Teleconference Interview with Robert B. Daroff, MD, FAAN, FANA

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Interviewed for the American Academy of Neurology
Oral History Project

Interviewed on April 10, 2014

Robert B. Daroff - RD
Douglas J. Lanska - DL

DL: Today is April 10, 2014. This is Dr. Douglas J. Lanska speaking with Dr. Robert B. Daroff for the American Academy of Neurology Oral History Project. This is a follow-up teleconference interview to be appended to the initial in-person interview conducted in Beachwood, Ohio, on February 22, 2014.

Bob, first, I would like to follow up on some loose ends that we touched on but then didn't get back to during the initial interview.

Let's talk, first, about Carl Sagan whom you roomed with when you were at the University of Chicago. Since our interview, an article was published in the *Smithsonian Magazine*, in the March issue, entitled "Star Power,"[1] discussing Carl Sagan in light of an upcoming reinvention of his *Cosmos* [: *A Personal Voyage*] [television] series and in light of the installation of his papers at the Library of Congress. What I found interesting about the article is some of the background on Sagan himself. I'm going to read you a couple little snippets and you'll see where I'm going with this after I do so. Sagan was at the University of Chicago as an undergraduate in the early 1950s and the article says:

> Carl Edward Sagan was born in 1934 in Brooklyn, the son of a worshipful overbearing mother, Rachel, and a hardworking garment industry manager, Samuel, a Ukrainian immigrant.

It goes on to say:

> His family moved to New Jersey and he distinguished himself as the "Class Brain" of Rahway High School.

[1] Achenbach J. Star power. Smithsonian 2014;44(March):68-78.

That sounds a little familiar, does it not?

RD: Yes, it sounds familiar. He got in at the University of Chicago like I did prior to graduating after only two years of high school. He was a year older than I, as well as being smarter.

DL: [chuckles] Well, perhaps. I'm going to read you another quote in a minute. I think there are some amazing similarities. He was from Brooklyn. His father was a garment industry manager. Your stepfather was, too.

RD: My stepfather wasn't a garment industry manager; he was an entrepreneurial tycoon who owned twenty-five percent of [one of] the largest men's clothing manufacturer in the United States. I've never met Carl's father. I'm sure he was a fine person.

DL: And you both distinguished yourselves as the science scholars of your high school, did you not?

RD: Well… In fifth and sixth grade, I'm in military school. In seventh, eighth, and ninth grade I'm in a junior high school in New York.[2] Ninth grade is the first grade of high school. Then, I transferred as a sophomore in high school to Forest Hill High and, at the end of that year, I get accepted at the University of Chicago. So I can't regard myself as the genius of the school. I was just a sophomore. I didn't get up to the junior and senior level of high school.

DL: I accept that. My understanding, though, is that for your class, your grade though, that you excelled in those things.

RD: Let's say that in the ninth grade, when I was in junior high school, which is the freshman year of high school, I was the science guy—no doubt about it.

DL: Yes.

RD: I don't even think I took a science class the next year. I don't remember.

DL: [chuckles] You thought he was smarter than you. I'm going to read you another quote…

RD: All right. Go on. Go on.

DL: Do you have something else to say?

RD: Yes. He was smarter than everybody. I've never met anybody smarter than Carl Sagan.

[2] Forest Hills School, Queens, New York

DL: Let me give you his own perspective on this.

RD: All right.

DL: I'm quoting from the article:

> In his papers, we find a 1953 questionnaire in which Sagan rated his character traits giving himself low marks for vigorousness, meaning liking to play sports, an average rating for emotional stability, and the highest ratings for being dominant and reflective. The adult Sagan always sounded like the smartest person in the room, but in the papers, we encounter this interesting note in a 1981 file right after *Cosmos* hit it big. "I think I'm able to explain things because understanding wasn't entirely easy for me. Some things that the most brilliant students were able to see instantly, I had to work to understand. I can remember what I had to do to figure it out. The very brilliant ones figure it so fast they never see the mechanics of understanding.

RD: He may have been talking about higher-order math, something like that that he wasn't as good as anybody else [some others]. First of all, it surprises me that he was that humble. When did he write that?

DL: The last part was from 1981.

RD: Yes. Okay.

DL: The first part was from 1953.

RD: In 1953, he would have been a senior or a junior in college. Okay. Fine. So he changed.

DL: [laughter]

RD: He would never have said something like when I knew him.

DL: Fair enough.

He was later denied tenure at Harvard [University] in 1968, but, then, he went to Cornell [University]. He was fond of kind of statements that sounded hyperbolic but really weren't. He was upset for a long time that he was misquoted as saying, "Billions and billions," and that became kind of a trademark of what people said he had said. He found that bothersome, in fact. He wrote to Johnny Carson about that at one point and Carson wrote back, "Even if you didn't say 'billions and billions,' you should have. Johnny."

RD: Good for him.

[chuckles]

DL: After his *Cosmos* became very popular, his office at Cornell became inundated with letters from eccentrics. He labeled many of them with his own Sagan-speak symbol F/C which stood for fissured ceramics, another way of saying "crack pots."

[chuckles]

DL: Let's go on to Ephraim Roseman.

RD: Okay.

DL: When we talked before, you mentioned Eph Roseman [saying], "That's another story. Every Wednesday morning I drove into Louisville and attended Eph's rounds. We could tell that story a little later." But we never came back to that.

RD: I took Wednesday afternoon off, drove into Louisville, which was maybe a two-hour drive, and attended rounds. He was very idiosyncratic. His rounds were sit-down rounds. He didn't believe in examining patients, particularly. He said he could make a patient do anything; the key is in the history. I agree with him, but he exaggerated a bit. I don't remember ever seeing him examine a patient. We'd be sitting in a conference room and he'd pick a resident to be the blackboard person. A resident would present the case. Another resident would write it on the blackboard, the history and things like that. If someone in the audience said, "What did you say the hematocrit was?", and it had [already] been mentioned – because Roseman was keeping his own scorecard – he said, "That was told before. Pay attention. If you ask another dumb question, I'll throw you out of here." [laughter] Everyone was sort of on edge. No one wanted to say anything. That was that. He did that. It was kind of interesting, because he was preoccupied by history. He really thought the neurologic exam was pretty much you could make it do whatever you wanted.

Well, one afternoon in a conference, he wanted me to be the blackboard person. Fine. So the resident presents the case, which is [was] a forty-some-year-old woman with a movement disorder. A history was obtained from her sister. So I wrote forty, movement disorder, sister, and Roseman said, "That's enough history, Bob. You can take it from here and discuss the case." I said, "I'd like some more history." He said, "You're not going to get anymore history." So I got a little irritated. I said, "Okay. Movement disorder." I started writing down all the movement disorders… I wrote, "Unable to present her own history. Mutism. Aphasia. This, that…" I was just sort of showing my anger. He said, "Let's stop now. You don't have to do it that way. It's very obvious. She has a movement disorder and she's demented. She's got to have Huntington's disease. Why else would you have a movement disorder and be demented at age forty? Bring her in." Sure, they brought her in and there she was with chorea. It was obvious. He saw her out in the hall. This was before levodopa. You get acquired movements like that from the L-dopa. This was before that. This was in 1965. So it was obviously Huntington's. I was really pissed off. I thought he set me up. I would have gotten to it, but not after two sentences.

So when I came home, I told Jane, "I'm not going back there. I'm really pissed off at him." She said, "Oh, go on. Go back." So I went back the next week. He said, "Oh…" He changed his whole manner because he knew he'd gone too far with me. He said, "Bob, I'm glad you're here. I'd like to go over a case with you that I'm a little confused about," which was bullshit. He made up to me by making me think that I could tell him something about a patient. I've forgotten what the patient had. But he really didn't need my advice. So I forgave him.

He would do things with EEGs [electroencephalograms]. He was a big EEGer. At the EEG conference, which was also once a week, he would be sitting up reading the EEGs and the rest of us would be behind him not seeing the EEGs. He thought that was a worthwhile experience. We didn't see the tracings. We just heard him say, "Alpha rhythm. There's a spike here and there," that sort of stuff without seeing it, and, then, hearing his conclusion. He thought that that was a valid learning experience, which I think is rather strange.

Frank Forster told me something. They were, I think, together at Boston City and Harvard. He said, "Eph said the three most overrated things are a [Johns] Hopkins' education, home cooking, and sex." I think that's a rather strange overrated thing.

DL: [chuckles]

RB: At any rate, he was nice to me after that one exchange. He gave me a faculty position even when I left for Vietnam. He made me an instructor in neurology. I'm grateful to Eph for training with [Lewis L.] Levy, who was so helpful to me. So that's Eph.

DL: There was one little other bit. I had communicated with you in an email.

RB: About [Charles] Aring's obituary?

DL: No, an oral history interview of Richard Penrose Schmidt[3] describing Roseman as "very abrasive and a hard taskmaster." You had agreed with that assessment and replied, "I can tell you a good story." Is that the story you already told?

RB: [No.] Once, he asked me a question on rounds and I answered it. Then, he asked one of his attendings. His name was L.J. Klein. I don't know what his name was, but he was L.J. Klein, a Southern boy, who went to Duke [University] with [Noble J.] "Nobby" David who said, "We always called him 'A. W. Klein: Always Wrong Klein.'"

DL: [chuckles]

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[3] Dr. Richard Penrose Schmidt [SUM UFHC 21]. Interviews by Samuel Proctor on 1-16-92 and 2-10-92. The University of Florida Oral History Collections. http://daggered4.rssing.com/browser.php?indx=3599127&item=5 [Accessed 7-16-14].

RB: L.J. Klein could do something none of us could do. He could draw and discuss in great detail the base of the skull anatomy. No matter what the patient had, he would somehow draw the skull and all the foramen and stuff. That was something he was great at and none of us were, particularly.[4]

One day, Eph asked him a question and he started with a lengthy answer and Eph said, "L.J., why don't you just get right to the task like Daroff does instead of bullshitting around like that?" That really made me sad. Well, that was Eph. He was a hard task master.

