do you get to know?"

They looked at me astonished and said, "Why, you care about the instructor and the professor."

Every student makes an effort to impress an instructor or a professor so that he will get a chance to get into a special relationship with him. I said, sort of laughing, "Yes, we have a name for that in an American student and that's an apple polisher."

Of course they didn't know what that meant. Ten minutes after I had explained what an apple polisher was I was amazed to have one of the students speaking partly German and partly English say to me, "That I do not quite understand. What is der apfel politique?"

Well, I'd heard of Weltpolitique, Machtpolitique; aber apfel politique I hadn't heard of. However, that was the name they gave it. They immediately confused the word "polishing" with politics.

In Europe the isolation of the student means the heightening of his personal responsibility. He hasn't anybody to compare notes with to say, "Sure, I thought it was a rotten lecture too." That problem becomes a question between him and his future. He's darn well got to make the most of it and he does the rest sitting in his garret. The poverty of the student abroad is a pretty impressive thing. There are very few who aren't living awfully close to the line, although I might say that I'm not making that statement as a generality to cover all students in Europe during all time. It ain't necessarily so. But I do make it as a comment on post-war conditions. The post-war years following World War I were difficult for planning and forward movement. They were terribly unsettled years. There was, for example, a perfectly frank and complete European depression which finally reached our shores in the Thirties. They were not perfectly ideal years for constructive work. But nobody realized it.

The contradictions seen by those who came as visitors to the United States with what they had was tremendous, so tremendous

that I don't recognize the stamp of the Rockefeller Foundation on European medicine as being anything very significant. That first came to me when I was having dinner with a delightful French friend of mine, Dr. Polical, in Lyons. We got a little bit lit up but I was sober enough to want to take advantage of Polical's expansiveness of mind, and I asked him to be perfectly frank with me and tell me what he thought the Foundation had done in France that was particularly new and valuable. He made the proper amends at the outset by saying, "I think this may surprise you. I think it may disappoint you. I think it may annoy you, but franchement, toute franchement, Gregg, the thing that you've done that really has made a difference is your contribution to nursing."

It is true that I was surprised, but I had been interested in nursing myself so that I wasn't disappointed or angry. I asked him further and he said, "Well, at bottom, you brought in the idea of a doctor having a highly intelligent witness and onlooker. You do it cleverly because you make the onlooker the doctor's helper, but don't you realize that before we had anything approaching trained and intelligent nurses the French physician was as alone and was as unobserved as it pleased him to be. Now we have an invaluable assistant, and she's also somebody who knows

when we should have put on a bandage differently. Morally that has a formidable effect, and it's perfectly new."

Well, I had a sister who was a trained nurse and who had given me in casual inquiry similar accounts of times when she forced the doctor to do something that he wouldn't otherwise have done out of laziness or out of ignorance. I could therefore appreciate Polical's frank statement.

My early work in the office also involved a great deal of reading applications for grants. I often realized from the first reading that they weren't really very good applications. One of the common things that I experienced was this: I would receive an application for financial aid in putting more emphasis on metabolism and nutrition in a field like skin disease. Usually the applicant described what he was going to do pretty clearly. In addition he often described his project as a complete record-breaking departure from the usual procedures, in fact, as an idea in itself something epoch-making. Because our activities had forced us to see what was going on in a great many places, I often felt like saying to the candidate, "You have described a field of activity which is original, which is good, which is valuable, but I don't think that I can get the board to appropriate a sum of money anything comparable to what you want because you really don't know of the efforts that are being made in other places in

this field. However, I think that I could get the board to give you six hundred dollars to go to these places and see what they are doing because then you could prepare a request to us that would be first class and well covered. Your present request is simply insular in its character because you don't know what is going on elsewhere. We can, however, give you some money to go around and see what's going on, and make the acquaintance of persons with comparable interests to yours. Remember what's going on in university laboratories is a very different thing from what is now available in the literature."

I think the fact that I have survived in the Foundation without being asked to go somewhere else depended on a point that I realized early; namely, that communication was central to my success and to my survival in the Foundation. I was in essence a middle man between highly skilled technological scientific workers and a foundation board on which out of eighteen trustees there were only two that could even know the jargon that I would want to talk. I had to, so to speak, put into plain English a great many ideas which usually survive in the form of a shorthand used by scientists who are perfectly familiar with common phrases like oxidation processes. I had to put such thoughts into terms that, say, the president of the XYZ bank could understand. My life depended on it. My position certainly depended on it. I also had to know the meaning of certain

words in one language and put them over in another language and still be talking about the same thing. I became--and this is a lighthearted example--something of a specialist in a field that nobody knows much about, and that is understanding Europeans who believe they are talking English but who aren't talking English at all. I remember once I was called into President Vincent's room while he was visiting the Paris office. He was interviewing a Russian lady biologist who was talking a perfect spate of what she thought was English. Vincent called me on the telephone and said that he wanted help in understanding her English because it was going to upset her terribly to tell her that she wasn't understandable. I came in and was introduced. She turned to me in a perfect uproar of words and said, "I am just telling President Vincent that the 'lake' must become the necessary informations."

When a pause occurred, Vincent turned to me and said, "What does she mean?"

I said, "Why, President Vincent, she means she thinks that it's important that the general public be better informed."

I knew that the word "lake" wasn't what she really meant. Casting around pretty quickly I guessed that she was saying "the lake" because the French word for the laity is "laïque. Europeans often make the mistake of taking the English word "become" for

meaning "bekommen", so "the 'lake' must become the necessary informations" was quite clearly "the laity must secure better information in some fashion."

I found that my duties made me something of an old hand in understanding English as it was really spoken. Once while in Japan I asked Dr. Fujinami what some very strange looking creatures with wastebaskets and sticks for eyes were doing walking along the street. Dr. Fujinami's reply was, "Is this official kind of traitor. He plays on flute and becomes gold." Now, that simply meant the person was a special kind of religious priest who played a flute and got money for it.

I constantly had to put into statements noises that were not English with the heartening reflection that most of what I said in the person's native language was probably going through the same tortuous agony in being understood. Finding the essence of communication was a steady and unending task. I studied it all the time. I worked on that side of things far more than I saw my colleagues working. Getting yourself understood and understanding others was far more difficult than learning what was going on. The latter came fairly easily.

I discovered after about six months of my time in Europe (which was from the summer of 1924 to the summer of 1931) that

although one could talk about the University of Strassburg it was a secondary generalization, because the University wasn't like an individual. Saying "University of Strassburg" was merely calling a group of associations by a collective name. If, however, universities in that rather blunt and primary sense didn't exist and they didn't, then what did exist? Well, people exist, and as a result I rather timorously and at my own expense started up a card catalog of the people that I was dealing with and that I heard about. I put their names, their ages, and their academic pedigrees down. I included who they had worked with and for how long. I designated their particular interests in the field of science and their present interest in contrast to their published record. I noted the languages they could speak. In sum I put down what their long suits were as I estimated them. However, I made one rule very cautiously. I allowed no bad news, and no unhappy facts to appear on these cards. I also allowed no symbol to indicate how I rated them to appear on the cards. It would have been perfectly disastrous to have on these cards as part of the Foundation's "secret record" bad news about anybody. I could always recall such information, but I couldn't always recall all the dates of birth, all of the languages and the specialized scientific interests that appeared on the cards. That system carried a very interesting and unexpected

result. As I added to the list I got more and more familiar with the names and identities of medical workers throughout the world, and I got to the point where if an American from, we'll say, Hopkins asked me, "Who are the high altitude physiologists in Sweden?" I could come up with much better than fifty percent of the names right out of my head. Today [June, 1957] I can still do it.

It was an invaluable discovery for me to know that science didn't exist in any primary sense but that people did exist and that if I could get familiar with people I could do something for which no foundation ever gets any credit. Thinking on it we don't want it, because in a certain sense it's too much power. Although we could introduce scientists to scientists who didn't know each other even though they worked in the same field, I found there was always a fear on their part that we might pass on some ideas they were working on and didn't care to share. I have seen that happen with foundations and it always works badly. It builds walls if you attempt to be the dispenser of Professor X's ideas to Professor Y, etc. It's one of the reasons that I am so sour on the subject of patenting scientific discoveries for revenue. I don't mind patenting as protection from somebody else's profiting from your discoveries, but sometimes a university patents regularly as a matter of course and scientific communication

is hampered thereby. I have seen Professor A from the University of Missouri go to the University of Wisconsin (which believes in patenting anything it can discover), see some work of a graduate student there which, if coupled with what he had been doing (but had not yet published), would have made a patentable discovery. As a result he didn't communicate because he wouldn't give away two or three hundred thousand dollars' worth of a patented chemical. The wall was put up and there wasn't the interchange in science that science practically lives by. It meant that secrecy entered an area of human effort where it did not wisely belong.

There were always specific problems involved in inviting people and the work was arduous and demanding. Few realize how demanding. Just today [June, 1957] I went to a meeting of the Child Study Association and heard one of the executives say, "Dr. Grimm has just come back from a jaunt to the West, and he will make a report on what he has seen." I felt like saying, "Jaunt, my hat!" When you go to study a function of a child study organization in Chicago, you are not on a jaunt. It is not a jaunt because you have to be on your feet at nine o'clock. You have to stay on your feet walking around the building and looking at its arrangement and the provisions that are made. You then

have to talk all the afternoon with the director who tries to tell you what he's trying to do. In the evening you have to go to dinner and meet the pooh-bahs, pay attention to them and make your estimate of what kind of people they are. When you finally get back to your hotel at eleven o'clock at night, you have to sit down and make up a note of everything that you can remember having seen since nine o'clock in the morning. If that's a pleasure party or a jaunt, I'm a plumber. It's awfully tiring, and if you don't take those notes you're sunk, just sunk, because the truth is you can't remember it all.

My boss Dr. Pierce had a secretary who sorted the daily mail and knew roughly what was especially important and what ought to be attended to right away. Her guess was a pretty good guess. She also knew things that could wait a week if need be. Well, I found that I was not getting to know the business because she would take important letters and send them into Dr. Pierce. He'd answer those letters and that was that.

I finally went to Pierce under my own steam and said, "Dr. Pierce, I don't want to interfere with the speed of handling any communications and I couldn't possibly handle the amount of stuff that you handle now, but would you in the majority of cases agree to a day's delay and have a great deal of your mail go over

my desk? I'll read it and I'll sketch in a written note attached to it how I would answer the letter without your, so to speak, being involved. It doesn't matter a bit to me whether I do that or not. I'd like to do that, but I'll tell you now I'm not going to learn anything by having all of the quick and important stuff handled by you and coming to me after it's dead. Once you have given the final answer I don't think about them."

He took that on quite promptly and said, "I'd be glad to," whereat the stuff on my desk was all that I could attend to in twenty-four hours. It was formidable, but I had to write the answers for it. When it was a right answer or a good answer, my answer went. I'd write the letter in draft form, roughly speaking, and it would be typed and Pierce would sign it. In that way I burrowed into the actual responsibilities of the division pretty rapidly.

