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Lester Eisenberg Oral History

Philadelphia College of Osteopathic Medicine

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INTERVIEW WITH DR. LESTER EISENBERG (CLASS OF 1938)
by Carol Benenson Perloff for the
Philadelphia College of Osteopathic Medicine (PCOM)
May 6, 1996

PERLOFF: Please state your full name and your date of birth.

EISENBERG:

CBP: When were you born?

LE:

CBP: Where were you raised?

LE:

CBP: Please give me the address where you currently
reside.

LE:

CBP: What made you want to pursue a career in osteopathy?

LE: It wasn't a career in osteopathy; it was a career in
health care. And at that time, the admission to
medical schools -- the M.D. degree -- there were no
openings, and a few of us who were in Temple
University at the time, noted that the Philadelphia
College of Osteopathy at 48th and Spruce Street had
openings for people seeking to be physicians. We
knew nothing about osteopathy. My introduction to

the class was the first Monday of the year -- Dr.

Edward Green, a big, burly man, coming in, taking off his hat slowly, putting his cane down, and

CBP: starting to lecture. And we had one year, I think, of anatomy -- that's what he taught -- by the book.

LE: And he started at eight o'clock in the morning and he was done at nine o'clock. Now, that was an auditorium at 48th and Spruce Street. We would come into the building -- I don't believe they had any lockers. You'd put your books on the back row,

CBP: you'd put your coats on the back row, and in the afternoon when you were ready to go home, they were

LE: still there. There was no evidence of anybody ever

CBP: stealing anything, or anybody coming in off the

LE: street. In fact, a

CBP: Were any family members or others influential in your upbringing involved in the medical profession?

LE: No. I wanted to get into medical school, as people wanted to do at that time, and it was hard to get there, and one of the men before me -- Harry Stein, I think -- had gone to Philadelphia College of

Osteopathy, and he was the one who directed me and others, like Bill Silverman and other people like that, to 48th and Spruce Street.

CBP: What amount of college experience had you had prior to PCOM?

LE: I was at Temple University, and I was in my third year. And if there was any regret, looking back I should have perhaps stayed at Temple and gotten a degree. But I think it was Bill Silverman and Harry Stein who learned about openings at the PCOM.

CBP: What were the highlights of your educational experience at PCOM in the 1930s?

LE: Oh, my. My experiences.

CBP: For example, courses, professors who impressed you.

LE: Well, we had a lot of anatomy. In fact, a physiologist who came on the campus many years later, calculated that students at PCOM had six thousand hours of anatomy -- all kinds of anatomy. Everybody kept studying anatomy in their particular course. I used to have hay fever. I was tested there in different things like mug wart and horse

serum, I was always positive. Dr. Joseph Py was a bacteriologist, and I forget who ran the lab. They gave me treatment for hay fever at the proper time, and in the last dose, I was standing outside near the elevator and I moved into the sunlight and somebody said, "You're all flushed." Well, I was having a reaction to some of the serum that they gave me. It seems that the serum was horse serum, plus the fact that the weeds that they had were in there. So I never had horse serum again, and they gave me two or three injections of adrenaline, which today they would never do because it would be too much.

CBP: Were there any other courses besides the anatomy that stick in your mind?

LE: Oh, yes. I'm going to finish on anatomy. When we

CBP: went up into the laboratory where the corpses were,

LE: we had a young man from the Philippines, who had very, very delicate fingers. And one day in the anatomy lab, in dissecting a muscle, he also divided the muscle in half. And when the prosector came

along to check the dissection we had done, he couldn't understand how there was an extra muscle.

That young man was Antonio Vergara from the Philippine Islands. There was Clarence Baldwin and William Baldwin. Clarence Baldwin became an osteopathic physician first, and then William Baldwin started to take the class at school, and I don't know whether he was an anatomist or not, but physiologist or not, and he was a little upset that he still had to take the course in physiology. They did deliveries in the home in the area there, and there was not sufficient intern openings. I think only eight interns were taken. We used to go out to the homes and deliver the babies, and if there were any problems, of course, they would be brought into the hospital.

CBP: This is as a medical student?

