



ORAL HISTORY PROJECT

**Morris A.
Wessel, MD**

**Interviewed by
Howard A. Pearson, MD**

**August 2, 2005
New Haven, Connecticut**

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PREFACE

Oral history has its roots in the sharing of stories, which has occurred throughout the centuries. It is a primary source of historical data, gathering information from living individuals via recorded interviews. Outstanding pediatricians and other leaders in child health care are being interviewed as part of the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics. Under the direction of the Historical Archives Advisory Committee, its purpose is to record and preserve the recollections of those who have made important contributions to the advancement of the health care of children through the collection of spoken memories and personal narrations.

This volume is the written record of one oral history interview. The reader is reminded that this is a verbatim transcript, edited to ensure clarity, of spoken rather than written prose. It is intended to supplement other available sources of information about the individuals, organizations, institutions, and events that are discussed. The use of face-to-face interviews provides a unique opportunity to capture a firsthand, eyewitness account of events in an interactive session. Its importance lies less in the recitation of facts, names, and dates than in the interpretation of these by the speaker.

Historical Archives Advisory Committee, 2005/2006

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ABOUT THE INTERVIEWER

Howard A. Pearson, MD

Dr. Howard A. Pearson is a pediatric hematologist oncologist and a professor of pediatrics at the Yale University School of Medicine in New Haven, Connecticut. He was graduated from Dartmouth College and received an MD degree from the Harvard Medical School in 1954. He served a rotating internship and then a two-year pediatric residency under Thomas E. Cone, Jr. at the U.S. Naval Hospital in Bethesda, Maryland. He had a fellowship in pediatric hematology under Dr. Louis K. Diamond at the Boston Children's Hospital. He then spent six years in the department of pediatrics at the University of Florida College of Medicine in Gainesville. In 1968, he came to Yale as professor of pediatrics and chief of pediatric hematology oncology. Between 1972 and 1985 he was chairman of the department of pediatrics and chief of pediatrics at the Yale New Haven Hospital. In 1991, Dr. Pearson was elected vice president of the American Academy of Pediatrics and served as AAP president in 1992–1993. In 1993 he was appointed to the AAP Historical Archives Advisory Committee and served as its first chairman.

Interview of Morris Wessel, MD

DR. PEARSON: This is Dr. Howard Pearson. I am at the home of Dr. Morris Wessel in New Haven conducting an oral history. The date is August 2, 2005. Morris would you say a few words just to make sure the equipment is working?

DR. WESSEL: Well, I'm at my home at 61 Elmwood Road in New Haven being interviewed by Howard Pearson which is indeed a pleasure and a privilege.

DR. PEARSON: Morris, I have a cheat list here of things we're going to cover. Let's start at the beginning. You were born in Providence, Rhode Island and you moved then to New London.

DR. WESSEL: Yes, I was born in Providence but my family moved to New London. My father died when I was eleven months old and he had been offered a teaching job at Connecticut College. He and my mother both worked in immigrant education. Somehow or other my mother was forceful enough to persuade the college to hire her after he died. Of course, she had a much smaller salary. She had \$1,800. He had been offered \$2,500.

DR. PEARSON: These were your parents. Do you have brothers and sisters?

DR. WESSEL: No brothers or sisters.

DR. PEARSON: Anything more about your parents other than you knew your father hardly at all?

DR. WESSEL: I didn't know him at all. He died when I was eleven months old. Only that my mother was an immigrant from Russia. She came here when she was two-and-a-half years old and moved to Providence, Rhode Island. The story is that my grandfather, my mother's father, was very mild and meek and not terribly worldly. Actually, my grandmother was a member of Russian aristocracy but she fell off her horse and broke her hip and no one in her social class would marry anybody that limped, so she had to settle for a much simpler person than she hoped for. Anyway, when she arrived, my mother was two-and-a-half and it was the Fourth of July. When they got to Manhattan there was a parade and he is said to have burst into tears saying, "I knew they would welcome me but I didn't expect all of this."

DR. PEARSON: Then you grew up then in New London?

DR. WESSEL: In New London, yes. I went to grade school and high school in New London.

DR. PEARSON: You then went to Johns Hopkins University. Why Johns Hopkins and what were you thinking about doing?

DR. WESSEL: I'm not quite sure I know why and I'm not quite sure I knew I wanted to be a doctor then. I was somehow impressed with the name. My mother had two colleagues from college days. One was George Boas who was a professor of philosophy with whom I met a few times but never established any kind of relationship. He was far ahead of me in scholarliness. The other attraction was a man named Broadus Mitchell who was a very liberal economist that ran for the socialist candidacy for governor of Maryland several times. Somehow or another I applied and got in. That's all I can say.

DR. PEARSON: Any good stories about Johns Hopkins?

DR. WESSEL: Well, one good story is I somehow became very attached to a professor, then an associate professor, named Tracy [Morton] Sonneborn who was interested in sex activities of paramecium, something that was the furthest from my interest. Some how or other he took a fancy to me and I to him. As time went on, I went to talk with him about graduate school because I, at that point in my junior year, decided I wanted to be a college teacher. He was silent for a long time and then suddenly he commented. He said, "You know Morris, you don't like laboratory work; you like people who work in labs. You are a people person and you should go into medicine where your talents will be appreciated." I followed his advice.

DR. PEARSON: So he showed you the way but was not necessarily a role model?

DR. WESSEL: Not a role model, but in retrospect he wrote extraordinary recommendations for me which I didn't appreciate at the time.

DR. PEARSON: And then you decided to go to Yale [University]?

DR. WESSEL: Yes. I was accepted at Johns Hopkins. I had a terrible interview there [Yale] and now, in retrospect, I know that this is the pattern of the person who interviewed me, whose name I've forgotten. I was rejected at Yale and then I got a phone call from them asking whether I had gotten accepted anywhere else. I said, "Yes," and then they said, "We didn't mean to reject you, we meant to hold you. We wondered whether you would come up for another interview." I have a feeling that that was the result of a letter that the president of Connecticut College wrote, but I have no knowledge of

that. And I was impressed then that Milton [Charles] Winternitz, who had been dean since 1920 or so, was interested in bringing psychology and sociology into the medical school curriculum. That appealed to me. However, when I arrived I discovered he had been fired as dean. Anyway, I think Yale was a much less competitive and more informal atmosphere, even to this day, than Hopkins; although I am not too familiar with Hopkins now.

DR. PEARSON: And your interviews at Hopkins? You didn't see Edwards [A.] Park?

DR. WESSEL: No, I just saw the dean. He was deaf and so he had a recording machine going. This was his technique to give everybody a hard time to see how they reacted. At the time, I was overwhelmed. I can't remember his name. Probably just as well.

DR. PEARSON: Now you're at Yale. The first two years are basic science and then you began your clinical rotations. You tell a story several times about finding a book in the library by Andy [Charles Anderson] Aldrich.

DR. WESSEL: Yes. Then there was a pediatric library. *Babies are Human Beings: An Interpretation of Growth and Feeding Our Old Fashioned Children: A Background for Modern Mealtimes*. That appealed to me. It made me feel that that's the kind of pediatrician I would like to be.

DR. PEARSON: And you've decided by now you are going to be a pediatrician?

DR. WESSEL: I think so. Yes. That was my third year.

DR. PEARSON: And you'll have to tell the other story again about your first day on your third year rotation in pediatrics with Grover [F.] Powers, because it's a great story.

DR. WESSEL: It's a great story. I have to preface this. I've told these stories several times. It's interesting to me that Rocky [Rocko] Fasanella, who is an ophthalmologist in town, now retired, and Dorothea Peck, who was a radiologist who wanted to be a surgeon were classmates and they came up to me afterwards and said, "We don't remember these people the way you do. How come?" So I have the feeling that I must have been looking for something that maybe other people weren't looking for and therefore it meant something to me.

The first day in pediatrics, four of us—the medical school class was small then, it was 15 in our class and two or three had dropped out—and we met in the Trask Room. Grover Powers suddenly showed up, a heavyset man in a tan lab coat, very quiet and said, "Come with me, come with me." And we

dutifully followed him down the hall. He walked into a child's room and we all stood there expecting him to examine the child or do something with the child and he turned on his heels and walked out. I guess maybe I was a little forthright then. I had been all my life. I said, "Dr. Powers aren't you going to examine the child with us?" And he looked at me with a very piercing look for several seconds, it seemed like minutes, and said, "That child was eating breakfast. You wouldn't expect me to interrupt his meal, would you?" And I had to say, "Well I guess I wouldn't," as the story goes.

I told that story to Ros [J. Roswell] Gallagher, who went to Yale five years before I did, and he laughed. He said that was him the first day he was on pediatrics. So this was Grover Power's routine, a way of introducing students to some of his values.

DR. PEARSON: You described the department at the time of consisting of Grover, Dan [Daniel Cady] Darrow, Jim [James D.] Trask and Martha [M.] Eliot.

DR. WESSEL: Martha Eliot, I think, had left. It was Edith [B.] Jackson probably.

DR. PEARSON: Edith Jackson, I'm sorry.

DR. WESSEL: Yes. There were a few lower level people. Herbert [C.] Miller was one I remember. Many of the residents stayed on for a few years as instructors or maybe as assistant professors. Many of them, as is well known, moved on to other positions as chairman of departments throughout the country.

I was always impressed that Grover Powers made separate rounds for the students and the interns, which I always appreciated because if we made rounds with the interns and the attending we were in the periphery and we probably couldn't understand what they were talking about anyway. So I was always impressed that he had student rounds.

DR. PEARSON: It was also a small department.

DR. WESSEL: Yes. That's for sure.

DR. PEARSON: One question: Since this is Yale and the thesis has been mandated for a hundred years, what did you do your medical school thesis on?

DR. WESSEL: Well, I have to tell you. Luck was with me. Due to the war they cut back three months—we had to graduate three months early. Because we didn't have an elective period the theses were abandoned for that class. I don't know what I would have done it on.

DR. PEARSON: I think that Edith Jackson obviously had an enormous impact on you, even as a student.

DR. WESSEL: Well, first of all I have no idea how I knew she existed. But somehow I did. In my third year of medical school, in 1942, probably the spring of 1942, I was a student on Fitkin 3, I think. There was a child there who was screaming away. He was in a cast and I felt somehow the need to comfort him and I was very unsuccessful. I somehow knew that Edith Jackson was a pediatrician trained in psychiatry, had been to Vienna and analyzed by [Sigmund] Freud. How I knew this, I have no idea. So I went to see her and asked her for help. And her first question was, "How did you happen to come to me just now?" And I think my answer was, "Well, I guess it's because this child is seven years old and when I was seven years old I had my tonsils out and I wasn't prepared for it, so I sort of identified with this child and became anxious."

