

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

NEW BRUNSWICK

AN INTERVIEW WITH HOWARD H. MACDOUGALL

FOR THE

RUTGERS ORAL HISTORY ARCHIVES OF WORLD WAR II

INTERVIEW CONDUCTED BY

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Kurt Piehler: This begins an interview with Howard H. MacDougall on July 27, 1994 in York, Pennsylvania with Kurt Piehler and

Robert Lipschitz: Robert Lipschitz.

KP: I guess I'd like to start with your parents. Your brother has told us a great deal. ... I'd like to start first with your father...

Howard MacDougall: Yes.

HM: ... who graduated from Rutgers.

HM: Yes. In 1911.

KP: Do have any memories of your father ever talking to you about Rutgers, or know any thing about your father's Rutgers' years?

HM: I always knew that he was a Rutgers graduate, and he returned to Rutgers for a master's degree at one time before, oh I guess it was before the 1930s anyhow. And I knew, I had visited my grandparents up at Westfield while he was getting in some summer courses for his master's degree, but I always knew that I would go to Rutgers because my father did. ... There was no other choice for me. It was Rutgers. That was it.

KP: ... Did your father ever say anything about Rutgers or members of the family or ...?

HM: I don't recall. Of course, I don't think I was at the age where he would impart some of these Rutgers events because I was only eleven when he died. ... Probably growing into teenage years or approaching college, he would have.

KP: probably would have told you...

HM: ... told me a lot more.

KP: Your father worked at the vocational school?

HM: Yes.

KP: How did that position come about? Do you have any idea?

HM: No. I don't. But he was out in Washington (the State of Washington), working with an apple grower and transferred back to New Jersey, his home state, where he was in the Atlantic County Vocational schools. I guess he was employed there, and he became executive director of the Atlantic County Vocational schools when he died. He was, I think, in that capacity four or five years before he died.

KP: And your father's death was a sudden one?

HM: I'm sorry?

KP: Your father's death was a sudden one?

KP: Yes. He was 42. He died of staphylococcal septicemia, from a carbuncle. He was well thought of. He was in the Kiwanis Club, active in the Scouts, superintendent of the Sunday School at the Presbyterian Church there. He was known all over the county, of course, and highly regarded by the farmers in Atlantic County.

KP: So you grew up primarily in an agricultural community?

HM: Yes ... The town of Hammonton, I imagine, was 70 to 80 percent Italian. The Italians came there as migrant helpers-farm labor- ... and they liked Hammonton and stayed there. ... They were nice people.

KP: So growing up, most of your friends were Italian-Americans?

HM: Yeah.

KP: And most of them went to Roman Catholic churches?

HM: Yes. Oh, yes.

KP: Did your community run into any problems in the 20's with the clan? Ku Klux Klan persecuting the Italians? Or did that pass?

HM: I didn't hear a thing about that. Never was privy to any of that information even about the Klan until, I guess, when I went to college.

KP: Oh, okay. Because I know people in Somerville. There were problems. The Klan used to march through Somerville.

HM: Really?

KP: Yeah. And ... several people who I've interviewed have said

HM: Well, this society has had a lot of bad things in it, and I, this clannishness tribalism and everything like that that separates people is an awful thing in our society today. And it's been down through history.

KP: Your mother had to re-enter the work force after your father died.

HM: Yes.

KP: How did you feel about that?

HM: Well, I didn't give it much thought other than it was a necessity. And I felt that we were quite lucky that she could return in the capacity of a teacher, for which she was trained.

KP: But you couldn't have lived on her salary, your family. Could you have made it? ... Your brother mentioned that you had a ten acre farm.

HM: Twenty acres.

KP: Twenty acre.

HM: Yes, yes. We never made much, any money on that farm. It was peaches and apples, and it was during the Depression. Everything was dirt cheap, and you could hardly get along. There were some very good and successful farmers in Hammonton, including Italians. First generation Italians that were good farmers and they knew how to make money. And of course there were the English-American farmers, too, that made money. But [with] twenty acres you couldn't make much money. And we just, well, we just never made any money on the farm. Even though the three boys worked on the farm and kept it going and

KP: It never really paid for itself?

HM: No. No.

KP: How did the Great Depression affect your family as a whole? Did you grow any food on the farm that you ate?

HM: Oh, yes. We had gardens, chickens. And of course, we would sell the fruit that we had, but we had more fruit than we could use by ourselves, so we sent that to market. But we had a garden and raised chickens.

KP: How did the community fare in the Great Depression in general?

HM: Rather poorly. I guess it wasn't unlike a lot of communities. There were, oh I remember going to school when the kiddies went to school with me, came to school with Italian homemade bread and pepper or onions in the sandwiches and that was it. And wrapped in newspapers and so forth. And some of them couldn't come to school because their shoes were pretty bad. And there were hardships. There was some ... scarlet fever, measles, and pneumonia, and that sort of thing that went around. I didn't lose any classmates from these diseases, but there were quarantines all the time. And very unlike today. And, of course, no antibiotics. But there were hearty, healthy people there.

KP: When you went to high school, how many ... people in your class expected to go on to college? Where did most people go?

HM: There were about 130 that graduated in our class, and I don't think there were more than twenty of them that went [on] to higher education. They may have after World War II, taken advantage of the G.I. Bill. I'm not sure how many of our class did go, but ...

KP: You were very much the exception for going to college?

HM: Yes. My mother was behind that. She said even if she had to scrub floors we were going to go to college.

KP: So that was from very early, that was an expectation?

HM: Yes. Of course, we all knew that we were going to college eventually even though we were dirt poor and that sort of thing. But my father when he died, ... I was eleven, and I saw how he was sick with his carbuncle. And I even helped him dress it and all that sort of stuff. ... When he died, I thought at that time, that I would become a doctor. But the only way I could go to college was to be an aggie, because New Jersey was paying half the tuition of an aggie at that time. So that's how we all three went to school.

KP: So ... even though you went to the agricultural school, you knew that you were going to be a doctor.

HM: Professor Helyar and I worked out a course where I could stay in the Ag School but still acquire the pre-med requirements, the medical school requirements. And it worked out quite well, although we humped a lot. Taking care of the farm on weekends, for well, for two years anyhow. And part-time employment with that. And taking Ag courses and pre-med courses, too. It was a bit of a tussle, but I made it.

KP: You mentioned that in fact Professor Helyar was your favorite professor.