We placed an immense emphasis in the office on the skill and the wisdom of our declinations. The declinations were all listed and put in a special category, and if there was a declination in a field that some trustee thought we ought to be more active in, he'd challenge it and we'd go back and reopen the discussion if it seemed wise to. I've often thought Pierce's agreement to let me go through the mail was an important policy decision, and

later when I was in Pierce's position I did the same thing with my assistants. I had a lot of stuff go over to them to draft replies to. In that way they learned what was going on pretty quickly.

I could exaggerate the importance of making one thing quite clear and that is this: In the earlier years of the Foundation we had absolutely nothing to go by. We were doing something new both in purpose and in method. We didn't know exactly how to do this or that. When I say that something was the rule of the Foundation, the statement is true enough if rather sedulously regarded. However, if I imply that that rule was the fruit of long experience, that it was a tried and true policy, it's completely wrong. Actually we were feeling our way, and if we paid attention to our rules, it was largely to see how they would work. It was not because we had had enough experience to know that they would work one way or the other.

The process of formulating rules and making them operative was very largely what one could call instinctive tact together with pretty sharp attention paid to just how the last rule we made up worked out. It was trying to find the origin of difficulty, if there was difficulty, and looking at the nature and cause of difficulties that didn't actually wreck us but made things stiff.

Those not inherent but certainly varied difficulties sharply increased in number when the Foundation went into a foreign country. I remember that I once heard a story that really reflected one of our so-called rules, which was to the effect that we had to limit ourselves to countries to which we were invited. This was a story of a young Southerner who was asked why he wasn't turning up at the dances any more and he remarked rather languidly, "I don't go to dances any more because the last time I went to a dance where I wasn't invited I didn't enjoy myself." That's almost a word for word statement of what would have happened if we hadn't rather stood on ceremony in point of being invited. Now, we didn't always get invitations when we wanted them. An analogy to that situation is my favorite limerick:

There was a young lady from Siam
 Who said to her lover named Plam,
 To kiss me, of course,
 You'll have to use force,
 But God knows you're stronger than I am.

Although in some instances we waited for a long time for an invitation, as far as I know there weren't during my time any unassailable peaks to scale in terms of getting an invitation to do things. I must emphasize that it was almost an experimental procedure rather than a long established rule.

That first rule led to another so-called rule that we adopted; namely, that the Foundation would never make any gifts

in any country until it had been asked to make a survey, and until the survey had been finished and turned into the office for the reading of all those who felt themselves interested or concerned. The desire to do public health work and improve the level of preventive medicine in any country anywhere in the world was the motivation behind wanting to work in the field of medical education in foreign countries. We learned from experience that you could only go about so far with the local doctors to whom you wanted to devolve the entire responsibility of preventive medicine. Then you ran up against the stone wall that their education didn't have any preventive medicine in it. In other words, the quality of their medical education really determined their fitness to do preventive medical work.

Since the Foundation had been in collaboration with the public health departments in various South American countries, it was natural that they would also want to know something about the state of medical education in these countries. The study of medical education in Brazil was one of the first. There the Foundation utilized the more or less vague but very real friendly traditions that existed between the United States and Brazil. On invitation from the Brazilian government, my chief, Dr. Pierce, made two visits to Brazil. The first visit to Brazil was made as part of a larger over-all view of South American

medical education. The second was part of a specific project to help develop a good medical school in Sao Paulo. Following Brazil, Colombia asked the Foundation for a survey in the hope of getting some aid for medical education.

In 1923, my second year in the division of medical education, Dr. Pierce asked me to go down to South America and make a survey of Colombia. Now, the Foundation already had a keen glimpse of the obvious, and realized that an effective survey of medical education had to take a very considerable and attentive view of the political, historical, demographic and economic circumstances of that country. It was in other words absolutely essential to study the milieu in which medical education was going on.

I quickly turned to the job of studying Colombia. As a matter of fact, these orders to move when the moving was good were always a little bit urgent. In this case I had to interrupt what I had planned to be my honeymoon. I went down to Colombia for, I think, about six weeks, and wrote the report when I got back to the office and my very small, but very important, family.

In August, 1923, I landed at Baranquilla in Colombia. Since the Magdalena River was then low I decided to take a Scadta plane (which was a German private flying company) and

do in six hours what used to be done by boat in six weeks and which had been done by the original Spanish invaders of Colombia in six months; namely, to go up the Magdalena River to Girardo, then go up from Girardo to Bogota, the capital, by rail.

I can always understand most of the Spanish that I hear on the basis of my Portuguese. When I got to Bogota I was immediately, with a proper amount of ceremony and pomp, introduced to various worthies and shown the school in a way that would have completely bewildered me if I hadn't been used to that sort of thing in Brazil. Everyone was very friendly and kind, but I was almost bewildered to know where the deadline was. Where did this picture, this collection of impressions that I got lead? What was it to be measured against? I mean-- is this a cold day? The answer to that question depends on whether it is asked in Quebec or in New Orleans. I didn't know what guide lines or scale to use. I didn't have any scale excepting the memories of Harvard University and the impressions roughly speaking that came along in the intellectual baggage of any young man who had just finished what was for its time a very good education. I was frankly bewildered. In evaluating a laboratory, for example, I have since come to a rather good formulation that the outside appearance of a really good laboratory

is exactly the same as the outside appearance of a very bad laboratory. In this point, I've seen laboratories in China where the equipment was so meager that I couldn't tell what it was a laboratory for--whether it was for bio-chemistry, physiology, pathology or for anatomy. On the other hand, I've seen laboratories so beautifully equipped with every conceivable kind of instrument that I couldn't tell what it was a laboratory for. It was so beautifully equipped that one could do anything there. That's a sort of specious distinction. The real distinction at bottom is "Are there people working in the laboratory or is it beautiful and clean as a pin with nobody working there at all?" At that stage of my existence, how could I tell by the looks of a laboratory whether any work was being done excepting on the day of my visit? Frankly I didn't know how. I remember later that I asked that question of Walter Jones, who was professor of bio-chemistry at Hopkins, thinking he was least likely to tell on me for the stupidity of my question.

"How do you tell when a laboratory is really an honestly active place excepting on the day of your visitation?" I asked.

Jones suggested an interesting device and I tried it and found that it worked. He said, "You just pull a drawer open and run your finger along the edge of the drawer. Then if you look

at your finger and it's covered with dust, you can make a fairly sound conclusion." Later I got to the point of not needing this test.

There were lots of that kind of drawer in the medical schools in Colombia, and I learned a lot of things there. I learned, for example, that an organization with money to give away cannot escape from the inevitable corollary of being a political issue in and of itself. Whether Foundations like it or not, the power that they have is a power which foreigners can't actually take, although they are always very pleased to have their name associated with so-and-so as a Foundation representative. In Bogota, I immediately became a sort of social football and people there were happiest when they could run quite a distance with me under their arm. It became necessary for me to be able to distinguish real friendliness from assumed friendliness. Because people in Bogota wanted to associate themselves with the power that my visit implied, I had to steer very carefully on what I accepted in the way of invitations.

Well, Bogota was a pretty friendly place, and there were pretty lively afternoon teas, dinners and luncheons. I don't remember that it ever got to breakfast as a complication. I do remember that all my life breakfast has been my one unobligated meal because that kind of entertainment is not often done at breakfast.

I saw pretty much all of what Colombia had to show in the way of medical school facilities in three days. For purposes of decorum and appearances I stayed at least another week or ten days. During that period I filled in. Well, filled in with what? Sometimes I filled in with picnics and sometimes with serious talks with different individuals. The perpetual thing in the back of my head was, "Who would it be safe, wise and profitable to play ball with in the faculty?" "Who were the two or three really good men who were respected locally and who would not, as the cliché goes, get drunk with power, if they received some substantial aid?" I thought, "Is there the possibility of finding in Colombia one or two clear-headed and dependable individuals who might be brought together and made the nucleus on which the Foundation can depend?" It meant that I had to watch people in Bogota like hawks all the time in a language in which I was not at home in order to solve part at least of the eternal problem, "Who do I want to go tiger hunting with?" "Who are the false alarms?" "Who are the intrepid lads who promise anything but really can't deliver anything?" In Colombia I discovered all that as a perfectly new set of problems to face.

Originally the medical tradition in Colombia, like Brazil, was largely French. Added to that was the larger problem of

evaluating these individual Colombian doctors who in the previous fifty years had gotten to Paris. For example, how long did they stay? What did they pick up and what did they feel to be appropriate and desirable to work in and for when they got back? The medical tradition in Colombia was so largely at the fringe of the scientific world rather than at the center of it that Colombians developed a sort of colonial attitude toward the center and toward their role at the fringe. Time and again I heard the phrase, "I followed the course of Professor Vidal in Paris," and I used to say to myself almost bitterly and certainly with some sarcastic flavor, "Oh, you followed the course of Vidal. I wonder at how many paces? Were you sixty feet from him or were you a hundred and twenty feet from him?" (I've seen clinics in Paris where there were a hundred and fifty attendants at a clinical ward round.) It was absurd to try to fool me by making me think that they really were anywhere near the professor.

The political instability of many South American countries was such that medical faculties faced very serious questions whenever there was a revolution. Combined with profound political instability was a concept of higher education as something supplied by the state and professors reflected very sharply their political appointment and political affiliations. Consequently when

a government fell the government professors usually found themselves in the streets and a new crowd came in. Now that absolutely wrecked the steady tradition of any medical school or hospital, whether it had a good tradition or not. It wasn't a very good state of affairs, and while I don't want to point to Colombia as an exception, other South American countries were no different. Colombia fell within that general rule of revolution.

I think that I may have previously mentioned a comment which is profoundly true. It was made by Sir Oliver Lodge in the form of a statement from which one can draw his own conclusions; namely, the last thing in the world that a deep sea fish could discover would be salt water. I learned a great deal about the United States by my constant visits to other countries. I realized that we had something quite different from the country I was visiting, or which I had just visited. I remember one of the residual, strong impressions that I had from that first visit that I made to Colombia was that medical education was a function of the state of cultural and economic development in that country. The other, equally strong and perhaps at that time even stronger impression was that I realized the tremendous implications of doing our level best in the United States to keep government and

politics out of universities. The fact that we in the United States didn't have a federal department of education that really told everybody where to get off by implication meant that, if we had a change from Democrat to Republican, it wasn't a change that had to throw every professor out of his job. That was really quite a sharp fact. In South America the general rule was that it was problematical. If the new incoming political party that had seized control (either by violence or subterfuge) had no extremely good anatomist, the current one might be kept on. However, it certainly was awfully sensible on his part to keep out of politics and not to have any political affiliations. Yet the controlling personality in a medical school in South America had to be political whether he liked it or not. He usually was, and he landed on his ear whenever a change in government occurred. At that time it certainly was one of the traditions that obtained in many South American countries. I think things are better now, but I'm not sure; one has only to look at the situation in Argentine universities as a result of Peron's henchmen being thrown out.

