APPENDIX 2: Anecdotes

Prepared by Douglas J. Lanska, MD, MS, MSPH, FAAN

Anecdote #1: Francis M. Forster, M.D. as a visiting professor in a Japanese hospital during the Vietnam War.

In 2006, Robert B. Daroff, M.D. recounted his experience with Francis M. Forster, M.D., while both were in Japan during the Vietnam War. Forster was a civilian consultant to the US. Air Force, and Daroff was the first, and for 6 months the only, neurologist stationed in Vietnam. Daroff had sought Forster's advice, and Forster arranged for the two to meet in Japan.

"Upon finishing my neurology residency in June 1965, I entered the Medical Corps of the US Army and, several months later, received orders for Vietnam. Sometime in the spring of 1966, I heard that Frank, then Chair of Neurology at the University of Wisconsin, was visiting US military bases in the Pacific, in his capacity as the Neurological Consultant to the Air Force. I wrote him, requesting that he get permission to consult with me in Vietnam and advise me on distinguishing, without the availability of electroencephalography, among faints, fits, fugue states, and fakes. To my delight, Frank arranged for me to spend a week in Japan accompanying him on his tour. As a courtesy, he also made rounds at a Japanese teaching hospital in Tokyo. We were in a large room with the patient on a litter, surrounded by scores of Japanese faculty, trainees, students, and nurses. In addition to me, other US military neurologists stationed in Japan were in attendance. The resident presenting the case in English was extremely nervous and none of the Americans, Frank included, understood much of the presentation. We could recognize only a few English words, such as "sudden onset," "ataxia," and "dysarthria." Our Japanese hosts were undoubtedly expecting a brilliant clinical performance from this distinguished senior American neurologist, and we young Americans wondered what Frank would do. We knew he hadn't a clue as to the patient's history or examination, except that it was probably a vascular event in the posterior circulation. Frank immediately requested a stethoscope. We suspected he would listen for bruits, but he put the earpieces in the patient's ears, and the bell up to his own ear. No one knew what he was up to. Finally, Frank removed the stethoscope and said something like, "Sometimes with posterior circulation strokes, there is palatal myoclonus, and one can hear the clicking of the patient's Eustachian tubes through the stethoscope." It was a great moment of salvation. The Japanese professors nodded to each other, and the residents who understood English translated it to their colleagues. Frank didn't hear any clicking, and the patient didn't have palatal myoclonus, but there was a profound relief of tension among the Americans. I don't recall what happened next with the patient, but everyone seemed contented. … The rounds were salvaged."

The above anecdote was part of a Letter to the Editor of *Neurology*, written in response to an article by Ludwig Gutmann, M.D., Chair of Neurology at West Virginia University, about an encounter he had as an intern under Forster at the University of Wisconsin.

Ludwig Gutmann, M.D. replied: "Dr. Daroff 's anecdote captures the essence of Frank Forster's teaching style. Always kind and gracious, he was the ultimate showman with the unique ability to make neurology fun and exciting. He was not always right, but he never left his audience in doubt."

See: Daroff RB. Personal history: the pipes of Pan. *Neurology* 2006;66(12):1960-1; author reply 1960-1.

Anecdote #2: Robert B. Daroff's meeting with North Vietnamese Senior General Vo Nguyyen Giap in Hanoi, Vietnam, on November 30, 2005

"In 2004, prior to the first INFO Neurology Meeting in Viet Nam, my co-organizer, Vietnamese-American neurologist Dr. Daniel Truong, knowing that I served with the U.S. Army in Vietnam as a neurologist in 1966, asked whether I wanted to meet with General Giap, whose North Vietnamese armies defeated both the French and Americans (and later drove out the Chinese) at his villa in Hanoi. I, of course, responded affirmatively. I then exchanged correspondence with the General's personal secretary, N.T., who assisted Dr. Truong in organizing the INFO 2004 program, and explained why I wanted to meet the General.

The meeting didn't materialize, however.

Again, in preparation for the 2005 meeting, Daniel arranged a meeting with the General in Hanoi, scheduled for the afternoon of November 30th. The evening before, I was told that we would be picked up at the Nikko Hotel at 10:00 A.M. When I came to the lobby, Daniel was there with two Vietnamese gentlemen: P.D.N., a member of the National Assembly, and his friend, D.H, a local businessman, in whose Mercedes we drove to the villa. We were initially let into a waiting room, the walls of which were covered with a variety of flags and awards, and pictures of the General throughout his career. We were then taken into a meeting room with a large desk, and similar wall hangings. Two of the General's aides, in

civilian attire, were present. I was to be seated next to the General, who was to be at the head of the table. The General spryly entered, in his military uniform, but without ribbons or medals. He looked much younger than his 95 years. He spoke only Vietnamese, which was translated by Daniel. He was briefly introduced to each of us, followed by a handshake, and we all sat down.

Daniel then described me, exaggerating my importance as a scientist, likening me to the 2nd Coming of Hippocrates, and stated that I was his "mentor". The General remembered that Daniel had visited him on a previous visit to Viet Nam 15 years earlier. He then spoke directly to me, with Daniel translating, and began with, "I believe that by meeting you, Dr. Daroff, my brain is getting bigger and my brain power will improve in the future." Then came the following exchange:

Daroff: "I believe you were the greatest General" [I then paused and decided not to say 'who ever lived' or 'since Alexander the Great', and came up with the arbitrary]…"of the last 300 years."

General (with a smile): "I disagree."

Daroff: "Well, perhaps with the exception of Napoleon."

General: "I was not inferior to Napoleon."

Daroff: "I agree. Napoleon lost to Wellington at Waterloo, and you never lost a defining battle."

That put the issue to rest.

I brought a copy of the book by Cecil B. Currey, "Victory at Any Cost, The Genius of Vietnam's General Vo Nguyen Giap", for the General to sign. Daniel translated my request for him to sign the book, and the General said, "Thank you for the gift of the book." Daniel tried to correct the General, stating that the book wasn't a gift and it was for the General to sign, but the General would hear nothing of it. I asked if he was familiar with the book. He replied that it was a good book, but he disagreed with the title, in that it implied a lack of concern about the lives of his soldiers, and he cared very much about them. He then pushed the book to the right side of the table, opposite to where we were sitting. I told the General that I agreed with him, and that the title of the book should have been simply, "The Genius of General Giap". I told him that I would write the author about the General's irritation with the title. With a smile on his face, he then reached for the book, wrote a lengthy inscription, and asked Daniel to simultaneously translate it into English as:

> Friendly gift
>
> To the Honorable Daroff
>
> > I wish the Honorable good health,
> > and to bring the scientific achievement in Neurology

to a higher peak than it currently exists.

And try, with all your efforts, to help Viet-
nam, and contribute to the friendship of the people of
Viet-nam, and the people of the United States.

Viet-nam, 30 November 2005

[signature]

Senior General of the Army, Vo Nguyen Giap

Daniel had a book of his own about the General, and asked him to write an inscription in it. The General signed and dated the book, without spelling out his name under the signature. Daniel asked him to write something, and the General replied, "How can I give you your book as a gift?" In other words, he wasn't accepting the book as a gift from Daniel, and therefore couldn't give it back to him, as he did with me.