It was Richard Schmidt who told you that?

DL: It was in an oral history interview, not by me.

RD: He was chairman of Neurology, I believe, at the University of Florida. He and Lew Levy were with Eph together back in the 1950s…a good man and he's right, Eph was tough.

DL: We're switching now to a couple leftover bits from your military Vietnam experience. Let me frame the thing and, then, you can respond. Okay?

RD: Okay.

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[4] Klein was not widely published and none of his publications in PubMed dealt with the skull base. Except for a review article on epilepsy with Roseman (1967), all of his publications were from when Klein was a Research Fellow at Duke University Medical Center in Durham, NC:

1: Roseman E, Klein LJ. Epilepsy--facts and fancy. GP. 1967;35:144-52.

2: Klein LJ, Saltzman HA, Heyman A, Sieker HO. Syncope induced by the valsalva maneuver. a study of the effects of arterial blood gas tensions, glucose concentration and blood pressure. Am J Med. 1964;37:263-8.

3: Heyman A, Young WT Jr, Dillon M, Goree JA, Klein LJ, Tindall G. Cerebral ischemia caused by occlusive lesions of the subclavian or innominate arteries.
Arch Neurol. 1964;10:581-9.

4: Klein LJ, Woodhall B, Heyman A. Acute reduction in intracranial pressure as a mechanism of postural syncope in a patient with postoperative lumbar meningocele. Neurology. 1963;13:146-51.

DL: You mentioned in our previous interview about "when I was a gunner on a combat mission in a helicopter." But during the interview in February, we never got back to that. You wanted to tell me that story orally, so let's hear it.

RD: All right. I was going up to the Central Highlands with a senior psychiatrist who wanted to show me around. I was the only neurologist. He wanted people all over the country, physicians, to know that I was in country and where I was. We wound up at a place called An Khê where the 1st Air Cavalry Base was in the middle of nowhere. There was a court martial going on … a psychiatrist who was a colonel was testifying in the court martial and it was kind of boring. So I and another psychiatrist who was testifying, we didn't have anything to do. So there was a helicopter pad, and every half hour or so the helicopter would travel around the compound just sort of making sure everything was safe. We said, "Let's go see if we can get a ride," you know, something to do. So we went into the helicopter base and asked the sergeant if we could take a ride. He said, "Oh, boy, I'm glad you're here. We're missing two machine gunners on a combat mission. Are you up to it?" We looked at him and he thought we were going to say, "Hell no," and run out and, then, he'll laugh at the chicken-shit doctors. So we said, "Yes," thinking he was bluffing. He wasn't.

The next thing we knew, we were both manning machine guns on a combat mission. It defied the Geneva Convention and it was an interesting experience that I tell the residents about. When I got on that chopper—it was a Huey gunship—on the side is where the machine gun was. The pilot came over and thanked me for volunteering and said, "Do you know how to use this thing?" I said, "No." He showed me how to turn the machine gun on, which was very simple. Then, he strapped me in and he took off. I was on the right side of the chopper. He banked right, so I was looking straight down and I would have fallen down if it wasn't for the machine gun holding me in, really. I saw that I was strapped in but the lead on the strap was around twenty feet long, so I could see myself dangling underneath the helicopter waving for someone to pull me up. He did that on purpose just so I'd feel comfortable and I did feel comfortable. Once I did feel comfortable, I actually wanted some action. I'll end the story there.

There is that action orientation that [is] in men, and that's why Plato said, "Only the dead are seeing the end of war"[5] and Freud said, "We will always have wars because it's in our

[5] This approximate quote ("Only the dead have seen the end of war.") appeared at the beginning of Ridley Scott's 2001 movie "Black Hawk Down" and was there attributed to Plato (Suzanne B. Did Plato write "Only the dead have seen the end of war"? 2002. http://plato-dialogues.org/faq/faq008.htm Accessed 7-30-14). It appears, though, that this is apocryphal. This quotation did earlier appear attributed to Plato in General Douglas MacArthur's extemporaneous Farewell Speech to the Corps of Cadets at West Point on May 12, 1962 (http://www.nationalcenter.org/MacArthurFarewell.html Accessed 7-30-14; See also MacArthur D. Reminiscences. Annapolis, MD: Naval Institute Press, 1964: 426.). There is apparently no original source verification of Plato saying or writing this, and the quote is not present in works by or about Plato prior to 1962 in a search of Google and Google Books. Instead, the quote is actually from Spanish-American

nature."[6] I found that it was in my nature under that circumstance of being in a chopper over enemy territory. That's the helicopter story.

DL: I'm just pushing you slightly… So you're not going to tell us whether you shot the thing?

RD: [sigh] I didn't. The other guy did. I wanted to. I didn't see anyone worth shooting at. There wasn't an enemy. The psychiatrist in the other chopper did shoot at something. I didn't. What happened was we landed at this base and this guy came in in civilian clothes—he was CIA [Central Intelligence Agency]—with a *pile* of money. He was, obviously paying off Vietnamese that were on our side. We dropped him off at a few places to give out cash to our allies. That was that.

DL: Fair enough.

Then, you mentioned… I'm just going to quote, "I've got another perversity story I could tell you about the military where they do something counter productive, almost hostilely." We never got to that either.

RD: I was in the Berry Plan, so I had an obligation after I finished my residency. I had a two-year obligation. I found out that the neurologist at Fort Dix was having his two years up, so there was a place. Fort Dix, I don't know if you know it's closed. It's very close to Philadelphia, closer to Philadelphia than New York. My father's family was there and I wanted to be in Philadelphia. I guess I told you about [Aaron T.] Beck [b. 1921]. I actually wanted to be close to Dr. Beck so I could get a few more sessions of psychotherapy. I told the colonel who interviewed me that I wanted to be at Fort Dix, that I had family there, etcetera, etcetera. He said, "That's a quasi-compassionate request for an assignment." I thought that was a good way of putting it. Quasi-compassionate.

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philosopher, poet, and essayist George Santayana (Jorge Agustín Nicolás Ruiz de Santayana y Borrás: 1863-1952). In Santayana's *Soliloquies in England and Later Soliloquies* (1922) is this sentence: "Only the dead are safe; only the dead have seen the end of war." (Santayana G. The Works of George Santayana. New York City: C. Scribner's Sons, 1937: 97).

[6] This appears to be a rough paraphrase of some of Freud's thought. In the wake of World War I, Freud wrote Reflections on War and Death (1918) and in the first section on "The Disappointments of War," is the following: "The enjoyment of this common civilization was occasionally disturbed by voices which warned that in consequence of traditional differences wars were unavoidable even between those who shared this civilization. One did not want to believe this…" (http://www.bartleby.com/282/1.html Accessed 7-30-14). Freud later explored some of this subject in correspondence with Albert Einstein in the early 1930s. In Freud's letter to Einstein from Vienna in September 1932, he wrote, "there is no likelihood of our being able to suppress humanity's aggressive tendencies." (The Einstein-Freud Correspondence (1931-1932). http://www.public.asu.edu/~jmlynch/273/documents/FreudEinstein.pdf Accessed 7-30-14).

"Unless somebody has a more compassionate request, you're going to be at Fort Dix." No one wanted to be at Fort Dix in the middle of nowhere in New Jersey. At any rate, I got sent to Fort Knox.

The Fort Knox neurologist [i.e., Daroff] got sent to Vietnam and the Fort Dix neurologist got sent to Tokyo with his family. There's a big difference. I met this Fort Dix neurologist in Tokyo. I said, "I wanted Fort Dix and I wound up at Fort Knox and, then, Vietnam." I said, "How did you get to Fort Dix?" He said, "How did I get to Fort Dix? I told those guys in the Pentagon that I'd spent my whole life in New York. I trained in New York. After the Army, I'm going to go back to New York. I've not seen any place in the United States. Send me anywhere except Fort Dix." They sent him to Fort Dix. That's perversity. He lucked out because he wound up in Tokyo. \

Another story… This chap that I saw in Vietnam, a soldier, an infantry man had a rescue fantasy; that is, he'd see a sick animal when he was a kid and he'd bring it home. He'd fix them up. Anything that was hurting, he would take care of. He married a woman with severe end-stage MS [multiple sclerosis]. It's one thing to marry someone and they develop MS; it's another thing to marry someone who's bedridden from MS. But that was his style. He gets a draft notice. He could have gotten out of it—his wife was dependant on him—but he didn't. He felt it was unfair to get out of it. Somebody else might have to serve.

So he went and he went through basic training and advanced infantry training. Then, he put down what assignment he wanted and he said, "I want to be a chaplain's assistant," which was appropriate. So they made him a rifleman in a combat unit and he was sent to Vietnam. I wound up seeing him after an event that I'll discuss. Here he was, this guy who loved everyone, as a rifleman. He told me that he would shoot high in gunfights so he wouldn't kill anybody. He was petrified of killing somebody. Nobody knew that he was shooting high, but he was.

One day, he gets separated from his unit. He's alone in the woods in the jungle and he hits a clearing. At the other end of the clearing a Viet Cong comes out and the two of them face each other, and both reflexively pull their rifles and shoot, and our guy wins and kills the Viet Cong, and he feels terrible. This was not a cognitive act; it was an appropriate reflex act. But he kills this Viet Cong.

He finds his unit and he's on a truck and the truck hits a mine. The next thing he knows, he's on the ground. He's unconscious. He wakes up. His back is hurting him. He hears these gunshots and Vietnamese chatter. All his buddies are on the ground and the Viet Cong are determining who's alive and anyone who was alive, they shot. If someone was dead, they wouldn't shoot. Footsteps get close to him, so he played dead. He feels pain in his back. Whoever came over was doing something to his back. It was hurting before hand, but now it was really hurting. The guy leaves. When things seem safe—no one is around—he gets up and finds that his back has been bandaged. He had a wound in his back and a compassionate Viet Cong guy, instead of shooting him like his buddies were doing, actually dressed his wounds! So he *really* felt guilty.

