The subject of this interview is Dr. Emanuel Libman. Dr. George L. Engel, Professor Emeritus of Psychiatry and Professor Emeritus of Medicine at the University of Rochester School of Medicine and Dentistry, is being interviewed by Dr. Manfred Waserman, of the History of Medicine Division, National Library of Medicine. Dr. Engel is a nephew of Dr. Emanuel Libman. The interviews took place in Dr. Engel's home, in Rochester, N.Y. on May 23-24, 1985.

Dr. Waserman: I'm delighted to be here, Dr. Engel. As you know, the Libman manuscripts collection at the National Library of Medicine is an exceptionally fine research collection, and it's because it is such a fine resource that I would like, if possible, to fill in some gaps. I would like to start with Dr. Libman, the man. That is, his ancestry, his background, early education, the family, some of his personal traits, and who and what were the influences and factors that, more or less, shaped his adult personality and gave him direction. Could you tell me how Emanuel Libman and his parents interacted, and his relations with his immediate family?

Dr. Engel: I lived and I was brought up in his house, which should make me a good source, but actually I see him from a very skewed point of view. Let me go

back a little bit so I can tell you how it came about that I lived in his house. My mother, who was his younger sister, and who was very devoted to him, married late. She kept house for her father, his father, and for her bachelor brother, Emanuel. My father appeared on the scene, about 1903 or 04. As her suitor -- in the language of the day -- the arrangement ultimately was that if he wanted to marry Esther he was to move into the house, and that's indeed what happened. Her father lived there, I believe, until 1919 or 1920. He moved to Atlantic City around that time because he liked to walk and didn't like New York traffic, being already in his late 70s. In the household were my uncle, my parents, and my two brothers. My twin brother and my older brother are now deceased.

We lived in an old brownstone house, 180 East 64th Street, that my grandfather had bought fairly new, probably in the mid 1880s. Grandma raised 9 of 11 children. I think two died early in childhood; Libman was somewhere in the middle, the fourth or fifth. My grandmother died probably about 1904-05. Remarkably little was ever said about her in my childhood. And that seems so astonishing to me, that I called my cousin, who is now 88. Her mother was one of my mother's older sisters; I think she was second

oldest in the family. And she also knew relatively little about her although she knew her; she was 5 or 6 when her grandmother died. My cousin promised to send me some more material which she put down some years ago.

Libman's parents, Fajbush Libman, his father, and his mother, Hulda Spivak (I learned her maiden name for the first time last night -- I never knew it -- the name was never mentioned) were born in a town in Poland, which the family believes, my cousin believes, is an area which at one time was East Prussia. She was older than my grandfather, he was born probably in 1843, and his wife maybe 1841. She had no education, is said to have been illiterate; she apparently never learned to read or write, not even in Hebrew or Yiddish.

My grandfather had only what education there was for a Jewish boy in a Shtetl, but (I only learned this from my cousin last night) after he was bar mitzvahed he succeeded in gaining entry, or made some connection with monks in a monastery, where he got further education. He didn't live in the monastery, but for several years, according to this account, he went there and learned to speak German and Polish, both of which he spoke fluently. Afterwards he was employed by a rich landowner to teach his children literature and

foreign languages. This is interesting because it's consistent with my knowledge of my grandfather as a man who was very ready to go beyond the confines of his environment. In the years that I knew him, which would be in his 70s, 80s and 90s, he was already a man who had on his own acquired tremendous scholarship, had long since left any conventional kind of attitude towards religion or politics, or arts.

Before he came to this country he married, and the two of them left Poland in 1865, which is a time when Jewish immigration to this country was still in its infancy. One figure I've heard is that the Jewish population after the Civil War was about 60,000 for the whole country. So he came before the waves of Central European immigration. He established himself in picture framing, mirrors and sold some art objects, I gather in downtown New York and was modestly successful. He was never a man who made any sizeable amount of money, but somewhere in the 1880s he was well enough off to purchase the house on 64th Street, which was built in 1879. All the houses on that street were built in '79 and '80, I'm told. He gave up his business when he was probably in his early 40s because on an insurance examination he was told that he had serious heart disease and probably would not survive more than a few years. On the strength of that

prediction he sold his business, invested his money in real estate, only to outlive by some 50 years the physician who made the diagnosis.

The rest of his life he devoted to scholarship. He read extensively; all of the classics in English and German. From my mother, rather than from my uncle, I know he maintained a rigorous intellectual atmosphere in the household. For example, after dinner each evening, all the children were expected to sit around the dining room table, each to take a role in a Shakespearean play, or some other classic. To her dying day my mother still could recite parts of Shakespeare that she had remembered from those dining room sessions.

Dr. W.: So there's no doubt about it that the family and home influence had an effect on Dr. Libman's striving for education and learning.

Dr. E.: Yes, indeed it did, but it didn't influence all the members of the family. There's a very clear range in this family; my impression is that Emanuel was his father's favorite. His mother is described by my cousin as a warm, affectionate woman who was very supportive to the children. His father, my grandpa, as was usual in that period, was more the disciplinarian,

the teacher, the model, and the guide. He was more stern, and maintained discipline and very high standards. He was a man who placed tremendous emphasis on ethics, honesty, and integrity. That did not necessarily reflect itself in how the children came out. They ranged all the way from a younger brother who may be described as a wastrel, a sociopath who even got into trouble with the law. Another older brother was married and divorced, a disgrace in those days, and was expelled by his father from the family; he disappeared for twenty years, went West. Actually, Emanuel was the only one of the boys who really made good. The other three just about got by.

Dr. W.: That is a subject that we could devote a whole program to: why some young people go one direction and others another direction.

Dr. E.: Of the girls, my mother was the only one who got a college education. She went to Hunter College and planned to become a teacher. None of the other sisters went beyond high school. Actually, she never did teach.

Dr. W.: How many boys and how many girls were there?

Dr. E.: I think there was five and four. Let's see, Sam,

Abe, Charlie, and Emanuel. Then there was . . . Elizabeth, the oldest, whom I never knew, she died before I was born, and Rachel, Rebecca, Esther and Sadie.

Dr. W.: Your mother?

Dr. E.: My mother was Esther.

Dr. W. There is one brother that Emanuel kept sending money to and . . .

Dr. E.: That was Sam.

Dr. W.: He was in the roofing business at one time . . .

Dr. E.: Paint business, roofing business. He settled in Pittsburgh after he came back from the West, and nobody knew what he did in the West. It was in the pioneer days, and as children we imagined that he was a cowboy, or that he mined, or was looking for gold. But he obviously was not a success in the West. He was married, as I say, divorced and never married again, and he lived into his 90s.

Dr. W.: So Esther went to Hunter College.

Dr. E.: My mother went to Hunter College and received a teacher's certificate. None of the others did. They married, with varying success. Abe also divorced; that was a disgrace and a scandal in those days. Abe was the youngest one. It was the era in which the German Jews were the "superior" ones, the Polish and Eastern Jews were the "inferior" ones, and it was felt that the chances for marriage for the girls would be damaged if the two wastrel boys who divorced didn't get out of the scene. So they were somewhat excluded from the family. My mother was a highly intelligent woman, and her relationship with her brother was a stormy one. On the one hand she adored him, was in awe of him, on the other she feared and hated him. They were constantly quarreling.

My mother, in diagnostic terms, was a classical hysterical character. I often say to the students that everything I know about hysteria I owe to my mother. When I first read Freud`s case studies I was unimpressed because there was nothing that Freud reported in terms of behavior and symptoms, etc. that I hadn't seen with my mother. Every possible symptom. And this was an intricate and comlicated situation in relationship to her brother, because he was the physician. He didn't take care of her, but he regulated, and was responsible for, and oversaw the

medical care not just of Esther, but of every member of the family, without exception. No one in the family every went to a physician without first getting Libman's advice, and if he even learned that a member of the family consulted a physician, he would be down on them like a tyrant.

Dr. W.: What about his high school days. Was he a good student?

Dr. E.: I don't know anything about that. I would gather that he was. He was a very apt student, and learned well, and was bright and distinguished himself. He won a medal in medical school. I have the medal here, it's behind you on the shelf there -- the Harson medal.

Dr. W.: Did he get along well with his siblings and with his parents?

Dr. E.: I have no reason to believe that he got along well with anybody. See, I have to say more about where I, from my vantage point, or maybe I should say disadvantage point, I saw this. Some things I read, such as in the New Yorker article. The Time article, make me chuckle to myself, because this is not the man I know. I think, and I have to acknowledge I'm making assumptions here, I always had the feeling, from what

little I heard, that he was his father's favorite, that his father was very proud of him and very disappointed in the other boys. None of them matched Manny, and I think they all suffered on that account, in one way or another. I think my grandfather looked down on women, in the manner of the day, and was eager for them to have good marriages. Rebecca`s marriage and my mother's marriage were considered good marriages in the sense that they both married German-type. My father wasn't German, he was Austro-Hungarian actually, but he was a successful businessman when they married. He was already 37 at the time, my mother 27, which was late for a woman in those days.

I spent my whole childhood in the house on 64th Street. You have to get a picture of the topography of the house. On the ground floor partially below street level, were the dining room, kitchen and pantry. There were usually at least 2 or 3 servants, a cook and a maid, and my uncle had a chauffeur as well. On the next floor, which was the floor up the front stoop, was his waiting room, his examining room, his office, and a little laboratory. The next floor, up the next flight of stairs, was my parent's bedroom in the back, with a bathroom and the living room in the front which looked out on 64th Street. On the third floor, as you got to the head of the stairs, was a large room, for my

twin and myself and a small room for my older brother; and a bathroom. In the front was Libman's room and a bathroom, and next to it was the sleep-in maid's room, a very small room. When Libman was in the house he was either in his bedroom, which included a large desk and floor to ceiling books, or in his office on the first floor. He never used any of the other facilities, the living room or dining room, for example, never socialized or ate meals with us. He saw his visitors in his bedroom or office.

Dr. W.: What prompted your family, that is, your father and mother and brothers, to live in Dr. Libman's house?

