ORAL HISTORY PROJECT

David Annunziato, MD

Interviewed by
Sergio Golombek, MD

March 30, 2009
May 12, 2009
Amityville, New York

This interview was supported by a donation from the Nassau University Medical Center.

This project made possible in part by donations through the Friends of Children Fund, a charitable fund of the American Academy of Pediatrics.
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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 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.

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Sergio G. Golombek, MD, MPH

Sergio G. Golombek, MD, MPH, FAAP is a Professor of Pediatrics and Clinical Public Health at the New York Medical College and an attending neonatologist at The Regional Neonatal Center, Maria Fareri Children’s Hospital at Westchester Medical Center, in Valhalla, NY. He received his medical degree from the University of Buenos Aires School of Medicine, Argentina. After training in pediatrics and neonatology in Argentina, he moved to the US, where he completed a pediatric residency at the R. Blank Memorial Hospital for Children at Iowa Methodist Medical Center in Des Moines, Iowa, followed by a Fellowship in Neonatal-Perinatal medicine at The Children’s Mercy Hospital in Kansas City, Missouri. He is Board Certified in Pediatrics and Neonatal-Perinatal Medicine. He is an active member of the American Academy of Pediatrics (representative to the Executive Committee of the Section of Perinatal Pediatrics), the Iberoamerican Society of Neonatologists and the Society for Pediatric Research. In 2004 he received his MPH (International Health) from the School of Public Health at New York Medical College. He is the current Chairman of the IRB at New York Medical College. He is the Past President of the New York Perinatal Society (2006-2009).

He has received the Physician Recognition Award from the American Medical Association since 1993; was included in “Who’s Who in Medicine and Healthcare”, Millennium Edition (2000), and has been consistently listed in “Guide to America’s Top Pediatricians” and “Who’s Who in American Education”. He has been involved with several multicenter trials since 1996 while a full-time academic faculty at the State University of New York at Stony Brook and now at the Children’s Hospital at Westchester Medical Center. He is also involved in other clinical research, experimental design and analysis activities in the fellowship training program.

Dr. Golombek is the associate editor of Neoreviews en Español; he has published on the diagnosis and treatment of transient hypothyroxinemia of prematurity, RSV prophylaxis, and use of inhaled nitric oxide in newborns. Additionally, he has edited and contributed chapters to several textbooks.
March 30, 2009

DR. GOLOMBEK:   Good morning. This is Dr. Sergio Golombek interviewing Dr. David Annunziato. Today is March 30, 2009. Let me thank you first for allowing me to be here.

DR. ANNUNZIATO:  It’s my pleasure. Lucky you could take the time to come.

DR. GOLOMBEK:   As you know, the [American] Academy [of Pediatrics (AAP)] wants to do a lot of interviews in the [Pediatric] History Center to record for future younger generations how everything started. So if you want to start just telling me where you were born, your parents, siblings, whatever you want.

DR. ANNUNZIATO:   Very well, but before we start let me say that it is an honor to be asked to be included in the living histories being collected by the AAP. As you know, I have been a member of the HAAC [Historical Archives Advisory Committee] since its inception. I am not ashamed to say that it was I who first suggested a committee of the AAP to preserve its history and the history of American pediatrics. That was while I was a member of the board of directors of the AAP. Not much happened though until Howard [A.] Pearson became president, then it was that the concept was activated. The idea of doing living histories was immediately embraced. The living histories were to record the lives and achievements of the leaders and the “giants of pediatrics.” I am not one of them, but again, I am honored and humbled to be included. Perhaps I can recall for some, the flavor of pediatrics as it was and how it developed over the past 60 years.

I was born in 1921, September 6, on Staten Island in New York. It was New York City, but Staten Island really was the country. It was farms and very rural. There was no Verrazano[-Narrows] Bridge to Staten Island, but there were bridges to New Jersey. After World War II, the Verrazano Bridge was built and Staten Island became a bedroom community for New York City. It was a wonderful, wonderful place to grow up. It was quiet, peaceful. As kids we played stickball in the streets, and went swimming in the ponds, and played baseball anywhere we wanted. And we had a good time. Cars were few and far between. There were trolley cars. There were some buses.
My parents were immigrants from Italy, both came here as children, actually. I think my dad was 8, and my mother was 4. They met here and married. I had 3 older brothers. One of them, when I was 3 years old and he was 9, died of pneumonia. I don’t have any memory for that except that I developed pneumonia three months after he died. I was in bed for 9 months.

DR. GOLOMBEK: Wow!

DR. ANNUNZIATO: As my mother remembers, and used to tell me, I had to learn how to walk again because they wouldn’t let me out of bed. I can remember them putting antiphlogistine plasters on my chest which reddened the skin. I’m sure it didn’t help the pneumonia much. That was called counter irritation. But anyway, my dad always wanted a little girl, and 7 or 8 years after I was born, along came my younger sister, Christina. So I had 2 older living brothers and one younger sister.

I began school at age 6, in September — no kindergarten. I was a good student in grammar school. I skipped 3 grades. When they wanted to skip me a fourth time, my parents refused because then I would have been in my older brother’s class. He was 2 years older than I. They thought it would be bad for his morale. Those were the days when grade school had 1A and 1B, et cetera, and a class graduated every January and June. I graduated in January 1935, and started high school.

DR. GOLOMBEK: Mmmm hmmm.

DR. ANNUNZIATO: There were no school buses. We walked, rain or shine, 3 miles each way to high school. In high school, I played baseball, football, basketball and soccer. I was not very good at any of them, but I played and made the teams. I was a small kid.

In junior year, I got a broken nose playing football. Mom stopped football, so I played varsity soccer junior and senior years. We had a pretty good soccer team because of Hector MacDonald who was born in Scotland and came here as a teenager. He played center forward. Buddy Targuino played center half. He was born in Italy and came here as a teen. Both played soccer from their very early years. I spent much time at the MacDonald house.
I was a good student in high school, but just pulled a passing 70 in Latin, which I studied for 3 years. While I wasn’t happy with just passing for 3 years, retrospectively it was the best thing I ever did in school. In Latin, I learned language, grammar, syntax, history, art, culture and word derivation, all of which have been helpful over the years. One highlight in high school was when, after only 2 years of studying Spanish, my teachers entered me in the NYS [New York State] teachers of Spanish competition. I competed against students who had completed four years of Spanish, and I won the gold medal. Another achievement in high school was when I received the highest mark in the Regents [High School] Examination [Examinations designed and conducted by New York State Education Board (NYSED) under the supervision of the Board of Regents of the University of the State of New York] in Economics, a course I took as a filler in senior high.

DR. GOLOMBEK: I see. Yes.

DR. ANNUNZIATO: There weren’t many teenage problems in those days. If one did something wrong, the policeman would take him by the hand, take him home. You were afraid more of your father than the police.

At any rate, my dad, in 1927, decided to pursue his hobby of raising canaries. He opened a pet shop.

DR. GOLOMBEK: Oh!

DR. ANNUNZIATO: A word about my dad. He was a happy, family-loving man, always smiling, intelligent and trying to help people. He also bred and raised dogs, Boston Terriers. He sold them, and he made extra cash doing that. In 1927, he decided that was what he wanted to do, and over a weekend he opened a new pet shop — Andrew’s Bird and Dog Shop on Staten Island. Gradually, it grew to be a wholesale/retail pet shop. He had all kinds of animals and birds, parakeets, and macaws and many, many dogs. One of my Saturday jobs was to clean the kennels, which I didn’t like at all. My dad used to say, “But the money is clean.”

DR. GOLOMBEK: Well, he was right.

DR. ANNUNZIATO: The business was an immediate success and expanded rapidly. He supplied farmers and wealthy people with food for their animals and pets. He bought incubators and hatched baby chicks,
ducks and turkey poults by the thousands and supplied them to local farmers. In that business he worked 7 days a week. You can’t leave livestock alone. At any rate, he did quite well. Of course the [Great] Depression came in 1929, and lasted through the 1930s [1929-1939]. I can recall my father saying, “There will always be cake on our table.” And there always was. I can remember people buying collars for their dogs for $25 during the Depression. They also paid $10 to have their dog clipped and $25 as a stud fee. Puppies sold for $2 to $75 and canaries for $1 to $15.

I graduated high school in January of 1939, and there were about 450 in our class. Only 5 percent of the people graduating from high school went to college in those days. Most young people never finished high school. They went to work. I couldn’t afford to go away to college. I didn’t matriculate. I was a non-matriculated student at Wagner College on Staten Island. At that time, I think it was the only college there. It was a Lutheran college at the time. My father-in-law graduated from Wagner College, I think, in 1918. My wife went to Wagner College. That’s where I met her. My objective was to be a veterinarian. You only needed two years of college to apply to veterinary school, so I was non-matriculated. I fraternized with the people in the fraternities, and I got along very well with people. After two years, I applied to veterinary school. There was only one, at most, veterinary school in most states, and many states didn’t have a veterinary school. I think it’s harder to get into veterinary school than it is medical school.

DR. GOLOMBEK: Than medical school, yes, yes.

DR. ANNUNZIATO: At any rate, I applied to Cornell [University] in New York and the Universities of Pennsylvania and Delaware. But nobody took students outside the state except Cornell. And it happened that the president of our college, which was a small college — everyone knew everyone else — the president of our college, [Clarence C.] Stoughton had been the roommate of the dean of the Cornell Veterinary School [Cornell University College of Veterinary Medicine]. I went into Manhattan, the veterinary school was in Ithaca, New York. The interviews were in Manhattan. I went to Manhattan to a hotel there and entered a large room where there were 7 men sitting at a table. The gentleman in the middle did most of the talking. The other men just asked a question or 2 here and there. After about an hour’s interview, the chairman of that committee said, “Well, you’re an excellent student. We’d love to have you, but we can’t take you.” And that was without any discussion among them. I was only, let’s see, about 19 years old at the time, and I was taken aback a little bit. I humbly asked,
“Can you tell me why?” And they said, “Well, we have our quota of Italians.” In that day, I guess, you could say that and get away with it.

DR. GOLOMBEK: Not politically correct. [Laughs]

DR. ANNUNZIATO: You couldn’t get away with that today. I have friends, two Jewish friends, who applied to medical schools in New York and were told they had their quota of Jews.

DR. GOLOMBEK: Wow!

DR. ANNUNZIATO: You can’t do that today. There should be no discrimination. People should be taken at their worth and nothing more. At any rate, I went back home. I didn’t tell my dad what had happened until a week later when he asked. I said, “Well, I was turned down.” He said, “Well, what are you going to do?” And I said, “I don’t know, Dad. We don’t have enough money to send me to medical school, and I think that’s what I’d like to do.” He said, “You’ll go to medical school. The money is here.” We always had cake on the table, but we were not extravagant.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: My parents both grew up in humble homes. At any rate, I then became a matriculated student, joined a fraternity, and in one year I became Master Frater, president of my fraternity, and vice president of the student body. I had wonderful professors. Lee Yorgey Davidheiser who came from Yale [University] was professor of chemistry and treated you like his son. He was a walking encyclopedia of chemistry. Ralph [E.] Deal who was the chairman of biology was wonderful. They all lived on the campus.

DR. GOLOMBEK: Mmmm hmmm.

DR. ANNUNZIATO: Which was a beautiful campus on a hill overlooking New York Harbor. Well anyway, December 7 of 1941, I was in the middle of my junior year. Actually, near the end of my junior year because I’d started in January.

DR. GOLOMBEK: In January, okay.
DR. ANNUNZIATO: And World War II broke out. One of my dearest friends whom I had gone to high school with was just a brilliant man. If I got an A in a subject, he got an A double plus. His name was Austin Anderle. Austin had been in the National Guard. Well, of course, within a month he was called up to active duty. In February of 1942, he was killed in the Mediterranean. The ship he was on was torpedoed in the Mediterranean. Over a thousand men were killed. That was a big blow. There is another young man whom I was very, very close to. We went to public school, high school, college, medical school, and interned together. We still communicate. In fact, we talked just the other day. He’s in New Jersey — Cal [Calvin W.] Tribiano. He and another friend of ours, a neighbor named Charlie Bodine, all commuted to college. We went to enlist. We decided we’d go into the [United States] Navy air corps. We went up to a ship anchored in New York Harbor, and we had 3 days of academic testing and one day of physical examinations. And they were pretty thorough, I must tell you. They told us to come back in a week and they would let us know what our standing was.

Well, we went back in a week, and I went in first because my name started with an A. The captain there said, “You’ve been accepted at medical school.” And I said, “Yes, but it doesn’t start until March of 1943.” He said, “You go to medical school.” I hadn’t told him I had been accepted at medical school, but they knew everything about me, and my parents and family. They knew my aunt was a lawyer, my mother’s younger sister who was born here. They told me more about my family than I knew. At any rate, they said, “You go to medical school. This is going to be a long war, and we’re going to need doctors.” And it was a long war. It was a terrible war. All wars are terrible. At any rate, Cal Tribiano was also rejected on the same basis. Charlie Bodine was accepted and went to naval school — air school — [Naval Air Station] in Pensacola, graduated, and I honestly don’t know whatever became of him. I’ve tried to contact him over the years and have been unsuccessful. I don’t know whether he was killed or not.

At any rate, we went to medical school. We started medical school in March of 1943. There were 2 classes that year. I commuted. I tried to commute from Brooklyn to Staten Island, Staten Island to Brooklyn. I had applied to three medical schools — University of Pennsylvania, New York Medical College, which was Flower Fifth Avenue at the time, and Long Island College of Medicine [merged in 1950 with the State University of New York (SUNY) (Downstate)] in Brooklyn, which was the nearest to my home. But it still required a bus trip, a ferry ride, and a train to get to school, and it took a good hour. For about 6 weeks, I commuted, but it was tough. Just carrying
the anatomy book which weighed about 8 and a half pounds was a chore. And you think you can study or read on the ferry, which took about 25 minutes, but you can’t. Invariably there was not a night that I was going home but some old friend would say, “Hey! Haven’t seen you. Come and sit and talk with me.” So it was a difficult situation.

I was recruited by a fraternity — just to give you a little of the flavor of the times — and joined the fraternity because they had fraternity houses sponsored by alumni. They had three houses in a row, four stories high, old brownstones about two blocks from the school. I got a room there with breakfast and lunch for $6 a week.

DR. GOLOMBEK: Wow!

DR. ANNUNZIATO: Brooklyn in those years was virtually barren of young men. The streets were busy, but the only men one saw were men in uniform, with the occasional civilian. Many of them were medical students in uniform. The civilians were teachers, or shipyard workers or older people. Once a week, a group of us would sneak off to the YMCA and play basketball for a few hours. And once a week, some of us went to the nearby USO [United Service Organizations] and played ping pong. I had played a lot of ping pong in college, and earlier and was pretty good at it. The USO was staffed by an “army” of young women. Many of them were married with husbands overseas. They were trying to do their share by hosting men in the [U.S. (United States)] Armed Forces. Of course, more women also went to work then to fill in for the men in service. You may have heard of “Rosie the Riveter” and “Wendy the Welder.”

We went home after three months for summer vacation that lasted about three or four weeks, and we were called back to school. The [United States] Army and the Navy were taking over all the medical schools. You could either join the Army, the Navy, or get an exclusion for a physical deficiency and attend as a civilian. We had about 10 students in our class who must have had some physical deficiency. Very interesting that I joined the Navy, and I never knew how to swim, by the way.

DR. GOLOMBEK: That was not part of the exam?

DR. ANNUNZIATO: I realized why I never learned how to swim. Late in life when my mother was living with us, she told me that when I was three years old, we were swimming in Martlings Ponds on Staten Island, and
my friend, who was also three years old, drowned. I must have developed, not necessarily a fear of the water, but certainly a respect for it. I never learned how to swim. I was at the swimming pool all day every day in the summertime because it cost a nickel. You got your hand stamped, and you could go back and forth — go home, and eat and go back. At any rate, I never learned how to swim. But I went into the Navy. By the way, we were paid $62 a month. So very shortly after that, those fraternity houses disappeared because everybody moved out. We were rich at $62 a month, plus uniforms. At any rate, Cal and I moved into an apartment, a nice apartment in a wonderful neighborhood in Brooklyn. In medical school, of course, there were then no more vacations. We had two days at Christmas. Later then, we moved into another house owned by an old British lady who rented to medical students only. There we lived with a classmate, Victor Alinovi, who became one of my closest friends.

We went through medical school. It was a great experience. Time just flew by. After the Army and the Navy took over, there were no more Saturdays off. You went to class on Saturday, and they added, as I remember, 13 extra courses to the curriculum starting in junior year, like setting up a military camp and sanitation in a camp. Also, 2 wonderful courses, parasitology and tropical medicine, which fascinated me, and I really did very, very well. I devoured that book on parasitology. That came in handy later, and you’ll understand why later.

At any rate, we did well. Neuroanatomy threw me for a loop, but I passed the course. In my second year of medical school, we had a long weekend between second and third year. We had taken our final exams. I left Brooklyn, got home, and there was a letter there saying I had failed the pathology examination. Slides! 50 slides! And I couldn’t understand that because I had worked in my off time, which was very little, with the chairman of the department of pathology, who was a wonderful guy. The first man who dissected the glomerulus, by the way. He wrote a book on that. At any rate, I was to report immediately back to the school for a reexamination. I immediately went to the pathology department lab and met a secretary there. She said, “Oh, just a minute. I’ll get somebody to take care of you.” After about a half hour, out came a young pathology “fellow,” Tom [Thomas G.] Morrione. I’ll never forget him, and I bless him. He said, “Why are you here?” So I told him. And he said, “Oh, okay. Let me see what I can do here. I’ll set something up for you.” About 20 minutes later he came back, and he said, “You passed the exam.” I said, “What do you mean?” He said, “I looked it over. Your first 20 questions you got right.
And as I looked at them, the last 30 you got wrong, but you didn’t have number 50 down. So I searched it out. You skipped number 21. So every answer after that was in the wrong space.”

DR. GOLOMBEK: Oh! [Laughs]

DR. ANNUNZIATO: Then the next day I had to go back to school. Junior year was a wonderful, wonderful experience because we worked on the wards. We had lectures in the mornings and worked in the clinics and worked on the wards in the afternoon. I had great teachers. Bill [William] Dock was the professor of medicine. Charlie [Charles A.] Weymuller was the professor of pediatrics. And Charlie Weymuller, though he was a quiet man, apparently knew everybody. You know he knew [Rustin] McIntosh at Columbia [University College of Physicians and Surgeons], [Luther Emmett] Holt [Jr.] at NYU [New York University], Sam [Samuel Z.] Levine at [Weill] Cornell [Medical College]. The man he told me was the smartest pediatrician in the world was a man I only met once, and he was at Lenox Hill [Hospital]. His name was Anderson. At any rate, we had great professors. And I was determined to do pediatrics from the beginning.

Medical school kind of spun by, you know. We would finish classes at 5:00 in the evening, walk to our apartment, stopping first at the diner, and for 65 cents got a New England boiled dinner which had no meat. But there were a dozen different vegetables, and they filled up your belly. We ate because we had to eat, not because we were hungry. At any rate, once a week we used to splurge and go to “Mary’s.” Mary’s was a tiny restaurant on Court Street in Brooklyn about a mile from the medical school. You walked down a set of stairs, and there were about eight tables there. Mary had three daughters, and I’m sure that one of her objectives in life was to have them marry a doctor [Golombek laughs] because we were treated like kings. For $2 we would get antipasto and shrimp marinara, and it was just wonderful. So we splurged. That was a big deal to spend $2, $2.50, with no wine, of course.

At any rate, medical school sped by. Fourth year, of course, was all clinical. It’s a little different than what I see in the medical school today. Our fourth-year students don’t do what we did. I mean, we did everything. I did all of my rotations at King’s County Hospital [Center], except medicine, because I wanted to be exposed to William Dock who was internationally known at the time. He had been a professor of pathology and then a chairman of the department of medicine. He was a walking encyclopedia. My first rotation in fourth year was in surgery. I went to King’s County Hospital. The
resident assigned us wards and said, “This is your ward. Let me know if you need help.” And that was it. You took care of the patients. Well, I didn’t know too much surgery. We scrubbed every day with the residents. The residents did pretty much everything. There were no paid attendings. Everybody was a volunteer. I remember the first day I walked on the ward and looked around. I was told to read all my charts and know my patients first. I would guess my ward had 30 men in it. I heard this man yelling, and screaming and crying over in a corner. I went over and, being an empathetic young person, I guess I was out to save the world.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: I said to him, “What’s wrong?” He said, “My leg! My leg! It’s killing me. The pain is terrible!” I said, “Well, let’s take a look.” I pulled the covers back, no leg — phantom limb. Whoever heard of phantom limb? Well, I learned pretty quickly. At any rate, I still don’t know what causes phantom limb, but that’s not pediatrics. [Golombek laughs] I gave the man morphine, by the way, and it didn’t help at all. It was a terrible thing to hear this poor gentleman crying with pain. Well, we learned surgery gradually, but we learned surgery.

I did my pediatrics at King’s County Hospital, and that was a wonderful experience. The residents were sensational. There were two divisions of pediatrics at King’s County Hospital — the open division and the closed division. Closed division was under the aegis of the medical school. The open division was a different section completely. Each had a floor of pediatric patients, and I guess there must have been at least 60 beds on each floor. I remember so vividly one of the first patients I saw was a 4-year-old boy with congenital atresia of the bile ducts. He had been in the hospital from birth. He walked around the wards laughing and happy, yellow-green in color. His urine looked like it was pea-green.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: There was no Kasai procedure at the time. Actually, I learned after I went off that service that a few months later he died. But it was a menagerie. It was just an incredible experience. We saw everything under the sun. No contagious diseases because there was a contagious disease hospital abutting King’s County Hospital called Kingston Avenue Hospital where all the polio, and measles, and pertussis and other contagion went. But we did treat pneumonias, and meningitis and diarrheas,
and it was a wonderful experience. We had kids with cystic fibrosis, and bronchiolitis and croup. The disturbing thing there was Friday afternoons. On Friday afternoon, we would admit at least 15 or 20 patients who were not sick. The rule was you could not refuse admission to a mother who brought her child to the emergency room. Mothers used to come and park their kids there for the weekend. And it was a lot of work. You had to do a history, and a physical and write it up. It was a pain in the neck. But it was something unavoidable.

DR. GOLOMBEK: So the kids were left alone?

DR. ANNUNZIATO: Pardon?

DR. GOLOMBEK: Their parents did not stay in the hospital?

DR. ANNUNZIATO: No. They just dropped the kids off and picked them up Monday morning.

DR. GOLOMBEK: Free babysitting.

DR. ANNUNZIATO: At any rate, I learned a lot of pediatrics. The chairman of the pediatric department there was Dr. Joseph Battaglia, Joe Battaglia. We called him Dr. Joe. I never met a man who knew more pediatrics in my life. He taught me more pediatrics than any 20 people put together, and I had some great professors. Joe Battaglia made rounds every Wednesday morning and every Sunday morning. We didn’t miss his rounds. I think he had an entourage of 30 or 40 people every time he made rounds because even the people from the open division came for his rounds.

I did my obstetrical fourth-year rotation at King’s County, too. The rule was you had to have 26 deliveries to graduate. I started my OB [obstetric] rotation at King’s County on a Wednesday morning. By the way, a weekend in those days was Friday night, Saturday, Sunday, and Monday until 6:00 pm. That weekend, I don’t know how many deliveries we had, but I delivered 13 babies over that weekend. That was an interesting time. I delivered two youngsters, one was 14, one was 15. As I worked with them during their labor, I said to myself, “These kids will never, never be able to deliver a baby.” Well, they delivered their babies all right. [Golombek laughs]
I can remember Sunday evening it quieted down a little bit, and we were all at chow in the dining room. There I said to the senior resident, “You know, I noticed that 4 of the young women I delivered came from the Angel Guardian Home. Somebody there is getting these kids pregnant. We have to look into this. Something is wrong.” Nobody smiled. There were about 6 of us at the table, all on OB. Nobody smiled, and they said, “Yeah, I guess so.” From then on until Monday noon, they kept saying, “Call there and find out what the hell’s going on.” I was about to pick up the phone, and one of the junior residents said, “Don’t call. That’s where they go after they’re pregnant.” Angel Guardian Home was a home for girls, young girls who were pregnant. Well, I sure would have made a fool of myself with that phone call. But some nice young man saved my skin. But it was an interesting experience.

We kept delivering babies, and shortly after, I got called back to Long Island College Hospital because the students there didn’t have many deliveries, so they were switching us around. Well, what happened but King’s County slowed down. Long Island College Hospital suddenly picked up. I think I had 35 deliveries when I finished my rotation in six weeks on obstetrics and gynecology [OB/GYN].

Part of the medical rotation in fourth year was to do a month of pulmonology at King’s County Hospital on the tuberculosis [TB] wards — lot of tuberculosis in those days. And they assigned me to the nurses’ ward. This was a ward of about 25 beds of only nurses who had contracted TB. Most of them had a pneumothorax or an open chest. My job each morning was to go in and wipe out the open chests of, really, pus.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: And clean it out. That was quite an experience. The patients wore the masks. We did not. When you walked in the door, there was all this whooping and hollering, whistling. I guess these young ladies were lonely. But anyway, I did that for about three weeks. Then they put me on the ward, the TB ward, where they were not open cases. I felt badly for all those wonderful nurses who had contracted TB.

Another rotation we did for medicine was at King’s County, as well. Every Wednesday and Friday afternoons there was a dermatology syphilology clinic. We saw a little dermatology, mainly syphilis. One thing we did every Wednesday and Friday was that there’d be a long bench in a room, and the
men would come in and sit down. We would expose their backs, take a
needle, a sterile spinal needle, and do spinal taps, bare-handed. A nurse
would prep. We just picked up the needle by the shank, put it in, pulled out
the stylet. A nurse followed you, collected fluid, pulled it out. We’d do 20
spinal taps in, oh, 30, 40 minutes. We did gold curves to measure the
progress of their treatment. We had no penicillin, by the way. There was
penicillin, of course. I guess [Sir Alexander] Fleming finally grew out
penicillin in 1928, but it was not available, except to the Armed Forces in
1945.

DR. GOLOMBEK: Yes. So were you using mercury?

DR. ANNUNZIATO: We used intravenous mercury, and it had to be
given very, very, very slowly. It took a good 20 minutes to give the dose of
intravenous mercury. I’m sure we were damaging a lot of tissue by giving
that. I can’t remember the exact drug that we used. It’ll come to me in a
minute. But nevertheless —

DR. GOLOMBEK: You were not using Salvarsan were you?

DR. ANNUNZIATO: Then we would go over to the other room where
there were women with syphilis.

DR. GOLOMBEK: You were not using Salvarsan?

DR. ANNUNZIATO: We didn’t use Salvarsan at the time. I had
studied in books about Salvarsan. But, no, we didn’t use that. It’ll come to
me in a few minutes. I believe it was Mafarsen. So, we’d do the same for the
women. And then we’d go to the clinics, dermatology and syphilis, and you’d
see chancreas and secondary syphilis, and people with Charcot joints [also
called neuropathic arthropathy]. The sad thing was that we had a lot of
babies born with syphilis. I have pictures of them with rhagades, and nasal
snuffles, and rashes, and it was pretty, pretty sad. I guess you don’t see
much syphilis anymore, but it seems to be on the rise again, by the way.

DR. GOLOMBEK: Yes, yes.

DR. ANNUNZIATO: I chair the Committee on Preventive Health
[Preventive Medicine/Public Health] for the Nassau County Medical Society
still. We get a report of what’s prevalent in our community each month and
syphilis is on the rise.
DR. ANNUNZIATO: At any rate, medicine at Long Island College Hospital was a great experience. We used to think that Bill Dock would call the ward at midnight and find out what the new admissions were, because in the morning when he came in to make rounds, he would walk to the door of the ward and say, “Oh, you admitted a diabetic last night. I can smell the acetone.” [Golombek laughs] We couldn’t smell acetone. But anyway, that was happening. So we all suspected he called the night before to find out what the admissions were.

I remember one of my patients as a fourth-year student was the father of a classmate of mine who had malignant hypertension. I got to be very, very friendly with him because, again, he was a friend’s father. That man died of hypertension. I’m sure he had renal disease, too. I can’t recall the details, but it was kind of shocking. Another man we had on the medical ward was a man in coma. He must have weighed 300 pounds. He was a construction worker and something had fallen on him, and he went into coma. He had been in coma for nine months. It was interesting. He breathed, he was fed by nasal gastric tube, but he couldn’t respond. After nine and a half months, after I went off the service, I went back to see that man. He had awakened, believe it or not.

DR. ANNUNZIATO: And he had total amnesia for what had happened.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: It was a very interesting phenomenon. Well anyway, I neglected to mention that when we started medical school, we had 121 classmates. There were 121 of us, five were women — the largest women’s class ever. I was fortunate. My partner was Marjorie Allen. Marjorie Allen had run the New York City Blood Bank [New York Blood Center] for 10 years and then came to medical school. She was a very bright woman married to a lawyer who was overseas. When we had to draw blood on one another, she hit my veins like that, [Golombek laughs] and I had trouble getting hers.
But anyway, at orientation day, after a full day of orientation, the closing speaker, the dean, got up and said, “Now, gentlemen —” He didn’t even recognize the five women. “Now, gentlemen, there are 122 of you sitting here. Look around. Pick 22 people dumber than you are, because they’re not going to be sitting here at the end of this year.” I must tell you, I looked around, and I couldn’t find 22 people dumber than I. At the end of the year we only had 98 people.

DR. GOLOMBEK: Wow! So he was right.

DR. ANNUNZIATO: In those days, too, by the way, if you flunked a subject, you went into the Army. You were out of school. You had to pass. Today it’s a little different. When I was interviewing potential students at Stony Brook, I was told, “Be careful. Choose them correctly, because we don’t flunk anybody out. If they’re good enough to get in, they’ll graduate, even if they have to repeat years.” And I have seen this happen over the years.

At any rate, two nights before graduation from medical school, we had a big party at the Hotel Bossert in Brooklyn. It was a fun party. They gave out all the awards, et cetera. Then Saturday night was graduation. I don’t know many people who wanted to go to graduation. I think most of them were suffering from hangover from two nights before [Golombek laughs] because there was a lot of booze. They had the commencement at the Brooklyn Academy of Music [BAM]. Most of us went, by the way, mainly because of our parents who were quite proud of us I’m sure. There were a lot of students in my class who were first-time college graduates in their family. I’m sure the parents were quite proud. We took our Oath of Hippocrates [the Hippocratic Oath]. I think I’ve lived by that oath ever since. I’m not sure many people have. But it is a beautiful oath.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: I have it hanging in my office. At any rate, let’s see. What else could I tell you about medical school? It just flew by.

DR. GOLOMBEK: So when did you meet your wife?

DR. ANNUNZIATO: When did I meet my wife?

DR. GOLOMBEK: Yes. Through medical school?
DR. ANNUNZIATO: I met my wife at college.

DR. GOLOMBEK: Yes, but —

DR. ANNUNZIATO: I guess you can say we were engaged for seven years? Actually, when I was in medical school, she lived in Hartford, Connecticut. As I mentioned, her father graduated from Wagner College. He was a Lutheran minister. Ruth lived at home with him. We didn’t get married until I went in the Navy after my internship. Well, after graduation, of course it was not the rule, but the current thing then was that you did a rotating internship. There were very, very, very few straight internships in any discipline. Pediatrics that year took one straight intern in pediatrics. It was a classmate of mine at Long Island College, probably the smartest pediatrician in the world. I’ll tell you quickly what he did. He did an internship, straight internship in pediatrics at Long Island College. He then took a straight internship in pediatrics at Cornell New York Hospital [NewYork-Presbyterian Hospital (affiliated with Weill Cornell Medical College)]. And then did a third year, a straight internship at Boston Children’s Hospital [Children’s Hospital Boston].

DR. GOLOMBEK: Wow!

DR. ANNUNZIATO: As an intern, you know what you do — all the scut work. But I am sure he learned pediatrics. He was the best-trained guy I ever met. He practiced on Staten Island. Al [Albert L.] Patrick was his name. I just spoke to his wife this past Christmas because we didn’t get a Christmas card from them. He has Alzheimer’s disease, and he’s in a medical care facility.

At any rate, Sergio, I’m sure I’ve forgotten a lot of things. And when I get this back to review it, I’ll add them and insert them.

I did a rotating internship. I think it’s probably one of the best things I ever did. I have never regretted doing a rotating internship. Now, you have to remember that this was March 1946. The war had just ended. The Army and Navy were turning the medical schools back to the private area, and internships, which had been cut to 9 months from a year, now suddenly went to a 15 month internship from March to July. So we got an extra 3 month bonus.
DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: How did you get an internship? There was no match. You decided where you wanted to go, and you applied. There was no fee to apply. My 2 roommates and I got together and decided we wanted to go to St. John’s Hospital [Interfaith Medical Center St. John’s Episcopal Hospital Division] in Brooklyn. Why? Because a lot of the people who had preceded us said that was a great internship. Number 2, our guidance counselors recommended it. And number 3, just about all of the chairmen at St. John’s Hospital, with 1 or 2 exceptions, were the chairmen at King’s County Hospital. This was where they put their private patients. And you got a lot more attention in the private area than you did at King’s County Hospital.

Well, we applied and were accepted. Several other classmates were also accepted there. So we started our rotating internship. My first rotation was surgical specialties. That was orthopedics, urology, and ear, nose and throat. And it was great. The chairman of urology was Augustus Harris. He was a professor at the school. He was chairman at King’s County, and he was chairman at St. John’s. He lived in Connecticut. The rule was that you did not call Augustus Harris after 6:00 pm. The residents took care of everything.

Let me go back a minute. We had to report April 1, but we were told to report the night before. We went there, and they had pizza and Chinese. We were assigned a room. We got room and board, uniforms, no salary. There was no pay. There was a big recreation room with a pool table, ping-pong table, and card tables. No TV. And now, as I mentioned, my first rotation was surgical specialties.

Well, about a week after I started, Augustus Harris called and said, “I’m sending in a woman. Schedule her for cystoscopy tomorrow, late morning because I have surgery in the morning. I’m going to cystoscope her. She’s got some kind of renal disease.” St. John’s Hospital was a big hospital with two wings like an inverted “V” and a wing across at the bottom. So there were four wings on each floor. The crossbar was private suites. Private rooms with an anteroom where there was a bed and a couch for somebody to sleep. Tremendous rooms, private bath. Before Gus Harris hung up, he said, “You will meet them at the door.” Well, I guessed this was an important lady. A chauffeured Rolls-Royce [Motor Car] pulled up at the door after I waited for about 40 minutes for them to arrive. This woman and her 2 daughters stepped out of the Rolls-Royce, and I personally ushered
them to her private room. They didn’t go through an admitting procedure. Somebody went up there and did the admitting. [Golombek laughs] Her history was that she had chills and fever and had been having this now for about 6 or 7 weeks. Everyone thought that she had renal disease, and she was referred to Dr. Harris for renal workup. Well, that was great. She had no temperature. She looked great. She was a buxom lady, well made up and certainly well dressed. We admitted her. She resented me doing a physical on her, but we got it done with 2 nurses. The daughters were in the anteroom.

That night, about, oh, I guess it was about 11:30 pm, 12:00 pm, I got a call. Mrs. So-and-so was having 105 fever and chills. I went down to see her, and she was shaking all over. I examined her and found nothing. I figured, well, she must have kidney disease as Dr. Harris says. But I said to her, “Let me have a urine because it might show something.” And she passed some dark brown urine. I took a stylet and did a smear on her.

DR. GOLOMBEK: She had malaria.