He's picked up, brought to a hospital in Saigon. They straightened out his back and said, "You're ready for duty. We'll send you back to your unit." He said, "But I can't move my index finger." He'd developed "trigger finger" of his index finger, which was obviously psychogenic, but there was no neurologist there. He was sent out to the jungle— where we were—to see me and I said it was just psychogenic. It wasn't real.

Then, he saw the psychiatrist and they got this story of this guy who shouldn't have been in the military. He shouldn't have been a damn rifleman. He should have been a chaplain's assistant. They did just the wrong thing. That was perversity. So, we gave him a job as a postal clerk in Saigon for the remainder of his tour so he wouldn't be shot at or have to shoot anyone.

For the military to take a kid like that who wanted to be a chaplain's assistant and make him a gunner in a platoon in wartime or that takes someone who wants to be anyplace but Fort Dix and puts him in Fort Dix—they did that—was a perversity.

DL: Indeed.

RD: That's the story.

DL: After returning to the States, you served briefly at Letterman Army Hospital in San Francisco [California]. Can you tell us about that experience?

RD: One of the advantages of coming back from a combat center, I had six months left of my two-year tour—is you could pick where you wanted to be stationed. In July of 1967, I was going to start my neuro-ophthalmology fellowship with [William F.] Hoyt in San Francisco, so I decided I'd pick Letterman Army Hospital in San Francisco so I wouldn't have another move. We'd spend six months there, and then a year with Hoyt. Letterman, at the time, was a major Army hospital. It was a terrific place and had a residency program. It's been closed, made into a park. Then, it was one of the major hospitals. So I wound up at Letterman Hospital. I had a very good six-month experience. I met some very nice people. I got back in the groove. I got back in with my family and kids and spent a little time with Hoyt before my fellowship began.

I got sort of thinking about that. The most important thing about the Letterman experience was meeting John [O.] Susac [1940-2012].[7] Susac had graduated from Ohio State, [and] gets drafted into the military with the Army. They gave him an internship in medicine at Letterman and then were going to send him to Vietnam. He said, "I'll do anything. Give me any other job. I don't want to go to Vietnam." They said, "Okay. We don't have a physical medicine physiatry resident. We need one. Are you willing to

[7] See also: (1) Rennebohn R, Daroff RB. John O. Susac, MD (1940-2012). Neurology 2012;79: 211-212. (2) Dr. John O. Susac: Obituary. http://www.legacy.com/obituaries/theledger/obituary.aspx?n=john-o-susac&pid=156142370 [Accessed 7-16-14].

be a physical medicine resident?" He said, "Sure, at Letterman." He didn't know what physical medicine was. Then, very few programs had a residency in it. So he was [a] physical medicine resident at Letterman when I was there. He rotated on neurology when I was the attending. Somehow, I turned him on and he got very interested in neurology. We actually wrote a paper together on flexion contractures in adrenal insufficiency, which was an interesting paper.[8] He presented the case to me and we talked about it. It

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[8] Susac JO, Henry JM, Deller JJ, Daroff RB. Flexion contracture in adrenal insufficiency. Arch Phys Med Rehabil. 1968;49:13-6. [Note: in the PubMed listing of this article, Daroff is erroneously not listed as an author of the paper, but he is correctly listed as an author in the original publication.]

Other published papers on this topic include the following (in chronological order):

1. Bergouignan M. Contracture abdomino-crurale en flexion chez certains addisoniens; confrontation avec les myoscléroses rétractiles de la poïkilo-dermatomyosite. [Flexion abdomino-crural contracture in certain cases of Addison's disease; comparison with so-called retractile myosclerosis of poikilodermatomyositis]. Rev Neurol (Paris). 1955;92(6):585-7.

2. Wisenbaugh PE, Heller HM. Flexion contractures in Addison's disease. J Clin Endocrinol Metab. 1960;20:792-4.

3. Hrnciar J, Hrnciarova M, Sitar A. [Flexion contracture of the knee in Addison's disease]. [Article in Czech]. Bratisl Lek Listy. 1962;42:89-92.

4: Vallat JN, Texier J, Demartid. [Abdomino-crural contracture in flexion and "muscle cramps" associated with chronic adrenal insufficiency]. Presse Med. 1963;71:1061-2.

5: Almog C, Menachem S. Flexion contractures in Addison's disease. Confin Neurol. 1970;32(1):33-7.

6: Aumaitre O, Thieblot P, Dordain G. Contracture 'abdomino-crurale'; révélatrice d'un panhypopituitarisme avec dénutrition. [Abdomino-crural contracture disclosing panhypopituitarism with malnutrition]. Ann Med Interne (Paris). 1982;133(8):583-7.

7. van der Sande JJ, van Seters AP, Wintzen AR. 'Dementia with contractures' as presenting signs of secondary adrenocortical insufficiency. Clin Neurol Neurosurg. 1986;88(1):53-6.

8. Ebinger G, Six R, Bruyland M, Somers G. Flexion contractures: a forgotten symptom in Addison's disease and hypopituitarism. Lancet. 1986;2(8511):858.

9. Dubost JJ, Sauvezie B, Thieblot P, Ristori JM, Lhussier P, Rampon S. Contracture abdomino-crurale en flexion révélant une insuffisance hypophysaire. [Abdominal-crural

turned out that there was literature on Addison's disease and flexion contractures. So we wrote a paper for the physical medicine journal. He switched over to neurology and got his neurology residency there and went to Walter Reed [Army Medical Center]. While he was a neurology resident, he spent a lot of time with Hoyt, rounded with [William F.] Hoyt, etcetera. So he got interested in neuro-ophth[almology], because of that and contacted me. Then, he took a neuro-ophth[almology] fellowship with [Joseph] Lawton Smith [1929-2011] when I was on the faculty at the University of Miami. He thought that I knew everything. He actually thought I could answer any question.

They had a patient with cyclic oculomotor palsy.[9] Did you ever hear of it?

DL: No.

RD: It's rare.[10] It's somebody who is born [with] or develops in infancy a third nerve palsy. Every now and then, the nerve would become hyperactive. The eye would shoot

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contracture in flexion related to hypophyseal insufficiency]. Rev Rhum Mal Osteoartic. 1988;55(8):615-8.

10. Díaz López JB, Pérez Contreras J, Díaz González M, Salas Puig J. Contracturas en flexión de hemicuerpo parético asociadas a enfermedad de Addison. [Flexion contractures in hemiparesis associated with Addison's disease]. Med Clin (Barc). 1988;91(4):157.

11. Gherardi R, Pradat PF, Roualdes B, Brugières P, Degos JD. Flexion contractures revealing hypopituitarism. Eur J Med. 1992;1(3):187-9.

12. Nishikawa T. Flexion contractures possibly reflect the existence of hypocortisolism. Intern Med. 2003;42(8):629-31.

13. Odagaki T, Noguchi Y, Fukui T. Flexion contractures of the legs as the initial manifestation of adrenocortical insufficiency. Intern Med. 2003;42(8):710-3.

14. Syriou V, Moisidis A, Tamouridis N, Alexandraki KI, Anapliotou M. Isolated adrenocorticotropin deficiency and flexion contractures syndrome. Hormones (Athens). 2008;7(4):320-4.

15. Berger J, Herregods P, Verhelst J, Stassijns G, Chappel R. Flexion contractures in secondary adrenal insufficiency. Clin Rheumatol. 2010;29(1):115-7.

16. Harbuz V, Bihan H, Salama J, Reach G, Cohen R. Flexion contractures possibly reflect the existence of hypocortisolism: two case reports. J Neurol. 2010;257(7):1129-33.

[9] Susac JO, Smith JL. Cyclic oculomotor paralysis. Neurology. 1974;24(1):24-7.

[10] Probably less than 30 reported cases based on review of PubMed citations and associated abstracts.

Other articles on cyclic oculomotor paralysis and a related disorder of the abducens nerveinclude the following (in chronological order):

1. Drucker AP. Cyclic or rhythmic oculomotor paralysis; case report. Eye Ear Nose Throat Mon. 1949;28(6):274-6.

2. Euziere J, Lafon R, Cazaban R, Minvielle J, Ribstein. Paralysie externe alternaute et recidivante des mateurs oculaires communs associee à des perturbations métaboliques cycliques. [Alternating and recurrent oculomotor paralysis associated with cyclic metabolism disorders]. Rev Otoneuroophtalmol. 1952;24(2):120-4.

3. Burian HM, Van Allen MW. Cyclic oculomotor paralysis. Trans Am Ophthalmol Soc. 1962;60:276-92.

4. Burian HM, Van Allen MW. Cyclic oculomotor paralysis. Am J Ophthalmol. 1963;55:529-37.

5. Stevens H. Cyclic oculomotor paralysis. Neurology. 1965;15:556-9.

6. Levy MR. Cyclic oculomotor paralysis with optic atrophy. Am J Ophthalmol. 1968;65(5):766-9.

7. Tamura H, Uemura Y. [Cyclic oculomotor paralysis (cylic oculomotor spasm relaxation phenomenon)]. [In Japanese.] Nihon Ganka Gakkai Zasshi. 1969;73(4):377-88.

8. Crone RA, Horsten GP. Cyclische oculomotoriusverlamming met cyclische veranderingen in het EEG. [Cyclic oculomotor paralysis with cyclic modifications in the EEG]. Ned Tijdschr Geneeskd. 1970;114(45):1885-6.

9. Crone RA, Horsten GP. Cyclic oculomotor paralysis, with cyclic changes in the EEG. Ophthalmologica. 1972;165(6):497-501.

10. Lods F. Phénomène cyclique de la troisième paire chez une enfant de trois mois (syndrome d'Axenfeld-Schurenberg). [Cyclic phenomenon of the third cranial nerve in a 3-month-old infant (Axenfeld-Schurenberg's syndrome)]. Bull Mem Soc Fr Ophtalmol. 1972;85(0):470-8.