Dr. E.: I think it was the indissoluble and highly ambivalent bond between Libman and his sister, my mother. My mother was the master of the situation, at least in respect to my father. There was no way in which anyone could move her out of that house. As a matter of fact, when Emanuel stipulated in his will that the house was to be sold two years after his death, that was probably the greatest blow my mother ever suffered. Actually it made no sense for her to live in that house all by herself, which she had been doing since my father died (in 1928) and the three of us had left New York City.

Dr. W.: How did your father feel about the family living with your uncle?

Dr. E.: He had no choice. He submitted. He apparently agreed as a condition of the marriage to this arrangement, and he submitted. In the family setting he was a passive man.

Dr. W.: So you were raised in that house.

Dr. E.: I was raised in that house. Now -- I don't know if you can picture this, but you see here's this man . . . I forgot one more floor, the basement, important for my development for here were his pathological specimens, shelves with jars of livers, kidneys, and hearts. I saw these as a small boy. Now picture if you can this renowned man, on a par with the greats of medicine, living his entire life in a single bedroom, and his office. Those were the only two places in the house he occupied.

Dr. W.: Plus the basement where the specimens . . .

Dr. E.: Well, that was just storage. When visitors came -- the great figures that you hear about -- they came to his office or to his bedroom, where he had his records and record player. He had a large music collection; he

was very involved in music. He would occasionally go into the living room, to play the piano, but only if it was unoccupied. But otherwise he never mingled with the rest of us.

Dr. W.: What was your father's profession?

Dr. E.: My father was in the fur business. He was born in 1869. He came over here in 1889. He was a very fine, well-educated man. I don't know what his education was but he was well-read. He was raised in Hungary, what later became Czechoslovakia. He was a quiet man, a man of very high standards, of great probity and integrity, that was his reputation. He and his cousin established a retail and wholesale fur business, A&J Engel Furs, on 20 West 33rd Street. He first worked for Lord and Taylor; that's where he learned the business.

Dr. W.: Did your parents and Emanuel Libman ever do things together?

Dr. E.: Never, never. My father in his business was highly respected. He was president of the Association of Fur Manufacturers. He was known as the great negotiator, the great arbiter. In all the disputes within the industry, between concerns, between

management and labor, my father was always the man who conciliated, who brought people together. But he never could cope with the quarrels between my mother and her brother; there he was helpless. He was very respected and loved. My uncle was admired and feared. I don't think anyone loved him in any sense.

Dr. W.: Respected.

Dr. E.: Not respected genuinely. He was envied, and he was held in awe. Family members would boast about him, but in all the family discussions I was ever involved in, the attitude was fear, awe, and not a little anger.

Dr. W: Did you have meals together?

Dr. E: He never ate with us. As far as I knew as a child -- this is going to sound crazy -- Libman did not eat. (Laughter). Actually he ate in his bedroom or office; his chauffeur brought a tray -- or he ate out. Other than that, we would occasionally meet on the stairs, that was our only contact . . . he would be coming up the stairs or down the stairs two steps at a time. My brothers and I used to refer to it as the thundering herd. We fled into our rooms when we heard his thundering steps. It was strictly forbidden for anyone to leave doors open. It was very strange for me to go

into anyone's house and discover that some people always left the door open. Our doors were always to be shut. He lived a separate life. He had a chauffeur, and at one period he had a car, which belonged to the chauffeur. I guess he didn't drive, he often used taxis. It was as if life went on in this house in two separate spheres.

Dr. W.: I know he was entertained a lot, but did he ever entertain in the house?

Dr. E.: He never entertained in the sense that I think you mean.

Dr. W.: Having people in . . .

Dr. E.: Having people in for a meal or for coffee or tea, or drinks, or whatever, never. It was rare that it was anyone other than a professional visitor. I am not aware of friends or social visitors. Yet from the stories I heard, it was quite an experience to visit Libman. Almost never did women visit. I don't visualize married couples coming though I suppose some must have. His chauffeur might bring up a tray, I'd see it out in the hall later. Often he took people out to eat, or ate out by himself. I know there were certain favorite restaurants he went to. But as far as

entertaining, I could hear him call to the chauffeur to bring up some coffee and whatever the cook may have prepared.

Dr. W.: Did he ever ask you how you were doing in school when you were growing up?

Dr. E.: Never. This kind of remote relationship began when I was a small boy. The tale is told that Libman would have my older brother, Lew, come in to meet visitors. He liked to show him off. When he was 8 or 9 Libman even took him to the Rockefeller Institute to look through the microscope to see the organisms that Harry Plotz claimed were the organisms of typhus fever.... But at one point Lew evidently revolted. The tale -- apocryphal or not, goes that Libman called him in while he was playing in the back yard. He came in reluctantly and then threw himself on the floor and had a temper tantrum. That was alleged to be the last time, according to this version of early life at 64th Street, that Libman ever had a child in his office.

I have no memory as a small child of anything other than him shouting at us to keep quiet. We learned to creep up the stairs, and to be quiet in the back yard. As soon as we came into the house the question always was: "Is Uncle Manny home?" (Later on it

became "Libby"). If Uncle Manny was home, then you were very, very cautious. If you met him, there was no greeting. Mostly it was evasive action. You looked down the hall, and if his door was open, or if there was some sign he was coming, you waited until he went by. In the New Yorker article, it was stated that he ignored us when visitors were present. I can assure you it wasn't just when visitors were present (laughter), it was anytime. Even when I was in college and getting ready for medical school, I didn't feel I could go see him for any reason. My mother would say, "Now go see Uncle Manny, he can help you," and I would say "No," and Frank would say "No," and Lew would say "No." But we had to, and then what did we do? I had to call his secretary and make an appointment. I would say there was maybe five occasions in my whole life that I felt I had any reason to speak to him.

Dr. W.: And you lived in Libman's house until what age?

Dr. E.: Well, I moved out of the house, as far as it being my residence, when I married and that was 1938. Lew also lived there until 1938, during the years he was a graduate student at Columbia. He also had virtually no contact with him. Libman was the final arbiter of all family decisions. Marriage, decisions to have children, career decisions, it was expected that you

would come down and meet with him and get his approval.

Dr. W.: You mean the family, or only those people that were living in the house?

Dr. E.: The whole family. Every member of the family, that was expected. You had to see Manny. Evelyn and I met when I was a first year medical student. She was a student in art as applied to medicine, with Max Brodel. We fell in love and that was a period when it was out of the question for a medical student to be married. You didn't get married until after you hung out your shingle. This was a tremendous problem for me because it ended up that I did get married before I started my internship. And I had to get help to work that out because not only was my mother dead set against it, Libman was dead set against it. When push came to shove, there finally had to be a meeting. I had to bring Evelyn up, in my own house, up to the front room, on time, and she had to go in by herself to be interviewed. It was like applying (laughter) for a position, or something.

Dr. W.: Dr. Engel, I realize that some of the impressions you formed when you were a youngster may have been modified or changed since that time -- or maybe they do

remain the same. But if we had to list some of Emanuel Libman's personal traits, what would they be as you look upon the whole person. He was certainly in some ways charitable, wouldn't you say?

Dr. E.: Well, I certainly can say a lot of very good things about him. I have been giving an account, you see, of what it was like growing up in his house. Certainly he had a very profound influence on me, much of which was for the good, and some of which I had to work my way out of. It's interesting that at the very time I was personally feeling very angry, even hating him, I was also identifying with him, and for a long time I didn't realize this. Long before I ever got to medical school I already, partly consciously, more I guess unconsciously, was very carefully attending to what it was he was doing that made him so effective. I'm not going to use the word successful, because that gives the wrong impression, so effective as a physician.

Very early in life, I already had a considerable interest and curiosity about nature, a development in which my grandfather was an influence, just as he must have been an influence on his son, on Libman. When I was 7, 8, 9, years old I remember going out into the woods with my grandfather, who then was close to 80 or beyond, and he used to instruct us in nature.

Collecting, paying attention to how leaves differed and how plants grew, and getting us to read about nature, etc. So this kind of discipline, to be systematic and orderly and make good observations, had begun even before I knew exactly what it was that Uncle Manny did. Lew -- by the time he was ten years old -- had already set for himself a career to be a chemist; he bought the first Chem Craft set, as it was called, he had a little laboratory, and he got his younger brothers to help him.

This scientific atmosphere also was contributed to by the fact that we knew that many of the people coming to the house to visit Libman were scientists, many were noted scientists of the day. My grandfather was very much a product of the latter part of the last century, the struggle between religion, clericalism and science and the Enlightenment. My grandfather, even though he had little formal education, was a great proponent of logic and science and in his later years he became an agnostic, and even an atheist. So that atmosphere was already there. How it influenced Libman I don't know, but certainly Libman became a sort of secret, admired figure who actually was doing and exemplifying what grandfather talked about. There was my grandfather's classical library and my uncle's medical library and the pathology specimens in the basement. And we, of

course, were objects of his clinical examination, because whenever we got sick he was always the first to examine us. Later I suspected that it was on me as a child that Libman developed the pain sensitivity test. I don't think that's true, but that's how I experienced it. I was very aware of these sorts of things, and I also was aware of the tremendous admiration and respect that people seemed to have for him.

Dr. W.: He certainly had a very strong personality.

Dr. E.: He had an overpowering personality, and he inculcated in me very high standards of clinical performance. By the time I became a medical student, it was impossible for me not be be -- I'll make that positive -- it became important to me never to miss an observation. By the time I was a third or fourth year medical student I was having great satisfaction and pride in picking up physical signs or laboratory findings that others had missed. That almost became a goal.

Dr. W.: According to some biographers he had a large reservoir of humorous stories. Did any of these . . .

Dr. E.: Those I never heard. Almost to his dying day, and I was already in my 30s and established in academic

medicine, he never engaged with me, or my brothers, as a student or a colleague or even just as another adult. The pattern from my childhood persisted, at least in my mind. I was not someone to whom he would tell a funny story. I read about them, I heard about them. I think in looking back and coming to understand the psychology of this man, I eventually came very much to peace with it because I've come to realize that this was a man who had very serious psychological problems. Problems, which for the most part, he succeeded in compensating for in ways that were much more often constructive and creative than otherwise. He was in fact, in many respects -- socially-maladjusted is not a good word for it -- I think he was basically a very shy, insecure man and he compensated for this by exploiting his superior knowledge and skills. As a result some people would see him as a bully, and he was, and some people would see him as just so superior in his knowledge that they dared not oppose him. He could overwhelm just about anybody. When I was growing up I thought he could overwhelm me because I was a child, but by the time I was an intern and saw him in action, then I could see that he could overwhelm anybody.