HM: Yes.

KP: That's in part because he ...

HM: Yeah, well, I tell you, when I graduated, I was being considered by Vermont as a medical student. And Professor Helyar wrote a very nice letter to Vermont. And he was a Vermont graduate himself. And I think on the basis of that I got into Vermont, and I felt quite fortunate. But I was accepted in 1943, not in '42, ... and I had a fellowship in the Department of Entomology that year until I went to medical school in '43.

KP: And that was under Professor Helyar or ...?

HM: No, that was in the Entomology Department. Because I was, that was the school in the agricultural, there was a department in the agricultural school that gave me the pre-med

requirements. ... Their courses suited pre-med requirements. So I was an Entomology major. But, never intended to be an entomologist. (laughs) I couldn't afford any other school.

KP: So it was really Rutgers or ...?

HM: Yeah, or any other school at Rutgers.

KP: Yes, Rutgers College you couldn't have ...?

HM: I couldn't have, no. The tuition was too expensive. And I might say that the three of us went to school on a 1,000 dollars a year.

KP: Did you feel being part of the agricultural school you were off the mainstream from Rutgers College? Or was there a certain pride in being at the agricultural school? How did you see some of the splits on the campus?

HM: I think we did feel a bit separated because most of our courses in Ag school were across town from the main campus, and there was a lot going on at the main campus, and I'm sure that a lot of the fellows were in the same position that we were, poor and had to work to get through school. And couldn't join in all the comradery and the activities of the main campus, because of my part-time working or otherwise working hard to get through school. I remember going to some football games and basketball games, lacrosse. I don't believe I attended any baseball games because that was in the springtime, and ... you had to go home on the farm and get things ready in the springtime. So I never had much of that.

KP: You also lived off-campus. Your brother said you had a series of apartments.

HM: That's right.

KP: Did you enjoy living off-campus, or would you have preferred to live in one of the residence halls?

HM: I don't think there was a question of enjoying it at all. It was just a necessity.

KP: It was cheaper to get an apartment?

HM: Yeah, and cook your own meals, and so forth. That's the only way we could do it. I never envied the fellows that could do it otherwise or even the fraternity men. It was just my, I accepted my role. Didn't question it.

KP: You decided not to remain in R.O.T.C. What were your experiences in R.O.T.C.? Had you had enough of the military or ...?

HM: Yes, that was one thing I was glad to be rid of. It was just an obligation to get over and as soon as that obligation was fulfilled, I was glad to let go of it. I don't think there had been any

military men in our family anyhow. I wasn't, what do I want to say, enamored of anything military. So I was glad to get out of it.

KP: Had you thought war was coming in the late '30s or were you simply too busy to ...?

HM: We had an idea that war was coming. I remember in 1939 about, ... maybe 1940, I was hitchhiking home ... from Rutgers to Hammonton, was picked by a man who said to me, you better get ready to fight. He said, because we're going to war with Japan as sure as you're sitting right by me there. He said, ... make no mistakes. ... I forget his position, but he had told me that he knew what we were doing to Japan. Japan had no other alternative but to fight us. Because economically we were destroying them, really. And, all the other news coming about from Europe and the Far East and so forth was not good. I knew Hitler was a rascal and the atrocities I was aware of the lies that he used to promote his program. And so I knew that that couldn't last very long. It was only a question of when. And of course it hit us December 7th. I remember it was a Sunday afternoon, we were listening to the Coca-Cola Hour. My two brothers and a friend, Wally Kaenzig, were in the apartment. They interrupted the Coca-Cola Hour to say that Japan had bombed Pearl Harbor. We all said, "this is it." And we didn't know what was going to happen after that. Soon after Rutgers said they were going to hasten the graduation, jump it up to May instead of June. And all the fellows started scrambling for the services. Of course, I ... knew I wanted to go to medical school. I hadn't been accepted at that time, but I was being considered. And it was, I forget how soon after December 7th that they declared war. I guess it was a day or two. But ... we lived with the threat of war for at least two years before it came.

KP: Had you thought of enlisting ... after Pearl Harbor?

HM: Frankly, I didn't. ... I knew that some time I'd have to, but I wasn't going to voluntarily do it.

KP: In a sense you were going to wait for your number to be called?

HM: Yes.

KP: Were you less reluctant to go because you wanted to be a doctor?

HM: That's right, yeah. I would have gone with my brother, Bob, in the Navy. He enlisted shortly after Pearl Harbor. I think in December of '41 in the Navy. And I just didn't feel that was for me at that time. But I probably would have done something like that if I hadn't been accepted to medical school.

KP: So in a sense you were waiting for the medical school to work itself out one way or the other?

HM: Yeah.

KP: Now you were accepted into medical school. When did the Army catch up to you, or when did your number, in a sense, get called. There's quite a story there because you ended up in [the] A.S.T.P. [Army Specialized Training Program].

HM: Yeah. That was interesting. I went to [the] University of Vermont Medical School in April of '43. I had a 1,000 dollars that my uncle had given me. And I went through that. I was down to my last 50 dollars when the Army took over the medical school. So I was rich Uncle Sam's nephew after that. It was just fortunate and everything broke for me. ... I was poor as a church mouse, yet I had these aspirations to be a doctor. ... Just persistence pays. ... This is ... [what] I have imparted to my boys, too. And Churchill said it, "Bulldog tenacity." That's been my motto ever since. I wasn't a good student at Rutgers, but I still persisted in trying to go to medical school. I knew I had to be a good student. But, on the basis of Professor Helyar's letter, I'm sure that's what got me in there.

KP: But, also, if Uncle Sam hadn't come along to take over the Vermont Medical School, you might well have had to drop out?

HM: Yes. Absolutely. It was a question of finances. I guess, well, I'm not sure whether my mother would have ... borrowed money on the farm.

KP: But it was getting to that point where something had to be done or you'd have to drop out?

HM: Yes, yes. That's right.

KP: And so your medical school was taken over. Did everyone have to join the Army then?

HM: Yes. There were 43 in our class, two of them were females. There was another one that joined the Navy. The rest were in the Army.

KP: So except for the two women in the class everyone was now in uniform.

HM: In the service.

KP: Were you actually in uniform then at that time?

HM: Yes, yes. P.F.C. [Private First Class].

KP: How military was the medical school now? What had changed?

HM: Well, they started out quasi-military in my freshman year. We had ... reveille and that sort of thing, calisthenics.