DR. ANNUNZIATO: She had malaria. Well, I went to the lab, stained it, looked at it. It was now about 1:00 in the morning. I went to the urology resident’s room and woke him up, and he was furious. I said, “You’ve got to call Dr. Harris because this woman doesn’t need a cystoscopy. She’s got malaria.” He said, “You know, we get idiots around here. I guess you’re the biggest one we ever had. No one calls Dr. Harris at this hour, and I’m not doing it. Get out of my room! You call him if you wish.” I walked out.

Well, I did call him. I called him at 1:30 in the morning. He answered the phone. He was a perfect gentleman, and I told him the story. He said, “I’ll see you in the morning.” Well, he got there at 7:00 in the morning. We made rounds with him at 7:00 before the OR [operating room]. My greeting was, “Who is the idiot who called me at 1:30 am last night? Malaria? Are you crazy?” Well, he said, “How did you make this diagnosis?” I said, “I have the slides here and you can see the parasites.” “Let’s go to the laboratory.” We went to the laboratory. Dr. [Raymond] Gettinger was the pathologist. He was there. And he looked at it, and he said after a long hesitation, “Well, I guess it’s malaria.” I don’t think he had ever seen a case, to be honest with you. But nevertheless, the woman was treated for malaria, went home that afternoon, by the way, into the care of her internist. From then on, I walked on water. [Golombek laughs] I was the greatest diagnostician.
Another story about urology was that Gus Harris did a prostatectomy on a wonderful, small Jewish man who developed post-op priapism and was in agony. Another rule Harris had was, “My patients do not get morphine.” Well, it was the middle of the night, and this guy was in a private room screaming. The nurses called and said, “You’ve got to do something for this man.” I called the resident, and he said, “Take care of it!” I gave him morphine. The next morning I was afraid to go to rounds. But I went to rounds with Dr. Harris, and immediately he picked up the order for morphine. Didn’t say a word, but you could see he was angry. We saw the gentleman. He had slept the rest of the night. His priapism had disappeared, by the way. As we walked out of the room, the gentleman said to me, “Doctor, come here.” I went over. He grabbed me, and he kissed me. We walked out of the room. Gus Harris looked at me, and he said, “I’m not going to punish you. You’ve had your punishment.” [Golombek laughs] Again, it was an interesting experience. As an aside, this man owned a men’s clothing store. When he went home he gave me a gift certificate for $75. That was a lot of money then.

Orthopedics was interesting, too, in that the chairman of orthopedics, a newly appointed chairman, was a man named Arthur Miceli. He became a very important person in my life. Arthur Miceli had just gotten out of the Navy. He was a Navy captain, 4 stripes. And I don’t know why he took a liking to me, but he wanted me to go into orthopedics at the end of the 6-week rotation. He kept saying, “Go into orthopedics. I’ll take you into practice with me.” I said, “No, I’m going to do pediatrics.” He had a grant to treat chronic osteomyelitis. His protocol was to put T-tubes, rubber T-tubes in the bone, and we irrigated those T-tubes with penicillin every eight hours. You couldn’t get too much penicillin then, but through his grant, he got penicillin. When he came in to make rounds, any patient who had been admitted on this protocol, I had already put in the T-tube, and everything was set. I guess I did a good job constructing the framework for the traction patients, too. Maybe that’s why he wanted me to go into orthopedics. But I had decided, no, I was going into pediatrics. Even after I finished with that rotation, every time I passed him in the hall, he’d say, “Be an orthopedist.” He was a wonderful man. Well, obviously I never went into orthopedics.

The third part of that rotation was ear, nose, and throat [ENT]. We did T&As [tonsillectomy and adenoidectomy surgery] two days a week. I guess we would do 10 or 12 every Wednesday and Friday. They were done in the afternoon after the big stuff was done. It was a sad exposure because my medical school roommate Vic [Victor] Alinovi was on pediatrics. These
children were housed on pediatrics, and one of them started bleeding post-op. It was a Friday afternoon. I was on ENT. I called the attending, who was now in Southampton, not in Brooklyn. He said, “Pack it!” I called the ear, nose and throat resident. I said, “We have to pack this.” And I’d never done it. He said, “I’ll tell you how to do it. Do it.” This kid was getting pale, and his hemoglobin was falling. We started a transfusion on him, and we packed him. We did a posterior packing. We passed a catheter through the nose, grabbed the catheter in the back of the throat and tied the packing to the catheter. Then we pulled it back into the posterior nasal cavity. Well the child died. My first death. I was in shock. All of us were in shock. We got a post on the kid. His bowel was full of blood from the esophagus down through the small intestine. He just bled out from a small nick in the carotid artery. T&As were done for anything, any indication in those days. Frequently we’d get a youngster come in with his brother or sister because the doctor said, “While we’re doing one, let’s do 2. Let’s do everybody.” It was a shame. We don’t do that many T&As anymore. I didn’t have too many kids in my practice that I had T&As done on. But we did them when it was necessary. With a few exceptions, my rule was you had to be 4 years old to get a T&A. When I started in practice, several deaths occurred in the community because people were doing T&As in their offices, and the kids would either die of anesthesia or whatever. One kid bled out in the doctor’s office.

The internship, of course, went on. My second rotation was general surgery. They let us do an occasional appendicitis. We did hernias under close supervision with the residents. We assisted at major surgery — gall bladders and resections, et cetera. We mainly held retractors. But it was a wonderful experience. The chairman of the department of surgery was Merrill [N.] Foote. He operated every single morning, did 2 or 3 cases every day. But he disappeared on weekends, by the way. He had a place in Bellport Long Island on the South Shore, a massive place. He took a group of the house staff out there one weekend and housed all of us. There were about 15 of us. Tremendous house! He had 3 daughters who were hostesses for us. All were married. One of them, her husband had been in the [United States] Army Air Forces [now the United States Air Force] and was decapitated by a propeller. But anyway, we had a fun weekend.

But Merrill Foote was a wonderful surgeon. We did a lot of surgery there. And I guess we learned it. We opened a lot of abscesses, and we did post-operative care. I wasn’t really interested in surgery. You were supposed to do 3 months of surgery, but I only did 6 weeks. They allowed me to count the
6 weeks on surgical specialties as part of my 3 months. I used that extra 6 weeks to do pediatrics as an elective.

There was another wonderful surgeon there whom I admired and became friendly with. I’m not going to mention his name. He admitted a patient, a young woman, for a herniorrhaphy. I admitted this lady the evening before. While doing the admission physical, I found a large lymph node in her left axilla. She came in about 4:00 in the afternoon, and I called him in that evening and told him this. He said, “Good. I’ll see her in the morning.” He went over, and he said, “Now, where did you feel this.” And he said, “Yes, there’s a gland there.” He said to her, “Have you had a recent smallpox vaccination?” She said, “Yes, I have.” He said, “That’s from the vaccination.” He did the surgery that afternoon. Unfortunately, she came back 3 months later with cancer of the breast. She called me. I was not on surgery anymore. But she called and asked me to come down. She said, “I always worried after you found that lump.” I’m not a surgeon, but I would’ve biopsied that node.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: He did examine her breasts very carefully and found nothing. And he did a lot of breast surgery. But anyway, that was an unfortunate situation. They did a mastectomy on her, by the way. I don’t know what happened after that. None of us is perfect, I guess. But this surgeon was just a great guy, did most of the children’s surgery. We had no pediatric surgeons in our area in 1946, 1947.

Let’s see. On medicine my rotation was a 3-month rotation. I don’t really remember too much about it. The chairman was a man named Erickson. I remember a man who came in who was in status asthmaticus. He was about 40 years old. We couldn’t contact his family. The family had left three days earlier to go to a wedding in Texas. This man developed his asthmatic attack and got worse, and worse, and worse and had to be admitted. You couldn’t communicate with him. His attending doctor was out of town. The covering doctor knew very little about him. We gave him everything — aminophylline, adrenalin. Just everything you can think of. I can’t remember all the things we did. Nothing helped. On Sunday evening his private doctor came in, and gave him intravenous sodium amytal, and this man fell asleep, woke up — no wheeze. His family had returned, and they told me that it was totally emotional.
Another case I remember was a young 19-year-old woman whose brother was one of our young attending surgeons. She was admitted with a diagnosis of polio. She had respiratory difficulty and was put in an iron lung. The romantic part of this story is that Sister [Elizabeth] Kenny happened to be in New York at the time, and this young doctor asked her to come and see his sister. She did, and believe it or not, the sister didn’t have polio. She had Guillain-Barré syndrome. Being the intern on the case, and since we had no generators, I had to sit at that respirator constantly. They brought your food to you. In case the power went off, there was a handle on the respirator that you could pump. Unfortunately, she went on and died. That was a little shocking to see a young lady, beautiful young lady, 19-years-old, die. Her brother was absolutely devastated.

And of course, we saw numerous diabetics, and asthmatics, and endocrinopathies, and strokes and heart attacks. They were all taken care of by the attendings. Ninety percent of them were private patients. St. John’s Hospital was in a black neighborhood and we also had a lot of service patients. The emergency room there was covered by the interns with backup from the residents if necessary. We averaged 2 or 3 gunshot wounds a week and 5 stab wounds a week. It was quite an experience. Of course, in 1947, you weren’t around, but I’m sure you’ve heard about the “epidemic” of smallpox in New York City. We vaccinated people. We set up clinics at the hospital, and we vaccinated 24 hours a day. In three weeks in New York City, I think we immunized 6 million people. There were only, I think, 7 cases of smallpox at the time. But that was called an epidemic. I’ve often compared that to child abuse. I chaired our child abuse committee for 17 years at the medical center. When you think about the millions of cases of child abuse compared to the seven cases of smallpox which was called an epidemic, and we haven’t called child abuse an epidemic yet. It’s sad.

And then I did pediatrics. I did nine months of pediatrics because I had swapped off. We had two electives, and I chose those two electives to do pediatrics. Dr. Joe, Joseph Battaglia, was the chairman of pediatrics. As I mentioned, I met him at King’s County. A walking encyclopedia of pediatrics. A humble, quiet man, I guess about 5 feet 4 inches tall. Stocky with a bushy crew-cut, but high. Heavy, heavy moustache. He had had smallpox as a child and had pockmarks on his face, so there were places where he couldn’t get shaved cleanly. But he was a gentle, kind, brilliant man. He called one morning about 7:00 and said, “I’m sending in a 7-month-old baby. Work her up, and I’ll be in about 9.” He made rounds
every morning at 9:00. In those days, the practitioners had afternoon office hours. They made house calls in the morning and made hospital rounds.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: I don’t know how they made a living. But they had afternoon hours. When I was in practice, we practiced from 7:00 in the morning until we finished, 6:00, 7:00 at night. And then we made house calls. But nevertheless, the chief resident at the time was Bill [William J.] Doyle, also a very bright man who’d come back from service. Bill Doyle and I went over that little girl with a fine tooth comb, and we could find nothing. She had fever. She had been vomiting. No diarrhea. Dr. Joe walked in about 9:00 am and said to me, “What’d you find on my little girl?” And I said, “We couldn’t find anything.” Urine was clear. Her count showed a high white count, shift to the left. He said, “You don’t find anything, huh?” He went to the desk, grabbed a piece of paper, wrote something down and put it in his pocket. Then he said, “Let’s check her over.” Bill Doyle and I went into the room with him. He examined her, and he looked around. He said, “By the way, what’d you find on rectal exam?” Well, we hadn’t done a rectal. He said, “I think we ought to do a rectal.” The child had an appendiceal abscess. So the child had 3 rectals that morning. The usual rule was that only one rectal should be done on any patient, but we did three rectals that morning. And sure enough there was a big egg down there.

We learned that infants can get appendicitis. And they rupture early. They get appendiceal abscesses. This youngster’s symptoms were crying when she voided, by the way, which we neglected to elicit. We went over the history, and Dr. Joe pointed these things out to us. She was treated with antibiotics and had an interval appendectomy a month later. He finished his rounds then. The surgeon had come in and seen the kid with him and agreed that we treat her with antibiotics and do an interval appendectomy. He left throwing the piece of paper from his pocket onto the desk. I rushed over to that table, the nurses’ station, and so did Bill Doyle. He got there first, grabbed that piece of paper, and looked at it. It said, “appendiceal abscess.” Later that morning I went in and talked to the mother. I said, “When did he see the child? He called at 7:00 am.” She said, “He never saw the child. I talked to him on the phone.”

DR. GOLOMBEK: Wow! A diagnosis by phone.

DR. ANNUNZIATO: That was the brilliance of the man.
DR. GOLOMBEK: Sure.

DR. ANNUNZIATO: And that has held me in good stead for many years. I’ve had 3 children since then. Only 3, but 3 important cases of infants with appendiceal abscess who came in. One of them was when I was a chief resident at Long Island College. A youngster had come to the emergency room 3 evenings in a row complaining of pain on voiding. Fever and high white count were being treated by the urologist as a urinary tract infection. One evening, the fourth evening, she came in. The pediatric intern on call saw her and called me. I went down to see this youngster. I said, “She has an appendiceal abscess.” I did a rectal, and she had an abscess.

Interesting story, because we admitted her to pediatrics and called the surgeon. The chief resident of surgery at the time was Bob Hubbard. This is as a resident now, not as an intern. I’ll tell you more about him in a few minutes. Bob couldn’t feel an abscess. He said, “I can’t operate on her.” We called Vinny [Vincent J.] Santare who was the urology chief resident, another bright guy. He said, “I think she’s got a urinary tract infection.” I said, “Her urine’s normal. She’s been on medication for three days by your urology resident.” Well, we went to evening chow. And when we came back into my office, the three of us. Bob Hubbard disappeared for a few minutes, came back and picked up the phone and called the OR. He said, “I’m bringing a child up for surgery.” The kid had fallen asleep on her stomach, and with her buttocks up in the air. He sneaked in, felt her, and she cried when he felt the right side. He told me afterwards it was the hardest case he had ever done. It took him 3 hours. It was all matted down and a big abscess. He emptied the abscess. He had to clean it all out. Actually, the kid did very, very well. But she was in the hospital for a month.

DR. GOLOMBEK: Wow!

DR. ANNUNZIATO: I’ll never forget her. At any rate, we’re now back as a rotating intern. I told you about the death from the T&A. Another death that we had was a 3-month-old baby who came into the emergency room at about, oh, 8:00 or 9:00 at night. I saw her, and we admitted her with pneumonia. And it was obviously pneumonia. She had all the signs and symptoms. We got an x-ray, and she had a solidified right lower lobe. We put her on medication. If I recall correctly, we treated her with sulfa drugs and aureomycin which we had at the time. The youngster died about 6:00 the next morning. She had a staphylococcal pyopneumothorax. And
obviously, neither the aureomycin or the sulfa had any effect at all. I tell this story because I want to demonstrate to you the gentility of Dr. Joe. He came in the next morning. He had not seen the case. But of course we had to report it to him. We told him what we had found at post because we’d gotten an autopsy immediately. The pathology resident did the post. This was a service patient. Dr. Joe said to me when he was leaving, “Walk with me.” Those words meant something because he never told you to walk with him unless he had a message.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: I used to frequently walk with him, to the elevator anyway. But, “Walk with me.” As we walked to the elevator, he said to me, “Do you have a stethoscope?” I looked down. Here was my stethoscope hanging around my neck in full view. I said, “Yes.” He said, “Use it more often.” That just shows you the gentility of this wonderful, wonderful man. I get emotional just thinking about him. He died at age 55, by the way, of hepatitis. I don’t know what kind of hepatitis. He should never have died.

At any rate, we had a lot of diarrhea. We had a lot of bronchiolitis. Of course, those things haven’t changed that much. We had a lot of meningitis. Otitis media with draining ears was commonplace. And a lot of kids soon developed meningitis or mastoiditis from otitis media. We treated meningitis, of course, mostly Haemophilus influenzae [type] B [HIB or H flu B] with sulfa and with type-specific antiserum. We could only get that from a stockpile in Philadelphia. One could contact them at any time, day or night. I remember one youngster came in. We tapped her. She had meningitis. I said to the family, “We need type-specific antiserum.” The father got in his car, drove to Philadelphia and was back about four hours later. I don’t know how he did it. It’s a 3 hour trip to Philadelphia. But he was back in no time. We gave type-specific antiserum, sulfa drug, and the kid got better. When penicillin came along, you can’t believe. Today I don’t know if our young residents can believe this was truly a miracle drug. We cured everything. By the way, we cured E. coli [Escherichia coli] meningitis in the newborn nursery with sulfa. They got better with sulfa. But then, of course, resistance developed.

DR. GOLOMBEK: Yes. I have to change the tape. We’ve been talking for an hour and a half. Do you want a break?
DR. ANNUNZIATO: No, I’m okay. Ready?

DR. GOLOMBEK: Yes, yes.

DR. ANNUNZIATO: We’re still on pediatric rotation. We had a bunch of wonderful pediatricians. All of them were on the staff at King’s County, and I’d met them all there. Bernie [Bernard H.] Shulman. Saul Starr, who was a generalist but did all the tuberculosis work. And he was busy with just TB. That’s how many kids we had with TB. We had kids with not only primary TB and cavitational TB of the lungs, but with tuberculomas. And I haven’t seen a tuberculoma since then. I saw kids with tuberculoma of the brain, tuberculoma of the kidney, tuberculoma of the liver, bone. And, of course, tuberculous meningitis.

We had streptomycin, and we used streptomycin for them. Most of them did not make it. Rarely a child with TB meningitis would make it, but with residua. Bernie Shulman, Felix Feldman, Marty [Martin M.] Maliner, Werner Weiss, all wonderful pediatricians. And then we had a lot of general practitioners who had privileges on pediatrics who sent patients in. They sent in some of the most interesting cases. I’m sure the pediatricians treated a lot of illnesses at home.

I neglected to tell you about penicillin rounds. We had penicillin in limited quantities. When we treated a patient with penicillin, we would take their urine and recapture the penicillin. Don’t ask me how they did it. I don’t know. But we would reuse that penicillin it was in such scarce supply. Our troops were coming home, and they still needed a lot of penicillin. When a soldier was wounded in the field, the doctors in the field would take a package of sulfa crystals, probably sulfanilamide or sulfathiazole, and pour it into the wound, bandage them up, and send them back to the field hospital. And maybe they got penicillin there. But the Armed Forces had the penicillin.

When we had penicillin, as I said, we had it for that grant on orthopedics, and we had some penicillin for critically ill patients. There were penicillin rounds. Every 12th day an intern did what we called penicillin rounds. You had a cart with penicillin. It was given every 3 hours. That’s the only kind we had. It had to be given by injection. There was no oral penicillin until the late 1960s or early 1970s. We would get the cart and 2 nurses and walk around the hospital on every floor, every ward, and give penicillin. The intern gave the penicillin. The nurses were just wonderful. Everything was
They handed you the syringe. You prepped and gave it. And you went around. It took about 3 hours. You’d have a cup of coffee, and you started over again. You did that for 24 hours. And it was fun. Once in a while you’d have a half hour in between. But usually it took just about 3 hours to do the penicillin round.

Getting back to pediatrics, I have to mention that when I started on pediatrics, the first thing I was told to do was to work in the formula kitchen. Well, that was not for the nursery. That was for the ward. We made formulas for the babies. We made regular formula with evaporated milk, water, dextra-maltose, or whole milk, water and table sugar, but we made formula specifically for each child. Most of them were infants. And we made protein milk, and we made lactic acid milk. You got up at 5:00 in the morning and by 8:00 am you usually had all the formula. You had nurses working with you. I remember making lactic acid milk with a long tube of lactic acid. We’d drip it in drop by drop by drop. And feeding was a big thing then. The formula kitchen intern then fed the babies and changed their diapers.

Later on, we resigned our responsibility for infant feeding to the formula companies, who, by the way, did a magnificent job. Now all you do is go to the drug or grocery store and buy it. But in those days, mothers had to be taught how to make formula steriley, a sterile towel, a sterile spoon, a sterile pot. I’m not sure how sterile it was, but they did very, very well. At New York Hospital I was told a service patient would get whole milk and table sugar formula. A private patient would get evaporated milk and dextra-maltose. [Golombek laughs] And they did very well. We’ve come a long way with formulas, as you know better than I.

The nursery was interesting. While I was on pediatrics, we had a lot of deliveries. We had an outbreak of staphylococcal infections in the nursery. We had, if I recall this — Felix Feldman and I wrote this up, it was published in 1948, actually, in The Journal of Pediatrics — I think we had 32 cases of staph [staphylococcal] infection in the nursery, four cases of meningitis, otitis media, balanitis, vaginitis and pneumonia. Four babies died. The others made it. We closed our nursery. We examined every caretaker, and we could not find the source. And we kept getting staphylococcus.

One day I happened to be in the nursery, and I went over the list of the staff, and there was a young lady there, an aide, who fed babies and changed diapers. I went over to her, and I said, “You know, your name is not on the
list. When were you examined?” She said she hadn’t been examined. I said, “How is it you never got examined?” She sheepishly said, “I don’t know.” But the charge nurse later told me that every time she was scheduled, she didn’t come to work. She had an abscess under her arm.

DR. GOLOMBEK: Ah hah!

DR. ANNUNZIATO: I said to her, “You’re being examined right now! Come on!” We took her in the examining room and found this abscess. She never told us about it. And sure enough, that was the source of the outbreak. We almost had to close the OB and surgical wards because a couple of cases of staph infection got into those wards. Fortunately, we picked this woman up first, and we didn’t have to do that. Sadly, this had gone on for over 3 weeks. It was devastating. We had to set up another nursery in another part of the building. But anyway, that was solved, fortunately — accidentally, too.

While I was an intern on pediatrics, there was an ear, nose and throat man by the name of [Paluel J.] Flagg at [The] New York Eye and Ear Hospital [Infirmary]. I think he really was an anesthesiologist.

DR. GOLOMBEK: Yes, he was. He actually designed a resuscitation machine.

DR. ANNUNZIATO: He announced he was going to give a course on intubation, but it cost $25. I thought I’d like to take that course, but I didn’t have $25. We made nothing. That’s not true, but I’ll tell you about that in a minute. I approached Dr. Battaglia, and he said, “Let me talk to the chief of OB.” The next morning he said, “We’ll pay for that course. You go up and take it.” It was a one-day course. We got there at 8:00 in the morning. They were doing T&As all that day. We intubated dogs with their large epiglottis. That was easy to do under anesthesia. Then we did cats. And then we did — each of us did — five children. I learned intubation in one day. I had never intubated before. Flagg was a great teacher.

DR. GOLOMBEK: He had a special resuscitation apparatus that he invented.

DR. ANNUNZIATO: You heard about Flagg?

DR. GOLOMBEK: Yes.
DR. ANNUNZIATO: He was an interesting man and did a great job. Dr. [Charles W.] Mueller the chief of OB said to me when I came back, “If you save one baby, it was worth 25 bucks.” One week later I had to intubate a baby, and the baby did well. It was meconium aspiration, as a matter of fact, which I didn’t like to see because they didn’t do well. They do better today.

DR. GOLOMBEK: Yes, much better.

DR. ANNUNZIATO: Good. I remember that some of them used to rupture the lung. If they got aspiration pneumonia, they didn’t do well in my early days. But anyway, on the ward in pediatrics one evening about 8:00 in the evening, a black mother brought in her 7-month-old baby who had had a convulsion. We examined the baby, and the history was that the mother was sitting on a 6 inch high stool on the floor. She knew the measurements — 6 inches high. The baby was on her lap, and slid off her lap and hit her head. Well, we assumed possibly a bleed. There was a bruise on the scalp. We had the neurosurgeons come in. They saw the child, set up the OR, and the baby died before we got her to the OR — an epidural. I’ve wondered ever since then if that story wasn’t true.

DR. GOLOMBEK: Child abuse?

DR. ANNUNZIATO: It bothered me. There were no child abuse laws at the time. But anyway, how a baby could slip off a mother’s lap and hit its head on the floor and get an epidural bothers me.

But, I mentioned meningitis. We had a lot of meningitis. I don’t think there was ever a time on the ward that I was on pediatrics as an intern that we didn’t have one or two cases. It was mainly Haemophilus influenzae B, as I mentioned, and we treated it with sulfa and type-specific antiserum. We saw a lot of pneumococcal meningitis. The death rate from pneumococcal meningitis was 95 percent. I can remember we’d get posts on them and see thrombi in the small vessels of the brain. I can remember Dr. Joe telling us that pneumococcus causes thrombi that you can’t heal, and they’re going to be either damaged badly or die. And there was a very high mortality. Again, no penicillin at the time. We treated them with sulfa. We also saw an occasional meningitis due to staph and strep, but very unusual. Most of them were Haemophilus B or pneumococcal. Tuberculous meningitis, of course, we’ve talked about. Then along came chloramphenicol. We would treat
meningitis with sulfa and chloro, and many of them lived. Later on, of course, when penicillin was available, we used triple therapy — penicillin, sulfa, and chloramphenicol. The sulfa drug had long gone from sulfathiazole to sulfamethazine, [sulfa]merazine, ending up with sulfadiazine, which is what we used. I used sulfa in practice for years routinely, and it worked. A lot of people had reactions to sulfa drug. I have terrible pictures of people in the hospital with sulfa reactions, terrible pictures! And people died of sulfa toxicity. We used chloromycetin [chloramphenicol], and we used it frequently. We used it liberally. And of course, the reports began coming out that it caused aplastic anemia and all the other hematological problems. I never saw a case. Never saw a case. But they were in the reports, and so we had to get informed consent after that whenever we used chloro. But in practice, we used a lot of chloro for infections, and especially resistant otitis media, even though I used sulfa drug in practice for 20 years. And was, I guess, the last dinosaur to give it up. It worked! And I had no reactions. So we continued. You know the philosophy, “Be not the first, nor the last.” If something’s working, I think you ought to continue.

An interesting problem developed while I was on pediatrics. We began seeing infants with tetany. All were under 6 months of age and all had low calcium levels. They responded poorly, however, to calcium. We quickly discovered that all were on a newly marketed formula. In those days, formula was supplied to hospital nurseries free of charge. Most chairmen chose to rotate their formulas as happened in this case. The new formula was being used in our nurseries. Investigation then showed that the infants had very low vitamin B6 levels. The new formula, upon analysis, was found to lack vitamin B6. It was withdrawn from the market shortly after. We also noted in these babies that all had puffy edema of the feet, and a few also had edema of the hands and face. A review of the literature revealed this phenomenon was commonly described in the German and Indian literature. We had about a dozen cases of this. All responded quickly to vitamin B6.

Let’s see now. The obstetrical rotation was interesting, too. I mentioned that we had to report for the internship the night before, and there was pizza, Chinese, and everything.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: The chief of OB, Dr. Mueller, who was also the president of a national obstetrical organization at the time, taught us how to give chloroform anesthesia, open-drop chloroform. That was the main
reason we were there the night before. The interns gave all the anesthesia to every patient in labor. We could drop a patient in minutes. They’d stop their labor. In 3 or 4 minutes we had them anesthetized and labor stopped. We could bring them up just as quickly. He taught us how to put a finger under the mask so there was some oxygen getting in. Never saw an untoward effect from the chloroform. A report came out while I was on OB that chloroform damaged the liver and that it should not be used. Dr. Mueller went back to King’s County Hospital and reviewed, I think, almost 10,000 cases of women who had delivered with chloroform anesthesia and researched as many as he could. Not a single one had liver disease. So we continued using chloroform anesthesia. And it was great. It was great because the attendings weren’t there all the time. They had to deliver their private patients. So when a woman in labor would have a contraction, we’d give them a couple of whiffs, and stop their labor until the doctor came. Every once in a while we couldn’t stop the labor, so we would deliver the baby. With service cases, we delivered the babies. If it was a private patient, we’d still continue with a couple of drops of chloroform until the attending came. That mother never knew her baby was delivered by anyone but her private doctor. And the obstetricians were great. Whenever they came in for a delivery, they brought in a carton of cigarettes, pizza pie, Chinese, something, box of candy. I think the boss, Dr. Mueller, probably said, “You will take care of those house officers.” Each of us had a private room, a big recreation room at the end of the house staff quarters, a back stairway. I’m not going to tell you what that was used for. [Golombek laughs] But people took advantage of that back stairway, especially at 11:00 at night when the nurses went off duty. My room was the first one at the entrance away from the stairway. Then there was a big library, and then the labor and delivery rooms. At the other end were the surgical ORs [operating rooms].

An interesting thing on OB was that every Wednesday and Friday evenings at about 11:00, we would get 5 or 6 admissions for miscarriages. And we all knew that this was not kosher. Why didn’t that happen on Monday or Tuesday or Sunday or Thursday? It was Wednesday and Friday. There were four or five doctors who would send them in. We could examine patients head to toe, but no vaginal exams on private patients — take them to the OR, do a D&C, pathology report, “products of conception.”

Now my roommate went into OB and did his residency with Dr. Mueller. When he finished his residency, he asked, “Dr. Mueller, you have to tell me how these doctors are doing this.” He said, “I’m amazed that you haven’t figured it out.” Well, we talked about this every night. We couldn’t figure it
out. What they would do was to bring the patient in at the end of hours, take 20 cc of blood from the arm, put it in the vagina, lift their hips, call an ambulance, and send them in. We didn’t do pelvics. Clots of blood coming from the vagina, D&C, products of conception. Abortion, of course, was illegal at that time.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: Clotted blood obviously. Menstrual blood doesn’t clot. My roommate never did an abortion. He would refer anyone who needed an abortion. He would not do one himself, even though it was not a religious thing with him. He just would not do an abortion. At any rate, that was an interesting part of the obstetrical rotation.

Okay. Another youngster I had on pediatrics was a ten-month-old who was sent in by a family practitioner. The history was that this child was admitted for diarrhea and was quite dehydrated. We didn’t have hydrating fluids. We had saline, we had 5 percent dextrose in water. We mixed up our own solutions. [Daniel C.] Darrow, [Sydney] Ringer, [Allan M.] Butler, [Alexis Frank] Hartman, and [L. Emmett] Holt [Jr.], and all these wonderful people were working on developing electrolyte fluids, but there were none commercially available. We made our own. We’d mix 5 percent glucose with normal saline and get 2-1/2 percent glucose with half normal saline, et cetera, et cetera. We hydrated this baby. The story was that she had had intermittent vomiting, and diarrhea and constipation from birth. No one knew what was going on with this baby. We did a workup on her and found nothing. We did not do a GI series on her. And she indeed went on and died and had a malrotation of the bowel with intermittent volvulus. I went back to Ladd & Gross [Abdominal Surgery of Infancy and Childhood. Philadelphia: W. B. Saunders Company 1941]. The textbook of pediatric surgery was the only pediatric surgical text at the time, but a wonderful volume. There are 6 lines on malrotation with intermittent volvulus causing diarrhea, constipation and vomiting. So it’s there. It’s interesting, but I know I learned a lesson. But it wasn’t my lesson to be learned. I hope the attending learned the lesson. Dr. Joe was out of town at the time. I always wondered if he had been in town and seen that patient, because he saw every patient on the ward, whether he would have known. We talked about it, but all he did was say, “Sad, sad.”

There’s one other case I’d like to tell you about, also sent in by a family practitioner. A 17-year-old, 6-foot-something giant of a basketball player,
high school basketball player, was admitted by a family practitioner from Queens with weight loss and intermittent fever. Now our routine on every single admission to pediatrics — this kid, by the way, was in a private room, but I was the intern — our routine on every child admitted was to have a chest x-ray and a tuberculin test. And everything else — the CBC and the urine. But those 2, chest x-ray and tuberculin test, were routine. This private doctor said, “We had a chest x-ray a week ago. It’s negative. And I did a tuberculin test some time ago. It’s all normal. Don’t do it.” He had a week’s workup and was sent home after a week with no diagnosis. A month later he was readmitted, more weight loss. The kid was down something like 40 pounds from his top weight, was feeling weak. And this man did call a consultation with the chief of medicine, not pediatrics, who recommended the child be transferred to Columbia Babies Hospital [Babies & Children’s Hospital of New York, now NewYork-Presbyterian Morgan Stanley Children’s Hospital (The University Hospital of Columbia [University Medical Center] and Cornell)]. So the kid was sent there. One night, as I understand the story that came back to us, the nurses were changing shifts and giving reports. One of the nurses admittedly said to the other nurse coming on, “This kid is probably a psycho.” They think the kid heard that, and he jumped out the 11th story window and killed himself. At post he had tuberculosis of the gut, of his intestine. Not the lungs, of his gut. I got a post report from the resident at Columbia — TB of the gut. I didn’t have a chance to find out if he drank raw milk. That I don’t know. But it was an interesting lesson to learn. You can’t take shortcuts. You’ve got to do the works. Make your rules and live by them. One other thing about the rotating internship, every Wednesday the meal was kidney stew. Now I don’t know if you’ve eaten kidney stew —

DR. GOLOMBEK: Yes, I have.

DR. ANNUNZIATO: — but it tastes like urine.

DR. GOLOMBEK: Pretty much.

DR. ANNUNZIATO: And after being in the pathology lab, you don’t want to eat kidney stew. [Golombek laughs] None of us would eat our kidney stew. And that was all they served on Wednesdays, every week. We begged them to change that menu, and they refused. We solved the problem. My roommate in medical school began dating the head dietician. He was a tall, handsome persuasive young man — unmarried of course, and this head dietician was a divorcée. I don’t know what he did to her, but he got a key to
the kitchen, so we didn’t need our kidney stew anymore. We had no midnight chow, by the way, at St. John’s in internship. But we had food every night because he had the kitchen key.

DR. GOLOMBEK: [Laughs] He was going to change the menus, but this was even better.

DR. ANNUNZIATO: Let’s see. Felix Feldman was one of the attendings. Felix had finished his residency at King’s County a few years before and had joined Saul Starr in practice — one of the very, very, very few non-single practices. Two people in one practice was unusual. He came in every morning because he had time as he was building up this practice. He spent an hour with me personally every morning when I was on pediatrics. He’d come in and say, “What do you want to learn today?” And I’d say, “I don’t know.” I learned how to do scalp IVs [intravenous]. Every morning we did a scalp IV. Subdurals. After meningitis, especially H flu B, we occasionally had subdural collections of fluid. We had to do daily, repeated taps. Later we found out that wasn’t necessary. Surgery wasn’t necessary to remove the “membrane,” which was also done. Most of them got better on their own. But we were doing continuous daily taps, removing 4 or 5 cc of fluid. We’d do subdurals through the suture lines.

GOLOMBEK: Did you do those extractions through the fontanel, too?

DR. ANNUNZIATO: On infants. Routine blood work was done from blood from the sagittal sinus. I got to be a master of that. Now, I want to just say a few words about erythroblastosis fetalis. As you know, [Karl] Landsteiner, and [Alexander S.] Wiener discovered the Rh factor, I think in 1937. And [Harry] Wallerstein did an exchange transfusion in 1945. It was the year before we did one. He did an exchange transfusion by putting a cut-down in the saphenous vein at the ankle and by doing sagittal sinus taps. The 2 major hospitals in Brooklyn were Brooklyn Jewish Hospital [The Interfaith Medical Center is comprised of the Brooklyn Jewish Medical Center and the St. John's Episcopal Hospital] and Long Island College Hospital. Our residents at St. John’s Hospital came from Long Island College. There was no independent pediatric residency there, but the residents rotated through from Long Island College through St. John’s. And so we were on pins and needles waiting to get our first case to do an exchange transfusion. By the way, Wiener was then at the Brooklyn Jewish Hospital.
I can’t tell you about Rh sensitivity, direct and indirect bilirubin. You know all that, as most people do. Any pediatrician knows that. We used not only the American terminology of Rh0, Rh+ [Rh prime], Rh− [Rh double prime], but also the British system of Rh A, B, and C. We were waiting, along with Brooklyn Jewish, to see who would get the first Rh baby. And lo and behold, that baby was delivered at St. John’s Hospital. Jimmy White was the baby. He was a preemie, 4 pounds 8 ounces. The mother was 41 years old and had sickle cell anemia. I mean anemia! In preparing for an exchange transfusion, we had experimented with double-ended bell jars with rubber diaphragms on each end filled with water. We’d inject saline at one end and pull fluid out the other after diffusion. We found that the best exchange we could get was 85 percent.