11. Price DM, Trounce DQ. Cyclic oculomotor paralysis. Arch Dis Child. 1973;48(11):881-4.

into adduction. The pupil would get smaller. The lid would pop up. In other words, it became hyper rather than hypo. It would last for a few hours and then it would go back to the palsy. That's pretty bizarre.

They had a case, he and Lawton. So he said to me, "Lawton couldn't explain it, Bob. Tell me what causes this." I said, "I'll be damned. I don't know what the hell causes it." He wouldn't let me go. He said, "You've got to come up with a hypothesis. You must." He wouldn't let me go, so I said, "Okay, you've got a damaged third cranial nerve. There are a couple of axons that are intact but not enough to make any movement of the nerve. But somehow, due to maybe a potassium influx or outflux of calcium or sodium, something happened. It gets charged up. The nerve gets hyper-excitable. It goes into

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12. Loewenfeld IE, Thompson HS. Oculomotor paresis with cyclic spasms. A critical review of the literature and a new case. Surv Ophthalmol. 1975;20(2):81-124.

13. Williams F, Normandin V. Case study. Traumatic bilateral lateral rectus muscle paresis vs traumatic cyclic esotropia. Am Orthopt J. 1976;26:102-3.

14. Voiculescu V, Benczedi C, Horvath L, Ciurea V. Cyclic oculomotor paralysis. Neurol Psychiatr (Bucur). 1978;16(2):91-6.

15. Fells P, Collin JR. Cyclic oculomotor palsy. Trans Ophthalmol Soc U K. 1979;99(1):192-6.

16. Kommerell G, Mehdorn E, Ketelsen UP. Okulomotoriuslähmung mit zyklischen Spasmen; Elektromyographische und elektronenmikroskopische Hinweise auf eine chronische Irritation des peripheren Nervs. [Oculomotor paralysis with cyclic spasms; electromyographic and electron microscopic indications of chronic peripheral nerve irritation]. Fortschr Ophthalmol. 1985;82(2):203-4.

17. Otradovec J, Diblík P. Obrna okulomotoriu s cyklickým spasmem. [Oculomotor nerve paralysis with cyclic spasm]. Cesk Oftalmol. 1988;44(2):101-6.

18. Friedman DI, Wright KW, Sadun AA. Oculomotor palsy with cyclic spasms. Neurology. 1989;39(9):1263-4.

19. Hutcheson KA, Lambert SR. Cyclic esotropia after a traumatic sixth nerve palsy in a child. J AAPOS. 1998;2(6):376-7.

20. Yazici B, Unal M, Köksal M, Ozdek SC. Oculomotor palsy with cyclic spasms: a case report. Orbit. 2000;19(2):129-133.

21. Miller NR, Lee AG. Adult-onset acquired oculomotor nerve paresis with cyclic spasms: relationship to o ocular neuromyotonia. Am J Ophthalmol. 2004;137(1):70-6.

this spasm and then it passes." He said, "Thank you very much." So I got rid of him with that bullshit story.

DL: [chuckles]

RD: He then asked to make neurology grand rounds on the subject. So he's talking about it. I think it was [Oscar] "Mac" Reinmuth [1927-2011] up in the audience who said, "John, how do you explain that?" He said, much to my consternation, "I'll give you Bob Daroff's explanation."

DL: [chuckles]

RD: He's going through this explanation that I made up. I told people that I didn't really believe it. He did that. Then, somebody said, "What are you going to do next?" He said, "We're going to do an angiogram." This kid was around eight years old. He'd had this problem all his life. This was when we were doing the direct carotid angiograms. He said, "Angiogram? Why?" He [Susac] said, "I asked Dr. Smith that. He said, 'John, if a space ship lands in our parking lot, wouldn't you sort of go up there closely, sneak up to it, sort of touch it, rub it around? You're never going to see anything like that again.' That's the way I feel about this cyclic oculomotor palsy. I want to find out as much about it as possible. So that's why I'm doing an angiogram." Of course, it was negative. That was John Susac.

He described the syndrome, which is a triad of branch retinal artery occlusion, hearing loss, and encephalopathy. He wrote the original papers. There are a few papers. People started giving it different names. When I was editor of *Neurology*, I said, "John, I want you to write a review article on your syndrome and I *insist* you call it Susac Syndrome. [11]

[11] Susac JO. Susac's syndrome: the triad of microangiopathy of the brain and retina with hearing loss in young women. Neurology. 1994 ;44:591-3.

Sixteen of Susac's 38 publications in PubMed concern Susac's syndrome:

1: Magro CM, Poe JC, Lubow M, Susac JO. Susac syndrome: an organ-specific autoimmune endotheliopathy syndrome associated with anti-endothelial cell antibodies. Am J Clin Pathol. 2011;136:903-12.

2: McLeod DS, Ying HS, McLeod CA, Grebe R, Lubow M, Susac JO, Lutty GA. Retinal and optic nerve head pathology in Susac's syndrome. Ophthalmology. 2011;118:548-52.

3: Egan RA, Hills WL, Susac JO. Gass plaques and fluorescein leakage in Susac Syndrome. J Neurol Sci. 2010;299:97-100.

4: Rennebohm R, Susac JO, Egan RA, Daroff RB. Susac's Syndrome--update. J Neurol Sci. 2010;299:86-91.

You can mention it in the introduction that the editor insists that I call it my syndrome." Anyhow, that really popularized it. Now, there's an international Susac society[12] and I'm on it.

5: Lubow M, Grzybowski DM, Letson AD, Rennebohm R, Susac JO. Fluorescein and indocyanine green angiographies in Susac syndrome. Retina. 2008;28:1174; author reply 1174-5.

6: Rennebohm RM, Egan RA, Susac JO. Treatment of Susac's Syndrome. Curr Treat Options Neurol. 2008;10:67-74.

7: Rennebohm RM, Lubow M, Rusin J, Martin L, Grzybowski DM, Susac JO. Aggressive immunosuppressive treatment of Susac's syndrome in an adolescent: using treatment of dermatomyositis as a model. Pediatr Rheumatol Online J. 2008;6:3

8: Susac JO, Egan RA, Rennebohm RM, Lubow M. Susac's syndrome: 1975-2005 microangiopathy/autoimmune endotheliopathy. J Neurol Sci. 2007 ;257:270-2.

9: Rennebohm RM, Susac JO. Treatment of Susac's syndrome. J Neurol Sci. 2007;257:215-20.

10: Susac JO. Susac's syndrome. AJNR Am J Neuroradiol. 2004;25:351-2.

11: Susac JO, Murtagh FR, Egan RA, Berger JR, Bakshi R, Lincoff N, Gean AD, Galetta SL, Fox RJ, Costello FE, Lee AG, Clark J, Layzer RB, Daroff RB. MRI findings in Susac's syndrome. Neurology. 2003;61:1783-7.

12: Egan RA, Ha Nguyen T, Gass JD, Rizzo JF 3rd, Tivnan J, Susac JO. Retinal arterial wall plaques in Susac syndrome. Am J Ophthalmol. 2003;135:483-6.

13: O'Halloran HS, Pearson PA, Lee WB, Susac JO, Berger JR. Microangiopathy of the brain, retina, and cochlea (Susac syndrome). A report of five cases and a review of the literature. Ophthalmology. 1998;105:1038-44.

14: Susac JO. Susac's syndrome: the triad of microangiopathy of the brain and retina with hearing loss in young women. Neurology. 1994;44:591-3.

15: Bitrian E, Sanchez-Dalmau B, Gilbert ME, Adan A, Susac JO. Retinal infarcts in a patient with an acute confusional syndrome. Surv Ophthalmol. 2009;54:503-6.

16: Susac JO, Hardman JM, Selhorst JB. Microangiopathy of the brain and retina. Neurology. 1979;29:313-6.

[12] International Susac's Syndrome Foundation

He died [February 23, 2012], as you know, of cancer. He was a wonderful guy. He would light up rooms. He was this hyperactive guy, always on a high, and very smart, and devoted to me and I was devoted to him.

That was my experience at Letterman. I did get Hoyt involved with Letterman by inviting him over. He appreciated that. They had some very good neurology there. Well, that's the story of Letterman.

DL: Excellent.

Let's move to Joe [Joseph M.] Foley then. You were talking about Joe Foley during our initial interview and you said, "With Joe, money is not an issue. It used to drive the hospital crazy because he didn't like private patients. He wanted to take care of poor people. You know the story about the priest and getting him…" and at that point, I had interrupted you and you never got to tell the story.

RD: I didn't tell the priest story?

DL: No.

RD: Okay. Joe's parents were from Ireland. Joe and his sibs [siblings] were born in the U.S. But their parents came over from Ireland and lived in a poor Irish section of Boston. His father drove a coal truck and his mother was a domestic. The Foley kids had to work when they came home from school and on the weekends, as did people of those means.

One day, the priest comes over to speak to the Foleys. He said to the Foleys, "Joseph is special." "Oh? " "He has a brilliant mind. You have to allow him to just pursue and fulfill his mission as an individual with a great mind. You are not to give him any chores when he comes home from school or on the weekends. He's just committed to read and to learn." "Yes, Father." And Joe Foley then had a pass. He could just come home and read and learn. He got a full tuition scholarship to Holy Cross [College] and a full tuition scholarship to Harvard Med[ical School], all because of that priest. He would have been just another smart Irish kid, but he wouldn't have become Joe Foley. That was the priest who was probably responsible for Joe's brilliant career.

When he [Foley] retired, there was some talk about setting up a Foley—Peter [J.] Whitehouse was involved with this—professorship. There were very few – his former residents would come up with the money and stuff, but people in town said, "Well, we didn't know him very well," this, that, and the other thing. I spoke to Scott [R.] Inkley, who was Chief of Staff of the hospital [University Hospitals of Cleveland]. He said, Joe just didn't really like rich people. He never befriended the wealthy Protestant establishment of Cleveland, like most of the other chairs did to get money... Joe just felt much more comfortable in the staff clinic with no paid patients. That's the way he was at Boston City Hospital. He was at Seton Hall, after Boston City, for about a year or so before being recruited to Cleveland. He just felt more comfortable with poor people, like himself. I think I told you that he was making less money as a professor in neurology

when I got there than I had to pay the first year assistant professors. I had to boost his salary; I tripled it so he'd at least be in the ballgame. He thanked me very much, but he never would have complained to the chairman of medicine about it himself. That's our Joe.