KP: Even though you were still civilians?

HM: No. We were in uniform, marching, and so forth. But, they soon realized, I imagine because of the academic requirements of medical school, and, of course, the weather up there was severe. We couldn't go out in the morning and do the calisthenics and marching and all that sort of stuff and then go to school and be up half the night studying and this that and the other thing. So they dropped all that. And after while we didn't even line up for roll call in the morning.

KP: You basically, after, you just went to medical school?

HM: In uniform.

KP: In uniform.

HM: That was it. Once in a while, I remember the colonel telling us that we had to keep our coat collars down. It wasn't a soldier uniform to keep those collars up. But everybody did it because they were freezing their ears. I remember I got my ears frost bit by trying to keep the coat collar down. So, it was rather a loose military experience. But, Vermont was great. I liked it.

KP: Did you do any skiing?

HM: I bought a pair of skis when I went to school there as a freshman. I bought it from another medical student. I think he sold it to me for twenty dollars or something like that. I never got on them. And sold them again when I graduated.

KP: Had Vermont been the furthest north you had gone? Did you know what you would have to expect when you got to Vermont?

HM: No, no. That was my first experience with the northern climate. It was great. I got there in April. Well, I had gone up and had my interview there in the summertime, a delightful place. It was cool and green in the summertime. I knew I wanted to be there because it was so nice. Got there in the first part of April in '43, and it was snowing. And then it rained, and we had more snow and so forth. The weather, it got so that you didn't mind it. I remember one year, in the winter-time, I was out in 40 below zero weather, and you couldn't keep your coat collar down then. But you could go out in just your plain Army shoes and come in and tap the snow off, and you were clean. All that. It was, you know, really cold, and the snow didn't stick to your boots or anything like that. And people knew how to get along very well there. They had good snow removal and so forth.

KP: Where were most of the people in your class from in medical school?

HM: Mostly Vermont.

KP: So they were used to this climate?

HM: Yeah, we had some from, I think, a couple from Michigan. Some from New Hampshire, of course, Connecticut, mostly the New England states, though, especially Vermont. I was the only one from New Jersey. ... I think there were one or two from New York State.

KP: When the Army took you over and you were a part of the A.S.T.P., what was the Army's expectation? Where did you expect to go after you finished your medical training initially?

HM: Of course, they allowed us to take an internship. And we were out of the Army for that length of time, during our internship. And then we were obligated to go back into the service. And, I think, we graduated and were given our first lieutenant's commission, when we graduated, with the premise that we would go back in after our internship. And, of course, I went down to Texas right after my internship and reestablished myself in the Army, the Medical Corps.

KP: Did you expect, when the Army took you over, that you'd be actually serving in World War II, or did you think that the war wasn't going to last?

HM: Well, when I was a senior, the war did end in Europe, and, of course, it wasn't long after that that it ended in Japan, in the east. I remember one of the Army officers, medical officers came to talk to us at Vermont. Of course, it was open to questions, and so forth. This one officer brought me up short with the realities of war. He said, "Of course the doctors are getting shot." He said, "And that's why you're here." We got to replace them. (laughs) So, it was a reality to us. But yet when the European war and the Far East war were over, why we knew we'd have to go in ... under some capacity, but it wasn't any more dangerous.

KP: ... When you thought you wanted to become a doctor, your brother had mentioned that you had a local physician who was quite a role model. How crucial was that, that role model for your understanding of what a physician was?

HM: Well at the time my father was sick with his carbuncle, entirely ill, and so forth, we had a physician who, we honored all physicians, but soon after that there was a doctor, or a young man that graduated from Jefferson, who came to practice in our hometown. And we got him as our family doctor. And he was a great guy. I used to go around with him on house calls and so forth. And I wanted to emulate him when I went to, that was my idea when I went to medical school, to become a family physician, just like he was. And I stuck to it. And, even seeing the other fellows taking on specialties and all that sort of stuff, I stuck to my premise that I wanted to be a family physician. I'm glad I did. I didn't earn as much money, but I knew my patients a lot better. I took care of families from the cradle to the grave, really. And helped them with the birth of their children, and so forth, delivered the children and saw them through all their ills and all that sort of thing. I enjoyed it. It was very nice. And one thing that I enjoyed an awful lot in my practice was to make house calls. They don't do them anymore. ... And at the end of my medical experience, I didn't make house calls. But I used to love to see where my patients came from. Go to their home. I could understand them a lot better and just understand their stresses and so forth. It was great. It was a great education and helped me in my practice.

KP: So you learned quite a bit by going out to people's homes?

HM: Oh, sure.

KP: In terms of why they might be having certain medical problems or ...?

HM: Yeah, and it was fun to know the whole family and where they came from and so forth.

KP: So you could see them as a full, whole family as opposed to individuals ... coming in and out.

HM: And, of course you know, as I grew older in my practice, my practice grew older with me. The people grew old. They were my friends by that time. And I enjoyed seeing them. Of course, it was an ego trip for me everyday to go to work. Because I could do something for people, and they appreciated it. And I had fun doing it. So I enjoyed my life of medicine.

KP: Did you ever feel ... by going to medical school you missed out [on] something ... [during] the war, that you were at the home front and your brothers were overseas?

HM: I didn't consider I was on the home front at all. I was just in the service. But I did think that I had missed some of the active duty, and so forth. But, I'm trying to think of my own emotions about that. I ... prayed for my brothers every day, and so forth. And was very anxious for them. I didn't give my role in the war very much thought, except that I had to go through medical school. And that was ...

KP: That was your primary goal at that point.

HM: Yeah. And when I got out of medical school I could be a doctor and be in the service anytime.

KP: Now you initially did your residency at Arlington Memorial Hospital?

HM: Abington.

KP: Abington.

HM: A B I N G T O N, Abington Memorial Hospital, Abington, Pennsylvania.

KP: How did that go?

HM: Oh, I considered that was a good hospital, and I was fortunate to be there. At the time you considered yourself fortunate to be in a hospital where there was a good staff because they could teach you. And of course, they didn't pay us anything at that time. And, my internship lasted 15 months rather than the 12 months that most internships lasted just because I served in April, and we got out the end of June to put the academics back on track. And I got the intern's prize at the

end of the 15 months. It was 50 bucks. So I took the 50 bucks, and we all, all the interns, six of us, went down to the seashore for a weekend and blew it! And had a good time.