Jimmy White came along. Bill Doyle was the chief resident at the time, so he and I did an exchange transfusion, the second exchange transfusion ever done. I was told — Oh, what’s that wonderful neonatologists in California who just died? I told her about this, and she said, “Gee, I thought we did the second one.” But they did it a year after we had done ours. Her name was Joan [E.] Hodgman. Joan Hodgman was the director of neonatology at University of California [San Francisco] for many years. And she was on the senior section as the editor of the senior newsletter. She developed Lou Gehrig’s Disease, amyotrophic lateral sclerosis [ALS], and passed away in a matter of months. It was incredible. She was at a meeting with us, and 3 months later we got the announcement that she had passed away.

At any rate, we did an exchange transfusion on Jimmy White. Bill Doyle put a cut-down in the saphenous vein, and I did 20 consecutive sagittal sinus taps. Jimmy White lived, and he did beautifully. They chose the prettiest nurse in the hospital. She with a mask on, and me with a mask on holding Jimmy White were on the front page of the Brooklyn Daily Eagle. Full-page picture, which destroyed me, because when you had your picture in the newspaper, you had to buy a keg of beer for the rest of the house staff. And I couldn’t afford a keg of beer. But my old man gave me the money for a keg of beer, so we had beer which lasted for about a week. [Golombek laughs] But anyway, that was about it for the internship.

DR. GOLOMBEK: So how much pay would it be at the time? How much would it be?

DR. ANNUNZIATO: Nothing! I have to modify that. If we had all of our charts done by the first of the month, we would get a $25 bonus. Well,
the night before the first, there was a party in the record office. The nurses came. They did most of the charts for us, by the way. Then we went over them and signed them all. We’d do 50 or more charts the last night of the month. Also, on Friday nights we had pizza and beer at a pizzeria. Now this was not the best neighborhood in the world. As I told you, we had a lot of gunshot and stab wounds. It was about a 3-block walk to the nearest pizzeria. But when the nurses went off at 11:00 pm, they had money. They were paid on Friday. So they would take some of the house staff, half a dozen of us, and we’d go and have pizza and beer. They paid for it. One way we paid them back was that if a nurse broke a syringe, she had to pay for it, but we didn’t pay if we broke one, so we’d sign for all their broken syringes.

Now, I want to get back to Arthur Miceli, the orthopedist. As I mentioned, he was a captain in the Navy, and he really knew the ropes. He said to me, oh, one day in January or February, in passing, “You go into orthopedics.” And I say, “No.” So one day he stopped me and said, “What are you going to do?” I said, “I’m going into pediatrics. I’ve told you, Doc.” He said, “I’m going to talk to Dr. Joe, and I’m going to convince him not to let you do that.” I said, “I’ve already told him I’m doing pediatrics.” So he said, “Well, what are you doing in July? Where are you going?” I said, “I have to go in the Navy. I have 2 years of obligated duty.” “You’re going in the Navy?” He said, “What are you going to do there?” I said, “I’d like to do pediatrics.” He said, “I’ll tell you what you do. Right now you go to your room, and you write a letter to the Bureau of Naval Personnel [BUNAVPERS (now called BUPERS – Bureau of Naval Personnel under Naval Personnel Command)]. Tell them you’d like to be assigned to a pediatric service.” I think I had 7 months or 8 months of pediatrics by then.

Well, I took him at his word. I wrote to BUNAVPERS, and believe it or not, within a week I had a response, a letter saying, “We will assign you to pediatrics at a hospital in your vicinity.” Well, that was interesting. I kept that letter. And the next time I saw Dr. Miceli, he said, “When are you reporting for duty?” I said, “My orders are for July 10th.” He said, “No, you’re reporting July 1.” I said, “Dr. Miceli, I will not have had a vacation in 15 months. I’m going home, and I’m going to take a vacation.” He said, “You’re reporting July 1.”

Well, July 1 came. I went home. I had no intention of reporting for duty on July 1. What did I do there? I visited the mothers and fathers of my friends. I went and visited Mom and Pop MacDonald. Hector, my best man later, was in Europe. I went and visited the Tribianos. They were all, 4 brothers,
not at home. So I said to my mother and father on the 4th of July while we were having a family gathering and my brother was home — he was in the Army — “I think I’ll report tomorrow.”

I reported to duty on July 5. I had orders to the Brooklyn Naval Hospital [United States Naval Hospital, Brooklyn Navy Yard]. I went in on July 5. The officer of the day looked at me. He was a commander, and he said, “What the hell are you doing here?” I said, “I’m reporting for duty.” He said, “Are you crazy? You’re not due until the 10th.” I showed him my letter — pediatrics. He said, “You know pediatrics?” I said, “A little bit.” He said, “Just a minute.” He ran over across the hall to, not the commanding officer’s office, but the executive officer’s, the second in command. His name was Captain Bullwinkle, believe it or not. This captain came out and said, “You do pediatrics?” I said, “Well, I’ve had some training.” He said, “Just a minute. Come with me.”

He called Commander Hopper who ran the dependents’ unit. I don’t know how Commander Hopper ever got to the executive office so fast because it was a distance. He said, “Come with me. We’re having an epidemic of diarrhea of the newborn.” Now, I don’t know if you know much about diarrhea of the newborn in those days. No one knew what caused it. It was a rotavirus, obviously. I went over there, and they had set up a new nursery elsewhere. There were about 30 babies in the nursery, all with diarrhea. I looked, and I was kind of astounded. Most of them were dehydrated. The nurses were sick with worry. This was the fourth epidemic of diarrhea of the newborn they were having at the naval hospital. All the pediatricians had been shipped out on the first of July, and they were awaiting the new crew.

Well, I took off my hat and my coat, my shirt. Put on a cap and gown, mask, gloves, and I stayed there for 3 days — didn’t leave — giving clyses. Now, whenever I ask a house officer, “What’s a clyses?” they don’t know. You know what a clyses is?

DR. GOLOMBEK: Yes, I did it as a resident.

DR. ANNUNZIATO: Did you use clyses? It was barbaric! But it saved the lives.

DR. GOLOMBEK: Yes.
DR. ANNUNZIATO: So we’d take a 50 cc syringe and make up our solutions and inject this under the skin over the back. I did that for 3 days and 3 nights. And we didn’t lose a baby. On July 10, 120 medical officers reported for duty. Twenty of them had pediatric training and wanted to do pediatrics. Guess who was put in charge? I was in charge. Five days.

DR. GOLOMBEK: You were their senior by 5 days.

DR. ANNUNZIATO: I was put in charge of pediatrics. I have to mention another young man who reported for duty. I later found out he had a letter from BUNAVPERS, too. This was Samuel Dunham Rowley. Sam was a bright man, tall, handsome, married with two kids. Obviously came from a very wealthy family. His father was an internist in Hartford, Connecticut who later became commissioner of health of the state of Connecticut. Sam and I stayed at the Brooklyn Naval Hospital. We did not get orders.

For a month, we had 3 afternoons a week in orientation, “Join the regular Navy! Join the regular Navy! Your pay goes up. You become a lieutenant, a full lieutenant, immediately.” Sam and I chose not to do that because the rule was 2 years of sea duty for every 3 years of land duty, and I didn’t want to go abroad. I was planning to get married. Well anyway, everybody was shipped out. I had orders a dozen times. My first orders were to a tanker in the Persian Gulf. The second orders were to 90 Church Street [U.S. Post Office & Federal Office Building, New York] to do routine physical examinations. Well, the first orders were cancelled by the commanding officer because of that epidemic of diarrhea of the newborn and my letter from BUNAVPERS. Dr. Baranco, who was the next in line, went to the Persian Gulf.

At any rate, the clinics at the Brooklyn Naval Hospital were tremendous. I don’t know if you know, but it was decommissioned. There is no more Brooklyn Naval Hospital. The Brooklyn Naval Hospital was a little bit of heaven put into the worst part of Brooklyn, on Navy Street — a lot of sailors and a bad neighborhood. It was separated from the Brooklyn Navy Yard by a 3-feet wide, 12-feet high wall. And along the periphery were the gorgeous duplex homes for the captains and chiefs of service.

Well, in the mornings I never ate breakfast. I just didn’t eat breakfast. But in the morning, intake rounds for everyone were in the doctors’ dining room. The doctors’ dining room was an oval building with many, many tables.
where we ate lunch and dinner, if you wanted it. But in one area was a big
table which sat about 20 people, and we took intake rounds there in the
morning. We would walk in and sit down, and a Navy corpsman would come
over and say, “What would you like for breakfast, Doctor?” I remember
George Bach was in charge of medicine there. I used to sit next to him
because I knew him in medical school. He was 2 years ahead of me. He
wasn’t the chief, but he ran the service. The chief was Captain Wadell. At
any rate, I usually sat next to George. George had steak, home fries, bacon,
sausage, a real Navy breakfast every morning, and he devoured it. Not a
slice of toast and coffee. [Golombek laughs] And I gradually learned to eat
breakfast. We did this every morning. You were treated like royalty and
respected, by the way.

But I must tell you something. The chiefs, chief petty officers, ran the Navy.
You guided them, but they ran the Navy, and they knew the ropes, too. The
laboratory chief who ran the laboratory was a brilliant microbiologist.
Never had a degree. But I’ll tell you, when he called you and said, “Doctor,
you want to see this slide or this culture,” you went and looked at it. And he
was always right.

Well anyway, everybody was shipped out after three months. There were
some obstetricians now. Sam and I, Sam Rowley, and about eight
obstetricians ran the dependents’ unit. The commander, Hopper, was in
charge. Commander Hopper didn’t see many patients. He was a board
certified obstetrician. We saw the patients, and it was a busy, busy clinic.

I got married, by the way, after 6 weeks in the Navy when I knew from the
captain that I was not going to be shipped out. I was going to stay there. I
didn’t want to leave my fiancée of seven years and go overseas. I just didn’t
think that was fair. Believe it or not, soldiers were still dying. Navy
personnel were still dying. There were still islands inhabited by Japanese in
the Pacific, and they were entrenched. It took years to get them out. At any
rate, when I was assured I would not be shipped out, we got married. Her
father married us in Hartford, Connecticut. I had a 72-hour pass. Our
honeymoon was at Coney Island for an evening. We returned to Brooklyn to
our “elegant” two-room suite. When we opened the door, there were roaches
crawling all over. I couldn’t get my wife in bed. [Golombek laughs] At any
rate, we only stayed there for 2 weeks before we found a new apartment.
About 3 or 4 months after I reported for duty, a captain’s house was vacated,
and they offered me that house, a 9-room duplex.
DR. GOLOMBEK: Wow!

DR. ANNUNZIATO: Houseboy to do all the cleaning, to do the marketing. He went to the ship’s store, got whatever we wanted and put it in the refrigerator. It was wonderful. And I was living on the base. And who was next door to me in this duplex? Captain Wadell, the chief of medicine. We got to be good friends. He was a small, thin man, bright. Had an 8-year-old son whom I took care of. The kid was just a joy. He was so smart and played in the backyard. I played with him whenever I could, and we had a lot of fun. My wife worked. My pay, which was, I think, $5,600 a year, paid every 2 weeks, went directly to the bank, and we lived off my wife’s salary. We knew we were going to need money later. At any rate, we moved into these quarters on the base.

About 2 weeks after I reported for duty, and after this diarrhea business, Commander Hopper walked into the clinic one day and said, “The captain wants to talk to you.” I said, “What for?” He said, “I don’t know, but you had better get your rear end over there right away.” So I went over. It was 200 yards to his office. I walked in, and he took me in right away. I didn’t know what to expect. And he said, “At ease, Lieutenant.” I was a JG, lieutenant junior grade, not lieutenant. But he said, “At ease, Lieutenant, just wanted to talk with you for a few minutes. Thank you for what you did.” And we chatted about diarrhea of the newborn. I told him we didn’t know what caused it. It was obviously a viral infection. What was a virus? We didn’t know what a virus was. By the way, when I walked in the office, he looked at me and didn’t say anything for about three minutes. I always wondered about that. I found out later why. As I was leaving his office, he said to me, “What can we do to prevent this from happening again?” I said, “I don’t know.” As I opened the door, I said, “You know, Captain, unless you make every mother breastfeed —” The next morning an order came out, “Any woman who delivers a baby in this hospital will breastfeed her baby.”

We also did another thing. No obstetricians in the nursery. They refused to wash their hands! They came in. Most of them were commanders or captains. Many of them, I’m sure, had been abroad. But anyway, they were doctors and cordial. But I hated to see them come in my nursery and not wash their hands. Well, we eliminated the doctors. They objected to that, but said, “Okay. You take care of the breasts.” So we did all the breast care. And all our mothers breastfed, and we never had another epidemic of diarrhea.
After about 6 months the notice came out that Brooklyn Naval Hospital was
going to be decommissioned and all care to dependents, women, and children
would be at the St. Alban’s Naval Hospital [United States Naval Hospital, St.
Alban’s, Long Island, New York] [in 1974 became the property of the
Veterans Administration (VA) and is now St. Alban’s Community Living
Center of the VA New York Harbor Healthcare System]. Well, about 3
months later, almost exactly 3 months before the decommissioning of July 1
of Brooklyn Naval Hospital, all obstetricians were shipped out. So there was
Commander Hopper, Samuel Dunham Rowley — I’m mentioning that
middle name specifically — and myself. We ran the dependents’ unit. We
took care of anything a woman had. If she broke her arm, we set the arm.
She needed a C-section [cesarean section], we had 2 consultants to come in
and do C-sections.

My professor at the medical school, Alfred [C.] Beck, and another gentleman
from Great Neck by the name of Fred [Frederick E.] Lane, an ex-Navy
commander, were our OB consultants. Dr. Beck was the best teacher I ever
had in my life, by the way, clinically, book-learning-wise. He taught us OB in
medical school. He never came in for a C-section. I guess he wasn’t on call.
But Fred Lane, who practiced in Great Neck, would come in, smiling and
happy. I’m sure they got paid well by the Navy. He would do the C-sections.
Here we were doing OB, and everything else, and pediatrics.

One day I spied a young medical officer and his wife walking through the
clinics, a little confused, if you will. I went over and said, “Can we help you
with something?” Well, he was stationed at St. Alban’s. He was an
orthopedist. He was a lieutenant junior grade, the same as I, and his wife
was pregnant. They had one little girl, Janet. I went in and told
Commander Hopper, and he said, “Well, Doctor, take care of her.” So I did
the admission work up, saw her in the clinic, et cetera. And I later delivered
her at the Brooklyn Naval Hospital.

She was pretty well advanced in her pregnancy when she came in. They had
just arrived from Iowa. He was a native Iowan and had had some duty
overseas, and then came home. At any rate, we got to be close friends. Jim
Marr went on and developed tuberculosis and was hospitalized at St. Alban’s
in a glass-enclosed room with drapes that you could pull closed. Jim was in
that room, and nobody went in, and nobody came out, except to serve him
food and take care of what medications he needed. My wife and I then
visited with his wife and the little girl. Jim was hospitalized about 8 months
with TB, and made it and did well. He got out of the Navy and went to
practice orthopedics back in Iowa, by the way. We lost contact with them maybe, oh, 10 years later. Never heard from them again. But they were just a wonderful couple. At any rate, most of the women coming into the Brooklyn Naval Hospital were young kids and delivering babies. Some of them had difficulties with breastfeeding, or had hemorrhages or got infected.

The Brooklyn Naval Hospital security forces were Marines [United States Marine Corps]. We had a Marine barrack of about 20 Marines, enlisted men, and no one got in that gate. There was a closed gate. You had to go through the Marine guards to get in. They’d open the gate for you. One night, don’t ask me how, they got 2 women into the Marine barracks, and a fight broke out. There were a lot of injuries. I was the officer of the day. [Golombek laughs] I patch up as many as I could. Actually, one of the women was thrown out of a second-floor window. We got her out quickly and into Coney Island Hospital. They took care of her there. I don’t know what history she gave, but I placed no one on report. Well, the Marines really took care of me after that. They’d come to my door and say, “Can we do anything for you?”

But more importantly, young women were delivering babies and some of them couldn’t breastfeed. There was a major, a marine officer, stationed at the Brooklyn Navy Yard. One officer was in charge of perhaps 200 Marines who guarded the navy yard, as well as the naval hospital. His wife delivered a baby. She was a buxom gal and very, very talkative, and she was well educated. She was the nicest lady. And she was a milk factory. At one point, she was nursing 3 babies at one time.

DR. GOLOMBEK: Wow!

DR. ANNUNZIATO: Two of the Marines’ wives who delivered couldn’t nurse at the time. I don’t recall whether they had abscesses or what. At that time, the marine major’s wife delivered, and she breastfed her baby plus the 2 other babies. She was nursing 3 babies at one time. I said, “Boy, you make a lot of milk.” And she said, “Don’t you know how to make milk?” I said, “What do you mean?” She said, “You drink beer and stout.” [Golombek laughs] Believe me, I have lived with that. My wife, when she was nursing our firstborn, developed a mastitis and had to stop nursing. We don’t stop mothers with mastitis from nursing now. An abscess, perhaps, but even abscesses, I understand, they don’t stop anymore from nursing.

DR. GOLOMBEK: It depends on what they have.
Yes. I’ve seen abscesses break into the ducts and so on. I worry about that. So I stop abscesses, but I don’t stop mastitis. Well anyway, my wife’s milk supply went psst. We put her on beer and stout. She made milk. People tell me I’m absolutely insane, but I believe it. It works. And I have put a lot of mothers in my practice on beer and stout. Did you ever taste stout? It’s bitter. It’s bitter as all get out. You mix half beer and half stout. I’m a believer.

At any rate, while I was in the Navy at the Brooklyn Naval Hospital, we had a baby born who very quickly became very pale. I thought it was hemolytic disease. But the Rh, everything, was normal. When we looked at the smears, the chief called me and said, “You ought to look at this smear.” There were a lot of atypical cells. We transferred that baby to Carl [H.] Smith at New York Hospital [The New York Hospital – Cornell Medical Center-Presbyterian Hospital]. The 2 consultants we had in pediatrics were Charlie [A.] Weymuller, who was chief of pediatrics at Long Island College, and Hank Goldberg — Henry [P.] Goldberg — at New York Hospital. I called Hank and said, “This baby’s a sick cookie.” We had given it 2 transfusions. The hemoglobin was like 4. And he said, “Well, transfer it right up here, and I’ll have Dr. Smith see her, Carl Smith.” You probably know that name. It’s renowned. Carl Smith sent us a written diagnosis, “chronic myelogenous leukemia in a newborn.” Never heard of it. When I talk to my hematology friends, they say it happens. But I’ve never seen it since. So that baby went on and died. We couldn’t do much for leukemia in those days.

Another thing that I learned and which impressed me in the Navy was the number of older teens who had enuresis. One day one of our obstetricians brought his 6-year-old son to me for a routine visit. I learned the child was still wetting the bed nightly. I placed him on my so-called enuresis routine with especially rapid and successful results. Soon after, the obstetrician began referring young pregnant Navy wives to me for treatment of a long history of, now embarrassing, enuresis. I protested this, but after a staff discussion, it was decided that we would conduct an enuresis clinic for women, which I was assigned to staff. For the next one and one half years, that clinic met monthly. It never had less than a dozen patients visit each month. I must add that the success rate was excellent. We also picked up some treatable anatomic problems like 2 cases of congenital urethrovaginal fistula.
Well, anyway, we had a great life in the Navy. I loved the Navy. Lay people couldn’t get salt poor albumin. I could get it by the gallon. We had a lot of nephrotics, kids with nephrosis. I decided that with their hypoalbuminemia, if I gave them salt poor albumin, maybe they’d diurese and do well. At one point, we had 5 kids with nephrosis at one time on the wards. I put IVs in all of them, and I gave them salt poor albumin “by the gallon.” One of them, I gave it to for 30 days, and never removed the IV, by the way. Just stayed in, and he did not get infected. You know what happened? Nothing, except that they excreted more protein. So I learned very quickly that IV albumin doesn’t help nephrosis.

But I’ll tell you what does help nephrosis. Dr. Joe, when I was an intern, one day called me up. He had a child with nephrosis in the hospital. He said, “I’m sending to the backdoor a child with the measles. We just saw the kid. He just came out with the rash. He’s very contagious. Take him up the back stairway, put him in the crib with the kid with nephrosis.” I said, “Dr. Joe —” He said, “Leave them together for 2 hours. Then send the kid with the measles home. The mother has given consent — both the mother of the baby with measles, and the mother whose child had nephrosis.” That kid got the measles and diuresed, and I’ve seen that happen a dozen times since then. Of course, ACTH and cortisone came along after that. But today you can’t do that. You can’t give a child a potentially fatal disease. And measles was not a good disease. But we gave them measles, and they diuresed. I guess they got a hypergammaglobulinemia from the measles. I don’t know why. But their serum globulins went up, and they diuresed. I’m sure that only worked for pure lipoid nephrosis, not the nephritic stage of nephritis, or the other things that cause the nephrotic picture.

Another thing that was done was to give to dying children, small frequent transfusions, sometimes only 20-30 cc of blood, two or three times a day. My teachers, and I also believed it prolonged their lives a little. I recall a doctor’s child I cared for early in my practice who had a malignant, rapidly debilitating neuroblastoma. For the last 3 months of her life, she ate practically nothing. I would meet the family in the local hospital emergency room every evening, give her 100 cc of blood and send her home. The family reported that she perked up and became playful after the blood was given. One morning she just didn’t wake up. The family felt I gave Mary a few more months of life.

There was another thing I wanted to mention about the Navy pediatrics. It slipped my mind for the moment. One day Sam Rowley came to me and
said, “My brother is getting married in Hartford, Connecticut. I’m the best man. I can’t leave you alone here.” This was during the last 3 months at the Brooklyn Naval Hospital. I said, “Sam, go. I’ll take care of it.” I had a house on the base, and I lived right there. So Sam left Thursday noon. And I never had a busier weekend in my life. [Golombek laughs] I delivered 13 babies from Thursday evening to Monday morning. I’ll never forget one little 4-foot-nothing woman was delivering her baby, and I heard this crack. I thought I fractured the baby’s head or something. We swaddled that baby. We put pillows alongside the head so it wouldn’t move until we got it to x-ray. I called Fred Lane. Fred laughed and said, “You fractured her coccyx.” He said, “She’ll have pain for about six months, but she’ll get better.” [Golombek laughs] And she did. She had coccygodynia. She had pain.

During this last 3 months, we didn’t lose a baby. We didn’t lose a mother. Every delivery we did was under spinal anesthesia. When we got to St. Alban’s, they started doing caudals. There was a young obstetrician from Seattle, Washington who had been trained to do caudal anesthesia. He was supposed to give my wife a caudal for our firstborn, but my son was a transverse lie. They couldn’t give her a caudal. They kicked me out of the room, got the baby turned, and she delivered.

Now, I just want to say a word about Samuel Dunham Rowley. As I mentioned, Sam was the son of an internist who became commissioner of health of the state of Connecticut. His middle name was Dunham. He was the nephew of Ethel [Collins] Dunham, who was the first chief of child development at the Children’s Bureau in Washington. Ethel Dunham wrote the first premature baby textbook ever written, and it contained mainly statistics. Bill [William A.] Silverman, whom you must know of, gave a talk at a national AAP meeting about her life. I have downstairs the third edition of Ethel Dunham’s book, which was edited by Bill Silverman. Bill Silverman was not a member of the Historical Archives [Advisory] Committee, but he came to several of our meetings with Larry [Lawrence M.] Gartner. You know Larry Gartner. Sam Dunham Rowley, as I said, was the nephew of Ethel Dunham. She was a world-renowned figure. She ran the Children’s Bureau. She wrote this book on prematurity, the first, which was carried on by Silverman. And when she retired, and later died, she left Sam Rowley, I think he said, 100 acres in Florida on a river. Sam’s wife died, unfortunately, at an early age — in her fifties, I believe. Sam had 4 children. He left practice in Hartford, Connecticut, and went to Florida to take care of, as he put it, “his plantation.” [Golombek laughs] Sam remarried down there and became commissioner of health of the county in which he lived. He
died about 3 years ago, unfortunately. His picture was in AAP News. I’ll get back to him later on.

There are a couple of others things I wanted to mention about practice in the Navy. The beauty of the practice in the Navy was that we could get any medication we wanted, no charge to the patient. We didn’t worry about reimbursement. It was just a nice experience.

Sam and I concocted a formula we called Formula 33 for babies who had anorexia. As you know, many 18-months, two years, two and a half year olds go into a physiological anorexia. Mothers worry about it. So we’d give them this Formula 33. Formula 33 was three ounces of vitamin B complex and three ounces of sherry wine. [Golombek laughs] We gave them a teaspoon or two, depending on their weight, a half hour before dinner. And mothers came back and said, “You know he’s eating better.” Well, you know the history of the cocktail — 12 percent alcohol stimulated the appetite. The drinks that we drink today are not 12 percent alcohol. They’re much higher, and I’m sure they decrease the appetite. But 12 percent alcohol is supposed to be an appetite stimulator. At any rate, we had Formula 33. We never told anybody what was in it except the pharmacist. We had a pharmacy in the clinics, and again, anything we needed or wanted, they got for us.

We had to move out of Brooklyn Naval Hospital, and the hospital was decommissioned on July 1, 1948. July 1, at 11:00 in the morning, Sam Rowley had already been sent to St. Alban’s to open the clinics there, the dependents’ clinics. He and Commander Hopper were there. I was left at Brooklyn Naval Hospital at my request. I had 2 women in labor. The hospital had to be vacated by noon. At 11:00 am, I called for the ambulance, put 2 women in labor in the ambulance, one on either side, a can of chloroform, which I learned how to use when I was an intern, and we drove to St. Alban’s Naval Hospital, which was normally about a 45-50 minute trip. We made it in 30 minutes. Sirens blasting, everybody pulled over. Every time a woman said, “Aaaah aaaaah” — chloroform. We got there, and I delivered the first baby at St. Alban’s Naval Hospital. I have not delivered a baby since. That’s not true. When I was in my residency after the Navy, I did deliver a baby in the home when I was on ambulance call.

At any rate, we went to St. Alban’s Naval Hospital. Now, they allowed us to live on the base in Brooklyn until August 1. There was no one there except a warrant officer, some Marine guards, and a few corpsmen. When we found an apartment in Queens, in Jamaica — and it was hard to find an apartment
— I called the warrant officer who was decommissioning the hospital and said to him, “Listen, we’re moving out. I want you to come over and check out all the stuff — blankets, pillowcases, silverware, et cetera.” He went bananas. He said, “You just stay where you are! I’m coming right over.” Now I outranked him, understand this, but he was furious. He said, “I have already decommissioned everything on this base. You don’t have anything here.” I said, “What do I do with all this stuff?” He said, “I don’t know.”

DR. GOLOMBEK: Take it with you?

DR. ANNUNZIATO: He said, “I don’t know. I don’t know what to do.” He said finally, “I’m going to take it, and I’m going to bury it.” [Golombek laughs] I don’t know what he did with it. But we did take some silverware — not silver, it was stainless steel with USN on it — and a pitcher which we have here which has USN on it. We shouldn’t have. Later, when I was at St. Alban’s, they brought a dentist in in shackles, a Navy dentist, in shackles, who had been in Alaska. They decommissioned the Alaskan facility, and they were pushing new uncrated dental equipment off the piers into the water. This man told me that when I saw his child. They told me they were pushing brand-new, uncrated dental chairs and equipment, piles of equipment, overboard because they were decommissioning, and they had nothing to do with it. He took some dental tools and was reported by some guy, some “friend,” and he was ready to get a dishonorable discharge for stealing. And here we had this stuff. We still have it. [Golombek laughs] We also took some blankets with USN on them, 2 of them, but they’re so heavy — wool, heavy, heavy wool — we don’t use them. [Golombek laughs] But it brings back fond memories. I also have 2 sea chests in the attic. If you wanted, the carpenters would build you a sea chest, and I had 2 sea chests built for traveling. I had an officer come in one night at the Brooklyn Naval Hospital with hepatitis. He was, I think, a commander, but I’m not positive. I went up to admit him — it was evening — and I saw his sea chest there. It was a beautiful private officer’s room. I said, “Oh, I’ve just had a sea chest built.” He said, “That’s no sea chest. That’s gold.” I said, “What do you mean, that’s gold?” He’d just come from France. He opened that sea chest, and all it was was layer after layer after layer of perfume extracts. He said, “When I get out of the Navy, I’m going to go in the perfume business. These are extracts. You can make any scent, any aroma, anything you want. It’s big business.” And it is. I don’t have to tell you how much an ounce of perfume costs. [Golombek laughs] But it was an interesting tour of duty. And again, I loved the Navy because of the good care we gave.
When we went to St. Alban’s, we had some interesting cases out there. As I mentioned, Charles Weymuller, the professor at the medical school, and Henry Goldberg from Cornell still continued to be our pediatric consultants. One of them made rounds on Wednesday mornings, and one of them made rounds on Friday mornings. They were quite good clinicians. Henry Goldberg was just a brilliant man — young, trained at Johns Hopkins, did mainly pediatric cardiology at Cornell. But he was a generalist, had his office right in New York Hospital and saw general pediatric patients, but was their pediatric cardiology consultant. And Hank came out, and he was just wonderful — bright, bright guy.

One day Sam and I finished clinic about 12:30 in the afternoon and were going over to the dining hall, which was a “mile” away. St. Alban’s Naval Hospital was wooden buildings, one story, and spread out. To walk from the pediatric clinic and wards to radiology was almost a half mile. And it was circuitous, you know.

DR. GOLOMBEK: Wow! Is that so!

DR. ANNUNZIATO: But anyway, we did that. I can’t walk very far today. But we did that in no time. We were going to lunch. In the clinic, which was empty at the time, we noted there was one woman sitting there with a baby with noisy, stertorous breathing. Sam grabbed my arm and said to the mother, “What are you waiting here for?” She said, “Well, they tell me I can’t be seen.” Her husband was in the Coast Guard. Technically they were not entitled to Navy care. But she was sent over by the Coast Guard doctors on Staten Island where there was a “Marine” hospital for Coast Guard personnel. This baby was 8 months old, weighed 8 pounds. We looked at that baby and said, “We know you’re entitled to care. Come in.” We took her in the office, and both of us examined the baby. Sam immediately said to me, “Baby’s got congenital choanal occlusion.” He didn’t use that term. He said, “The baby’s blocked in the nose.” We tried to pass a catheter and couldn’t. It was a bony choanal occlusion. I don’t know if you’ve ever seen it. I’ve only seen one other, and that was not bony, it was a membranous occlusion which opened up nicely and easily. But this baby needed surgery. We called the executive officer, who was then Captain Brady, and told him the story. He said, “Take care of that baby.” I called the ENT [ear, nose and throat] commander, not the captain in charge of ENT. You know, if you were a doctor in the Navy, if you were respected, you were called “Doctor.” If we didn’t, you were called “Captain” or “Commander.” [Golombek laughs] At any rate, I called this doctor, the
commander who did most of our T&As. We did a lot of T&As at our
request, but done by the Ear, Nose and Throat Department. We frowned on
T&As. At any rate, he came over and saw the baby. He said, “We’ll operate
tomorrow morning, but I don’t have the drill bits.” He called Chicago, the
company that made the bits. He called Floyd Bennett [Memorial] Airport
Navy fly team. They flew out that evening. They were back at 3:00 in the
morning with the bits. The baby went to surgery in the morning. They
opened up, drilled through the bony choanal occlusion. They put plastic
tubes in the nose to prevent it from closing down again. That baby stayed in
the hospital for about 3 and a half weeks. They took out the tubes, and you
wouldn’t recognize the baby. The baby weighed 20 pounds when he went
home, from 8 pounds. That baby had never slept. That baby was “huh huh”
all the time, head arched back, breathing through the mouth — noisy, noisy
breathing. And mom never slept either because she was right there with it.
No one had considered this diagnosis. Sam hit it right away.

Now let me tell you another part of this story. I called Henry Goldberg that
night. He was on call as the consultant. I said, “Hank, we have this baby
with choanal occlusion, and he is going to go to surgery.” He said, “That’s
amazing. I’m coming out to see the baby tonight.” He then said, “Did you
hear the click in the neck?” I said, “What click in the neck?” He said,
“Listen to the neck. There should be a click.” There was a click in the neck.
Every time the baby expired, there was a click. I guess air hitting the
occlusion. I don’t know. But then going to the books, it was there, the click
in the neck. [Golombek laughs] Hank Goldberg knew it like that. He came
out that evening and examined that baby.

At St. Alban’s Naval Hospital, we continued, with the captain’s approval,
breastfeeding, exclusively breastfeeding, and no obstetricians in our nursery.
Again, they didn’t like that. But I think they enjoyed it because they had lost
a little responsibility. Even at St. Alban’s, the obstetricians were furious and
said, “You take care of the breast!” Which we did, and I saw every
complication to breastfeeding you can think of. We delivered at St. Alban’s
something like 4,000 babies a year, and we were there a year. I learned a lot
at St. Alban’s. We had a residency training program. Sam and I ran the
residency program. Actually, some of the residents who trained there had
more training than we did.

I might note that many mothers being discharged with their babies would go
directly to Floyd Bennett Field [Naval Air Station New York] from there.
They would be flown to all parts of the world where their husbands were
stationed. There it was sometimes difficult to get what they needed to prepare sterile formula. I must still have a hundred letters from some of those mothers thanking me for mailing them breast feed.

Two things in our nurseries you might be interested in. A baby was delivered with anencephaly. I think the worst case of anencephaly I’ve ever seen in my life. There was just no head. It was from the eyebrows down to the occiput. The obstetrician who delivered the baby came in the nursery to see the baby. We said, “Well, the baby’s right there. You can see the baby through the glass.” He went to the order book and wrote an order which we didn’t allow, but he said, “I’m sorry. I’m writing this order.” “NPO [nothing by mouth].” The baby got no antibiotics, was draining spinal fluid profusely. Obviously, the choroid plexus was functioning well. We wanted the baby to die, of course.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: We gave the baby no antibiotics, and the baby thrived. The baby gained weight. NPO was written, but the nurses were feeding the baby. They put a hat on the baby so you couldn’t see the deformity. But after six weeks, this baby was thriving. Henry Goldberg came in one morning and said, “Listen, I spoke to Henry [L.] Barnett at New York Hospital [now NewYork-Presbyterian Hospital] who’s a nephrologist.” He’s very famous. “Henry would like to do renal studies on this baby. We’d like to catheterize the renal artery and the renal vein and put in various and sundry drugs and see how well they diffuse or not, et cetera, et cetera.” And I said, “Fine. Let’s do it.” I spoke to the mother who visited almost daily, by the way, even though we discouraged her. She agreed it should be done and that the baby would get good care at New York Hospital.

Well, we arranged for that to be done a week later. Henry Barnett arranged for nephrologists from Canada, England, and France to come and participate in these studies which were going to be done in the sub-basement of New York Hospital in their research lab. I think the baby was supposed to be transferred on a Tuesday morning. On Monday morning, Commander Hopper came in and said, “Captain wants to see you.” I said, “What for?” He said, “I don’t know. Go over.” So I went over, and I got the blasting of my life. I almost got a court-martial. “You have no right to transfer a baby for experimental purposes! We’re not an experimental unit! We take care of people here!” Well, the executive officer was a urologist, a Captain Brady, and he saved my tail because he came in, and he said, “Well, you know, this
is so important for renal physiology.” Well, we never transferred the baby. The baby finally did indeed get infected and died, which was a blessing.