LE: This was as a student -- yes. And in one case,

CBP: after I had graduated, and I was taking the students

LE: out to the district, so to speak, one of the women

CBP: in the area north of Spruce Street had a cold or

developed pneumonia, and at that time we used mustard plaster, so we put the mustard plaster on and the students got one out and they forgot, and they left the mustard plaster on. Well, I was held afraid to bring the patient into the hospital, so we would go with the students to the patient and we

CBP: treated the mustard plaster. Oh, it took maybe three or four weeks. When we got there with our

LE: car, we noticed that when we came out, the car was always clean. Her children would go out and keep the car clean. So when we got through with the thing, I didn't want to be blamed for the burn, but it cleared up and we did not have to bring her in.

CBP: Did a medical student always go with an intern?

LE: It wasn't an intern who went out; it was the

LE: students who went out and did the deliveries. We

CBP: had one doctor who would teach us how to do a

LE: delivery at home.

CBP: What doctor was that? started?

LE: That was Mort Schnoll. Dr. Schnoll.

CBP: Were you a third-year or a fourth-year student when

LE: you went by yourself to deliver babies? ~~because they~~

LE: The last half of the third year and the first half of the fourth year was when you went out on that service. The last half of the fourth year was held open for reviews, so you would be able to pass your state boards. They worked it out very well. ~~patients~~

CBP: What neighborhoods did you go into for the home deliveries? ~~in the city of Philadelphia and if the~~

LE: Around 44th, 45th and Lancaster, around the area of the airport, and also around that time, they had a clinic at 3rd and Lehigh. 315 or 317 Lehigh, where somebody would go out there to do outpatient care and do deliveries in the home. ~~no residencies.~~

CBP: Was that strictly an OB/GYN clinic at 3rd and

CBP: Lehigh?

LE: It was just obstetrics -- yes. ~~during the war. I~~

CBP: Do you know who started that clinic? ~~I came back~~

LE: No. ~~and I was supposed to~~

CBP: Do you know when it was started? ~~the AOA had residency~~

LE: No. ~~we considered it as~~

CBP: Whatever happened to it?

LE: Oh, I guess it just disappeared. The reason they had that clinic there was to, I believe, to increase the obstetrical numbers of people that we could get into the hospital. Now, at that time, also, if the patients had any money -- if they had fifty dollars -- this is the time when the obstetrical patients spent fourteen days in the hospital. Not like today. And it cost fifty dollars, and if the patient had to stay later, Dr. H. Walter Evans, who was the Chairman of the Department -- they didn't get another bill. That fifty dollars held them. Later on, as I started to work more in the hospital, it was a residency when there was no residencies. No formal residencies.

CBP: When did the formal residencies start?

LE: I think perhaps after the war or during the war. I enlisted in 1942, in April. And when I came back four years later, the residencies were supposedly started. I don't believe that the AOA had residency programs. At least what we did, we considered it as a residency.

CBP: When you enlisted, were you able to practice private medicine in the service?

LE: No. When I was going through the enlisted line, and the people who were asking questions wanted to know why I wasn't an officer. They did not understand what happened. But the soldiers in charge would go rush them along, rush them along, rush them along. So they did not have the recognition, as they have now. Another experience -- when I knew that I was going to be drafted, I tried to get a commission in the Navy, and I went through many places in the Philadelphia area, and they said, "No, you can't get in here," or something like that, and I finally got to somebody high up in Washington in the Navy. I visited with him and he said, "Dr., take off your shoes." I had flat feet. He said, "You couldn't stand two hours on the deck of a destroyer." Go back." [laughs] When I did enlist, I enlisted as a private. When I went through the various courses of basic training and so forth in Georgia and Cape Cod and so forth, the two doctors and the dental surgeon

called me back from Cape Cod to -- I was a private first class -- and they said, "We're going to send you to OCS -- Officer's Candidate School -- because you deserve to live like an officer should live."

And that was in Georgia that they had to send me.