So we had a nice visit and she asked me if I would like to come back next week. And that continued for many years. On the succeeding visits she gave me the bulletins from the Hampstead War Nursery in London and these were nursery programs or daycare programs or overnight programs for children that had to be evacuated from London. So I got the feeling of some of the things that were important for children during wartime. What I didn't know was that five or six years later, when I was in the army in London, I went to see Anna Freud. I called her up and said that I had been a student of Dr. Jackson's and I would like to visit the daycare and the nursery if I could. She said, "Well of course, but you must come for tea." When I arrived at her home on the appointed date, two hours early, I walked around the block ten times until the appropriate moment. She greeted me at the door and I asked her how she knew Dr. Jackson. She said, "Didn't she tell you?" And I said, "Tell me what?" And she said, "She started the nursery in Vienna for children who were discombobulated because of the war." I have a feeling that it was some of Dr. Jackson's financial support that helped create the program in London. I'm not sure about this though.

DR. PEARSON: And so you finished your medical school three months early. Then what? Then you went in the Army?

DR. WESSEL: No. I went to Babies Hospital.

DR. PEARSON: I've asked you this before. Why, in this hotbed of the golden age of pediatrics in New Haven, did you go to New York?

DR. WESSEL: I went to New York because I had been told to apply elsewhere. I had the feeling that although Grover Powers was an extraordinary warm, dedicated, sensitive person; he was very interested in training people who would become professors of pediatrics, astute and

competent in research and such things. Bob [Robert E.] Cooke, who became Chairman at Johns Hopkins, was one of my classmates a year or two ahead or behind me and I had the feeling that those were the kind of people that he was anxious to have as interns. I have no idea whether there were other reasons or not. Babies Hospital was an odd ball because they insisted that you have a year's internship before you went there, rotating, and they couldn't do this because of the war. So two of us, Jim [R. James] McKay [Jr.], who went to Vermont, and I, were the two who were the lowest on the totem pole and did ninety percent of the work, or at least we thought we did.

I was overwhelmed by New York. It was a cold, unfriendly place and although I had a few friends in New York I discovered that people in New York are so bombarded that they sort of hide themselves. I had very few invitations to homes or anything. I was quite unhappy. I had an eighteen-month appointment. As a matter of fact, when I was drafted in nine months, I didn't go back. I went to Rochester to work with Dr. Aldrich.

DR. PEARSON: It would have been Rusty [Rustin] McIntosh. He was chair of Columbia [University College of Physicians and Surgeons] at the time.

DR. WESSEL: That's right. He was. Let's turn it around. Let's say it differently. Grover Powers was much more involved personally with all the housestaff and all the students. Rusty had other major responsibilities in the institution. I would feel badly feeling a little bit negative except Jim McKay felt exactly the same way. So I didn't feel that it was all me.

The person I was most friendly with was Dorothy Anderson. She was a pathologist who really opened the door in studying cystic fibrosis and for some reason she was unhappy at Babies Hospital. I don't think she was appreciated. And I didn't feel I was appreciated so we struck up a bond. It was two years before that that she showed the pathology of cystic fibrosis in contrast to celiac disease. She also was astute enough to recognize that children with cystic fibrosis came in with heat exhaustion during a heat wave in New York and felt it must have meant that they must lose salt some way.

Well, as a result of this, in my early days in practice, a family came to me from Cornell. They moved to New Haven, and the older girl, she must have been three or four, had been coughing and coughing and coughing and treated and for some reason or other I knew about this hand sweat business and not only did I discover that she had cystic fibrosis but also that the three month old sibling had it. I really felt pretty good that I picked up a child at three months.

DR. PEARSON: And then you were drafted. This was 1944? I'm interested that you never put your military service in your curriculum vitae.

DR. WESSEL: What happened was, I had thought about being a conscientious objector and I really did a lot of soul searching. I really felt so much of this war was publicized about the way the Jews were being treated. I really felt that I could not participate. Since I was participating in a humanistic way, being a doctor, I was able to cope with it.

I was at Carlisle Barracks for three months and then I got sent for a three-month period to Chicago, Illinois. I think it was Gardiner General Hospital and was assigned to a pediatric ward. The then chairman, because there was an epidemic of mumps, wanted me to do a spinal tap on every soldier, ASTP [Army Specialized Training Program] students, to see who had meningitis or encephalitis that wasn't recognized. I didn't warm up to that.

Then I was sent to Fort Bragg. You know, life is a series of circumstances. I went to the assignment officer and he asked what my attributes were and I told him I thought I was a pretty good pediatrician and that didn't impress him. He assigned me to a field outfit going to the South Pacific. I really thought that was the end of the world. But then I thought maybe I could do a study like Margaret Mead did or some of the people in child development in the South Sea Islands.

As I walked out, the colonel came along and said, "Who are you?" And I told him and he said, "Where did you go to school?" I said, "Yale." He said, "Do you know Edith Jackson?" And I said, "Yes, very well." He said, "I want you on my medical service." This turned out to be a chief of medical service named Worth Daniels who was a very prominent Washington internist who had been in medical school with Dr. Jackson and whose father was Josephus Daniels, the liberal newspaper editor of the South. As luck would have it, he saved my life without knowing me from Adam.

The first week I was on call at night. I have no idea what possessed me, but I ran across a patient who was complaining of headaches and since I had nothing to do I sat down and talked with him. As I talked with him, I had the feeling that his headaches were continuous and quite severe and I raised a question the next morning whether he might have tuberculosis meningitis, which he did. So I was made from then. He assigned me as a ward officer to the ward that was studied by the Commission on Acute Respiratory Diseases. I'm terrible on names but a couple of people from Yale were there. A couple of people from [Case] Western Reserve [University] and we had an African-American head nurse. I created quite a problem by calling her lieutenant. That wasn't done in the South. Anyway, this group, I think Hugh Tatlock was from Yale, was a high level research project and the ward officer had to follow orders and couldn't just give antibiotics left and right as he saw fit. Which was all right with me because then I sat in on all the discussions as to how they decided which patients needed treatment and which ones didn't.

DR. PEARSON: These were the early penicillin days.

DR. WESSEL: Yes. It was 1944. So that lasted three months. Then I got assigned to a hospital and was sent overseas. The hospital only existed on paper. It was sort of a strange experience. Anyway, when we got to England, the hospital was disbanded and we were all interviewed and I was interviewed by Colonel [William S.] Middleton, who was the dean of [University of] Wisconsin medical school and the chief medical consultant in England. This was in November 1944. He gave me a long lecture on how valuable pediatricians were in military service because they knew so much more about contagious and infectious diseases than the internists did and he was glad I was there. I got puffed up about this. Not that I knew that much, but he thought I knew that much. I was assigned to a hospital unit in Malvern, which is a beautiful town near Birmingham.

Well, there were several interesting phenomenon. The hospital had been together for several years before I came to England. He assured me that I would be assigned to contagious diseases/infectious diseases. Instead I was assigned to orthopedics. My bunkmates had been together for eight or ten months before they came overseas. They happened to all be Jewish. I'm Jewish, but they were very uncomfortable about having a guy like me there. They just didn't need another person. So they sort of froze me out. So at night I'd go to the ward. One night I was standing by the ward listening to a patient tell me about the pain in his leg and I looked and there wasn't any leg there. That kind of intrigued me. Of course, the only reason I was there was I was unhappy in the barracks. But a major came along who was chief of psychiatry and he said, "What are you doing?" And I told him and he said, "You don't belong in orthopedics, you belong in psychiatric." So the next day I was assigned to psychiatry and I spent the rest of my military career on psychiatric services.

DR. PEARSON: Well, this is what also gave you the chance to meet Anna Freud.

DR. WESSEL: The time when I was transferred overseas I was based in England for about a year. I had called her up and said I was a student of Dr. Jackson's and was wondering if I could visit the daycare and nursery. I had a lovely visit but when she opened the door I said, "How did you know Dr. Jackson?" And she said, "Didn't she tell you?" And I said, "I guess she didn't." And she said, "She started all of this." She had started the daycare in Vienna for kids who were disrupted from their home. So that was a very nice experience. She was very warm and kindly towards me and she arranged for a visit with a pediatrician who had also been in Vienna and knew Dr. Jackson. So I sort of found a psychological base of operations.

DR. PEARSON: Then you were discharged.

DR. WESSEL: I had told Rusty McIntosh that I was interested in coming back. I had an eighteen-month appointment. I had written to the Mayo Clinic because Andy Aldrich was starting a project there and people who went through the Mayo Clinic rotation spent six months to a year in Dr. Aldrich's [Rochester Child Health] Project which was aimed at providing care for all the children in Rochester and some understanding of how they got to be what they wanted to be. I went there in 1947 and I left in July of 1948. It was an interesting experience.

The Mayo Clinic was a different kind of a set up and it was a business then and now. I think the only reason Dr. Aldrich was there was that he was an old friend of [Henry F.] Helmholtz, who had been chairman at the Mayo Clinic section but now had retired. Shortly after I got there, Ben [Benjamin] Spock joined the program. So that was sort of an interesting experience. I learned from Ben Spock how to speak on the platform. There was no question about that. And I think I also learned that he was a bit overwhelming, but I think I wanted to at least speak what was on my mind. He was different than others at the Mayo Clinic. They were very unsociable at the Mayo Clinic and the fellows were one step below the janitors, because you could always get another fellow but you couldn't always get a custodian. I met my wife there who was a social worker. When we became engaged he took us out to dinner, which was unheard of.

DR. PEARSON: Ben was on the faculty?

DR. WESSEL: Yes, he was on the faculty and he was with the Child Health Project but it was a section of the Mayo Clinic. He stayed for four or five years. He was here in New Haven one day and I met him at the railroad station and he asked how long I stayed at Mayo. I told him I stayed there a year and he asked what happened. I said, "Well somehow or other I didn't feel the orientation was something that I was really comfortable with." He said, "You're a fast learner. It took me five years to learn that."

DR. PEARSON: This was your formal pediatric residency.

DR. WESSEL: I had three months on wards, three months in the clinic and three months making house calls—maybe it was six months, I can't remember. Then I came to New H and worked on the rooming-in project. I came for a year and stayed for three.

DR. PEARSON: Grover recruited you?

DR. WESSEL: Well, I wrote and asked if he had a job and I wrote Dr. Jackson and the two of them responded. Recruited is not quite the word, but they responded to my interests.

DR. PEARSON: You were one of the rooming-in fellows for two years?

DR. WESSEL: Three years.

DR. PEARSON: Let's talk a little bit about rooming-in because, of course, this is something that has meant a lot to you and to pediatrics.

DR. WESSEL: I think it goes back to something that I'm only now beginning to appreciate. My father died when I was eleven months old and I was very lonely as a child. People often ask me whether my father is living. When I say no, they ask what he died of, which was influenza during the 1918 flu epidemic. Nobody ever asked me what it was like growing up without a father but some ask me whether my mother remarried. In retrospect, I think I'm more interested now than I was then that nobody seemed to pick up on this.