At this point, Daniel realized that the General had planned to gift the book to me, but couldn't unless he owned it, and that's why he accepted it as a "gift" from me. It was analogous to thinking several steps ahead in planning a strategic military encounter. From the beginning, the General fully intended to give me the book, but had to own it first. [A rather extraordinary feat for a 95-year-old man.]

Picture-taking followed. There were several pictures of the group. The General held my hand during one, and allowed me to put my hand over his shoulder in another. There was then a picture of the two of us, General Giap and me. The others attempted to get individual pictures with the General, but he replied, "No personal pictures." Thus, he would only allow me to be pictured with him alone.

We stood up, shook hands, I saluted the General, and he returned it appropriately.

He departed, and we drove off to a meeting with the Vietnamese Secretary of Health.

Robert B. Daroff, M.D.

[Dictated in Hanoi, Vietnam, December 1, 2005]"

Anecdote #3: Fred Plum, MD

Daroff RB. Neurological story: Friend, mentor, and a force in the field (Fred Plum). World Neurology 2009;August:12.

"Fred Plum is a neurological icon who is known for his many contributions to our specialty. He was assertive and forceful—and authoritarian when he deemed it necessary. He was also brave and fearless. While he was chief of neurology at the University of Washington in Seattle caring for polio patients, he had himself curarized, catheterized, and placed in an iron lung so that he could experience their treatment firsthand. And, while studying cerebral circulation with the Kety-Schmidt technique, which involved catheterization of a carotid artery and jugular vein, he had that procedure as well for the same reason."

Daroff then recounted an event when Plum made rounds at UCSF in early 1968. The collective group of residents and attendings went to see a young African American woman who, in retrospect, likely had Herpes encephalitis. The woman's very tough-looking husband – wearing a jacket with a large Blank Panther insignia – became angry and confrontational, and refused to leave the room. The residents and attendings were all petrified into a state of inaction, but Plum immediately took control and calmly explained that, "Your physicians are so concerned about your wife's health they asked me to see her, since I am an expert in this type of neurological problem." Plum's empathetic and gracious interaction with the man produced an immediate tearful apology from the man who simply asked "Please do what you can to help my wife."

"We subsequently became close friends, and, in addition, he became a strong active supporter of my career."

Daroff then recounted Plum's role in naming Daroff to the Editorial Boards of the *Archives of Neurology* and then the *Annals of Neurology*, when Plum was the Editor-in-Chief of these journals, and finally selecting Daroff as Editor-in-Chief of *Neurology*, when Plum was chair of the search committee for that position.

"I've had many wonderful mentors over the ears to whom I am indebted, but none promoted me as actively as did Fred Plum. When I think about him and our relationship, my thoughts always return to the angry young Black Panther from Oakland."

Email from D. Lanska to R. Daroff 3-20-14:

"Bob: I had read this [Daroff's anecdotes regarding Fred Plum in *World Neurology*] when it came out, and re-read it now. I read also your comments re: Plum … for the ANA interviews. I never met him but heard that he was brilliant, typically authoritarian, and sometimes harsh with people. The very positive anecdotes you have presented in several forums are essential, l I think, so that folks who have not interacted with him directly can get a better perspective of the man and his many contributions.

I met Jerry Posner a couple times, including once when he was a visiting professor while I was a neurology resident. He also communicated with me by email recently. Posner has a very different demeanor (or at least public face) from Plum's by my understanding. Posner is brilliant, insightful, and easy to talk with even for residents and junior colleagues,

Doug"

Email from R. Daroff to D. Lanska 3-20-14:

"True. Jerry Posner is a gentle, brilliant guy, who balanced Fred perfectly.

Joe Foley said that, to understand Fred you need to know that he had terrible acne as a teenager, and that his father was an alcoholic.

Fred came from a relatively poor family in Atlantic City, but he got a full tuition scholarship to Dartmouth, where he roomed with the rich, aristocratic Fletcher McDowell who taught Fred how to be a "gentleman". (Fletcher was a neurologist who became Dean at Cornell.) …

Bob"

Email from R. John Leigh, MD to D. Lanska on June 10, 2014:

"My anecdote about Bob Ruff [MD, PhD] is that when he was a PG2 and I was his senior at New York Hospital, and he had been on the prior night, he would present his overnight cases to the team as he dressed himself. Of course, Dr. Plum was not present. …

My only comment about Fred is that when we were writing a chapter together,[1] he suddenly proclaimed: "John, you are looking for the answers rather than the questions." That stayed with me throughout my career. …

Best wishes to you and Mary Jo.
John"

Later, it was said of R. John Leigh, "Like his mentor Fred Plum, John Leigh strongly encouraged younger neuroscientists to tackle neurological problems by investigating 'pathological physiology.'" [2]

See also:

1. Plum F, Leigh RJ. Abnormalities of central mechanisms. (Chapter 16). In: Regulation of Breathing. Part II. Edited by Hornbeib TF. New York: Marcel Dekker, 1981: 989-1052.

2. Rufa A, Federighi P. Fast versus slow: different saccadic behavior in cerebellar ataxias. Ann N Y Acad Sci. 2011;1233:148-154.
3. Leigh RJ, Rottach KG, Das VE. Transforming sensory perceptions into motor commands: evidence from programming of eye movements. Fronteirs in Neurology: A Symposium in Honor of Fred Plum. Ann NY Acad Sci 1997;835:353-362.
4. Leigh RJ. Oculopalatal tremor and somatic gap junctions in the inferior olive following stroke. Symposium in Memory of Fred Plum. New York: Weil Cornell Medical College. November 17, 2012.

Anecdotes #4: Dr. Joseph Foley's Personal Recollections of Military Service During World War II*

*** Dr. Foley's recollections (which he titled "Mediterranean – July 10, 1943") were recorded by him c1993, and are provided here courtesy of Robert B. Daroff, MD.**

MEDITERRANEAN- -JULY 10, 1943 PART I

Fifty years ago this month, on July 10 to be exact, the Allies invaded the southeastern coast of Sicily. It was the first effort to bring the War to the Axis on the continent of Europe since Dunkirk. I was there with the Second Beach Battalion, a United States Navy unit attached to the Combat Engineers, in their turn attached for purposes of the landing to General Lucian Truscott's Third Infantry Division a part of the American Seventh Army under General George Patton. The objectives of the landing were to establish a beachhead across which would come the men, the arms, the equipment and the supplies to carry the war to the mainland of Europe and to bring about thereby the defeat and surrender of the armies of Italy and Germany. The American Third Division landed at Licata, to the west of the American First and Forty-fifth Army Divisions which landed at Gela and Agrigento, while the British under Montgomery landed near Syracuse, the port that was the major objective and which Montgomery, remembering American inexperience and ineptitude at Kasserine Pass, trusted only the British to attack and capture

I write these lines because members of my family have urged me to. Anyone who reads this is going to have to deal with *caveats*. The events occurred a long time ago, memory fades over the years and sometimes fiction surreptitiously replaces fact even in the minds of the most scrupulous. I have an ethnic predisposition to try to avoid dullness in discourse, a regrettable tendency not always consistent with ungilded truth. I have tried as far as I can to present the experiences as they were lived but I don't know if I can recapture the emotions of a 27-year-old who disapproved of violence, who was afraid he might be killed or maimed, and who feared for how he would behave in combat. It must be realized that most of the time I had little awareness of the Big Picture. Even officers in combat are at the mercy of rumors and what their superiors decide they need to know. for the accomplishment of very circumscribed objectives. There will be three rough divisions of the story: the preliminaries, the experiences on the way to and in Sicily, and how I got out of Sicily.