Dr. W.: There is an extensive correspondence in his manuscript collection, and there is abundant evidence that he had the respect of colleagues and scientists

everywhere. In fact, it was more than just respect, they seemed to have a personal . . . .

Dr. E.: Awe, admiration . . .

Dr. W.: Yes, and appreciation, because he seemed to be good to them. He wrote to them, and he sent them gifts. He certainly did not ignore them. He tried to have them in for parties and he entertained and took them out frequently. There must have been an element of sweetness about him somewhere along the line.

Dr. E.: Yes, I think he was very effective at that, and it was genuine. I don't think this was phony or a put on. I think this occurred once he gained self-assurance professionally, and that happened very early in his life, maybe by the time he was in his early 30s. By then, he had already established himself as a first rate clinical investigator, an investigator in pathology and bacteriology. You have to remember this was an era in American medicine in which there wasn't all that much of quality going on. Not only that, but he did this under the inauspicious circumstances of being Jewish and being at a small, or at least inconspicuous, Jewish hospital which he unquestionably, almost singlehandedly, elevated to the rank of a first class academic institution -- even in a

period in which it had no formal academic connection. And once he achieved this kind of self assurance, then it became increasingly possible for him to be a giving, generous person, and he was.

He gave generously of himself and of his time. He never coveted money. He gave money away. It was well known he didn't charge or charged a pittance to wealthy people in order to get them to give gifts to the hospital. He succeeded -- and he did this I think perfectly honestly and honorably -- getting many people indebted to him. I say honestly and honorably because it wasn't his intent to get them indebted, but a device that also helped him as well to feel confident and secure. Once in that position he could do things for people that nobody else could do. He helped innumerable students, usually Jewish students, planned their programs for them, sent them abroad, gave them introductions. There was no question that if you could become associated with and get in Libman's favor, that your career, if you had any capability, could be assured.

Dr. W.: Did he go to synagogue?

Dr. E.: He was not religious. He had some interest in religion, and curiously, I think he probably attended

services at other churches maybe as much as a synagogue. I don't know of him ever going to synagogue ritualistically. I know he went on particular occasions. But I also know he went to mass on Christmas Eve.

Dr. W.: Did your mother observe the Sabbath on Friday night?

Dr. E.: That wasn't part of the routine, not even with my grandfather. Passover, Hannukah were observed occasionally. I never went to a real Seder until sometime after I left the house.

Dr. W.: I'd like to have you touch on two more subjects about Dr. Libman's life. The first is: do you have any insight as to why Dr. Libman never married. And the second concerns his death. I did quite a bit of searching to find something about his final illness, but was unable to locate very much. First, why didn't he marry?

Dr. E.: The issue of not marrying was for a long time one of the family secrets. As far as anybody knows, Libman never went out with a woman, never dated, and at various points in time -- and I can remember it from my fairly early childhood -- there would be stormy

outbursts by my mother or other family, outrage, tears, angry accusations, etc. because someone -- and at that point I didn't understand at all what was going on -- had apparently made the charge that he was homosexual. I think the evidence that he was homosexual is irrefutable. It was the wrong era to be a homosexual; it's still not the right era, but I certainly think the evidence that dispositionally this was his bent was strong. I think that's an important observation because it tells an awful lot, and explains an awful lot, about his behavior.

It isn't just that he didn't marry; it rather tells the story, in a way, of a man who carried a tremendous secret burden. Without realizing it, I and my brothers probably knew more about this than anybody else, because we were in the room next to his. I believe that he had homosexual paramours who appeared under strange guises. I know that he had certain kinds of rituals about his bowel activities. I know that he had men that came in to give colonic irrigations, at least that's how it was presented. There would be these mysterious people who would appear. I know that the "scandalous" stories usually had to do with charges or accusations that he had made approaches to, or allowed himself to be approached by, other physicians or something of that sort. I took the trouble last night

to call my cousin, who is 88, and knew him years before I did because I knew this would come up. If you didn't bring it up, I was going to bring it up, because I think its part of a human history.

It's something that nobody has really wanted to put on record. Actually I didn't have to ask my cousin, she volunteered the information. She said, "You know your Uncle Manny was 'square,'" she got the wrong word (laughter), she meant to say "queer." I said, "What do you mean?" and then she proceeded to confirm what I already knew. Included was his chauffeur, for example. He was an effeminate man, and his constant companion. So here you have this situation, you see, in a period of time in which nothing could be more exluding, than to be sexually deviant. He carried the terrible secret . . .

It was interesting that my cousin said that Libman used to say to the family in his own defense when this charge was raised: "Well, just so I won't be accused, my doors are always open." They never were! I never saw into his room, the door was always closed when he was there. So, you see now a man in a prominent and very conspicuous position, struggling with this threat of exposure and literally obliged to hide himself in his own household. I now see the family around him as

a sort of shield. I now see his activity, his social activities, as really -- and I'm saying this positively -- very effective devices that he worked out to maintain social relationships without being exposed and without getting involved.

But I also know that this influenced what happened to some young people. For example, he took the very strong position, for which he always buttressed himself with the authority of Osler, that medicine must be your mistress. Physicians should have nothing to do with anything but medicine. And I do know, personally, some very brilliant young men -- young at that period, they are all deceased now -- who got through all the steps of Libman's approval for being sent abroad, for training, etc., only to have everything withdrawn because they indicated, their intention to get married. That ended it.

Dr. W.: Could you shed some light on the causes or circumstances surrounding his death?

Dr. E.: Well, this is a fascinating story, and I've told it many times. It's never gotten into the public domain as far as I know, even though I wrote it to Bill Bean who was very interested in premonitions of death, but I don't know that he ever published it anywhere. I gave

him permission to publish it.

In 1943, while on a trip to Mexico City, Libman suffered a stroke. The story I got at the time was that he developed some difficulty with his vision and became confused, it was thought that maybe it was the high altitude. In any event, it was a cardiology conference of some sort that he was attending. He left the conference (this was in the middle of the war), came back to Brownsville, Texas, and a series of steps followed which aren't important. He was obviously sick, confused, yet he still succeeded in bluffing everybody. He was admitted to a hospital; I can't remember whether it was in Brownsville or Dallas, I think it was Dallas. For the family, this was the impossible crisis.

Dr. W.: When you say family . . . .

Dr. E.: Everybody. Not just the immediate family. My mother, all his siblings, particularly his siblings. (His father died in 1937, so this is six years later). This is the impossible crisis, because in the family whenever health problems come up, you called Manny. That's just what you do, you pick up the phone and you call Manny, and he tells you who to get, and where to go, and what to do. So the family collapses, and my

mother, of course, being the closest, was the one who then initiated action, which was to call me. Lew, my older brother, was in the military service at that point, and Frank was in a sanitarium with tuberculosis. I was the available one, and I was sent on the mission to find Libman and bring him back to New York. Without going into details, it was a weird chase.

I finally established that someone had put him on a train that was going to arrive in St. Louis. And I managed to get to St. Louis from Cincinnati before the train arrived. I met him coming off the train. He was disheveled, unshaven. He had a homonomous hemianopsia, couldn't see on the left side, and he was confused. He was improperly dressed, his pants were not buttoned, his shirt was hanging out, and so on. I put him together, as best I could, right on the train platform and tried to get him on the New York train. But before I could accomplish this, there appeared a delegation from the Washington University, Department of Medicine, to whom he had wired in advance that he was going to come to St. Louis and would be prepared to make rounds. The people who met him, I can't remember exactly who they were, but they were senior members of the department. At first they did not recognize that anything was wrong. He chatted away, dropping pearls, as he was want to do, and everybody

fell into the usual pattern of sopping up the words of wisdom. They were words of wisdom, they were just out of context. It took 15-20 minutes -- I felt like a little gnat, you see, here I was just a young instructor and they were crowding around the great man and I was trying to get through to the people that he was sick. Finally they realized he was confused, and helped me get him on the train to New York.

It was a difficult trip; actually this was the most intimate, in fact the only intimate time I ever had with him. I spent the whole night sharing a sleeper with him, I on the upper, he on the lower berth. I'd never been that close to the man in my whole life, even though we lived in the same house. His speech was garbled, he was confused; I thought it ironic that I, who had started my career studying delerium, should be taking Libman, delirious, back to New York. He never recovered from that stroke. That was the beginning of the downward path for him. I think his visual deficit compensated somewhat, but he had a major loss in his cognitive ability, even though he was still able to produce pearls.

Over the course of the next months or year his practice fell off. He was no longer called for referral, he no longer got consultation calls, although patients called

him. And he would respond. He would go out to see the patients, just as he had always done, but the patients would not realize that there was anything wrong. Some of the doctors didn't recognize his cognitive impairment, even though he would make recommendations which were obvious nonsense. For example, he didn't know about penicillin. It had come into use just about that point. So if the doctor ordered penicillin, he would countermand the order. He would not be able to acknowledge that he didn't know. On the few occasions that I visited in New York over the next couple of years and dropped in to see him, he was a shadow of himself. He was lonely, bitter. He would cling to me, which I never experienced before, and talk endlessly, without sequence or connection. These were painful scenes for me and it was quite clear that he was also depressed. In the beginning of May, 1946 I had moved to Rochester, and I came down, as I had been for several years, to Atlantic City for the annual meetings of the American Society for Clinical Investigation and the Association of American Physicians. He always attended the Association; he attended the Clinical Society too.

Dr. W.: Was that part of the A.M.A.; did they meet at this time?

Dr. E.: No, these were the two generations of young turks. The Association of American Physicians was the young Turks of the early part of the century or the latter part of the last century, I guess it was. And the Society for Clinical Investigation was the young Turks of the early part of this cenutry, the 20s perhaps. Libman was present at the Association meeting, and got up three or four or five times, as he had done throughout the history of his membership in the Association, to discuss papers. But now he discussed them irrelevantly. Once he struggled to the platform, or the mike to talk, people couldn't understand what he was saying, it was garbled and people were embarassed. The incident was so notable that Howard Means included it in the 75 year history of the Association.