As part of the rooming-in project we saw couples who wanted to be in rooming-in for a prenatal conference. It was just the women at first and then several women asked if their husbands could come, so we adapted. Over the three years I must have seen two or three hundred couples during pregnancy. I saw the baby when the baby was born. Then I took care of the baby in the well baby clinic. In the last year I saw some children in the Betsy Ross Nursery School whose mother and father I had known before. The whole experience of relating to the family from the prenatal period on was something that appealed to me very much. Evidently I had a need to give to families that which I didn't have.

DR. PEARSON: Just a little bit more. Some people reading this are not going to know as much about rooming-in as you and I do.

DR. WESSEL: Well, first of all, rooming-in did exist here before the project. If a mother came in off the train in labor and wasn't registered and delivered, she would have her baby with her until they made sure she didn't have any disease. If there was diarrhea in the nursery, they would close the nursery and put the mothers and the babies together. So it had been in existence before to a very rough degree.

There was a famous story of Erik Erikson's wife. Erik was psychoanalyst on the Yale faculty here at that time and they were colleagues of Dr. Jackson in Vienna days. When she was pregnant here, she wanted to have the baby with her as she had had in Vienna. But it was forbidden. Then she said she would have the baby at home but that was forbidden too. When she very conveniently developed the mumps a week before delivery, the hospital insisted that she would have to go and deliver on the Howard ward, the old isolation building. So she got what she wanted.

Well, I'm not quite sure of the history, but Dr. Jackson was interested in seeing whether keeping mother and infant together could really work out so she wanted to set up a research plan to study families. She was interested in breastfeeding and wanted to accommodate mothers who wanted to breastfeed. Well the hospital administration was deadly against this, without any question. And Joe [Joseph] Linde who was the New Haven health officer was against it. But somehow or other Grover and Edie went to into Dr. [Albert W.] Snoke, who was medical director of the hospital, and said they would do it as a research project. To my knowledge, Dr. Snoke said somewhere along the line, "This is the most ridiculous thing I've ever heard but if people as nice as Dr. Powers and Dr. Jackson wanted it, I guess we'll have to go along." But they had to work hard on him. Kate Hyder was head of obstetrical nursing and she was a supporter. I think I'm correct that at the last minute the money to build the first unit in a solarium at the end of the maternity ward came out of Dr. Jackson's pocket. So that was the experiment. Mead Johnson [& Company] gave money for a round the clock nurse. We fellows took care of babies. Our babies were born to the same mothers and couples we saw prenatally. We would take care of the babies and then follow them into the well baby clinic. The Children's Bureau gave money to build a second unit, which studied nursing time and so forth. After the project ended it became an elective for the house staff. And so it evolved.

For me, it was a great preparation for practice because I got the feeling of what those years were all about for couples and so when I started practice I planned to see couples during pregnancy. That's a whole other story.

DR. PEARSON: That's a good one. You've written about the symptoms of fathers and the postpartum depressions of the mother and how it affects the baby.

DR. WESSEL: Well, what was most interesting to me is that it got around that I would like to see couples during pregnancy. First, I just saw the mothers and then I made it couples. Most of my colleagues were very unsympathetic to that so that people would call pediatrician X and say, "We're expecting and we would like to come in and see you." Most of my pediatric colleague would say, "That's not necessary; I'll see the baby when the baby is born." Some parents would then say, "Gee that's funny. Dr. Wessel will see us" And then the response was sometimes "Well, he's way out." Then many of them came to me. My newborn practice was extraordinarily large for a beginner in practice. When my colleagues in the community decided they were losing patients, that probably moved them more than anything else to offer prenatal visits. Bob [Robert] LaCamera and I wrote about this somewhere a long time ago and about ten years later the [American] Academy of Pediatrics recommended this. I think that's pretty good. It only took ten years.

DR. PEARSON: Of your many publications, for me one really stands out. That is your classic paper on infantile colic. [Wessel MA, Cobb JC, Jackson EB, Harris GS Jr., Detwiler AC. Paroxysmal fussing in infancy: sometimes called colic. *Pediatrics*, 1954; 14:421-35]

DR. WESSEL: We also did research and we were interested in colic. While mothers were in the hospital we had them keep a written record sheet of when the babies slept and ate and cried and fussed. Some mothers asked us if they could have some of the blank sheets to take home. When these mothers came back for six weeks and three months visits, they would bring their sheets with them. We had about a hundred mothers who kept these behavior day sheets and we thought maybe we could find in that group some babies who were colicky. Our group included John [C.] Cobb, Stanley Cobb's son, who was a rooming-in fellow for years and had a brilliant mind. And it was John Cobb who showed the way to look at this. He made a diagnosis of colic if the baby fussed over three hours a day for over three days a week and for over three weeks. Such babies would probably be called colicky by most practitioners. After everybody left I wrote up the material. But John Cobb was really the creative force behind it. Now this three-hours-a-day, three-days-a-week, three weeks definition has gone around the world. It's well known in England that when some of the drug houses would give out medicine for colic, they would pass out copies of the paper. I was sort of embarrassed because my name was first on the paper. I spent a year writing this, but it was John Cobb's creation.

DR. PEARSON: I was impressed by the fact that in your classic 1950ish paper, you had chi square analyses for differences between groups. Not many papers of that time had any statistics.

DR. WESSEL: That was John Cobb. Well, it was interesting. I think what drew attention around the country was nobody had ever studied these children. They were just were crossed off and given medication. Since they were part of the research project and we were studying them anyway, we had the details and data. We made house calls on most of these babies the first couple of weeks at home and we had records. I would love to do a follow-up on those babies that we called colicky. Unfortunately, those records have all disappeared. Dick [Richard] Granger had them and when Dick Granger died—I don't know, maybe the files got mislaid.

DR. PEARSON: In that paper you differentiate or you make the point that some were due perhaps to allergy but probably the majority are due to sensitive babies.

DR. WESSEL: Absolutely. We set out to prove that it was allergies. The allergic family history was no greater in the fussers than in the non-

fussers. We finally decided that some colicky babies were different and some of them were certainly more sensitive to inner and outer stimuli.

It was an interesting experience writing this up because I had to please Edith Jackson, which was a real challenge. I had to please Grover Powers, which was the second challenge, and I had to please Dan [Daniel Cady] Darrow. And I felt that if I had gotten by those three people I really had done pretty well.

One of the interesting things, this is off the subject, about Dan Darrow was with all his scientific treatment of diarrhea, biochemistry and so forth, I appreciated his worth and I liked him. But I never could quite understand him. I was shocked that in my second year in practice he sent his pregnant daughter to me. I went to see him and I said, "You know, I really appreciate it, but why did you send her sent to me? I'm not a famous pediatrician like Bob Cooke. I'm not that thoroughly versed in pediatrics." He said, and I'll never forget it, "You will know when you don't know what you're doing and you'll know when you're in trouble, and that's more than most of these guys now."

DR. PEARSON: Good line.

DR. WESSEL: I thought that was a good line.

DR. PEARSON: I was always surprised that Darrow stayed so long in New Haven and then he left, I gather, and went to Kansas City.

DR. WESSEL: [Children's] Mercy Hospital. The last conversation I had with him, we went to see him because he was very nice to me. He met with me when I applied to medical school. I can't remember the words but he said, "This is no longer an institution that really cares about people. It's a big business." Well, he was right.

DR. PEARSON: Then for a couple of years in 1951 and 1952, essentially when Al [Albert J.] Solnit was in charge of the out patient department of the department.

DR. WESSEL: I was teaching in the department. That was an interesting experience because Al Solnit and Mary Scott, the social worker, were there every morning along with me and the interesting thing was that the medical students were very eager to talk with any one of us and we discovered that they really were interested. People said that pediatricians were medical students who weren't interested in interpersonal relationships or psychological aspects of parenthood. They were if you gave them half a chance. So I enjoyed that. I had the fancy that this was going to go on forever on a part-time basis, but it didn't.

DR. PEARSON: So you were in practice at the same time?

DR. WESSEL: Yes.

DR. PEARSON: In fact you went into practice in 1951.

DR. WESSEL: In 1952. I was across the street. It was a good experience. I really shouldn't have been director of the clinic building because I didn't have the vast training for several aspects of pediatrics, but we got by.

DR. PEARSON: Tell me a little bit about Al Solnit. He was obviously important to you.

DR. WESSEL: Well, I think he and I came here at the same time and came back. And we both had rooms in the dome of 333 Cedar Street, which was a place where fellows and residents go off and find a room. So I saw him quite a bit then. I think he and I sort of had diverse patterns in that he was much more interested in power and in building a world famous institution, which he really did, the [Yale] Child Study Center, following Milton [J. E.] Senn. And his international connections with Anna Freud and he was offered the professorship of Hebrew University in Jerusalem. I think a person that managed to have these opportunities and these goals was very different than I was. So we became colleagues, we became friends and we each went our own way. He was always very supportive of most things I did.

DR. PEARSON: And this is the time that Senn was chair?

DR. WESSEL: Yes. Sam Whitfield was the first psychiatrist here and then Al Solnit came. And then Donald [J. Cohen]. Donald Cohen spent a day in my office as a medical student and I asked him what his goals were and he said, "To be a professor before I'm forty." Well, it's nice to know where you're going.

DR. PEARSON: Exactly. So tell me a little bit about your practice. You were initially solo?

DR. WESSEL: Yes. Initially solo and then Bob LaCamera joined me in the second or third year in practice. I had the fantasy that the wider world of the pediatrician was to be there and to be supportive to the family in sickness and in health. Let's put it that way. This was one of the things I learned in my time working with Dr. Jackson in the rooming-in project.

In my interviews of parents during pregnancy, I was amazed to discover that sometimes men had more symptoms of pregnancy than the pregnant woman.

It turns out that there were two or three people in England that were very interested in this so we had some correspondence about it and there were two or three papers written about men in the army. One soldier, for instance, had terrible GI [gastrointestinal] symptoms and he was seeing an army psychiatrist. His wife was pregnant at home. All of a sudden the phone rang and his wife delivered 200 miles away and his pain disappeared. It turned out to be a pattern that was recognized in England. I became very interested in this and, interestingly enough, I wrote a paper with a midwife about this because the midwives had also noticed it. Our paper was turned down by pediatric journals because it wasn't scientific, but *Connecticut Medicine* published it. It turns out to be fairly common. At that time the health department in New Haven had a series of classes for pregnancy fathers and I remember speaking there once and a young man told me that in the village in Italy where he grew up, it was assumed that if a man came into the town square and vomited his wife was pregnant. And there was a line in Shakespearian days that someone comes in vomiting and, it's in my paper, one of his friends says, "Me thinks your wench is pregnant." So it was recognized way back then.

We had one father who was so depressed after his baby was born that he didn't go out for a year. There was a pediatrician in England named [Donald W.] Winnicott who felt that after the baby was born, most women were so preoccupied with the baby that it seemed they couldn't do anything else for a few weeks. And he thought it was very natural and was probably good for the baby.