DL: Yes. Marvelous.

All right. Sami Harik and Fred Plum.

RD: Oh, yes. Fred tried to discourage Peritz [Scheinberg (1920-2005)] from hiring Sami [Harik]. He said, "He's kind of a troublemaker, very bright, but a troublemaker." Peritz [Scheinberg] wasn't really fond of Fred. They were kind of competitive; both sort of stroke docs. At any rate, he hired Sami. You can realize it; Sami is an outspoken guy and you just didn't talk back to Fred and Sami did, so he was [considered by Plum as] a troublemaker. But it passed. Actually, Sami did go to the event they had for Fred towards the end. You know he developed a primary progressive aphasia, Fred did, and it was just awful. He'd come to meetings and he couldn't express himself. It was just sort of terrible…

I was visiting professor and he [Fred Plum] took me out to dinner with a Jewish ophthalmologist. We were talking, the three of us. Fred said that if your father is a scientist, a good scientist, there's no way you can become a good scientist unless you're Jewish." "What?" That sort of came out of the blue. He said, "If you're a good scientist, your kid won't go into science or won't take it seriously." His kids didn't, by the way. That's what he was talking about. His oldest son got a Ph.D. and then became a farmer. His daughter was a [journalist] and didn't go into science. Then, he had a retarded child. Why did Jewish people escape this trap? I said, "I didn't realize I was Jewish, Fred, until I couldn't get into a fraternity at the University of Chicago because I was Jewish." I made that up. It sounded good. He said, "I don't believe that. Jewish people just inundate their kids with getting ahead, striving, getting ahead. That's why you're where you are. Your kids probably won't turn out to be as good as you," etcetera, etcetera. He felt that way about Jews. It was, in a sense, positive, very much positive. I spoke with Jerry [Jerome B. Posner] about that and he said yeah he heard that as well. Jerry's Posner's brother [Michael I.] was a very good scientist. I don't know what his father did; probably he wasn't a scientist, but he would have been according to Fred. If your father is a good scientist and you're Jewish, you'd have a shot at it.

DL: [chuckles]

RD: That's our Fred.

DL: Let's try Russell [N.] DeJong [1907-1990].

RD: Russell DeJong was an interesting guy, one of the Four Horseman, right?

DL: Yes.

RD: He became chair at Michigan and developed a wonderful department. He was a very straight guy. Even full professors called him "Dr. DeJong," in his department. When I got older, I called him "Russ," but the people that really worked under him called him "Dr. DeJong." When the American Academy of Neurology formed… I've forgotten what year. Was it 1948?

DL: Yes, 1948.

RD: Then, they decided to start a journal [*Neurology*]—I wrote this up in the history of the journal for the fiftieth anniversary thing, I think[13].—and Abe [A.B.] Baker [1908-1988] got a friend of his who was a publisher to publish it. Russ became the editor and he was a wonderful editor, but he just stayed on and on and on. He was slipping. He was up there in age. He was probably in his sixties when he became editor. He was editor for twenty-six years. Once he became sick, they changed the bylaws and made it a ten-year term. But he just hung in there. I don't blame him. I can't be critical. I don't know what his cognitive abilities were at that point, but twenty-six years is too long to be an editor. Everyone who worked with him had tremendous respect [for him]. He was a gem.

DL: He, I think, was editor for the same period of time that he was chair at the University of Michigan.[14]

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[13] Daroff RB. The journal *Neurology*. In, Cohen MM (Ed.). The American Academy of Neurology: The first 50 years: 1948-1998. St. Paul, MN: The American Academy of Neurology, 1998:49-60.

See also: Daroff, RB. On the 60th anniversary of *Neurology*. Neurology 2011;76:1950-1951.

[14] Russell DeJong (1907-1990) was Chairman of Neurology at the University of Michigan Medical School from 1950 until 1977 and was Editor-in-Chief of Neurology from 1951 to 1976.

See also:

Baker AB. [A tribute to Russell DeJong, founding Editor-in-chief]. Neurology 1977;27:1-2.

Campbell W. Russell N. DeJong: A seminal figure in American neurology [abstract]. Neurology 2014;82 (Supplement):P1.299

Daroff RB. The journal *Neurology*. In, Cohen MM (Ed.). The American Academy of Neurology: The first 50 years: 1948-1998. St. Paul, MN: The American Academy of Neurology, 1998:49-60.

RD: Probably. Yes. He was a friend of Abe Baker, who sort of pulled the strings.

DL: Sure.

RD: I can't tell you anything about Abe that you don't know. I knew him on a first name basis. Same thing with [Adolph L.] "Ady" Sahs [1906-1986]. I just knew them as giants [of neurology].

DL: Fair enough.

Let's talk a little bit more about the AAN, then. We discussed the move by the AAN power structure to diminish the influence of the sections when you were named chair of the Program Committee.

RD: Right. Gil [Gilbert H.] Glaser [1920-2012] was the president of the AAN and Bob [Robert A.] Fishman [1924-2012] was the president-elect. They were close friends though Glaser was five years older. Both of them are Houston Merritt [1902-1979] people. They called me in. It's interesting because the previous chair of the program… His name was Bob [Robert J.] Joynt [1925-2012]. They really fell down from Bob Joynt to Bob Daroff, a young associate professor, maybe full professor. I've forgotten what year it was.

DL: 1973.

RD: In 1973, I probably just became professor of neurology, but I wasn't a Bob Joynt, who was a senior professor.

They told me that the sections were having too much power and they didn't like it. Previously, everybody on the Program Committee was sent the abstracts and we all came to a meeting prepared with having reviewed every abstract. All the section heads had abstracts also. They would form their sections at the meeting, because they would be reviewed – the abstracts – to determine what would fill their sections. They [Glaser and Fishman] thought that was very bad form. So my instructions were to invite them to the meeting as non-voting members but not to send them the abstracts ahead of time. So I didn't. I didn't have any feeling about it. I just followed orders.

The meeting was in Miami. I invited my friends. The Drachman brothers [David A. and Daniel B.] were there, Jerry Fenichel, people that I knew and was comfortable with and the section leaders.

I'm blocking on a name. I told you about the loss of white matter connections from my frontal lobe in my memory. The epidemiologist in Washington…

Gilman S, Russell N. De Jong, 1907–1990. Ann Neurol 1991;29:108–109.

DL: [Bruce S.] Schoenberg [1948-1987]?

RD: No. He was previous. He was a long time ago. I'm blocking. He headed the [Neurology Service at the] V.A.. [Veterans Administration Medical Center in Washington, D.C.]. He really the father of epidemiology.

DL: [John F.] Kurtzke.

RD: Yes, John Kurtzke. Right. Absolutely. We had a cocktail party prior to the meeting. Now, are you going to let me skip that and go right to Kurtzke?

DL: Sure.

RD: Okay. At the cocktail party prior to the meeting, the head of the section of pediatric neurology, the section of stroke, the [other] sections … and Kurtzke, the head the neuroepidemiology section [said], "Why didn't we get the abstracts?" I said, "I was told not to send them to you." Kurtzke said, "Give me the stack. I'll read it tonight." So that night, he stayed up all night and read several hundred or a thousand abstracts. Nobody was really interested in epidemiology [at our meeting], but he kept going on and on and on. The meeting wouldn't have ended unless John Kurtzke got his section in epidemiology, which he did.

DL: [chuckles]

RD: He put it together that night, all night, and just kept going. He wouldn't give up the floor. Everyone finally gave up and said, "Okay, it's yours." I have tremendous admiration for him. I really love the guy. He's a terrific guy. He was actually an admiral in the Navy Reserves, very, very bright, and dedicated to neuroepidemiology.

DL: He actually helped facilitate my career early on in epidemiology. I had written to him and he had linked me up with Bruce Schoenberg actually. He always was interested in how I was doing and the progress of things and was always a gentleman to me, kind of like Jim [James F.] Toole, actually, always a personable man, very interested in how people were doing. It was just wonderful to interact with him.

RD: That's because you were into epidemiology and that was his thing. He said, "Epidemiology is the basic science of neurology." That's it. People will disagree.

DL: I wouldn't. [laughter]

RD: Okay. Fair enough. That was John Kurtzke.

The sections then for a couple of years did sort of peter out, but now they're bigger than ever and are great. I don't have a problem with that. I don't know why they disliked the sections so much. I guess because it was different.

DL: Well, yes. I think they're still fiddling with that and they've kind of reinvigorated some of that issue. It's kind of like federal supremacy versus the states, I think.

If you wouldn't mind, let's talk about the ANA [American Neurological Association] Executive Council and some of the issues that were discussed while you were a member of that.

RD: I think I became a member probably in 1981 and, then, stayed on as secretary…

DL: I looked at your CV [curriculum vitae] and I think you were a member in 1980 to 1982 and then an officer from 1985 to 1992.

RD: Okay. At any rate, throughout that, all the time there, there was always a group that wanted to open it up rather than to have it as an elitist society. Why don't we pick people who are promising? That kind of thing. They don't have to be tenured full profs [professors] with fifty references and stuff. There was a debate going on. Fred Plum—if during a meeting, more than ten people were introduced as new members, he said the place was going to pot.

DL: [chuckles]

RD: He wanted to keep it small and elitist. There were a lot of people who did.

Vladimir Hachinski saved the day, at least ended the argument. Here he was this guy from Canada, prior to that South America, prior to that where? Poland? I don't know. Do you know his background all the way back?

DL: I think he might have been a Russian émigré.[15]

RD: Yes. He speaks a ton of languages.