At that meeting, that same day, we happened to get on the same elevator. He asked me to come to his hotel room, which again was something very exceptional. He had never asked me to come to his hotel room. He took off his jacket, rolled up his sleeves, and asked me to feel his elbow, which I did. I could feel nothing that caught my attention, but he said this is an olecranon bursitis. "In about six or seven weeks, I will be dead of a coronary thrombosis, a cerebral thrombosis, or a mesenteric thrombosis." This was the old theory, going back a hundred years or more, of recrudescent gout,

which had long since been abandoned, but which Libman revived and firmly believed. I listened to his account, and in due course left. And sure enough, five or six weeks later, my mother calls and says, "Your uncle has been taken ill with appendicitis and has been brought up to Mt. Sinai hospital, please come down."

I took the night train down, went directly to the hospital and found that he had been operated on. Normal appendix. He had had abdominal pain, tenderness, a little elevation of temperature. That was the basis for the diagnosis. He was operated on by John Garlock who was the head of surgery. When I walked into the room Libman shouted "These damn fools, they operated on an old man for appendicitis. They should know that it was mesenteric thrombosis." Garlock came in just about that point, and I still have this picture vividly in my mind. He's standing behind the bed where Libman can't see him and he's winking at me. And Libman is haranguing him: "I taught them everything I know, and look what they've done." He said, "Mark my word, in four or five days I will have a bloody flux." Those were his words. "And then I will develop a paralytic ileus, and in a week I will be dead."

His post-operative course for the first day was

unremarkable, so I went back to Rochester. But, on the fourth day, mother called and said he'd taken a turn for the worse, and to come down. I came down, and sure enough he'd had a passage of bloody stool, he'd became distended, peristaltic activity had stopped. He clearly had a paralytic ileus, and he was drifting into unconsciousness. Over the next 24 hours it became abundantly clear that he was dying.

The family gathered around. This was the ultimate crisis. Frank came up from Durham, so there were two family physicians in consultation now. He was being seen by everyone in the hospital, notes written, and so on. Finally the family said there must be a consultation, for which we recommended Robert Loeb, who was at that time chairman of medicine at Columbia. I called him up, and he was very gracious; it was already after nine in the evening. He came down and everybody gathered around the bedside. He listened to the story, he examined him, and said, "This is clearly a case of mesenteric thrombosis, and there is nothing that can be done," which is as it was at that time; he died the next day.

An autopsy was performed, and there was no mesenteric thrombosis! There was no appendicitis, that was already established. By a strange coincidence, the

autopsy was done by a pathologist named Jack Adler, who the following year appears in Rochester in the Pathology department, and it is from him that I got the facts. He had a pedunculated tumor, benign tumor of his sigmoid, and evidently this tumor had twisted on its stalk, which probably accounted for the episode that was called acute appendicitis, then it untwisted. Then it twisted again, only this time the blood supply was obstructed, the tumor infarcted and that was the source of the bleeding, the bloody flux that he said was going to happen the fourth or fifth day. That was followed by the paralytic ileus, a not unexpected reaction, and that was the setting of his death.

Now, interestingly, after Loeb had made his interpretation, various members of the attending group surreptitiously wrote notes of the chart, saying "I always thought it was mesenteric thrombosis." I always felt that this was Libman's revenge. He had been deserted and neglected by his students and his colleagues and admirers, they fell away. In his characteristic way, he was going to end up showing everybody up. How he did this, how this took place, you can speculate as you wish, but that was the end result, and I couldn't help but think as I stood at the autopsy table and saw the <u>risus sardonicus</u> that this time it meant exactly what it looked like (laughter);

he was laughing.

Dr. W.: Thank you, Dr. Engel.

Dr. W.: Dr. Engel, perhaps we can now spend some time on Dr. Libman, the physician, and his contributions to medicine. From the collection at the Library, it seems that Dr. Libman had a very fine relationship with his patients. There are many letters from people who wrote to him and thanked him for his care. And there are lots of letters from well known individuals expressing not only thanks for his professional services, but who seemed desirous of seeing him again as a friend. What do you think made him so popular? Why were so many distinguished people attracted to him? For example, you once mentioned Queen Maria of Romania. And, of course, there's Sarah Bernhardt and Fanny Brice. Surely, there were other well-known practitioners at this time, and none of these particular patients had cardiac problems, that I know of.

Dr. E.: Well, he was a generalist. He antedates the era of specialization. In the language of today, Libman was a walking CAT scanner -- I think the question has to be answered in the context of the times. But I also have to give my own caveat; namely, that I know nothing first hand about his relationships with patients,

other than as a little boy patient, and of course I know about how family members and maybe a few people outside the family spoke about him. I think this should be seen in the context of the time, but let me digress a minute because I think this might throw some light on this.

Lewis Thomas, in his book Medicine, the Youngest Science, wrote about his father who started as a general practitioner, then became a general surgeon, and practiced I think in Queens or Long Island. Thomas, growing up in the physician's household, and his father, like my uncle, saw his patients, had his office in the house, and went out on call. So in that regard there was some similarity in our backgrounds. Thomas gives a very dismal picture of what medicine was like in the 20s and 30s. Almost nothing could be done. His father, as he described it, would come home tired out and discouraged, there was so little he was able to do for anybody. And Thomas enters medical school essentially with, as I sense it, no very great excitement or zest, or curiosity. It sounded to me almost as though he went into medicine because it might be interesting, but not much more beyond that. Then he contasts what medicine was like in those days, with the exciting advances, developments, treatments, techniques, of today. As I read that what struck me

deeply, was how completely different was my impression of medicine growing up in Libman's house.

My impression of medicine, in the 1920s and 30s, was like Thomas' impression of medicine in the 1970s. To me all kinds of exciting things seemed to be going on. Science seemed to be in high gear. I would see all the books and journals and reprints coming in the mail, even occasionally sneak into his room or office to leaf through books. I'd see the specimen jars in the basement, then there were all the visitors who came to consult. I would hear stories, not from him, but from family, about his diagnostic exploits or about patients who were rescued from the brink of death, by the correct diagnosis or a skillfully timed surgical procedure. But even more than that, I would be hearing about the advances and new discoveries being made. From early childhood it was constantly impressed on me that I was somehow in the presence of greatness, that his totally preoccupied behavior reflected his complete absorption in new discoveries, that we literally were witnessing medicine's future. As a little boy I imagined these discoveries were being made in the little chemical laboratory on the second floor, or in the basement. There was always an air of mystery and excitement about his comings and goings and about who was coming to call. He was portrayed, in the

family at least, as forever being called to solve the insolvable and do the undoable, and never failing. Called by the great and near great, all over the country, even abraod. As a small boy those provided grounds for me to be quiet and not disturb him and then later for curiosity as to just what he did. By high school I was beginning to get some sense of a man single-mindedly engaged in discovery, whether at the bedside or in the laboratory. Along with my fear and dislike was also awe and admiration. Medicine as he exemplified it in my eyes was surely the most exciting thing in the world.

When I went to Hopkins as a medical student in 1934, I was actually disappointed because I didn't encounter the brilliant, exciting, productive people I had somehow or other been led to believe would be there -- no bee hive of activity like 64th Street was. Also, I had spent the two preceding summers while a college student doing research at the Marine Biological Laboratory, where I was exposed to a veritable galaxy of stars in biology from all over the world that further enhanced the impression of exciting frontiers in medicine. Now what that says to me now is, that in contrast to today, there were stars -- like Osler (I read Cushing's biography) or like Libman -- who were magnets and who stood out, as individuals don't stand

out today. As I travel around the country nowadays, from one medical school to another, I am impressed that in every medical school you find half a dozen or a dozen people with splendid ability and accomplishments and competence. They're all around. In contrast, in Libman's time such people were rare. Hence they had on their patients more the impact of the magician, the god, the final authority; Libman was a master performer in these roles.

Dr. W.: He must have had a decent bedside manner.

Dr. E.: Not by my standards (laughter), and I say that without hesitation. He could get away with behaviors that today would be totally unacceptable. It not only was that he was the authority, even at times the court of last appeal, it was extremely difficult to get to see him. You had to have special connections. That very fact enhanced his effectiveness with some patients, especially those who do best if they are handled in an authoritarian, controlling, even harsh fashion. As you read the accounts, such as in the New Yorker article, and as I heard accounts when I was growing up -- and this was more characteristic of those times, patients were not that central in the regard of most physicians. Of course, you realize I had no first hand experience with how he actually was with patients.

I do know, however, that he exploited some patients, particularly wealthy patients, but he did this for a good cause.

Dr. W.: That was going to be my next question, about his fees, did he sock it to the wealthy people for a good cause?

Dr. E.: He didn't sock it to them. Some he didn't charge at all or he charged them very modest fees. He was very good about that. See, he had very few needs of his own in terms of accumulating wealth or possessions. My childhood memory, particularly around Christmas time, was limousine after limousine pulling up to the door, and the door bell ringing, and the chauffeur coming in. And there was always a question, what is it this time: a brace of pheasant, or a rare French wine? For a wedding present Libman gave us a bottle of original Napolean brandy, 1805. That was a gift that he had received from someone, I don't know who it was.

But to come back to his actual behavior with patients, he -- and this is clearly described in the New Yorker article, and I think accurately so -- he was not a listener. He was a superb observer, and he could make more out of less than most people could. More out of less meaning that he cultivated this skill -- I think

skill is the right word, not style -- of learning the significance of small signs; so much so that he could bypass examinations and inquiries that other people would have to go through to reach the same conclusion. He would notice a single sign which was so distinctive that he could indeed walk in and say, that's it. That had marvelous, magical impact on patients. He could also be very kind, very attentive and devoted to patients in the sense of following through. But he had the advantage of being the ultimate consultant, which is a very different role than the ordinary, primary care physician, the person taking care of the patient. His skill was such that he was correct often enough that he could get away with behavior which some people were affronted by. Some patients would never go back to him unless at death's door.

Dr. W.: So he was not only a fine clinician, but also superior in research.