SIDE 2

We were talking about men during pregnancy. As I mentioned, we had a couple of men who got depressed and stayed home for a year. In many instances in the prenatal visit, we discovered that the men often were sicker than the women during pregnancy. I think that one of the interesting things as sort of a side about this question; I think I mentioned it about seeing couples prenatally.

DR. PEARSON: Tell me a little bit about your practice. I know you did a lot of extra practice activities that you could talk about, but just tell me a little bit about yours and Bob's practice. Your office was right across the street from the hospital.

DR. WESSEL: I think if I had to define it, we felt strongly, Bob LaCamera and I. Bob had a strong religious motivation. I didn't. I think mine came about by the fact that I was so lonely as a child, nobody, doctors didn't care about me. We felt that we were there and anything that we could do to help the parents or the child was part of our responsibility. Many of my colleagues said, "You must get terrible number of phone calls. You must

be overwhelmed.” And the fact is, we didn’t. And one of the interesting things to me is if I covered another doctor for the weekend I had many, many more phone calls on his line than on mine. There was so many and I didn’t know the people, so we stopped covering. So that was number one.

Number two, we told people on the initial visit that, “Look, we’re here to be helpful,” Bob LaCamera and I both used the same line, “And here’s our telephone number and I hope you’ll call us any time you think we could be helpful.” And I don’t think we were overburdened by calls compared to our colleagues. It didn’t seem that way. We accepted welfare patients provided they would promise to call us before they went to the emergency room, and 99 times out of 100 we could talk them out of going to the emergency room. They didn’t seem that sick. And secondly, we would meet them at our office.

This is a funny story about this. It wasn’t a welfare patient. We had a family. The mother was a midwife. The one who wrote the article about the fathers during pregnancy with her husband and me was a doctor. They had bad luck in another community and their child had died in the hospital. They came in to visit and the child was dead in bed in the hospital. So they moved to town and they were pregnant and I said I would take care of them provided they call me and they would come in anytime I requested. Even if they couldn’t come, I would go out to Cheshire [Connecticut] to see them. Well, they wanted to come in one night and they did and my wife was very upset about my going to Howard Avenue. It was in the rough days with lots of activity in the community and she finally decided that it would be all right if I took my dog.

Now, my dog was a big shepherd who was so docile. Never gave a cross bark towards anybody. The child was screaming and screaming, probably about two years old. I was struggling to find out whether he was just screaming because he didn’t like me and didn’t like being there or whether he was really that sick. I made a fatal mistaken. I said to the father, who is a doctor, he worked in the emergency room in Waterbury [Hospital], and knowing Waterbury I felt this child probably would have had a spinal tap. So I got caught in my own machinations and said, “Would you feel better if we arranged for a spinal tap?” And he very wisely said, “Morris, you have to make that decision, not me.” He was absolutely right. Whereupon we looked down at the floor and the baby was romping with the dog and giggling. So we figured the dog made the diagnosis and saved him a spinal tap.

One other thing about the practice, you know the story but I’ll put it on tape. We had pretty good luck about sending people to the emergency room saying, “Would you do a spinal tap?” Sometimes they thought we were a little wild requesting it. And we had one, a nine-month-old baby, who was really docile in the mother’s arms. What impressed me with the baby is that when I took the baby out of the mother’s arms, the baby didn’t wince at all.

And I thought that was very strange because a nine-month-old baby should be much more comfortable with the mother than with me. When they got to the emergency room, they called me up and said, “He looks great; are you sure you want a spinal tap?” And I said, “Yes,” and it turned out to be positive. Then they called and wanted to know how I knew. I said, “When I took the baby from the mother’s arms, the baby didn’t whimper and I thought that was most unusual.” It’s interesting because the first week I was in practice I had one, an eighteen-month-old baby named Joey Taylor who still is around. I had known him as a rooming-in family. I had known them as a family, but I hadn’t seen them in months. I saw them in the pregnancy period and immediately postpartum. When I made a house call, he curled up and put his head in my lap and sort of dozed. I thought that for a baby of eighteen months to do that with essentially a stranger indicated there was something wrong. He turned out to be H flu [*Hemophilus influenza*] meningitis. What I learned in those years is the variations in normality in children’s behavior and parent/children relationships for those first few years, and I was able to see things that were unusual like those two.

DR. PEARSON: I think that’s clinical judgment.

DR. WESSEL: Yes. But I think the clinical judgment arose after seeing so many normal newborns.

DR. PEARSON: In addition to a busy practice, did you make house calls?

DR. WESSEL: I made house calls. Yes. We probably made more than most. We would ask people to come in and if they couldn’t we would make a house call. One interesting thing about the house call was that a mother would sound terrible on the phone and we would get there and the mother would say, “I can’t understand this. Ever since he knew you were coming he’s a different child.” And after listening to that so many times we decided that the mother was relieved. Because the mother knew we were coming she felt things were going to be all right so that she was a different mother. I like that story.

DR. PEARSON: You were also involved in a lot of community groups, particularly the Clifford Beers [Clinic] and Benhaven.

DR. WESSEL: Well, before that I worked with Sally Provence for a couple of years. Bob LaCamera was at the Easter Seal/Goodwill Industries Rehabilitation Center. He was there a day and a half per week and so I decided that I had to be out a day and half per week too. So I ended up having a project with Sally Provence for a while studying newborn babies. It was a project with Bill [William] Glaser studying babies stressed at birth and what happened to them. But the project was one in seventeen medical

schools and it died. But I learned to do developmental evaluations to babies; the one that Sally Provence created, called IDA [Infant-Toddler Developmental Assessment]. That has since died after she died. But anyway, then that ended.

Bob was already out of the office a day and a half so I felt I had to have something. I approached John Atwater, the health officer, who I had known as a medical student and said, “I would like to work in the school.” He said, “That’s great. We never had a pediatrician of your caliber. You go to Hill House, they have 122 physical exams waiting. When you’re finished those, I’ll send you somewhere else.” And I said, “No, no, no John.” I wanted to go to a school and stay there and see how a pediatrician could become a member of a group of school faculty and relate to the faculty and kids. And he said, “I never could support that.” And I said, “Well, that’s too bad.”

I told that story in Hartford at a luncheon with Estelle Siker, who was an old friend. Actually her husband was a rabbi who was being considered for a job in New London and they almost bought the house that we lived in. That was way, way back. Anyway, Estelle Siker heard me and the next week I got a call from John Atwater. He said, “Funny, I got a call from Estelle Siker and she has \$5,000 and she wants to know if I know any pediatricians who would like to work in a school and see how they would use him. And the thought occurs to me that maybe that’s something you would like to do.” So that’s how I got to Katherine Brennan School.

It was an interesting experience but the most interesting experience was – first of all I learned what Sally Provence had taught me – no matter what you do in a new institution, you have to get to know the principal, the director and the janitor. That was very good advice. I remember that when I was in grade school the janitors were always very friendly to me. So I continued that friendship all through life. Second, the third month I was there I got a call from the school nurse. The school nurse was interesting because in the morning she was in the school and in the afternoon she was in the district around the school. So she knew all of the families, which was very, very nice. I got a call that a teacher had dropped dead in the hall. My wife, who was always good at suggestions, said, “You should call the principal and say you would like to meet with the kids.” And I said, “I can’t do that. I wouldn’t know what to do.” She said, “Why don’t you call him?” So I did. And he said, “That would be great.”

Fortunately, maybe not so fortunately, his wife had died at hospice and since I had been one of the founders of hospice he knew me and we had many conversations. So he thought that was a great idea. So he took me down to the classroom and he walked slowly and I walked ten paces behind him. He said, “What’s the matter? Aren’t you feeling well?” I said, “No, not really.” He gets into the first grade class and he tells the class, “You all know Dr.

Wessel. He's going to make you feel better," and he walked out. And there I was with these eighteen kids whose teacher had dropped dead outside the door the day before. So I didn't know quite what to do and I said, "You know, when somebody we love dies, each of us has our own way of thinking about it. Some people like to talk and some people like to draw pictures and some people like to close their eyes and think about it. What would you like to do?" And they all raised their hands and said they wanted me to take them to see her. I said I really couldn't. And they said, "Why not? You have a station wagon. You could make three trips." I was getting nowhere, never having been in this position and I knew nothing about these children's religious identity or what they knew or what a first grade child would know, religious or not about death. One little girl raised her hand and said, "When my dog died, I found him. He had been run over and when I petted him he didn't know I was there. So if we went to see Mrs. Festus, she wouldn't know we were there so there was no point in going." So she saved me life. But that taught me that children do understand death, some children. Particularly if they have had some experience with animals. So we talked about various things they liked about her and typed up letters to her husband.

Well that turned me on to the feeling that maybe in my practice we should help children when they have a death in the family and so we let it be known. It's interesting, I wrote a paper [The primary pediatrician's role when a death occurs in a family in one's practice. *Pediatr Rev.* 2003 Jun;24(6):183-5]. The first time *Pediatrics* bounced back, "How do they know when it happens?" So I wrote back and said on the initial visit we told parents that we would like to know and the parents did call us. Sometimes the kids called us. One child called us to say his grandfather died. They still rejected it. I wasn't so much irritated, I mean I was, but the issue to me was that whoever the editors were didn't see this as something that belonged in pediatrics. I felt that in our practice it was a very important part of our practice. Anyway, Bob [Robert J.] Haggerty put it in *Pediatrics in Review* and then it was reprinted in *Connecticut Medicine*.

The interesting thing about it is if you write those kinds of papers around here, you commented on it. Nobody else ever did. It's a painful subject for pediatricians. You always did. I guess it was maybe because of my own experience with losses, the loss of my father, that I was more sensitive to it. But it seemed to me as a logical role of the pediatrician to step in and at least let the family know that you cared. I had a medical student, we went down to the ward and a child had died and I burst into tears. As we walked back he said, "Don't you think you upset the mother?" I said, "Why?" And he said, "We were taught that you shouldn't show any emotions." So I dragged him back and I said to the mother, "I hope I didn't upset you when I broke into tears," and she fell into my arms and said, "It meant so much to me that you cared that much." I don't think the medical student ever quite recovered.

DR. PEARSON: You were involved in hospice, which had its American origin in New Haven.

DR. WESSEL: Well, that was interesting. I met Florence Wald, the retired dean of the school of nursing, on the street. She said, "Come have lunch with me." Ray Duff was there and the chaplain and they talked about doing a study of dying patients in the hospital, general care and what happened towards the end and so forth. And they wanted a doctor. Little did they know my ignorance to explain to them why the doctors taking care of the patients acted the way they did.

Well, that was pretty much of a challenge. But anyway, we met for over a year, once a week. Florence paid me \$25 to come, so you know I had to come. The issue was that there was a chaplain and Ira Goldenberg who was a surgeon and a few others. It seemed to us that dying with comfort was very difficult at this kind of a hospital. We went first to the formation of a hospice home care. That's when Cicely Saunders from England had been here several times. She was a nurse who then became a doctor who then set up St. Christopher's [Hospice, London]. I thought it was overwhelming to set up our own institution. What happened, however, was that if we took care of the patients as outpatient in the home and then they had to be hospitalized, it was very difficult to keep track of what happened to them. Sometimes they were overtreated, we thought, and so forth.