The Preliminaries, I had graduated from medical school in 1941 and interned at Bellevue in New York. It was a two-year internship, the first six months in Pathology, the second six months in Surgery, to be followed by twelve months in Medicine. I had been assured by what I thought to be proper authority that the Navy would not accept me in July, 1942, the earliest I would be eligible to function as a physician, because of my psoriasis. I was working on the medical service when in December 1942, for a variety of reasons no longer clear in my mind, I decided to see if the Army would have me. The war had become much more serious, we already had troops in Africa, and the need for doctors was such that my superiors in the internship-residency program were being drafted to an extent that made the educational role of the internship less desirable. I suppose there was an element of the macho in it; it wasn't so much patriotism as a wish not to have to explain for the rest of my life why I was different. On my way down to check on the Army's willingness to take me, I happened to pass the Navy station in Manhattan and on an impulse decided to look in. I really wanted the Navy for many reasons, not the least, I suppose, because of its snob appeal. I also knew that I would dislike being shot at up-close, that I didn't like living in dirt and mud. I had suppressed the awareness that the Navy supplied the doctors for the Marine Corps. The examining physician turned out to be Dick Lang, who had been a classmate of mine at Holy Cross

and who had left after his second year to go to Hahnemann College of Medicine in Philadelphia, an option available in those days. After I got through the preliminaries, I went for my physical to Dick, who asked very simply, "Do you want in?" When I opined as how I did, he told me he was very busy, that I knew my own physical condition, and gave me the form to fill out. I certified my psoriasis as non-disabling for naval service, Dick signed it, and after another infinity of forms and an FBI check, I became a Lieutenant, junior grade, United States Naval Reserve. I was sworn in and called to active duty in late February, 1943. My first assignment was to the Chelsea Naval Hospital, where I worked for one week on the Officers' Catarrhal Fever Ward, was hospitalized with the flu for another week and then left under orders to go to the Second Beach Battalion at Camp Bradford, a part of the Naval Base at Little Creek, Virginia. Nobody in Boston had ever heard of anything called a Beach Battalion and the best guess was that I would wind up in the Marines. I arrived by train in Norfolk, more tired than I could ever remember, after a week of the flu and two excessive parties, one in Boston, one in New York en route. When I got to Little Creek, not only had no oe heard of the Second Beach Battalion, they had never heard of Camp Bradford. It was agreed I should bed down in the Bachelor Officers' Quarters where I promptly fell asleep only to be awakened after a too brief hour or so by a cheery lad who was pleased to tell me they had located my outfit and the Duty Officer of the Beach Battalion wanted me to report stat. I pulled myself out of bed, dressed, reassembled my gear, and was taken to the Second Beach Battalion area to find they were housed in tents that looked as if they had been put up by inept Cub Scouts. The snow began to fall and so did my tears.

The following morning, I found I was in a mudhole of a place, that I was one of the late arrivals to a unit which had been put together only a short time before and whose mission was obscure to the low level people I talked to. It later turned out that the high level people weren't so sure, either. I was given new clothes, which in effect were Army fatigues, as well as some very heavy duty Army boots. Immunizations were in progress. I already had had my first typhoid shot and some others in Boston, and got the second typhoid shot along with my clothes. I had a filthy reaction but dared not confess to it. I believed that I had to prove something in the way of leadership and toughness. I thought my right arm would fall off with pain as I carried my pack on our silly little non-specific marching and policing chores The eight corpsmen who were assigned to me were as mystified as I about what our work was to be. They were all much younger but I was pleased that one of them was a registered nurse

The Commanding Officer of the Battalion held a meeting with the officers. John Curtin by name, he was a Washington lawyer who had been a Navy reservist. He was formal and proper, insisted on referring to the tents in the melting snow as a ship and referring to us as shipmates. Despite the incongruity of the arrangement he basked in Old Navy tradition and terminology. He was a tall handsome man, who addressed us nine doctors as "Surgeon", a relic, I suspect, of the eighteenth century. He gave us his interpretation of what the outfit was to do. In brief, we were to make sure that invasion beaches were made suitable for the landing of troops and equipment. Translated into crude but accurate terms the medical function was to make sure that casualties didn't get in the way of the military mission. Good medical care, compassion and generosity, and the precepts of the Hippocratic Oath were not forbidden, but the accomplishment of the mission was paramount. I was assigned to Company C, Platoon 9, Terms like

company and platoon seemed to me to emphasize how far I was to be from the real sea-going shipboard Navy. The medical role was only one part of the services to be rendered by the Beach Battalion. There were signal people, radio people, motor mechanics, electricians, boatswains and I don't remember what else. The Battalion was divided into three companies, and the companies into three platoons each Each platoon had a physician and eight Hospital corpsmen along with the other non-medical personnel. The Captain (Commander Curtin) had a headquarters staff that included a paymaster and other bureaucratic types whose work was not clearly defined. I had had military drill at Boston Latin School and I knew the routine for marching, and the innocent uses to which rifles are put in the course of military drill. I was the only one who knew or at least was willing to admit that he knew anything about such things, so I became a drillmaster for the brief time we were there. It was reasonable to expect that we would go someplace in the States or even stay at Little Creek to be trained for whatever our future was to be so it came as no surprise to find ourselves aboard a train heading north. It was a major shock when we were detrained in Hoboken, N.J. directly onto a waiting troop transport, ironically named the West Point.

My roommate on the trip over was John Mendenhall. He was two years ahead of me at Harvard Medical School and did two years of surgical internship at Boston City Hospital where he had been one of the interns supervising me in my Surgery clerkship. He has remained my great good friend ever since and if I write any more reminiscences, he will be included in some detail.

It wasn't an altogether unpleasant trip. The food was good, the company new and interesting and I had brought a mess of reading with me. There were submarines about and we had multiple drills and warnings but no torpedoes were fired or if they were we didn't know it. We took our turns at Sick Call, saw the expected amount of seasickness, minor injuries and psychosomatic reactions to the stresses of displacement and fear of the future. It was a large convoy and the Beach Battalion personnel were scattered on several different ships Destroyers and destroyer escorts bustled around us and I don't remember any great apprehension. I vaguely remember that the trip took ten days but it could have been shorter or longer. Nor do I remember when they told us where we were going I was the only obvious Roman Catholic officer aboard and there was no chaplain of any denomination. On Sunday I read the Epistles and the Gospel from my missal and led the group in the "prayers at the foot of the altar".At the end of the voyage we found ourselves on 2 April, 1943, in the harbor of Oran in western Algeria. It was just about five weeks after I had gone on active duty. I had no indoctrination, no knowledge of naval rules and regulations. Nobody showed me how to salute or how to address fellow Navy people. I just imitated others who seemed to know what they were doing and who were staying out of trouble. We debarked from the West Point and were billeted aboard a most inhospitable Coast Guard ship for a brief time, The Merchant Mariners who were in the port were on strike and some of our people were set to work unloading the merchant ships. Morale at that point was very low.