The other thing about St. Alban’s and the nursery was that the obstetricians wanted to do the circumcisions. Well, we did all the circumcisions. We wanted to be extra safe. For ritual circumcisions on Jewish patients — and we had a lot of Jewish patients — the mohel would come in. I didn’t like the way the mohel washed his hands, if he had washed them at all, in spite of us saying, “You’ve got to wash your hands. You’ve got to put on a gown.” Some wouldn’t do this. So we built a special room, “the circumcision room,” for ritual circumcisions. Simple. Pick up the phone. I want this done. It was done. They built a corridor down the middle of the room, glass enclosed with a microphone, and the mohel and the family went in this corridor. We were behind the glass with the baby with a Gomco clamp on, ready and waiting. When the mohel signaled, we did the circumcision. And we never had any problems in our nursery. It was incredible.

We kept our mothers a minimum of 6, 7 days. It cost them nothing. My son was born in the Navy on January 10, 1949. My mother-in-law planned to come down and help, but she couldn’t get down quickly. So my wife stayed in the hospital 10 days. They charged me a $1.65 a day. The second day after she delivered, I went to her chart and wrote, “High protein diet.” Well, while she was in the hospital, there must have been a dozen other doctors’ wives who had delivered, and who weren’t on a high protein diet. My wife would get her lunch and dinner an hour after the other patients. The other wives would come in and talk to her while she’d be eating steak, lamb chops. [Golombek laughs] We never told anybody how she got that. We just said she had to be on a special diet. She was upset about it. She was embarrassed.

We had about 400 doctors on staff at St. Alban’s. We had some very, very interesting cases there. By the way, St. Alban’s Naval Hospital did all of the neurosurgery on dependents for the whole Northeastern seaboard, Maine to Washington, DC. You had a neuro-surgical problem, you came to St. Alban’s. We had seven neurosurgeons. We saw several kids come in with all the symptoms — fever, stiff neck — of meningitis. When we tapped them, they didn’t have meningitis. They had medulloblastomas which had metastasized to the spinal cord. One of the neurosurgeons who did mainly medulloblastomas in children and I were writing that up, when suddenly it was published before we finished. So we didn’t ever write it up. But it was interesting. We had something like 4 cases that presented as meningitis.
which were medulloblastomas which had metastasized to the spine and gave all the symptoms of meningitis.

I had another commander who, one evening while I was on call, called and said that his child was choking. He lived off the base, but only a block from the hospital. I lived off the base but was on call that night, so I was at the hospital. I got in an ambulance, and we went down the block and saw him. The story was that the child was in bed, and somebody, grandfather I think, gave him a 50-cent piece. He put it in his mouth, and it became lodged in the throat. We took him to the hospital carefully. We got an x-ray, and this 50-cent piece was lying vertical in the pharynx, so he had a little air passing around it. I called the ENT commander, and I said to him, “I have this youngster. We’ve got to get this thing out.” Well, he came right over. He lived a couple of miles away. We took the kid to the OR, and he removed the 50-cent piece. We admitted the child, and he developed a little post-op edema, but did very well. He went home a day later.

There’s other story I just can’t forget, and I love. While we were at Brooklyn Naval Hospital, as I mentioned, all of the obstetricians and gynecologists were shipped out. One day, a captain came in with his new young bride. He had two daughters older than his bride. There were no gynecologists to care for her. Commander Hopper, the gynecologist/obstetrician said, “Take care of him!” I examined his wife, and she has venereal warts. I’ve never seen so many in my life. Usually we would see 6 or 7 warts. There were a tremendous number of venereal warts. I believe I counted 25 massive ones. Well, Commander Hopper had taught us, Sam and me, how to treat venereal warts. I told the commander, and he said, “Treat her!” I took the podophyllin, which is what we used, and after protecting the normal skin of the perineum with Vaseline, I touched up each lesion. I cleaned her up and sent her home saying, “Come back in one week. You’re going to need five or six treatments.”

The woman whispered to her husband, the admiral, who said, “Can’t we do this at home?” I said, “No, not to my knowledge.” He said, “Let me talk to your commander.” Commander Hopper came out, and he said, “Please, you can’t do this.” I had left the room. About 20 minutes later, Commander Hopper came out and said, “Give him some podophyllin. Tell him how to do it. They’re so stupid!” [Golombek laughs] Well, I got a call to make a house call to see this woman a week later when she was supposed to have her second treatment. What she did was pour it in her hand, the podophyllin, and smear it on. She was in agony. They called the Naval hospital. I guess it
was about 4:00 in the afternoon. Commander Hopper said, “I’ve got an ambulance waiting for you. Take 2 nurses. Go over and take care of this lady.” I said, “What happened?” He said, “I don’t know. Go and take care of her.”

We went, and here she is in bed, legs spread. One daughter on one side, one on the other, ice cubes and a fan blowing on her peritoneum. It was a funny scene, but no one laughed. Well, we got her all cleaned up and brought her to the hospital. She had a pretty irritated perineum, let me tell you. And she was in the hospital for about 10 days. After discharge she came back, and I had to give her individual treatments. I never thought we’d get these cleaned up. In 5 or 6 weeks they were all gone. Podophyllin is terribly caustic, but it worked. I don’t know what they’re doing for venereal warts these days. I don’t treat them. We’d see them in children, of course, the child abuse kids and some kids without abuse. We were using liquid nitrogen. And I have pictures of warts, and perinatal and perineal warts in children. But I took a lot of pictures.

Well, I think we should stop for a few minutes and have a bite to eat.

DR. GOLOMBEK: Sure.

DR. ANNUNZIATO: A few other things which occurred in the Navy. In the Navy, on pediatrics, we had incubators and did our own throat cultures on any indicated admission. One evening we admitted a 3-month-old with pneumonia. We treated the infant with penicillin and aureomycin. The infant died at 5:00 am, less than 24 hours from the onset of his illness. That morning, upon checking the cultures, his culture plates showed large white fluffy colonies of Klebsiella, resistant to both drugs. This was in 1948. You may recall it was not until 1982, that tetracyclines were banned from use in children under 8 years of age.

One day we admitted a 14-month-old with a fractured femur. The orthopedists placed the child in Bryant’s traction using ace bandages to secure the dressings. They secured the ace bandage with the clips which accompanied the bandage. The child, lying on his back, one day removed one of the sharp pointed metal clips and swallowed it. X-rays showed the clip lodged at the lower end of the esophagus. We followed the child with daily x-rays. The clip did not move. Daily discussions with the gastroenterologist at St. Alban’s took place over the next month. Finally, he agreed to endoscope the child. We were deeply concerned that the sharp edges and pointed
prongs on the clip would erode through the esophagus. The endoscopist admitted he had never endoscoped a child. And we only had stiff adult endoscopes. Flexible scopes did not exist. The endoscopist arrived early one Monday morning, and as we were taking the child to the operating room, we decided to get a pre-op film. The clip was now in the rectum. The procedure was cancelled and the child passed the clip with his next bowel movement.

In 1948, also, a pediatrician at Cornell New York Hospital [New York–Presbyterian/Weill Cornell Medical Center] and the wife of one of our Navy obstetricians, a commander, began charging for telephone advice. She was taken to court by some parents. The court determined that such fees were not valid because there was “no direct contact with the patient.” Very interesting.

I mentioned earlier about Brooklyn Naval Hospital and how when I went to the captain’s office he was silent for a few minutes. When we were given a house on the base, it was mandatory that within three weeks of moving in, you made a courtesy call to the captain at his home, and you had to leave a card. I had a hundred cards printed. They wouldn’t print less. I used one. [Golombek laughs] You were told you could go Sunday afternoon from 2:00 to 4:00, and not stay longer than 15 minutes. When we went, I met his wife. I went into the living room, and she was standing there. She looked at me, and she sat down. I didn’t know what was going on. Later, oh, 5, 10 minutes later, I happened to look up on the mantel, and there was a picture there. It could’ve been my picture. It was their son who had been killed in the Pacific. I think they looked at me and saw their son. It was so astonishing that he hesitated when I walked in his office, and his wife looked at me and sat down. But I’m sure they were upset by it. It was also a courtesy for the captain to call on you on a Sunday afternoon. Well, they chose to come on a Sunday afternoon when I was having my family in — my mother, my father, one brother, his daughter, and his wife. We had only one alcoholic beverage in the house, and that was sherry. We had been told, “Have sherry because the captain drinks sherry.” So we had served sherry to my family, and suddenly there’s a knock on the door. It was Captain [Joseph L.] Schwartz, the C.O. [commanding officer]. [Golombek laughs] So they had one small glass of sherry, and we had none left. They didn’t want anymore. They were beautiful. They excused themselves after about five minutes. Well, as I was mentioning, the tour of duty in the Navy was a beautiful tour. I would like to have stayed in the Navy, but I did not relish the idea of 2 years of sea duty, and that was mandatory. I understand now it’s different. They’ll keep some doctors in one facility for longer periods of time.
At any rate, as we went through the St. Alban’s Naval Hospital facility, they treated us very, very well. I had no car. When I graduated from medical school, my father said to me, “I’ll buy you a car.” And I said, “I can’t use a car. Where am I going to park it in Brooklyn? And I don’t need it.” If we wanted to go to a movie, we called the garage and an ambulance took us right to the front door, sometimes on the wrong side of the street. So we had travel facilities for no money. As we approached July 1, Dr. Arthur Miceli, the orthopedist when I was a rotating intern, told me they would offer me early release. They didn’t discharge you. You were “released from active duty,” but not out of the Navy. You were released. He said, “Don’t take early release. Stay 2 weeks longer. They’ll allow you to do that because when you leave, the new officers will come in. They’d love for you to orient them.” Well, sure enough, in early June we get a letter stating, “You can leave June 15, anywhere between June 15 and June 30 at your leisure. Let us know when.” A lot of naval officers, doctors, took June 15 or soon after. I stayed until July 14. He said two weeks. I left July 14. Korea broke out in 1950. All of those medical officers who left early were called back because they had not completed their two years of duty. I was never called.

So that man gave us some really wonderful advice. But it even went further, and I’ll tell you about that later. He was a blessing to me. As I mentioned, Sam Rowley and I made up the pediatric dependents unit with interns and residents. As we approached, oh, it was, I guess, January, February of 1949, one morning both Dr. Weymuller and Dr. Goldberg came in and said, “We would like you to come to us to complete your residency training.” We had not only had a little basic pediatrics, but we had 2 years of Navy pediatrics. And we saw a lot of pathology. They would take one of us at New York Hospital, and one at Long Island College. We had to choose.

So Sam and I talked it over, and Sam thought that the wise thing would be to toss a coin to see who would go where. I said, “It’s not necessary. You choose.” He said, “No, let’s toss a coin.” Well, we tossed the coin. He won, and he chose New York Hospital, which was fine with me because I wanted to go back to Brooklyn. I knew the place, and I knew the people. And I wanted to be with Dr. Joe Battaglia who I thought was just a walking encyclopedia of pediatrics.

Well, I was hired there as an associate resident. You only required 2 years of pediatrics and 2 years of practice time to take your boards. Boards were oral. Two of my interns were classmates of mine, but they came as interns.
when I was an associate — Russell [S.] Burge who later became my partner, and Dave Brown. And there were other classmates in OB and urology, orthopedics. So we had a lot of classmates coming back from the service and starting out, most of them as interns. We had just wonderful professors. Incidentally, I got credit for 2 years of practice time for my Navy time.

So I was eligible for my boards before I finished training. At any rate, Frank [X.] Giustra did cardiology. He was a general pediatrician in practice in Bay Ridge, but he specialized in cardiology. With a stethoscope and a fluoroscope, he could diagnose congenital heart disease and rheumatic heart disease. Rheumatic fever was terrible. In the clinics, in follow-up clinics, children with rheumatic fever, especially, were fluoroscoped. The machine had a time limit of one minute on it. So we would look with him fluoroscoping, then push the button and do it again, and again and again. [Golombek laughs] God knows how much radiation those poor kids got, but that was the way it went.

Stanley [S.] Lamm was a man in practice and spent a lot of time at the hospital. He did neurology. He later opened the Lamm Clinic [The Stanley S. Lamm Institute (part of Long Island College Hospital)] in Brooklyn where they did only neurological diseases. It’s still there. He’s passed away. Lambert Krahulik was a practitioner. As I say, there were no full-time people, no part-time people. They were volunteers. They spent their mornings with us, teaching. They got a lot of consultations, and that’s how they made their money. Lambert Krahulik did pulmonology. With a stethoscope, he could hear pneumonia a foot away. [Golombek laughs] Incredible! I couldn’t hear most of it. You’d get the x-ray, and it was right where he had pointed. He was the nicest man, and humble — tall, glasses, little beard. He looked like a real professor — like you.

[R.] Janet Watson was a hematologist, and she did only pediatric hematology. She was a wonderful lady. Her only drawback was that she was a very, very shy person. You had to question her constantly to get her to expand. But she knew all the answers. Let’s see, who else? Oh, Lewis Cook was the nutrition man. As I mentioned to you, nutrition was a big thing in newborn care and in growth and development. We had to know the number of calories in an ounce of milk. We had to know how many calories in a tablespoon of cereal, in a tablespoon of meat, and the protein content. They mandated that. Lewis Cook asked you a question about nutrition every time he walked on the ward, and we knew it.
Let’s see. I neglected to mention Benjamin Kramer. Benjamin Kramer was the chairman of pediatrics at Brooklyn Jewish Hospital [The Jewish Hospital of Brooklyn (in 1982, the Brooklyn Jewish Medical Center merged with St. John’s Episcopal Hospital to form Interfaith Medical Center)]. He did not speak to my boss. My boss did not speak to him. Benjamin Kramer was trained at Johns Hopkins [University] by Edwards [Albert] Park and was handpicked when Brooklyn Jewish decided to stress their pediatric program. They called Hopkins, and Park sent Ben Kramer to be chairman there. Ben Kramer came every week and made rounds at the medical school. I met him at the door. I want to get back to Ben Kramer later. He was a brilliant man and a nice person. He gave us wonderful lectures. If we presented a case when he came, he would expound on that disease wonderfully.

Thurman [B.] Givan was the District I chairman in New York State for the AAP. He was appointed, not elected. Thurman Givan was a professor at Long Island College. His specialty, you won’t believe, was congenital syphilis. That’s how much syphilis we saw. And he specialized in syphilis. Of course, that kind of disappeared once we got penicillin. We were starting to see a lot of penicillin when I was a resident because it was being released and made much more available. But it was given, again, every three hours. We had no long-lasting penicillin.

We had two women attendings on the staff who were good teachers, Betty [Elizabeth J.] Ittner and Lillian Gross. They were practitioners in the community, but taught at the medical school. Both of them were lovely, lovely ladies and quite bright. It was very, very, very difficult to get an appointment on the staff at Long Island College. In fact, when I was a resident there, they had not given out a new appointment to anyone in 10 years, except one person, and that was Walter [J.] O’Connor, who was the chief resident when I started. When he finished, they kept him on. He started the neonatal intensive care unit at King’s County Hospital, by the way, and later became chairman at Long Island College when Weymuller retired.

Let’s see. Who else was there? Dr. [Haven] Emerson. A few others, not as active as those people whom I mentioned. But they were all generous, kind teachers. The toughest guy was Stanley Lamm. He was a rigid person, never smiled. But he knew his neurology. There were no neurologists or cardiologists then. They were self-made people, but they really were great. Frank Giustra ran the rheumatic fever clinic. He also ran the summer camp for children who had rheumatic fever up in Poughkeepsie, New York. In
season, he went up there every Thursday. Every once in a while when I was the super chief, he’d say, “You want to ride up with me?” I’d say, “Sure, I’ll go with you.” So we’d go and spend a day at the rheumatic fever camp. The cardiac pathology we saw there was incredible. Absolutely incredible! The kids had very regimented programs. They were encouraged to do as much as they could, but with limitations because of their heart damage. Rheumatic fever was a terrible disease. The first bout of rheumatic fever wasn’t very severe. It really did “lick the joints, but bite the heart.” They were left with heart disease, but most could live with it. The second bout, the third bout, they were doomed. We had one youngster who had mitral stenosis and aortic insufficiency due to rheumatic fever. He was 10 years old. We brought him in every year and put him in a bed when we gave the third part of the national boards at the hospital. Everyone who went to listen to this child’s heart walked out and said, “Got mitral insufficiency — mitral stenosis and aortic insufficiency.” One day I said to one of the other residents in another department, “Please go in there and examine this kid, and tell me what goes on there.” Well, he went in, and when he walked in the door, the kid said, “For a quarter, I’ll tell you what you’re going to hear.” [Golombek laughs] And he told them about the diastolic murmur and his diagnoses. So he made a couple of bucks every time we gave national boards.

DR. GOLOMBEK: Good! Good for him.

DR. ANNUNZIATO: Interesting things happened there when I was a resident. We saw scurvy. Why did we see scurvy? We knew about vitamin C. A medical student discovered this. He came in one day and said to me, “I know why that kid has scurvy.” The kid was getting orange juice every day. No, he was getting orange soda. The mothers, for a nickel, would buy a bottle of soda which would last two or three days, and they were giving orange soda. No vitamin C. So we saw scurvy.

We saw hypervitaminosis A and D. Why? Oleum percomorphum came out — concentrated cod liver oil. Prior to that, we were giving cod liver oil by the teaspoon. When we switched to oleum percomorphum, the dose was six tenths of a cc a day. Mothers were still giving a full teaspoon. So we saw a lot of hypervitaminosis A, and D, too. D was not as common, but it happened. Those kids would lose their hair, had pseudotumor cerebri, were bothered with severe headaches, and a lot of muscle pain. It took a lot of time to teach people the correct dosage. You had to be very careful. I learned from that that whenever you saw a patient, you wrote an instruction sheet. You don’t have to be a genius to know that when you say something to
a person, 30 minutes later they only remember 30 or 40 percent. So I wrote everything down, and I continued to do that in practice. We had routine instruction sheets with a blank space on top where we put specific instructions for the medications we wanted them to have, for instance, sulfa medication and the dose. We’d write all that. Then down below was aspirin. We used aspirin. We didn’t have Tylenol. But we used aspirin, which is a wonderful drug, by the way. It went into disrepute because of so many aspirin poisonings. Also, they made it too good tasting. That’s what happened to aspirin, plus the Reye syndrome a bit later. All instructions were written.

By the way, that was good preventive medicine. It prevented your phone from ringing. [Golombek laughs] When they got home, they’d say, “Doctor, how much aspirin did you say?” Well it was written. I had mothers come to me 10 years later who had every single instruction sheet I ever wrote. That really paid off. We don’t do that today. I keep telling our residents. I give them all my handouts from 30 years ago, and say, “This is the way you should do it.” But they don’t do it.

At any rate, as I say, we were seeing a lot of kids with rheumatic fever. We saw a lot of syphilis, congenital syphilis, congenital gonorrhea, ophthalmia. I have a lot of pictures of them. I did a lot of picture-taking. While I was a resident, we were obligated to take care of the children at The House of St. Giles the Cripple [the hospital was closed in 1978, and transformed into St. Giles Foundation, a charitable foundation] for children in Brooklyn. It was a pediatric orthopedic hospital. It had about 50 beds. They were full all the time, and half of them were post-polio victims. My job was to keep those kids from getting fat. We put them on a diet to control their weight. I went there 3 mornings a week. I was supposed to do it for 3 months. I did it for 8 months. I learned an awful lot of orthopedics. And I never failed at a job more miserably than I did that job. We weighed our children once a week, and they all gained weight. They all gained weight. Miss [Elizabeth Ann] Appleby, a spinster nurse, never married, dedicated to these kids, lived at the hospital. She confided in me one day, “You’ll never accomplish this. Grandma comes in and brings candy. Uncle John comes in and brings pizza pie.” It was the only hospital where they had not only 2 hours visiting in the daytime, but they had an hour visiting in the evening for fathers. I learned that, and I later implemented that at my hospitals, but that’s another story.

When I got there, there was a group of orthopedists who had volunteered there, some of them for 25, 30 years. All of them still continued to come. But
the hospital had contracted with two men from St. Luke’s Hospital [merged in 1979, with Woman’s Hospital and Roosevelt Hospital to form St. Luke’s-Roosevelt Hospital Center] in Manhattan who did nothing but pediatric orthopedics, David [M.] Bosworth and Mather Cleveland. They also had a young associate by the name of Yanakasawa, a Japanese man who, incidentally, was very bitter because his parents had been displaced to a concentration camp here in this country during World War II. That’s a totally different story. But he was a bright guy, too.

They gave grand rounds every Friday morning at 8:00. I went in Monday, Wednesday, and Friday mornings. Of course, I got there at 7:45 on Friday morning because the doors were locked at 8:00. The place was packed. Every resident, orthopedic resident, in Brooklyn and Manhattan came to those conferences. These guys were great! I was there every week. By month 6, David Bosworth would say, “What are we going to do with this kid?” We had kids with clubfeet — a lot of clubfeet. We had children with myositis ossificans. I haven’t seen a case since, where the muscles became calcified. Arthrogryposis. We had a man there who had it, who was 40 years old. He’d had 26 operations. He lived in the hospital. He earned a living by painting with his feet. Dysplasias of the hips, tibial torsions, metatarsus adductus — you name it, we saw it. And they were treated there. By month 6 — Dave Bosworth did this more than Mather Cleveland — he’d say to an orthopedic resident, “Well, what are you going to do for this kid?” And then he’d say, “Well, is that wise?” They’d look quizzically, and he’d say, “If you do this, what’s going to happen?” Then he’d turn to me and say, “Tell them what’s going to happen.” [Golombek laughs] I would say, “He’ll have arthritis of the hip if you do that.” They did triple arthrodeses, and double arthrodeses and transplanting tendons for the kids with polio.

One reason I stayed longer than 3 months was Miss Appleby. She was dedicated and caring. She invited me to lunch one Friday. I was due back at the medical school by noon. Lunch was at noon. But this Friday she said, “Look, Dr. Bosworth and Dr. Cleveland are staying for lunch. Stay for lunch with them.” I said okay, and I went to lunch that Friday. Guess what they served? Lobster salad. All you could eat, all you wanted. I went to lunch every Friday, thereafter, and we had lobster salad. Every Friday!

Miss Appleby was a saint. At Christmastime, she said to me, “What’s Santa Claus going to bring your son?” I said, “Gee, Miss Appleby, we don’t have much money.” Again, no pay. “He wants a tricycle, but we can’t buy him a tricycle.” She said, “Come with me.” She took me to the basement. There
must have been 30 bicycles, all the tricycles you could wish for. There were scooters. And these kids couldn’t use their legs. They were donations. She said, “Take one.” I said, “I take the train to and from Queens.” I was living in Queens because I had been at St. Alban’s Naval Hospital, and I couldn’t find an apartment in Brooklyn I could afford. The next day a van delivered a tricycle to my apartment in Queens. They were just wonderful, wonderful people. And they were so dedicated to those kids. Even these orthopedists who were kind of thrown out. Even though Bosworth and Cleveland didn’t do surgery — these men did all the surgery — they resented these outsiders coming in. And they were paid, by the way, to come, whereas the other men were all volunteers — unpaid and they still came. They still all came to lunch, by the way, every day. I went on Fridays for lobster salad.

One highlight which occurred during my chief residency occurred in late 1951. A notice was circulated that [Elliott] Joslin and [Edward] Tolstoi would be debating at The New York Academy of Medicine [NYAM]. You may recall that Joslin was adamant about rigid diet and blood sugar control in all cases of diabetes. Tolstoi advocated a free diet. I thought that would be a good event to attend, and enlisted a junior resident with a car to drive us to Manhattan. The debate was to begin at 8:00 pm. I suggested we leave at 5:00 pm to get a good seat. We arrived just before 6:00 pm and the place was already packed. Luckily, we got some of the last seats open, up in the back of the balcony. Joslin and then Tolstoi presented, each for one hour. It was awesome. At the end, Tolstoi asked Joslin, “What’s wrong with a high blood sugar?” Joslin immediately answered, “I don’t know, but my patients will live five years longer than yours.” To my knowledge, they never debated again.

In diagnosing cystic fibrosis at that time, we passed a tube into the duodenum, collected pancreatic secretions and analyzed them for trypsin. Later, we began doing sweat tests for sodium. This was done by cleansing the back, placing a sterile gauze on the back covered by saran wrap, and then wrapping the child in several blankets. After an hour, we removed the gauze, then wet with perspiration, placed it in a syringe, pressed out the perspiration and analyzed it. You may recall this procedure occasionally resulted in an infant’s collapse due to loss of fluid and electrolytes. Electrophoresis was introduced several years later.

To study the ventricular system, we did pneumoencephalograms. This was accomplished by removing all or most of the CNS [central nervous system] fluid and inserting air. It caused severe headaches in these patients. They
cried inconsolably for a day or more. We did one or more of these every week, mainly for cases of hydrocephalus and to investigate for brain lesions and growths, tumors.

Now, I want to get back to living in Queens and commuting. Every morning I had to leave at 6:30 in the morning to get a train to Brooklyn. After I got out of the Navy, I did that for about six months. We could not find an affordable apartment. Betty Ittner, one of the attendings at Long Island College, was leaving, moving to California. Her apartment was available. Well, her apartment rented for $375 a month. She came to me one day and said, “I know you’re looking for an apartment.” You know these attendings were like mothers and fathers to you. They really were great people. They really cared. She said, “I’m leaving my apartment. Before I tell my landlady, why don’t you come over and take a look at it?” Well, I went over to a beautiful brownstone 3 blocks from the hospital. Three long blocks, but a gorgeous apartment. It was on Clinton Street in “Doctors Row.” Every brownstone had a doctor in it. Below was a radiology office. First floor was her apartment. Second and third floors were other apartments. I said, “Gee, this is nice. How much do you pay?” “$375.” I said, “Forget it! Can’t do that.” I was getting $120 a month from the Navy for education. The GI Bill for education. For three years you could get $120 a month. Well, apparently Betty Ittner told her landlord she was leaving and mentioned I was looking for an apartment, but I couldn’t afford it. The woman called me. The woman happened to be the wife of Dr. Arthur Miceli. They owned half a dozen of those brownstones. She said, “How much can you afford?” I said, “We can’t pay more than $120 a month.” She said, “Impossible! I’m sorry I can’t rent it to you for anything like that. How high can you go?” And I said, “$120 a month.” [Golombek laughs] Well, that ended that conversation. About three weeks later, Dr. Miceli’s wife called me again and said, “Would you do me a favor?” I said, “What?” She said, “Give me peace in my house.” I said, “What do you mean?” She said, “My husband is on my back to rent this to you for $120 a month! You have the apartment.” So we got that apartment for $120.

For living furniture, I think we used boxes. We did have a bed. And we had a room for my son who was born in the Navy at St. Alban’s. And that’s the story about Dr. Miceli. When they found out that my wife was then pregnant with our little girl, Mrs. Miceli sent flowers every week so that we would have “a pretty girl.”

DR. GOLOMBEK: Oh, awesome!
DR. ANNUNZIATO: Just nice, nice people. And that man did me such a service all along the line, and I had nothing to do with orthopedics. But he was a generous, kind man. He was an attending at Long Island College in pediatric orthopedics, and then went to Bellevue as their chief of pediatric orthopedics. I lost contact with him after that. We moved, of course, and I went to Massapequa to be in practice.

Let me talk now about the other thing during the residency, in 1950. We had an epidemic of polio in Brooklyn. All polio cases went to Kingston Avenue Hospital for contagious diseases. The director of that hospital was a practitioner in Brooklyn, but ran the infectious disease service at Kingston Avenue Hospital. He was also chief at [New York] Methodist [Hospital]. Cal Tribiano, the fellow I went through school with, was doing his pediatric residency at Methodist. Therefore, I met this gentleman; his name was Anthony [G.] Stigliano. I said to my boss, “They’re calling for volunteers. They don’t have enough help to take care of the kids there. This is a terrible epidemic. Let me go to Kingston Avenue for some time and learn polio.”

We didn’t even know how polio was passed, by the way, at that time. He said, “Well, you know —” I said, “It’s summer. It’s a quiet time. Pediatrics is a seasonal business. We have enough people here, and I should learn polio better than I know it now.” So he said, “Okay. How long do you want to go?” I said, “A month.” He said, “How about two weeks?” I said, “No. I can’t learn enough in two weeks.”

Well, I went. Dr. Stigliano said, “I know you. You’re Cal’s friend, aren’t you?” I said, “Yes.” He said, “Look, I need you on the bulbar ward.” I think we had 30 or 40 iron lungs on that one ward, and a kid had just died. We had to run constantly and suction them out. They couldn’t cough. It was a terrible, terrible exposure even though I learned a lot about polio. And that paid off later. We’ll get to that in a minute. After two weeks, we had enough volunteers so I could excuse myself. I went to Dr. Stigliano, and I said, “Look, I’ve got to get out of here.” He said, “I understand. I cry every night, too.” I went back to Long Island College. I didn’t go home. I didn’t go home for another two weeks. Again, we didn’t know how it was passed. I had a little boy at home. So I stayed at the hospital in the residents’ quarters. After two weeks, I figured, well, this is out of my system, and I went home for the first time in a month. But I learned a lot of polio.
The other thing that was very significant, I believe, in my career was that they offered a rotation at the Charles V. Chapin [Hospital] contagious disease hospital in Providence, Rhode Island. There was no pay, but they gave you room, board, and uniforms. And I was interested in infectious diseases. The boss said to all of us, “Who wants to go to Chapin? Let me know, and we’ll arrange it.” Of course, before he walked out of the room, I said, “I want to go.” Mel [Melvin] Matlin was the chief resident at the time. His wife was the head dietician of the Kraft Foods laboratories in Manhattan. Every Monday morning, Mel brought in cheesecake because they made cheesecake there on Saturdays. And I love cheesecake.

But anyway, my wife’s family lived in Hartford, Connecticut. So my wife and my son lived in Hartford with her family while I was in Providence. I worked every other weekend. On alternate weekends, I’d take the bus and go to Hartford. My father-in-law would pick me up at the bus station. So I spent the weekend with my wife and her family. We could leave at 3:00 pm on Friday. That was a concession they made. I’d get to Hartford about 7:00 or 8:00 in the evening and spend Saturday and Sunday there. Sunday afternoon about 5:00, I’d get the bus and go back. I was there for Monday morning. Chapin was a magnificent exposure. I found out, oh, three or four years ago that Sam [Samuel L.] Katz also trained at Chapin. He trained after me. We happened to be having breakfast together one day at an Academy meeting, and I mentioned Chapin. He said, “I was there.” He spent a year there, I believe.

I spent three months there. We had it, you name it. Anything contagious, we had. It was a general pediatric hospital, but we had one building for pertussis. There were, if I recall correctly, 30 rooms, two bassinettes in a room. It was spring, the epidemic of pertussis, and we couldn’t admit a baby over six months of age because we were full. It was the babies under six months who died and had complications. And, you know, if they had teeth, they always cut their frenulum. They’d get intracranial hemorrhages from the paroxysms. They ruptured lungs. They ruptured bowels from the coughing. Some of them became malnourished because they would vomit, and vomit and vomit. I learned to see facial petechiae, and eye, in children from vomiting there. You know when I see petechiae in the eyes or on the face, I think of one thing — meningococcemia. But I learned very quickly that you can get petechiae of the eyes and face from vomiting forcefully. I had seen that in the Navy, too. I had a youngster who came in. I had him by the hand one evening walking around. He said suddenly, “I’ve got to go!
I’ve got to go!” He ran to the bathroom and vomited. When he lifted his head, his face was covered with petechiae.

Measles was in a special building. Tuberculosis was in a special building. And psychiatry was in a special building. The reason we went to psychiatry was for suicides. We were the ones who would do cutdowns. The psychiatrist didn’t do cutdowns. So these people would come in, many of them in shock, in coma, near death. We’d run over, put a cutdown in. In an adult that was easy. But TB, we had a whole ward, a whole building of tuberculosis. We had the pertussis building. And I’ll tell you, pertussis was a terrible disease. If you think pertussis is a mild disease, think again. It is a terrible, terrible disease. And we don’t see much of it today.

DR. GOLOMBEK: It’s coming back.

DR. ANNUNZIATO: And we’re fighting that terrible battle of I’m sure well-meaning people who are not using their good sense, and who are not immunizing their children. Hilary Connor was the executive chief officer at the Chapin Hospital. His son happened to be a resident there at the time. We had a very world-renowned developmentalist whose name I cannot remember, who died when he was 42 years old, years ago. I can’t remember his name. I’ve been trying to remember it for years. But he used to come once a week and give a talk on developmental disorders in children.

We went to the Rhode Island Hospital for rounds every week. They had grand rounds once a week, and their residents came to us every week for grand rounds. The first week I was there, we went to grand rounds. They presented a youngster, a baby 10 months old at the time, who was admitted for constant vomiting and coughing. I don’t remember all of the details. But I had just had a case of right aortic arch at the medical school. And after they presented the case, I raised my hand, and I said, “You know we have to rule out a right aortic arch or an aberrant sub-clavian artery in this child.” They looked at me as if I was crazy because these mainly were infectious disease people and residents. And I was. Sure enough, the kid had a right aortic arch. Boy, they thought I was great. [Laughter] I haven’t seen one since. You must see them.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: At any rate, I spent three months at Chapin. We had meningitis all the time — all the time! Adults with meningitis, too,
whom we cared for. We had residents from, oh, a dozen or more hospitals at all times, doing a rotation there. There were permanent residents there, too. Their claim to fame was that they had wards there where they would have 20 or 30 beds. There were white-painted lines on the floor, six feet apart. And the claim was that they had had only one cross-infection in 10 years. We kept scarlet fever, we kept polio, we kept diarrhea and pneumonias all in one room, but no cross-infections. The cribs and beds were six feet apart, and rigid, rigid, rigid hand-washing. I recall one day we were making rounds with Pop [Edward J.] West. He was a full-time attending there. He always wore a hat making rounds — white trousers, white shirt, open collar, and a hat. With Pop West, if you touched something, you ran and washed your hands. If your ring got touched, you took it off and put it on the floor. If your trousers touched a crib, you took off your trousers. [Golombek laughs] A nurse brought you a gown. That’s how rigid they were. And I believe I never saw a cross-infection there. But there’s no question that good technique prevents disease. And in the nurseries, of course, it’s vital.

But I saw measles there. I saw children with measles die. I saw giant cell pneumonia, which was measles prior to the eruption where the first viral replication in the lungs in infants would kill them. Later on I did a CPC [clinical pathological conference] at Mercy [Medical Center] hospital in Rockville Centre, and they asked me to discuss a kid who had passed away, a four-month-old, and it was giant cell pneumonia. But prior to any rash. What else did we see there? Well, they had a tremendous library of Kodachromes of diseases. And you know what could I do with an evening if I were on or off? I went there, and I looked at pictures. I did that every night. That stimulated me to take pictures of rashes.

One of my jobs for the past 30 years at Nassau [University] Medical Center is seeing kids with rashes, by the way. I’m not a dermatologist. Sam [Samuel] Weinberg, I don’t know if you knew Sam. Sam practiced general pediatrics in Massapequa. I took care of his kids. Well, Sam wanted to be a dermatologist. He went to Manhattan and worked with [Maurice J.] Costello at Bellevue and got his boards in pediatric dermatology. He became world renowned and traveled all over the world talking. He and Sid [Sidney] Hurwitz at Yale. Sam was a wonderful guy. He would come to the medical center if I called him. If he couldn’t come, he’d say, “Send him to the office.” And he wouldn’t charge.