He got up and said, "I believe Thomas Jefferson said the following: 'I believe in a aristocracy of merit based on a democracy of opportunity.' The key is having a democracy of opportunity and we all have it. Some of us are going to rise up and those that rise up should be rewarded." Aristocracy of merit based on a democracy of opportunity. I've never been able to find that quote. He can't find it either now, but it's a helluva quote. Anyhow, for about twenty or so years, until last year, that held true. Now, as you know, it's now opened up to all associate professors, irrespective of what their

[15] Vladimir Hachinski, CM, MD, FRCPC, DSc was born in Ukraine in 1939. He and his family emigrated to Venezuela in 1954 and Hachinski subsequently emigrated to Canada. He received his medical and residency training at the University of Toronto. Hachinski is Professor of Neurology and Distinguished University Professor at Western University in London, Ontario, Canada. He was a longstanding editor of *Stroke* and is currently President of the World Federation of Neurology.

CVs [research and publishing] activity are. If you're an academic, you can be a member. I think that's fine.

DL: I actually think that's better. It got to be a little stale with the emphasis on just the great club guys, you know. That was a little too narrow.

RD: Well, times change.

DL: Yes.

I looked for that quote, too. It was used very commonly since the early 1990s and it's been used by chancellors, in academic speeches by deans, and all sorts of people promoting liberal arts education, this sort of thing. But what's interesting is that the quotes vary, the wording varies.

I went to his [Thomas Jefferson's] published writings, letters, speeches, everything and I believe that it's an apocryphal quote, but it's paraphrased from a letter that he wrote to John Adams [on October 28, 1813]. I'm just going to read you a section of that and you'll see how I think it came about. This is Jefferson to Adams:

> I agree with you that there is a natural aristocracy among men. The grounds of this are virtue and talents.

Then he says some other things and goes on:

> There is also an artificial aristocracy founded on wealth and birth without either virtue or talents. The natural aristocracy I consider as the most precious gift of nature for the instruction, the trusts, and government of society.

He concludes this section:

> The artificial aristocracy is a mischievous ingredient in government and provisions should be made to prevent its ascendancy.

So he's going all the way back to Aristotle and Plato in that kind of framework. That, I think, is the correct quote. John Adams replied to him on November 15, 1813:

> We are now explicitly agreed in one important point; namely, that there is a natural aristocracy among men the grounds of which are virtue and talents.

Later, in the 1950s, the term meritocracy kind of got linked to that concept: that power should be vested in individuals according to merit. It's an interesting framework but when it was introduced in the 1950s, it was introduced first in the United Kingdom in a satirical essay entitled, "The Rise of the Meritocracy," in which the author, Michael Young, questioned the legitimacy of the selection process used to become a member of

the elite and the outcomes of being ruled by a narrowly defined group.[16] He was promoting a much more open approach to government. So it's interesting how these different things have been evolving actually for many centuries.

RD: Well, Vladimir came up with it at the right time.

DL: Yes. He's a very gentlemanly fellow, too. I've interacted with him a couple times over the decades. He was always very gracious whenever I've spoken with him or communicated with him.

RD: Yes, he's that way. He's a wonderful guy.

DL: Perhaps, we could shift now to the relationship between Maurice Victor and Betty Banker [Victor] at Metro [Health, Cleveland, Ohio] and Joe Foley at Case [Western].

RD: Maurice and Betty were at—I'm not sure—Boston City and, then, went over…

DL: Yes, they were trained under [Derek E.] Denny-Brown like Foley was at Boston City.

RD: Then, they went over to Mass General [Hospital], didn't they, with Ray [Raymond Delacy Adams?

DL: Mass General-Harvard, yes.

RD: At any rate, Foley came [to University Hospitals of Cleveland] in 1961 [after a short time at] Seton Hall here. … Joe recruited Maurice Victor whose friends call him Maurice [pronounced Morris] and Betty Banker, his wife, who is a distinguished neuropathologist, to Cleveland and they wound up at MetroHealth, which was the teaching hospital of Case Western Reserve University. But there was a lot of competition between the two hospitals. Case Western Reserve University was attached to University Hospital [UH] and that was really the main teaching hospital. Metro wasn't and the Metro people always felt rather negatively about the relationship. Somehow that affected Betty and Maurice and just about everyone else at Metro about UH [University Hospitals].

Back in 1980, I left Miami and a friend of mine in Miami was being sued, a neurologist, for doing an LP [lumbar puncture] on a patient without getting a CT scan first, because the CT scan was down, and there was only one in town, and it was broken or whatever. The patient herniated and Maurice Victor came and testified against him. It was a terrible [situation]. Maurice, as you know, became a professional testifier for plaintiffs and he got into a lot of trouble—not physical or legal trouble. But he lost a lot of points, because his testimonies weren't really the best. He disliked practicing physicians that made a lot of money. So he loved to testify against them. Anyhow, he testified against my friend,

[16] Young M. The Rise of the Meritocracy, 1870-2033. London: Thames & Hudson, 1958.

who was a faculty member of the University of Miami, for doing an LP before a scan, because there wasn't a scanner. What the hell are you going to do? I asked Joe Foley about that. I said, "Why does Maurice do that?" He said, "Maurice has a dark side." That was the end of that. This wonderful, bright, energetic, funny guy has a dark side. It came out in court. That's Maurice.

Betty told me that Joe Foley has ruined the careers of just about anyone he's touched, which is just *outlandish.* It's the reciprocal of Joe Foley. He didn't ruin careers, but that's what Betty Banker told me. When Maurice died, there was an event for him in Boston and another one here in Cleveland, and everybody from Metro and people who knew him for years went. Betty didn't want Joe to be one of the speakers, because she was afraid he would steal the show. But he was and he was just wonderful, typical Joe…how great Maurice was, and how wonderful he was, and how great Betty was. He just turned it around, as I knew he would. But Joe liked them. He didn't have anything against them. But he knew that they felt very negatively about him, particularly Betty felt negatively about him. That's that.

DL: When I was a resident in Cleveland, Victor came over and did kind of visiting professor rounds at the V.A. once. He was very curmudgeonly. You got the sense that he was just trying to show that we were all kind of inferior to anybody he'd every trained or something like that. It was not a very pleasant interaction. It wasn't the Jerry Posner kind of teaching moment. It was a put-you-on-your-heels-and-be-careful kind of thing. It wasn't fun.

RD: I didn't know that. I'm surprised. He was an excellent physician, good neurologist, great teacher. I'm sorry he did that. He didn't do it very often. I didn't even know he made rounds. Did [Bob] Ruff invite him or something?

DL: I don't know. It was only once.

Let's talk about some of the career transitions that you've had then, a little more. When you became Neurology Department chairman, can you discuss some of the tradeoffs you had to make?

RD: Well, I had to work my butt off. We brought our laboratory from Miami, our eye-movement laboratory, and I brought it over and recruited people to fill it and, then, maybe spent a couple hours a week at conferences. What I stopped doing was research. I knew what was going on. I supported it. But I just wasn't actively involved. I just couldn't be. Residents wanted me to see patients and everything else I was doing, particularly, when I got involved with the journal and stuff, and the presidency of the ANA. So I gave up the bench laboratory work, but the lab became very, very productive and that's the important thing. I would have liked to do more research. You can't do everything. I prided myself in being a clinician. I made rounds at the V.A., and at Metro, and at UH once a week. That's three professor's rounds a week. I saw patients several half days a week, plus everything else.

Nothing was negative until towards the end when finances got to me. Neurology doesn't make money unless you're doing unnecessary procedures, generally. You get further away from the trough. When you start off, they feed you a lot of money and give you stuff. When you've been there five, six, seven, eight years, new chairs are coming in and they need the money, and you're not getting it, and you're criticized for being in the red. I just wanted out. So I became Chief of Staff.

DL: I think that's a fairly prevalent issue among neurology chairs, actually.

RD: Yes.

DL: On balance, then, looking back, are you happy with your decision to become a chair?

RD: Oh, yes…oh, yes. I was going to be a chair. There was no doubt about it. There's something in my blood. Actually all of Gil Glaser's trainees became chairs, pretty much... I was just going to be a chair. I'd look at the mail while I was at the University of Miami, after I made full prof[essor], every day hoping for a letter from a university inviting me to look at a chairmanship. That's what I was going to do.

DL: After you left the Neurology chairmanship, you became Chief of Staff of University Hospital, then Vice Dean for Education at the Medical School, and then Associate Dean for development.

RD: And while I was Vice Dean at the Medical School, which was a half-time job, I was the chief medical officer at two Catholic Hospitals that University Hospital half owned. They had a fifty percent interest in them. Tom [Thomas F.] Zenty [III], who was the CEO of University Hospital, was unhappy with the way things were going at the Catholic Hospitals, because the nuns aren't interested in money. They want to save souls. There's a big disparity, you know. Their mission is *soul* saving. That's not the mission of a regular entrepreneurial hospital, which is to take care of patients. They want to save lives and make money. So he sent me there. I was Chief Medical Officer at Saint John [Medical Center] and Saint Vincent [Charity Hospital] for a couple of years while being Vice Dean for Education. That was an interesting experience. I developed enormous respect for nuns. All I knew about nuns was what I learned from my Catholic school friends growing up, that they would hit you with a ruler on your hand if you were bad, that they were tough. They are sweet. They want to save people's souls. They're dedicated. I developed a great deal of respect.

Then, they found somebody to do it full time and I went back over to the vice dean position. Then, Dennis [M.] Landis left and they wanted me to be Acting Chair. At the hospital, the departments were independent. They really weren't owned by the hospital, a very curious financial situation. Some of the departments like Surgery and Anesthesia and Radiology were for-profit corporations. Some like Neurology and Pediatrics and Medicine and Psychiatry were *not* for-profit corporations. We were separate corporations chartered by the State of Ohio. The hospital wanted to bring them all under the umbrella

of the hospital. There was a lot of pushback from the faculty in Neurology, particularly Dennis Landis, who became chair of the chairs. There was a committee of University Hospital clinical chairs and he was made chair of that. The chairs would complain about things and he would be the spokesman. So he would go to hospital administration and complain about a variety of things, which was a terrible mistake on his part. He had complaints but so did everybody else. He was carrying the banner. He kind of liked it, I think, but the hospital didn't and they didn't think he would be the guy that would pull Neurology in this new situation. So they gave him a sabbatical…a terminal sabbatical. They brought me over as full-time Acting Chair of Neurology.