KP: How much in terms of the actual practice of medicine did you learn on your internship versus medical school?

HM: I considered my internship as a very intensive learning process. There was a lot of general medicine, anatomy, pathology, physiology, and all that, that we studied in medical school. In our junior year at medical school, we were, we participated in patient care. Mostly doing histories and physicals, watching the other doctors and residents. And tailing along with them. But in our internship, we were on our own, writing our own orders, be[ing] responsible for patients, and all that sort of thing. And of course, there was always some help right by your side there with a resident. But we didn't have many residents at that time because they were just coming back from the service. But we could always lift the phone and call a referring doctor and so forth, the head of the service, and get some help, and so forth. And it was intensive. Oh, I forget how many hours a week, but I'd get up in the morning at seven o'clock and wouldn't go to bed until maybe one o'clock or two o'clock the next morning. Many times. In my first six months of my internship, we had every third weekend off. After that we had every second.

KP: And you lived right in the hospital?

HM: Yeah, yeah in the intern's quarters. My first service was on OB, obstetrics. And, one night, I guess it was three o'clock in the morning, they called me for a delivery. I went over. And it was a breech delivery. I'd never seen one. But I had learned about it in medical school. They had taught it. Herb Durphy, M.D. was the doctor, the professor of obstetrics at Vermont. He was a good teacher. And I knew how to make this delivery. And I did it. It went off well. And the next morning the chief of obstetrics came along. And he said, I don't know how you did that. He said, whenever we have a breech delivery we call in everybody for help. And I didn't know I was supposed to. (laughs) But I knew all the mechanics of it. ...

KP: Even though you had never done it before you ...?

HM: I pulled it off all right. I pulled it out all right! (laughs) No, it was natural. I did some manoeuvring, and so forth. But the main part was the mother. It went off well.

KP: .. You were in residency when the veterans were, in a sense, coming back home. Did you notice anything that struck you as odd or something with all these veterans coming back?

HM: First of all, I have to correct you. I was in my internship. Residency was beyond that. And, of course, there were some young men who had been in the service as doctors, right out of internship, came back to accept residencies and so forth. I think that when that happened the doctors that came home, came back as residents took some of the authority away from us. Possibly accepted more responsibility. Took some of the responsibility away. However, that was toward the end of my internship any how. It didn't bother me very much to have the young fellows coming back, and the residents, and all that sort of thing. I never even dreamed that

medicine would be like it is today. A team approach. No doctor could possibly know all there is to know about the care of patients today. The knowledge of medicine in those days was rather limited when you compare it to what we know today. Nuclear medicine and all the basic things that go on in the cells and so forth that we know about today. We just didn't know back then. And, of course, the technology. We didn't even dream about it then. So, as medicine evolved, it was very, very interesting. I think I practiced possibly during the golden ages of medicine. Because I came from the sole family physician, responsible for everything, where we learned how to use herbs in our pharmacology ..., pharmacology and the practice of medicine, to the chemistries in medicines that we use today. And, of course, dividing up the responsibility. I couldn't possibly know in-depth what the specialists know now, to be able to pull off the ... great things they do in medicine today. No one man can know all. As medicine evolved as it is today, I was glad to see the division of responsibility. I was glad to have somebody that I could turn to when I got in trouble, or when I knew I ...

KP: Didn't know.

HM: Yeah, that's right. And, it was nice to be able to reassure a patient ... that this is beyond me. Or, "I don't know, we'll get somebody who does know," and so forth. This was a nice way to practice.

KP: After your internship, you went to Korea.

HM: Yeah.

KP: You were in the Army. Did you have any sort of training once you went back in the Army after medical school?

HM: Yeah, we went to Fort Sam Houston in Texas right after our internship and took about, I guess, there were six weeks of Army medicine. All sorts of things in the Army. How to examine meat and different classes of foods that the Army used, and how to dispose of waste and sewage and that sort of thing.

KP: So in many ways it was a public health program?

HM: Yeah. How to be a physician for the Air Corps, and so forth. Even flying a jet. And then we got our assignments from there. And I happened to get an assignment to Korea whereas a lot of people were staying stateside. I was single at that time, and most of the married fellows stayed stateside. And there were a lot going to Germany, a lot going to Japan. ... I think when we landed in Yokohama, Japan we got reassigned and mine was to Korea. ... We landed in Inchon. And about ... a week or so later, I was assigned ... way down south in the province of Chola-pukto, the town of Chongju. But on the ship going over, I became friends with a missionary surgeon. He and his wife were going back to Korea to set up their hospital. And they set this hospital up in Chongju where I was assigned. So, I had a good time down there. I was assigned to the military in public health and welfare. And we had a lot of surplus Army medicine and medical equipment and so forth to dispense to the Koreans. And the Army was happy to have

me see that this missionary got a lot of equipment that the Army could no longer use. The Koreans didn't know how to use it anyhow. So, and then, this hospital that he was setting up had been an established hospital. However, the Japanese, when they took over Korea during the war, destroyed the hospital. It was just the shell and Paul Crane, the missionary surgeon, got back there, and they had to rebuild the hospital and so forth. And I remember one night Paul called me up. They were just about ready to accept patients and some woman had walked in, 20 miles, in labor to see Paul Crane. And she couldn't deliver because of a process that the Korean doctors had done for prolapse of the bladder and the uterus. It was a sulfuric acid treatment to the vagina which created burning and scarring. And the scarring contracted so that they couldn't have a baby through the vagina. And one Korean doctor had dilated this little pocket of a vagina, so that the cervix was patent, and she could menstruate, but also she could get impregnated through the cervix. And she did, but she couldn't deliver this baby because of the scarring. So at three o'clock in the morning, we started a cesarean section on her. No blood. We just had an IV going. And we delivered this baby. And we were almost at the end, about two-thirds through, when the lights went out. So we finished it by flashlight. But at the end of ten days, this nice Korean women who had no family, no visitors, anyhow, took up her baby and walked the twenty miles back ... ten days after having a cesarean section. They were tough! Real tough. I saw a lot of diseases there that I'd never see in a lifetime here in the states. The tuberculosis. All sorts of tuberculosis. Hansen's disease [Leprosy]. Oh, off the record. I'm trying to recall, the word for Hansen's disease, where the finger's get eaten, shorten up. ... I'm blocking right now. But anyhow, I saw a lot of that. [I] went to these camps and so forth. I was constantly going out in the province investigating potential epidemics and so forth, typhoid, typhus, ... a lot of tuberculous, measles. The infant mortality rate was 40 percent over there, mostly because of measles. Because the kiddies got pneumonia with the measles and died. But as I was there we got more and more supplies of penicillin, and I was responsible for doling that out to the Korean doctors. Then we got small pox vaccinations going, and so forth. So, we started to make some progress.