Within a matter of days we were transferred by truck and jeep to Arzew, a town on the shore of the Mediterranean about twenty or thirty miles east of Oran. There, we were issued pup tents, and they were our living accommodations for the rest of our stay in Africa before we went to Sicily. We were also issued knives and shovels and taught the degrading but

necessary art of foxhole digging, Word came down that the Germans and Italians were not honoring the Geneva Convention, that they were shooting at people wearing red crosses and giving no consideration to captured physicians. After many days it was learned there was no truth to the rumor but not before the brass made an effort to accustom me to carrying sidearms. Each time I shot my 45 at target practise I wound up cowering in a corner and feeling that my wrist was broken. I developed some mild skill with a carbine but insisted before the nonsense stopped that I had no intention of ever shooting at anyone.

In order to train for our mission we needed supplies. The bureaucracy of the supply depots was appalling. The Army said we were Navy and should get our supplies from the Navy. The Navy said we were Army- attached and they had no authority to give us anything. We finally got supplies by ignoring both Army and Navy rules and regulations. Other necessities were also obtained in their own ways. One of our officers took a French mistress within a couple of weeks. We learned from the inhabitants that wine and *eau de vie* were easily available. There were some good inexpensive restaurants functioning in Oran. We learned how to get transportation for jaunts to Oran and other places of interest.

We trained on the beaches of Algeria. It was sad that such beautiful places were being used for such destructive purposes. The medical part of the training involved the physicians teaching the corpsmen first aid for all kinds if acute injuries, including the administration of plasma, the use of splints, the method of carrying litters, and of carrying the wounded when litters were not available. We had, it seemed, countless exercises of going out into the Mediterranean in small craft, mostly LCVPs, and the larger LCTs. . Then we would storm ashore in the way that was fantasized for the invasion assault. The physicians became close to the enlisted men, especially the corpsmen, but we were wisely not allowed to go as a group in a single landing craft, lest the loss of that craft would deny medical care to one segment of the beach. Our task was to go in after the first wave, each one of us carrying his own personal equipment and as much medical equipment and supplies as safety permitted. We learned very early on that condoms were not only for contraception and prophylaxis. They were wonderfully waterproof and allowed enough extra air to have some flotation value for the pack. We learned to work in sand as if it were pavement. Long hikes in full pack, running from shore to protected areas, setting up aid stations quickly, were repeated over and over and over again. In the succeeding weeks the exercises became larger and more elaborate, with the addition of more craft, including LSTs ("Large Stationary Targets'). The combat engineers joined us, then the artillery and infantry and ultimately full divisions were participating along with the "real Navy", the haughty and envied Ships of the Fleet, to serve on which most of our people had joined the Navy. After the first few hours on the beach there was very little for the medical people to do, yet we had to stay for the whole two or three days of the exercise. We invented several ways to keep busy. I was chummy with some of the engineers and they let me play with the bulldozer. I would move the east sand west in the morning and then put it back east after lunch. It was something to do and gave me a feeling of power, quite useless for the moment, but ultimately valuable at Normandy in June, 1944

A sad blow came early. Our platoon leader was Frank Calvert, from Seattle. He was admired and respected by all, He was highly motivated was a

true leader in the best sense, had civilized tastes, and a good sense of humor He developed cardiac arryhthmias that failed to respond easily to the management of those times and although everyone was unhappy about it he was sent back to the States. I don"t know what happened to him, His replacement was a poor substitute and was one of the most difficult people I had to contend with. *Nihil nisi bonum de mortuis.*

The medical contingent was to care for the casualties on the beach, and arrange for the their evacuation as quickly as possible by taking advantage of the small craft that had brought in troops and equipment. This meant keeping the casualties in as safe a place as a narrow perimeter would allow, getting them down safely to the landing craft at the shore line, and then commanding, urging, pleading begging the coxswains of the landing craft to stay on the beach long enough to allow loading.. On one of our final exercises prior to Sicily, several thousand men were lined up on the beach because General George Patton wanted to address us. He was the Commanding General of the Seventh Army, of which we were a part. As we stood in the steaming heat, he talked for about forty-five minutes urging us on to do battle with the enemy. The language was vulgar, rude, profane and obscene, filled with hatred of Italians and Germans, and the content was inhuman. He seemed to look upon his fellow Americans in uniform as savages, who could be turned on to barbarous behavior by words from him. My colleagues for the most part found it amusing, some thought it necessary to fire up the trooops, I thought it disgusting and demeaning. Patton before Sicily was not Henry before Agincourt

During that night I came down with belly cramps and diarrhea. Apparently I was the first to get the bug, a so-called Sonne bacillus. Some of my colleagues argued that I was having a psychosomatic response to George Patton but it was decided that a high fever required my admission to the Army's station hospital in Mostagenem. There, with intractable diarrhea, I suffered my first air raid. It was known that Italian bombers were likely to seek out targets easier than those assigned and this particular bunch, probably ordered to bomb the heavily defended port of Oran, decided instead to drop their load on the easy target of Mostaganem. The station hospital was in a permanent building, not in tents, there was no place to dig a foxhole, and the irritable state of my bowels prevented me from huddling in the basement where there was no toilet. One of the Army guys tried to reassure me that the Italians wouldn't bomb a hospital.. This was countered by the depressing but accurate comment of a fellow sufferer that it was very dark out and the bombers woudn't know a "hospital from a whorehouse". I could have wished that my first contact with enemy fire was on a more heroic level than the indoor latrine.

When the time came we climbed aboard trucks, jeeps and weapon carriers and after a few days arrived in Bizerte, in Tunisia. The trip was punctuated by some attacks of bombing and strafing We set up our pup tents beside the Lake of Bizerte and although we had not been told where we were going, the map seemed to make Sicily the most likely target. We speculated wishfully that our placement was a ruse, that we were a decoy force to distract the attention of the Axis from the real intent to land in Greece, or Yugoslavia, or southern France. I had already developed a psychological defense mechanism of my own. It was utterly unrealistic although the basic premise made sense. I argued in my own mind that the idea of human beings going out deliberately to kill each other at such great inconvenience and expense was so mad that the world powers would address their problems in some

other way before people began shooting at me personally. I cherished this delusional hope all the way, ultimately through Normandy.

I've forgotten how long we were beside the Lake of Bizerte, maybe a week or ten days. We went over our skills, such as they were, tried to stay in some kind of condition, but I remember a lovely day when a few of us were able to get away for a trip to Tunis, where we poked around in the ruins of ancient Carthage. Every night, however, the planes would come over from Sicily or mainland Italy and bomb the compound. It was almost predictable and there was minimal if any response from our anti-aircraft. The speculation was that a ferocious display of ack-ack would make the target seem more valuable. Astonishingly, despite the number of bombs dropped and the frequency of the bombings, liitle harm was done either to the troops or to the craft in the harbor. My system was to dig a deep hole, then make a side passage at the bottom. When the air-raid sirens went off I would slide off my cot into the hole, edge into the cul-de-sac I had made and as often as not go to sleep. A digression of some interest here is that I had the undeserved reputation of being a very cool customer with very steady nerves. I remember one of my corpsmen hypothesizing that it was my religion that gave me so much insouciance in the face of danger. The fact is that since my earliest days I have always handled fear, disappointment, depression, anxiety and frustration by going to sleep. It's a marvelously adaptive mechanism. I still use it.