I found out, if you want to help medical education in a country that you're not familiar with, that when you're having your first visit there it is important somewhere in the recesses of your nature to be both critical and discriminating. Again and

again I used to get the impression that it was entirely unfair to compare the state of affairs that I was looking at with what I knew existed in another country. It was entirely irrational to make such comparisons. Yet that raised a very curious and to me bothersome question when, say, the Rector of the University leaned forward (after having looked around him to make sure that no doors or windows were open and nobody was listening) and said, "Now, tell me honestly. How good are we?" What's the path of wisdom? I came to a working conclusion that the best thing under those circumstances was to answer only in terms of things that you had seen that could be improved. It doesn't advance much of anything even if all the doors and windows are closed and nobody is in the room to say, "Why you're perfectly awful! That's how good you are. I'm doubting whether you as a president have got a glimmering of what's going on elsewhere if you have to ask that question. Why, that's almost a self-confessed damnation, because as the head of an institution you darn well ought to know how good you are and you ought to be so much so that your question to me might well be, 'What do you think is the most promising area for obviously needed improvement?' That's the way your question should have been asked." Essentially it was hard to

answer the spirit of the original question. It was like trying to answer a poor little Brazilian rancher who asked me, "Tell me, how rich am I?" What was I going to use as a yardstick? J. P. Morgan? John D. Rockefeller? While it was true that the rancher was not very rich in the absolute of what I knew, he was wonderfully rich compared to his neighbor.

Before I went to Colombia in 1923, I had from 1919 to 1922 been in Brazil. Brazil, in terms of ideas and standards of conduct, qualitatively amounted to either being deep in the interior or in the eighteenth century. The city life of Rio de Janeiro and Sao Paulo, which I knew very slightly, was modern, evanescent, and transitory and very different from the back country. For example, the streetcars found in Rio or Sao Paulo weren't to be found in the smaller towns up country. There no one had ever seen streetcars or anything like them. At the time of the carnival in Rio I saw peasants at the end of the first day sitting on the curb rubbing their feet because they hurt them like the devil. The peasants, in order to dance and be in the spirit of a big carnival in a great city, wore shoes, and dancing for four hours in a new pair of shoes or in a pair of shoes that they only used once a year hurt their feet. Well, the city Brazilians smiled at (not to say laughed at) the poor, benumbed, pained and suffering citizens of the back country. There was in effect a collision between the twentieth century and the eighteenth century, between the back country and the city.

After three years in Brazil I became accustomed to life being shot through and through with all kinds of fantastic contrasts. I wasn't greatly surprised when I found much the same thing in Colombia. In Colombia I was constantly impressed

by the anomalies of two different centuries as well as by the anomalies caused by attempting to superimpose the modern on old, well worn, tried and true customs. For example, one could go into a hospital in Bogota and meet at the door an old and quite definitely senile sister of charity. Although she didn't know any modern medicine at all she admitted patients. All she actually had was a lingering memory of people she used to know pretty well. Although she had a range of discretion that was very narrow, within that small range it was extremely final in point of its authority. She, for example, decided what the patient who was lugged to the door in a stretcher had and whether he was to be admitted or not. Although she could barely read the accompanying documents if she saw a familiar signature she'd let the patient in. I saw that in contrast to the standards that obtained for a competent modern hospital admitting officer at home. It was a reality, but the point was, was I going to kick against it and criticize it? I find, now, that even recalling these things puts me in a curious frame of mind. I don't want to go on record as criticizing Colombia, because we can't get anything done for Colombia if we criticize. To avoid that pitfall I transformed one great big area of my mind, judgment and discrimination. It was something like converting a very lively color picture of a

very beautiful and very well stocked garden into a black and white photograph. If one takes a black and white photograph of a garden none of the color comes out and nothing is left excepting odd forms. Well, I just rubbed out the fine discriminations that are analogous to getting a black and white reproduction of a color photograph. I was fearfully detached and I got a fearfully unrealistic picture.

Curiously I find myself even now reluctant to tell how awful many of the things were that I saw in medicine in South America, awful in point of reality, awful in point of concept and awful in philosophy of medicine. If I had not made two radically different scales of expectation and performance I couldn't have stood it. I'm not sure that my willingness to come back to the United States from Brazil wasn't the result of some residual feeling such as, "Gee, I'd like to go back where life has color. I can't live by this extremely sage writing off of every form of fine discrimination in order to be of any use at all. I can't possibly live indefinitely where red, blue and green are out of the picture and some measure of fine discrimination is not involved."

In part it was similar to the way I used to feel in the post-war Europe of the Twenties. I often thought then, "What's the

use of my getting more and more familiar with poverty and inadequate means in medical education, inflation and all its innumerable offspring? I am an American." Little did I realize that that experience in the Twenties in Europe was preparing me for the Thirties in the United States. The fact of that point was my feeling in 1932-1933, "Why, damnit, we don't know what trouble is. What's wrong with a twenty percent fall or a fifty percent fall in purchasing power of money in the United States? That's not very much because in the France in which I was living in the Twenties there was a seven hundred percent fall. There you begin to be in some difficulty."

There was not much self-treatment in Colombia. Like Brazil, it was the standard of the capacity to suffer which was held high.

This may disappoint the reader, but I thought that Colombian as well as Brazilian physicians needed training up to the age of perhaps fourteen years in honesty and decency. They didn't have that and I didn't know what course in a medical school could give it to them when they lived up to the age of twenty years or thereabouts without any semblance of it. I found them lacking more than anything else on a moral and ethical level. That was somewhat bewildering because my office wanted to know what they needed. Well, my honest feeling was, "Why, hell, they need

things that you don't even know aren't there." I had to go there to imagine it myself, but without morality and ethics what can you do?

What I came back with was essentially a social critique of what I saw. Now, at times some people make assumptions that aren't in the least bit quaint, and no proviso is made for seeing the absence of things that one usually takes for granted. One takes it for granted, for example, that if a company finds oil in Colombia, there will be some responsibility towards the workers. There ought to be, but why in the world should anyone assume there would be? In my experience companies would say, "I pay my workers a salary; why should I have to worry about their health? That's not my problem." They didn't realize that the money expended in training an untrained worker in order to make even a passable machinist out of him was so large a sum that in their own self protection they ought to have been interested in the health of their trained workers.

I used to be impressed by stories which described situations that had taken me off my guard and I used to tell them to my friends in letters, or tell them to people when I got back in the hope of conveying what a tremendous shift of major assumptions occurred as a result of my foreign travel. My friends thought that they were merely picturesque stories. They didn't realize that I was doing my level

best to convey the strangeness of the environment that I found.

Let me illustrate the point. Soon after I arrived in Brazil I found that I really ought to have an automobile in order to cover my job. The arrangement then was that as a member of the Foundation staff I could buy a car. Since it was an underlying expense I found that I could charge a fraction of the cost for gas, oil, depreciation and repairs to the Foundation. It was fixed up very nicely so that I got out from under that responsibility with no unfair loss to myself.

Well, I'd had the car for about a month and a half when I discovered that all I was succeeding in doing was making myself a chauffeur to the organization, instead of having the advantages of a chauffeur. I decided it was common sense to employ one. I asked the chauffeur of a car that some American Electric Bond and Share people had in Santa Catherina whether he knew of anybody who was a good chauffeur and who wanted a job because I wanted to get a chauffeur. He replied that he'd like to think it over. I said all right. The next day he gave me the answer. He said that he knew one who was a very good chauffeur (because he could drive very fast, which was the last thing I wanted) and he also had the very rare quality that if there was a minor repair or a blowout he actually could repair it himself. He wouldn't have to send it to a garage. But he said, in a sort of burst of

honesty, "He has a defect." I thought, "Now, dammit, if I try to guess the defect he'll say yes to the first thing I guess and get out from under." We sparred for quite a long time for him to tell me what the defect was instead of my supplying him with a defect.

When I saw that I never would get it out of him I said, "All right, you tell me. What is his defect?" Well, in a burst of, so to speak, great candor, honesty and regret he said that this fellow's major defect was that sometimes he sold the car without authorization. That wasn't in my major assumptions among the defects of a chauffeur. It was something so totally fresh and unimaginative that I had to go right through my scheme of relationships with all concerned on the basis that this fellow could sell my car without authorization.

It was very much like the readjustment that I had to make in Paris for the arrival of my third baby. The doctor who looked after the first baby I had in France was a fashionable French fellow who didn't arrive at the time of delivery, so I got a younger obstetrician who was then just making his way and has since done very well. We made all the arrangements and I was perfectly happy. But I found, when the time had come to let him know that the birth was going to take place, that he didn't have a telephone.

Now it hadn't occurred to me that you could practice obstetrics in a city as great and as modern as Paris without having a telephone. Well, as a result of that assumption of mine that there would be a telephone, I was the obstetrician. Everything went all right. I was glad that I had had some experience in that general area, but it wasn't satisfactory and it wasn't satisfactory for the simple reason that I imagined or assumed one factor in the equation and it wasn't there.

Now, in foreign service when you had an objective that was as far ahead of the local conditions as what the Foundation, say, wanted in medical education in South America, it was necessary to look over your assumptions awfully carefully and yet be almost certain that you would not be aware of some of the factors in the equation and that your slip would come there. As an example, the assumption that a doctor in Brazil had a good background in ethics and morals went by the boards again and again and again. I had assumed that in Brazil a doctor was not a spirit hovering at the bedside of a dying man who would take all the money that he could get his hands on. You don't practice medicine that way in the United States, except for rare exceptions. It isn't a good working principle at the bottom, but it was there and I found it true that no Brazilian doctor was

interested in public health work in the state of Santa Catherina except for the head of public health in the state, who had it as a specific means of livelihood. There was nobody else.

That condition was also pretty largely true of Colombia. Although they had an outline of public health work, their people held office because it didn't look right to outside visitors to find none of that in the government. However, the men who were in it were passionately devoted. There were some very fine people. I made the friendship of a very nice old doctor named Pepe Montoya in Bogota who had the very picturesque history of having been sent to Boston as a kid of eleven and living with the family of Edward Everett Hale as an odd specimen from Colombia. Pepe Montoya never left me a word of uncertainty as to what he had gotten from living in Edward Everett Hale's household. He had gotten the first working concept of honesty and decency that had occurred in his life. He said that it just broke his heart when after talking to all his friends and relatives about what a high level of moral behavior you could expect from Americans, the Panama Canal was taken away from Colombia by a perfectly spurious revolution. Pepe had everybody pointing a finger at him and saying, "You said the Americanos were honest and decent," and Pepe's status in Colombia for the rest of his life was a double zero because of Panama.