We decided at that point to have our own institution. The hospice in Branford [Connecticut] then was the first building built for hospice purposes. It's interesting, I was on the committee that hired the architect. A Japanese architect went to England and sat at the hospice at St. Christopher's for a month just watching what happened. One of the things he came back with was we should have four bed units. This horrified a lot of people because they were hung up on privacy. What really happened was that he noticed that if a patient is asking for the nurse and two minutes, three minutes goes by and the nurse doesn't come, they get panicky. But if you can see the nurse over there helping another patient it's much easier to wait. Secondly, that the visitors organized sort of a family. They supported each other. So that's how we go to the four-bed room. Now that there's a new building and a new administration, I don't really know what's happened.

The other thing that awakened me during that period, stimulated me, was to realize that no one thought very much about the children when somebody died. The bereaved adults got all the attention and the children got shafted. They sometimes got sent to neighbors and so forth and so on. So that turned me on to the sense that we had a role when the child suffered a loss.

I really think that rose out of the fact that I didn't have much help over my childhood. When my dog was run over, I was in junior high school. My

mother was out of town. It was a snowy day and so I picked up the dog and called the health department and before they came to pick up the body I had built a casket and they complimented me. I do have skill in my hands. That was one of my few bright spots. And secondly, I went to the chief of police. Well, first of all, my mother's attitude was well, "I'm sorry you had a loss but it was good it wasn't a significant loss." I don't think she understood about a child and his dog. I went to the chief of police and I asked if I could see the truck driver. And he said he didn't think so. The court had said the dog was at risk. He spent forty-five minutes getting me to talk about my dog. And I look back on that you know, 75 years ago, how meaningful that was. He gave me more support in that particular moment than anyone else did.

That sort of impinged on my mind and made me feel that we should do things for our children. Sometimes we drop by the house. Sometimes we write them a note. Particularly if the kids were in college. We had some interesting experiences when the parents died. One boy, I forgot where he was, said, "You know, when my father died I went back to school and nobody said a word to me. Even the coach, and after all of those basketball games I won for them. Nobody said they were sorry to hear my father died." Now the question was whether they knew it or not, I don't know. Maybe they didn't. We felt that going back was hard. We would write kids a letter saying, "I know this must be hard time for you. Give us a call when you come home some time." Some did and some didn't. But I think what I was doing was trying to give back what I wish I had had and didn't.

DR. PEARSON: One thing I wanted to touch a little bit on, since neither Dick Granger or the person now, the complete pediatrician, you mentioned that, the spelling is like Izaak Walton's complete angler.

DR. WESSEL: Well, my memory may be faulty, but when Al Solnit started it, I think I remember that he didn't want two from a practice because he didn't want people being called out for something. We tossed it up and I think Bob LaCamera was more interested. I went a few times and spoke to them. Al had a great deal of interest in trying to convert people who needed conversion. And he often battled with people. He didn't battle with them, but he was very hard on them. I went to a couple of sessions and I really didn't enjoy it and then I spoke to them once about some of the things that we've been talking about here. Seeing couples prenatally and extending oneself when somebody died in the family and one of the members, Carter Stilson, who is very ill now I think, had been there for years. Maybe I shouldn't have said his name, but anyway. He said, "You know Morris, that's a lot of nonsense." I wondered how far Al had gotten with this group. Al enjoyed trying to convert somebody.

DR. PEARSON: These were private pediatricians who would come in for discussion?

DR. WESSEL: Yes. Seven-thirty in the morning, maybe eight-thirty. There were about eight or ten. Somehow he enjoyed very much trying hard to convert them, almost with a battle. Maybe I had it easier because I had been psychoanalyzed and I saw where they should be going and I was sure where I was going and I didn't enjoy sitting through that. Al did once say to me, "Morris, you know you're not uninvited," and I thought that was the strangest comment.

DR. PEARSON: Did you have formal psychoanalysis?

DR. WESSEL: That's why I came back. That's what motivated me coming back. Edith Jackson arranged it.

DR. PEARSON: I see.

DR. WESSEL: It helped me become what I wanted to be as a person and as a doctor without any question.

DR. PEARSON: Looking at your academic appointments beginning in 1950 as an instructor when you were an early fellow and then two years later you were made a clinical assistant professor and then in 1961 a clinical associate professor and then there was a fourteen year hiatus. In looking back, this is when I was chair.

DR. WESSEL: Yes. I think you pushed it. I appreciated it.

DR. PEARSON: It was overdue, Morris.

DR. WESSEL: Well, yes and no. I think I was convinced to think that what I was doing was important, but I'm afraid I was a little intolerant of some of my colleagues. But, I mean, you know the battle I would have. You always called me when a patient died, but it was still a battle and Norm [Norman J.] Siegel couldn't see it, for instance. "Why do you have to come?" I think there were some things that I felt were strongly important, but I always showed up when I knew a child died, two in the morning or any time.

I had a funny experience. There's a book, maybe you've seen it, on bereavement put out by the Institute of Medicine. I gave it to a nice young lady from Brazil in critical care. There's a comment in there where they're talking about bereavement, I can't remember the exact title, that in a tertiary hospital it should be routine to call the referring physician back home when a patient he referred there died to support the family when they come back home.

DR. PEARSON: I remember reading about it in the newspaper.

DR. WESSEL: That's right. It gave a reference. I said, "Thank God. There's somebody on my side," and I looked at the reference and it was me. I had said that in a meeting and this person who wrote the report had been sitting in the audience. I don't think the housestaff—it's not a matter of being malicious—I think they feel impelled to feel that they can do everything that needs to be done. I think Norm felt that way about me. To think that there's another doctor out there who could play a role in the family means that we haven't done a good job and that's not the issue at all.

DR. PEARSON: You said you met your wife when you were in Minnesota.

DR. WESSEL: She was a social worker at the Mayo Clinic. It was an interesting story.

DR. PEARSON: You married her there?

DR. WESSEL: No. We got married here. She came back with me.

DR. PEARSON: And you have children?

DR. WESSEL: Four children. All of my kids write. I wonder where they got that. David is deputy chief of the Washington bureau of the *Wall Street Journal*. He won two Pulitzer Prizes, as a matter of fact, for his writing. Bruce is a lawyer in California. Bruce recently had the case of the gay high school students who weren't allow to meet in the high school. He took it to court and the school had to reverse its decision. Paul is here and he worked for the union for a long time. He now is in city administration, currently traffic and parking. I don't know how he got there. Lois is a nurse practitioner in Washington and she seems to be a favorite of the Robert Wood Johnson [Foundation]. They keep sending her around to do talks; here, there, and elsewhere. She is interested in asthma in preschool children, dental care in preschool children. They seem to have a program and they set up programs where nurses in the area and some of the physicians go down. She's going to Nashville tomorrow to talk about this. I wonder how she got this motivation.

DR. PEARSON: No, you don't.

DR. WESSEL: Well, it's interesting what they pick up. They're all good writers though.

DR. PEARSON: Is your wife still doing social work?

DR. WESSEL: Yes. Two days a week. At an agency.

DR. PEARSON: Morris, I looked at your publication list and I lost count of it after about two hundred. It was really impressive. Not only standard textbooks. I think there are specific topics that we touched on that we'll talk about in a minute, but I thought that was very impressive for someone who says they're not an academician, your need to write and communicate.

DR. WESSEL: I think the issue was, and still is because I'm struggling with it, trying to write something now about families when a child dies or somebody dies. I think my motivation was I was trying to get pediatricians, and doctors in general, to do what I wish I had had. And my analysis had helped me learn what I had been looking for when I transferred into practice. But interestingly, Bob LaCamera was the same way and he came up through the religious route. He was quite involved in church activities.

DR. PEARSON: He wrote a book.

DR. WESSEL: It didn't go very far.

DR. PEARSON: It didn't challenge Ben Spock then.

DR. WESSEL: No. He wrote me and said, "You know, that's a better book than mine," and I said, "That's really nice of you."

DR. PEARSON: After Mayo he went to Cornell didn't he?

DR. WESSEL: No, he went to Pittsburgh and then he went to Cleveland. He went to Cornell first. He and Milton Senn were there together. Basically he was a very unhappy man.

DR. PEARSON: Well I told you my Dr. Spock story. The Yale alumni thought that they could hit him for some donations so they wanted a pediatrician to go down and meet him in New York and they talked and that sort of thing and after a long time the classmate said, "Well, Ben, I think you know why we're here." He said, "Yes, you can use my name," and I knew the day was over. He asked him, "You were a New Haven townie. Why did you go to Columbia Medical School?" He said, "I needed structure."

DR. WESSEL: He left after two years. He transferred. Now I asked him that question and he said, "I couldn't get along with my wife's parents." He was a strange man. I think I told you at the Mayo Clinic the fellows were one step below the janitors because you could always get a new fellow but you couldn't always get a new custodian. When we became engaged he took us out to dinner and that was unheard of.

DR. PEARSON: I have left a list of specific topics I would like you to at least touch on. We've touched on some of them, but these are things that have

been with you over the years. Tell me about your expertise in adoption, the *New England Journal [of Medicine]* article and the Academy Committee [on Adoption].

DR. WESSEL: Well, I was thinking about that because I knew you were coming, about how I could answer that. I can tell you how I got into that. Thank you for reminding me. The first week in practice I was asked to examine a baby that was going up for adoption with one of the social agencies. I proceeded to take the baby out to the natural mother for the examination. And the nurses and the obstetrician said, “You can’t do that. The baby is going up for adoption.” And I couldn’t quite understand what one had to do with the other. I was firm and I took the baby out. I asked the mother, “Do you want to see the baby?” All unmarried mothers who were placing their babies always said yes. So that turned me on a little bit to adoption. Then I got interested in some kinds of private adoptions and there were some kinds of strange rumors around about some of the obstetricians who would take a baby and place it for adoption or something. So I got interested in that.

So Milton had a meeting here from Washington [DC] of high people from the Department of State in Washington and asked me to attend the meeting. I very conscientiously attended the meeting and then when the meeting opened he said, “Morris, tell them what your concerns are.” I was not prepared at all. So I told them essentially what they were and that led me to the national level somehow. I was on the board of the Child Welfare League [of America] for a while, which is the agency that supervises adoptions and other agencies. It was quite an experience for me. Norm [S. Norman] Sherry, he was very active. He was a pediatrician in Cambridge who was here for a year. I can’t quite remember how this came about, but Grover Powers asked me to speak – they had Wednesday rounds for the practitioners – and Morris Krosnick came up to me and said, “What’s the matter with you, Morris? Adoptive kids are not different that the other kids. What’s the big fuss about it?” I tried to say, “Well, you know sometimes, particularly when they get to be teenagers they want to go find their parents, it’s not easy for them. It’s not easy for the parents.” And Paul Matdorning, quiet and soft-spoken, a very ardent Catholic, turned to Morris Krosnik and said, “Morris, you know you’re all wet. Morris Wessel understands and does things that you’ll never understand and do.” I was so amazed to hear Paul say that. I never had more than twenty-five words with him. So I got into that. I think I became very interested in the teenagers. We had a few of them who wanted to find their natural parents. There’s a law now that you can go to a judge, I think, and the judge will contact the natural mother and if she wants to see you they can arrange it.