Finally the day came. On July 9 we were called together by the Captain and his staff and in small groups were given a description of the assault beach, told the landmarks and given instructions about the specifics. We were going to be put ashore by landing craft, It was expected the beach would be mined and have other obstacles, but we were to head for a designated point under the sea wall, set up an aid station, while simultaneously getting casualties to the aid station or helping where they lay on the beach. I wound up with two or three of my corpsmen, some combat engineers, some infantry, and some other Beach Battalion guys on an LCT (Landing Craft, Tank), a flat-bottomed barge-like affair, about 150 feet long, with a ramp door that could be put down on the front for discharging troops and mobile equipment like tanks, trucks, bulldozers, jeeps,and command cars.These craft were commanded by a junior officer and had a small permanent crew (ship's company). They were slow but seaworthy, their vulnerability being that if the ramp didn't descend, the craft was a sitting duck for enemy artillery. Troops in transport had to find what space they could in, on or around the vehicles, which were chained firmly to the deck and sides. Comfort was hard to come by. A few seasick people could be an odoriferous menace. Yet the camaraderie developed rapidly among the infantry, the engineers and our small group. One of the infantrymen was Michael Lewis, the son of Sinclair Lewis. Some of the Army people were veterans of the original North Africa landings and they were generous with advice that proved to be very useful. When we went aboard and were underway we got word of where we were going and the anticipated time table. The landing area was to be on a beach east of Licata and the expected time of our arrival was about 7 A.M.on the morning of June 10. The initial objective after taking the beach was to capture and hold on to the town of Licata and the nearby airfield

I am not clear about when we boarded ship or when we got under way, but it probably was early afternoon on July 9. The Lake of Bizerte was full of landing craft and other vessels. It was encouraging that we were to have destroyers to escort us for protection and other speedy small craft for

guidance because LCTs carried no navigational equipment, not even a compass. Radio communication was strictly forbidden and we were to run without lights The plan was for the landing craft to go out into a designated staging area in the Mediterranean where we would assemble in orderly fashion and then proceed to the southeast coast of Sicily properly lined up for the assault on the beach.

Had my then future mother-in-law been there she would have said with a sigh, "Man proposes, God disposes" and she would have been right. The dark came on, our LCT got detached from the convoy, a storm came up, we had no idea where we were except that we were out of sight of other craft. After several worrisome hours some miracle restored us to a place vaguely near the convoy but as we tried to regain our position in line, we collided in the dark and stormy night with another craft and damaged our bow ramp. Structurally it looked ominous but we had no idea, nor did the skipper, of how the ramp might function. Some of us had the thought that the skipper should try the ramp door just a little to see if it would move at all.His quite reasonable objection was that he didn't want it to get stuck in an open position which would make us continuous at deck level with the whole Mediterranean Sea. Thus we could expect not only the terrifying experience of approaching an enemy beach but the additional strong possibility that we would be sitting ducks for enemy artillery as we sat immobile in the tide. I talked it over with my guys and we agreed that we would not wait for the ramp to work or not work, that we would go over the side as we neared the beach and walk or swim in. It was an option we had trained for in our practise runs in North Africa.

As we reached the staging area for our final run-in, the ships at sea were plastering the beach area with shells and rockets. The first wave of infantry went ashore while the guns went to work on targets behind the beaches. Then we started our run to the beach in a line parallel to a multitude of other LCVPs, LCMs, and LCTs The sea was very rough and the surf was high. Fear had not left us but it was pushed to the back of consciousness by a desire to get on shore and have some personal control of our own mobility. We knew we had a job to do, that for the injured infantryman on or behind the beach we were his best immediate hope. As we neared the shore it was heartening to see that the infantry was moving across the beach, not trapped at the shoreline or the dunes. There was shell fire, not intense, but it had hit some of the landing craft, at least one not far from our landing point. Other landing craft seemed to be unable to move from the beach, stranded in inoperable positions by the force of the tide or the ineptitude of the coxswains The orders were that we were to keep our heads down but such orders had to be disobeyed. We had to see what we were getting into to get an action plan for the crucial first few minutes. As the craft hit bottom near the shore, we carried out our plan. Without waiting for the ramp to work or not work, we went over the side into the water. I was unable to stand up and had to swim several yards to get footing. Then I sped as fast as the wet clothes and the wet pack would allow to reach an excuse for a sea wall that gave at least some protection. In the meantime the ramp on our craft was only incompletely open. The troops had debarked but the trucks and drivers were struggling. I was too busy with my own problems to watch what happened but I am told they were bracketed by shells but not hit and that the craft got back out to sea.

We had done well so far. My remaining corpsmen from other craft had all joined us. We had not choked and we were doing what we had been sent to do. Some casualties, all from the beach, were in the aid station. There

were some lacerations, an obvious arm fracture and a few sprained ankles to start us off. Soon wounded started coming back from the front, some needing plasma, others needing splints. We were applying pressure to bleeding, throwing sutures into lacerations, evaluating the opportunities for evacuation. Prisoners in large numbers were being lined up on the beach; some of them needed treatment and of couse we treated them The ones we dealt with seemed resigned, many even delighted to be out of it. We had been issued packets of powdered sulfadiazene and instructed to pour the powder onto and into wounds. I often brooded in later years about how many man-days of retarded wound healing resulted from this practice. As the day went on, the shelling continued, and the beach installations, including the aid stations, and the off-shore craft were harassed by enemy air attacks. This wasn't supposed to happen. We had been assured that the German and Italian air bases had been neutralized. It later turned out that there was a conflict between the Infantry and the Air Corps. The Infantry, the beach people and the Navy wanted close protection. The Air Corps wanted to be inland blowing up troop concentrations, railway lines and other larger objectives. Our commanding officer, Captain Curtin,was hit in the leg by a strafer and evacuated to the ships at sea. He went back to Africa and saw no more action until Normandy.

None of the nine physicians of the Beach Battalion did any work on the beach that could not have been done by well trained corpsmen. We had no equipment beyond our aid kits and the plasma. In England many months later, when our senior medical officer suggested at a meeting that doctors were not needed in the initial period of the assault, he was politely but firmly advised that the General knew this but it was important we be in early for morale purposes.

The landing area was probably about two miles long. Each company of the Beach Battalion was responsible for a third of the Beach. From each company one platoon was held in reserve, coming in several hours after the original landing. This meant that there were at the beginning six doctors, each with eight corpsmen, responsible for the beach. I was on the extreme right or east, C7 with Fred Gevalt was in the adjacent sector The line officers and men of the Battalion were now in charge of the beach, controlling unloading, directing traffic, communicating with the command at sea, keeping the beach clear of obstacles and every so often as needed making direct contact with the infantry at the perimeter. Rumors were flying all around. We heard that the airdrop of the paratroopers and the gliders was a complete failure. Actually it wasn't a complete failure but it was a dreadful disorganized mess, with many fatalities, the majority from drowning in the Mediterranean. We heard that the First and Forty-fifth American divisions to our east were having a very bad time and could be pushed back into the sea. Actually their landings had been much harder than ours, against stronger and more determined resistance, although they still took large numbers of surrendering Italians.