DR. GOLOMBEK: Wow!
DR. ANNUNZIATO: These were indigent kids from the medical center. And they still do to this day. Sam passed away about a year and a half ago, suddenly, after giving a lecture at our place. He went home, and a few nights later, didn’t feel good. They took him to LIJ [North Shore-Long Island Jewish Health System – North Shore-LIJ], and he died. To this day, I don’t know why. But Sam, his partners, Leonard Kristal and Bob [Robert] Hayman still will see our patients free if we send them to the office. Occasionally, you see a rash, and you don’t know what it is. Recently we had a case of PLEVA, pityriasis lichenoides [et varioliformis acuta], and I didn’t make the diagnosis. So I sent him over, and they knew it immediately, and reassured the parents. It persists, you know, sometimes even a year. In this kid, the rash disappeared in six month. Lenny comes every year to talk. And his young associate now comes, Bob Hayman. They both come and give talks at the medical center, at the Pediatric Postgraduate Lecture Series. I used to have Ed [Edmund F. LaGamma], your boss. Ed LaGamma came once a year. And Lance [A.] Partin would come when they were at Stony Brook [University]. I had Ed come once after he moved. [Dennis] Davidson came this year and he gave a wonderful talk. He’s a very bright guy. He lives here in Amityville, by the way.

DR. GOLOMBEK: Oh, really? He talked on head cooling?

DR. ANNUNZIATO: Head cooling. We don’t do that. You do head cooling?

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: Not many places do it.

DR. GOLOMBEK: No. It’s us, LIJ, and Cornell, and now Columbia.

DR. ANNUNZIATO: He felt very confident that it was helpful. I’m not sure yet. I don’t think many people are sure. But he showed a few cases.

DR. GOLOMBEK: For the right kid it’s probably good. That’s the art.

DR. ANNUNZIATO: I reviewed a malpractice case recently where the baby was transferred from Franklin Hospital up to LIJ for head cooling. But they never did it because the patient really wasn’t a candidate.

DR. GOLOMBEK: There are very, very stringent criteria.

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DR. ANNUNZIATO: Yes. There should be. If you want to get good, clear statistics, you have to live by your rules.

DR. GOLOMBEK: Definitely. We have about five more minutes.

DR. ANNUNZIATO: We do?

DR. GOLOMBEK: Yes. So what message do you want to leave for younger generations?

DR. ANNUNZIATO: I’d like you to come back.

DR. GOLOMBEK: Yes. So for this piece, what do you want to say?

DR. ANNUNZIATO: I’m concerned about the future of pediatrics. I see in the current issue of Pediatrics there’s an article talking about pediatrics and what’s happening. I have to read that. I’m concerned about medicine in general. It’s not quality medicine. Many, many people can’t afford medicine. The new SCHIP [State Children’s Health Insurance Program] legislation is wonderful, but we’re still going to have a lot of uninsured kids. I’m concerned about the issue of non-immunization. I think that’s a catastrophe, not only for the child, but for the whole community. Paul [A.] Offit at The Children’s [Hospital of Philadelphia (CHOP)] in Philadelphia is going to be the speaker at the Nassau Pediatric Society [of New York Chapter 2 of the AAP] next Monday evening. He’s talking on this subject. He just wrote a book on immunizations in children and how to counsel people and get around this business.

But we’re dealing with a terrible foe, people, educated, knowledgeable, smart people who are against immunization, legislators who shouldn’t really make medical decisions, well-meaning people who just don’t pay attention to statistics and to real knowledge in the field. You know, if I’m going to invest money, I’d like somebody who knows about money advising me. And if you go to a doctor, you ought to pay attention to what he recommends. I have found over the years invariably, invariably, that when I give a patient, a mother or a father options, the retort is always the same.

DR. GOLOMBEK: What would you do?
DR. ANNUNZIATO: Doctor, what would you do? I’m paying you good money. Tell me what you want me to do. I think that’s smart. And I’ve really honored that. Have you ever met a mother or a father of a newborn you’re taking care of, in trouble, who doesn’t say to you, “Doctor, do everything possible. Doctor, money is no problem. Do everything.” Did you ever think twice about what to do? You only do what you think is right. You do what you would do for your own baby. But they have to say it. They’re concerned, they’re worried. I think I have had one philosophy all my life, and I learned this from my teachers, examine the child. Dr. Joe used to say, “If you take a good history, you will know the diagnosis eight out of 10 times before you touch your patient.” And he was right, by the way. If you don’t know the diagnosis, take the history again, and again and again, because mom’s going to remember something tomorrow she didn’t remember today. And examine your patient, especially if the child is sick. Our residents don’t do that. To get a surgical consultation today, you have to have an x-ray or a CT [computed tomography] of the abdomen for a kid you think has appendicitis. You x-ray the abdomen, and you have to have all the bloods done, a sonography, a blood “porcelain” level. It’s ridiculous. All I want is an educated hand.

I used to say to Tony [Anthony T.] DiBenedetto, the chief of surgery, who was a wonderful guy, made rounds seven days a week, a real good person, a chest surgeon, “Tony, please, tell your residents, when we call them, to come and see the patient.” He used to say to me, “Dave, they’re young. They’re learning. Give them time.” But I know one thing because one of the surgical residents whose kids I took care of came to me and said, “What did you tell my boss? He blasted me because I didn’t come right down to see your patient.” But Tony didn’t tell me that. He said, “Be patient with them. They’re learning.” He never criticized a resident, by the way, except behind closed doors. He was a real gentleman. And he ran the hospital. Doctors don’t run hospitals anymore. Administrators run hospitals. At any rate, I think we’re teaching residents, and I keep harping on them, “Take off all the patient’s clothes.” I have a lecture on taking off the clothes. I start with slides of a child, and I show them with clothes on, and then with no shirt, and then with no trousers, and then with no underwear — with nothing on. The child has lichen sclerosus et atrophicus of the vulva. I have pictures of another child who has a problem with the feet. It doesn’t sink in. Before a child is examined, they have to have all their chemistries, the x-rays, sono [sonogram], et cetera.
DR. GOLOMBEK: But even when you go to a pediatrician now, they are sort of focus-oriented. You can tell him he had a cough. Open your throat, a swab, and that’s it. They rarely listen to the lungs, look at the tummies.

DR. ANNUNZIATO: I can’t understand how we practiced medicine 50, 60 years ago. We were clinicians. Fifteen, 16 years ago the boards and Uncle Sam told us pediatricians should be trained to do everything. We did cutdowns. We did allergy skin testing. We did suturing. We did bone marrows. They don’t do this anymore. When I started at the medical center, we introduced all of these things, and we made them do it. We made them do pelvics. They don’t do them anymore.

I’m concerned about the future of medicine. There was an article in The American Journal of Medicine recently, a commentary article. The statistics were overwhelming. Sixty-eight percent of the people want socialized medicine, want government medicine, one payer. Just recently another article showing that most doctors now want a single payer. I don’t understand that. I’m concerned about government medicine. Surgeon General [Charles Everett] Koop was a keynote speaker for the Academy one year. He had breakfast with us, with the board. I was on the board at the time. Koop went to England for a two-year sabbatical, he told us. During his two years there he developed a brain tumor. He went to the neurosurgeons, and they said, “Yes, you’ve got a brain tumor. You’re too old. We won’t operate on you.” He came home. He was operated on. He’s still alive now, 92 years old, or so. He’d have been dead in England.

You can’t prioritize medicine. You can’t do selective medicine. You can’t ration medicine. They do do that under the British system. And I understand a little bit in Canada, too. I met some wonderful pediatricians from Canada who felt the system was good, but they did point out to us that the doctors there are on an annual government salary. They have to see X number of patients a year. Many doctors see those patients in six months, then take six months off. Nine months, take three months off. So they lose continuity, and they lose that personal contact. There’s nothing like a patient-doctor relationship. When I was in practice, I was a member of every family I took care of. They respected me.

I had kids coming back from college, 24, 25 years of age, who would say, “Oh, that school doctor doesn’t know anything. He doesn’t examine you. I had to come back here.” College physicians are pretty good people. And there’s an American Board of College Physicians, as you know. I met some
of them, and I’ll tell you, they’re knowledgeable people. Maybe they don’t examine the kids the way I did. But the one thing that I’m concerned about is that our kids don’t get examined. I remember Dr. Joe saying, “You have a stethoscope. Use it often.”

I used to tell our residents — I don’t make rounds with them much anymore — but I used to tell them, “The kid’s sick enough to be in the hospital. He’s sick enough to have an examination every day because things change.” They don’t do that.

DR. GOLOMBEK: No, they don’t. Even in an intensive care unit, I can tell you that doesn’t happen.

DR. ANNUNZIATO: Yes, I know. Well, I have a lot to tell you about my practice and my work with the Academy.

DR. GOLOMBEK: We’ll do that on the next one. I’ll have to bring more tapes.

MRS. ANNUNZIATO: You didn’t know what you were in for, did you?


DR. ANNUNZIATO: It was Susan who told me to tell you all these anecdotal stories.

DR. GOLOMBEK: That’s a good thing.

DR. ANNUNZIATO: And other people.

DR. GOLOMBEK: That’s why I brought three tapes. But you also need a break. So let me stop now, and we’ll continue. Today is March 30, 2009. So let me stop this one, and I’ll stop this, too.

May 12, 2009

DR. GOLOMBEK: Okay. So this is ready.
DR. ANNUNZIATO: Where did we finish last time?

DR. GOLOMBEK: Last time, your last comments were, “I need to tell you about my involvement in the Academy.” That’s, well, almost the last thing. The last thing, I was going to ask you a few other things. But you were done with your training. I asked you what else you wanted to talk about, and you said, “Well, we need to talk about my involvement in the Academy and then experiences as chief.”

DR. ANNUNZIATO: Good.

DR. GOLOMBEK: So today’s May 12, 2009. This is Dr. Sergio Golombek with the second interview with Dr. David Annunziato. You went through your residency. You went through the chief residency, through Chapin.

DR. ANNUNZIATO: While I was a resident, we only had four vaccines — diphtheria, tetanus, smallpox, and pertussis. Pertussis was just beginning to get wide use. We gave each of them separately. Theory was that there was competition for binding sites. We did not have the ability to measure titres in those days. Soon after they began to come D and T, and then later P was added. In the mid 1950s, a quadrivalent vaccine was licensed with polio added to the DPT. It was recalled, however, because cases of transverse myelitis were reported after its administration.


On Fridays, as chief resident, I had one of the interns with a car drive us to Babies Hospital [in 1994, changed to Babies and Children’s Hospital of New York, in 2003, it became the NewYork-Presbyterian Morgan Stanley Children’s Hospital] for their grand rounds at noon, and then the NYH [in
1998, New York Hospital merged with Presbyterian to become NewYork-Presbyterian Hospital for their grand rounds at 4:00 pm. Unusual cases were presented at both. Thus, we got greater exposure and a little of the flavor of medicine at those excellent programs. Sam Levine, his colleagues at NYH, and those at Columbia always acknowledged our presence and stated they appreciated our attendance.

Also, while a resident, the chairman of radiology was Pop [Alfred Lee Loomis] Bell [Jr.] who had a special interest in pediatrics. The widespread use of radiation to treat adenoids, the thymus gland and even in shoe stores upset him greatly. He conducted a personal crusade against these procedures.

As I recall, in the spring of 1950, a five-year-old girl was sent to us at the medical school for treatment of her acquired hemolytic anemia. She had been tried on several regimens, had her spleen removed and was getting worse. At the time we saw her, she was receiving a blood transfusion about every third day. ACTH was now available and being used in adults. It had not yet been used in children. We were going to treat her with ACTH. Before we could do so, we had to get approval from Dr. [Louis K.] Diamond at Boston Children’s Hospital [Children’s Hospital Boston]. We had her seen there and received approval to treat her. The protocol prescribed was 10 pages long. There were three pages of just laboratory tests to be done prior to the start of therapy. Linda was placed on ACTH. Within 48 hours of the start of therapy, she required no further transfusions. Her hemolysis had stopped. She was followed closely and discharged after two weeks of observation and multiple laboratory tests. When I began practice, Linda became one of my patients. She grew up, married and I cared for her children. She is now a grandmother. She has never had another blood problem. To my knowledge, she was the very first child ever treated with ACTH.

Just to be sure I don’t leave too much out, did I talk about my practice?

DR. GOLOMBEK: No.

DR. ANNUNZIATO: I think before we do the AAP involvement, we should do a little bit about practice. At the end of my residency, when I finished my training in pediatrics, I had enough credit from Navy time and the training that I could take my boards. You needed only two years, and I had two years in Navy and three years at the medical school. I was quite flattered because
eight or nine of the attending physicians, pediatricians, at the medical school asked me to go into practice with them. I had already decided I didn’t want to raise my children in Brooklyn, although I loved Brooklyn. But I thought it would be better to have them in the country, the suburbs.

I think the most flattering offer was from Stanley Lamm who was a very, very rigid, tough man. He did pediatric neurology when there were no neurologists. But the best offer I had was from Dr. Joe Battaglia, my idol, and Charlie Mueller, who was the chairman of obstetrics at King’s County and St. John’s. They said to me that if I stayed in Brooklyn, they guaranteed me they’d make me chairman of pediatrics at St. John’s in two years. But I refused those wonderful offers. I was quite flattered.

I joined two pediatricians in practice in Hicksville here on Long Island. Both of them had been my interns when I was a resident. One of them had been a classmate of mine, but became an intern after his Navy duty. He was stationed at the Brooklyn Navy Yard where he did trauma work, whereas, I was at the Brooklyn Naval Hospital and St. Alban’s doing pediatrics. So I started out as an associate resident. He was an intern. But they were wonderful, bright people. Samuel Poindexter Oast III. His father was a Park Avenue ear, nose and throat man from Virginia, and his uncle was the chief, the head of the Supreme Court of the state of Virginia. He was a bright guy, tall, a bachelor, never married, and he has never married to this day. I joined them in Hicksville. We opened a second office shortly after in Massapequa. After four or five years, Sam decided he didn’t want to do pediatrics. He went back to Columbia and did a residency in psychiatry. He was appointed by the mayor of New York, [John Vliet] Lindsay at the time, to be the head of the ambulatory psychiatric services for New York City. And he still does that to my knowledge.

So Russ Burge and I continued in practice, and we took in a resident from Meadowbrook Hospital [in 1974, the name was changed to Nassau County Medical Center], Charlie Dunn, as a third person. We opened the office in Massapequa. We covered the two offices and had a very, very, very busy practice. I remember one Friday near Christmastime, we had an outbreak of flu, and the three of us, from seven in the morning until 10:00 at night, saw 180 patients. At the end of the day, Russ Burge said to Sam and me, “Let’s go out to dinner together.” We went out and had a snack, and we said, “Never again. Never again.” And we had some house calls still to be made. In practice, house calls were a way of life. Out here most of the families were single-car families, and Dad took the car to work. And many, many, many of
them worked in New York City, in Brooklyn, Queens, Manhattan, which was a long hike. They’d leave at 6:00 in the morning, get home 7:00, 8:00 at night. So Mom went to the grocery store pushing a baby carriage. And young people were moving out here in droves. New developments were being built almost daily.

You could buy a Levittown house in those days for $5600 and a ranch style for $6,000-something. We should’ve bought a dozen. They’re selling for $354,000, now. I believe Russell Burge did buy two, as a matter of fact. And a lot of people practiced in Levittown. I remember a new development was being built in Massapequa for $30,000, $40,000 a house. That was a lot of money.

DR. GOLOMBEK: What year was that?

DR. ANNUNZIATO: That was about 1955, 1956. So I got a call to make a house call. The big thing in those days, aside from sick visits to the house, was newborns. Many, many mothers went back to Brooklyn, to Queens, to Manhattan to their old obstetricians to have a new baby. When they came home, we went to the house to visit them. Of course, they stayed in the hospital 4 or 5, 6, 7 days. So we’d go to the house at our convenience, usually within 24 hours of the time they got home. And that was good business. We charged $5 for an office visit and $5 for a house call. We did not charge for shots, even if it was penicillin, because penicillin was not oral at the time. It had to be given by injection. And we didn’t charge for DPT because it cost us about 38 cents a shot. So we didn’t charge for those. I called at a house in this new development, the first woman who moved in. She was a little older than the average first-time mother. She had been a professional. I went to see her newborn baby.

Two days later, I got a call from another woman. The streets, by the way, were still mud. And I got a call from another mother who had moved in across the street from Mrs. Blue. Her name wasn’t Blue. She went by that name, her professional name. But anyway, I went to this house and saw a 2-and-a-half-year-old child, one of twins. Her name was Laurie Zweibel. I’ll never forget this child. She was running a fever, and I couldn’t find much wrong with her except that she had a swollen ankle and a black-and-blue mark there. So I said to the mother, “I think we should get a blood count on her.” She had no liver, no spleen, nothing. And indeed the laboratory called me, oh, an hour later. I had been there maybe 3:30 in the afternoon. About 4:30 the laboratory called me and said, “I don’t like the look of this smear.”
I ran to the lab and looked at it. And indeed there were blasts. She had acute lymphatic leukemia. I went back to the house. The mother didn’t know me. She didn’t have a telephone in the house. So I said, “Who was your pediatrician in Brooklyn?” It happened to be Ben Kramer. Ben Kramer was the chief of pediatrics at Brooklyn Jewish Hospital. Ben, I got to know quite well because he used to come to the medical school and lecture. I met him at the door and carried his slides and his books. Ben was a wonderful, bright guy. He had trained at Hopkins and was handpicked by Edwards Park to come to Brooklyn Jewish Hospital to be the chairman of pediatrics. I drove the mother and the twins to my office, and I called Ben Kramer on the phone. He answered the phone himself immediately. I said, “Dr. Kramer, I have this little girl, Laurie Zweibel, here.” “Oh, I remember the family well.” And I said, “Well, she’s running a fever, and her blood smear doesn’t look good. I would like you to see her.” So he said, “Yes, I’ll see them first thing tomorrow morning. Have them come in at 9:00.” So they went in. Laurie was in the hospital about two weeks. Then she came home. And in those days leukemia was a death sentence. We could promise the mother that her child would be dead in three or four months. And Laurie died 3 months later. The twin did well. They moved away, Upstate New York, but they sent me a Christmas card every year for many, many years. I lost track of them, oh, 20 years ago, I guess. That was in the mid 1950s.

Leukemia was terrible. I had several cases of leukemia at that time. And when you told the parent this diagnosis and the prognosis, sometimes you wouldn’t see them again until months later. I remember they’d go to the shrines, to Lourdes, to some shrine in Georgia. I had two patients who went to chiropractors who promised them a cure. And they died.

One family who went to a chiropractor out here in Lindenhurst was promised a cure. One morning I went to the office, and here was this father with his little girl in his arms at the door. She was moribund. I put them in the car, drove them to the hospital. We admitted her. I told the father that I thought she was going to pass away pretty quickly. The father said, “I’m leaving.” And he walked out. I said to the mother who had arrived, “Where’s he going?” She said, “He’s going to kill the chiropractor.” That’s a true story. I ran and caught him at the elevator. I said to him, “You can’t do that!” But he left, so we called the police who went to the office of this chiropractor and met the father when he arrived or else that man would’ve been gone, too, because the father had blood in his eyes. That little girl passed away that day, actually, which was a sad situation.
Practice was really beautiful. My first patient in practice was a family named Bodenstein. That baby was born at Long Island College of Medicine while I was the chief resident preparing to leave to go into practice. The chief of OB called me and said, “I have a patient for you to take care of. They’re moving out in Wantagh, which is two towns west, and I referred them to you.” So I saw the mother in the hospital and then took care of Neysa and her brother Larry [Lawrence Bodenstein] who’s now a pediatric surgeon in Manhattan.

The second patient I had in practice was a family named Baker. That family was referred to me by Fred Lane who was my consultant at Brooklyn Naval Hospital in OB/GYN. Freddy Lane practiced in the Manhasset Great Neck area. At that time, when obstetricians were getting $75 for a delivery, he was getting a thousand and limiting himself to 10 deliveries a month. Fred was a wonderful guy. Later on when I was chairman of the March of Dimes Professional Advisory Committee, Fred came on that committee, and we used to have wonderful reunions whenever we had a meeting. He sent me my second patient in practice.

Doing house calls — and by the way, I’m writing a book on house calls. I’ve got about 30 stories written, and I have a list of another 150 I want to write up. Some of them are exciting and interesting. A couple are sad, but most of them are happy, and some of them are really funny. Some of them are sexy. [Golombek laughs] At any rate, I hope to finish that off this summer when we’re in New Hampshire. I don’t know whether it will ever be published or not, but it’s fun for me.

At any rate, making house calls was a way of life, as I said. I don’t think a day went by when you didn’t have at least 1 or 2 house calls. I remember also, when making house calls there was always coffee ready when you finished, and cake or a glass of wine or something, which I rarely ever indulged in because there was no time. You were usually running. I remember my first Christmas Eve in practice. My two associates wanted to be off New Year’s Eve. I wanted to be home for Christmas. So we agreed I would work New Year’s, they would work Christmas. So I worked the first New Year’s Eve in practice, 1952 to January 1, 1953. I made 23 house calls. It was a Saturday. I made 23 house calls from 3:00 pm to 3:00 am. There was a terrible snow storm that evening.
They were really interesting house calls. One of them was a 3-month-old. My answering service called me and said, “You know this woman’s been trying to get a doctor since 4:00 or 5:00 this afternoon. This baby sounds really sick. You think you could squeeze them in?” I went to Bethpage to see this baby. I got there about 2:30 in the morning. It was one of my last calls. I went into this humble house, nice couple. There were some friends visiting for New Year’s Eve. The baby had pneumonia, and I gave the baby a shot of penicillin. I told them to call me the next morning. When they called, I went back and gave another shot of penicillin, and then put the baby on sulfa drug which was one of the few things we had. They became my patients, thereafter.

I’ll just tell you one more house call that night, New Year’s Eve. I went to see a baby with croup. The baby was having a pretty severe bout of croup. There was a big party going on. I took care of the baby. I carried a quart — a quart! — of Ipecac with me. We asked all of our families to have eardrops in the house at all times and Ipecac. Ipecac not only for poisonings, but for croup, because if you made them vomit, it helped quite a bit. If you just used 3 or 4 drops it was the best expectorant you could ever imagine. At any rate, this woman had no Ipecac in the house. I prescribed Robitussin, which is not recommended today, I guess, but to give the baby Robitussin. Put 3 or 4 drops of Ipecac in it. She had no Ipecac. So I said, “Well, get me something. I’ll give you some.” She brought me a jigger glass, and I filled it. We set up a croup tent, and I wrote instructions. As I left, I said, “You call me tomorrow morning.” The next morning she called, and I said, “How’s the baby?” “Baby’s fine. My father-in-law’s not doing too well.” I said, “What do you mean? What’s wrong with your father-in-law?”

DR. GOLOMBEK: He drank it.

DR. ANNUNZIATO: She said, “Well, he thought he’d play a joke on somebody. I put the glass of Ipecac on the refrigerator. He came in, saw it and gulped it down. He’s still vomiting.” [Laughter] But anyway, this is the way it was.

By the way, our routine for croup in the early 1950s, was to “steam” the child in the bathroom. Stopper the tub, turn on the hot water and sit there. By the time we arrived, most babies were somewhat better. Then after examining them, we would give severe cases a shot of ACTH with two minims of adrenalin. The results were usually good. Those who did not improve were hospitalized.
This Mrs. Baker I told you about, my second patient, when I went to see her at home, she was sitting on the bed nursing her baby. Her husband was — I don’t know how to describe him, but he ran pornographic movies on Saturday nights at midnight. He had three theaters in Nassau County, he and his father. When I left practice and was at Nassau County, I got a phone call to please drop into the hospital here in Amityville, Brunswick Hospital, to see Mrs. Baker. She was a patient. She wanted to talk to me. On my way home I stopped in. The little boy whom I first saw, and the little girl she had later were in their twenties now. She said, “I have breast cancer. I’m going to die. But I want your promise that — You know my husband. I would like you to promise me that if my children need something, you’ll be there for them.” And I promised her I would.

DR. GOLOMBEK: Nice.

DR. ANNUNZIATO: I also had a woman, a wonderful stately woman, a beautiful, red-haired gal who’d been a model. She called me one day, and I knew what was going on. She was pregnant with her second child, and she came in the office one day and told me she had a melanoma on the thigh in its late stages. It was interesting because she was on therapy. The oncologists and the obstetricians were interested to see what effect that would have on the baby. She had been told she was going to die. Metastases all over. She delivered the baby, and I saw the baby at home. I went to the house when the baby was a month of age and saw the baby again. Then suddenly, about 2 weeks after that 1-month visit, the mom called me and said, “Could you come to the house?” I said, “The baby’s sick?” She said, “No, I want to talk to you. I think I’m in my last few days, and I want you to promise me you’ll take care of my children. My mother-in-law’s going to move here and take care of the children. Please, if she calls you —” And I promised her. This was the flavor of practice. You became a member of every family.

DR. GOLOMBEK: Yes, you did.

DR. ANNUNZIATO: It was just wonderful.

DR. GOLOMBEK: Yes. I remember my pediatricians coming to my house when I was a kid, and my mom would have the bottle of alcohol and a clean towel.
DR. ANNUNZIATO: I made it a policy never to drink when I was on call. I never drank much anyway.

DR. GOLOMBEK: No, this was alcohol for taking care of the kids.

DR. ANNUNZIATO: And certainly I never had a beer because beer smelled bad. I wouldn’t want anybody taking care of my sick child if they had alcohol on their breath. So anyway, that was how practice went. Practice was just incredible. When I graduated medical school, they said medical knowledge will double in the next 10 years. That was a big lie. Medical knowledge was doubling every year.

We had a tremendous practice. We had the office in Hicksville and Massapequa. There was no pediatrician in Syosset. The offices we had were kind of small, and I only had 2 examining rooms in my first office in Massapequa. We had 4 in Hicksville. But we had a tremendous number of patients from Syosset, and there were no pediatricians in Syosset, which was a blossoming town. Massapequa, when I opened my office, had 4,400 people. Within 5 years there were over 110,000. And most of them were young people having babies, so we were very, very busy. We were the first pediatricians in Hicksville, the first pediatricians in Massapequa, the first pediatricians in Syosset. We opened a third office there. After 7 years, we just couldn’t cover one another anymore, so we broke up our partnership on a very, very friendly basis. Russ Burge continued to be one of my dearest friends until he passed away. He retired up to Hanover, New Hampshire, Dartmouth College, where he had gone to school. You can take the man out of Dartmouth, but you can’t take Dartmouth out of the man. Most of his fraternity brothers had retired there, and he had a ball. Russ was a wonderful, lean, tall, athletic man who played tennis, racquetball, basketball and golf. He was a real athlete and a wonderful bright person. We still see his widow. He died of an unusual disease I had never heard of before, Cogan’s syndrome, an acute cerebritis where he lost his hearing and balance totally. They put him on massive doses of steroids, and he swelled up like a balloon. He decided that’s not how he wanted to live, and he passed away.

At any rate, we had a policy in our office — every child was examined head to toe. Undress your baby completely. The 2 things I heard most commonly in my office were, “Take off all their clothes?” or “That’s the first time my baby has ever been examined completely.”

DR. GOLOMBEK: That’s remarkable.
DR. ANNUNZIATO: And that always paid off. It bothers me a little bit today to see residents examine babies through the clothes with their stethoscope. My professors would turn over in their graves if they saw that. I remember seeing a baby, 9 months of age, in my office and seeing the child again at 11 months of age for an illness. Take off all the clothes. Baby had a black, hard testicle. I’d never seen this before. This baby had a very malignant tumor of the testes, mainly described in the Scandinavian literature, by the way. Not very common here. Baby had the testicle removed, and we sent that baby up to Memorial [Sloan-Kettering Cancer Center] where they explored and cleaned out the pelvis. The child grew up and did very, very well. But that baby could well have died had we not examined the baby completely. I review malpractice cases now, and it bothers me to see the lack of examination that goes on. The heads are not measured routinely. The weights are not recorded during sick visits. Well, with a baby with diarrhea, that weight is very, very important. So that policy was really worthwhile. Again, all the clothes, especially when they’re sick. You never know what you’re going to find. The kid with an earache could have meningitis. With the clothes not removed, one could miss a rash, notably the early petechiae of meningococcemia, a rapidly fatal disease. In practice we saw just everything.

When I started in practice, the policy in Nassau County was that you couldn’t get an appointment at a hospital until you were in practice for a couple of years. I don’t know whether that was to keep out the competition or what. But it was difficult, except for Meadowbrook Hospital, which was the county hospital. There any practitioner could send a patient in if they had contagion, or if they were ill and couldn’t afford private care. So I joined that staff immediately. That was in 1952, June. I would send my private patients, some of them, into Long Island College Hospital in Brooklyn, which was a 40-minute ride. I went in every evening. It was only a 35, 40 minute ride then. Now it’s an hour and a half because of the traffic. In those days, it was pretty fast.

DR. GOLOMBEK: So when you admitted a patient, you would follow them in the hospital?

DR. ANNUNZIATO: Yes. Of course, I had a good resident staff there whom one could really count on. And the attendings would watch over your patients. My boss was still there, and all of the attendings whom I had
developed great rapport with. Let’s see, what else can I tell you about practice?

DR. GOLOMBEK: So people would pay cash or check, or what was it at that time?

DR. ANNUNZIATO: $5 was not a lot of money in those days. When I left practice in 1973, we were only getting $8 a visit. Today I don’t think you can walk out of a pediatrician’s office without a bill for over $100.

DR. GOLOMBEK: Well, the copay of my insurance is $20.

DR. ANNUNZIATO: Yes. And so we’ve come a long way. But you know what? We made money. We kept more of our dollar. The expenses were not as high, even though in my office I had a minimum of 2 nurses, usually 3. I had a receptionist. And sometimes we had 4 nurses in the office after I got a partner.

Early in practice, I had done, I think I mentioned, the second exchange transfusion ever done. When I was a resident, I’d go out to small hospitals and do exchanges, and we did a lot of them at Long Island College. So I came out here, and had no hospital appointments. After about 6 months — I had applied to Mercy Hospital, I had applied to Nassau Hospital — I applied to Brunswick here in Amityville. After six months, Marty [Martin] Glynn, who was the associate chairman of pediatrics at Mercy, called me up and said, “You know, I was just talking to Dr. Weymuller, your ex-chairman. He tells me you can do exchange transfusions like nobody else can.” I said, “Well, I’m not sure about that, but —” He said, “We don’t have anyone to do an exchange transfusion here at Mercy Hospital.” Now Mercy Hospital was a Catholic hospital, and a lot of babies were being born there. There was no Long Island Jewish Hospital. There was no North Shore. There was no New Island Hospital. There was no Central General Hospital [now North Shore University Hospital at Plainview]. So he said, “Would you come on the staff here and do our exchanges?” And I said, “I’d love to.” Now when you consider that we got $75 for an exchange transfusion in those days, that was a lot of money.

So I joined the staff. I had never worked in a Catholic hospital before. The sisters treated me like I was the pope. [Golombek laughs] They were sick and tired of transferring babies to Nassau Hospital in Mineola [In 1996, Winthrop formed a partnership with South Nassau Communities Hospital}
creating the Winthrop South Nassau University Health System] where no one was allowed to do an exchange, except for a pathologist who was doing exchange transfusions there. And I’ll be generous and say he wasn’t doing them well. Every pediatrician in the county criticized him. I never met him. Never met him. But people on the staff there told me he was not doing a very good job. At any rate, I went to Mercy, and I then was doing 2, 3, sometimes 5 exchanges a week.

After about 2 years, a young pediatrician, John [A.] Ripp, opened in [Old] Westbury. He had trained at St. Vincent’s [Hospital] [closed April 2010] in Manhattan, and did a lot of exchanges. He came on the staff at my request, and we did them together. I was unhappy doing an exchange all alone.

DR. GOLOMBEK: Yes. You never knew what was going to happen.

DR. ANNUNZIATO: We used to use heparin and every once in a while you got a little bit of trouble. You needed an extra pair of hands. But the sisters were just wonderful. At any rate, in 1954, Harold [S.] Rubin who was chairman of pediatrics here at Brunswick Hospital, who practiced in Hempstead, was sick and tired of running down here to see patients. He said to me, “I’ve told Ben [Benjamin M.] Stein, the owner of the hospital, to put you on the staff, and you take care of the kids here. I’m tired of doing this.” He also was the backbone of the pediatric department at Meadowbrook Hospital at the time. So I went on the staff there. I think I had a consultation every day. Hal Rubin must have been running here every single day. So that let him off the hook and brought me a bigger income, let me tell you.

We had about, oh, a dozen pediatricians on the staff here eventually, and a lot of family practitioners. I took in a younger partner after 10 years. At one point, we counted how many doctors’ families we were taking care of. We had over 100 doctors’ families. And a lot of dentists, a lot of ministers and rabbis. And ministers and rabbis refer you patients, as well as more ministers and rabbis.

DR. GOLOMBEK: Yes. [Laughs]

DR. ANNUNZIATO: We did not charge doctors or clergy. My father-in-law was a Lutheran minister. But they sent a lot of their parishioners to us. Also, any youngster who presented in my office for a pre-college physical exam was not charged for that visit. But, the girls had to hear my talk on “Don’t trust boys.” It began, “Don’t trust boys. I’m an authority on boys. I
used to be one.” *And* the boys were subjected to my talk on “Respecting women,” and “Do you know what the word ‘no’ means?” I expect it helped — a little.

DR. GOLOMBEK: So if you go to a hospital for a consult, you charge in the hospital?

DR. ANNUNZIATO: It’s interesting. Consultation was $25.

DR. GOLOMBEK: Mmmm hmmm.

DR. ANNUNZIATO: After some years, we charged $75 a week for a hospitalization. And most kids stayed in the hospital a week.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: Today you can’t do that. The third-party payers will stop paying. But I developed a very, very big practice very, very rapidly. In 1955, they made me chairman at Brunswick. And then in 1959, Good Samaritan Hospital [Medical Center] in West Islip opened. They asked me to be chairman there. I refused. I refused for 7 months. They kept calling me every day. One of the men, a family practitioner who lived in Amityville, Dan Bradley, was on the founding board of directors of the hospital. A year before the hospital opened, I finally said, “Alright, I’ll be your chairman, but I ask you to have the local pediatricians take care of the consultations and to take care of the children for the most part. I’ll be the chairman. I’ll run the department. I’ll make rounds every day.” And I did. And most importantly, I would not be on call to the emergency room.

In 1959, after Good Sam opened, I stayed on the staff at Mercy for another 10 months because I had a number of women going to deliver with Rh babies. You’ll recall it wasn’t until 1968, they developed Rhogam, Rh gamma globulin. So we were still seeing a lot of babies with Rh disease. One year after we opened at Good Sam — not 1 year after, but 1 of the years after we opened, we had almost 7,000 deliveries there. That’s a lot of babies. And when you’re the chairman, you get a lot of unattached babies referred to you.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: I always referred those babies if they were out of my catchment area. I said, “I’ll go from Amityville to Wantagh and up to
Plainedge, but no farther, to make house calls.” I promptly told these parents, “I will not make house calls in your area. I just don’t have the time. So I think you should have a pediatrician in your area.” And most of them would abide by that. Some said, “No, we’ll come to the office.” And that was fine.

Well, at Good Sam, too, you may recall, I guess in the late 1960s, [Robert] Guthrie developed a PKU [phenylketonuria] test. Because we had so many deliveries, I called him up and said, “We’d like to be in your study.” So we did the PKU testing before it was licensed, before it was approved. We did PKU testing for two years. We had one PKU baby in two years, and we had a lot of deliveries. But we were in that original study.

A few more words about exchange transfusions. As a resident, I was doing two or three exchange transfusions a week. Whenever one was needed, the boss would assign it to me to do. Well, as I noted, the first exchange transfusion I did with Bill Doyle we did by withdrawing blood via the sagittal sinus. We did several that way and then decided to change our technique. We then began doing exchanges by cutting the radial artery at the wrist. We collected the blood in a medicine cup and measured it in the cup. After doing it that way for 6 or 7 times, we realized that one baby had a radial nerve paralysis below the site of severance of the radial artery. We abandoned that method and then began to use the umbilical vein, using only 1 3-way stopcock. This was long and tedious. One day I realized that if we used 2 3-way stopcocks tied together, it would make the procedure much easier and much faster. Of course, we were giving heparin and calcium during the procedure. This technique has persisted until now.