Dr. E.: Yes. I think those two dimensions should not be considered separately. His first devotion, his first identity, actually was as a scientist. He had high standards with respect to the application of the scientific method to clinical practice, which means meticulous attention to accurate observation and to the

development of hypotheses and the testing thereof. And he was masterful doing this at the bedside. To some extent he belonged to a generation that had not yet been contaminated by the laboratory model of the application of science. The laboratory model of science does not involve nearly to the same degree as does clinical work the necessity to process, to reason on the run.

In the laboratory you design experiments, you carry them out, and you analyze the results, and then you do something else. At the bedside you can't do that. You have to devise ways of testing your hypotheses as you go along, and the material is changing under you eye, under your hand, so you can't wait. Libman was very good at that. He would know -- at a time when diagnostic procedures and laboratory procedures were barely developed -- what procedures to use. His development of the technique of the blood culture was an early example of correlating a clinical expression of disease with laboratory findings; one of the earliest ones, and he perfected that elegantly. So he came to know what would be the circumstances in which a blood culture was likely to be definitive. He also developed ways of recognizing false positives and false negatives, and how to deal with that. There was very little of that in the beginning of the century

when he began. In those days most of the doctors didn't even know these procedures existed, and even if they knew they existed they didn't know how to apply them or how to interpret them. And here comes Libman, called to see a patient with indolent fever; he notes a spot on the tip of the finger or cafe au lait coloration of the skin, takes a sample of blood for culture, which he does himself from beginning to end. That was magic! You see, he didn't send it off somewhere, he didn't read a printout. In a few days he would pronounce the diagnosis to be SBE, or whatever. What a magical element that would be in the doctor-patient relationship!

Dr. W.: What about Dr. Libman and his colleagues at Mt. Sinai, or his students? Do you have any insights about that? Do you recall any stories?

Dr. E.: Well, that, I think is perhaps the most critical dimension of his life, because in contrast to his relationships with patients where his authority and their needs made his patients highly dependent on him, his relationships with colleagues were more tenuous and stormy. He repeatedly got into difficulties, most of which I know very little about -- what I do know is partly hearsay and partly anecdote. Of course younger men began in a very dependent relationship.

To be able to work in Libman's office as his associate was the ticket to success in New York. This was also a period in which physicians had difficulty establishing themselves in practice. If you could get into Libman's office and get known as having been Libman's associate, your success was assured. The same was true for people who had been known to have worked with him in the laboratory, although I think that was less of a ticket.

If you look at the people who were his associates, I think some of them maintained relationships with him afterwards, which on the surface, as far as I could tell, remained cordial and reasonably friendly. I don't know any of them who wouldn't say that he was a very difficult man to work with, but they still admired and respected him enough that they either kept their discontent to themselves, or they played it down. Then there were the people who worked with him, got out, but were cautious enough not to be critical of him because they knew their practice to some extent depended on their ability to refer, to call him in on consultation. Not everyone could call Libman in on consultation. There were those who frankly broke with him. Often times they didn't last very long in his office either, and it would not necessarily have anything to do with their professional competence. There were personal incompatibilities of one sort or another.

Dr. W.: Do you know any of these names? Can you recall any of these names?

Dr. E.: Well, . . . George Baehr is one figure where there's always shadow, and this involved scientific priority more than, I think, issues of practice.

Dr. W.: Are you aware of the Baehr-Louis Gross controversy? There's quite a group of materials in the manuscript collection on Louis Gross, who as you know was killed in that airplane crash. It seemed that Dr. Libman was a good friend of Dr. Gross.

Dr. E.: Yes, he was a great supporter and admirer of Louis Gross. Gross was one of the people who remained very, very loyal to him, intensely loyal, and if he had any criticism, he kept them to himself. Eli Moschkowitz -- whom I greatly admired -- I never got the feeling that Libman particularly admired or thought very well of him. But I thought very highly of him. Moschkowitz was a gentleman to the core and never was going to say anything negative about Libman. These names have begun to slip away from me, but I know there were these figures and I know Libman got into intense conflict with some of these people. There were fights, and Libman resigned, it was 1925 or 26. I just remember that people were making charges and counter-charges; he

was being attacked and being forced out, but I don't know whether he was fired or whether he resigned.

Dr. W.: After that he became a consulting physician at Mt. Sinai.

Dr. E.: Right.

Dr. W.: Did he have an office on 64th Street before . . .

Dr. E.: He always practiced from there. He never had an office at the hospital. Nobody had offices at the hospital in those days. The few full time people for whom he was responsible for getting the money were in pathology and bacteriology, in the laboratory. Even that was a significant advance. Nobody practiced from within the hospital. They all had their outside offices.

Dr. W.: Was that true in the 1930s and 40s?

Dr. E.: Yes. The full time system only gained prominence after World War II.

Dr. W.: William Welch said that Libman founded the school of Cardiology at Mt. Sinai, which of course he did, and trained all of the people who followed him. And you

had mentioned that he raised its standards to that of a university hospital. Do you think there was anyone else at Mt. Sinai at the time that comes anywhere close to Libman in achieving this for Mt. Sinai?

Dr. E.: You mean in general, not . . . .

Dr. W.: At Mt. Sinai. Or do you think that Libman just dominated?

Dr. E.: No, there were other figures.

Dr. W.: George Baehr?

Dr. E.: No, I don't see George Baehr as of the same caliber. In my contacts with Baehr on the wards and grand rounds, etc., I thought him a good, reasonably competent physician, but a lightweight. He was a very dignified, impressive man; he lived well into his 90s.

Dr. W.: Had you heard of Moses Swick?

Dr. E.: Moses Swick, I knew. He was a urologist and he introduced the contrast media for pyelography, which was a great advance at that time, intervenous pyelography.

Dr. W.: I'd like to bring up one related subject, Dr. Engel, and that is Dr. Libman's interest in the history of medicine. He seemed quite interested in the history of medicine. He knew Fielding H. Garrison, and of course you know of his interest in Thomas Hodgkin. And he was a good friend of William Welch. To the best of your knowledge, did this interest ever surface when you were living in his house?

Dr. E.: I don't know the background of that. It hardly surprises me that he should have gotten interested in the history of medicine because he really bridged the period between the great clinicians of the end of the last century and the new generation of clinicians who were evolving. It was an era in which the great physicians of the time were primarily clinicians, and were progressing by correlating clinical expression with pathological changes, with bacterial infections being the main etiologic category.

Dr. W.: Of course, a lot of the physicians he knew were interested in the history of medicine. Jacobi was, Osler was. So it was bound to . . .

Dr. E.: It comes naturally, it seems to me, if one is oneself involved in developing new ideas. I doubt whether many people got interested in the history of

medicine in the abstract.

Dr. W.: There were two fields that Dr. Libman was very much interested in, at least as revealed from the collection. One was gout, and the other was pain. He collected lots of reprints on both of these subjects. On the subject of gout, there wasn't anything else in the collection other than these reprints. Can you shed any more light on that subject?

Dr. E.: Well, I'll add one more, namely his interest in altering of the bacterial flora of the colon, which was originally proposed by Metchnekoff I think somewhere in the 1890s. Now I put those three areas in a spectrum. The gout business never came to anything, and he was almost alone, if not actually alone, in adhering to this view. This was one of those fascinating things to me because here was this man -- such an extraordinary authority in so many areas -- everybody was in awe of his knowledge, very, very few dared or cared to dispute him, yet you had only to mention recrudescent gout and it would be met with ridicule. It was almost as if there was a shared agreement, unspoken, that here was something you could make fun of Libman about. He had this crazy notion, that went back to the last century, and which he then proceeded to duplicate in his own death. You see his

statement at the time of his prediction of his death with respect to the bursitis was "this is gout, and it will be followed by thrombosis in six weeks."

Dr. W.: Did he have any other symptoms of the gout?

Dr. E.: I didn't find that! I could find no evidence of an olecranon bursitis. He said it was there, but I felt nothing nor saw nothing, and he didn't permit me to quiz him about the symptoms. He just said, "This is olecranon bursitis." I just felt, in my insecurity: "Well, I'm probably not sure where the olecranon bursa is, I'll have to look it up." I thought I knew where it was, but his allegedly afflicted elbow didn't look any different to me than the non-afflicted one. So that was that. But here his dying gesture was to use the same old theory.

But I remember -- I suppose peddling would be an appropriate word because I was only a medical student; I remember being able to peddle Libman's ideas at Hopkins and get away with it -- I never could peddle recrudescent gout, though. Occasionally I would bring some idea that they had never heard of. For example, that phagocytizing macrophages could be obtained from blood from the earlobe, but not from the fingertip in subacute bacterial endocarditis. I remember being

laughed at for that. And then I proceeded to do it and pulled smears on blood from both sites. And sure enough -- just as Libman had said -- there were these unusual cells from the earlobe, but not from the fingertip. So people backed away.

Now the colonic irrigations, the infusion of cultures, which were supposed to have come from healthy, older men. His father was a healthy old man in his 80s and into his 90s. This was a treatment he gave everybody, he must have used it on thousands of patients. He addicted people to this. My mother was addicted to enemas and colonic irrigations, and from time to time implants. I was addicted to it as a small boy. So were my brothers. Everybody in the family got enemas and irrigations. As a child, I just assumed that was part of life.

Dr. W.: Was this not common, generally, in medicine at the time?

Dr. E.: This was an era in which there was a lot of attention to bowel movement. Auto-intoxication was a popular theory for a while, but the notable thing is that it is not something he ever wrote or lectured about. People who worked with him knew. There were

sodium bicarbonate enemas, and I know, because I had to administer them to my mother. I know because they were administered to me from as far back as I can remember. I know because I had to take calomel once a month, irrespective, or castor oil. There was some use of such procedures in the general of medicine, but my point was that it deviated from what otherwise was Libman's very exacting, high standard of scientific probity. It was not something he ever tested or examined, it was almost as if it was from another part of his life. He even took them himself. And I can attest to that because I can recount any number of times in which he and I met, so to speak, at the door of the john; I had to retreat, he was getting in there just in time, shouting at me, and there were not a few accidents.

Now the pain business is another story, which is of a completely different order. That intrigued me in particular because I later on got involved in studying pain and writing about pain. And, incidentally, it was an interesting and gratifying coincidence that we both got the same award, the Modern Medicine Award, some 35 years apart, he for his studies on pain and I for my psychosomatic studies which included pain. The organization that gave us the award had no idea there was any connection between us. His observation was a

very good one, and valid. I used it, in my work with patients. But this has interesting relavance in respect to the question that you raised earlier about his reputation being very good with patients. I abandoned it not because it wasn't valid and useful, but because I no longer could allow myself to do this to patients.