Colombia was a nice example of what geography does to human existence. There is a tremendously interesting tradition in Bogota that Bogota remained in the controlling spot in Colombia because it was situated at an altitude of eight thousand feet, an altitude in which the wives of the conquistadores (whenever they brought them or if they brought them) or their descendants could live without the serious illness which nearly always attacked the women in the Bhaada, which is the lowland. As a result Bogota remained a center for purely spoken Spanish and Spanish traditions. In the lowlands that tradition was completely diluted because the only women that could live there were Indians or mestizos, and the men married them and the Spanish traditions just melted away bit by bit. In and around all of that business of the kind of people and the kind of places that they lived in was the conquistadore philosophy--to make the money and get back to Spain. Or at least make the money and drag it out of the innocent nations as best you can. There was no idea of building up a civilization for which you were responsible in the name of religious freedom. The latter tradition was far stronger in the United States and one doesn't see how much stronger until they have seen the opposite, absolute view of exploitation, especially in the form of gold, or, as came to be the case in Colombia, emeralds.

The exploitive tradition builds that kind of society, and there it is. ("Why the devil don't you take it and don't inject all these absurd questions of equity and justice and building a workable civilization. That isn't the problem. Take it.") They do take it and then they fall to quarreling as to who has the right to it or even who can get it, which is a much more important question. The politico regime or atmosphere of South America really derives from circumstances in which nobody wanted to do anything moral or anything workable. They wanted to get theirs while the getting was good and it's astonishing how that pervaded everything. I used to get looked at with the sort of half pitying and half admiring glances. "Where has this innocent little child come from to be suggesting such things as he is suggesting?" It was a tremendous jag to all the things that I had taken for granted and it was a little bit as though someone had suspended the law of gravity. It was fantastic and it strained the imagination.

I produced a report as a result of my visit to Colombia, and I think that I could write a headline to that by simply saying it was received by the Foundation with equanimity, composure and a very satisfactory kind of gratitude. However that statement omits a very important consideration and it was this. First of all the general flavor of the report was one of considerable unfamiliarity with the material I was reporting on. I was confused and bewildered at the primitiveness of the conditions that I saw and, except for recommending that fellowships were desirable and could do certain things that were well worth doing, I couldn't say exactly how we were going to reform Colombian medical education. In other words I had the job of conveying almost inconceivable detail to a fellow who in a sense couldn't say, "Well, I know all about that sort of thing and I expected that. You are not telling me anything new." It was more likely to be this: "Now, you say here that they didn't have any hospitals for convalescence. I don't understand how they can practice medicine," and I would have to reply, "Well, neither do I. It isn't medicine that they practice, but I'm telling you that they had an absence of that kind of facility. In fact there was such a complete absence of the concept of its existence that it would be completely new to any young fellow that we got up here from there

and they would have a problem to fit that into the local circumstances." The report was also received therefore with a certain measure of bewilderment and realization that there was much more than an occasional branch of medicine that needed some attention in Colombia and that it wasn't sensible to try to reform it all at once.

Another quite different consideration which I should mention was that Pierce's division of medical education in the Foundation was at bottom an experimental procedure. Pierce had to mend his fences from time to time in maintaining the general argument that it was a worthwhile thing to continue with a department of medical education. He was consequently harried for purely internal reasons in the Foundation with the solitudes, the uncertainties and the problems of being unable to make plans and being unable to get money to put them into operation. In a certain sense he had the same problem that Wordsworth referred to in a letter to Lady Beecham in which Wordsworth's point was expressed in something like the following phrase, "It is the duty of all great and creative artists to produce the taste by which his works are to be relished." You've got to create the demand for the things that you know you can do well at. Without that demand you can't deliver it to anybody, or get any results. Pierce had to prove the

validity of maintaining a department of medical education which was his life and his salary and mine at the same time as doing the work. It was making sure that the work will be significant because it is at least understood by some of the trustees if not all of them. I've gone through the same thing in my lifetime in the Foundation. You have to create the taste by which your labors are to be relished. At times that can get to be a pretty tight question, pretty time-consuming and above all emotion-consuming. I think it is quite natural for me to say that a form of expressing my disappointment with certain of the results that I did not obtain is to agree heartily with the remark of Solon who was asked, "Did you give the Greeks the best laws that you were capable of?" Solon made a very somber reply to that and a rather frightening one. "No," he said, "not possibly. I simply gave them the laws that they were capable of accepting."

In Foundation work you not only have the job of spotting the good men and recognizing the validity of certain developments in certain phases of medicine, you also have the additional responsibility of making the trustees see that your point of view is perhaps worth giving an experimental try to. Now I have on two separate occasions been told to tell the trustees what psychiatry is. Well, I did a fairly good job the first time. I thought, "Well, they've been going at it for four years and it's about time that they

make sure what they're doing under my recommendations." The second time I was a little bit angered by it because they had been going about fifteen years and I was then told to address them on what is psychiatry. Well, I had a reaction to that which was in rough terms, "My God, if you don't know what you've been doing and spending a lot of money for for the last fifteen years, I think that it's time for you to speak and not for me to speak. Tell me the extent of your ignorance." You can't get any human being to tell anybody the extent of his ignorance for the simple reason that it's ignorance that he's talking about and he can't tell you. But an officer of a foundation has this secondary (not in importance, but in time sequence) obligation to explain himself to his trustees enough so that they will stand behind him. That's a situation that has made me peculiarly sensitive to the classical definition of rhetoric, which was, "Rhetoric is the art of conveying conviction without resort to logic." Well, that definition has a singular analogue in the present day because of advertising. How is advertising described better than by the old definition of rhetoric; namely, advertising is the art of conveying conviction without resort to logic. A foundation officer's obligations are quite as much in the field of rhetoric; that is, carrying conviction to his trustees, such as they are, in a wise and long headed understanding

of foreigners with whom he would like to stay in touch and have that human relationship productive. There is no inherent reason why it should be productive. I can give illustrations where it was singularly unproductive and the responsibility was mine and still is. But emotionally speaking, for a man in the head office in charge of a youngster who is sent to Colombia, it is quite a job to handle and to carry conviction. Pierce fortunately had, as I have had, the advantage of one criterion; namely, is this really helping the work of the Foundation in the field of preventive medicine or isn't it? Now, Mr. Rose used to say an awfully wise thing. People would come to him or quite as often they would catch him at dinner parties with this question, "Is it within the policy of the Rockefeller Foundation to do this and that?" I got it two days ago in a class reunion. The wife of my classmate, Jake Wilbur, who lives down on the Cape, came up to me afterwards and asked very nicely (that is, with the full realization that it was a question that might be negative or unanswerable), "Dr. Gregg, I am a member of a little church down in West Dennis and we are approaching our two hundredth anniversary. Does the Rockefeller Foundation help churches? We want to get a really good organ."

In that instance I could say, "Why, I'm awfully sorry, Mrs. Wilbur, but by a written part of our charter we cannot take

any responsibility for any local needs in the way of churches or other organizations which are not directly connected with education, so that I can say to you with a certainty that I don't possess in many questions, No."

Mr. Rose used to say, "I can tell you what the Rockefeller Foundation has done, but I've seen it change its interests so often that I can't possibly tell you what the results of some new proposal will be. In other words, what the Foundation will do and what it will not do I cannot tell you."

Pierce ran the division of medical education and his guiding light was the importance of pre-clinical sciences to the adequate training of clinicians and public health men. He was convinced that better Anatomy, better Pathology, better Bacteriology, better Physiology and better Bio-chemistry were the horses that he wanted to bet on. He also was very much concerned with the value of experiments in medicine as contrasted with the reliability or value of putting anything whatsoever on authoritarianism. He had stood for that in Pennsylvania. It had come as a pretty direct inheritance, spiritually speaking, from his chief, Simon Flexner. While he didn't override or belittle the great contributions that persons gone past had made, in terms of arbitrary status of anybody's opinion or personality,

Pierce was definitely among the revolutionaries. However, he also had something which masked this attitude a little bit; namely, he had a pretty strong tendency to feel that the best thing for me to do was to find out the raw realities myself and not expect to be told what to do.

Pierce was a very helpful boss in a point that I've never seen anywhere equaled, and that was that Pierce had a very clear and working idea of what kind of relationships and what kind of freedom of communication he wanted to have with me.

He called me to his office just before I went to Europe and he called me in in a way that was typically anomalous. I hadn't had any such message from him before. He used to come into my little office in the Foundation and sit on the desk and talk to me and he'd bring up anything he wanted to talk to me about that way, or sometimes I'd go into his shop. But, I never had his secretary go through the formality of coming in and saying-- I think that she was scared, too--"Dr. Pierce wants to speak to you." I thought that I had done something pretty bad and that I was going to get told off. I went in all alertness. He said, "Everything is in order for you to leave next Friday, isn't it?"

I said, "Yes."

He said, "I want to say something to you very seriously."

I said, "Yes."

He said, "I will promise you that until you hear from me that I have lost confidence in you, you will be wrong in concluding that I have. I have confidence in you and I will have it until I find a situation in which I will write you that I have lost it."

I thought, "God, that's a funny thing to say." But I didn't say anything. Instead I said, "That's very helpful." I knew it was helpful. But I hadn't yet experienced the extent to which it was helpful.

I went to Paris on the public health side of the Foundation's work. I remember that in the Paris office, after "E" had gotten three refusals of proposals that he had made and thought were pretty good, he blew his top. He came to the conclusion that Colonel Russell didn't trust him. I used to see him through constant tantrums on that basis and I didn't dare tell him what a nice relationship I had with Pierce, because I knew that I had Pierce's confidence because I hadn't heard differently. That was an A-number-one agreement to have at a time when you couldn't fly over the next day to see what was wrong, and you had to wait two weeks to get it cleared by correspondence. That was an area where Pierce was very skillful. He was a very brutal guy at times,

not to me, but in terms of facing up to something. He would face up to it and I knew damn well that I'd get a letter that told me that he lost confidence; if he had, there wasn't going to be any pussyfooting about it.

Now Pierce devised another thing which I could recommend to all the world, including our State Department with its ambassadors and its special emissaries. We had three ways of communicating. One was a formal office document. In essence it was a memorandum recommending certain action. Since the purpose of that memorandum was to serve as the basis of an action by the trustees, it demanded completeness. It therefore set out things in detail. It was a docket item. That document stayed in the office permanently, available to anybody who wanted to see it. It went all over the office and was a subject of--well, if I were a newspaperman I would say pitiless scrutiny. It got a good going-over anyhow, certainly that. That was one way that you could communicate with the New York office and you were likely to have two or three communications in that field because your first one was not as complete as it should be. The second method of communication was to keep a diary. This let my boss in New York know where his man in Paris was, what the deuce he was doing, what he was

saying and what he was being told. That diary enabled me to convey a great deal to Pierce. I found that it gave me an opportunity for doing something almost unearthly, which was to put down as sights seen and words spoken things that would give my boss almost as raw and brutal, astonishing and thought-provoking experience as I had had. I could tuck into my diary almost anything that I wished to God Pierce knew, but that I couldn't tell him as his representative. It was just what his representative was going through that I could tell him and he'd catch some of it.