Then, I went back to the Medical School. They gave me a title of Associate Dean of Development. I don't really do much of that. I have an office and I'm finishing the second volume of the *Encyclopedia of Neurological Sciences* with Michael [J.] Aminoff. We've finished it. It's at press. Four volumes. And we're starting on the seventh edition of *Neurology in Clinical Practice*. That takes up much of my time, plus Saudi Arabia and the Chairman of the International Advisory Committee of its Alzheimer's Association. That's taking up a lot of my time. I do whatever development work they ask me to do. I have a little lunch with a rich dude or fly out to somebody rich or give some advice, but pretty much I'm not really a full-time development officer. I'm enjoying it.

DL: Good!

After you left the regular position as Neurology chair, do you feel in retrospect that those were good career steps for you, the ones that you took?

RD: Yes, it was. I needed something. I was the chair. The alternative was to be chair of another department or to be a dean. I applied for a few deanships, didn't make any, and dropped out of [the application process at] Cincinnati. That was an interesting situation. Want to hear about that?

DL: Sure.

RD: They had about four or five tenured full professors. [Charles D.] "Charlie" Aring [1904-1998; served as inaugural Chairman of Neurology at the University of Cincinnati from 1947-1974][17] had just stepped down… They had a number of guys in their sixties who were full professors on full salary and they were [only] seeing a handful of patients. I think I was still in Miami then—I was in Miami. At any rate, I'll tell the story. I've gotten confused. That was a chairmanship and not a deanship, but I'll finish why I didn't take the chairmanship at the University of Cincinnati. Everybody on the faculty, who weren't one of these tenured guys, were saying, "What are you going to do about all these tenured people who are not doing any work?" I said, "That's up to the dean." So I met with the dean and he said, "What are you going to do with these tenured people? " I said, "What are you going to do?" He said, "No, that's up to you." That was the end of that.

[17] Trufant SA. Charles D. Aring: 1904-1998. Ann Neurol 1998;44:710.

DL: [chuckles]

RD: Dave Drachman called me. He was going down there for a job. He was at Northwestern. I told him the story. He said, "I'll handle this. I'll get rid of them if the dean supports me." So he signs up and the tenured chairs blocked his promotion to professor in the Faculty Steering Promotions Committee. Can you imagine that?

DL: Wow!

RD: So he had to go back to Northwestern. Finally, a guy from Pittsburgh, a pediatric neurologist—whose name I can't remember—took the job [Frederick J. Samaha]. He was smart. He let the people just retire off. He didn't force them out. He didn't try to. It was a lost cause. That was a chairmanship I didn't take.

I don't think I was offered a deanship I didn't take. I applied for a deanship at the University of Florida and there was a conflict between the chairs, and the dean, and the president of the University. I took the wrong side; I took the president's side. I didn't get that job, which was fine. It would have been a tough one. Too much conflict.

DL: Yes, those are never winnable, those kinds of scenarios. You can survive them, perhaps, but you create as many enemies as you create friends, you know. It's messy.

RD: Yes.

Now, I'm content. I'm working hard and getting things accomplished.

DL: Yes, and very productively. Very good.

Let's switch a little bit to the past and then let's look to the future. Let's go first to the past. You've had a great interest, it seems to me, in medical history and the traditions of the specialty of neurology, the forbearers and forefathers of neurology, particularly the so-called giants of neurology and the progenitors of lineages of trainees. If you're thinking back in terms of the development of American neurology, who would you consider as the most influential among the American neurologist of our past?

RD: I don't want to go back to the nineteenth century.

DL: Okay, let's do the twentieth.

RD: Yes. Clearly, the three—Houston Merritt [1902-1979], Derek Denny-Brown [1901-1981], and [Raymond D.] Ray Adams [1911-2008]—were the giants [of neurology] during my training period and early faculty period. They were *the* people. They were terrific scientists. Merritt was *the* great clinician. Denny-Brown was wonderful. Adams was terrific.

DL: I didn't hear what you said about Denny-Brown. I'm sorry.

RD: He was a wonderful scientist. Joe Foley loved him so I have to love him.

DL: [chuckles]

RD: [You know he trained so many people.

DL: Yes, and very influential people, too.

RD: That's right. In there, you could say, if you were the one guy at Harvard, you'd train great people, too, because they were all trained there. Nevertheless, he did and made a great impact. I don't know if you ever read any of Denny-Brown's stuff. It doesn't make any sense.

DL: Yes, it's almost incomprehensible, some of it.

RD: Incomprehensible. We all thought that it was because we couldn't get to his level of thinking, rather than the guy couldn't write clearly. [chuckles] It was interesting. We all felt that he was *the* genius, even Gil Glaser [thought that].

DL: I asked Joe Foley about that at one point, because I was struggling trying to read something that Denny-Brown had written about movements or something. I couldn't make heads or tails out of it at all. You know the [Sidney Harris] cartoon about "then miracle happens" [sic, "then a miracle occurs"], but it was full of mumble jumble and very dense, just totally inscrutable. I asked Foley about it and he said, "Well, he's brilliant, so it must be okay," or something.

RD: Joe accepted it.

DL: Yes, but he didn't exactly explain what he was trying to write either. I think there was kind of an aura, a mystique there, and a certain kind of respect-at-a-distance, but without really taking a close look to see if the emperor was wearing any clothes on some of those issues.

RD: Yes. He loved Denny[-Brown] and I think Denny[-Brown] loved him. Joe ran the show.

DL: Well, they had a few rough points along the way, but they got to a good working relationship in the end, I think.

RD: Joe wasn't particularly fond of Ray Adams, which you probably know. I think Ray was too aristocratic for him. Did you get to talk about that in your interview?

DL: We did talk about Ray Adams, but he gave a more respectful scenario.

RD: Well, good.

DL: He mentioned that Adams tried to kind of hold some of his exuberance in check. That was one of the things he said.

RD: After Merritt, Denny-Brown, and Adams of the 1950s and 1960s, I think in the 1970s, we got Plum, [Lewis P.] Rowland, Fishman, Glaser, Foley. They're pretty much equal all. They were different characters, but all very, very bright, great trainers of residents.

DL: You're breaking up a little bit. I want to make sure I've got that list. Could you say your list again, the second generation, so to speak?

RD: Plum, Foley, Glaser, Rowland, and Fishman.

DL: Yes, all outstanding.

RD: All outstanding. They all sort of got along. Everyone sort of had problems with Fred [Plum], but they all respected him. Rowland and Fred [Plum] had problems because Rowland was a Socialist or is a Socialist. Fred was so far right; he was almost a Fascist.

DL: [chuckles]

RD: They would have a few run-ins with each other, but they respected each other's brains.

Rowland had to testify, when he was [a student] at Yale, before the House Un-American Activities Committee. … When he finished his training at Columbia, he went to the NIH to work with, I think, Milton Shy in muscle disease. When they found out about his background, they sent him out and wouldn't let him finish.

DL: Wow!

RD: In his place, they brought in Gunter [R.] Haase [1924-2008].[18] Gunter Haase was a Luftwaffe neurologist during World War II. He's a terrific guy. He became a chairman at Temple University, a very nice guy. But I thought it symbolic to bring in this former Nazi—he's no longer a Nazi, just a regular guy, an American citizen— and Bud Rowland because of his background, his liberal background, they wouldn't accept.

DL: Crazy politics.

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[18] Downey SA. Gunter R. Haase, 1924-2008 A doctor of neurology with a philological flair. The Inquirer [Philadelphia], September 21, 1998. http://articles.philly.com/2008-09-21/news/25247500_1_neurology-medical-school-medical-degree [Accessed 7-16-14].

RD: Yes.

In my generation, I think Joe [Joseph B.] Martin takes the lead, a Joe Foley trained neurologist and a great one, a great scientist. These people are too close to me for me to judge really, my contemporaries, but Joe stands out as a great one, both as an administrator and as a real leader.

People are always talking about leadership training. When I was Vice Dean for Education, the dean wanted to train our residents, our students, not only to be good doctors but to be good leaders and to lead American medicine where it should be, and have them take business courses and things like that. I was always suspicious of the ability to teach people to lead. The person that influenced me the most was Joe Martin. Joe, as you know, is a Canadian, a hockey player. I'm blocking on the religion. They drive buggies.

DL: Amish?

RD: He wasn't Amish. He was one step above the Amish. Sort of like Amish but a little more liberal. [Mennonite].

DL: [chuckles]

RD: At any rate, he didn't get a residency at Harvard. Joe took him as a resident and he did very, very well. He was about a year or two behind me in training. He, then, went and got a Ph.D. in [University of] Rochester and, then, he became head of Neurology at McGill [University, Montreal], then, head of Neurology at Mass General, and, then, chancellor at UCSF [University of California, San Francisco], and, then, dean at Harvard Medical School. He's sort of retired from that.

What impressed me the most was one year we were attending a World Congress of Neurology in Vancouver. There was supposed to be a picnic at some park. We were given instructions as to how to get there by train. Jane and I got on an elevator at the hotel to go and Joe's on the elevator with his wife. "You going to the picnic?" "Yes," he said. He said, "How are you going?" I showed him the instructions. He said, "I don't think that's the fastest way. I think I have a faster way to get there." So I said, "Fine. If there's a faster way, I'll go with you." So we were up on one of the top floors and people kept coming in on every floor and I'd say, "Joe Martin has a faster way to get there." We wound up with around thirty people, left the elevator, walking down the street, all going, not the way we were told, but the way Joe Martin said he had a faster way. Joe said to me, "You know it's been about ten years since I've done this. I hope I've got it right." He did get it right and we got there before anybody else.