KP: ... How large was the Army presence in Korea in the time you were there?

HM: Oh they were just helping to set up a government really. There was no, not any military ...

KP: Your primary duty there was not to treat Americans. It was to be really to assist the clinic?

HM: To the help Koreans. Their medicine was very primitive. And, of course, the Army couldn't do anything about that.

----- End of Side One, Tape Two -----

HM: (...?) I still can't remember the name!

KP: How many other doctors were in the team to help the Korean government, the Korean people with public health? Were you part of a larger team or ...?

HM: Yeah, a much larger team. I imagine there were a few 100 of us just in public health and welfare. The rest of the medical officers in Korea were to take care of the troops. ...

...

KP: The rest were there to take care of the troops?

HM: Yeah.

KP: In Korea did you work as an individual or did you ...?

HM: Yeah.

KP: And did you have an aide or a driver or ...?

HM: No, no. I had an interpreter, of course. And I belonged to a unit ... in that province that was responsible for watching the Koreans as they evolved into their own independence and so forth. ... I was there for a year. By the time I left, the Koreans were saying they were going to go to war with the North Koreans. And they eventually did. And I could tell that communism was creeping down into our province. Because some of the young Koreans were openly showing their disgust for the Americans. Of course, that was hard for me to take. But we were overwhelmed. ... I could see when shortly after that they evacuated Korea, ... the military government I should say, turned it all over to the Koreans, because they knew what was coming. We still had some troops there, of course.

KP: But you could see, in a sense, the Korean War coming?

HM: Yeah.

KP: It didn't come as a surprise to you when ...?

HM: No, no, no. In fact, my interpreter said, he gave me a riddle, he said, what would be whole if it were broken, and if it isn't broken, it's going to stay divided? And he said, Korea, the 49th parallel. ... Then I heard from Paul Crane, the missionary surgeon, he eventually was evacuated just before the war, or maybe even as the war started. And he told me ... [that] several of the people that I knew had been executed and so forth because of the war. ... Either they were, I guess it was because they were communist or ... fancied they were communist. A Korean, if you give him a ... uniform or something like that, he turns into a brute. And, for instance, we had police, Korean police for ... crime and so forth. But then they started to make, organize the Korean Army. And they called it the constabulary. They put them in uniform, gave them trucks and guns and so forth. And what did they do? They fought with the police. They were constantly shooting at each other.

KP: ... The police and the constabulary?

HM: ... Yeah. They just, and I don't think that anybody in power over there, including the mayor and so forth had any idea of ruling over the masses. They just feathered their own nest, built their own empires and so forth. And I understand now that that has drastically changed. And from what I can gather from the news and everything like that, South Korea has really blossomed. I guess because of their government and [they] changed their philosophies of life and so forth. And they have modernized and become a very modern, ... an advanced civilization, society and so forth.

KP: You've never been back to Korea?

HM: I've loved to go. My wife doesn't want to go. You know you have to make concessions when you get married. You know that. (laughs)

KP: You had never traveled abroad before. I mean, how much of a shock was Korea to you when you arrived?

HM: I guess it was a shock. I guess you'd say it was a shock because everything was new to me, their society, the way they lived, the things that they endured, the brutality, the inhumanity to humans, the way they maintained order, was unknown to me. The police used to slap civilians around and torture them for confessions and so forth. There wasn't very much heat or even electricity and light when I went over there. And the North Koreans used to control the amount of electricity the South Koreans would get. And so, every day at six o'clock the lights would dim and sometime during the night they would go out, like in the hospital when we were doing that surgery, that cesarean section. We did a few other operations, too, but the way they lived and apparently successfully on such a few things that we were used to in America. And, in fact, when you saw what the human could endure over in the Orient, you thought that America was a decadent nation...

KP: Did you really?

HM: ... because of all the things that we thought were essential. They were, what do I want to say? I'm blocking again.

KP: Superfluous?

HM: Superfluous.

KP: Your viewing this as someone who went through the Great Depression, and you didn't have a great deal on ...?

HM: No, no, but we had flush toilets and a lot of electricity and plenty of food. I mean compared to what the Koreans existed on. And of course sanitation, we had good sanitation here in America whereas they had none over there. ... They used to dispose of their sewage in the rice patties, and they had honey wagons that used to collect people's sewage. Go through the street and you'd have to hold your nose because the honey wagon was going by. It was terrible. And

they would take these out to the farm and dump them into the rice patties, and of course they had parasites like the duce over there.

KP: Did you try to do anything ... in terms of public sanitation?

HM: Oh yeah. One of the nicest things that we'd try to promote, and people were accepting this, was digging two holes to dispose of your sewage. You would dig one hole, and when some sewage was disposed of in that hole you'd cover it up with dirt ... until it filled up. The hole would be twelve feet or so deep and about ... six or eight, no, about eight or ten inches wide, dug with a drill. When that was filled up, you dug another hole and did the same thing with that. By the time that was filled up the first hole would of been sanitized, and you would dig that up and use it as fertilizer.

KP: And you wouldn't have the problem with the parasites. And you had some success with that?

HM: Yeah.

KP: What other initiatives?

HM: There was ... I don't know who thought this up. There was an international way of doing it. What else, of course we taught the Koreans how to use penicillin, and as soon as they started using penicillin a lot of it got on the black market. It was a way of life for some people to make their living out of ... the black market. To control that was a big problem. Drinking water, they pretty much, we had chlorination of their water over there, but the delivery system was full of holes, and there used to be faucets throughout the town where this central water would come to these faucets, and they'd be running all the time. They'd highly chlorinate the water at the source, the reservoir if you will, but there was no chlorine by the time it got to the faucet. Because there was so many leaks and so much to take up the chlorine to neutralize the parasites and so forth that there was no chlorine in the water. But ... there wasn't an awful lot of typhoid and that sort of thing. ... We were deathly afraid of typhus. The Korean was never afraid of typhoid fever. Most of them lived through it, where here in this country we are terribly afraid of it. ... It's an awful thing to have typhoid fever, but they made it. They got through their pneumonia and all that sort of thing. ... They had Korean hospitals over there, not mission hospitals but Korean hospitals run by Koreans. And I don't know whether I considered this backwards, but it was a funny thing to do, or a funny way to practice medicine. When a person came to the hospital, when they got terminally ill, they discharged them to go home, so they wouldn't die in the hospital and give the hospital a bad name. That was the way they practiced medicine. And of course [what] they were doing for TB, abscesses of the lung. They were collapsing lungs and resecting ribs and that sort of thing. There was a lot of TB throughout the body that they were dealing with: Tubercular Peritonitis and tuberculosis of the anus and all over ... the bone and this that and the other part of the body. We saw an awful lot of tuberculosis.