The third method of communication was the privilege (not to be abused and quite so specifically denominated as not to be abused) of writing to him at his home and his writing to me at my home about such items as did not belong in the record of the organization. These were hunches, not suggestions or propositions, but plain hunches and, if it was necessary, a statement about the personnel in the Paris office or the kind of visitor we got from the Foundation itself. Pierce warned me not to go too far with this privilege, but I can say that it came in damn handy when we had a homosexual uproar caused by one of our officers in the Paris office. I couldn't possibly have put it in the records of the Foundation without causing a

far greater uproar, although it was woolly enough as it stood. Now when I've met ambassadors or when I've met Standard Oil or international copper representatives or other businessmen who were in a business where communication with a man at a distance was involved, I've made a harmless inquiry. "How do you get along with your New York office?" or "How do you get along in the field? What do you do?" None of them have had as many notes on their piano as I had with Pierce on the basis of definite formal memoranda, a running diary and private letters. Now I still have the private letters to Dr. Pierce in almost illegible handwriting, but I haven't put them into the Foundation record. I haven't turned them in as Foundation papers. It may well be that they ought to be, but they have a range and an intimacy that I enormously valued at the time and which I still value. I can look at them from time to time and say, "Good God, how could it have been true that we were thinking that way? What would have been the result if we had done this thing that he spends this whole letter on?" Those letters are not without their considerable fraction of tragic regret that we didn't get something done that was then among the roseate possibilities immediately before us; namely, our attempt to help out the Paris faculty. That was a tragic failure on our part, partly my fault, partly the fault of the French

faculty and Dean Rousy, but we could have done something just incalculable and continual, and with great profit. But it fell through.

In the Foundation we knew in these early years with increasing astonishment and certainty that the potentialities of the growth of preventive medicine and scientific medicine were virtually unlimited and that we hadn't yet scratched the surface. It was felt that by aiding the development of the pre-clinical sciences great things could be done. That thought was very strongly imbedded in the mind of Mr. Rose, the head of the international health division. Little by little he grew to see that in the perfecting of preventive medicine the basic sciences of physics, chemistry and mathematics had equal potentialities that hadn't even been scratched. He came to see that the international exchange and the use of the oncoming world's well of talent possessed in itself a fluidity, an excitement and a possibility which might be hidden if you just said, "Oh, what's to come to medicine if you're going to take physics as the fixed point of perfection?" We suddenly turned around to see that, by gosh, these things that were supposed to be fons et origo of things for medicine, by being themselves better exploited, contained possibilities that we hadn't even dreamed of when we were calling them uncle to medicine.

Rose went off into the International Education Board with techniques that he had learned in public health work and in medicine to start up a tremendous activity in the exchange of international resources and talent in things apparently as stable and fixed as physics or mathematics.¹ That in turn had a lively effect on all of our work. In many ways it was a remarkable period. I will say that as a result of Rose's work in that field that Niels Bohr came to the Rockefeller Foundation to talk about the discoveries in the field of atomic energy. In the final stages of development of atomic energy there were a surprising number of people all over the world to whom the Rockefeller Foundation had already given fellowships or had helped in their laboratories. Bohr is simply the first name that comes to my mind. That was one of the deep things that was running at the time.

1. Although the Rockefeller Institute and the Rockefeller Foundation were two separate and distinct organizations, Simon Flexner was a power in both. He had great influence in the division of medical education not only because of his position as director of the Institute but because he had been Pierce's teacher in Pennsylvania. Simon was the mailed fist in the glove all the time. In fact it was his influence that kept the Foundation up to 1929 from going into fields other than medicine. He was for keeping it right where it stood. Finally they did make a division of humanities.

In a sense Pierce's was the medical side of this tide, but it was going on all along the line and the strong and golden thread in that was very much what Willkie later condensed in the phrase, "One World". In the late twenties we were already one world although we hadn't anywhere near touched the possibilities of that concept. I think it's fair to say, with what I hope will be a reasonable amount of dispassionate discrimination, that there was no organization at that time that was anywhere near the Rockefeller Foundation in that kind of activity. I say this largely because men that were capable of forming such an institution in their own country gave me plenty of reason to know that they were jealous or, better to say, envious of us. They were awfully sorry that they couldn't go beyond their own borders. Sir Walter Fletcher, now of the medical research council in Great Britain, said, "Gregg, I hope you realize how lucky you are to be able to go to any country that you want to. I know that that is an inaccurate phrase, and that you can go only to the countries that invite you." Then sort of winking at me, he continued, "You know that you're not an unwelcome visitor in most of the places where the Foundation has been. It has a standing invitation and that goes for Britain, Scotland, Ireland and Wales." I think it is justified to say that in a certain sense many were envious of the kind of opportunity that we had. Because of it we were alone in our field.

After the survey of Colombia I saw that I wasn't going to be happy about being a desk boy for an indefinite period so I went to Pierce and said, "I'm just not happy with having no direct contact with anything--it's all by mail."

He said, "Do you mean that?"

I said, "Yes."

He said, "What are you going to do?"

I said, "I think I'll apply for going back into the public health division."

He said, "I'll be very sorry to see you do that."

He let me sweat on my logical conclusion for ten days and then he called me in and said, "What would interest you?"

I said, "What do you mean?"

He said, "I'd like to keep you with me, but what would interest you?"

I said, "Going to get some raw experience--I don't want to be handling correspondence all the time. Here I am in New York City talking about places I've never been to and dealing with people in places I've never seen."

Pierce just bowled me over by saying, "Would you be willing to go to Europe and represent me there for an indefinite long period?"

I said, "Yes--I'll have to wait until the baby is born, but I could go in June."

He said, "All right. I'm going to send you."

It is almost foolish to think that I did much preparation for the trip abroad. One reason was that the daily pound of correspondence to be answered and trivia to be taken care of in the office was such that I remember having very little time for reading and discussion. It was perhaps a mistake. However, it is equally true to say that I had a preparation that in a way was deeper and larger than I then realized. (I can see it now with the eyes of sixty-five instead of the eyes of twenty-five.) I was born and brought up in circumstances that prepared me in a certain sense, at bottom, for almost any kind of an experience. It was perfectly clear to me from the age of ten and perhaps as early as eight that I was going to go to another part of the country for my college training. I can remember even as a kid how a propos and neat it seemed to me to sing in church the hymn which has this last line: "I'm but a stranger here. Heaven is my home." It described my situation and I knew it. I was in a perpetual state of readiness to go somewhere that was new, different and better. Consequently I think that I can say that it hardly occurred to me

that my work in the Paris office of the Foundation was going to be anything for which I could prepare for adequately. I had to be ready to experience it. There wasn't anything that I could substitute for getting on the boat and going. In a way, one can say that that was very bold, imaginative and adventuresome--well, it wasn't anything more than planning to leave Colorado Springs to go to Harvard College. I'd done that and I had skinned by. I think that this is the important point--I didn't in my impressionable years have any suggestion that I would be at a serious disadvantage by cutting cables and going somewhere else.

That certainly was true of Paris. I had sufficient cash resources. I knew that I was going to be treated decently by the Foundation and I wasn't anywhere near the uncertainty that I would have had if I were going to Paris to become a recognized world artist. Hardly anyone is behind a fellow like that and he has very real reason for being considerably concerned.

I also knew from direct experience that the world and the academic world in particular had been so upset by World War I that it was handicapping myself to know what Germany, France or Italy used to be like. I knew I wasn't going to encounter that and I was quite right. It was a new situation and it was almost the same as saying, "I think I will do more accurately and effectively in my job by peering at the things that now are in

disorder compared to what they used to be, looking at the flux as compared with the stability and solidity of a previous decade. I will just register what is in front of my hands, feet and my face. I'll face the things that are. I'll be able to pick up as much as I can of what used to be. I'm sure to have people talk to me about what the past was like."

I don't think that it was all as conscious as I make it now in retrospect, but I know that was in my mind. I didn't try to get at the history of the countries that I was going to partly because on the invitation basis that the Foundation followed I didn't know what order they'd come in. I was terribly restless and dominated by the feeling of, "Damn it, I'm so sick of other people's reports about themselves or somebody else that I want to get my hand in to the elbows on something that is completely raw and new and see whether I can put it together." I thought, "I will do one thorough survey, absurdly thorough for the reason that it will let me find out what the guide lines are and what the relative value of all the details is." Before I left I specifically asked Pierce for plenty of time to do the Italian survey, which was the first survey that I was going to do. I said, "I am deliberately going to go into a detail that may not ever appear again in a survey, but I've got to go into the microscopic side of this thing as well as the gross." He understood and to my delight he said, "You've got plenty of time."

I did do a thorough job. It was around six hundred pages. It was a huge kind of thing with all manner of detail that I later found didn't matter at all. I knew it didn't matter and after I'd done it I felt sure-footed in leaving it out the next time. For instance, the survey of Ireland and especially the survey of Sweden, which was the last one that I did, were selective jobs in the sense of spending my time on what mattered most.

I'd like now to speak of another factor that affected my preparation. The year I learned I was going to Europe was also the year that our first baby was in the process of being assembled. It was a pretty grim introduction to the fact that the person whom I loved the most of anybody and was simply devoted to was frightfully sick the whole time. She was very ill and when I got home my care of her personally was partly nursing and partly companionship. I had no freshness to do any reading at all and preparation was the last thing on my mind.

I can certain say that I didn't have the conscious setting aside of time to prepare for Europe that I might well have made. I couldn't have done it anyhow and been in the least fair to my family. In the end I left for Europe, thinking God that we had got the baby and that at least the prenatal experiences were finished.

The situation in the Paris office was peculiar and pretty vivid. During the winter of 1923 Dr. Pierce had been in Europe. When he departed from the New York office he appointed me as the representative of the division with the perfectly clear understanding that I wasn't going to go off on any private, personal and individual tangent. What I was to do was to hold the machinery together, attend meetings and pro forma hold things in a state of suspense for him. Well, that was a useful experience too because I went in with my much senior colleagues to trustees' meetings and saw glimpses of what was really going on from the inside.

Pierce didn't know Europe. He wasn't capable of effectively speaking any foreign language for negotiation purposes. It struck me as a very queer thing that in his absence the Foundation employed a representative for the Paris office without Pierce's seeing him. The person who was appointed happened to be an extremely complicated character. He'd been in Hoover's war relief organization in Russia. In the year 1912 he had gotten a zeugnis from the University of Vienna and he had the spurious finish that they gave in those certification courses in Vienna. He had a very rich wife and a flavor of internationalism that made an impression on President Vincent. In retrospect it

seems more incredible than it did at the time. It was bad enough at the time. I thought that either the Foundation had an arrangement with Pierce about taking this fellow--we'll call him "E"--or else that it was a very odd procedure. It turned out to be a very odd procedure because when Pierce saw him he didn't like him. Dr. E was in charge of the Paris office and although Dr. Pierce went through the formality of saying that I was going to be in charge of fellowships in Europe and take Dr. E's responsibility there, the real fact was that in Pierce's mind (though not in mine) I was a substitute in training to succeed Dr. E.