DL: [laughter]

RD: I told this to Joe Foley. He said, "That's the way he was as a resident." Joe Martin would go down to the emergency room to see a patient as a resident and people would

kind of crowd around him and just watch him. He would attract people. There was something about him that attracted people. Fishman told me, when Joe first applied for that job as chancellor at UCSF, what a great leader he was. There was just something about the way he did it. It wasn't taught. It was in his bones. It was in his nature.

I guess you can teach somebody certain leadership tricks, but you can't make somebody a good leader or a great leader.

DL: He just recently wrote a memoir, *Alfalfa to Ivy*.[19]

RD: Right.

DL: When I went to interview Joe Foley, Joe had a stack of them that apparently Joe Martin had dropped off for him.

RD: Joe Martin loved Joe Foley. He had two pictures in his office. One of them was Joe Foley. The other was with the guy whom he got his Ph.D. from.[20] He loved Joe.

DL: Well, Joe had read the book, or had read at least the sections concerning Cleveland. He was very touched, thrilled, honored to have been included in such a positive way in the memoir. He gave me a copy of that book.

RD: Oh, good.

DL: I relayed that to Joe Martin recently and he was thrilled that Foley had appreciated the book.

RD: Yes, they loved each other. He's a good leader.

DL: One of the guys you didn't mention and I want to just ask about would be Abe Baker on your list of influential American neurologists.

RD: Well, he certainly was influential. I knew Abe when he was getting up in years and I don't think he was the Abe that was influential.

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[19] Martin JB. Alfalfa to Ivy: Memoir of a Harvard Medical School Dean. Edmonton: University of Alberta Press, 2012.

[20] Martin received his PhD in anatomy (1971) from the University of Rochester under neuro-endocrinologist Seymour Reichlin, MD, PhD, MACP.

See also: Seymour Reichlin, MD, PhD, an oral history conducted on June 13, 1999 by Adolph Freidman, MD. The Endocrine Society, The Clark Sawin Library, Chevy Chase, Maryland, 2009:6.
https://www.endocrine.org/~/media/endosociety/Files/About%20Us/Sawin/seymour-reichlin-031309.pdf [Accessed 7-16-14]

DL: Fair enough.

RD: Fair enough?

DL: Yes. There are two issues that I think at least may warrant a mention. One is his instigation, leadership, organizational innovation to develop the Academy and the other was his dogged promotion and the development and founding of the NINCDS [National Institute of Neurological and Communicative Disorders and Stroke] or what became the NINCDS.

RD: Yes, he did them both to his credit. But he hung on too long at the Academy. I have a story about that, but it's kind of embarrassing. He was getting up there in years and he was upset that somebody was appointed to a position [at the Academy] without checking with him first. I think that he was getting old. He was a great leader. I don't want to say [more]… His son [neurologist Lowell Baker] is a friend.

DL: That's fine. I just was interested in your perspective because that wasn't among those you mentioned.

You were a collector of anecdotes and stories, as was Joe Foley. My guess is that, in your case, it started, perhaps, with your work as an editor of the student newspaper. But you've always focused on telling stories. You've appreciated anecdotes. I was just interested in which American neurologists do you think have had the most anecdotes of stories told *about* them?

RD: I would have to say about them that *I heard*.

DL: Yes, fair enough.

RD: I guess it was Houston Merritt, because I spent so much time with Glaser, and Fishman, and Rowland. They were Merritt-trained.

Charlie [Charles M.] Poser was Merritt-trained and was an interesting guy. He, like Maurice Victor, was into being the plaintiff's expert witness, really upsetting a lot of people.

Once I was leaving a hotel with Peritz Scheinberg at a meeting and people kept picking up our bags and dropping them off and another group would pick them up and drop them off. You have to tip each one. He looked at me and said, "It's the Charlie Poser Syndrome. You've got to make a buck one way of the other." It was unfortunate, because Charlie was a very, very bright guy and a good friend and all, but he just went off the deep end as far as testifying.

DL: Wow!

I have tried to pay attention to who people have told lots of stories about. I have a short list, actually: Houston Merritt; Fred Plum, which are sometimes called by Plum trainees "Fred Plum stories"; Bob Fishman, which are called "Fishmanisms"; Joe Foley, which people have also called "Foleyisms." That would be four that have, in my experience, had numerous stories, stories, stories, stories, anecdotes, funny stories, sad stories, whatever stories, but lots of stories told about them and their interactions with colleagues, patients, administrators, lawyers, what have you. Those would be on my list of people who've generated lots of stories.

RD: Yes, I would agree. I didn't hear many stories from Fishman, because when I was training with Hoyt, he was just starting. He was actually being intimidated by some of his faculty who were part-time faculty clinicians who didn't like to have somebody from Columbia boss them around. The years after that, I saw him frequently, but usually over dinner or at a meeting and I didn't hear Fishman stories. I'm sure that you've heard them, but I haven't heard them. Foley, of course, yes, and Plum, for sure.

DL: If you take those four—it's just the beginning list, say. They're not similar in terms of personality. They're quite different and yet they generated, each in their own way, quite a following. Merritt was a bit odd and aloof, a great clinician, but personality-wise he ruffled some feathers and things. Plum was intimidating. Fishman was more open and easy going, I think, by accounts. Foley was the humorous raconteur par excellence. Quite different personality styles, I think.

RD: Yes, indeed. I don't know what you can make of…what you're saying is you can't relate a number of anecdotes that people tell about mentors, their characteristics, other than they were good mentors. Right?

DL: Yes, I think so. I think they had different leadership approaches themselves. They stimulated lots of people. A lot of people went on, that trained under them, to do very good work, and lead other departments, and accomplish a lot. But some were more carrot and some were most stick approach when they were in their training, I think.

RD: That's right.

DL: So different strokes for different folks, I guess.

RD: Merritt was never critical of a resident. If you didn't say very much, he just gave the diagnosis and left.

DL: Exactly. [laughter]

RD: Plum was something else. Fishman was a gentleman. Foley was the prime gentleman.

I told you about the emeritus professor thing, didn't I, with Foley? What's it like being an emeritus professor?

DL: Yes, you did. Why don't you just tell it again, so I make sure we have it?

RD: Okay. When he became an emeritus professor, one of his friends bumped into him and said, 'What's it feel like being an emeritus professor, Joe?" He said, "It's like the balls of the Pope." "What?! Balls of the Pope. What do you mean?" "Well, you know their hanging around somewhere, and you certainly hope they're never seen in public, and, God knows, you hope they're never put to any good use."

[laughter]

RD: Joe could tell a story like that because he's a devout Catholic.

DL: Yes. Yes, he could get away with all sorts of funny stories that a lot of other people could never tell, I would say.

RD: No *Amazing Grace*. He left these instructions for his funeral. No this. No that. No bagpipes. No *Amazing Grace*. He didn't want any of that stuff.

DL: What did he want?

RD: He just wanted people to say, "Here is Joe Foley." The priest didn't listen to him and told some great Joe Foley stories about him. It was done all right.

DL: Very good.

Just a couple little things looking forward, perhaps, a bit more… Do you think that the concept of neurology's role as a diagnostic and a treatment specialty has changed from the way it was, say, fifty or hundred years ago to where it is now, and do you think that's going to change further as we get down the road? How do you see that?

RD: Well, it was "diagnose and adios." We made a diagnosis and sent the patient back to their primary care doc. When I started out as a neurology resident in 1962, we had Artane for Parkinson's, which ultimately made you sort of sick. We had nothing for headache except narcotics and Sansert [methysergide maleate]—it wasn't even Sansert then… [It was known then as UML-491]. There wasn't any FDA regulating drugs. We were using it as an experimental drug. Now, for migraine, there's just a plethora of prophylactic and symptomatic drugs, a lot going on. That, plus we have decent treatments for Parkinson's, a better treatment for MS. We're starting to treat stroke with invasive procedures. We are a therapeutic specialty, which we weren't. We were a diagnostic specialty. I think we're going to continue to be a therapeutic specialty. We're not going to change. I don't know what's going to happen in medicine. The whole of medicine will likely change, but neurology will remain. We'll treat and diagnose, both. That's rewarding.

DL: I have kind of puzzled, though, over the years. It seems that some of the things that become amenable to treatment, the neurologists kind of let go of and let other people then do the treatment, and they go on and focus certainly in private practice [on diagnosis]… They let everybody else do the treatment and they do the EMG or the EEG or something. To me, that's frustrating, because I think it undermines our role and diminishes the specialty. I think we should take ownership of the treatments as they're developed and not just focus on…

RD: Well, you don't have to pay the rent [in federal medical practice] and those guys do. I'm just telling you.

DL: Yes.

RD: Neurologists do the procedures and then we do the treatment. Somehow, it evens out and we're able to break even, more or less. But you probably can't in practice and that's that. They've got to pay the rent.

DL: Well, that's fair. It strikes me that the health of the specialty would be greater going forward if we kept emphasis on both and weren't focused on diagnosis for pecuniary reasons or something.

RD: If we go to a single-payer system, we're going to have to change the way payment is [handled]. We just can't go along as the population ages. As newer procedures and drugs are developed, it's just going to keep costing more. The population is aging. Something has to be done. One of the things that has to be done, I think, is tort reform so that not everyone has to get a CT scan when they complain to their internist about something. Also, besides tort reform, some single-payer system…some system so that we all make a decent living and take good care of our patients.

DL: Amen.

RD: It will happen, probably not during my time…probably during yours.

DL: I love optimists. [chuckles]

Do you have any other thoughts you wish to share on how you…?

RD: I'm proud of you. You do a helluva good job.

DL: Well, thank you.

RD: You're unique.

And don't worry about the edits I made. I think I make things clearer and you will note the Abe Rabiner stuff.

DL: Okay.

RD: At any rate, thank you very much.

DL: Well, Bob, it's been an absolute joy. I appreciate you taking the time with us so very much.

RD: Okay! Have fun.

DL: Thanks, Bob. Bye.

RD: Bye.

[End of the Interview]

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