And it took me about six or eight or ten weeks to go from Massachusetts to Georgia. What happened was on the route down, I stopped at my mother's apartment and I got sick, and I went to the hospital in New Jersey, and then when I recovered from the pneumonia, I went down by myself and I got into

Washington D.C. at about twelve o'clock at night, in a damp train car, and I knew that I felt on the car that I was getting ill. So I got off at Rocky

Mountain, North Carolina. I didn't want to go to the hospital in the Army. I got in the cab and I

said to the driver, "Take me to a hospital." He

turned around and looked at me and he said, "Son,

you're sick." So he took me to a private hospital named Bunn or something like that, and I spent about two or three weeks -- that's how they used to keep

you with pneumonia. I remember the first morning a social worker came into the room that I was in. She looked at me and put her hand up before her mouth. She went into shock. And then they had a family who came in to take me to their house to further recover, and I stayed with them about six weeks. When I finally got down to Camp in Georgia, the soldier at the desk looked at my papers that I gave him and he said, "We didn't know you were coming down here." I could have stayed in Georgia all the time. I would have finally got caught, of course.

CBP: Stayed in Georgia or in New England?

LE: In Georgia. I guess it was in the first place, in Virginia. You're right.

CBP: At that point did they let you practice medicine, once they accepted you as an officer?

LE: Oh, no. I never practiced medicine in the Army.

CBP: And yet they knew you were a trained physician?

LE: I was an osteopathic physician. You see, the Army did not recognize it at that time. They did not recognize the osteopathic profession.

CBP: Did you ever need to use your medical skills while
in the Army, even though you officially were not
supposed to?

LE: Yes. When we went to Cape Cod -- this was a new
battalion that was being put together -- the two
doctors and the dentist were new in the Army, and I
already had about six months of training. So I
worked in the sick tent -- sick bay -- and soldiers
would come in. Whatever they wanted -- everything
was fine. About eleven o'clock in the morning, I
would visit with the two doctors and the dentist to
tell them what ailments had come into the sick bay,
so that they would be prepared when they went to
lunch to talk about the people who were sick. And
they were the three who sent me to Officers
Candidate School -- OCS. They said, "You should go
there and live in the Army like a doctor should
live." I went to Rocky Mountain, North Carolina,
and I finally went down to training camp.
CBP: And then did you have an opportunity to use your
medical skills at all?

LE: No, not in the Army. Not in the Army. to the other

CBP: How did that make you feel? because I was a

LE: Nothing. I was in the Army. I didn't take it my at

personally. We weren't accepted, and that was all

CBP: right. The thing is I enlisted as a private because

my brother who was the breadwinner at the time, was

going to be drafted. A member of the draft board

LE: came to the house one Monday night and said, "Victor

is ready to be drafted, but Lester, you can enlist re

on his behalf." So my brother stayed home and took

care, as he was the breadwinner. So I started as a

private, and when I was discharged, I was discharged

as a captain in the anti-aircraft artillery st. Dr.

battalion. That's a big jump. In fact, there are

some Army people here who keep shaking their head

about it. But it was good. I didn't feel that I he

was ever -- because I was a D.O. that I was ever put

on by the other doctors that I met in the Army. My

other training in the war -- I was in the southwest

Pacific, and I would meet with the doctors, as I ad

told you before, tell them what was wrong with their

soldiers, and they were able to report to the other people. So I was never slighted because I was a D.O. They all knew I was a doctor of osteopathy at that time. Sure.

CBP: Could you share your recollections of the 48th and Spruce Street building and the neighborhood around it?

LE: Well, let me see. There was a store across from 48th Street called Dewey's, where you got hamburgers and things like that. Lunch and so forth. One night when I was on service, Dr. Flack was doing a surgical procedure for appendicitis, and the appendix was normal, and the anesthesiologist, Dr. Hammer, stood up and he said, "Arthur, I saw that man in Dewey's earlier, eating." The clue. Dr. Flack looked around and he found a toothpick as the cause for the appendicitis. It had perforated the intestines. Dr. Baldwin -- not Clarence Baldwin; the older Baldwin -- was a little upset, even though he had all the credits of physiology, he still had to take that course in the school at that time. And

LE: I think the school, which was young at that time, wanted to protect themselves. It worked out very well.

CBP: Do you remember how the building was organized?

LE: The corner part was the college. Next door to it, on the Spruce Street side, was the hospital. And what I think at that time -- one of the two -- you had to get something from the state to have a hospital. Not a license, but a register. The college was registered in Pennsylvania. The

CBP: hospital was registered in New Jersey. So they had

LE: two registrations. New Jersey, at that time, I think, permitted the D.O.s to do some surgery. I think that's what it was. And my wife -- PCO had a baccalaureate nursing school -- a three year nursing school, which they don't have now, I don't believe.