KP: So in many ways your stay in Korea exposed you to probably the worst range of diseases you could expect to encounter in a career. In the United States you probably would have encountered only one or two of them. There you saw ...

HM: Exactly, exactly. Yes, I saw a lot of medicine that I had heard about in medical school, but never thought I'd get to see it. It was a grand experience.

KP: So in many ways you were glad for your Army service?

HM: Yeah. After Korea I went over to Japan in Sendai, Japan at the 172nd Station Hospital and was, I guess, co-chairman of the dirty surgical department at the station hospital. ... We took care of the ... appendices and the circumcisions, any injuries and that sort of stuff. We didn't do an awful lot. It was mostly minor surgery. I took a few appendices out, did several circumcisions, some trauma surgery and that sort of thing. I remember one time there was a little, well he was a doctor my age, and I guess he hadn't been used to an awful a lot of medicine. He came from New York City. One Saturday night he was the medical officer for the night, and some young G.I. came in, had been slashed in the neck by a black. And that was their favorite thing, they always carried razors. ... They brought him into the emergency room, and the medical officer of the day looked at him and said, "Get a doctor! Get a doctor!" And he was doctor himself. (laughs) He just got wiped out with all this blood and all that sort of stuff. And one of the medical administrative officers was there. He wasn't a doctor. He knew what to do. He just put a towel on this kid's neck, you know. He says, get MacDougall, get MacDougall down here. So we took him up to the operating room and fixed him up. ... It was a big slash, but it wasn't deep enough to do an awful lot of, it went through some nerves and some veins but no big gushers or so forth, so we fixed him up. But it was that type of stuff. We did minor stuff. We didn't do any caesarian sections there if we could help it. A lot of OB and that sort of thing, pediatrics.

KP: You mentioned, you were in Japan. ... Were you surprised to be in Japan? Did you ever back in medical school think that when you were in the Army that you would be stationed in Japan?

HM: Never did. Never did, no.

KP: What was your image of Japan during the war, and how did it match when you ... were actually living in Japan?

HM: Well of course ... the propaganda that was all over the states pictured the Japanese as barbarians and so forth, long fanged-teeth and this, that and the other thing. Of course, we didn't believe them. But when we got over there, they had old trains and old ways of travel, small roads and dimly lit streets and so forth, but there was no crime or anything like that. ... The Japanese treated you with quite a bit of respect. They'd bow to you and all that sort of thing. ... I spent a year in Korea and then came back to Japan and saw some changes even in that year. Their transportation system was much better. And of course, the Japanese ... are famous for their transportation system, fast trains, on time and well kept and so forth, but they're crowded too. ... We used to travel on them ... about once a month to go down to, I was up in Sendai, that was

northern Honshu, we'd go down to Tokyo or Yokohama to medical conferences once a month. And we used to travel on the trains then. I even went hunting in Japan for ducks, and there was some pheasants and that sort of thing, and I was introduced to golf in Japan. I had a good time. I think the Japanese were very nice people. They'd turn the water off on us, the hot water off on us after eight o'clock, so if you didn't get up and get your shower by eight o'clock you were out of luck.

(laughs)

KP: Oh, in the hospital?

HM: In the hospital, in the officer's quarters, but that wasn't so bad, you know. There was a lot of complaining in the Army. ... They instigated an austerity program in the hospital, and we had a colonel there who was regular Army. ... We had a nice hospital and everything was G.I., and they even had tennis courses, golf courses. They even had a yacht to take the patients out on ... psychology and all that sort of thing. We had ... some fellas [who] broke emotionally and so forth. And psychiatry was one ... of the big services in the hospital. But we had all these nice things at the hospital. So what did the colonel say about the austerity program? He initiated conservation of toilet paper. (laughs) He said, you nurses are using too much. And now that's how the Army works, and I have no faith in how they run things. It's a wonder they even won the war, even run wars now, about as bad as politics today I guess.

KP: So ... you weren't surprised by this order either?

HM: No, and I was happy to get out of it.

KP: What else surprised you about the Army? I mean the way it worked going in as a doctor.

HM: I pitied the regular Army men because they had to cow tow to the officers even though the higher officers may have been poor officers or that their wives were poor wives. I mean the higher officers were, you know there was a society among the officers where they had parties and dances and so forth, but if their wives didn't get along, or the wife of a higher officer didn't like the other officer, the younger officer didn't get promoted, or this that and the other thing. I disliked the system immensely.

KP: So you found in the Army the regular officers very much an elite unto themselves, very cliquish, and very ...?

HM: ... Yeah. I think it was that way in the non-commissioned service, too. But, I since learned, though, from the doctors who I knew came out of the service after twenty years in the service that this wasn't altogether that way in the Medical Corps. And some of the doctors that came out of the Medical Corps after twenty years liked it. They praised it. I couldn't wait until I got out of it.

KP: And not so much because of the pay but because of this dislike of the Army?

HM: Yeah, I wanted to be on my own. I don't want to answer to anybody. ... I think that's probably one of the reasons I became a doctor. Although, I guess that was a secondary reason. Or maybe even way down the line.

KP: But the Army nonetheless educated you?

HM: Yeah, I realized after I was a doctor that I was my own boss. And that was nice.

KP: Now you initially were in family practice in Washington, Pennsylvania.

HM: That's right.

KP: ... How did that come about?