Well, Dr. E was a man fifteen or twenty years older than I and he knew perfectly well what was happening. His problem was, "Shall I hunt with Gregg or shall I be wary of him?" He tried both and I was resistant because I had enough experience with psychiatry to know that Dr. E was mostly a very subtle kind of facade. He had had a boyhood or a young manhood in which he was very beautiful to look at by a lady's standards of theatrical beauty. He'd been an actor before he became a doctor and most of his doctoring was acting. Later he was involved in an unfortunate episode. He was accused of being ~~a~~ homosexual. It was anonymous and we didn't know where it

came from. The situation was troublesome and very delicate to manage because letters describing E's character had come to every member of the staff. The office was in an uproar, and E in desperation told one of the staff that he was going to shoot himself on a bridge over the Seine. One Monday morning he offered me his resignation and I had to tell him, "Look, that's the one thing you can't do because that will only endorse the indictment."

In many ways he was a very nice and helpful fellow, and I think that contact with him, because he was devious and born that way, sharpened my wits and sophistication. I worked with him until Pierce finally called him back. He had a perfectly obvious case of tuberculosis which furnished him with a very nice back door, although one could never mention anything except that he wasn't very well.

My first job for Pierce in Europe was making a survey of medical education in Italy. It was a September to May job, and when I was through I'd seen something different from anything I'd ever seen before. Although the Foundation's headquarters were in Paris, while I was on the Italian survey, I rented a little house for my wife and baby in Anacapri on the Island of Capri. It was quiet, isolated and peaceful. Originally

Anacapri had been the summer vacation residence of the Roman Emperor Tiberius, and the peasants when I was there still regarded any piece of fragmented antiquity as "Tiberius' stuff". All that first winter I'd have little vacations with my family and then go plowing off to visit four or five universities at a time.

Now, my preparation came mostly in reading an occasional book. I didn't try, for example, to cover the medical education of Italy. My preparation for that was a timetable, a map and an invitation from the Italian government to make the visit, so that I came semi-announced wherever I went. I picked up as much of the history as I could by going along. I made up for that loss in some measure by making the past an easy subject of conversation when I was visiting--hell, I could get an hour of lecture from any professor that I wanted to talk to, if I started him off on the history of his department or the history of the university. I got an awful lot of side information when I was actually visiting with them, but that technically doesn't quite qualify as preparation.

I got a wierd character named Raffolovich to be my secretary, interpreter and guide. Raffolovich had an interesting background. I think his father originally came to Paris from Russia to arrange an international loan between French and Russian bankers in the late nineteenth century. He then stayed

in Paris and married the daughter of a very intelligent and great Frenchman named Chaptal. One of Chaptal's sons later became Bishop of Paris. Well, "Raf" was the offspring of this French-Russian union. Raf married an American girl and when I came to know him he was dead broke because he had tried to start a newspaper in Italy that would compete with the Paris Herald. All of the money he borrowed, and his wife's as well, went down that rat hole. He was almost starving when I took him on as a secretary. I really didn't know very much about his past but I learned it soon enough. In a lot of ways he was really a very admirable fellow, but he was also one of the queerest ducks I had ever seen.

In the beginning Raf was my interpreter, but I picked up enough Italian in the first two months so that I could do most of the talking and question-posing in the second two months of the four and one half months that I was in Italy. I learned one lesson which I would like to make a record of; that is, when you go to a country where you have to have an interpreter you are putting your future in the hands of the interpreter. I say this not because I had as bad a future or experience as that in Italy. But having an interpreter was so manifestly unsatisfactory in several things that I had to learn Italian. The second was that I'd found out later

that Abe Flexner, on his survey of European medicine, had taken a disgruntled Paris doctor, who happened to have the obvious complication in Europe of having a Jewish name as his interpreter. This interpreter absolutely bitched Abe as his comeback at the French medicine that had treated him the way he had gotten treated. Abe lost all sympathy and trust for the Rockefeller Foundation in medical education by means of that mistake. He didn't have it and that made it hellishly difficult for me to work out confidence enough, so that I could get a collaboration in the Paris faculty that I wanted to have, but I never got. I got it in certain delayed forms but the jig was over before I began. I learned that an interpreter can queer the pitch every time he wants to and sometimes even inadvertently.

The preparation that I had was of a very superficial sort. Looking back, I am not too disturbed that it was, because terribly fluid conditions followed the war. I don't think that I could have taken quite as good photographs figuratively speaking if I'd known what used to be, or to be able to say where things were to be in the photographs. All that had gone and all I could say was "It was war loss." The preparation I had was very small, except that in a certain sense each school visited made me much shrewder about the next school to come because I was studying the functions, not the forms. I began to get clearer and clearer ideas about what

the function of the medical school was by seeing it violated or absent. Every country I went to something was different. I'm convinced that in work of this kind a sensitiveness to comparison (and the mere function of comparing) is formidably influential and valuable. I think that in a way it was better to do just what I did because I assumed nothing. The questions I faced were, "What's going on? What is the reality and how do these things work?" That point of view was in a certain sense the paradoxical preparation that I had.

Was I right in taking no guide and trying to do a photographer's job of recording what went on? Would it have been better if I had had a guide? I had a somewhat potentially well informed critic in Abe Flexner and I knew my stuff was going to be read by him, but Pierce was no guide at all. I was explaining to Pierce a country that he'd never seen. I wanted to find who the powerful local influences were and explain them. At each institution that I visited I tried particularly hard to find a really thoughtful person who had influence locally but, above and beyond all, who had honesty and perceptiveness. Actually there wasn't any standard. You couldn't have implied that there was a suggestion of a standard anywhere else but the capital city in each country. In effect that was where the leadership was coming from. In France

it was the University of Paris, with Lyon as a slightly defiant but very weak competitor. In Germany it was mainly Berlin followed by Leipzig and Munich.

I was miserably ignorant of this whole field. There wasn't anybody excepting Flexner to tell me, and he didn't play in any too closely in any responsibility for me. I used to be a little bit annoyed by the review of the New York office personnel. They'd all been teachers. Pierce was the only one that cared to do anything for me and that used to puzzle me. I think Pierce went on an experimental try first and try it again basis, much more than the scholarly preparation for the job. Of course, I made the usual characteristic young American's assumption that if he doesn't tell me then of course there's nothing much that's there. I didn't feel the adventurer in the sense that I had to be responsible for a great deal that I didn't make myself, or that I hadn't got. I think the thing I should have felt a little bit more was, "You're the architect of your future. You're not just the carpenter under directions." But I was the carpenter under directions for a good deal of it.

I didn't have anything like the background that would have made Italy both more exciting and more significant. For example, I didn't know the story of the Risorgimento with any real competence.

I consequently was a total stranger to a lot of Italy although my guide there, Raffolovich, helped me a lot because he was passionately interested in it.

I might say that I prepared in retrospect. I mean that I did the preparation for the understanding of my experiences through subsequent things, not that I was prepared to interpret them then. I wasn't. For instance, I didn't know what Rome meant. I didn't know that the government of Italy had very deliberately been moved to Rome for psychological, traditional and historical purposes, and under a great deal of explicit and hidden opposition and criticism from the Florentines. When the Florentines had to announce in their newspapers that the government had decided to move to Rome they ran it in a characteristically Florentine and clever way. It was explained in a two line slug at the very bottom of the front page of the newspaper with no capitals at all. It simply read, "From tomorrow onward the political government of Italy will be moved to Rome." Well, that was as much to say by implication, "The place that we give this announcement conveys quite clearly our opinion of the significance of this move. Everybody knows that the heart of the government of Italy is in Florence and always will be." Well, it was terribly close to reality to say that because the sense of quality has always stayed in Florence.

On the continent the capital city in many ways to its cost was the capital academically as well. For example, the University of Vienna was in the Austrian capital. The University of Paris was in the French capital. The only exception was that rare queer place England, where the intellectual capital was not at one and the same time the financial and political capital. Curiously enough I can see that tradition in all of the offshoots of the British Empire; namely, that the capital of Canada is Ottawa. It's not Montreal. The capital of Australia is a funny little synthetic place called Canberra. It's neither Sydney, Brisbane nor Melbourne. The capital of the United States, intellectually speaking with due obeisance to the eminent intelligences that are there, is not Washington.

By putting Rome up as a capital Italians were having a good deal of a time to make the University of Rome a comparably dominant place, say, to the University of Paris. When I was in Italy in the Twenties Rome was, by borrowing traditions from other countries, expected and supposed to be the University of Rome, but it wasn't. When you wanted really top notch performance you looked for it in Turin, Milan and in Florence. Or you could look for it in Bologna, which had a sort of a rough and tumble memory of the past, and was gaining in importance

politically because it was the home of the Fascists. At the time Padua was also quite good, but it was still living on the Middle Ages. Although one can live on the past, say, in California, it is a very different thing than living on the past in Padua. Living on the past in California is just repeating a hardly existant tradition, but that couldn't be said of Padua, Florence, nor in some sense even of Napoli, which was then playing very hard the role of being the spritual successor to Salerno.

I don't know that I can say for sure just where I started my survey. I think I began in one of the hill towns south of Pisa. I surveyed the medical schools in chunks of about four at a time. After Pisa I made a southern swing down to Sicily and then later crossed over to Sardinia. I did the Po Valley separately. I visited Rome and then on a trip to the north and northeast looked at Turino and Genoa. I think I covered all the medical schools in Italy save two little bits of purely historic relics in the Abbruzzi. For the moment I can't remember their names.

Although I had a letter to the various medical schools from the minister of education, and it had proceeded me and they expected me, I was nevertheless under a little bit of a handicap. I was the only human being, including anybody on the ministry of education, who had ever made an attempt to see all

the medical schools of Italy. No one on the various faculties I visited had ever seen as many schools in Italy as I had. That turned out to be a rather tricky advantage because some were angry that no Italian had done what I had done.

The ministry of education was then an anomalous affair of old and new. It was very uncertain and I think that it was one of the reasons that I didn't get an overwhelming measure of support. If Mussolini had taken an outsider's resentment at having the Foundation in Italy we would have been nowhere at all. At that time Mussolini had a preference for Bari, which had been created as a new University and was getting a good deal of the spare cash. Mussolini chose as his minister of education the great Italian philosopher, Croce. Unfortunately, I never had any friendly move from Croce. When I first arrived in Italy I had a formal visit with him in which I used my interpreter most of the time because I wasn't capable of doing a damn thing in Italian. French would have helped the interview considerably, but Croce was observed by everybody. Since it didn't do for the minister of education to speak a foreign language to a foreigner, Croce confined himself to beautiful Italian. Italian is an interesting language in the sense that you can recognize the beauty of it as a language even if you don't

know the vocabulary fully. He was just formal, brusque and pretty mechanical and I left certainly within twenty minutes. We never had any real discussion. I think the feeling was, "Well, there may be money in this business, so we won't turn them out." Besides I don't think that any Italian would be guilty, purely as a matter of manners, of approaching any request such as we made with an iron curtain. They'd say, "Sure, come," and the amount of attention when you got there was the measure of your reception. There would never be anything approaching formal discouragement.