DR. PEARSON: You were on the Committee on Adoption for a six-year stint.

DR. WESSEL: Yes. I can't remember much of what happened. I remember that there was somebody who is now dead, who was Marty's [Martin W.] Sklaire's pediatrician in Madison, and he was very friendly to me. Once in the meeting we talked about grieving and someone had died in his family and he showed me a picture that a five-year-old child had drawn of a weeping dog. I lost it somehow. I don't remember much about the committee.

DR. PEARSON: The second thing that you've been very active in is the issue of corporal punishment.

DR. WESSEL: Those were the days I was working in the Katherine Brennan School. There was a newspaper article where some teacher or principal in Clinton, I think it was, had thrown a child against a wall and she had a broken bone and he had a broken bone and there was a lawsuit. The lawsuit was not about corporal punishment. It was something else. So that turned me on to what her comment was about beating up kids at school. At that time, the psychologists were trying to get a bill through the Connecticut state legislature forbidding teachers and principals from beating up kids and so I joined with them. It was passed and now it's illegal in Connecticut. It's interesting what you go through. A pediatrician from Texas called me up and wanted to debate me on television. I wasn't the least bit interested. I sort of grabbed on it. I don't know why it moved me to such an extent. We testified to the state legislature and I guess I must have done a good job because they passed it.

DR. PEARSON: Well, I was impressed that with essentially no formal training in adolescent medicine you were on the executive board for the Society for Adolescent Medicine.

DR. WESSEL: I'll tell you what really happened there. Ros [J. Roswell] Gallagher moved back to New Haven and he thought all of his old buddies would be here and they were all dead. He was terribly lonely. I saw him a few times. For instance, when I had a hernia operation he came and brought me a book. I realize, now that I'm his age, that as your friends die off it does get lonely. So we talked a lot. What happened was I went to the meetings in Washington before there was a society, educational meetings. My kids were about 15 years old and I was getting into that age group in my practice and overwhelmed. As a matter of fact, at one of the meetings, I think it was the first or second meeting, he appointed Estelle Hoffman at Bellevue and I to write a tentative statement on contraceptives. We did and then after dinner it was brought up at the meeting and passed, saying that every effort should be made to provide kids with medications if they need it and it should be discussed with the parents. If the parents were not available, no child should be denied appropriate medication. And that was passed by the society.

He was entirely interested in the new society. He wanted pediatricians to move up, as I did, and the internist move down. Al helped me with that. We met with our parents at about 15 or so and we would say, “Your kids are getting older and I can see every reason why they might want to leave us and if they want to or you want to, we’ll try to find a good doctor for you,” not knowing who to get because most internists aren’t interested and that always made Ros Gallagher upset. “But if they stay here, I think I have to tell you that they have a right to a confidential relationship and you have a right to a confidential relationship. You’ve been here since the prenatal period, many of you, and I can assure that if we’re worried about the kids, we will see to it after discussing with them the need to discuss with you. If you are worried about the kids I hope you’ll feel free to discuss it.” At Al’s suggestion I brought up the whole contraception business and the drug business and I said, “The time may come when I think it’s probably important for your kids to know about contraceptives and maybe in some instances they should be used.” At that time, there wasn’t much available except diaphragms and we suggested the kids go to a gynecologist.

It was fascinating. I should have kept a record. Some parents cried and blessed us and some were furious. There was one family that was fascinating. One mother thanked us so much. I went swimming that afternoon at the Jewish Center and I met the husband who thanked me profusely for bringing this up with his daughter. I happened to know he was having an affair and it was awfully hard not to say, “Well, you know all about this,” but I decided to keep my mouth shut. We told the kids they could all leave us and nobody left us. Many kids came back when they got married for a blood test. Who would you send to here in town for an internist? I think with internists, even the best of them, they’re focused on symptoms that mean an illness, and maybe rightly so. But they don’t understand the anxiety that a teenager gets about aches and pains and if they think they have cancer it needs to be handled. They don’t understand this.

DR. PEARSON: Well, it’s a time to talk.

DR. WESSEL: Well, that too. At least you’ll know what the issues would be. Now one of them called me and said, “Hey Dr. Wessel, you know my grandfather died.” I said, “Yes I know. I was going to write you a letter but I hadn’t gotten around to it,” and she said, “Can I come and see you? I have pain in my chest.” So I saw her and she had nothing. I said, “Your blood pressure is fine. I’ve listened to your heart and it sounds good.” She said, “I knew there was nothing wrong. I just had to see you to make sure you were still here.” But my question is, how many kids come in for an ache or pain and an ounce of verbal support and feel the same way? That’s the kind of thing. Interns don’t see that. They have other priorities.

DR. PEARSON: We have the same problem with our sticklers, thalasseemics and that sort of thing.

DR. WESSEL: What do you do?

DR. PEARSON: They have a general internist, but I still cover their blood problems.

DR. WESSEL: Well, they're lucky to have you.

DR. PEARSON: That's what they tell me.

DR. WESSEL: This isn't in discussion anywhere in the medical school?

DR. PEARSON: You know, I think that one thing that is happening – there are a group of people who are taking med/peds residencies and I hope that some of those will be the transition people.

DR. WESSEL: Well, one of them was Mrs. Weiswasser's son. How is he doing?

DR. PEARSON: I don't know. How did you get into lead poisoning?

DR. WESSEL: I don't remember exactly how we got into it but Tony [Anthony] Dominski was a professor or associate professor at the Forestry School and we were talking one night. I read up on the literature and I found out all kinds of things about Benjamin Franklin. He knew about it.

DR. PEARSON: Good stories about the difference of Roman wine.

DR. WESSEL: You know, I was a little peeved in a way, but intrigued. I said they should drop the level to 30 and Tom Doveman said the paper was worthless. The scientist people called me up and asked if we could suggest anybody else to read it, because they were sort of shocked. He never told me he read it. And Dewey Richard read it and said, "By all means publish it." It was rated by the Children's Bureau. The level is down to, what is it ten? We were cautious. We said 30.

DR. PEARSON: No. You could take that review and thirty years later most of the stuff in it is relevant except for that definition.

DR. WESSEL: Well the main thing about it was the Tony Dominski was very thorough and I enjoyed writing it because I got into stuff. But some people called me names. I'm used to that.

DR. PEARSON: Well, we went through your list and my list.

DR. WESSEL: Well, I think the main issue is the broadened area of responsibility. It wasn't all finances, but it was part of it. I'm sure it was. I think Grover thought in his unique way that anything that affects the child's welfare is in the province of pediatricians. I took it more seriously than others because nobody paid much attention to me when I was a child. And no doctor ever was interested in asking me what was it like after your father died. They asked me if my mother remarried, which she didn't. And I'm just so intrigued. That would seem to me to be the natural question to ask, but that's my problem I'm sure. What's your oldest patient?

DR. PEARSON: Forty-five.

DR. WESSEL: So, what happened when you retired?

DR. PEARSON: Well, that's what I'm going through now. Fortunately I think there is a transition possible.

DR. WESSEL: You think there is someone within peds?

DR. PEARSON: Yes. You remember Larry [Lawrence] Solomon?

DR. WESSEL: Yes. What happened to him?

DR. PEARSON: Well he was at the [Yale] Health Plan and he has come back now on hematology so I hope I can switch my thalasseemics to him. He's a good guy.

DR. WESSEL: Oh. He's a good guy. Yes. He was at hospice at one time.

DR. PEARSON: Yes. His daughter is coming to medical school this year.

DR. WESSEL: What happened at Yale Health?

DR. PEARSON: I think they were desperate for hands. Of course, he's what you call a benign hematologist just in the sense in that he's not overly interested in cancer.

DR. WESSEL: I knew him quite well at hospice. He was very nice to the adult patients.

DR. PEARSON: Looking at this, you have received a number of awards. In 1993 the Academy gave you the Practitioner Research Award.

DR. WESSEL: But you know why that came back? I was turned down for the [C. Anderson] Aldrich Award and angry.

SIDE 1, TAPE 2

DR. PEARSON: This is side three of the interview with Dr. Morris Wessel on August 2, 2005.

Let's talk about how in many ways you've had a unique practice. You've been a quintessential practitioner, but you've been influential in writing papers on a variety of subjects. You certainly altered pediatric practice in some ways with your prenatal visits, which are now considered pretty much standard. But, look back and see, if you were to do it over again, what you would have done? And secondly, do you think there will be young pediatricians coming out who will be motivated to do your kind of thing in the future?

DR. WESSEL: Well, I think that I did what I did largely because it is what I wished I had had. When I had my tonsils out, the girl next door told me I was going to have my tonsils out and I didn't believe her. And we visited a doctor friend in Boston who was a classmate of my mother. We lived in Providence then. And she took pajamas for me and the next day I was taken to the hospital or somewhere to have my tonsils out. That remained with me. I think that stimulated me to do better by my patients. What I really think, while it's hard for people who haven't been through it to understand, is that in my psychoanalytic experience I learned what kind of things I wished I had had and then translated that into the way I practiced. There was no question about that in mind.

I'm not sure the way I practiced was so unique in the olden days, when the pediatrician did not have that much else to do except be supportive. We had no antibiotics in those days. But I remember general practitioners, one of the general practitioners in New London, Connecticut, who sat on my bedside when I had measles. I must have been about thirteen or fourteen and he told me that I would have terrible dreams and not to worry about it. But that it would happen. I never heard that in medical school. I never read it in textbooks. It's perfectly obvious that it happens. And I learned to tell people that. And people were so grateful. That was one I remember. So I think maybe it was psychoanalysis which helped me look at those things which I appreciated and those things which I wished I had had.

The other thing was, after my father died we moved to New London and my mother taught at Connecticut College and we lived at the home of a nurse. Actually it was a nurse who had elderly people there and some people dying there. It was sort of a hospice in a way. It was a very difficult experience for my mother and very difficult for me. Since my mother was teaching full-time the nurse essentially gave me care. Sometimes there was a battle between the

two of them. But there was a family doctor named Grays who came once a week to see the elderly people, always came and always greeted me warmly and came when I had croup. He would stand by the bedside. I can remember very clearly now – eighty-five years ago. And said, “Now if you stop screaming and can just sit in a croup tent that had steam, you’ll be better in the morning.” You can tell the way I tell the story, here it is eighty-two or three years later, and it was very supportive to me. There was something about his demeanor I can remember so vividly. I think that and the measles story with Dr. Henkel.