The test depends on catching the patient by surprise, and I just don't feel that is something one should be doing with patients unless there is a very, very good reason. I used to teach it to all the students. And I satisfied myself that his observation that people who are hyposensitive to pain are more likely to report symptoms other than pain in situations in which pain was the usual situation.

I couldn't help think of that in a recent report of people who are now demonstrated with 24 hour monitoring to have had "painless" episodes of cardiac ischemia. My experience is that those are not painless, or more correctly, they are not symptomless. If you talk with those people you will discover that they are having other sensations, fullness, pressure, but not pain. If the physician asks if the patient is having pain, the patient will say no. But if you ask the patient what he is feeling, then he may say: Well,

I'm feeling a little fullness; a little aching in my throat; or something else, or some other sensation, or pain in some area other than where it's expected to be. Most of these patients are not in fact symptom free, but they are pain free.

Were Libman on the scene now, I could just see him getting up at a meeting where this is being reported and asking -- "How many of these people were hyposensitive to pain?" And then proceeding to demonstrate the styloid pressure test on the man reading the paper, right on the spot.

Dr. W.: Dr. Engel, may I submit one more subject in this general field, and that is Dr. Libman and cocaine. Would you like to comment on that?

Dr. E.: Yes. I think it's accurate to say that Libman was a cocaine addict, but not quite in the sense that we think of cocaine addicts today. In that era many people became cocaine addicts in the course of the use of cocaine to treat sinus disease. This was before antibiotics. Hence, sinus infections were much more common than they are now. Further, sinus infections and sinus disease were often incorrectly diagnosed. I think what was then called sinus disease now would be recognized as one or another form of allergy. These

were for the most part allergically sensitive people, and because at that time there were not the harmless vasoconstrictors available to open up the sinuses for drainage, and there were no antibiotics, there were lots and lots of patients who then were refered to ENT people who used cocaine to shrink the mucus membranes.

And it worked beautifully. My mother was addicted, although I think not as severely as Libman was. But there were any number of times I went with her to the ENT office and there would be literally lines of people who were just given cocaine with a pledget on a probe, up into the sinus orifices. Then they were put on a suction apparatus to suck the "pus" out, which was a great way of traumatizing the mucosa and continuing the infection. I don't know when Libman started using cocaine on his own sinuses, everybody in the family was alledged to have sinus trouble including myself, and somehow or other I escaped surgery. I don't know how I escaped it, but I did.

But Libman began using it as far back as I can remember. To this day I can vividly see him coming up the stairs, three steps at a time, with a probe up his nostril, usually in his shirtsleeves or his sleeves rolled up.

That raises interesting questions for me, in light of what we know about cocaine, as to what this has to do with his energy, the fact that he worked such long hours and seemed inexaustable, some of his mood changes, I don't know . . . . But it did not seem as if it did him any harm, I can't say.

Dr. W.: Dr. Engel, tell us something about Dr. Libman as a teacher, and then what your views are on his medical contributions.

Dr. E.: There certainly is no question that he was a premier teacher, and I think in many respects that his most impressive reputation was as a teacher. He was sought worldwide. It is worth noting that Libman did not work in an academic setting. He was working essentially out of a hospital and out of his office.

A good commentary on his reputation as a teacher appears in the 75 year history of the Association of American Physicians, by Howard Means. Libman's presence at meetings always was a great drawing card. People came to hear what he had to say. The record is an interesting one because there was by no means uniformity of opinion, if you look at that material as to how sound and solid was what he had to say. Most people listened very attentively, but there were some

who would pronounce that what he had to say was of little or no importance. I think there was some agreement that he was rather self-referential. There's the famous report -- the one Herrick gave in 1912 -- his first report on the antemortem diagnosis of acute coronary thrombosis. No one commented but Libman. And the comments about Libman's comments later on were that Libman was trying to show that he already knew how to diagnose myocardial infarction, which may well be so.

He was a teacher of an era, in which the style was dramatic, and showmanship was a prominent aspect of teaching. He was a showman. He mounted a performance, he created an atmosphere of excitement and an atmosphere of awe. I know this chiefly from when I was an intern on the few occasions when he came to Mt. Sinai on rounds. This was in the late 30s, early 40s, when that style of rounding had already begun to fade away. But when Libman came on board, the visit was anticipated long in advance. Everybody was very sure that they had everything prepared. They knew that he was going to be attentive to detail. They anticipated that he would come up with some unexpected or surprising, sometimes astonishing, statement or observation. They knew that part of the game was to show everybody up, and more often than not, he did.

The whole ambience was one of awe, admiration, and no little fear, even from among the more mature people. He was full of surprises. He also bluffed. And he also swayed by the power of his style and the impression that he gave that he had to be right.

The examples I'm going to give are, I'm sure exceptional, but nonetheless they're revealing of his influence and personality. I remember he examined a man, I can still see the bed and the patient -- a man with a large spleen. He announced, after a very careful and typically quick examination, that the spleen had three infarcts. Person after person then came over and felt the spleen, nodded their heads in agreement, and wondered how they could have missed the infarcts. A few days later the patient had a spleenectomy. I was present at the surgery. There were no infarcts. Exactly what he felt I don't know, but the next time I saw him I plucked up my courage as best I could and told him of the findings of the surgery. To which he responded with a mischievous glint: "They all felt them too."

I think that for the era he was probably one of the people who developed very considerable skill at exhibits. Exhibits were fairly popular in those days -- they no longer are. That was perhaps partially

because pathology was so prominent and specimens could be demonstrated. But I think Libman seemed to have developed this to a really fine art. Quite a few of his exhibits won awards and prizes, and he became known as a person who was able to document and demonstrate through what nowadays would be called multi media: charts and tables, oral materials, demonstrations, specimens, drawings and diagrams, and put them together. He had this capacity to put together major topics, major areas. The New York Academy of Medicine Graduate Fortnightly on heart disease, from everything I've ever heard, was apparently an amazing exhibit, which people talked about for years and years. I was very aware of his working on these things because I would hear about exhibits when I was growing up. That Uncle Manny was having another exhibit in Chicago, or Atlantic City, or someplace in New York. Also, when the exhibits were in process he would be bringing people to the house, and to the basement to show materials and specimens, and so on. Most of the specimens were saved. I'm not sure where they went; I think they went to NYU. One would have thought he would bequeath them to Mt. Sinai.

This is changing the subject a bit, but to come back to the complexities of this man. Because of his situation at Mt. Sinai after he resigned in the mid

20s, 1927 I think it was, his position at Mt. Sinai became increasingly antagonistic.

Dr. W.: Why?

Dr. E.: That's what I've never known. There were rumors of conflict with other members of the staff. Questions of priority and questions of favoritism, and the homosexual charges got into the picture somehow or other. That was always very obscure; I would only hear about it -- people were jealous, it was unfair, etc. In looking back, I see this as a stormy period in his life. A period in which he was really having great difficulty in maintaining his secret. A terribly burdensome secret in that period of time, and as I look back I'm amazed that he succeeded as well as he did. But there were many charges of favoritism and jealousy that I would hear from one side or another, and controversies about the priority of work and that sort of thing. But the net effect was that he left Mt. Sinai out of his heritage, his will, etc. -- completely. I never could figure out why he gave his specimens, and his pictures, and the furniture of his office, to NYU. He didn't have any connection with NYU. I don't know the answer to that. Someone maybe knows.

Dr. W.: I think NYU was going to recreate his office.

Dr. E.: I don't think they ever did, and I've often wondered what ever happened to the furniture. I have photographs, I wonder what ever happened to these items. I can't imagine that they are at NYU. At one point I made an inquiry and nobody had the slightest notion. Some things must have just disappeared. Then he gave some of his material to Hebrew University in Jerusalem. That made perfectly good sense; he gave his books and so on. But he didn't leave anything to Mt. Sinai. Here is this curious situation where all his major work was done at Mt. Sinai. The material you now have in the Library he gave to Sorkin. It's a puzzle. You see, Sorkin was one of his less conspicuous, or less well known associates. I think he was his last associate in the office, or maybe next to last (I wasn't around anymore) but not a man, I think, with any clear perspective of the value of this.

Dr. W.: Did he give them to Dr. Sorkin, or was Dr. Sorkin just there at the time?

Dr. E.: It's in the will, and I only discovered this in 1959 when Myron Prinzmetal wrote to me saying that he had many, many letters from Libman. But now he didn't have his letters to Libman for which these were

answers, and he was working over his old material. Then I found that Sorkin had been given the material and so I wrote to Prinzmetal. I don't know if there was any follow up of that, whether he ever tried to get the material. But the net effect was that the teaching material, specimens -- valuable material that had to do with the whole history of the development of subacute bacterial endocarditis, and the lupus non-bacterial endocarditis, -- all that material, which really I think should have been in the archives of the pathology laboratory of Mt. Sinai, never went there.

It's not surprising, therefore, that the few loyal friends that he had in later years would try to get some acknowledgement for him. A plaque was put in the pathology building eventually, I think that was in 1959. I went to that occasion and there were very few peope there. I've never seen the plaque. The last time I was at Mt. Sinai I asked where the plaque was, and nobody knew. Eventually I got a letter and a photograph of it. It's in Hans Popper's office.

Dr. W.: What are your views on Dr. Libman's scientific contributions?

Dr. E.: Yes, let me say something else about his educational role. There was one role of Libman as a

sort of public educator, but I think there was a much more powerful role of Libman as a mentor with young people. He identified, and had people around the country who would identify, young men. I don't know that he ever selected a woman -- there weren't all that many women in medicine to begin with, and I don't even remember him talking about any women in medicine besides Maude Abbott; I think that was the only figure. People would write to him and describe so and so, a young man, a medical student, and maybe someone who seemed to have exceptional talent, and ultimately some arrangement would be made for this young man to meet Libman. Maybe at a meeting, more often it was at the house. Usually, it was after the person had finished medical school or finished his internship, and it was really on the basis of a session or two that Libman, all by himself, would make the decision that this person should get further training.