CBP: There's hardly any baccalaureates. My wife is a

LE: graduate of that, and she became an Army nurse.

CBP: What was her name, and when did she graduate?

LE: Her name was Berta Whitaker.

CBP: When did she graduate from the nursing school?

LE: During the time we were in Philadelphia, before the war. Before the war. Absolutely. She was a baccalaureate nurse: an RN that was registered and could work in the operating room, not a practical nurse. I think she got to Osteopathy, the nursing school, because she came from McConnellsville, Ohio, and there was an osteopathic physician in Malta, across the river, and treated the family, and I think that's how she got to be at Philadelphia College.

CBP: What do you remember about the neighborhood?

LE: No problems in the neighborhood. There were never any problems, no matter which way you went. You could walk around at night and so forth. Absolutely. There were no problems of race riots, no bums or robbery.

CBP: Was the neighborhood integrated at the time?

LE: No. There were negro sections. The negro section was north of Market Street, like Lancaster Avenue. That was the black neighborhood -- part of the black neighborhood. And then we also did deliveries in

the area near the airport, where there were poor people who needed care. Dr. Evans again -- when they could have fifty dollars, they could have a hospitalization delivery. And if that patient stayed in -- because they used to at least fourteen days or more -- he would not permit them to be charged anymore than that. There used to be in Philadelphia, and I guess in all big cities, a maternal mortality commission set up by the city, which was to study, and not to cause any problems or arrest anybody, maternal deaths. Dr. Evans and I -- he took me down to the maternal board and the few times that we had to give a report, we had a wonderful pathological report. It seems that Dr. Dressler was a member of the mortality committee of the City of Philadelphia or some other thing like that, and he had permission to do his own autopsies. When I gave a report at one of the meetings, a doctor came to me afterwards. He said, "How did you get such good reports? We don't get good reports like that from the city." I said, "Well, our

pathologist is allowed to do the pathology because of his degrees." That was Otterbein Dressler.

CBP: Could you describe the clinical training you received in the 48th Street hospital clinic while you were a medical student?

LE: We had good observation, and every clinic patient was treated with manipulation. They had to be treated with manipulation. Somebody would come in and teach you how to do it. And when the students were in the hospital, they also had to treat the patients' bedside two, three, four times a day. When I was a student treating patients, there was a doctor from 52nd and Spruce Street. I don't know his name. He was a patient in the hospital, and I was assigned to treat him, and I got to talking to him one day, and he told me if he had a good day, he took in twenty-five dollars. Twenty-five dollars for a good day. And he worked around 52nd and Spruce Street.

CBP: How were you supervised in the clinic?

LE: There would be one or two D.O.s in the clinic,

looking in at us, watching to make sure we were treating the patient with manipulation. And all of the patients got treated in the clinic.

CBP: Did every ailment necessarily benefit from manipulation?

LE: I am going to say yes, but I really don't know, because when you say 'every,' I would think yes.

There's no contra-indication to giving a manipulative treatment. The care that has to be taken is treating the patients so that you do no harm. In other words, if there was a very elderly

lady who gets fragile bones, you have to watch out that you didn't crack them. They used to talk of the soft tissue treatment. And in that time, every patient in the hospital was treated at bedside. I don't know how different treatments they gave, or what quality, but they were treated, and the D.O.s on the staff would look in and make sure they checked the chart.

CBP: What were your responsibilities in the hospital not necessarily the clinic, but your

responsibilities in the hospital, while you were a medical student?

LE: Treat the patient. Treat the patient and record.

CBP: With manipulative therapy?

LE: With manipulative therapy -- absolutely. As a student, manipulative therapy. Manipulation. As I say, they were treated three and four times a day. And the doctors would ask the patient.

CBP: In looking back to the day you started to practice medicine, in what way could your education at PCOM have better prepared you?