I must add here 1 more story of interest. As I neared the completion of my residency, a young radiology resident came to my office. She was the daughter of the chief of medicine and had been the patient of my boss, Dr. Weymuller. She was pregnant and was discovered to have high anti-Rh titres. She asked if I would do the exchange transfusion on the baby when he was born. Of course, I agreed. The young mother-to-be perplexed us. She had never had a blood transfusion or been pregnant before, and we could not understand how she had become sensitized. The baby was born and very quickly developed jaundice and signs of hemolysis. I accomplished a successful exchange a few hours after birth. The baby did well. Two weeks later, Dr. Weymuller came in to make rounds and he was beaming. He immediately said to me, “I know how Ann was sensitized. At breakfast this morning, I was discussing her case with my wife. I mentioned she had never
had a transfusion and my wife said, ‘But you gave her blood. Remember when she was a baby, she was exposed to measles and you gave her some blood from her mother in her buttocks.’” Apparently, in the late 1920s, when children were exposed to measles, they were given some blood intramuscularly from one of the parents. It was felt at the time to make their measles milder. I had never heard of that being done before. Two years later, by the way, this young lady became pregnant again. She was then an attending radiologist at a Long Island hospital. She called me. I got administrative privileges there and did an exchange transfusion on her second child.

As I say, I left Mercy Hospital after I did the last exchange that I had promised to do. And Good Sam went on to be a very, very fine hospital. We developed a rotating internship there which was approved. That was the first internship or training program of any kind in all of Suffolk County. Then, just before I left in 1973, we were approved for a pediatric residency. That was the only residency program in all of Suffolk County at the time.

Now, you’ll recall Stony Brook took their first medical students in 1971. In 1973, they needed clinical teachers. I had been very faithful with my service at Meadowbrook Hospital. I did my weekly clinic. I did my month on the inpatient service. There were no full-time people. In 1955, they offered the chairmanship to Harold Rubin first, and then to a series of people. They even included me. All of us refused it. It paid $5,000 a year for a half-time position. Well, I made $5,000 in a month in my office. [Golombek laughs] So I couldn’t afford to spend my mornings there, and neither could anybody else. A pediatrician in Freeport who had never trained in pediatrics but limited his practice to pediatrics, a man by the name of Gene [Eugene A.] Stanchi agreed to be the chairman at Nassau County with the understanding that he would not take care of the babies. He had had Pott’s disease, tuberculosis of the spine, as a child in Italy, and he had severe kyphosis. He was the sweetest man. He was not board certified. He would be the administrator, and we would take care of the babies, again, as volunteers. The people got good medical care. We must have had at least 50 pediatricians on the staff then. They gave their time. You know, give back to your community what your community’s giving to you.

DR. GOLOMBEK: Yes, yes.
DR. ANNUNZIATO: So we were a pretty dedicated group of people. Gene Stanchi died a few years later. We got a new chairman for about two years, and then [Platon] Jack Collipp came and was there for 17 years. A brilliant, brilliant man. He left there to go into practice, believe it or not. An academician par excellence, but went into general pediatric practice in Jesup, Georgia, and he’s still there. And his son now practices with him.

I wasn’t in practice too long when in 1952, we had an epidemic of polio in Nassau County. Of course, Meadowbrook was the only place they could go. They put me in charge of polio at the time. I made rounds there every morning and every evening during the polio season. I had a woman whose children were my patients. She had 7 children. Mrs. Morgan. I’ll never forget her, wonderful lady. I walked in one morning and was seeing the new polio patients. Here’s Mrs. Morgan with polio. I went over her, and she had weak legs. I reassured her. I said, “I think you’re going to be fine.” I looked at her, and I said, “You’re frightened?” She said, “I’m scared to death. I’m going to die, aren’t I?” I said, “No, you’re going to be okay.” And she recovered completely.

DR. GOLOMBEK: Did you use iron lungs at that time?

DR. ANNUNZIATO: Yes, of course, but not for her. She was weak.

DR. GOLOMBEK: She had weakness.

DR. ANNUNZIATO: Oh, just weakness.

DR. GOLOMBEK: Peripheral.

DR. ANNUNZIATO: Okay. And did they use Sister Kenny’s method to rehabilitate?

DR. GOLOMBEK: Sister Kenny visited at Meadowbrook, but before my time.

DR. ANNUNZIATO: I know. I’ve seen pictures of her.

DR. ANNUNZIATO: Ah! I met Sister Kenny. I don’t know if I told you this. It was when I was an intern. We had a doctor, a surgeon at St. John’s Hospital where I was an intern, whose 19-year-old sister came in with a diagnosis of polio. She went into an iron lung. In those days, I’m not sure you will remember this, but we didn’t have auxiliary power.
DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: With an iron lung, if the power went off, you had to pump it.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: So an intern stayed with the patient just in case. This doctor’s sister came in, and Sister Kenny came to see her at his request. She happened to be in New York. Now, Sister Kenny never professed to cure polio. All she said was — and she told me this when she was there visiting this young lady. By the way, the orthopedists were dead set against her because they said she was usurping the physician’s role. But she said, “All I’m doing is relieving the pain.” And that’s all she did with hot compresses and massage.

At any rate, she looked at the patient with the brother and the internist. She had Guillain-Barré syndrome, and she went on and died. I’ll never forget that. I had never seen Guillain-Barré syndrome before. Even though I’d read about it, I’d never seen it. But I knew what it was because she had no cells, but high protein in her spinal fluid. But she died, and that’s how I met Sister Kenny, who I thought was a wonderful lady, by the way. She immediately said, “You know, this is Guillain-Barré” when she looked at the chart.

DR. GOLOMBEK: Tell me, how was your practice at that time?

DR. ANNUNZIATO: Pardon?

DR. GOLOMBEK: How was your practice? You worked in the morning in the office and then went to the hospital? How did you work?

DR. ANNUNZIATO: I went to the hospital every morning and every evening. Most doctors only went once a day. I made rounds in the morning starting at 7:00 am. I was to the office by 9:00 am unless something happened. We worked until we finished at 5:00, 6:00, 7:00 pm, whenever you finished. Then we made house calls. Again, we smiled and laughed most of the time. We cried once in a while. Meadowbrook Hospital was the hospital. We had a pediatric residency. It began in 1951. I started in 1952, so the first resident I knew was Buvow Cushing who passed away in the
1980s. And I have known every resident since then. That’s over 350 residents. I still get calls from them, and they’re wonderful people. We have had some good residents. We’ve had a lot of foreign residents more recently. And I’ll tell you, they are smart kids. They are. They’re not stupid.

DR. GOLOMBEK: We just speak with an accent. That’s the difference.

DR. ANNUNZIATO: Yes. They have the brains.

DR. GOLOMBEK: Most of us have trained already or certified.

DR. ANNUNZIATO: Yes, yes. They’re smart kids, and they work hard. At any rate, let’s see, where was I? In practice — I loved my practice. Again, I felt that I was a member of every family. And I think they put me on a pedestal. In 1962, between Gene Stanchi and Jack Collipp, we had a hiatus with no chairman. So 4 of us took over and shared that job. The 4 of us each day would go in. I did the contagion ward. John Ripp did the neonates. Irv [Irving] Fradkin did 4C Ward, which was the older children. Hal Rubin did 4B, which was the infants. So we could do it. In an hour we could be in and out. We split the $5,000 among us. We did that for 11 months, and then we got a new chairman. But again, the patients got good medical care. As I say, we had residencies in just about every specialty.

DR. GOLOMBEK: What did you see at that time?

DR. ANNUNZIATO: Pardon?

DR. GOLOMBEK: What did you see? You saw TB, polio, what?

DR. ANNUNZIATO: We saw TB, polio, a lot of meningitis, H flu B meningitis. I remember when I was a resident, we were in a collaborative study with a dozen other hospitals. We did a 3-month survey of meningitis. I think we had almost 100 cases of meningitis in 3 months, and that was bacterial meningitis, by the way. The mortality rate for H flu B was 75 percent. The mortality rate for pneumococcal was 95 percent because the pneumococcus caused thromboses in the small vessels of the brain. It was a terrible disease. Then penicillin came, of course, and we could get penicillin for dying patients. And of course, it just revolutionized the treatment of meningitis. It reduced meningitis mortality to about 15 percent. We went then, from penicillin to penicillin and streptomycin, then to penicillin, chloramphenicol and sulfa, the triple therapy. And you know what? The
death rate didn’t decrease that much? Still a child with meningitis today, one third of them will have sequelae. The nice thing is H flu B is gone.

We were still seeing draining ears, mastoiditis, sinusitis, pre- and postorbital cellulitis, rheumatic fever, congenital heart disease, a lot of pneumonia, diarrhea and dehydration, bronchiolitis, cellulitis and even erysipelas, sepsis, leukemia, all kinds of tumors, cystic fibrosis, and all sorts of renal disease. We had cases of eczema and some with vaccinia, Kaposi’s disease, staphylococcal disease including SSSS [staphylococcal scalded-skin syndrome], Lyell’s syndrome, toxic shock syndrome and local abscesses. Leukemia, Cooley’s [anemia], sickle cell and other anemias were not uncommon. Congenital defects were more common then, especially neural tube defects prior to the use of folic acid. Numerous endocrinopathies were seen, especially diabetes, thyroid disease and adrenogenital syndrome. We had many children with obesity and a large clinic for juvenile rheumatoid arthritis. Being on Long Island, we saw many tick-borne diseases such as Rocky Mountain Spotted Fever, tularemia, babesiosis and Lyme disease and ehrlichiosis. Of course, prior to the measles, mumps, rubella and chicken pox vaccines, we had our periodic epidemics of those diseases. Mumps was interesting in that it manifested as pancreatitis, mastitis, encephalitis, orchitis and oophoritis, as well as the usual salivary gland involvement. While in the Navy responsible for young adult female dependents, I saw a number of pregnancies lost in the first trimester due to mumps oophoritis. Scarlet fever, streptococcal sore throats, herpes, coxsackie [viral] disease with all their complications were common. We even saw an occasional case of diphtheria.

I guess I can say we saw just about everything. I neglected to mention that in the 1940s and 1950s, we saw Caffey’s disease — infantile cortical hyperostosis, traumatic ossifying periostitis — probably unrecognized child abuse, and endocardial fibroelastosis. We don’t see those anymore. Behavior problems, sleep and feeding problems were very common. Constipation and anorexia were also common. Enuresis, seizure disorders, abdominal pain, UTIs [urinary tract infections] and renal disease, including nephrosis and nephritis were not uncommon. And daily we saw URI [upper respiratory tract infections], sore throats, otitis media, coughs from many causes and all sorts of rashes, especially eczema and acne.

We were also seeing risky behavior in the 1940s and 1950s. Youngsters were using drugs, a lot of marijuana. They were speeding in cars. I had several patients incarcerated for stealing. There was an occasional rape. Skipping
school was common. Kids damaged property, and sexual activity was
common even before “The Pill.” I recall that in my 22 years of practice, I
had 18 youngsters get pregnant, four in their first months at college. Of the
dozen or so who contacted me before their parents knew, I was able to
convince all but one to tell their parents. For those who did, I would sit with
them while they did so. That defused the immediate parental anger
somewhat. The innate indestructible love all parents harbor quickly
surfaced and a discussion of how to handle the situation ensued. The one
who refused to involve her parents was correct. Her father, an orthodox
Jew, literally threw her out when he found out. Her mother was always
secretly there for her. So nothing has changed. Those things may be more
common now, but they certainly existed, probably from time immemorial.

Measles occurred in epidemics every three years. Year 4 there were very few
susceptibles, but we’d see sporadic cases. Year 5, a few more. Year 6,
another epidemic. Measles was a terrible disease. We didn’t make it out to
be terrible to parents because every kid got measles. It was the universal
disease.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: But some kids got encephalitis. Some of them
died. The kids got myocarditis. Some of them got nephritis. Many of them
had pneumonia. In fact, I learned as a resident from my boss, if you see a
kid with measles, put him on an antibiotic. He used to give penicillin
injections. I used to cover him. See a child with measles, give them a shot of
penicillin. Fifty percent of the kids, it was said, would develop either
pneumonia, bronchopneumonia, or otitis media. So in my practice, we would
put any kid with measles on sulfa drugs, and it prevented the
bronchopneumonia and the otitis media 99 percent of the time. So we really
eliminated the usual complications. Infants died of measles, so-called giant
cell pneumonia, before the rash. I remember giving a CPC grand rounds at
Mercy Hospital and one at Meadowbrook about babies who died from giant
cell pneumonia and measles pneumonia. You won’t remember this either.
Do you remember atypical measles?

DR. GOLOMBEK: Vaguely.

DR. ANNUNZIATO: If you recall, the first measles vaccine that came
out in the 1960s was killed vaccine.
DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: And we used to give a series called KKK—3 killed, or KKL—2 killed and 1 live. We realized that when giving KKL, many children would get a chronic lesion or would breakdown at the site of the live vaccine. So we stopped using KKK and KKL. The chairman of LIJ was Sam [Samuel] Karelitz. LIJ opened in the late 1950s, after North Shore, but Sam Karelitz was chairman there. He had been in Manhattan for years, and he became the District II Chair for the AAP. Sam Karelitz was a good friend of Saul Krugman in Manhattan. Sol was testing measles vaccine. So Sam was one of the people who gave killed vaccine. After killed vaccine, if the child was exposed to measles, they got atypical measles. And we didn’t know why.

Now, this is in the 1970s. I was now full time at Nassau County, at Meadowbrook Hospital at that time. The name had changed. In 1970, the name changed to Nassau County Medical Center [now Nassau University Medical Center]. And we had, I guess, 80 or more cases of atypical measles. We called it “Fulginiti syndrome” because he [Vincent A. Fulginiti] described it first. These kids would come in with fever, a rash and pneumonia, and frequently with fluid in the chest. They did not have Koplik spots. What we did at our place with all these cases, because of Karelitz giving KKK, was that we started doing really the original Western blot method for detecting antibodies. We had a wonderful, a brilliant infectious disease man in internal medicine, Mark [Hiram] Kaplan. Mark Kaplan left us and went to North Shore as the head of contagion there.

Mark became interested in measles because he was seeing adults with measles. He called me one day and said, “I’ve got a woman, a 29-year-old airline hostess here who’s had fever, and coughing and red eyes,” which to me is diagnostic. Those 3 things mean measles. “She was admitted last night. Come up and see her.” I went up, and I pulled her eyelids down. I have pictures of her with Koplik spots of the conjunctiva. I had never seen them before. I’ve still never seen them in a child. Two weeks later we had a 22-year-old kindergarten teacher who was doing her first classes in kindergarten. She came in with fever, coughing, red eyes, and she had Koplik spots of the eyes. And I have pictures of her, too. Actually, we biopsied the first one and showed the giant cells.

Shortly after that I got a call from the nursing supervisor of the emergency room at Nassau County Medical Center, and she said, “Your pediatric
emergency room nurse has been out sick for 3 days, and she’s here now. Would you take a look at her?” And I said, “Yes, bring her over to the ped [pediatric] clinic.” They brought her to my office. She was coughing. She had red eyes. She had measles! I said, “Get out of here. You’re going to start an epidemic here in the children’s clinic,” even though we were in a private room. But, as you know, measles has a 95 percent contact rate. It’s the most contagious disease known. Chickenpox has only about a 75 percent contact rate. But anyway, she said, “Dr. A, I can’t pee, I can’t sit, I burn down below.” I said, “You probably have herpès.” She said, “No way.” She had Koplik spots of the vulva, and I have pictures of them. We biopsied them, and I have a picture of the giant cells. So I have now pictures of Kopliks of the eyes and Kopliks of the vulva. Now, I started saying to myself that I was breaking my own rule when I saw a kid with measles. Because it was so contagious, we had a separate door in the office for measles, for sick children.

DR. GOLOMBEK:  Yes, yes.

DR. ANNUNZIATO: And if they had measles, my nurse sitting at the desk would say, “Oh, you have a measles in Room 5,” because of the cough, that dry, classic, dry cough. I’d say, “Well, get the kid out of here. There are 20 kids in the waiting room, and we don’t want to start an epidemic.” So maybe we didn’t do a full examination on those kids. But starting after this nurse with the Kopliks of the vulva, we started looking. We found that within a month we had two more cases of Kopliks of the vulva, one in a 13-year-old, one in a 12-year-old. And I have pictures of those, too.

DR. GOLOMBEK:  Interesting.

DR. ANNUNZIATO: It’s interesting. So you can get Koplik spots on any mucous membrane. I have wonderful pictures of Kopliks in the mouth, of course. So I still give talks on contagious diseases, the old infectious diseases. And I have a talk on the new infectious diseases.

DR. GOLOMBEK:  What about syphilis?

DR. ANNUNZIATO: Well, I don’t know if I mentioned to you, but Thurman Givan at Long Island College was a general pediatrician, and he was the original AAP district chairmen from New York. And Thurman Givan was my professor. His specialty was syphilis. That’s how much syphilis we had, congenital syphilis. And gonorrhea he did, too. But syphilis

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was his specialty. Thurman Givan was a wonderful teacher and always had a funny story to tell. At any rate, we still had congenital syphilis until penicillin. Penicillin kind of stopped that shortly after I started in practice. We were using silver nitrate to prevent gonococcal [GC] ophthalmia, and then realizing that chlamydia was even more common, we switched to erythromycin. I published a paper on neonatal ophthalmias in the 1970s. But I have pictures of GC ophthalmias, which is on the rise again, by the way. I chair the committee on preventive health for the medical society, and we get a report from the Nassau County Department of Health every month and syphilis and GC are on the rise.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: Not high, but not going down as we want them to. I think that The Pill has decreased the use of condoms, and therefore there’s more risky sex going on. But we’re going to suffer the consequences.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: We had this atypical measles epidemic. We worked with Mark Kaplan who had been at Memorial Hospital and worked with the people at Rockefeller [University], so he got them to cooperate. We did these blot studies and showed that after KKK, after killed vaccine, there were several factors that did not stimulate antibody formation. We wrote this up in a paper which was published in *Pediatrics*. Then we made a presentation, a scientific presentation, with enlarged pictures of atypical measles at an Academy meeting in New York City. And we got a silver certificate for that display. But it was a wonderful revelation. Of course, we don’t use killed vaccine anymore. This was not uncommon in Canada. The nurses in Canada would go out to the hinterlands to give measles vaccine. They’d put the live measles vaccine on the seat of the car, heat the car up to go into these very cold places, and the live vaccine would become inactivated, killed. So they were giving killed vaccine and not realizing it.

DR. GOLOMBEK: And no one knew it.

DR. ANNUNZIATO: So they had a lot of atypical measles in Canada when those kids then were exposed to wild-strain virus.

Meadowbrook was a wonderful place to work. In the mid 1950s, I admitted a child to Meadowbrook Hospital with a neuroblastoma. Jim [James] Dick
admitted a child the same day with a neuroblastoma. Both of them were
operated on and biopsied, and the diagnosis proven. We had no therapy.
My child died. Jim Dick’s child had a remission and lived. We’ve never
been able to explain this.

DR. GOLOMBEK: They were in the same stages?

DR. ANNUNZIATO: Well, I don’t think we staged at that time. I
know we didn’t stage at that time. Neuroblastoma! And proven by biopsy
the same day. Actually, the both of them were in the same room. And my
kid died, and his kid lived and grew up. Spontaneous remission, cure? I
don’t know. God works in mysterious ways.

Any woman with a contagious disease who was going to deliver a baby would
have to go to Meadowbrook. So we had everything. Meningitis was the big
thing. Epiglottitis. And many of them died. We were not intubating at the
time. We were doing tracheostomies. Believe me, I’ve never done a
tracheostomy. I used to carry a size 16 needle in my bag. My nurses
sterilized it every day in the autoclave. I carried that just in case because it
had been shown one could, by breathing through a 16 gauge needle, keep a
kid going for long enough to get them to the hospital.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: I never used it. And I never did a trach
[tracheostomy], but I had a trach set in my bag. When Hal Rubin was in
charge of the contagion unit, on the staff there was another just outstanding
person, Max [Maxwell] Stillerman. Max was married to a wonderful lady
who was a microbiologist. He did work with the streptococcus. When the
Academy gave an award to Burtis [Burr] Breese from [University of]
Rochester [School of Medicine and Dentistry] who did all the work with strep
and rheumatic fever, I insisted that Max Stillerman get the same award, and
he did. They gave it to him. We presented that at the meeting of the
Academy in New York when I was district chairman. Max was wonderful.
He was a bright guy and very dedicated to the kids. He later went on the
staff at North Shore, but came to Meadowbrook until, I would say, the early
1980s. Then he stopped coming and went just to North Shore because we
had full-time people then — a lot of full-time people. When Max died, I was
asked to give a eulogy for him at a memorial at his synagogue, which I did.
In the 1960s, Avron [H.] Ross, another very bright man who had been a practitioner in East Meadow said to himself, “If I can prevent measles with gamma globulin [GG], why can’t I prevent chickenpox?” He then gave doses of GG to kids exposed to chickenpox and did not prevent it. So he raised the doses. He was giving them very large doses intra-muscularly and preventing it. He published that in The New England Journal of Medicine.

They brought him into Meadowbrook at the time to be full-time director of ambulatory pediatrics. He developed a plasmapheresis lab. When I got there in 1973, I worked with Avron, and we both did plasmapheresis. We gave patients, adults with shingles (zoster), $25. We plasmapheresed them and gave them back their red cells. We used their plasma to prevent chickenpox.

We also worked in a collaborative study with Anne [A.] Gershon and Phil [Philip A.] Brunell who were at NYU [New York University] at the time, together. They were doing a chickenpox study. We had 2 women who did nothing but count the number of pocks on children — believe it or not — in season.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: Which is an art, by the way. I can’t count chicken pocks. They had a way of doing it, and they could get a pretty accurate number. We tried to correlate the number of pocks with the severity of the disease. There’s no correlation. We were also in a collaborative study investigating acyclovir. Believe it or not, and I don’t know how, but assigned to us at Nassau County Medical Center were all the patients from Memorial Sloan-Kettering [Cancer Center], immunocompromised people. They were transferred to us. We studied the efficacy of acyclovir on their zoster, which was beneficial, of course. Then we started using acyclovir for herpes simplex. And we were inundated with patients, adults, as well as children with zoster and with herpes simplex. We were using acyclovir, and it was magnificent. And acyclovir was licensed after that study for the treatment of herpes zoster and for herpes simplex.

We also did a lot of studies on drugs for children for drug companies. The one I remember best is periactin. It was not licensed for children, so we did a study for the company. They paid us $150 a patient, which we gave to the residents who did all the work. We had about 60 kids in the study. It was excellent for preventing the pruritus, the itch of chickenpox. A lot of
residents and people still use Benadryl, which is good. But I’ve always been reluctant to use Benadryl because, you know, it’s rare, but chickenpox can have encephalitis as a complication.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: In fact, the daughter of my roommate in medical school who was an obstetrician had chickenpox encephalitis. I treated her at home with IVs, and she got better. I don’t think I’ve ever seen a child die of encephalitis from chickenpox. I’ve seen a fairly large number of encephalitis from chickenpox. It’s not common, but I’ve seen a lot of it, of course, before we had vaccines, because they were all hospitalized at Meadowbrook Hospital.

But anyway, at Meadowbrook and then Nassau County Medical Center, we had fellowships in neonatology. We had fellowships in allergy, immunology, hematology, endocrinology and genetics. Well, I guess just about every discipline. We don’t have them anymore, but we used to. I think I learned a lot from the young people, as much as they learned from me, certainly. They keep you going and stimulated. It’s different with you young people today. When I was a resident, at the medical school it was mandated that a pediatric resident be in the delivery room for every delivery, and you couldn’t lean on the wall or you got reamed out. [Golombek laughs] You stood up at 3:00 in the morning. You stood up without leaning on the wall. In those days, if they delivered a baby, a tiny baby who was breathing, that baby was put in a corner. The delivery was finished, and the mother was sutured. If you went over and the baby was dead, they called them stillborn. You can’t do that today.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: I remember doing other things when we were residents, too. We knew that pityriasis [rosea], and roseola and fifth disease [parvovirus B19] were viral illnesses — low white count, shift to the right, and everything else. We did things like take serum from these patients. We then injected it into prisoners. They were volunteers who got a $1 a day and a decreased sentence. And we could replicate the disease. But we didn’t know what a virus was. We had the words “a filterable virus” because it went through most ultra filters we had, but we could use that filtrate then and replicate the disease. Today, of course, we know about HHV-6 [human herpes virus 6] and HHV-7 [human herpes virus 7] causing roseola.
Parvovirus B19 causing fifth disease. And maybe HHV-7 causing pityriasis. It’s been a great experience for me, let me tell you. Let’s see.

DR. GOLOMBEK: What about smallpox?

DR. ANNUNZIATO: I’ve only seen four cases of smallpox, 1 child and 3 Chinese men, all in Brooklyn. But I have seen every complication of smallpox vaccination. Everyone was vaccinated every 5 years, so we saw vaccine associated problems from roseola vaccinatum to eczema vaccinatum. A few years ago I published an article on this in *Contemporary Pediatrics* with pictures of all these, all cases, I had cared for at Meadowbrook Hospital.

I left Good Sam and Brunswick, resigned from them in 1973, and went to Nassau County, as I mentioned. I worked with Avron Ross who became dean of the clinical campus. That’s when we got the Stony Brook students. He wasn’t dean very long. They took him out to Stony Brook to be associate dean out there. Then we had a different man, an internist, who became dean of the clinical campus. I was appointed director of pediatric ambulatory and pediatric emergency care there. Shortly after, I was appointed associate chairman of the department. I had at one point, for about 12 years, 9 fellows in ambulatory care. I was the only full-time person in the clinics and ER, and our clinics were booming. Incredible! My policy was that you never sent a child home without being seen. They showed up to be seen, so we saw them. I didn’t care if they arrived 2 hours late for an appointment, we never sent a child home. However, we might not see them again. That really was true because some of these people came only when their kids were in the 11th hour of illness. I also ran the pediatric emergency room.

At one point, I had 9 ambulatory fellows, and we rotated 2 out to Mercy Hospital and 2 out to Franklin General Hospital. Franklin and Mercy paid their salaries. Meanwhile, we had extra residents, extra fellows. These were all third-year people, some of them fourth-year people, who were pretty good and did a great job. They took care of the patients. I was their only backup. I ran to the emergency room every hour and to the clinic every other hour.

Shortly after I got there, I pointed out to Jack Collipp that the Academy of Pediatrics recommended a child-abuse committee for every hospital. We didn’t have one. He said, “Fine. You’re the chairman of the child-abuse committee. Set us up.” I did that for 17 years. I hated every minute of it. We had kids come in who died from child abuse. I was in the courts at least once a month. Then, after 17 years, we recruited a person from Long Island
College Hospital, Bella Silecchia who took that over. She had done it in Brooklyn. And she has done it ever since. She’s in court now 2 and 3 days a week. In our sexual abuse department, you have to wait sometimes 5 and 6 weeks for an appointment, which is ridiculous.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: But that’s how much there is. I wrote an article in the 1970s, on the “hidden epidemic” of child abuse. I used to go around and lecture on child abuse and point out that in 1947, we had 6 cases of smallpox in New York City, and it was called an epidemic. We have millions of cases of child abuse, and it’s not been called an epidemic, yet. So I called it the hidden epidemic. We’re still seeing only the tip of the iceberg. It’s just a terrible situation. It’s hard for me to think a person can hurt their child, but it happens.

I took care of a radiology resident’s 3 children. He later became chairman of radiology at the old Booth Memorial Hospital in Queens [renamed in 1992, as The New York Hospital Medical Center of Queens]. He came in once a week for the problem case session in radiology. One morning he opened my door, and he looked at me. He said, “Dr. A, I can understand how people abuse their children,” and he slammed the door. [Laughter] I saw him later in the day, and I said, “Bill, what do you mean?” He said, “Boy, they gave me a rough time this morning. I was ready to abuse them.” [Laughter] But he didn’t. That’s the difference. You know, I had a psychiatrist friend who used to say to me, “Good men think what bad men do.” And, you know, there’s a lot of truth in that.

DR. GOLOMBEK: Sure. Yes.

DR. ANNUNZIATO: At any rate, let’s see. What else can I tell you? In 1974, Meadowbrook Hospital — Nassau County Medical Center — opened the new Dynamic Care Building, 19 stories, 900-bed hospital. We only opened 650 beds to start with. It’s a magnificent place. It’s in trouble because you can’t run a hospital on Medicaid, and Medicare and no-pays. And we still see indigent people. We still see the sickest people, not only children, but adults. The pediatric ward there had 62 beds. The neonatal intensive-care unit, and the clinics, of course, were massive. Gradually, we went down to 15, 20 children on the ward at any given time. This past winter we had 22 kids one day, and they were all very sick.
DR. GOLOMBEK: And there were kids also in the waiting room, who were being managed in the hospital for days, to outpatients most of the time.

DR. ANNUNZIATO: We don’t keep them in. As you know, a hospital makes money after the first 48 hours because you do all your laboratory, x-rays and everything, all that expensive stuff in the first few days. And then you wait for your reports. Years ago we’d kept them, 4, 5, 6 days. That made up for the first 2 days. Today you can’t do that.

DR. GOLOMBEK: No.

DR. ANNUNZIATO: So you lose money. So the hospital is in trouble. I think that the people trying to run it and make it a go are doing a wonderful job. I’m not happy with the future. As you know, Mary Immaculate [Hospital] in Queens and St. John’s [Queens Hospital], I think both have closed [both closed in 2009].

DR. GOLOMBEK: Mmmm hmmm.

DR. ANNUNZIATO: Some hospitals in Brooklyn have closed. I don’t know about Manhattan and Westchester. But most are in trouble.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: It’s interesting. In practice, too, you will remember that when a woman, pregnant in her first trimester, was exposed to German measles, we gave her gamma globulin.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: The obstetricians did not keep gamma globulin in their offices. We always kept 100 cc of GG in our office for measles, for hepatitis A exposure. As I said, we took care of a lot of doctors’ kids, and many of them were obstetricians. So they’d send me the women who had been exposed to rubella because they knew I had GG all the time. I used to give them 10 cc of GG, 5 cc in each buttock. I don’t know how those women ever sat down again. [Laughter] It’s thick stuff.

DR. GOLOMBEK: Yes.
DR. ANNUNZIATO: It was thick stuff. I learned that if you used a 50 cc syringe for 5 cc, it went easier. It didn’t get gummed up. A 20 cc syringe would get sticky.

In practice, I had a youngsters who developed hepatitis and came into the office — little red-haired boy, three years old. Beautiful red-haired mother. And I hospitalized him. We put our kids with hepatitis in the hospital. Not that we could tell you whether it was B, or C, or A or what. But we watched the bilirubins and kept them hydrated. I had this kid in the hospital for about 6 days. On a Friday morning, as I remember, I went to the hospital to discharge him, and his mother was there. I went over him, and everything seemed all right. While I was writing the discharge instructions for the mother, she came out and said, “Do you have a band-aid?” I said, “Sure.” She said, “He bit me, and he drew blood.” Well, you know, kids you hospitalized got home and punished their parents. I put it that way, but they were irritable and cranky. I used to say, “They’re going to punish you because you put them in the hospital.” I looked at this kid, and he was now uncontrollable. I got a blood ammonia level on him. It was sky high. He was having a hepatic crisis. I transferred him immediately to Cornell, to New York Hospital. Henry Goldberg who had been my consultant in the Navy was at Cornell. I used him as a consultant. They did an exchange on him and treated him, but he died.

DR. GOLOMBEK: Oh!

DR. ANNUNZIATO: Which leads me up to the most difficult house call I ever made in my life. Okay. The day that youngster died, the funeral was in the house. I guess it was the next day. They had the child laid out at home in the living room with the black wreath on the front door, which was the way it was done in those days. This was the mid 1950s. The mother had an 8-month-old, too. The baby was sick. She asked, “Would you come over?” I went over. I got there about 11:00 at night. The little boy was laid out in the living room. I saw the new baby who wasn’t badly sick. I came down and paid my respects. I left the house and got in my car and cried a little bit. I think that was the hardest house call I ever made. And they were wonderful people.

I was only sued once in my life, and it was a youngster with retrolental fibroplasia. I don’t know if I mentioned that while I was a resident an ophthalmologist whose name escapes me, an ophthalmologist at Columbia
had first described retrolental fibroplasia, RLF, now called ROP [retinopathy of prematurity].

DR. GOLOMBEK: Yes, yes, yes.

DR. ANNUNZIATO: I don’t know if I mentioned this, but when I was a resident my boss and I talked about it at rounds one morning, and my boss said, “Go back 10 years and look at every case, every preemie we’ve had. Let’s see how many cases of retrolental fibroplasia we have had. I was able to contact over 600 patients from the prior 10 years. None of them we were able to contact had RLF, retrolental.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: Well, that was interesting. I woke up 1 morning, and I said to myself, “You know, they say it’s due to oxygen.” I went downstairs to the nursery, and I checked the oxygen levels in the incubators we had. They didn’t go above 40! They leaked all over. We had no isolettes.

DR. GOLOMBEK: This was with a low flag or a high flag?

DR. ANNUNZIATO: They were wooden incubators — wood, plastic, wood glass. You lifted the cover to render care. There were holes all over the place. We lost half of our oxygen, so we didn’t have any retrolental. Of course, that was the time when Bill Silverman was at Columbia. As I say, the knowledge in pediatrics was just growing exponentially. When you put a child in the hospital in the 1950s and 1960s, visiting hours were, when I was a resident, one hour in the afternoon. When I came out here, at Meadowbrook we had two hours in the afternoon. Now that is barbaric! When we opened Good Sam in 1959, I started a new policy over many, many objections, to let fathers come in from 7:00 to 8:00 in the evening. Otherwise, the fathers couldn’t see their sick child. We did that not only at Good Sam, but we did it at Brunswick. Ben Stein who owned Brunswick was wonderful. If you suggested something, he went along with you as long as it wasn’t against rules and regulations of the state, et cetera. And well you know what visiting hours are today. Unlimited!

DR. GOLOMBEK: Pretty much, yes.

DR. ANNUNZIATO: Sure. But you know, think about it. That was a terrible thing to do a parent, take their child. Especially the kids who had
astigmatism who were operated on, then blindfolded. I had an ophthalmologist who said, “When I operate on a child, I don’t want parents visiting at all because the kid’s going to cry.” And that’s true.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: So he did not allow visiting hours. Every evening when I made rounds — my wife will tell you — I didn’t get home for supper until 10:00, 11:00, 12:00 at night because I’d go to the hospital, make evening rounds, and I called every mother and father on the phone. I’d say to the kid, “I’m going to call your parents. You want to talk to them?” “Oh, yes, yes, yes!” “You’ve got to promise not to cry.” They all cried. But I called their parents every night and let them talk to them on the phone while they were sitting on my knee. And I think parents really appreciated that.

DR. GOLOMBEK: Yes. That was very nice.

DR. ANNUNZIATO: We hospitalized 3 or 4 children each month, but I always had 2 or more, on occasion 6 or 7, hospital consultations. In those days, when one saw a consultant, the patient was turned over to the care of the consultant.

We gradually had evening hours for fathers. Then they allowed mothers, too. We never allowed siblings, for their own benefit, I’m sure. But now you can. At Nassau County, we allow children to visit their sibs.

DR. GOLOMBEK: If they’re over 3.

DR. ANNUNZIATO: I think the age is 5.