Libman would then arrange the training in every detail. With whom he would work, where he would go, what laboratory. Very often it was abroad. And in the early days he would just pick up the phone and call this wealthy patient or that wealthy patient and say I need three thousand dollars or two thousand dollars, or five thousand dollars, and so on, for his training and the check would arrive and that was that. Later on two

foundations were established. First of all the Dazian, and then later the Emanuel Libman Foundation. The funding was done through foundations. Seen in the context of the resources and the support for education and research in those days, this was really monumental, and it was especially monumental for Jewish boys, most of whom had great difficulty getting posts in the few institutions where work was going on in this country.

Then as now, it's not at all difficult to get a training situation if the home institution doesn't have to pay for it. We love to have fellows come from abroad; they bring their own money. Or from some other institution, and they're likely to be good people because they were already well selected before anybody thought it was worthwhile to support them financially.

I've often thought about the psychology of this process because often time these were people who didn't know Libman. But the intermediary, like Gross or Segall, or others, would describe him. And I've talked to and met some of these people years later. They would get a description of what Libman was like. Then there would be anticipation of the visit. And then the profound impact of having this man give his sole, complete attention -- maybe it would be just a matter of hours -- and it was a combination of education,

entertainment, and examination. He would pull down books, or pull down papers, or pull out specimens. I'd hear them running up and down stairs -- they would describe this to me. He had a tremendous fund of knowledge, and the people who were really good -- the one I got the best story was from the late Arthur Mirsky, who was a brilliant, productive scientist; he was the one who didn't get the support because nobody had warned him not to say anything about getting married, that was the end of it. But Arthur had already been doing research at McGill as a medical student. He described how incisively Libman challenged and questioned what he was doing and involved him very quickly in new ideas, or new ways of looking at things.

And other people have told me this. It was almost as if it was an internalization process that went on within a matter of hours. These people would carry it with them, because they knew whatever they did abroad they would have to give an accounting when they got back. Although I'm projecting here, I know that if I were in this situation this would have an enormous impact on me, and I dare say it did on others. Always a feeling that this incisive, critical mind was over your shoulder. The interesting thing was that it was not just over the shoulder of the fellow, it was also over the shoulder of his mentor abroad, so that Libman

would be equally incisively questioning them when they came back for a visit. You know, "Well, how did Lichtwitz do with this? Oh doesn't he know about . . . ?" These kinds of questions. This style, and this manner, Libman was also displaying in other teaching situations, I think had a very lasting effect on people.

Dr. W.: Dr. Engel, what are your views on his scientific contributions?

Dr. E.: Well, I got involved in doing research very early myself, under the impact of this atmosphere, and as my own career developed I looked back, and felt I got into the era -- just fortunate by date of birth -- of great support of research. All kinds of funding and laboratories and opportunities, etc., which began in the post World War II period. I'm absolutely astonished at what Libman was able to do, and I don't know how many figures there are who have a comparable career. All the great clinicians of the past, of the 19th century, were practitioners. They had to be practitioners and all of them did their little bit, or their great bit in the laboratory, which was mostly pathological anatomy and a fairly limited sort of thing. The bacteriologists for the most part, at the end of the 19th century, most of them I think moved

away from clinical work, they were not practitioners.

Here was a man who not only was a practitioner and earned his living in the practice of medicine, but he also didn't have any academic connections. Mt. Sinai was not a teaching hospital, had no academic connections. Here is an instance perhaps in which his personal peculiarities facilitated things. Libman was a loner, he was not married, did not have family nor family responsibilities, and he did not have very great needs in terms of finances simply because he was living in the same house and under the same roof where he had lived when he was growing up. It was as if he almost didn't move away from home. So he was able to do things, I think, which many people of that era maybe of comparable ability couldn't do. He was also able to devote his attention to it and persevere. He really represents in a way -- exemplifies -- the transition from the 19th century focus on pathology as morbid anatomy to what was the beginning of pathophysiology. He doesn't quite get to pathophysiology and the correlation with clinical findings, the clinical expression of disease. That, of course, was the main thrust of the 19th century. He begins with a single observation in Escherich's laboratory, which astonished me because it was only three weeks that he was there, I never realized until I read his letters that he never

spent more than a short time with any of these people. I can't remember whether it was a year or two that he spent abroad.

Dr. W.: He went abroad twice, I believe. First, for a year, then he went back.

Dr. E.: That's what I'm not clear about. But it was a short trip and very different from what we think of as someone going abroad to study. He visited here and he visited there a few weeks, and evidently Escherich had him do an Arbeit. An Arbeit consisted of something that would be regarded as some really elementary nonsense. He evidently had never cultured organisms; he had never had any occasion to do these kinds of things until he got there. First, he went from identifying the enterococcus, the streptococcus in stool, to a concentrated attention on that class of organisms, and then he asked the question: "If the organisms are normally in the throat and in the bowel, how do they get anywhere else?"

I think it's hard to appreciate now what a monumental, challenging question that had to be. Most people were thinking of pathogens as bad organisms that were out there, hiding in the water, typhoid bacillus and so on, malaria, and what not, which got into you. And here he

was, at this very early phase, looking at organisms which were in the nose and throat to begin with, some of which turned out to be highly pathogenic, but only once they got past the mucus membrane barriers. I have no idea how he got to, and where he got the idea, to look at the culture of the blood. I remember the very first time I drew a blood culture; I was an intern before I drew my first blood culture and I had no idea then that Libman had been responsible for the development of the technique. I knew he had done lots of blood cultures.

Learning how to do a blood culture in those days, I had to stop to think about it, and wonder how the first person figured out all these details. It seemed to me every time I did a blood culture I was getting contaminants, and that sort of problem. And here he works out the technique. And evidently for a period of time, he was one of the few, maybe the only person, who knew how to do this properly -- and this was in the early 1900s. So much so, that if the question came up of a need for a blood culture -- that's how he got to be widely known -- he could be called to come a great distance just to draw the blood for culture. And it wasn't just the matter of drawing the blood specimen, but having the proper media upon which to grow it. He had an incubator in his office

and he had incubators at the hospital. And then to think through the whole question of the dissemination of infections. Questions such as do bacteria grow in the blood; they grow in the blood in the laboratory -- do they grow in the blood in the person -- and where do they go? And then work out the pathways of distribution of bloodstream infections and make correlations with clinical manifestations and variations of organisms.

Of course, many people began to do this very quickly with varieties of bloodstream infections. It was partly for that reason that he was saved from becoming a specialist. I know he is described as the founder of the Mt. Sinai school of cardiology, but actually he never became a specialist. He was always a generalist, and that was particularly logical in that in the pre-antibiotic days, when knowledge of the mode of acquisition and the course of dissemination in the body of infections was a major part of what doctors had to do. So he became an expert, for example, in middle ear infections and sinus infections, even though he strayed from that in later years.

The complete working out of bacterial endocarditis as a a defined syndrome was, I think, largely his contribution. Then to look at other forms of

endocarditis; there was a certain amount of serendipitous discovery here. If you look through his papers you'll find that later on he begins to pull together clinical observations, and some of these continue to be useful. Many of his observations had to do, not surprisingly, with unusual manifestations of infections. But he expanded and became very skillful and very helpful in his teaching in differential diagnosis. I don't think he wrote as much about some of these things, or in as orderly a fashion, as he might have. They were little vignettes, little excerpts, that this is a useful sign or that is a useful sign. In his later years he didn't document that all too well.

His observations on pain were a major contribution which I think were never really appreciated, largely because there was a major flaw in the basic concept of pain as it was being taught in those days. I think Libman's views were part of the breakaway from that. Most people were so embedded in the telephone concept of pain that it's hard for people to deal with this. It's interesting to me because Libman's concept of hypo- and hypersensitive was beginning to touch on the appreciation that there were psychological determinants that were responsible for these differences. He didn't develop that, but it obviously was going in that

direction.

Dr. W.: Dr. Engel, maybe we can spend a little time on Dr. Libman's interest in Jewish affairs. Even though the family did not practice religious Judaism at home, Libman was very involved with Jewish students in the United States and with helping Jewish physicians in World War II, as well as things relating to Palestine. Do you have any ideas or comments about this general subject?

Dr. E.: I know very little about that and how that came about. I can speculate from some of the influences, and I suspect that some of it was chance. Some of it was the influence of his father, who while not a religious man, was identified with Jewish causes. I don't think of him as being involved in any organizations, but he was certainly a man who had an enormous knowledge of, and scholarly interest in, the problems of Judaism, the history of the Jews, comparative religion, and the problems of immigrants, and so on. He had lived through it himself. Having gotten part of his education as a young man in a monastery in Poland probably set him apart in a way from many of the same origin in Poland in those days. He was always inquisitive. I just don't have any information, though, on what actually transpired.

My hunch is that it was a byproduct of Libman's rapidly developing prominence, and the fact that he became a conspicuous figure very, very early in his life in the community. In other words, he became a Jewish physician who more than most became known, sought after, and highly regarded, and who may have been approached originally for medical problems. Well known people around the world were refered to him -- people who were not Jewish -- first he acquired them as patients, and then as admirers or friends or patrons, wealthy Jewish figures in the financial world and the business world, and also in the arts, theater, and so on. My hunch is that he probably just began to be put forward, or introduced into roles of social, quasi-political activity, because he could make contact. I think this maybe makes a connection with his power as a physician, and the role of the physician in that era.

Dr. W.: Did you know that he was invited to come to the Hebrew University, and head the department . . . .

Dr. E.: Yes, yes, and Rachmilewitz, who became the first head of medicine and later the dean of the medical school, came over here to work with Libman in the middle 20s, and I knew Rachmilewitz; I met him as a little boy. We used to have a summer place in Lake

Placid in the Adirondacks, and Libman would sometimes send one of these younger men up to vacation. I remember seeing Rachmilewitz in Lake Placid, but I can't remember whether he just passed through or whether he stayed with us. Sometimes they would stay a day or two; we had a rented house. Sometimes they were coming up to look at the TB cases. Some of them had tuberculosis, Benjamin Sachs had tuberculosis. Then Rachmilewitz went back and I know that was a sustained connection. I suspect that there were persons like -- and I say like, but I don't know that these were the figures -- Eugene Meyer, or Kuhn, or Loeb, who had connections with the Zionist movement and with the Palestine movement, who just began to involve Libman. I can see them saying: "Hey, this would be a good person for us, why don't you approach him." And I can also see, and this fits with what I was saying yesterday, how I see him as an anachronism in one sense, of being in some ways a shy man with a deep, dark secret who as he becomes successful is able to compensate in a very effective way. So the paradox is that he becomes very socially acceptable, not just socially acceptable, socially sought after in many different circles.