LE: I feel that I had a lot of cooperation from every one of the doctors who were in the field of obstetrics and gynecology. There was a nurse whose

CBP: father was a doctor in the same nursing class as my wife, and she told my wife -- we weren't married at that time -- that her father favored Hitler. And

LE: I'm Jewish. Dr. Sterrett and I were always in good rapport. We were always in good rapport, and in fact, I once wrote an order for a certain type of -- I put a catheter in a patient after having a

cesarean section, and I wrote the words 'title drainage,' so that the nurses -- I guess they were afraid to tell me I wrote the wrong order. [laughs] And they mentioned it to Dr. Sterrett, and he spoke to me in the dressing room. He was a very, very kind person. He said, "Lester, that was the wrong word to do. You have to do another word." [laughs] This man was considered a follower of Hitler. He would often say, "Deutschland uber alles," and things like that, and his daughter was a student nurse with my wife, and that's how we found out about him. But he was a good teacher -- an excellent teacher -- and we got along very, very well.

CBP: Did you feel you were prepared to practice medicine after you graduated? Did you feel prepared, or did you feel you needed more training in some ways?

LE: I never gave it a thought. I think the training I had gave me a feeling of well-being. I'll tell you another anecdote. When I got in the Army -- when you were married, you were supposed to send your

wife twenty dollars a month, and I was getting twenty dollars the first month as a private, and got thirty dollars a month from there time on, before I became an officer. Well, my wife -- I got married after I got in the Army -- she was a baccalaureate nurse at PCO, and she was making a hundred and fifty dollars a month. I'm making thirty dollars a month, but the Army says you got to send her twenty dollars, so I wind up with ten dollars a month.

[laughs]

CBP: Did she send any back to you? [laughs]

LE: No. I said to the Army, "It didn't make any difference." [laughs] And I never remember what I did when I was overseas, with my pay. I never gave it a thought. Here I am in Australia and New Guinea, and finally up in the Philippines. I never remember what I did with the money. We were on an island of Dutch New Guinea, and across from our island there was another island called Owei. I was now an officer. I was sent over with a platoon over to the island of Owei. The soldiers built me a

cabin. I don't know where they got the envelopes.

I know where they got the tarp. I'm sitting on the bench of the step of my hut in my shorts, and they

took a photograph. I don't know where they got a camera. When I sent it home to my mother, to the

day she passed away, she was convinced I was a

prisoner. She would not accept anything else. The people at home could send once a month something for

the people who were in the Army. My mother would

send it once a week. My father had a factory right

across from Wannamaker's, and she would go over to

Wannamaker's and send once a week. The clerk at the

post office said, "Mrs. Eisenberg, you can't do

that." She'd say, "That's my son over there."

[laughs] So she'd send me those things.

CBP: What was the nature of faculty/student relationships

when you were a student in the 1930s?

LE: I feel it was very, very close. I could cite maybe

one or two doctors that weren't very close with

them. Because there was a little bit of -- I'm

working with the obstetrical unit and gynecology

with Dr. Evans, and maybe somebody in another type of a surgery on the other side of the political thing, would not be -- not very kind -- I don't want to say that -- but would not teach me much -- would not go out of their way.

CBP: Politics?

LE: I think it was politics. Oh, yes, it was. Because the hospital needed money, and this particular doctor had gone to Dr. Holden and asked him to call me in. And what he wanted me to do was to seek money from the people of my faith. So I went to Dr. Evans, who was the Chairman of the department, and I guess they had a little hassle, and nothing came of it. [laughs] But we saw that. Yes. We saw that.

CBP: What were the highlights of your social experience at PCOM?

LE: Dr. Evans again [laughs] -- does the name Paul Whiteman ring a bell to you?

CBP: No. Not yet, anyway.

LE: Well, Paul Whiteman was one of the leading dance bands in the United States, and at every Charity

Ball, Dr. Evans had Paul Whiteman at the Charity Ball. [laughs] It was a wonderful thing. Absolutely wonderful. They were good charity balls.

CBP: And then there was courting your wife.

LE: Let me see. This would be before -- I got married during the war, so this was before.

CBP: So you were dating while you were a medical student?

LE: Oh, yes. Sure.

CBP: What was a typical date for a medical student? Where would you go?

LE: Oh, you would go to a movie close by. Or go downtown -- they had a lot of movie theaters. Fox Theater. Big theaters in town, and so forth. But we didn't have any money, either. Hardly any money.

CBP: Did you live at home while you were a medical student?

LE: Yes.

CBP: Where did the students live who did not live at home?

LE: In the area there were apartments and rooms that that students would live in, and down at 44th and

go back in and change and come back down again.

[laughs] Nothing stopped us from going to school in those days. [laughs]

CBP: Were there any particular restaurants, pubs, hang-outs, coffee shops, in the vicinity of the campus that were typically places where the students would convene for a little fraternization?