DR. GOLOMBEK: Well, now we do it over 3, except during RSV [respiratory syncytial virus] season where we’re trying to limit a little bit more the visits.

DR. ANNUNZIATO: I had another child who died. It’s kind of overwhelming. One day we had a big meeting at Good Samaritan Hospital. In those days, a hospital, in order to keep their license, had to have 20 percent of their deaths have an autopsy. Pediatrics gave them most of their autopsies. It was easier to sell a parent an autopsy on the expectation. You know, it might help a future child. And so we got a lot of autopsies. We averaged 70, 80 percent autopsies in pediatrics in those days. In the late
1960s, they stopped that rule. Now there’s no rule about the number of autopsies you have to have.

DR. GOLOMBEK: Well, they have some regulations if there’s a pathology residency program.

DR. ANNUNZIATO: Yes, yes.

DR. GOLOMBEK: Because they need a number of autopsies.

DR. ANNUNZIATO: Oh, yes. But not for the hospital, per se. At any rate, we had a big conference at Good Sam. Then the same week, I presented this at Brunswick — not I, but I think an internist presented it at Brunswick. One of the routines was that every patient admitted had to have a chest x-ray. There was still a lot of TB in the early days. I had a 7-year-old girl with severe acute abdominal pain. At that meeting, the decision was to stop doing routine chest x-rays because most of them were normal. And we were wasting a lot of time and money. So Good Sam, and Brunswick and other hospitals, too, had already stopped doing routine x-rays. We still did routine PPDs [purified protein derivative standard (TB skin test)].

So, I admitted this youngster with severe, doubling abdominal pain. I called the surgeon. By the way, there were no pediatric surgeons out here at that time. But we had some absolutely great general surgeons who did mainly children. They agreed this child had appendicitis. They opened the child, and there was a normal appendix. And that child went on and died. She had a myocarditis.

DR. GOLOMBEK: Wow!

DR. ANNUNZIATO: Which bewildered us. At autopsy, her heart was very enlarged. That was only about a week after we stopped doing routine chest x-rays. I begged them to start doing routine chest x-rays again, but they wouldn’t do it, so I ordered them. I continued doing routine chest x-rays for about a year and realized it was a waste. We still were seeing tuberculomas of the brain. Saw a lot of osteomyelitis. Meningitis was terrible. The epiglottitis I mentioned. Whenever a child died of epiglottitis, that night we had to have a meeting, and Hal Rubin would say, “What can we do to prevent the next one?” Of course, we then started intubating them. And then H flu B vaccine came along, and we don’t see epiglottitis anymore.
At the medical center, in the past 5 years, 6 years now, I think we’ve had one case of H flu B osteomyelitis and no meningitis from H flu B. We’ve had a dozen cases of viral meningitis.

DR. GOLOMBEK: Of course.

DR. ANNUNZIATO: I call it meningoencephalitis rather than meningitis. It’s interesting that years ago from H flu B meningitis we used to see subdural collections of fluid.

DR. GOLOMBEK: Hydrocephalus?

DR. ANNUNZIATO: You’d see that as a complication. We’d get subdural collections of fluid, and we used to do daily subdural taps. Now we don’t see it anymore. But we learned after a while that even if you don’t tap them, most went away.

DR. GOLOMBEK: Went away, yes.

DR. ANNUNZIATO: It was interesting. But I’ll tell you, sometimes we took a lot of fluid out of those heads. It was incredible. And we tapped them every day. I got a call from Good Samaritan, from an obstetrician at Good Samaritan one day. He said that he had a woman in labor who had severe rheumatoid arthritis. She was being treated at Cornell. They were doing a study with massive doses of steroids, and she was in the study. They wanted to check the blood levels and effects on the baby after it was born. The woman now was in labor at Good Samaritan. But the blood had to be drawn from the sagittal sinus. I don’t know if I mentioned that our routine for blood drawing was sagittal sinus when we were interns.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: This obstetrician said, “Nobody here can do a sagittal sinus. What is a sagittal sinus tap?” When we did the exchange transfusion on Jimmy White, I did 20 consecutive sagittal sinus taps. I said, “Well, look, I’m coming in tonight to make rounds. I’ll draw the blood if the baby’s born.” Well, he called me at about 2 in the afternoon and said, “The baby’s born. They need 20 cc of blood at Cornell tomorrow morning.” It was an interesting study. They only had, I think, 25 patients deliver on these large doses of steroids. I never got the complete figures. I just spoke to 1 of
the doctors there 1 time and told them we had the blood. They just wanted
to see the effects on the baby.

Well, I drew the blood. It was simple. When I got to Good Sam that evening,
there must have been 40 people waiting to see how to do a sagittal sinus tap,
mainly nurses, by the way, but a lot of doctors, too, mainly obstetricians. But
no one had seen a sagittal sinus tap. If you ask today’s residents what a
clyses is, they don’t know what you’re talking about. And they don’t know
what a sagittal sinus tap is either.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: Clyses were barbaric.

DR. GOLOMBEK: Yes. But it was the thing that you needed.

DR. ANNUNZIATO: It was painful, but it saved lives. Just last week,
I guess, I said to one of the residents, “Do you know what a clyses is?” “A
what?” They don’t know what a clyses is. At any rate, at Meadowbrook,
you remember “Baby Doe?” That Baby Doe, that first case, was at
Meadowbrook Hospital. Ken [Kenneth] Kenigsberg was a pediatric surgeon,
and a baby was born with Down’s syndrome and pyloric stenosis. The
parents refused to have the child operated on. Ken got a court order to do
the surgery, and he did it.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: But that was the first Baby Doe case. And that
went on to have a big impact on pediatrics. And, you know, today that would
be child neglect.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: So Ken Kenigsberg was on the hot seat.
Excellent surgeon. We had an influx of pediatric surgeons in the mid 1960s.
Burt [Burton] Bronsther and [Martin W.] Abrams, his partner, and then
Kenigsberg, Betty [Elizabeth V.] Coryllos and a few others. Of course, when
North Shore and LIJ opened, they brought more pediatric surgeons to the
island.
I was the AAP chapter president in the 1970s, when regionalization of neonates and high-risk babies was being, not imposed, but recommended. I had to sell this. I went to many hospitals in Brooklyn and Queens, and certainly Suffolk and Nassau, to present the Academy’s recommendation. I remember at the Suffolk Pediatric Society meeting one evening, Phil [Philip] Lankowsky was the speaker. I presented regionalization, and Phil said, “You know, this is what it should be.” A young pediatrician who trained at Cornell with Peter [A. M.] Auld said, “You know, I just finished training at Cornell under the best people in the world. I learned neonatology. You’re going to tell me now that I can’t take care of a high-risk newborn?” And, you know, he was right, except that you can have the best pediatrician in the world in the worst place in the world, and he’s not going to do well, or you can have the best place in the world with the lousiest neonatologists, and the baby’s not going to do well. So there’s no question that regionalization really helped.

Now, at Nassau County Medical Center, we had the first neonatal intensive care unit on Long Island. And even when Stony Brook Medical School opened up with no hospital for, what, 10 years I guess, we were getting at Nassau County 400 high risk or sick newborns a year transferred in from Suffolk County. Today we get none. The pediatricians in Suffolk County, which number, I guess, 175 now, or maybe more, really support Stony Brook.

I was on the search committee at Stony Brook for the pediatric chairman. We chose John [C.] Partin who was a very strong chairman. We needed a strong chairman out there because the chairman of OB was a very authoritative, dictatorial guy. I recall we interviewed a wonderful man, a neonatologist from Johns Hopkins whom everyone thought was the best candidate interviewed. But he was a humble, meek person. I remember as we evaluated the man, the chairman said, “Let’s start on this side today.” I was the first one, and I said, “We can’t hire this man.” “Why not?” I said, “He’s great. But we need a very strong chairman because of this man here.” The chairman of obstetrics who sat across from me. I said, “We need somebody who’s going to be able to look this man in the eye and say, ‘I disagree with you.’ We need a strong, strong chairman.” And that’s how we got John Partin. Did you know John?

DR. GOLOMBEK: No.
DR. ANNUNZIATO: He was a very bright, but very dictatorial person. And I think he ran a good department, but his rapport with doctors was not good. He didn’t last very long, I’m sure because of that. But he was a very excellent person.

I went to Ben Stein one day and said to him, “If we’re going to take care of high-risk babies here — ” This is in the 1950s and early 1960s, too. “We have to have isolettes, otherwise we’re going to have to stop delivering these babies.” He said, “Okay.” So I said, “Ben, you may never get your money back.” They were $900 apiece at that time. I don’t know what they are today. Much more, I’m sure.

DR. GOLOMBEK: The isolettes?

DR. ANNUNZIATO: An isolette.

DR. GOLOMBEK: Over $10,000.

DR. ANNUNZIATO: Really? They were $900. Well, the next morning we had 2 isolettes there, not 1. And we took care of a lot of babies. I had a 15-ouncer who lived at Brunswick Hospital. She was in the hospital 5 months. Fifteen ounces that lived! My first lawsuit was a premature with retrolental. It was a baby about 2 pounds 4 ounces. We settled the case because I had written the rules and regulations for the department of pediatrics and for the neonatal unit. My first rule was, “no oxygen to be supplied to newborns over 40 percent unless ordered by the doctor.” In this case, the first line in the nurse’s notes was, “oxygen given 100 percent.”

Well, we didn’t have a case. The case was settled for $5,000 against the hospital, $1,000 against me, and $1,000 against my partner. Today that would —

DR. GOLOMBEK: What year was this?

DR. ANNUNZIATO: Today that would be a million dollars.

DR. GOLOMBEK: What year was this?

DR. ANNUNZIATO: That was —

DR. GOLOMBEK: More or less.
DR. ANNUNZIATO: — late 1950s.

DR. GOLOMBEK: Late 1950s.

DR. ANNUNZIATO: Late 1950s, early 1960s. I can’t remember.

DR. GOLOMBEK: It was a lot of money then.

DR. ANNUNZIATO: That was. Well, it was a lot of money, I guess. Five thousand dollars, $6,000, $7,000. The lawyer probably got most of it.

DR. GOLOMBEK: It was the verdict.

DR. ANNUNZIATO: Yes. While I was in the Navy, by the way. We had a residency program at St. Alban’s Naval Hospital in pediatrics. I had an intern named Jim [James M.] Tuholski. Jim was a bright guy. He was a Navy intern, rotating intern, and Jim wanted to do pediatrics. When he finished his Navy internship, he did pediatrics and then allergy/immunology. I was very impressed by his intelligence. About ten years later, I went to a meeting of the AAP. At the Mead Johnson [and Company, now Mead Johnson Nutrition] booth, I met Jim Tuholski. “Hi! What are you doing here?” The story was that Jim went into practice, I think in Tennessee, doing allergy/immunology. Had to quit practice because he said his daughter was a genius, had read every one of his textbooks by the age of 9 or 10. She graduated Stanford at age 15. He said, “I just had to quit practice to help my wife handle this child who is a genius.” He was working for Mead Johnson.

One year later, Jim Tuholski was president of Mead Johnson corporation. Apples don’t fall far from the tree. He was a brilliant guy. He used to call me on the phone when I was in practice and say, “Dave, we are thinking of doing this. I have 100 detail people sitting in this audience, and we disagree on things. I’d like your opinion on this.” And I’d say, “Well, gee, Jim. That’s good or —” One day I remember saying, “That’s a terrible idea!” [Goelombek laughs] I heard him say, “You see! I told you so!”

DR. GOLOMBEK: This was before teleconferences or videoconferences.

DR. ANNUNZIATO: I think it was 1971, or so, that Mead Johnson took all the chairmen of pediatrics from Nassau County and Suffolk County
to their headquarters. They kept us there for a week. They treated us like royalty. The hotel they had us in overlooked the Kentucky border. They took us out to nightclubs in the evening. They wined and dined us. One day while we were there, they took us through their library, which was magnificent, and their research center, which was incredible. I got to the library, and there were, oh, 10 of us, I guess, plus some detail people. The librarian, when we walked in, said, “Who’s Dr. Annunziato? You’re not having lunch with these people today. You’re having lunch with the Dr. Tuholski.”

DR. GOLOMBEK: Ah hah!

DR. ANNUNZIATO: So I went to lunch with Jim at his club. We stayed there chatting until 5 o’clock. We just reminisced and talked. That’s when I found out his daughter had graduated from Stanford at age 15. He said, “I just don’t understand where she came from.” I said, “Jim, her father was president of Mead Johnson in 1 year.” He retired to Connecticut. He was a big man, and his wife was a petite gal. When she died he was just devastated. The Mead Johnson rep, oh, about 3 years ago, gave me his address. He’s retired in Florida now. I’ve never been able to contact him.

I must mention Meadowbrook and Nassau County Medical Center. We had the first neonatologist in Nassau or Suffolk County. That was [S.] Wayne Klein. Wayne Klein not only was a neonatologist trained at Baltimore City Hospitals with Larry [Laurence] Finberg who became chairman at Downstate, Wayne was also trained in virology. So we opened a virology lab, the first virus lab in Nassau County and probably the finest virus lab in New York State. It still is. It’s run by a Ph.D. now. The only complaint I have is that residents don’t order enough viral cultures. I keep saying, “You know, you have the opportunity here to prove that your clinical diagnosis is correct, so when you go into practice, you can say, ‘I’ve seen this. I know it’s this.’ You won’t have to get a viral culture. But here, get a viral culture.”

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: You should.

DR. GOLOMBEK: Yes. We go to a county lab.

DR. ANNUNZIATO: Well, Wayne Klein was a bright guy. I got started with the AAP while I was chairman at Good Sam and at Brunswick
because I had a lot of newborns. As I mentioned, any unattached newborn came to the chief. So that my dates are correct, in 1967, Sam Karelitz at LIJ was the district chairman for New York State. Abe Gilner was the chapter president. They had a Fetus and Newborn Committee [Committee on Fetus and Newborn]. They’d had it for 10 years, and not much was done. One day Abe Gilner called me and said, “I understand you see a lot of newborn babies. How about taking over our Committee on Fetus and Newborn?” I said, “I’m not a neonatologist. You’ve got some pretty good neonatologists in your chapter.” He said, “Yes, but they don’t do anything.” I said, “Okay. It’s a challenge.”

I became chairman of the Fetus and Newborn Committee. I’m not a neonatologist. Wayne Klein was at Nassau County Medical Center. Rita [G.] Harper was at Downstate. Nate [Nathan] Rudolph, one of the three Rudolph Brothers, whom I’m told was the smartest of all three, was a very humble guy, a brilliant mind. Did you know Nate?

DR. GOLOMBEK: Yes, yes, yes. I know him personally. He doesn’t come anymore, but he used to come once a week to Westchester to one of our meetings. Fantastic guy.

DR. ANNUNZIATO: The guy at LIJ was not a neonatologist, but he did their neonatology. His name is slipping me at the moment. Oh, Herb [Herbert I.] Goldman. We had people from [The] Brooklyn Hospital [Center], Long Island College. What I did was call them all personally and say, “Look, I’m the new chairman of the Fetus and Newborn Committee. You are the brilliant people on neonates.” They said, “Okay. We’ll come on the committee.” We developed the best committee. We met every single month. We had a pediatrician who did a lot of neonatology from Sayville, George [V.] LoVece, on the committee. He was a willing worker and a good organizer. After two years, we started having meetings at Gurney’s Inn in Montauk. We’d go out there Friday afternoon, have dinner and a meeting in the evening. We had meetings all day Saturday and Sunday morning, and then lunch. I think we paid about $150 for those three days. Drug companies, not only Mead Johnson and Ross [Laboratories (merged with Abbott Laboratories in 1964, in 2007 became Abbott Nutrition)], but Wyeth-Ayerst Laboratories [merged with Pfizer in 2009], and Merck [& Company] and others sponsored cocktail parties and the breakfasts.

DR. GOLOMBEK: Yes.
DR. ANNUNZIATO: We had the greatest speakers, Lou [Louis] Gluck and Marshall [H.] Klaus. We had Bill [William A.] Blanc from Columbia who did neonatal pathology only. Bill Blanc came here from France to do a pathology residency, became interested in newborn pathology, worked with Dorothy [H.] Andersen and the people with the ROP, et cetera, and stayed here. He was a bright guy, and a tall man with his beautiful French accent, which I loved. So, we had all these wonderful people. We’d have 3 speakers for the weekend and a lot of good fraternity, and we took an afternoon off. You could stay Sunday and have dinner there, too, if you wished. The wives, of course, came. And we’d attract 150 pediatricians and neonatologists.

DR. GOLOMBEK: Wow!

DR. ANNUNZIATO: Not only neonatologists, but general pediatricians. We did that for about 10 years. At that time, I got more involved with the Academy. Sam Karelitz was the district chairman at the time, and Sam wanted a rule put into every hospital that any member of the Academy could go to any hospital and see a newborn. And I said, “No, I can’t go along with that. Suppose you have one of my babies at LIJ. I come up there and see the baby. The baby’s fine. On my way home—” We didn’t have cell phones. “On my way home that baby goes bad. I get to my office. I’ve got to run back. The baby’s dead.”

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: I said, “I will not allow it at Good Sam, and I will not allow it at Brunswick.” We used to argue about that. He teased me. About once a month he’d call me and say, “Dave, you have a newborn here, and you’re welcome to come and see the baby.” And I’d say, “Sam, please, you take care of it and discharge it. I’ll see it when it gets home.” But he tried for a couple of years to get that rule put in, which I didn’t think was a wise rule. But Sam was a bright guy who demanded good principles and good care. Of course, because of that Fetus and Newborn Committee and other chapter activities, I was elected chapter president.

While chairing the Fetus and Newborn Committee, heroin withdrawal was being seen quite commonly in our newborns. Authorities in the field were emphatically stating that a mother-to-be on methadone did not deliver babies who developed withdrawal symptoms. Members of the committee had cared for 6 newborns with severe withdrawal symptoms, including seizures, whose mothers were on methadone exclusively. I cared for 2 of those babies.
personally, I was the grandchild of a physician whose 16-year-old mother had been my patient from birth. I published this information in a letter to the editor from our committee. This was the first affirmation that the condition occurred. Shortly after, others also affirmed this.

In 1972, I was elected vice chairman, and 1974 to 1977, I became chairman of Chapter 2. I worked hard in that capacity and went to all the meetings in Brooklyn, and the meetings in Queens, and Nassau and Suffolk. I was a member of all of the societies. They still send me invitations to Brooklyn and Queens Pediatric Societies. I don’t pay dues, and I don’t go. Right now I’m trying to cut down on evening meetings. I went for a supper meeting last night and overate. [Golombek laughs]

At any rate, in 1981, I was nominated for district chairman, and I had to turn it down. I was having angina. We recruited Jim [James G.] Lione to run for district chairman against Donna O’Hare. Donna O’Hare was in Manhattan, a wonderful, wonderful lady, very active with the March of Dimes. She and Jim ran against one another. Jim won the election. About a year later, I guess, I had angioplasty. I couldn’t walk very far with the angina, but I had the angioplasty up at St. Francis Hospital, and did very, very well.

So in 1983, then, that’s two years after I turned down the nomination for district chairman, they bugged me to run for the [National] Nominating Committee of the Academy, which is one of the three national offices. And I ran. I don’t remember who I ran against, but I won that election. In 1985, I became chairman of that nominating committee. If you recall, in 1985 — I believe it was 1985, pretty close — that was the year it was mandated there must be two nominees for the presidency of the Academy. Up until then there would be one chosen person who ran unopposed. It was invariably a member of the board of directors. And it was a dilemma for me. Martin [H.] Smith was named by the board to be president. We had to come up with a second candidate. Now, we threw around a number of names, and I nominated Bob [Robert J.] Haggerty from Rochester, who was also president of a big foundation where he received, I’m sure, a very healthy salary. I called Bob and he agreed to run as long as he could keep his position with the foundation. Jim [James E.] Strain, the executive director, agreed to that, and we had Martin Smith run against Bob Haggerty.

Well, I got a lot of flak from that. Bob was certainly a nationally-known person. I have to be careful how I word this now, but Martin Smith was not
happy. Martin Smith lost the election. Bob won. The next year, still as chairman of the nominating committee, we wanted Martin Smith to run again, and he wouldn’t answer the phone when I called him. But finally, after a week of trying, I got him on the phone. I had to talk him into running again. He won the election the next year and become president. He was an excellent president, by the way. He was instrumental in getting the [National] Vaccine Injury Compensation [Program (VICP)] law passed, which was a noteworthy accomplishment. You probably know that one of the most common causes of lawsuit was immunization reactions.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: Today we don’t see any vaccine suits at all because of the Vaccine Injury Compensation Law. And then, of course, in 1987, I ran for district chairman. I was feeling pretty good. I ran against Lou [Louis Z.] Cooper who is a wonderful person. I beat Lou Cooper. Then we had a special election. Lou was elected alternate district chairman. Together I think we ran a pretty good state and national endeavor. Lou took over the state duties and did a great job. I ran the national and state, too. I think we accomplished a lot. I’m not going to go into details of the district chairman. Lou was elected district chairman after me, and we gave a big party. We always gave a party for the outgoing district chairman. I teased Lou by saying, “Lou is great, but he’s not 100 percent smart all the time. He ran against me.” [Laughter] He later became president of the Academy, as you know. I think he never has received enough credit for all the hard work he did for the state and for the nation’s children. He’s a great guy. I’ve nominated him for the [Abraham] Jacobi [Memorial] Award 3 times. He hasn’t gotten it. I don’t know why. He should. He certainly deserves it.

But anyway, while on the board of directors, as the District II chairman, a lot of great things, I think, happened. I was elected in 1987. If you recall, there were 2 national meetings a year — a spring meeting and the national meeting. Spring meetings we don’t have anymore. At the spring meeting in 1987, a new Red Book came out. The Red Book — my wife would object to me saying the Red Book was the Bible of infectious disease. Georges Peter was the editor in Rhode Island. In Suffolk County there was a wonderful pediatrician in Patchogue, I think. The Red Book that came out that year said, “Instead of giving polio at 2, 3 and 6 months, you give it at 2 months and 4 months, and then give the third dose at 18 months.” Well, this fellow, Jim [James V.] Mulholland [III], gave a third polio shot at 6 months — 2, 4, and 6. The kid got polio. They sued him. I presented at the meeting after
Georges Peter made his presentation on the Red Book Committee. I said, “You know, you should have right in the front of your book, ‘Major Changes in the Red Book,’ because the Red Book, which was 10 pages and cost 10 cents for the first edition, is now 300 pages. You can’t read that in a week or a month. You do it gradually. You refer to it. But if you had ‘Major Changes’ in the beginning, people would go right to those areas.” Well, when the next Red Book came out, it had “Major Changes,” and it still has that today.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: So that was one of the things I suggested that was adopted. Georges Peter became a wonderful friend. I noticed also in speaking to colleagues about the AAP meetings that many older, senior people would say, “I can’t go. You know I have heart trouble. Or I have hypertension. Or I have diabetes. If I get sick, you know —” So I conceived the idea and presented it at a board meeting that we have internal medicine coverage for the doctors at the meetings. For about 7 or 8 years, I personally arranged that each year. We would have medical coverage for attendees. If we were going to San Francisco, I’d call the chapter president in San Francisco and ask the president to provide the names of a group to cover nights and weekends because we’re there over the weekend. We still have that coverage and it works very well. I would also note that at one time we had a young pediatrician who developed an excruciatingly painful conjunctivitis. It took him nine hours to see a doctor, an ophthalmologist. Well, when we innovated this, we got doctors within an hour. And it works until today.

I don’t do it anymore. The staff does it. And if you look at your badge when you go to an AAP meeting, they have on the inside a number to call for medical emergencies. I had to use that once in Atlanta, Georgia. We were there and I developed chest pains, which happened to be indigestion. [Golombek laughs] They got me to an emergency room where the internist on call had called. I walked in, they took me right in and took care of me.

I should mention, too, 2 people who were great, wonderful New Yorkers, who should have been district chairmen before me. One was Bob [Robert A.] Hoeckleman from Rochester. I took care of his children, by the way, while he was in the Navy and his wife lived in Levittown. Bob was a wonderful guy, and he was slated to be district chairman. The president of Chapter 3 was Manny [Michael J.] Chusid from Westchester Medical Center. Manny
Chusid did developmental pediatrics. Great guy! They both refused to run and stepped down. I think Bob was Chapter president of 1, Upstate. But they’d stepped down in protest. They wanted the Academy to stop taking money from commercial companies on principle because they felt it compromised our credibility. By the way, the young people today, especially the Section on Young Physicians, and I think the Residents’ Section [Section on Medical Students, Residents and Fellowship Trainees (SOMSRFT)], too, both object to that. I don’t believe it will ever happen. The monies we get from commercial companies are really tremendous. I think we must get $3 or $4 million from some companies. I understand Nestlé gives us $5 million a year. Now, as you recall, I was on the board when Nestlé sued the Academy, which wasted an awful lot of our time. We had to have special meetings of the board. We were insured for $5 million against lawsuit. We spent $5 million dollars. Fortunately, we didn’t go over $5 million. But it cost us for that lawsuit $5 million.

DR. GOLOMBEK: Wow!

DR. ANNUNZIATO: Now, of course, we won the lawsuit in California. We still were sued by the Texas Attorney General [Attorney General of Texas] for restraint of trade. When we had a meeting in Texas, I think Dallas, the board was subpoenaed to testify. I remember sitting in a room waiting to go in to testify. It got to be 5:00 pm. I knocked on the door and said, “It’s 5:00 pm. When am I coming in?” And they said, “You’re not coming in. We’re going to terminate this. But the next time you’re in Texas, we will take your testimony.” Well, I’ve been to Texas since then, but they didn’t know I was there. [Golombek laughs] But it was such a waste of time, and effort and money, too, even though it didn’t cost the Academy anything. The insurance paid that. But it was a trying time.

DR. GOLOMBEK: About 5 more minutes to wrap up.

DR. ANNUNZIATO: Okay. And then we’ll have a bit to eat?

DR. GOLOMBEK: Okay.

DR. ANNUNZIATO: Good.

DR. GOLOMBEK: I have to leave at 2, be in the hospital as of 2.
DR. ANNUNZIATO: But I think those 2 names are very noteworthy in the history of New York pediatrics, Bob Hoeckleman and Manny Chusid. Great guys, highly principled and very dedicated. Bob, I understand, just recently passed away, and his wife just recently passed away, as well. I haven’t heard from Manny Chusid in, oh, I don’t know, 15 years or more. He was up at Westchester Medical Center. Ask, maybe you’ll find out something about him. He’s a great guy.

I was inducted into office at the Academy, as I mentioned, in 1987. George Comerci was the District VIII chairman-elect. We were inducted at the same time. I don’t know if you know George Comerci. He’s one of the most wonderful people you’ll ever meet in your whole life. At any rate, I met George when he was president of the Ambulatory Pediatric Association. He was also past president of the Adolescent Medicine Society [Society for Adolescent Health and Medicine]. He did adolescent medicine in Tucson with Vincent Fulginiti who was the medical school chairman there in Tucson. Great guys.

The night before we were to be inducted as members of the board I was sitting in the lobby of the hotel, and George Comerci went running by. I said, “Hey, where are you going?” He said, “I was late for my plane. I ran out of my office, and I forgot my jacket. I have to go and buy a jacket.” I said, “No, you don’t go buy a jacket. I have 2 jackets. You’ll borrow 1 of those.” He said, “Really?” So we went up to my room, and I gave him my blue blazer, which fit him fine. We became fast friends. I love the man. He’s just beautiful. He later became president of the Academy, as you know. I’ll tell you about that story in a few minutes. George had a stroke, a massive stroke, 6 operations, I believe almost died. I don’t know if ever they’ll get to do a living history on him. As you know, they’re going to do living histories on all past presidents.

He lives in Tucson. His son is an internist in Albuquerque. George went on to be president. I’m getting ahead of myself, but I want to get this out of the way. When we were finishing on the board, I was asked to run for president of the Academy. I had had some atrial fib [atrial fibrillation], and I had stents put in, so I decided I shouldn’t run for president. They said, “Well, okay.” I said, “But, you know, I would like to come to the nominating committee which I had chaired and talk to you, just to give you 10 minutes of my thoughts on where we should go in the Academy.” And they said, “Okay.” I went there, and I announced immediately that I would not be a candidate. Now the chairman of the nominating committee happened to be
Joe [Joseph] Greensher from New York who had been one of my residents at one point. There are 9 members on the nominating committee, one from each district at that time. Now we have 10 districts. But anyway, at that time there were 9, and 5 of the 9 had been on committees of the Academy which I had chaired. So we were good friends, and they kept saying, “You’ve got to run. You’ve got to run.” Well, I was there for almost one hour, not 10 minutes. And they had arranged for me to be there for that long. It ended this way. I said, “All right. I’ll run on one condition. My campaign slogan will be ‘Vote for George Comerci.’” [Golombek laughs]. George hadn’t even been nominated yet or interviewed yet. They said, “Oh, you can’t say that.” “Well, that’s the only way I’ll run.” They finally got the message that it was smarter for me not to run. Two days later they interviewed George and nominated him, and he became president.

There have been some great, great guys who have refused to run for president of the Academy. I really tried to get Bob [Robert M.] Corwin who was the district chairman before Henry Schaeffer to run. I tried. Bob is a brilliant guy with a wonderful personality, tremendous, good sense of humor. He is now with the Rochester group. Ann Francis is in that group. She’s running for president now. Ann is a wonderful girl, too. She’s been very active with the Academy from shortly after the time I started. I think of her as a young kid, [Golombek laughs] but I understand she has a grandchild. Her husband is a physician, too, an internist. But Bob refused to run. And Milton Gordon, who was the district chairman from Huntington before me, refused to run.

It’s an interesting thing. I have an orthopedic friend, and I have a urologist friend, both of whom were on the boards of their respective specialties, and who became president of their groups, and then were refused access to their practices when they came back. Milton Gordon was chief at Huntington Hospital and had 2 young partners, and he just felt he couldn’t be away from that practice anymore. The district chairmen used to spend a lot of time away from their jobs. Before I ran for district chairman, I went to my chairman and asked permission to run, which was given immediately, of course. But it’s a very time-consuming job. It pays well now. The salary for the president used to be, oh, I don’t remember, $85,000, $90,000. I understand it’s up to over $200,000 now. So you can live on it. But several presidents complained about the reimbursement. They left their practice, they lost their health insurance, et cetera, et cetera. It was a difficult time for some people, so the salaries were raised quite a bit.
When I went on the board, Jim Strain had just taken over. He had been president of the Academy. He was executive director until just before I went off the board — wonderful, wonderful, warm, gentle, kind person with a gift for administration. The people on the board when I went on were, let’s see, from District I was Ed [Maurice Edward] Keenan. I was from District II. District III was Art [Arthur] Maron. District IV was Bob [Robert] Grayson. District VII was Betty [A.] Lowe. Ken [Kenneth O.] Johnson [District VI]. Birt Harvey from California [District IX]. George Comerci, of course, from District VIII. And there was one other, the great, one of a kind, loveable Leonard [P.] Rome [District V].

We’ve had some good presidents who have not been on the board. Toni [Antoinette] Eaton from Columbus, Ohio, first woman president of the Academy. One of my favorite people, Howard Pearson from Yale was chairman of the [Historical] Archives [Advisory] Committee and just a magnificent human being. I think you have to be special to do hem-onc [hematology-oncology], and he’s a hematologist-oncologist. Joel [J.] Alpert was not on the board and became president. He did a wonderful job. Dan [Daniel W.] Shea was not on the board and became president. We’ve had some good people who were not on the board.

At one point, I was convinced that you should be on the board to become president because it takes a long training period to fit into, and to set your goals for when you’re president. Now you become president-elect, which is a year, and then president. I guess it’s long enough. But for me it wouldn’t have been long enough. I was on the board 6 years, and then I went to the nominating committee to just give my thoughts which were different from the thoughts of others regarding the future of pediatrics. At any rate, I think we ought to stop here. We’ll have a bite to eat. I’ll catch my breath.

DR. GOLOMBEK: Yes.

[Pause]

DR. GOLOMBEK: Let’s see. Let’s get this right. Yes, yes. Okay. Ready.

DR. ANNUNZIATO: Well, as I mentioned, Dick [Richard M.] Narkewicz was president when George Comerci and I went on the board. Joe [M.] Sanders [Jr.] came on right about that time, as well, and Errol [R.] Alden came on shortly after. Ed [Edgar O.] Ledbetter was chairman of the
Advisory Committee to the Board on Committees. Ed was a retired Army colonel, if I recall correctly. He’s still active with the Academy. He oversees the Red Book Online.

DR. GOLOMBEK: Oh, okay.

DR. ANNUNZIATO: There were two other people there whom I must mention, Sam [Samuel] Flint and Keith Kampert. Neither of them are there anymore. But they were great people and very important on the administration. And our fairy godmother was Sarabel Stemer. Sarabel took care of the members of the board like we were her children. I used to call her my “Jewish mother.” But she really took care of us. She arranged our travel, our dinners, our hotel reservations, and our recreation. She’s retired. But I can never forget her. She’s a wonderful lady. Now Kim Chamberlain does that for us, and she’s a wonderful youngster, too.

While I was on the board, if you recall, in New York they passed Public Law 405 [Section 405 of the New York State Health Code, also known as “405 Regulations”], which only came about because of an incident. A 19-year-old who died was the daughter of a lawyer who also wrote for The New York Times, and they had Public Law 405 passed. Soon after, District II New York and District I New England had a joint meeting. New York and District I New England had a joint meeting in Massachusetts. I presented the effects of Public Law 405 on training programs. With the limited hours and the new overseeing that had to be done, we had to hire more residents, and we had to hire more attendings. The rich got richer, the poor got poorer. The big programs took more of the graduates, and the smaller programs suffered a little bit. It also, I thought, inhibited continuity of care.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: Some residents paid no attention to it and continued going to their meetings and conferences after they were supposed to be off. Other residents took advantage of it and would say, “Eight o’clock. I’m off. I’m out of here.” I didn’t think that was good at all. But nevertheless, we suffered that Public Law. I don’t know of any other state that has a law similar to that, even though they’re talking now about limiting residents’ hours and work even more.

DR. GOLOMBEK: It’s not a law. But most of the training programs have those restrictions now.
DR. ANNUNZIATO: In 1991, I think it was at a board meeting, I suggested that we ought to have a committee to preserve the history of American pediatrics and the history of the AAP. That was endorsed by several of the board members, especially Ed Keenan, except that nothing was done about it. Of course, when Howard Pearson became president, as a historian of pediatrics, he embraced the idea. And the Historical Archives Advisory Committee came into existence. The committee consisted of wonderful people including Jim Strain and Larry —

DR. GOLOMBEK: Gartner?

DR. ANNUNZIATO: Larry Gartner, and me, and Howard Pearson, of course, and that wonderful lady from California, first woman to be a chairman of pediatrics of a medical school, Doris [A.] Howell. Later, Jeffrey [P.] Baker from Duke [University] was added to the committee. He is now the new committee chairman. But anyway, the Academy now has this committee, the Historical Archives Advisory Committee, which doesn’t change. It’s the only committee, I believe, that has no limitations on the length of time one can be on the committee. They just appointed a new person, Stan [Stanford T.] Shulman.

DR. GOLOMBEK: Stan Shulman from Chicago?

DR. ANNUNZIATO: Yes. Who is an infectious disease person. I haven’t met Stan since he’s been on the committee. I’ve met him at previous meetings.

DR. GOLOMBEK: He had stamps. He has a great collection of stamps.