Dr. W.: That's interesting. You mentioned earlier that he gave his book collection to the Hebrew University.

Dr. E.: He gave his books to the Hebrew University, his library, that's in his will.

Dr. W.: Perhaps I can get a copy of that will.

Dr. E.: Yes. I thought that we might go through it and identify things that are not in the collection and might be useful.

Dr. W.: Very good. And then, of course, he did take a lot of initiative and was very much involved in trying to save Jewish refugees.

Dr. E.: Yes. It occurs to me that a significant figure, maybe the most significant figure in this activity, was Rabbi Stephen Wise. Wise was his classmate at CCNY and they were friends. Wise, of course, was in the center of all of this activity in the first part of the century. But I strongly suspect Wise was probably the central figure in getting him moving.

Dr. W.: Is there anything else you'd like to add about . . . .

Dr. E.: Yes, the rescue and the support of refugees from Hitler. That was probably his major preoccupation beginning in 1932-33 and to his illness in 1943. And

there's no question there he made a monumental contribution. He was able to make a monumental contribution because he probably had more extensive connections with, and knowledge of, the Jewish medical and scientific community in Europe than anybody. He knew all these people, and he knew them personally, and therefore could work and make connections with them. The people that I knew that came by this route -- it would be somebody at the university or the hospital, or someone else -- said, "Get to Libman." It was almost a code word.

There was this committee, and he was the chairman at various times, or held various important positions. But it was not only the connections at the European end, it was his connections at this end. Again, this has to be seen in the context of a time when it was very difficult for anyone, not to mention foreign Jews to get positions, certainly difficult to get positions on faculties, or medical schools, or hospitals. It was very difficult for these people to get licensed. There were all kinds of obstacles, but he had connections, and some were exceedingly helpful.

There are people I know personally who were helped in this process. He got them internships, he got them posts with very distinguished people. I think of one

Rochester man, Andres Roodenberg, (who is actually just retiring from practice next week; he is 75 years old) a Dutchman, a concert violinist of premier status who became a physician. Libman got him to New York, got him an internship, and then got him out to the Mayo Clinic from where he eventually came to Rochester.

The Mayo Clinic was in a way a paradoxical area, because he knew the Mayo people, and he could get people there. And yet this was an area in which there was very little opportunity for Jews. I think there were two or three Jewish people out there and yet Libman could manage to get people in. Tinsley Harrison took people and got them arrangements. He got people settled at Hopkins and at Sinai in Baltimore. At Hopkins that was no easy thing to do, and yet he could influence people, you see, to take these young men.

Dr. W.: That's certainly a significant contribution.

Dr. E.: And some never knew that Libman was involved, or never even met him.

Dr. W.: Dr. Engel, we are coming to the end of this very interesting discussion. I'd like to ask you one question which occurred to me recently. You grew up in Emanuel Libman's house, and from what you said, there

existed some very odd situations there. And yet there can be no doubt in my mind that he was this very important influence in your life. What are your feelings toward your uncle? How do you feel that his behavior toward you while you were growing up, as well as his influence on your career, affect you emotionally and psychologically. And, in addition, the fact that he did not, as you commented, leave his materials and his papers to you -- at a time when you already had your medical degree and already had a position -- but rather to a younger associate of his.

Dr. E.: Well, it was not just to me, it was to the three of us -- my two brothers, Frank and Lewis -- and it wasn't even a question of leaving the papers to us. I don't think we necessarily thought in those terms, but as the only medical members of the family, I always felt that it would have been appropriate for us to be in some way involved in the ultimate disposition or supervision.

Your question actually is a very difficult one to answer, because there are many different answers. I can tell you that the largest part of my psychoanalysis was involved in working through my relationship with Libman. He, incidentally, helped to support my analysis, which was an interesting fact in and of itself, and which in a way expresses the contradictions

in this relationship. I'll say a word about my feelings about Libman now, which are very, very different.

It is only in recent years -- I can't tell you how many years, maybe the last 20 years; he's been dead almost 40 years -- that I have come to peace in my mind about Libman, and I would say now I'm proud of that. I feel indebted to him in many, many ways. I feel what I would now have to describe as an almost affectionate understanding for the man. I now see him as a tortured person, who struggled with very serious, deep problems, and I stand now in admiration of how well he coped. At the time I was involved in this scene, I had no way of knowing what lay behind much of his behavior.

Certainly while growing up my feelings about him were of fear and hatred, coupled with awe, respect and admiration. It was a very difficult kind of relationship to have, and it was one about which the three of us talked a great deal -- certainly my twin brother and I talked a great deal about it. He was the villain, he was the enemy, he was the figure that imposed all kinds of threats and fears on us. He was so remote and it was so difficult to relate with him. And yet, at the very same time -- I think I'm repeating myself a bit here -- I was identifying with him. But

there was always this struggle on my part to disassociate myself from him. I suppose in a way these behaviors and feelings were mutual, because he equally was exhibiting these ambivalent attitudes toward me and toward my brothers. That is, on the one hand, of leaning over backwards not to appear in any way to foster our development or even influence our development; yet on the other hand, I could sense that he was concerned that it not turn out well.

I remember maybe the first decision he made to help when I applied to Dartmouth, and one of the board of trustees was a patient of his, a Judge Cohen. To this day, I don't really know who Judge Cohen was, but I know I very reluctantly, at his suggestion, went to see him. I got into Dartmouth. I don't know if that had anything to do with it -- probably not -- but there is this subtle conflict. I guess I would have to acknowledge that my feelings were very, very mixed about that. At the time of application to Hopkins he had me see a man named Murphy at Rockefeller Institute who had some connection with Hopkins. It was Libman who urged me to attend Hopkins at one of the few counseling experiences I had with him. He thought Hopkins was the best school, when comparing Harvard, Hopkins, and Cornell; those were the three schools I considered. Actually I applied to Cornell and Hopkins.

I was rejected by Cornell and was accepted by Hopkins; I couldn't help but wonder if Libman had any impact there.

Dr. W.: What year was that?

Dr. E.: 1934. When we went down to Hopkins we were given the name of Charles Austrian, who was another one of Libman's admirers, although never worked with him. The Austrians invited us out for dinner a few times and I always felt very awkward about that. Here is this contradiction now, on the one hand I didn't want anybody to know that I was related to Libman, and I was connected with Libman, that there was any influence.

I should say that a very important experience for me was getting a job on my own at Wood's Hole, the Marine Biological Laboratory. I wrote to the director, I got his name from someone at college -- at Dartmouth -- Jacobs his name was. My brother and I both wrote and inquired whether there were any opportunities for student volunteers, and he wrote back with names of four or five people who indicated interest in having a student volunteer. Ralph Gerard was the person I wrote to and Amberson was the person Frank wrote to, and it was very important for both of us that Libman was not involved in this in any way; that we got these jobs,

and that we pursued research without his having anything to do with it and, even more importantly, that the research turned out successfully, and so on. Thereafter Gerard became the person to whom I turned by preference, not Libman. Libman -- this is a very subtle and complicated process -- I would feel embarassed by Libman at times because I would hear all these charges and attacks and accusations and I would have very mixed feelings. But mostly I carried this image of this man, who seemed to me as a child to be so unreasonable, and so demanding, and so . . . eccentric is the word I'm using now, but it wasn't the concept I had at the time. And that I was terrified of him when I was sick, because he seemed to me to be so harsh and rough in his examinations -- which other patients talked about too.

As my own career developed I couldn't help but acknowledge that I was trying very hard to follow in his footsteps, and my fantasy was that I had acquired all of the desirable attributes of Libman and none of his negative ones. I will never forget when one of my young colleagues, a young woman who had been a resident at Cincinnati and whom we invited to come with us to Rochester, one day said to me -- and this was maybe 1950 -- "George, do you know the students are scared to death of you?" And I was absolutely astonished. I had

no idea they were scared to death, and I was embarassed and awkward, and I said, "For heaven's sake, Myrtle, what do you mean scared to death?" I thought of myself as absolutely opposite from Libman, in no way frightening to students. She said, "Oh, yes, way back even in Cincinnati, when they heard you were going to be on rounds, they would start trembling." I asked, what was the trouble? "You were so exacting and demanding," and she described all the features of Libman that I was so critical of. This was true of Frank as well. As a matter of fact, one time on rounds he turned to ask a student a question and the student fainted. And the students then took off on the play -- the Al Capp figure of evil-eye Fleegle -- they called him evil-eye Flengel, who had only to look at someone and they fainted dead away.

So this is a very complicated kind of ambivalent identification. It was only slowly that I could begin to disassociate myself from these feelings and come to see this man in a reasonable perspective and come more and more to admire him. To talk about him and talk about his work. Whereas in my earlier days I used to almost secretly do kinds of things that I knew Libman did, which is, you might say, clinical one-upsmanship. When I was a medical student, for example, I would be looking for opportunities to pull Libman pearls on

Longcope, or on whoever was the attending physician, and show him up the way I knew Libman would show up people. Libman was quite intolerant of anything but the best.

Dr. W.: How do you feel about these exacting, thorough, demanding traits? Certainly they are not bad in themselves, are they?

Dr. E.: It becomes an even more interesting question in terms of the changes that took place in educational patterns in the mid-60s. I went through a period in which -- this was after I had already gotten over and learned how to exact high standards without being mean, to put it very crudely -- I became demanding without hurting people. But I still carried with me the old view that the physician had to know, that the physician was responsible for his knowledge, that the appropriate technique of teaching was to pick out what people did wrong, to be critical. For a long time it was very difficult for me to give praise, extremely difficult if performance did not warrant it. It was impossible, I think, for Libman to praise directly.

Dr. W.: Thank you very much, Dr. Engel.