In the mid-afternoon of the first day, our executive officer, now in command after Captain Curtin became a casualty, walked into my aid station. He had gone off in a jeep with three Army officers to explore the perimeter and had run into an ambush. The Army officers were killed but he escaped after taking a bullet wound to the head. His helmet had been knocked off in the fusillade of the ambush. He had an obvious wound of entry above his right eye and a wound of exit at the back of the head. Yet he had driven, walked, could see quite well, had no paralysis or sensory symptoms. The bullet had burrowed a path in the soft tissues of his scalp,

its initial force probably deflected by the helmet. His name was David Agnew; he was one of the early American fatalities of the Viet Nam War when his hotel was blown up in Saigon while he was working for Navy Intelligence.

It was an easy landing and by late afternoon we had only irritating strafing and infrequent shelling to contend with. The casualties were no more than we could handle and I was able to explore the beach to check on the rest of the Beach Battalion and be assured that everybody had survived. I was in one of the command posts when a civilian was brought in to say in very broken English that a doctor was needed up beyond the dunes. The best we could get out of him was that a woman was in trouble and he had been told a doctor was needed. By then the reserve doctor in Company C was ashore, so I decided to check it out. After a great deal of slithering and sliding I came to an old farm shed where some women were standing outside. I went in and found an Italian woman in labor, screaming with no more intensity than I had heard on the District in Roxbury. She had had five previous children and the woman who had delivered at least some of the others was in attendance. I checked, not quite certain what I was checking, and then when she delivered into the arms of the midwife, I cut and tied the cord with sterile instruments from my pack, trying to convey the impression that I had done this many times before. The screaming stopped, there was great joy, Somewhere in Sicily, if they kept their promise, there's a 50-year-old named Giuseppe. It's the last baby I ever "delivered'.

After the first couple of days we medical people hardly needed to be there any longer. There were the usual"sick-call" kinds of complaints but not much else. The Army medical units were handling the seriously wounded. On the third or fourth night we were on the beach, we were ordered not to shoot at anything no matter what. Various supply ships of one kind or another were standing off shore including a British LCT which had been converted to a gunboat, loaded with armament and ammunition. A single German plane appeared overhead at about midnight and went into a divebomb attempt at the British craft. He missed but the sound of his engine continued and it was obvious that he was circling for another try, We were told that this kind of plane carried six bombs but this German seemed to be in no hurry. Then another bomb hit quite close to the gunboat and we got a message that they had a casualty aboard with what they thought was a nasty chest injury. My chief corpsman and I, with much apprehension because the German was stll wheeling up above, rowed out the several hundred yards to the gunboat and climbed aboard. It turned out to be a soft tissue injury by bomb fragment, without penetration of the thorax.It needed suturing but there hadn't been much blood loss. These young Brits, officers and men, seemed to regard the threat overhead as a minor nuisance and the skipper wanted me to stay on for a spot of gin and a chat. I knew that if the ship was hit, the ammunition would explode and there would be no survivors, not even me, especially not even me. I lied, said I was worried about the wounded lad and wanted to get him into more sophisticated medical care . My corpsman and I rowed at record-breaking speed to shore where we threw a few stitches into the sailor. The German dived with four more bombs without hitting anything.

We were on the beach for about ten days when I was asked if I wanted to go on a mission outside the beach. I was bored with what I was doing but not eager to invite more danger and I asked what they wanted me to do. It was silly to ask because I knew the answer: either they didn't know

or they were unable to tell me. They wanted my corpsmen and they wanted a select larger contingent of non-medical personnel, which suggested another landing somewhere. I agreed to go, aware that I had no real choice. The following morning we were taken eleven miles out to sea by small craft, from which we climbed up by rope ladder to the deck of an American destroyer It was the end of my stay on the beaches of southern Sicily.

Anecdotes #5: Dr. Joseph Foley's Personal Recollections of the Naming of *Asterixis

*** Dr. Foley's recollections were sent in a letter replying to an inquiry from Charles S. Davidson at Boston City Hospital. The letter from Dr. Davidson dated July 31, 1963, and Dr. Foley's reply on August 4, 1963 are provided here courtesy of Robert B. Daroff, MD.**

These recollections are similar to those from Dr. Foley's interview for the American Academy of Neurology's Oral History Project on December 8, 2011. An excerpt from Dr. Douglas Lanska's interview with Dr. Foley is included below.

Lanska DJ, Sommers BW. Interview with Joseph M. Foley, MD. American Academy of Neurology Oral History Project. December 8, 2011. American Academy of Neurology, Minneapolis. 2011.

"DJL: The two of you [I.e., Raymond Adams and Foley] ultimately came to describe asterixis.

JMF: We did. I would see all the liver disease patients and study them neurologically. And then later I would show them to him. We would discuss them.

DJL: Which of you first observed this?

JMF: I think I did. Denny-Brown was, of course, much interested in Wilson's disease. Wilson's disease had a[n associated] movement disorder. It struck me that the movement disorder of Wilson's disease was much like what we were seeing in ordinary liver disease. It turned out to be such.

DJL: You ended up doing some further studies of these patients with EEG and EMG.

JMF: We did indeed. Yes. I think they could have done without. … I don't think they were that important....

DJL: Which of you did those studies? You or Ray Adams?

JMF: I did most of them. But he was in the lab and he was monitoring what has happening, putting brakes on my excesses. [laughs]

DJL: What do you mean?

JMF: When I would overreach in my conclusions about something, he would calm me down.

DJL: Who came up with the term?

JMF: I did. God knows how. If you ask me now, originally it was *anisosterixis*: *sterixis* meaning maintenance of posture of some sort, *an* meaning not, and *iso* meaning equal.

DJL: Did he shorten it or did you?

JMF: I'm not sure how that happened. I think probably I did.

Steve Foley (Dr. Foley's son): I think you've said in the past, Dad, that you took a Greek scholar to lunch.

JMF: That's right, I did. Right. I remember going to Jacob Wirth's on Stuart Street in Boston with this Greek scholar and we discussed the phenomenon and then put a name to it. You're right, Steve. I'm trying to think who that was. In those days, I knew a lot of Greek scholars. They've been fading."

HARVARD MEDICAL SCHOOL – DEPARTMENT OF MEDICINE
BOSTON CITY HOSPITAL

HARVARD MEDICAL UNIT

THORNDIKE MEMORIAL LABORATORY AND
SECOND AND FOURTH MEDICAL SERVICES

818 HARRISON AVENUE
BOSTON 18, MASSACHUSETTS
KENMORE 6-8600

July 31, 1963

Dr. Joseph Foley
Department of Neurology
Western Reserve University
Medical School
Cleveland, Ohio

Dear Joe:

It was good to see your face at the BCH, but I did forget to ask you a question.

House Officers and students are continually referring to asterexis. The simple four-letter word "flap" has been forgotten. I suppose the elegance of the words "intercourse" and "bowel movement" for their simpler, Latter components may have influenced them. At any rate, they tell me you invented the word. Did you? If so, why and what does it mean?

Best regards.

Sincerely yours,

Charles S. Davidson, M. D.