DR. ANNUNZIATO: Well, I didn’t know that. But he’s a very bright, bright guy. He’ll be a welcome asset for the committee. I’m not sure how long I can go on with this committee anymore. Travel is going to be a problem for me. But anyway, Bob [Robert] Grayson and Bill [William A.] Daniel, when they went off the board, conceived the Senior Section [Section for Senior Members]. That was probably 1992. The Senior Section was made a provisional section and was in existence. A couple of years later it became a permanent section. Actually, at one time it was probably the second or third largest section in number of members. Neonatal certainly is always way up there. Now the Young Physicians and Residents are way up there, as well.
I joined the Senior Section as soon as it was conceived. After I went off the board, I was elected to be a member of the Senior Section board of directors, in 1995. In 2000, I was elected chairman of the Senior Section. I served my 6 years and then 3 years as immediate past chairman, and it was delightful. Wonderful people. We got a lot of things done. While I was chairman, I had several goals. I don’t know if we fulfilled them. My prime goal was to get free malpractice coverage for seniors who volunteered in public clinics in every state. Well, I think we had maybe half a dozen states that arranged that. We still don’t have it in New York. In New York, it’s at the discretion of the state commissioner of health and the governor.

DR. GOLOMBEK: The commissioner of health?

DR. ANNUNZIATO: The commissioner of health. They can designate a given clinic, but it’s not universal. So you’re not covered really in New York unless you get permission from the state. As you know, a lot of pediatricians retire and still want to keep active. They have a wealth of knowledge and information and can perform a needed service to people who can’t afford care. I think we’re up to maybe 20 states now that do honor this. Another one of my goals was to have a seniors committee or group in every chapter. We’ve gotten that fairly well underway, but it’s not completely accomplished. I wrote the manual for developing a senior member committee in AAP chapters, which has to be revised, of course. But it’s a nice manual. I did that while I was on the senior board.

Now, while I was on the board there was a great transition going on. The Academy really made policy through committees. Sections were developing rapidly. While I was chairman of the Committee on Committees [ACBOC], I attended all national committee meetings. There were a lot of disgruntled people about the rising up of sections. And by the way, I felt that way about it, too. But as I visited sections, I found that was the place to be, sections. The committees consisted of 6, 7 people, except for the Red Book Committee which had more, and the [Committee on Scientific Meetings which has many more. But sections had hundreds, literally thousands of people. As you know, sections now don’t make policy, but certainly have great input into policy and are certainly the greatest educational part of the Academy.

Also, while I was on the board, when Jim Strain stepped down we were asked for nominations for executive director. The one letter we got was from me. [Golombek laughs] I nominated Joe Sanders for the executive director job,
and it was kind of a given. Joe did a magnificent job. And when Joe stepped down, I nominated Errol Alden.

DR. GOLOMBEK: Oh!

DR. ANNUNZIATO: Errol Alden is now the current executive director. Errol Alden is a pathological worker. He is the most dedicated, hardworking man I ever met, except for perhaps Howard Mofensen who was also a dedicated, hardworking guy. But Errol Alden is great for the Academy. I’m so proud to have been working with all of these really wonderful, wonderful people. I’m sure that I’ve left out a lot of things. I’ll try to insert them as I review this.

I finished on the board in 1993, 1987 to 1993, and stayed on the HAAC, the Historical Archives Advisory Committee, and went on the Senior board then, and I’ve been active in those 2 areas. I just went off the Senior board last year. I’m still on the Archives Committee, but I’m not sure I can do that much longer.

DR. GOLOMBEK: How often do you meet?

DR. ANNUNZIATO: Well, once a year, sometimes twice, but not often. We met twice last year, once in Chicago and, of course, at the national conference. I think we’ve accomplished an awful lot with the Archives Committee, not only in doing living histories, but in collecting memorabilia. Larry Gartner’s been great, by the way. He has the Neonatal Section [Section on Perinatal Pediatrics] sponsoring the histories of neonatologists at their cost. Surgeons have followed suit. We’ve tried to get other sections to subsidize living histories in their specialties, but it hasn’t been universal by any means. [Golombek laughs] So as I said, in 1991, I retired from the [Nassau County] Medical Center. I was having some cardiac problems, and that was just before I had stents put in. I figured I should take my retirement.

DR. GOLOMBEK: Oh, okay.

DR. ANNUNZIATO: In 1997, the president of the Nassau Academy of Medicine, who had been a resident with me — I had not been very active in the local politics and medical society — called me up and said, “I want you to chair a committee for me.” A committee they never had before, the Committee on Preventive [Medicine/Public] Health. And he talked me into
We have about 20 members. Most of them attend every meeting. We have representatives from the [New York State] Department of Health. We have representatives from geriatrics, breast cancer, which is prominent on Long Island, one in 8 women, and a urologist who does prostate cancer, which is one in 11 men on Long Island.

We have great meetings, and we discuss public health issues. The purpose of the committee, according to Hal [Harold W.] Mayberger who convinced me to take on this endeavor, is to demonstrate to the public that physicians are interested in their welfare and health. And I think we’ve done that. We discuss everything including public health issues. The Department of Health gives us a rundown of all problems occurring in the county, and in the state and in the nation, actually every month. Not only do we talk about that, we talk about the future of medicine. I see the government taking over medicine and it frightens me a little bit, only because I witnessed the Canadian system, which is a good system, but it has deficits. Victor Marchessault who was the representative from the Canadian Paediatric Society told me that in Canada you get a salary every year, but you must see X number of patients. Once you see those patients, you can take off.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: Some people work 6 months a year, some work 9 months, some work 12 months. But many of them, many of them, take 2 and 3 months off. In England, while I was on the board, one year our keynote speaker was Koop.

DR. GOLOMBEK: Everett Koop.

DR. ANNUNZIATO: I don’t believe in rationing medicine. I don’t believe there should be any discrimination. And by the way, if I have to make the decision as to someone living or dying, I’m going to grow potatoes. I don’t want to be a doctor anymore. That’s not my decision. I’m not that smart. At any rate, I’m not sure that government medicine is the answer. My son says the government can’t manage economics, how can they manage medicine? [Golombek laughs] But maybe some good people will do it.

I was invited to the White House when the Clintons [William Jefferson Clinton and Hillary Rodham Clinton] were in, 10 of us, 10 pediatricians, to help develop a children’s health plan, which never was achieved. But there
were some good parts to that. The children’s plan was great, I thought, because we developed it at the Academy. But the adult plan had deficits. I don’t know everything. But, you know, some of the things they wanted included the ability to take your insurance anywhere you went, and to cut down on the amount of writing you have to do. The Clintons went to the Children’s Hospital in Washington [Children’s National Medical Center] and spoke to the doctors and the residents. They realized that one could see 2 or 3 more patients an hour if you didn’t have to do so much paperwork. The paperless charts in the hospitals have deficiencies. Anonymity’s gone. It’s open to anyone. I’m not sure the HIPAA [Health Information Portability and Accountability Act of 1996] would exist with that system. But that’s where we’re going. And certainly it’s going to allow people to see more patients. I know some doctors who have a paperless office system now, and they find deficiencies in it. But I don’t know much about it.

But something has to be done with the health system in America. It’s broken. It’s badly broken. I think what the government ought to do is hire a hundred good doctors in all specialties to oversee a good plan, to cut out the innovative and creative billing systems.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: Something has to be done. They tell us we’re going to have a paucity of doctors in the next 10 or 15 years. The medical schools are increasing the number of students and new medical schools are opening. Changes are coming, and they’re coming fast. President [Barack H.] Obama has some thoughts on this and has appropriated a lot of money for a healthcare system. I don’t know where we’re going, but I hope it’s better than we have now.

I’m unhappy with a lot of things I’m seeing. Doctors don’t examine patients anymore. I had a speaker 2 weeks ago who came and said, “In 10 years he envisions medicine to be taking a hand-held machine and putting it on your body. A diagnosis will come up, and it’ll be over.” A friend of mine, a college and medical school classmate and past chairman of the board of Lahey Clinic — he’s emeritus now — said people are amazed when he sees them in consultation. He’d say, “First I want a history. Second I want to examine you. And then I’ll look at the CAT scans [CAT or CT scan – computed tomography] and MRIs [magnetic resonance imaging].” He said people are amazed.
I still believe in head-to-toe examination. There’s nothing like it. If Dr. Joe was right, and I believe he was, if you take a good history, you should know the diagnosis 8 out of 10 times before you touch your patient. The examination verifies your diagnosis. And while it’s not that easy, it’s not hard. You have to be a doctor. You have to be a doctor. And I think that pediatricians, especially, are vulnerable. I’m concerned about the future of pediatrics. The nurse practitioners are good. The PAs [physician assistants] are good. They do a great job, but they don’t have the knowledge pediatricians have.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: We specialize in kids and nobody knows kids better than we do. And I think that we should never relinquish that. When I was a resident, the big thing was infant feeding. We made our own formulas. We relinquished that to commercial companies, and they did a good job, by the way. They really did a good job. And they’re still changing formulas every day, adding lipos [lipoproteins], et cetera, et cetera.

DR. GOLOMBEK: Yes, yes.

DR. ANNUNZIATO: But you know what? Years ago on condensed milk, on evaporated milk, on whole milk, formulas that we made at home, the kids grew up, and they did very, very well. I don’t know. Maybe their brainpower is better today. I’m always amazed with young people. I think they’re so smart. You know, I grew up on four corners. Our kids today grow up in a universe. And they are smart, there’s no question.

But anyway, I’ve had a wonderful life. I graduated medical school 63 years ago. I haven’t had many unhappy days, except once in a while you cried, you know. You’ve seen more babies who didn’t make it than I ever saw. But I’m unhappy with the changes that I see in medicine today. I don’t think we should relinquish the knowledge and power that we have in taking care of children to people who are not really as well trained as we are. I think they’re good people. I have trained PAs, I have trained nurse practitioners, and we hire them, and I’ve observed them working. They do a good job.

DR. GOLOMBEK: But don’t you think we relinquish more to the insurance companies?
DR. ANNUNZIATO: Exactly. Exactly. That's broken, too, and that has to be fixed. At the medical society I'm pretty active. I not only chair that Preventive Health Committee, I sit on Peer Review Committee, Education Committee, Communications Committee [Communications & Media] and Library Committee. And I do my little thing locally now. The people are wonderful there, and I think they appreciate people working for the Academy. My life has been very busy. I've been rewarded over and over again. I still have mothers and young people calling me to greet me and just to say hello.

Last Sunday morning I went out to get a paper, parked my car in front of the local 7-Eleven, and the woman in the car next to me opened her door and said, “Oh, I'm sorry.” And I said, “No, that’s all right. You’re not in the way.” Out jumps a guy from the other side, 59 years old, my patient from birth. “Dr. Annunziato!” He's a young man who went to Annapolis, who I worked with through some pretty tough times. He was just elated to see me. I hadn’t seen him in, I guess, 30 years. Actually, his father, after I retired from practice and went full time, called me and took me out to lunch one day just to thank me for taking care of his 3 sons. Wonderful family. Both his mother and dad, he told me Sunday, passed away.

So it’s really rewarding. I have had the best of everything. I had a wonderful training program, great teachers. I had the practice for 20-odd years. I’ve been in academics for the rest of my life. I’ve had the best of everything. I’ve trained or at least partially trained more than 350 residents. It’s very rewarding. I go to the AAP meetings and invariably somebody stops me to say, “I was your resident in 1492.” [Golombek laughs] I was recently, about 3 years ago, honored at the medical center when they named the pediatric postgraduate [visiting professor] lecture series in my honor. So it’s now the David Annunziato Pediatric Postgraduate Lecture Series. I’ve chaired that committee for over 40 years. And that’s really what I do now, develop pediatric education programs at the medical center.

I’ve gotten, I can’t tell you how many awards. It’s staggering. I’ve gotten at least five commendations from the March of Dimes. I chaired their Medical Advisory Committee with Al [Alfred L.] Florman, the first chairman at North Shore Hospital. We were co-chairs for many years together. I met Al Florman when I was a resident. We had an epidemic of diarrhea in one of our nurseries, and Al was Horace [Louis] Hodes’ — at Mount Sinai [School of Medicine] — fellow in virology. They didn’t know what a virus was, but they knew they existed. And Horace Hodes, at the request of my boss, sent
Al Florman down to Long Island College to investigate. They took specimens and put them in the deep freeze. Of course, it was rotavirus that, years later, they found. So I met Al, and we spent a couple of days together during that epidemic. Not only did they give me some citations, they gave me the first Silver Stork Award they ever gave out.

Later on when Al moved to Albuquerque, New Mexico to retire, David Harris became health commissioner [Commissioner of Health Services] in Suffolk County. Suffolk and Nassau combined their March of Dimes committees, so Dave Harris joined me as co-chairman of the March of Dimes. I did that, I guess, 20-odd years. It was a worthwhile, productive job. It was still polio when we started. And then, of course, when polio was disappearing, we went over to congenital defects. I used to give talks all over for the March of Dimes and it was fun. It was fun.

I got citations from the Nassau County [County] Executive, from the Nassau, Brooklyn, Queens and Suffolk Pediatric Societies, the AAP New York Chapter 1, and Chapters 2 and 3 gave me citations. New York State Perinatal Association [NYSPA] gave me their Physician of the Year Award. That was when Rita Harper was their president. To get an honor from the New York State Fetus and Newborns Perinatal Group was quite an honor. Just last December the Nassau County Legislature honored me with a citation. Members from the hospital attended. It was an honor. My picture was all over the place, and it was written up in several newspapers. I have received citations from many hospitals with several from the Nassau County Medical Center, several from Good Samaritan and Brunswick Hospitals. I have also been honored by the United Cerebral Palsy Foundation, the Nassau County [United] Federation of Teachers and the Nassau-Suffolk Hospital Council [Inc.]. I have also received citations from all four pediatric societies in Chapter 2, New York. Chapter 2 and District II have honored me with several citations. I have so many plaques, I don’t have wall space for them.

DR. GOLOMBEK: Yes. Mmmm hmmm.

DR. ANNUNZIATO: Let’s see. I got a Distinguished Service Award from the New York Public Health Service [New York State Department of Health] as Physician of the Year. I got several teaching awards, including the Richard [L.] Day, M.D., Master Teacher Award [in Pediatrics] from my alma mater, Downstate [SUNY], which was Long Island College of Medicine when I graduated. And of course, the thing I cherish the most is the Clifford [G.] Grulee Award [from AAP] in 1995. Now, that’s given to one
pediatrician from around the nation. That was quite an honor, and I really cherish that honor given for service to children and to the Academy.

I guess I’ve been blessed. I’ve witnessed epidemics of measles. I’ve witnessed polio epidemics. I hope I mentioned my tour of duty at the Kingston Avenue Hospital during a polio epidemic in 1950. I’ve witnessed pertussis epidemics. I’ve seen children die from pertussis, polio, measles. I’ve seen rheumatic fever almost disappear. I’ve seen polio disappear. I’ve seen measles almost go away. Smallpox is gone. Those are things I never dreamt I would ever see. It’s a blessing. I’ve seen the development of vaccines which I think is the greatest advance in medicine in my time, certainly, maybe in the past 100 years. We have prevented so many children from dying with immunization. I just feel that no child should die of a preventable disease. It’s a shame today with so many people refusing immunization. I think our children are the victims of our success. People don’t see polio. They don’t see measles. They don’t see pertussis. So they’re not afraid of them.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: But if they had witnessed what I witnessed, they would never, never dream of not immunizing their children. There’s no question there are downsides to immunization. Sometimes a child is going to get hurt. But, you know, sometimes the welfare of the masses takes precedence over the unfortunate events that can happen to an individual.

I’ve seen so many wonderful, wonderful changes — the development of penicillin and the vast armamentarium of antibiotics — incredible!

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: Meningitis is almost gone. Rheumatic fever is gone — not gone, but certainly not what it was when I was in training or even for years after. People are living longer. That’s good medicine. That’s not by chance. That’s good medicine, which is dying. We’ve seen advances in cancer treatment. We’ve seen AIDS treatment evolve. My first case of AIDS took me a week to diagnose — little David who came in with fever and large glands in his neck. It took me a week, to me as a consultant, to make the diagnosis of AIDS. I had never seen it before. He went on and died. You know that makes your heart cry. Tuberculosis is almost gone, and that was rampant at the time I was in training. We always had TB. We had a
hospital in Brooklyn that was called the Brooklyn Thoracic Hospital [merged with Brooklyn Hospital Center in 1957] where only adolescent kids with TB went. I was told by Saul Starr, who did TB mainly in his day, that none of them walked out of the hospital. They all went out the backdoor on a slab. That’s how terrible it was.

DR. GOLOMBEK: Yes.

DR. ANNUNZIATO: In Nassau County last year, we had 68 cases of TB according to our health department. This year, to date, we’ve only had 38, and most of them are imported. So, you know, we’ve come a long way.

And there are so many advances. I’m concerned about the impersonal nature of medicine today. People don’t know their doctors anymore. It’s a little frightening to me. There have to be improvements, and hopefully, I think our young people will come up with some answers. I’m not sure the young people appreciate what’s happening to medicine. I’m fearful of our young people not going into medicine. I know doctors who tell their children to not go into medicine. That frightens me a little bit. It’s still the most honored profession, above the clergy, which bothers me. [Golombek laughs] But maybe we’ve done it to ourselves a little bit.

We don’t have epidemics anymore, which is a blessing. Smallpox is gone from the world. I wrote a paper recently on smallpox vaccination and its complications that was published in, I think, Contemporary Pediatrics with a lot of pictures, all of which I took, of kids who had reactions to smallpox vaccination. If you read that paper, you wouldn’t be vaccinated. But I didn’t write it for that purpose. I wrote it so that people would know what some of the bad reactions to vaccination could be. We were in the midst of considering re-vaccinating everyone, and I wanted people to know what the possibilities were. The number of complications was minimal, but they were real and people should know what to expect.

DR. GOLOMBEK: Sure.

DR. ANNUNZIATO: Our young people today don’t know what a smallpox vaccination is. But hopefully it’s things like this that will remind them, that will tell them we have come a long way, and we’re going even further.

DR. GOLOMBEK: We still have a long way to go.
DR. ANNUNZIATO: The newspapers this past week or two have
talked about Alzheimer’s [disease] and the new medications that are going to
help Alzheimer’s. I don’t know where Alzheimer’s disease was when I was in
training. I guess we called it senile dementia. But it certainly didn’t occur as
early as we’re seeing it today and with the brain changes I’ve seen described
with Alzheimer’s. I’m hopeful something can be done, but I’m not sure.
We’ll see. All I can say is it’s been a great life. I wouldn’t do anything else. I
have no regrets. I’ve had the best of everything. So I hope the young people
today have as much fun in medicine as I’ve had and as rewarding an
experience. I think the Academy is a great organization. I lived by their
rules, except one. [laughs] But we’ve got a long way to go. I don’t think we
should ever give up our presence as the caretakers of children, but I see it
passing and going away, and this bothers me. At any rate, Sergio, it’s been a
privilege to know you. I’ve got to send you a couple of books. I need your
address. When I find The Physiology of the Newborn Infant [Clement A.
Smith, M.D.], I will send it to you.

DR. GOLOMBEK: All right.

DR. ANNUNZIATO: I’m sure I have a copy. It’s really a wonderful
book, you know. Caffey’s book I read three or four times. Davidson and his
The Compleat Pediatrician, I read that over and over again. Lawson Wilkins
on endocrinology. Those disciplines were all in their infancy when they
wrote these things. I mean, the infancy of knowledge in those areas when I
was in training. And I don’t think I mentioned that I spent a week at Yale
with Gesell just because my boss said, “It’s worth a week to go there.” I
spent a week at Columbia with the neurologist there, and I can’t remember
his name. He was wonderful. He later asked me to do a fellowship with him,
and I turned him down. You know, after the Navy and another 3 years at no
salary, I didn’t want to spend another 2 years learning neurology.

DR. GOLOMBEK: So your wife turned it down.

DR. ANNUNZIATO: [Laughter] No, she’s been wonderful. My wife
has been wonderful, and my kids are great. I didn’t mention much of my
personal life, but that’s been a great ride, too. Your children eventually
come back and tell you how wonderful you were. They thank you for doing
this, and thank you for telling them this, and thank you for not letting them
do that. They really appreciate it as they grow up. I’ve had that experience.
My kids are wonderful. I love them much — greatly. I’m very proud of them. And my wife has been wonderful — 62 years now in August.

One last thing. One thing has bothered me greatly for the past 40 plus years since I assumed the job of director of pediatric ambulatory services at the County Medical Center concerns the children we care for. They come from less fortunate, usually indigent families. Over those years, I have observed them, bright-eyed, active happy children, and wondered about their futures. Frequently, they came from large families and their mothers didn’t seem to care about them. Many, many times a child, 2-, 3- or 4-years-old, would trail in behind his or her mother, sometimes by quite a distance, the mother never looking back to see if they indeed were even there. I cannot tell you how many times I have found a child wandering in the halls, taken them by the hand and sought out the mother. That mother was oblivious to the fact that the child had wandered off. I have often wondered how these children could ever possibly reach their full potential. I see the probability of that great potential being wasted, never stimulated or fostered, and I can only envision bad things happening in their futures. I know that some will eventually become productive responsible citizens, but so many could profit from a little more attention and stimulation. We are losing much future potential. Our children deserve better.

I hope this will give readers a little of the flavor of pediatrics then and now — the long training, the joys of pediatrics and the sense of helping people while doing something one loves.

DR. GOLOMBEK: Very good. Well, thank you very, very much. It was a pleasure.

[End of Interview]
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East Meadow, New York 11554  
(516) 572-6464 or 572-6447

Born: September 6, 1921

Marital Status: Married  
Wife: Ruth Esther  
Children: Two  
Philip 1/10/49  
Diane 8/15/51

Academic Degree: B. S., Wagner College, 1943

Professional Degree: M.D., Long Island College of Medicine, March 1946

Internship: St. John’s Hospital, Brooklyn, New York  
April 1946 – July 1947  
Rotation – Nine months  
Pediatrics – Six months

Residency: Long Island College Hospital  
Assistant, Associate and Chief Resident


Specialty Certification: American Board of Pediatrics, 1952

Affiliate Residency: Charles V. Chapin Hospital, Providence, Rhode Island  
Communicable Diseases – April 1950 – July 1950

Military: Lieutenant (j.g.), Navy Medical Corps  
Director, Pediatrics, Brooklyn Naval Hospital  
July 1947 – July 1948  
Director, Pediatrics, St. Albans Naval Hospital  
July 1948 – July 1949
Hospital Appointments:

Associate Pediatric-in-Chief
Nassau County Medical Center 1979-1984

Acting Pediatric-in-Chief
Nassau County Medical Center 1984-1986

Director, Pediatric Ambulatory Services
Nassau County Medical Center 1973-1989

Assistant Clinical Pediatrician
Long Island College Hospital 1952-1960

Assistant Clinical Pediatrician
Kings County Hospital 1952-1961

Associate Attending, Pediatrics
Mercy Hospital, Rockville Centre 1953-1960

Director, Pediatrics
Brunswick Hospital Center 1956-2001

Consultant, Pediatrics
Franklin General Hospital 1975-

Attending Pediatrician
Mid Island Hospital 1960-1974

Attending Pediatrician
Nassau County Medical Center 1952-

Co-Director, Pediatrics
Meadowbrook Hospital (NCMC) 1964-1967

Director, Pediatrics
Good Samaritan Hospital 1959-1973

Consultant & Director Emeritus
Good Samaritan Hospital 1973-

Director, Pediatric Education
Nassau County Medical Center 1990-
Teaching Experience:

Clinical Instructor
SUNY Downstate Medical Center 1952-1961

Attending Pediatrician
Nassau County Medical Center 1952-

Co-Director, Pediatrics
Nassau County Medical Center 1964-1965

Director, Pediatrics
Good Samaritan Hospital 1958-1973

Director, Residency Training Program
Good Samaritan Hospital 1970-1973

Pediatric Postgraduate Lecture Series
Committee, Nassau Cty. Medical Ctr.
Chairman 1972-

Assistant Professor of Clinical Pediatrics
SUNY, Stony Brook 1972-1974

Associate Professor of Clinical Pediatrics
SUNY, Stony Brook 1974-1987

Director, Pediatric Residency Training
Training Program, NCMC 1985-1988

Professor of Clinical Pediatrics
SUNY, Stony Brook 1987-

Scientific and Professional Associations:

American Medical Association
New York State Medical Society
Nassau County Medical Society
Member, Pediatric Section,
Nassau County Medical Society,
Chairman 1964-1965

Nassau Pediatric Society
President 1952-1955

Suffolk Pediatric Society 1959-

American Academy of Pediatrics 1953-

Nassau Academy of Medicine 1975-

Ambulatory Pediatric Association 1973-

Association of Pediatric Training
Program Directors 1985-1996

New York Academy of Medicine
American Academy of Pediatrics Activities:
Member, Fetus and Newborn Committee 1958-1974
Chapter 2, District II
Chairman 1959-1974

Member, Hospital Care Committee 1967-1978
Chapter 2, District II

Vice-Chairman (Chairman Elect) 1971-1974
Chapter 2, District II
Chairman, Chapter 2, District II 1974-1977

Chairman, Immunization and Infection Committee, Chapter 2, District II 1976-1982

Committee Name Change:
(Chairman, Immunization Committee 1974-1982
(Chairman, Pediatric Practice and 1982
(Ambulatory Committee

Member, National Nominating Committee** 1974-1982
Chairman 1981-1982

Alternate District Chairman,** 1983-1987
District II (New York State)
Chairman, Alternate District** 1986-1987
Chairman Committee

Nominating Committee, Chapter 2** 1964-1986
District II (New York State)

Medical Liability Committee, 1983-1985
National**

Committee on Membership (ACBOM)** 1985-1986

Committee on Finance (ACBOF)** 1985-1986

District Chairman, District II** 1987-1993
New York State

Committee on Committees (ACBOC)** 1987-1991
Chairman 1989-1991

Committee on Pediatric Practice** 1987-1991
(ACBCPP)

Member, MSSNY, Interspecialty Society Committee 1989-
American Academy of Pediatrics Activities (continued):
Member, IPRO, Pediatric Representative 1990-
Chairman, Committee on Education** 1991-1993
Member, Council on Pediatric Education** 1991-1993
Advisory Committee on Research** 1991-1993
ACGME Residency Review Committee (Pediatrics) (Alternate) 1991-1993
Council on Sections** 1991-1993
Council on Sections Management** 1991-1993
Member, Historical Archives Advisory Committee** 1991-
Board of Directors, Senior Section** Chairman 1995-2000 2000-
Coordinator, Nominating Committee 1994
New York Chapter 2, District II
Contributing Section Editor 1999-2001
A.A.P. Grand Rounds
Speakers Bureau, A.A.P.*** 1990-

Miscellaneous:
Member, Medical Board 1959-1973
Good Samaritan Hospital
President, Medical Staff 1971-1973
Member, Medical Board 1956-
Brunswick Hospital Center
President, Medical Staff 1963-1964
Member, Pediatric Executive Committee 1958-1973
Nassau County Medical Center (ex. 1966)
Member, Medical Advisory Committee*** 1961-1988
March of Dimes (Nassau Chapter) Chairman 1981-1988
Member, Nassau Academy of Medicine*** 1975-
Member, Nassau-Suffolk*** 1974-1976
Comprehensive Health Planning Council, Inc. Ambulatory Care Planning 1974-1978
Commission Hospital Care Committee
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<td>1956-1965</td>
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<td>Member</td>
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<td>Chairman, Laboratory Committee Nassau County Medical Center</td>
<td>1978-1988</td>
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<td>Member, Education Committee Nassau County Medical Center</td>
<td>1984-1989</td>
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<td>Member, Library Committee Nassau County Medical Center</td>
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<td>Chairman</td>
<td>1992-1995</td>
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<tr>
<td>Member, Families and Children’s Services Committee — Advisory Council New York State Consolidated Services Plan</td>
<td>1982-1990</td>
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<tr>
<td>Member, Nassau County Immunization Committee — Representing Nassau Pediatric Society, A. A. P., Nassau County Medical Center</td>
<td>1974-1987</td>
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<td>Member, Fifth Pathway Teaching Committee</td>
<td>1978-1985</td>
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<td>Member, Salk Vaccine Program Nassau County***</td>
<td>1954-1968</td>
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<tr>
<td>Member, Swine Flu Committee*** Representing Nassau Pediatric Society and Nassau County Medical Center</td>
<td>1976-1983</td>
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<tr>
<td>Region Chairman (Southeast Nassau County)*** Sabin Vaccine (Polio) Program of Nassau</td>
<td>1963-1998</td>
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<tr>
<td>Member, Ambulatory Services Committee Nassau County Medical Center</td>
<td>1973-1989</td>
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<tr>
<td>Member, Interview Committee for Admissions to Medical School, SUNY, Stony Brook</td>
<td>1974-1976</td>
</tr>
<tr>
<td>Member, Ambulatory Care Committee SUNY, Stony Brook</td>
<td>1976-1979</td>
</tr>
<tr>
<td>Chairman, Child Protection Committee*** Nassau County Medical Center</td>
<td>1973-1989</td>
</tr>
</tbody>
</table>
**Miscellaneous (Continued):**

Member, Rape Committee, Nassau County and **Nassau County Medical Center*** 1975-1984

Member, Executive Committee of Medical Staff
Nassau County Medical Center
Secretary 1977-1983
Vice-Chairman 1978-1979
1979-1980

Member, Search Committee for Chairman and Professor of Pediatrics, SUNY, Stony Brook 1976-1979

Member, Appointments, Promotion and Tenure Committee, SUNY, Stony Brook 1977-1982

Physician-in-Charge, Student Health Services
SUNY, Old Westbury 1978-1984

Advisor to local EOC Committee*** 1975-1986

Advisor to “The Gate” – a local comprehensive***
Teen Center for Nassau County 1978-1980

Chairman, Pediatric Section***
Nassau Medical Society 1979-1980

Advisor to Committee on Child Abuse***
Nassau County 1980-1989

Advisor, Hospital Practice Committee to local H.S.A.*** 1978-1984

Co-Chairman, Faculty Association
Nassau County Medical Center
Chairman 1980-1986
1986-1989

Pediatric Curriculum Committee SUNY, Stony Brook 1976-1980

Nominating Committee, Nassau Pediatric Society 1974-1986

Pediatric Sessions Group
(Intro to Clinical Pediatrics, SUNY Chairman at Nassau County Medical Center Campus
1973-1979

Scientific Program Committee, NYS Medical Society*** 1976-1979

Member, Search Committee for Chairman
Department of Pediatrics, NCMC 1984-1986

Member, Search Committee for Dean, NCMC 1983-1984

Member, Search Committee for Chairman
Department of Medicine, NCMC 1986-
Legislator Contact Committee
District II, A. A. P.

Pediatric Delegate to MSSNY*** 1982-1998
Distinguished Service Award* 1988
N. Y. S. Public Health Service***

Member, N/S HAS Committee on Hospital Care*** 1989-
First Silver Stork Award from*** 1990
The March of Dimes*

Nassau/Suffolk Medical Societies* Distinguished Volunteer to March of Dimes Leadership Award*** (4 times)

Member, Interspecialty Committee MSSNY*** 1991-1999
Member, Maternal and Child Health Committee *** 1992-2000
MSSNY

Suffolk County Pediatric Society Award for Lifetime*** 1992
Commitment to the Health and Well Being of Children

Chairman, Preventive Health Committee*** 1992-
Nassau Academy of Medicine

Member, Education Committee*** 2003-
Nassau Academy of Medicine

Member, Board of Directors*** 1993-
Nassau Academy of Medicine

Invited as one of the 100 prominent physicians to the*** 1993
White House for input into the Clinton Health Plan

New York State Perinatal Association* Award in*** 1994
Recognition of Lifetime of Service for Children

Nassau Pediatric Society* Award for Outstanding*** 1994
Service to Children, Pediatricians and Pediatric Education

Member, Search Committee for Commissioner of Health, Nassau County 1994 and
2001

The Clifford G. Grulee Award for Outstanding*** 1995
Commitment to Children’s Health and the American Academy of Pediatrics*

Member, Communications Committee*** 1996
Nassau Academy of Medicine

Member, Peer Review Committee*** 1997
Nassau Medical Society
| **Miscellaneous:** (Continued) | Editorial Board, Proceedings journal  
Nassau County Medical Center | 1980- |
| --- | --- | --- |
| Richard L. Day Lifetime Teaching Award*  
Master Teach Award in Pediatrics  
SUNY Downstate Medical School | 1996 | |
| Avron Ross Teaching Award*  
Nassau County Medical Center  
SUNY Stony Brook Teaching Center | 2000 | |
| Nassau Pediatric Society* Recognition Award for Dedicated Teacher and Caring Friend to Generations of Nassau Pediatricians | | |
| Teaching Award* in Grateful Appreciation Of Guidance and Inspiration from Graduating Pediatric Residents | Several times | |
| Stony Brook College of Medicine Certificate* In Appreciation for Many Years of Dedicated Teaching of Medical Students*** | Several times | |
| **Courses Taken:** | Infectious Diseases Seminar | April 1973 |
| | Hospital Infection Control Seminar  
Bronx Lebanon Hospital Center | April 1974 | |
| | Care of Premature Infants  
Institute for Physicians and Nurses  
New York Hospital | March 1972 | |
| **Courses Given:** | Numerous Seminars and Round Tables at Spring and Annual American Academy of Pediatric meetings each year*** | |
| | Incest and Child Sexual Abuse and Exploitation  
Nassau Coalition on Child Abuse and Neglect*** | April 1981 | |
| | Scientific Exhibit “Atypical Measles”  
AAP Annual Meeting, New York City, November 1977 (Silver Award for Teaching Value) | |
| | Pediatric Manual – Nassau County Medical Center Section on Emergency Room  
Publications:
(continued)


D. Annunziato.: “Pediatrics at the Nassau University Medical Center, A 50 year review”. Proceedings, Summer 2002.


D. Annunziato, “White House Conference, Clinton Health Plan” Proceedings, Fall 1994

SUNY Health Sciences Center Activities:
Teaching Experiences:

Associate Professor Clinical Pediatrics
Downstate Medical Center

Assistant Professor of Clinical Pediatrics
SUNY at Stony Brook

1952-1965
1972-1974
Associate Professor of Clinical Pediatrics
SUNY at Stony Brook

SUNY Health Sciences Center Activities: Teaching Experiences –
Director, Pediatric Residency Training Program
Nassau County Medical Center

Professor of Clinical Pediatrics
SUNY at Stony Brook

Miscellaneous:
Member, Interview Committee for Admissions to
Medical School, SUNY at Stony Brook

Member, Ambulatory Care Committee
University Hospital, SUNY at Stony Brook

Member, Search Committee for Chairman,
Professor of Pediatrics, SUNY at Stony Brook

Member, Appointments, Promotion & Tenure
Committee, SUNY at Stony Brook

Pediatric Curriculum Committee***
SUNY at Stony Brook

Pediatric Sessions Group***
(Introduction to Clinical Pediatrics, SUNY)
Chairman at NCMC Campus

Lectures and Presentations:

- Annual lectures on many topics of clinical importance at Mercy Hospital, Franklin General Hospital, Brunswick Hospital, Central General Hospital, Good Samaritan Hospital.
- A History of Smallpox Vaccination. NYS Public Health Services 2004
- Smallpox Vaccination, Complications. Schneider Childrens Hospital Long Island Jewish Medical Center 2004
- Same lecture at four of above noted hospitals.
- Child Abuse course given at Nassau Medical Society. 1999-2004
- Weekly lectures to medical students and residents
- SUNY, Stony Brook Grand Rounds presentations (Atypical Measles, Parvovirus B-19, Smallpox, etc.
- Numerous grand rounds to pediatric staff on Polio, old infectious Diseases; newer viral illnesses; Respiratory disease in children, croup, Epiglottitis, numerous other topics

*Awards & Honors
**National Committee
***Advocacy Roles

Revised June 2005/January 2007