The attitude in Italy toward the Fascist Party when I was there was one of outright fear and circumspection and to a certain extent closed doors. Italians were afraid that Il Duce would turn out to be pretty much what he did, a very considerable figure of power. From 1922 until 1924, when the murder of Matteotti occurred, Mussolini's power increased rapidly. However at the time of the Matteotti affair it was a terribly close thing in the general conversation and comment as to whether Mussolini was going to get away with it or not. There was no one to turn to. Consequently Mussolini was more and more feared. The wiser, older, more sophisticated Italians who could understand and did speak French--especially in the

north, in Turin--were very free and open with me. I could talk French and I could see that hatred was building up.

I am perfectly convinced that doctors are fairly good observers. They're damn poor performers but they have one advantage that other professions don't have. They are in approximately comparable contact with both the rich and the poor, the powerless and the powerful. The doctor has a rather wide spectrum of acquaintances in society compared to anybody else. I could see that I was asked to negotiate with very shaky citizenry and one that was proud as punch and just about as powerless as it was proud.

Of course, as is the case again and again, the part of history where you weren't alive is just in an interminable flux of unknown things. I didn't realize how near we were in Italy in 1924 to 1866, and we were near. There were a thousand examples of that. Italians don't form teams to get things done much. They form armies and squads and they can be regimented, but their natural tendency is not to form an association to do this and that. Consequently Italy as a social phenomenon to look at and live in was and is amazingly varied. Italians are amazingly passionate about their convictions, but they are not distinguished by the ability to get together or stay together.

Medically the person who by all odds had the most power was the pathologist in Florence. I ought to be able to remember his name but I don't. I remember that he had a German name and that he was from the northeast of Italy. However, he was God Almighty in pathology and because he was a very powerful figure we played ball with him in the establishment of local fellowships. In addition what we did was pick out all over Italy two very good professors in each of the pre-clinical subjects and give them money to maintain four youngsters on fellowships under conditions that would really attract. We had a local fellowship program running in Italy for about ten years after I left. It didn't produce very much because the system of appointments was not really a very satisfactory one. Local interests had to be served a little bit too much. But it quickened the exchange of Italians with other countries. We had some very nice results in sending Italians to Britain. However, they were too proud or too tense to go to France. We didn't have many of those exchanges and only a negligible number came to the United States. In addition a fair number went to Germany and to Scandinavia.

I think it is a little bit exaggerating but there's also a grain of truth in the comment that during the Twenties the

Foundation saved Italian medicine from a still deeper gloom of isolation that would have otherwise been the case. That was worthwhile. In recent years we have had, in point of quality, an increasing crop of youngsters who have come on fellowships to the United States because it had at least been done in the Twenties and they heard about it.

Most of the fellows concentrated quite clearly in the fields of physiology, bio-chemistry, neurophysiology and anatomy. There was a good tradition in anatomy because there was an extremely good anatomist in Turin, a really modern and first-rate fellow. One of our fellows went to work with Cajal in Spain. Actually there were more fellows in neuroanatomy than I originally expected and the streak in neuroanatomy and neurophysiology has continued. The Italians have continued to supply very good men in this field. I remember that one of the fellows who came and worked at Northwestern is now professor of neurophysiology in Pisa. He's first rate and I have very friendly contact with him still. However, not much work was done in pathology or surgery. Surgery was just as it was in Paris, in the sense that it was inbred and as a result suffered very severely. Competition in surgery was so bitter, so relentless, so ever present and so self-renewing with new

competitors each year, that a young man could not possibly afford the risk to absent himself from the competition for even as much as a year. We never had any fellows in surgery. It's a sad fact but a very important one. People talk to me of overpopulation more nearly in terms of foodstuffs and calories than anything else. Why to me that's only a part of the picture. The type of human relationships that derive from a starving mob, the politeness, the consideration, the fairness, the general decency are just as important to me as the fluid or solid intake by mouth. People think that the population problem is principally one of calories. It's not that at all. I am reminded of Richelieu's advice to his secretary, "Pas de zeal, pas de zeal." "Don't you get too damn zealous and begin walking on somebody else's heel." That's a significant thing. Population struggles in Europe today or yesterday are the vivid and realizable effect of too many people struggling at bottom for food, but the human relationships a thousand times more so.

In Europe I discovered the immense importance of knowing how personnel in the medical schools were chosen. In the beginning I didn't think that was of very fundamental importance. My European visit was the first time that I saw the significance of tradition.

At that time tradition in the United States didn't amount to a damn in point of recognition of real power. In Europe it amounted to a lot. In Europe, it was the guide line to find out how things happened to be. Curiously enough, the European concept of tradition is found in the motto of the University of Pennsylvania, which is, "Leges sine moribus vana." (Laws without customs vain.)

The difficulty in Europe was that the answer that you got to any question you asked was "We've always done it that way." Their real motto ought to have been "Mores sine legibus." Namely, custom without laws that define it clearly is cockeyed-- which is just a pun. The thing Europeans needed more than all else was to define and to describe to themselves what they were doing, because the contradictions and the futilities appeared to have escaped them. I didn't know much about mores when I went to Europe, but I found that they were damned important. I would ask questions and more than once I would get the response from a local professor, "But how else could you do it?" Or a little bit more intelligent, "We've always done it that way." That was true for the smallest as well as the largest questions that I asked. I found that the historical background that I got from Rashdall's volumes on the medieval university opened the

sky to me in a way nothing else did. Not only for the reason that it furnished me with very good explanations for the course and development of European education, but because it also threw light on things in this country as well. I realized that the European university began as a spontaneous segregation of young men who were alert and curious, apart from the rest of the feudal society. In many cases these universities were influenced and controlled strongly by the church, in order to strengthen the church, because the church didn't want to lose control of alert and curious young men. By a system of Papal Bulls to make teachers and give them authority, the church got its hand in and controlled. Educational institutions in this country seem to me to have this in common with their European counterparts. They too started with support from religious groups. The Baptists, Methodists, Presbyterians and Congregationalists supported higher education in order to produce preachers and teachers for a colonial society that was producing young people faster than it was bringing religious and educational leaders over from the old country. For example, the Congregationalists early said, "We can't provide ministers for all the parishes that are developing in western Massachusetts unless we have a college." As a result Harvard got started. Its principal purpose was to produce preachers; its secondary purpose

to make teachers. The tricky thing was that this was not a spontaneous segregation of intelligent people. It was much more a career opened to reasonably intelligent boys, not, necessarily of any originality at all, to become ministers. Who was the admitting committee? Well, if a young man said that he felt called by God to go into the ministry, God was the admitting committee. What was left for Harvard College to do but to give as good an experience as it could manage to somebody who had been admitted by God as a religious experience into the ministry, and needed some polishing? Now that in turn produced the attitude in the colleges (the sectarian institutions in America from the east as far west as you want to go). "We must do our best by those who feel called to come to Albion College, or William and Mary", or what have you. The reason that Catholics did not take a more active early role in this educational movement, I think, was largely due to the fact that there was almost an inexhaustible pool of priests that could and did still come from Europe and it must be remembered, of course, that Catholics were heavily in the minority in the early decades in the United States. As a result, Catholic educational institutions like Holy Cross and Boston College did not develop until much later. Catholics could always be supplied from a pool of missionaries and missionary orders that would come and serve in the wild country known as North America.

That sectarian educational situation in turn produced one of the most conspicuous features of American medical education. We limited the number of students to the facilities because it was obviously cruel, unfair and indefensible to give some student chosen by God a big advantage over other students who also felt the call. We said in justice to these young elect of God, "If God doesn't send us enough money to run this show on an entering class of one hundred and fifty we'd better limit it to seventy-five people so that we can give a desk to every one of them."

Saying that we're facing the Almighty brings on an awful lot of paternalism and protection. "Have we given this young man the proper balance in education? We can't leave him alone to his own devices. He's hopelessly unprepared for what he really should have, so let's only take as many as we can give good opportunities to. Let us say with some satisfaction, 'God, they have at least equal opportunities, and if it wasn't to be that we were to have all the facilities we like, we will at least see that the facilities that they do have are equal.' "

I had to adjust all that when I saw eight hundred students in the first class each year in Paris, with only desks for eighty. On that basis how could I assume that a graduate of Paris was well trained? The fact is that I couldn't. The leadership that

the European universities had was an elite, self-chosen, self-formed and going through a period of exposure of desperate competition for a chance to be close to a great teacher. A great teacher had to have young men close to him because he couldn't get his work done unless he had some assistants. In return for the help that his assistants gave him he provided close association. Now close association with a very able mind is a singularly significant thing in the life of any young man and that's how the young men in European universities' medical schools got paid off. For the rest of the fellows who were not taken in as being good enough to be really helpful to a professor, devil take the hindmost. And he did.

One of the confusions that I had to face was that a country that medically speaking was as far ahead as Germany was also the country where I saw in drugstore windows cat skins tanned and ready for their major use and significance, which was a cure for rheumatism, I thought. "By God, this is an odd effect. Here's a country which has the leadership in scientific medicine and where as a matter of actual practice cat skins are the major treatment for rheumatism. How can that be"? Well, it can be perfectly easily, because the medical education was based on men of great tested and proven ability taking as kammerers a very small number of young men. While there was no doubt that the chosen young men came out, there was every kind of doubt whether

medicine was reaching the German people. It hadn't and, except for some very intelligent government health measures, I think that it is fair to say that many of the popular cures and the residuum of actual habits and usages stayed in the medical picture. I saw some of these things immediately, and they made me think, "God, you've got to stick around some time here before you know how to explain things that you have seen and have been bewildered by." It was really the reason why I was rash enough when Pierce died and I was forty years old for me to say, "Well, they've offered me the chance of succeeding him, succeeding him at an age when in Europe nobody gets any real responsibility. I know that I haven't had enough experience. But what is the alternative? The alternative is going to be to have as a chief in New York somebody who doesn't even know the little that I know about Europe, and my main job will be convincing this stranger of things that he's never seen and getting him to understand that certain measures must be followed that don't make sense."

The story of how the Rockefeller Foundation got into legal medicine is quite simple and amusing. I had noticed that French schools had departments of legal medicine done with a seriousness, skill and experience that I had never heard of before. Legal medicine before the 1930's just didn't exist in the United States, except for some hurried lectures by frantic medical examiners who did little more than throw the adjective legal medicine into the student's mind. I saw with increasing clarity that we had simply forgotten about one area of medicine which in the French system of civil government was an important one. The French paid attention to legal medicine (and toxicology, which went with it) in a way that put all that we did into a very shameful fuzz and gloom. At one point the General Education Board woke up to legal medicine and produced a darn good study of it as a subject, but the study produced no reactions in the United States whatever, and the General Education Board did nothing about it. Although legal medicine was done rather badly in a number of countries it still had something in its own right because it was the application of scientific knowledge to the administration of justice. It had therefore some very serious and very extensive implications. Well, one day (I don't remember now exactly when, but it was in the early

thirties) my secretary came in and said, "There's a lady here, Dr. Gregg, who wants to see you", and in a rather irritated frame of voice she added, "She doesn't want to tell me what she wants to see you about."