CSD/ach

August 4, 1963

Charles S. Davidson, M. D.
Department of Medicine
Boston City Hospital
818 Harrison Avenue
Boston 18, Massachusetts

Dear Charlie:

I know that Ray Adams and I must plead guilty to initiating the term "asterixis." We did it with some reluctance, and also with tongue in cheek, because it seemed unreasonable for two people who had stopped using the word "adiadokokinesis" to start using the word "asterixis." Although I have rarely used the word, I still must defend the necessity to find some term that will define the movement disorder. Flap is very good and very descriptive but hardly describes what one sees in the feet, the neck, or the face and tongue. Furthermore, the blunt fact is that the movement is quite different from the tremor which underlies it. Therefore, the unknown pundit who wrote the enclosed squib in MEDICAL TRIBUNE clearly doesn't understand the full nature of the movement disorder. (There is an unwarranted implication in that last sentence that I do. This is still not true.)

In regard to the origin of the word itself, you may not be aware that in my background I have a small undistinguished career of Greek scholarship. By the time I was studying the liver with intensity I had forgotten most of my Greek--but I had not forgotten that any Greek scholar is a good man to sit down and have a drink with. It seems to me that on one winey evening we coined the term from a combination of a-privative plus the noun-forming suffix of stereo, infinitive sterein, meaning roughly to place or to make a thing assume a fixed position. On a non-winey evening I presented the possibility to Ray, and we decided to go along with this.

It was good to see you even for so briefly last week. I look forward to the pleasure again. With best regards.

Sincerely yours,

Joseph M. Foley, M. D.

JMF/dss

Enclosure

Anecdotes #6: Joseph Michael Foley, MD, FAAN, as the moderator of a Grand Rounds telecast (1961)

***Lesions of the Brain: Stroke, Head Injury and Parkinsonism*,**
Upjohn Grand Rounds, live telecast, 1961 [excerpts]
[Movie clips were supplied by Robert B. Daroff, MD, and were transcribed by Douglas J. Lanska, MD]

Background:

> **Interview: Daroff to D. Lanska on February 22, 2014:**
> **"**Did you get the Joe Foley film?"
>
> Lanska: "No."
>
> Daroff: There's a film from 1961 of Joe Foley interviewing a whole bunch of people [at Albert Einstein School of Medicine]: … I've got to send you… That film is fantastic. He makes mincemeat out of everybody. He was then, in 1961, just fantastic. "
>
> **Email from R. Daroff to D. Lanska on February 24, 2014, commenting on the video:**
> "It is Foley at his best."
>
> **Email from D. Lanska to R. Daroff on February 24, 2014:**
> "I watched the Foley video and enjoyed it so much that I transcribed the excerpts it contained... Quite a distinguished panel with Joe at the controls. I knew Joe and [A.B.] Baker didn't get along, and Baker did not come off well in this, nor really did [McDonald] Critchley, who looked nervous, fidgety, and somewhat befuddled. Foley, on the other hand, was masterful, quick witted, and really on his game. [Michael] DeBakey came across and much more fun-loving that I have ever seen him before. DeBakey seemed to enjoy a good joke there, even if at Baker's expense. It was surprising how limited the panel's differential diagnosis was, to Foley's dismay. Very enlightening on many levels. (As was typical of Joe, that never made it to his CV) … Upjohn is now effectively defunct, a product of multiple mergers and such. There was clearly more of this in the original."
>
> **Email from R. Daroff to D. Lanska on February 24, 2014:**
> "In 1961, Upjohn invited me and probably thousands of others to view the live broadcast at local theaters in Philadelphia and elsewhere. I was a PG1 [intern] and actually saw it live. Several years ago, Joe sent me the recording. Joe was incomparable. Einstein might have the other tapes, but I don't think that Joe was involved in them."

Panelists:

Joseph M. Foley, MD [1916-2012] - American neurologist and moderator.
Leo M. Davidoff, MD [1898-1975]. – American neurosurgeon and host
Abraham B. Baker, MD [1908-1988]– American neurologist
McDonald Critchley, MD [1900-1997]– British neurologist
Michael A. Debakey, MD [1908-2008] – American cardiac surgeon
Donald L. McRae, MD [1926-1982] – American neuro-radiologist
Wilder Penfield, MD [1891-1976] – Canadian neurosurgeon

Narrator: Direct from the Robbins Auditorium at the Albert Einstein College of Medicine in New York City, we're happy to bring the tenth in a series of Grand Rounds telecasts, tonight's program dealing with *Lesions of the Brain: Stroke, Head Injury and Parkinsonism*, brought to physicians nationally by the Upjohn Company. The clinical leaders of tonight's session are Dr. A.B. Baker, neurologist at the University of Minnesota Medical School; Dr. Michael A. Debakey, surgeon at Baylor University College of Medicine; Dr. McDonald Critchley, neurologist at the National Hospital, Queen Square, London; Dr. Donald L. McRae [1926-1982], radiologist of the Montreal Neurological Institute; Dr. Wilder Penfield, neurosurgeon of the Montreal Neurological Institute; and the host at the Albert Einstein College of Medicine, Dr. Leo M. Davidoff.

Dr. Davidoff: On behalf of the Albert Einstein College of Medicine, I would like to welcome you to this evening's Grand Rounds. We are privileged to have with us as our moderator, Dr. Joseph M. Foley, neurologist at the Western Reserve College of Medicine. Dr. Foley?

Dr. Foley: Thank you, Dr. Davidoff. Our next problem deals with cerebral vascular disease, and we will shortly visit Houston, Texas that is, for a case presentation. Dr. Debakey, would you first tell us about your interest in this subject and what you have been doing please?

Dr. Debakey: Thank you, Dr. Foley. I'll gladly do that. Our interest in this problem is based on the presence of certain patterns of occlusion involving the main blood vessels that supply blood to the brain. …

Dr. Foley: Thank you, Dr. Debakey. Now gentlemen, you've been to Texas. You've heard some standard Texas things. You've heard about an oil man, a golf game, circulatory vertigo, and the Red River Valley. I would like to ask you at this point what you think of this patient's problem. Dr. Critchley, would you tell us what you think is causing these symptoms. By the way, is this what you'd call – this lightheadedness – is this what you'd call in England feeling giddy?

Dr. Critchley: Oh, dizzy. Dizzy, yeah.

Dr. Foley: Dizzy? I see. [audience laughter] This is not a standard attribute of Texas I'll have you know, sir.

Dr. Critchley: Well then I think I should call this under the term basilar insufficiency.

Dr. Foley: Dr. Davidoff, do you think there are other causes for lightheadedness, sir?

Dr. Davidoff: I thought in spite of the report of a negative neurological [exam], that he had a left central facial weakness as I saw it on the film.

Dr. Foley: Aha! Another one of the blood sports. Dr. Baker, would you obtain angiograms on this patient?

Dr. Baker: Probably use anticoagulants and see how he responds before we'd embark on angiograms in this patient.

Dr. Foley: Come, come, gentlemen! Do you mean to tell me that the only possible etiologies of lightheadedness are vertebrobasilar insufficiency or middle ear disease?

Dr. McRae: Dr. Foley?

Dr. Foley: Yes, Dr. McRae.

Dr. McRae: Do you think this man had a seizure the night he had the nightmare and knocked out two teeth – an epileptic seizure?

Dr. Foley: That's one of the disturbing things about having a neuroradiologist around. He keeps asking clinical questions the clinician can't answer, you see. Uh, uh, gentlemen, the x-rays. Dr. McRae, please. [audience laughter] …

Dr. Foley: What would you do now at this point, Dr. Penfield, sir.