HM: I was casting around for places to practice. I knew I didn't want to practice in my hometown. I thought that there were better places to live. I went back up to Abington Hospital where I had been an intern and met my old senior ... orthopedic surgeons that I had worked under and trained under. ... I was talking to him, and he said, I know a man who's looking for a family practitioner. He said, a friend of mine. He looked at me, "Do you mind if I give him your name?" I said, no. He said, it's out in Washington, Pennsylvania. I didn't know where Washington, Pennsylvania was then. I thought it was up near ... across the Delaware River. (laughs) And I looked it up. This doctor came east. He was bringing his family to the Jersey coast. So we met. He and I went out to Washington. And we looked around for a few days. He showed me all of Washington. He showed me the office and so forth, and made me an offer. And he said, by the way I would like you to meet one of my best friends in Washington, ... he took me out to see his best friend, Lou Evans, who was vice-president of Duncan Miller Glass Company at that time. [They made] fine hand blown glass. Well, his daughter was home from Chicago at that time. And I looked at her. We went around to see some other things in Washington, Dr. Hanon, and Dottie, and I. The more I looked at her and talked to her, I finally decided to find out what was wrong with her. So I married her. (laughs) But she was just home on vacation and was due to go back in a couple of days. ... I got to know her folks much better, I mean, in a couple of months I started to go out there. ... Her grandmother very conveniently died in November. She came home for her grandmother's funeral. And so we got to know each other a little bit more. ... Christmas came along and so forth and so on. And finally, after, I guess, being totally in Dottie's company not more than maybe three weeks, we got married or committed ourselves to getting married, engaged. But I knew her mother and father a lot better than I knew her. But, you know, if you come from a good family and a good family life, that means an awful lot. She was a great gal. We had five children. Our first one was born with cerebral palsy and died when he was 39. But we have four other wonderful, wonderful children, a very nice, happy family. Life has been good to me, as you can tell, unfolding my history.

KP: So you didn't stay in Washington, Pennsylvania?

HM: No, we stayed there about two and a half years. And then Bob was interning here in York. Because this was the only place where they were paying interns at that time, too. Did he tell you that?

KP: No

HM: I think they were paying him 200 dollars a month, or something like that. And he had a family by that time. He had a son.

KP: So paying of interns is a very recent phenomenon for doctors?

HM: Yeah, it was considered fortunate to get into a hospital and get taught by the men who were in there. That was a learning experience. And you indentured yourselves for that. ... I look back on all these things in my life. And they were good. They were maturing. I got a lot out of it. And for the things you endured, it was a nice price to pay for what you gained from it.

KP: Now, in your decision to become a doctor in the 1930's, doctors didn't, really didn't do much better during the Great Depression than everyone else. Was that a concern when you first started?

HM: Well, it didn't take much for me to be impressed by somebody who lived better than I was. Of course, we didn't have any money. In fact, one night we wanted to go out and see Will Rogers, the five of us, my mother, my two brothers and my sister. Will Rogers was a wonderful ... movie at that time. We didn't have any money in the house to go see him. So, ... if a doctor wasn't making out well, he was making out better than we were. (laughs) So, it didn't take much to impress me, how well the person was living. I remember the doctor who took care of my father when he had died owned a Cadillac. And that was pretty good. But, he didn't impress me with that Cadillac. Maybe it was because he wasn't successful with my father. But this young fellow from Jefferson, he really impressed me, a fine young man, a gentleman. I just thought he was great, and I wanted to emulate him.

KP: You brother had mentioned in terms of practicing medicine as general practitioner over a long period of time, one of the things that he talked about [was] home visits and how when he first started out, the bulk of his time was spent in home visits and that declined from three or four a day to one a month.

HM: But when he started out he was serving, I think, two or three nights a week in the emergency room, too. Beside running his practice.

KP: Yeah, he mentioned that.

HM: He had all sorts of house calls and obstetrics and industrial medicine. We did it all.

KP: And when did some of those layers start getting peeled off? For example, when did you stop delivering babies ...?

HM: Well, we were sort of forced into it by our practice. We did everything when we started out. In fact, we were hot and heavy in industrial medicine. And I think that's where we got a lot of our patients, too.

KP: People you would see at the plant would then come and see you?

HM: Yeah, yeah. We did obstetrics, too. But as our practice grew, ... [it] became more and more stressful. ... We started to limit ourselves. And the first thing to go was our industrial medicine and we got out of Caterpillar. We were doing a lot of other industrial medicine, but Caterpillar was our main one. We'd be down at another plant every morning at seven o'clock, then we would go to Caterpillar and so forth. But we stuck with Caterpillar because they paid us well. And we were there for seventeen years. And then we decided to get out of there. Caterpillar wanted one of us, not both of us. And here we were the best partnership in the whole country. We weren't going to break that up. So we quit Caterpillar and the practice went on. And we finally found out that our obstetrics was taking us too much away from the office, and so we quit that. And we were still making a lot of house calls then, too, even at night. So we were humping. And so we finally gave up on obstetrics. And then after, I think, our last ten years in practice, we gave up our hospital practice. Although we went to the hospital every day to see our patients that we had referred into the hospital. Because it was primarily an educational process for us, to learn what they did in the hospital and to our patients, and why, and so forth. And, I don't think, I don't think I ever stopped reading medicine in medical journals. I was in my chair over there in the living room almost every night.

KP: Staying up.

HM: Yeah.

KP: In many ways, your brother made a point, I wanted to follow up a little bit more. I don't know if he got the gist of it, but, when you started out you probably knew less than when you retired. And your brother made the point that when he started out people's use of doctors was a lot different than today. Now people know a great deal more about medicine in many cases than they used to know. And also have been encouraged by the media and a number of doctors, to ask questions.

HM: Absolutely. When I first started out, the doctor who didn't read or keep up with medicine, he was, I know that I did, I considered myself behind the times until my patients used to come in and tell me about medicine and knew things in medicine that they got in the media and the newspapers, TV, and radio, and so forth. So, I think, somewhere in the 50's, maybe even the 60's, the media started writing, ... not only writing, but educating the public medically. And the public ate it up. ... I think it was a good thing. Knowledge is never a bad thing, except when it is incomplete. All knowledge is incomplete, I guess. You know, a little of it is worse than none sometimes. ... But, I enjoyed every bit of it. You know, ... nothing is a bed of roses. ... I'd be dog tired and want to sleep and the phone would ring, and I'd have to go out. But that was part of it. But here I am after 46 years in practice or something like that, healthy and enjoying good

health, taking no medicine and doing what I want. Probably not doing as much or as well as I did in my younger years, but I'm enjoying my life.