I guess those doctors had nothing else to do. I mean there wasn’t much else they could do, so they thought of things to make you feel better. The dreams were very common in measles and I remember telling people that. I never read that, but it’s probably in the books somewhere. Those are two things.

I hate to say it, but I think a difficult childhood and realizing what I wished I had had just translated into the action of doing things for families. To get to the point in our office, my secretaries would say, “Hey Dr. Wessel, you should write so and so a letter.” It got into the commandarium of the office and they would nudge me. Fortunately, Bob LaCamera, my partner, was very much the same way. I think those elements of relating to families was something that I think is very important and it’s hard for the younger generation to make the living they want to make. It doesn’t occur to them.

Milton Senn was very interesting. For some reason or other, I would extend myself more with Milton Senn. When his wife died, well, once we took a meal out there when she was still alive out in Southbury. Actually it was Rosh Hashanah and we thought we would make better use of the day than going to synagogue. After she died I went out to see him every two or three months. Very few people did. But I was sort of amazed. Two weeks before he died he was out at hospice and I went out to see him. He said, “You know you’re the only pediatrician I’ve ever trained.” And he didn’t train me. That was the kind of pediatrics I always tried to formulate. I was so amazed with that comment. I didn’t tell him he hadn’t trained me. He and I both came here the same day.

DR. PEARSON: Well, certainly his track record of training academicians was nowhere as strong as Grover’s.

DR. WESSEL: No. And most of them ended up as psychiatrists. He told me that he was upset about that. You asked me, well you didn’t ask me but you inferred, why didn’t he appoint me here as an intern? I don’t know. I didn’t really care. Bob Cooke was the year before me I think.

DR. PEARSON: Sydney Gellis was before.

DR. WESSEL: Yes. He left after a year.

DR. PEARSON: Milton sent him to Cincinnati.

DR. WESSEL: Well, there were very few Jewish people on the faculty.

DR. PEARSON: I didn't want to ask that, but having heard from Sydney Gellis over a martini.

DR. WESSEL: Well, I didn't realize he was here. Whether that was Grover or whether he was adapting to the world and didn't try to change it. Who knows?

DR. PEARSON: Well, there was that five to ten percent quota very prevalent in the thirties and forties.

DR. WESSEL: In the faculty or in the medical school?

DR. PEARSON: In the medical school.

DR. WESSEL: Well, I think I got in because the president of Connecticut College wrote a letter and the strangest thing happened. A classmate, someone also from New London – a Jewish boy – and we happened to have been Bar Mitzvahed together. Now he's quite sick with Parkinsonism and I see him, and his wife has something else so it's terrible to go visit. So about a year ago I said, "How did you get in? Weren't you surprised?" I mean we were close friends. We both came from New London and that made sense. He said, "My father went to see the dean with a \$50,000 check."

DR. PEARSON: Your mother didn't do that, I guess.

DR. WESSEL: No. But it was the president of Connecticut College that made that happen.

DR. PEARSON: And I saw also that they recognized you with an honorary degree – Connecticut College.

DR. WESSEL: Do you know the president? She got fired. What happened was the faculty at Connecticut College got a letter of recommendations for honorary degrees. I found this out afterwards. And a mathematician who had been here, a German Jewish refugee; I took care of the kids. He was a professor there in mathematics and he recommended me, but he didn't know it went through until I called him. I found out through the grapevine that he was the one who did it. So when she called me, she

didn't know that I had lived on that campus and she didn't know anything about my mother so really it was strange.

DR. PEARSON: We're talking about Maurice Wakeman, Sr.

DR. WESSEL: I don't know where I heard the story. He was shaking his head and his mother said, "What's the matter?" and he said, "I don't know how you're going to have enough money to pay for the psychiatric care your child is going to need because of the way you treat him."

DR. PEARSON: That's for starters, huh?

DR. WESSEL: Well, I used to go to the New England Pediatric Society. Did it die, by the way, the New England Pediatric Society?

DR. PEARSON: More or less. Yes.

DR. WESSEL: And the New Haven Pediatric Society?

DR. PEARSON: That died. Well, that was essentially when the newborn special care unit evolved, wasn't it?

DR. WESSEL: The preemies, particularly. You know, when I was president of the New Haven Pediatric Society, and I'd gone out and said everybody should join, they gave me a hard time afterwards.

DR. PEARSON: But there has been a great deal of variability in the town/gown relationships in pediatrics.

DR. WESSEL: Well, it's in the whole hospital. For instance do you know someone in oncology? Well, I met him last night and he was upset that there was never any committee or anything to replace who just resigned, the head of the hospital, [Joseph A.] Zaccagnino. It immediately went to [Marna P.] Borgstrom. And he said he was on some committee and he thought they would at least bring it up to the committee, but they just ran their own way. Did Zaccagnino just get tired?

DR. PEARSON: No. I think that he'll probably make more money elsewhere, although he was making an awful lot of money. When he was a junior hospital administrator he had pediatrics and we were very close at that point.

DR. WESSEL: Was he supportive then?

DR. PEARSON: Yes.

Where do you see pediatrics going in the next twenty-five years or fifty years?

DR. WESSEL: Well, I see two issues. I was fortunate in practicing across the street from the hospital and whenever I got into deep water I knew it and could always call on colleagues. Now, if I had practiced at a distance, I wasn't that well prepared. So it seems to me that so much more knowledge in the last twenty-five years that pediatricians have to know that it's very difficult to do some of the things that I did. So in that sense, I had hope. And there is a new group, particularly women, who may be more sensitive to the kinds of things that I've been interested in as being part of pediatrics.

I'm wondering about nurse practitioners. A lot of pediatricians have nurse practitioners in their office. Bob [Robert] Anderson has one. I don't know what's going on out there. I think it's good that they're there, but I had to think what might evolve if you say, "Well, why don't you talk to a nurse practitioner about this?" Some pediatricians practice this way. I know the group in West Haven; that happens all of the time. And one very good nurse practitioner is leaving to work in some project at the hospital. It seems to me that in the antibiotic age, pediatricians were freed up somewhat so that they had more time. But I don't think I could have survived far way from a medical center. I needed to have someone to lean on. My training was good for what I did, but out in Osh Kosh I wasn't well trained.

DR. PEARSON: But you had the instinct of when you needed help.

DR. WESSEL: Oh, I had the instinct. I knew when I was in trouble. I only remember one. There were probably others that I felt badly about. I had a baby that was on the 10th percentile. The grandmother weighted 88 pounds. And the baby didn't look too badly. As luck would have it, I don't know how I knew this. The father commuted to California and was having an affair in California and I didn't think his wife knew it. So I was always kind of mixed up every time I saw this family. And at nine months he asked for a consultation. [Myron] Genel saw them and said the child had cystic fibrosis. I felt terrible. But she asked Tom [Thomas] Dolan why I didn't pick it up. He said, "You couldn't expect any more from a private practitioner."

DR. PEARSON: Well, he was one.

DR. WESSEL: Yes. In New London of all places. But the previous one I had picked up at two or three months, so I didn't think I deserved that.

I've said this many times. I guess the fact that I had realized that I had an unhappy childhood and I was able to figure out which things I wish I had had motivated me to give this or that to the children in my practice. And that was satisfying to me, but I hate to say you have to have an unhappy childhood and be psychoanalyzed to be a good pediatrician.

DR. PEARSON: The analysis was one of the major reasons that you were coming back to New Haven.

DR. WESSEL: Well, I decided I didn't like the Mayo Clinic. I wrote to Edith Jackson and she said they'd call me. But the woman is now dying. I don't know the new crop of pediatricians. You know them. Are they satisfied?

DR. PEARSON: Yes. I think so. You know, certainly, the women work less than full-time and all the projections about doctors and that sort of thing. I tried to convince people fifteen years ago that they couldn't use the same criteria if you're going to have a specialty that's sixty percent women because they'll have different times and different obligations.

DR. WESSEL: And the entering class. It's fifty percent women or more?

DR. PEARSON: Fifty-five.

DR. WESSEL: Is that across the country?

DR. PEARSON: Yes. And sixty to seventy percent of pediatric residents are women now.

DR. WESSEL: Do you know this woman who is coming back in adolescent care? I can't remember her, but she's here.

DR. PEARSON: Walter [R.] Anyan [Jr.] seems pleased with her.

DR. WESSEL: I never could relate to him.

DR. PEARSON: Well, he's very cool.

DR. WESSEL: But I wrote him a note and said, "I hear you're retiring." He wrote me a very warm note – an email. Has he already retired?

DR. PEARSON: Yes. Or when she gets here. I don't know. When she arrives. I don't know when she's due to come.

DR. WESSEL: August 1st, I think. I can't remember her at all.

DR. PEARSON: Well, it's such a big department now compared to what it was in earlier days.

DR. WESSEL: Now I'm interested in geography. Fitkin 3 is what now?

DR. PEARSON: Fitkin 3 is Cardiology

DR. WESSEL: Peggy got the whole second floor where you work?

DR. PEARSON: Yes. And the LCI [Laboratory of Clinical Investigation] building.

DR. WESSEL: How did she manage that? In my day that was Peter's home base.

DR. PEARSON: Well you know, they've got this new building now across the street and there has been an enormous influx of people from internal medicine into that.

DR. WESSEL: Which building is that?

DR. PEARSON: It's a brand new building.

DR. WESSEL: On Howard Avenue?

DR. PEARSON: Yes.

DR. WESSEL: How do you feel about the cancer center?

DR. PEARSON: Well, this is gossip.

DR. WESSEL: My wife, Irmgard, was a child in Germany and she was sent in 1937, when she was 12, on what was called the kindertransport to England. It was an arrangement with British Quakers with children escaping from Germany. This is interesting because it has a lot to do with me, as I'm sure your wife has a lot to do with you.

At 13, she was sent to England. Her father and mother, her father particularly who had been in the German army, a Jewish family, he thought this was all going to blow over. But he was worried about her, so she was sent to England to live with an English family. Meanwhile, things got worse in the town they were in, the name escapes me right this second and Kristallnacht took place. There has always been an argument about the date, whether it was November 8th or November 9th. Irm insists it was November 8th and other people said it was November 9th. But what happened was they tried in Kosel, that's the town, November 8th and it was such a success that the next night they did the whole country. So there were two days. And then her parents left and came here and for some reason at that particular time, that would have been 1935 or so, the Jewish agencies in New York were overburdened with refugees, trying to place them. Irm's father was well

along in years and they couldn't figure out what to do with them. They had relatives in New York, but they weren't in a position where they could stay with them. So they suggested they go to a Quaker place out in Iowa called Scattergood. Now Scattergood is a Quaker school. They went there and there were 185 refugees who went through this school plant. I'll come back to this in a minute. Recently, a young man has done a book, a study on what happened to all of the refugees and he had a meeting in Des Moines last year. And the few remaining ones who were alive spoke. They set up a traveling museum. Now this museum has been moved to St. Paul and it's going to be open on a permanent basis.