Well, I've always been a little on the alert to things unknown and to my secretary's disgust I said, "Bring her in, please." In came a woman, well dressed, and highly intelligent by the way she spoke and developed her thought. Her thought was that legal medicine in the United States was a perfect disgrace. She had gone to the Harvard Medical School, but the dean there gave her a very discouraging, unsympathetic cold shoulder. She'd gone to President Lowell and she'd gotten the brush-off there, too. She knew about the General Education Board's report and wondered if we had any interest in it. I said to her, "Well, Mrs. Lee, what do you propose to do? Why are you interested?" It turned out that Mrs. Lee's brother, who was her ideal (this was a brother fixation for fair) had a great friend named Jake McGrath, who was the legal examiner for Suffolk County, and Mrs. Lee, through her brother's friend, wanted to found a chair of legal medicine in the Harvard Medical School. To this end she wanted to give a capital sum of two hundred thousand dollars. I saw my chance, and I said, "Mrs. Lee, I don't believe that the board is

ready to make a capital gift to match yours, but I do believe and I can almost promise you (we can't promise anything because it is the board's decision) that we will undertake to train a man for you and so make it possible for you to go ahead with your intention of contributing to a chair in legal medicine at Harvard. It's not quite the same thing. You can't do that quickly in this country, but we can, I think, find a man and train him for the position."

She said, "That's exactly what I wanted."

I did one other thing. When she told me this story of being rebuffed at Harvard, I said, "Why, Mrs. Lee, you know there's a new president at Harvard and, although you may not know it, there's also a new dean, and I would be rather inclined to think that if you approached them again your reception would be different."

That heartened her a lot. When she left the office I got Sidney Burwell on the long distance and I told him what was up, and I think that I also wrote a note to Conant, giving him the substance of my conversations with Mrs. Lee. Well, the end result was that she came across with her side and we went ahead and got Allen Moritz, who was a pathologist under Karsner at Cleveland. Moritz at my suggestion went abroad on a two year

fellowship for training in legal medicine. He was not an adaptable type of human being so that he had a miserable time in spots and was half reluctant to go ahead with the project. On his return the department was started.

The reception of legal medicine by the other professors was not a brilliant one. There was no overt opposition, but they didn't understand what was going on. They didn't understand the field well enough to give Moritz the kind of emotional response that he, in a perfectly new field to him and very dubious about it, needed. To this day legal medicine hasn't yet attained its stature, the more so because shortly after Moritz took the new chair at Harvard he was asked to be Karsner's successor in pathology at Cleveland and left. We didn't have an awfully well trained successor to Moritz and the department never got very far off the ground.

Loss of people is a constant generic limitation for foundation work. If you're not going to get the kind of people who are going to accept the gift in its potentialities as well as its realities, it is sometimes best not to start at all. I'm darn glad in this case that we did start. However, legal medicine at Harvard hasn't been a screaming success, partly because of the ignorance of what its significance could be and partly because

people could not see what could be made out of it. Because I knew Governor Saltonstall as a boyhood friend, things were later done to make the reception of legal medicine state-wide what it ought to be, for a good professor of legal medicine in a Massachusetts University Medical School.

What struck me as one of the best arguments in presenting the cause or the validity of legal medicine as a subject for serious study and experiment to students or laymen, was to say, "Now, gentlemen, don't please think that having good legal medicine in one American medical school is designed to catch the guilty man and punish him, because the fact of legal medicine is equally important in the administration of justice. It also helps individuals who are unfairly accused of murder and saves them from the electric chair and from life imprisonment." Fortunately, in the first two years of legal medicine at Harvard, Moritz dramatically helped a New Hampshire farmer unjustly accused of murdering his son. The farmer, who didn't get along well with his little boy, was left alone with him one afternoon when the mother went in to town to do some shopping. When she returned the little boy was dead. The farmer insisted that he hadn't touched the boy, and that he knew nothing of the circumstances of his death.

He was quickly brought to trial and seemed destined for life imprisonment when somebody in New Hampshire very wisely brought Moritz into the case as an expert investigator. Moritz went up to New Hampshire, did an autopsy on the small boy and found that a growth in the boy's trachea had slipped into position, (one might say, just as a plug in a washbowl) and it had closed his lungs. The boy actually died of asphyxiation caused by a polyp in his windpipe. As a result of Moritz' investigation, the farmer was saved from life imprisonment. I always tell that story of strangulation by a polyp because it illustrates the function of legal medicine in the administration of justice. It goes better with a critical audience than any story of the vindictive catching of a culprit.

Mrs. Lee continued her enthusiasm, although she was frightfully disappointed at Moritz' leaving. She was also somewhat embittered because Harvard University turned a cold shoulder to a special course she had suggested for policemen in legal medicine.

Mrs. Lee's actions in suggesting courses shows the way certain relationships can come into something that you would think would be far from it. Mrs. Lee was the wife of a very rich Chicago man who had been in the International Harvester

Company. She was a woman of immense intelligence. I don't know how we got into it, but one day she told me of the embitterment that she suffered as a young woman when her own mother interfered with her married life and her relations with her husband. She was, when I knew her, still a smouldering volcano on that subject. To my utter amazement I found that Mrs. Lee could not let the department which she had founded alone. She was interfering all the time. I said to myself, "Here's a woman who bitterly resented her own mother's interference with her own life and now she's passing on the same line of goods to the department of legal medicine which she has created."

Taking my case in my hands (a pretty risky procedure), I wrote her a long letter and accused her of passing on exactly the same treatment to the department of legal medicine that her mother had dealt her. Well, there was an ominous silence that continued for about fourteen months and then to my complete astonishment, because I thought that I had broken the whole thing to pieces by that letter, I got a Christmas card from Mrs. Lee. I thought I'd lost a colleague and practically co-plotter by being blunt with her, but she had to lick her wounds in silence and separation. We now have a very friendly relationship that works all right. She's never referred to it and God knows I never have

either. That is an illustration of the fact that dealing with the recipient of a gift is one of the least known and most valuable aspects of foundation work. I am preparing a small book which I hope I can get published, which will have the title, Notes on Giving. Giving is a frightfully complicated relationship. If you've had the length of experience that I've had, you can see myriad complications arising in the relationship between a foundation that is making a gift and a recipient who is receiving a gift. I can assure you that they are not as simple as they seem. You have to do certain things with certain values in your mind that don't appear, excepting after practice. All the new foundations don't need to be told how to do things. That is ruinous, but they need to have certain roadblocks and holes in the road and all kinds of things that are in their path pointed out to them. How they solve them is their problem. You can't interfere with a burgeoning foundation and say, "You'd better do this. We do it this way and you do it too and you'll save trouble." You just have to raise the problem in a perfectly dispassionate and objective fashion. I don't know whether I will use medical illustrations in the book. I could tell stories that would be extremely vivid but they would interfere with my relationship with the recipients in question. I think that I can make things up that will serve my

purpose just as well as the identifiable illustrations, but God knows that there are plenty.

For instance, there is a great deal of truth in the old sarcastic remarks that gratitude is a lively sense of favors still to come. The Foundation has sedulously tried to avoid the creation of dependents^{on} on the part of a receiving agency. At the beginning we naively thought that all we had to do was say, "We are giving you a three year grant. The total that you asked for, yes, but we must tell you now that after that period you've got to be on your own." We found that doesn't work anywhere near as well as it does to say, "Here is a grant of sixty thousand dollars to be spent over a five year period. Because you can't have everybody you want the first year, all bright and eager, ready for the fray, it is possible you're going to waste a year looking around and getting your staff together. We're not going to go in at the level of twelve thousand dollars a year for five years, which would be sixty thousand dollars. We're going to say, 'not over twenty thousand dollars any year,' and that means that the last two years of our grant will be a tapered gift. You can start off big because you need new equipment or new quarters. You then hit a certain level, but the year that you hit the optimum level is going to be the last year at that level. The next year it will be a little bit less, and you have got to find money as of the fourth and fifth year.

We're going to move out of the picture gradually." Now, nothing speaks so clearly to a recipient as a tapering grant where he has to find the money. He just can't bear to break off abruptly at the high level of twenty thousand dollars. That sort of thing is one of the bits of technique in giving. To be successful you've got to give away the credit, and step slowly out of the picture.

I'll add another illustration. At one time we made a grant for a pharmacology laboratory in Bucharest. It went along all right, and then one bright morning I received a visit in the Paris office from the professor to whom we had given that aid. He came in with the most pathetic and troubled demeanor and said that he had come in to apologize. I thought, "What the hell has gone wrong?" I said, "What do you mean 'to apologize'?"

He said, "I stopped off in Professor Pick's laboratory and I learned that moment that he had received some aid from the Rockefeller Foundation. He had a nice little sign put over his door, 'The Rockefeller Laboratory', because he got the money from you. I never did any such thing as that. I came in to apologize. I'm going to have it done."

I said, "I beg you not to. We are not in the position where we want our name put up with every gift. In fact, Mr. Rockefeller has always felt that it was better to keep in the background because

we're happy when you do your work. Your work is the acknowledgment and the thanks we're looking for and not anything over the door." Then I had the job of writing to the Viennese professor who had done it without telling us or asking us if he could, explaining the entire situation and asking him to take the sign down. What Professor Pick was doing was discharging his feeling of gratitude to us. But it was also making every professor of pharmacology that visited him feel, "Well, maybe I could get something if I was willing to advertise the Rockefeller Foundation a little bit." That would be the end. I said frankly to Professor Pick, "It will give me twenty letters of application as long as that thing comes in. Because of your sign I'll get requests from all over, perhaps, in large amount, from second rate people. It will increase my mail substantially but it won't please me or the Foundation at all." Pick very quickly took the name out and called it a day.

The generation that I came into the Foundation with had a similar attitude toward honorary degrees which I happen to personally honor myself. I like it. Some of my present colleagues are not impressed by a refusal to take an honorary degree. I think that it's much better taste and it suits my purposes better to have refused every honorary degree that I have been offered (and I've been offered a lot of them and under very odd circumstances). I simply explained that it is not my belief that that's the wise role

for a "philanthropist" or for an officer in a philanthropic organization to occupy. They say, "Well, your colleague, so-and-so, did." I say, "That's his problem, but I'm not doing that." Mr. Rockefeller himself has been offered I don't know how many honorary degrees. He took an honorary L.L. D. from Brown because that was his college, but he has refused all the others. He hasn't lost any respect by that, but it's a delicate business refusing it. You're really put on the spot. It is, however, an amusing piece of virtue, because once practiced, it is possible to practice it easier thereafter, because if you explain that you have refused an honorary degree and name a distinguished institution that was refused, the other people don't have any trouble and they don't take the refusal as an insult. I simply mean to say that we are always more interested in a performance with the money we have given than anything else.

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