KP: You treated, over the course of your career, a number of veterans, or people who had been touched by wars. Was there anything that struck you in treating these different veterans from the Second World War, Korea, Vietnam, any observations?

HM: No. I saw the people who came back to their families. And of course, many of the veterans who came back with problems remained under the care of the V.A. [Veteran's Administration.] Then I didn't see very much of that. I saw some of the families of veterans who were taken care of by the V.A. And I don't think they suffered anymore than any other family. I helped some veterans to get disability because of what was missed in the service. You know they had incurred some injuries or illnesses in the service that was missed when they got out. I helped some of them get some benefits. But, I think the fellows that I knew, the veterans, were well adjusted and ...

KP: So you never encountered in your career veterans who all of a sudden couldn't, they had flashbacks, or had a hard time adjusting?

HM: No. No, I didn't get much of that.

KP: None of your sons served in the military. Was that something you were glad of? It seems like you ...

HM: ... I think my boy who died just three years ago would have been in the Vietnam War if he had been healthy. But the other ones skipped it, for which I was thankful. I had one, well, they all sort of followed their father. One started in a pharmaceutical firm. He is now selling systems dispensing drugs and paraphernalia and so forth in hospitals, a computerized system. The other one's a cardiologist in Pittsburgh. The other one is selling orthopedic instruments to orthopedic doctors, external casts, bone stimulators, and so forth. And of course, my daughter, you can see, followed her mother. ... She is married and has two children. But, you know, I think, Rutgers gave me a good start. I took advantage of them, I'm sure. But, it was good to me.

KP: Is there anything else I forgot to ask? The one thing I did realize I'd forgotten to ask, in terms of transportation in Vermont and the shortages and your medical school. Was the curriculum speeded up because of the war?

HM: Yes. We went to school eleven out of the twelve months. Whereas the academic year was nine months. So, ... I went there in '43 and got out in '46. After four ... academic years of medical school.

KP: In three years you had four academic years. So you had the same amount of material, you just had ...

HM: Intensive.

KP: And were you able to travel outside? How restrictive was travel?

HM: We walked a lot. I think in my third year in medical school I bought a car. And, of course, my twin brother, Bob, was in the service, and he was sending me some money every once in a while. I would save it up, and then I bought this car. No, wait a minute, I bought a car from another classmate of mine. And it was a piece of junk, but I traded it and with some money that my brother was giving me, got a respectable car. We had gasoline rationing. We had an A ticket. We could only get so many gallons a week or something like that. But, you know, when your going to medical school and studying day and night and so forth, you didn't have much time to do any traveling anyhow. And when I did travel it was back to New Jersey to my home where my mother was still on the farm. Of course, I took the train. Travel wasn't really necessary for me.

KP: Because you were in medical school?

HM: Yeah. I had my nose on the grind stone rather than out on the road.

KP: Was your mother pleased that one of her sons was in a relatively safe place? You were in medical school.

HM: Yeah, yeah. ... She was quite anxious about the other two.

KP: With good reason.

HM: Absolutely. Absolutely. And, of course, I was too, but I couldn't let that bother me an awful lot because of the things that took up my other time and efforts, ... the rest of my life. And I had to adjust my thoughts, whatever happened, would happen, and I'd adjust to it, and I'd accept it and so forth. Like I did everything else. And, luckily, my brothers came back whole and hearty and didn't even know they were gone. My older brother, Charles was in the Normandy Invasion. And I'm sure he was shot at and all that and had to protect himself. But when he came back, a lot of people ... were psychologically and emotionally scarred or injured. You'd never known he'd been away.

KP: Really, you didn't really see a change in your brother?

HM: Nope, no. It was just great to see him. I guess it was because of my father's death and the hardships that we had before and the adjustments that we made psychologically and emotionally.

KP: So the death of your father was really one of the decisive moments in the three of your lives?

HM: Looking back on it, yes. You know, we accepted that as part of living and adjusted accordingly. We made it, with a lot of perseverance. I think my mother, who was English through and through, taught us that.

KP: Your brother said the same thing.

HM: Yes. She promoted this bulldog tenacity and perseverance and hard work and all that sort of thing. My father was born under ... better circumstances, Phi Beta Kappa, and that sort of thing. Incidentally, he was discharged from school, I think in his sophomore year. Did my brother tell you this?

KP: Yeah, he was involved in a hazing incident.

HM: I don't know whether it was a hazing incident. I think he was in ... one of the zoology laboratories, and they were fooling around. And he happened to throw a mouse at some other student when a professor walked in, and it hit the professor. (laughs) That was the story I got. And he was expelled, ... I think he was expelled for a semester or something like that though. He went home to live, but he took the train every morning, ostensibly to go to New Brunswick. He went somewhere else. His father knew that he was expelled, but his mother didn't. And he returned, and, of course, became Phi Beta Kappa and all that sort of stuff. So I guess he was a good student anyhow.

KP: When you say you mother was English through and through what, one was perseverance, what else was there?

HM: She was, well, she never was satisfied with anything but your best. Even when she went back to teaching. She insisted on the best from all of her students. And they revered her for that. And when they would hand something in that she felt wasn't their best she'd say, "John, take that back, that's not your best." I want your best. And he'd bring something else in better. And I'd watch her in school. And when she'd make a mistake, she'd laugh at herself with the rest of the students. And she was a good disciplinarian. Nobody acted up in her class. And I've seen her keep students in after school and do something over. And when they would come up and she'd say to one of them, yeah, George, I'll accept that, that's pretty good. But it wasn't what I would turn in, you know. But she knew this student, that he wasn't capable of much more and didn't show that he was. And I think on the basis of that, I started to figure that intelligence, well, putting that together with what I observed from my mother and subsequent years in dealing with people and the way they adjusted to society and everything, rather [than] they were good or bad students. You didn't measure a person by their academic achievements or academic behavior because there are all sorts of ways of measuring intelligence. And I knew of students who weren't good in high school and elementary school and so forth who turned out to make a very nice life for themselves, you know. On school boards, mayors of towns, made good livings, had nice families, good homes, and so forth and so on. So ... measuring an individual, you don't do it just by their academic prowess or achievements or non-achievements. And this got me to, in my practice, to appreciate people for what they were, and how they reacted to me rather than how much money they had, and how much education they had, or where they lived, and so forth. They were all human beings. And this is what destroys ... me today, or hits me very hard today, to see things like [the tape ended abruptly]

----- END OF INTERVIEW -----

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