Well what happened in Scattergood was first of all it was a Quaker base, a Quaker school, which was closed down. And people like Irm's father, German men who didn't participate in housework and so forth in that generation. Everybody did their bit and it was quite an experience for them. They were very nice about trying to make arrangements for them to visit Jewish agencies and so forth. One of the funny stories was the Irm was about fourteen and somebody wanted to date her. The parents were horrified. They wanted to go to the movies and they took on Irm's parents and said they should let her go. So then a committee from Eureka College came to Scattergood and they wanted to adopt a British family. Eureka College is in Eureka, Illinois where Ronald Reagan went to college. They wanted to adopt a British family. Well they had no British families. But they had this Jewish family. Well, that was quite a challenge so the minister at Disciples of Christ ministry and a professor of sociology at Eureka College went back to the committee. Eureka is a tiny town that has two Jewish people, the state's attorney and a storekeeper. And the question was whether they would accept a Jewish family. And so they came back and the discussion was that they were going to be Jewish and so they went to Eureka College. They were very well supported. Both parents got jobs.

Irm went to Eureka College. As a matter of fact, I get a call one day from the Eureka alumni association. "Is Irmagard coming to her twenty-fifth anniversary of her graduation?" I said, "I don't know. You better ask her." I knew she wasn't. They said, "Well, we need your help," and I saw why. And they said, "We want to give her an award as an honorary graduate, alumni award and we really have to know whether she's coming because Ronald Reagan will be there and he will be giving her the award." So I said, "Well I'll get back to you." So I called her and said, "I have a problem." She said, "I'm too tired," so we waited till Saturday. So we had this long discussion. If a Christian college like Eureka wants to give a nice Jewish girl alumni an award despite Ronald Regan, how could you say no? So we went.

First of all, Irm had to go shopping because she understood she would be sitting at the head table. Fortunately that didn't happen. So we went down to Westchester where the shopping center is and the sales lady said she seems

awfully nervous. Is this for something special? Anyway we got there. Luckily she didn't have to sit at the table. As a matter of fact, Ronald Reagan spoke and left but she said she got up and she said, "My kids will never forgive me if I don't say something." So she said, "Well, Ronald Reagan had different experiences at Eureka College and he talked a lot about playing football, the rumor was he never went to class. I want to tell you what I learned. I learned about caring for individuals and so forth and so on and it motivated me to go into social work." The fundraising people got up and walked out. Everybody else cheered. That was quite an experience.

DR. PEARSON: How about your grandchildren? It looks like a lot.

DR. WESSEL: David is the one in Washington. David and Naomi. David is the deputy chief of the *Wall Street Journal*. He got a Pulitzer Prize on an interesting thing. In Boston, when he was at the *Boston Globe*, he and a colleague did a study of the hiring practices around Route 128 and discovered no Hispanics or blacks were hired in any of those industries and they wrote it up. And David, in his usual outspoken manner, said to his boss, "You know the *Boston Globe* is doing better." And he said, "You better put that in." At the *Boston Globe* the janitors and so forth hired their children and grandchildren so they put it in and they got a Pulitzer Prize. David got a call on his honeymoon saying, "We hate to bother you, David but we thought you would like to know that." I think it pretty good for the *Globe* to want to put it in. He had an interest in economics. He majored in economics and he liked the *Wall Street Journal* area.

He went to the *Wall Street Journal* Boston office and said, "I would like some time to maybe work for the *Wall Street Journal* and I just got an offer from the *New York Times*. Would I be more likely to get a job as a journalist if I went to the *Times* or if I stayed at the *Boston Globe*? So the woman says, "Well, if you stay at the *Globe*, you won't get much supervision and all of your improvement will be from how you could improve yourself. If you go to the *New York Times*, you won't have much identity. They'll supervise you very carefully and improve your writing but it may not be your writing by the time they finish it." They decided to stay at the *Globe*. Two weeks later the *Wall Street Journal*, Boston office, called him and said, "We're from the Boston office of the *Wall Street Journal*," and then two days later they asked him to come to Washington as deputy chief. He has two children. The girl is a Kentian, second year. They stayed up all night 12 hours in line to vote and their votes weren't counted. That's Ohio. The son is a junior in Quaker School. They had a play at the school in which it was a play about a state welfare department, how they handled a family with a Down's child. And a Down's played the role of the Down's child, 26 years old. The drama teacher had tutored this kid since he was eight or nine years old. This kid was fantastic. When I asked my grandchild what's it like working with him. He said, "Well, you know, he's great. You're different. I'm different. He's

different.” His wife works now for AARP . She worked for the American Bar Association on rights of the elderly. And they’re very active in the synagogue. That’s interesting because he’s the only one that is. It’s an interesting very liberal synagogue with a women rabbi who grew up in New Haven. It was founded in Roosevelt days by Roosevelt staff people who were Jewish and didn’t like the synagogues. It’s a very liberal place and does very well. So that’s the Washington crew.

Bruce went to Trinity and went around a bit on various fellowships and then went to Yale Law School. In his application he wrote, “Becoming a lawyer has never been an overwhelming ambition of mine.” Remember Jay Katz? He’s in terrible shape. Jay Katz was on the committee and said, “I think we should take him.” Now he works for a firm there. I think I told you about the gay business in high school. It’s a big firm.

Paul was a union worker on the west coast. Then he was in the hospital union activities for a long while, but he got tired of that. Now he’s working for the city. He was deputy chief of the area of Fair Haven. But somehow the chief left and he’s waiting for him to come back or something, but he’s now in charge of parking and traffic which is strange.

Lois is a nurse practitioner. She spent six years in Nicaragua. She got turned on the nursing. She had a wonderful job. I don’t think she ever appreciated it. She was in Nicaragua I think twice on one of the trips and then she came back. Somewhere along the line the representative in New York promised her a position or a job or something and it never came through. She lost her temper one night and told him off. He was overwhelmed. She was about 25 then probably. And he said, “Well, there is a woman in town from Nicaragua. Maybe you should see her.” It turns out to be a woman, American, a graduate of the University of Pittsburgh Law School and married to one of the top Nicaraguan honchos. I can’t remember one. So Lois went to see her and she was furious. She said, “You come down and I’ll find you a job.” She got a job on the committee that was writing the constitution and since you don’t speak Spanish, if you went down there she would be your hostess. So Ben Spock was one of her guests and she sat in on all of the deliberations and claims that she persuaded them to put in things about rights for women. I didn’t know whether to believe her or not.

Ramsay Clark was another thing. I don’t think to this day she realizes what a unique position she was in. She was very close to a Jewish boy, an electrical engineer, who was building power dams and running water to produce electricity and he was shot, probably by the Americans, and killed. His parents came down and she helped to arrange his funeral. She’s doing something and somebody came over from a high office, I can’t remember who the leaders were in Nicaragua at that time, one of the better guys. He wants to see her right away. She said, “I’m busy. I’m taking care of

arrangements.” He won’t take no for an answer. He had made a movie of the funeral and he wanted her to discuss it in English, to put her on the tape. So she had quite an experience. Actually, I don’t know how she got them but she has two or three different part-time jobs. She’s hired by Robert Wood Johnson to go around and talk to nurses and inner city medical teams about asthma and dental problems. Those are her two areas. And she’s off to Nashville tomorrow. They’re all out there pitching one way or another.

DR. PEARSON: And so David has two children?

DR. WESSEL: Yes and Lois has two, Bruce has two and Paul has one. Paul has an adopted interracial child. Do you know the children’s museum here on Orange Street? That’s his wife. It’s really a fantastic place. All kinds of interesting things. They’re all involved like we are.

DR. PEARSON: Well, you need projects Morris. We all need projects.

DR. WESSEL: Well, it saves your life.

END OF TAPE

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MORRIS A. WESSEL, MD

CURRENT POSITIONS:

Practicing Pediatrician:

Morris Wessel, MD, Robert LaCamera, MD, Robert Anderson,
MD, 878 Howard Avenue, New Haven, CT 06519 (1951-1993)

Pediatric Consultant:

Clifford Beers Child Guidance Clinic (1971-)
Infant Health and Development Program, Division of Perinatal
Medicine, Dept. of Pediatrics, Yale University School of Medicine
(1985-)

Benhaven School and Residential Treatment Center for Autistic
Children, East Haven, CT (1981-)

Attending Pediatrician:

Yale-New Haven Medical Center (1951-)
Hospital of St. Raphael (1961-)

EDUCATION:

B.A.: Johns Hopkins University	1939
M.D.: Yale University	1943
Intern, Babies Hospital, Col-Presbyterian Medical Center, New York, NY	1943-1944
Fellow, Pediatrics, Mayo Clinic, Rochester, MN	1947
First Assistant in Pediatrics, Mayo Clinic, Rochester, MN	1948
Clinical Fellow, Rooming In Project, Dept. of Pediatrics, Yale University School of Medicine	1948-1951
Certification, American Board of Pediatrics	1950

PREVIOUS POSITIONS:

Assistant Director, Pediatric Outpatient Department, Yale-New Haven Hospital	1951-1952
Director, Pediatric Outpatient Department, Yale-New Haven Hospital	1952-1957

Staff Pediatrician, Collaborative Project, Dept. of OBS, Pediatrics and Neurology, Yale University School of Medicine	1957-1962
Faculty, Smith College School for Social Work (Course: Medical Information for Social Workers)	1975-1977
Instructor, Timothy Dwight Seminar, Yale College. Topic: Meeting the Health Care Needs of Parents and Children	1977

UNIVERSITY APPOINTMENTS:

Instructor in Pediatrics, Yale Medical School	1950-1953
Clinical Assistant Professor of Pediatrics, Yale Medical School	1953-1961
Clinical Associate Professor of Pediatrics, Yale Medical School	1961-1975
Clinical Professor of Pediatrics, Yale Medical	1975-

PROFESSIONAL ORGANIZATIONS:

New Haven County Medical Society
Connecticut State Medical Society
American Academy of Pediatrics
(Member of Adoption Committee for six year term; liaison
representative of American Academy of Pediatrics to Child
Welfare League of America, 1968-1971)
Society for Adolescent Medicine
(Executive Board, 1971-1974)
New England Pediatric Society
(President, 1970; Executive Board, 1963-1970)
Greater New Haven Pediatric Society
(President, 1977)
Child Welfare League of America
(Member of Board, 1971-1976 and 1979-1982; Vice President,
1976-1979)
Chairman, SIDS Advisory Committee, Conn. State Health Dept., Conn.
1974-1984
Founding Member and Board Member, Conn. Hospice, Branford, Conn.,
1967-1984
Chairman, Charlie Mills Day Care Committee, Conn. Hospice, 1984-1996
Members, Authors' League, 1989-

OTHER:

Editorial Board: Journal of Adolescent Health Care
 Journal of Pediatric Allergy and Respiratory
 Disease

Sigma Xi

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