Dr. Penfield: I think I should treat him conservatively.

Dr. Foley: Meaning what, sir, with surgery? That's usually the conservative treatment, isn't it, for the surgeon? [Dr. Penfield and audience laughter] …

Dr. Foley: Now what I wonder is, do you think the symptom of lightheadedness in a patient of this sort justifies this much risk?

Dr. Baker: We have not had to resort to surgery in but very few of our cases in order to alleviate symptoms that are not removed by the conservative therapy and anticoagulants.

Dr. Foley: Would you have encouraged surgery in this case?

Dr. Baker: I think if this patient had had uh…

Dr. Foley: Oh, come, come now, would you, sir?

Dr. Baker: If this patient had had anticoagulants and all the conservative therapy, then I think we'd be forced to go ahead and do surgery. …

Dr. Critchley: A known cerebral embolus.

Dr. Foley: And Dr. Debakey, do you agree? I gathered…

Dr. Debakey: I disagree completely.

Dr. Foley: That's what I gathered … um, from what you had said before. [audience laughter] …

Dr. Foley: When do you think a lumbar puncture is indicated in a non-hemorrhagic stroke? There's a policy in America as soon as the patient appears on the ward.

Dr. Critchley: A non-hemorrhagic stroke?

Dr. Foley: Yes, sir. There's a place in the chart for it. Yes, sir. In a non-hemorrhagic stroke, do you think a lumbar puncture should be done routinely?

Dr. Critchley: No, I don't think so.

Dr. Foley: Dr. Baker?

Dr. Baker: I wanna know how the – how, how you diagnose a non-hemorrhagic stroke.

Dr. Debakey: That's a point. [audience laughter]

Dr. Foley: *Please*, Dr. Baker, *I'll* ask the questions. [louder audience laughter] …

Narrator: This program has been brought to you live from New York City, and it's been a presentation of the Upjohn Company.

Anecdotes #8: Further anecdotes of Joseph Foley, MD, from former trainees in Cleveland

Email from Bernd Remler, MD to D. Lanska February 24, 2014:

"I recall an incident with Joe Foley which had occurred outside of Bob Daroff's office. I was a skinny resident at the time and was enjoying one of the donuts, which Bob had always sitting out there. Joe was walking in my direction and when he saw me chomping the donut he stopped, looked at me and said, 'go ahead, fatso, have another one.' I almost choked on the powdered sugar coating.

Bernd"

Email from Stephen Reich, MD to D. Lanska May 22, 2014:

"In a letter from Joe [Foley], Oct 29, 1997: '… I do well, considering my age, multiple diseases and mis-spent youth. I'm vertical far more than horizontal... An old friend, learning I had surgery for cancer of the colon in April, wrote a letter of sympathy. He said he felt especially bad that I, a long-standing annoying pedant and nit-picker about language, must, for the rest of my life, have to endure a semi-colon where a colon properly ought to be.'

Not surprisingly that Joe's humor was not daunted by illness.

Best regards,
Stephen"

Anecdotes #9: Random Comments about the "Great Ones": Frank Forster, Tracy Putnam, Houston Merritt, Derek Denny-Brown, Mack Reinmuth, Joe Foley

Email from R. Daroff to D. Lanska on February 28, 2014

Dear Doug,

Random comments about the GREAT ONES.

Frank Forster trained at Boston City Hospital (BC) when it was Harvard's main teaching hospital. When Tracy Putnam left BC to assume the Chair at Columbia, everyone at BC wanted Houston Merritt to be the new Chair. To their dismay, Derek Denny-Brown was named Chair, but he was then in the British Army and was unable to come for a year or so. Merritt stayed on as acting Chair. When Denny-Brown did arrive, Forster told me that he didn't even know how to check for position sense. This triggered a series of memories, which follow.

I was taught at Penn and Yale to grasp the sides of the big toe rather than the top and bottom. When I joined the faculty at the University of Miami in 1968, Mac Reinmuth, a superb clinician, used the top-bottom approach. When I questioned him (rather timidly because of his seniority) he asked me, "Don't you think I can exert equal pressure with my fingers so that I don't provide a tactile clue?" I couldn't disagree. Reinmuth trained at BC.

When I got to Cleveland, I noticed that Joe Foley also used the top-bottom approach, and I then reasoned that Denny-Brown introduced that to BC. …

I have a few other brief Merritt stories. He was kind of crude, which probably explains why he didn't get the Chair at BC. I'll provide two examples of this. He was a visiting professor in St. Louis when one of his former residents came over to welcome him. Merritt never remembered the names of his residents, but asked how things were going. The resident replied that he is now married. Merritt asked, "How long has he been married?" and the resident replied "6 months". Merritt responded, "Hell, you're not even on farting terms yet."

I think Frank Forster told me what follows. He was part of a site visit at Columbia and they interviewed Merritt who was then Dean. Merritt produced a loud fart and got up from his chair and started stomping the floor as if he were chasing an insect that made the noise.

Joe Foley told me a brief quip about Denny-Brown. A resident asked him a question on rounds and Denny replied, with his British accent, "Sorry but I can't provide you an answer, since the question would have never occurred to me." …

That's it for now.
Bob

Anecdotes #10: Anecdotes of Abraham Ornstein

Email from R. Daroff to D. Lanska on March 6, 2014

Hi Doug,
I spent the afternoon catching up on emails….

I have 2 Ornstein anecdotes.

He bragged during a lecture that while testifying at a trial, the opposing lawyer asked him if he read the paper by Dr. X, to which Ornstein replied, "I don't read papers, I write them."

In the 1970s, while at U. Miami, an uncle invited me to dinner at his club where he was entertaining a very prominant Philadelpian who, after determining that I was a Penn Med grad, asked if I knew Ornstein. He then told me that some years previously he developed frequent blinking and saw Ornstein as a patient. He was given eye drops that cured him. He said that the symptoms were returning and asked for my business card. Since I had no clue as to the magic Rx, I wrote Ornstein, who responded that the patient had typical "psychogenic blepharospasm" for which he prescribed "Tincture of X." Fortunately, I was never called by the man.

The Hemingway quote [discussed in the oral history interview] was great. He committed suicide, as did his father, brother and sister. While depressed, he commented that he never wrote a decent sentence in the English language. This speaks to the incredible affect of a severe depression on reality testing. …

Bob

Email from R. Daroff to R. Lanska on March 10, 2014

Doug, I dug up the response Ornstein gave me regarding his patient with Blepharospasm. The dx was "psychogenic blepharospasm" and the patient "was successfully treated with small doses of phenobarbital and eye drops that contained, as the only active ingredient, Tincture of Rose Petals."

Cheers,
Bob

Anecdotes #11: Another one of “Daroff’s Laws”

Email from Stephen Reich, MD to D. Lanska on May 22, 2014:

> Bob [Daroff], in letter to me of May 30, 1996, … mentioned receiving an old slide from John Susac about glycerol for pseudotumor, and “Daroff’s Law”: “Only full-professors who are more than three feet from the bedside prescribe oral glycerol. The further the distance, the greater the glycerol.”

In an email to Stephen Reich, MD and D. Lanska on May 22, 2014, Daroff commented:

> “Steve,
>
> Thanks for reawakening my ‘rule.’
> I've never had another opportunity to apply it.
>
> Bob”