RE: Let's see. I guess the most popular one at that time was a pharmacy across the street. They had a counter. Dr. Cathie used to -- in the early years of teaching, he said, "Let's go over and eat at the Sink today." [laughs]

CBP: The Sink?

RE: Yes. Well, that's because -- like a little sandwich shop and that would do the dishes right there, where you were eating. [laughs]

CBP: Do you remember the name of that shop?

RE: No, that one was the pharmacy. I think it was Spruce Pharmacy, at 48th and Spruce, around the corner there. Then they had another place that I didn't go to very much, but it was probably more popular than any of them. It was like a deli, about

down, and he was able to do the repair, but the young man died anyhow. It was an abscess and so forth. But we were treated very well with Temple Faye at Temple University. PCU without the Temple

CBP: Did you belong to a fraternity or honor society?

LE: Lambda Omicron Gamma (LOG).

CBP: Could you describe the activities of the fraternity?

LE: Hardly any activities. I think it was study, study, study. PCU, we studied together?

CBP: You studied within the fraternity? PCU once a week?

LE: They would study at the fraternity -- yes. contact.

CBP: Were you involved in athletics at PCOM? I dated the

LE: There was no athletics -- not that I recall. No

CBP: athletics. PCU, receiving treatments, whether they

CBP: No baseball team or basketball team?

LE: No, nothing at all. Nothing. orders to come and

CBP: Do you remember an event called Dufur Day, where the students would go to an all day outing at Dufur's Sanatorium? in treatment, and the treatments would

LE: Nothing like that at all. The one thing that I may

CBP: have regretted -- I was at Temple University and it

was in my third year, and it turned out to be a rumor. We could go to PCO and you'll get your degree from Temple University, but that didn't work out. But I think going to PCO without the Temple degree was all right. It worked out in my favor that I didn't get that degree.

CBP: Could you describe the social and educational interactions between nursing and medical students? Did you take any classes together?

LE: No. Every student nurse got treated once a week with manipulation. But that was the only contact. Other students would date a nurse, like I dated the girl that I was treating -- the girl from Ohio.

CBP: Were these nurses receiving treatments, whether they were ill or not?

LE: That's right. They were under orders to come and get manipulative treatment. They didn't have to be sick. What it was doing was giving the students experience in treatment, and the treatments would last fifteen or twenty minutes.

CBP: What would the treatment accomplish if the nurse

didn't have an ailment?

LE: Well, the idea or the philosophy of it was to keep them in good health. That was the philosophy at the time, to straighten out -- not bones -- I don't want to say bones -- but to straighten up their body, so the physiology would be normal. And also to give the nurses an idea of what osteopathic manipulation was. They didn't call it OMT then. It was just OT. Dr. Dressler said, "OT is old tuberculin." What they used to use for treating tuberculosis. So they then wrote OMT -- osteopathic manipulative treatment. That was Dr. Dressler who called that to the attention.

CBP: During the 1930s, women comprised roughly 10-13% of the graduating classes. In your opinion, how were the female students of the 1930s viewed by their classmates and by the faculty?

LE: They were treated like everybody else. They were not scorned or anything like that. They were just treated like anybody else. Maybe they were just a little bit more kind or something like that, but

they were not looked down upon -- the graduate nurses, the baccalaureate nurses, the physicians, the students. They were treated very well. Equal is what I want to say.

CBP: At any point during your career in osteopathy have you sensed changes in the position of women in the school and/or in the profession?

LE: I don't know what's going on in the school at all, other than my visits up there. But I have no idea.

CBP: Historically, PCOM has graduated a large number of Jewish students, particularly when compared with traditional medical schools during the first half of the twentieth century. In your opinion, why was the osteopathic world more open to Jews?

LE: It isn't that they were more open to Jews. They were looking for students. I don't think it was on

CBP: a religious basis. They were open to students. It

LE: was very hard to get -- my father had a surgeon who was at Temple University, and when I got ready to try to go to medical school, I went to see him and he said, "Lester, I get so many requests from my

patients, I just can't do it." That's why I got over here to PCO, I guess. It was Harry Stein who knew about PCO. He graduated the year before. But the one thing I do regret is I didn't take my fourth year and get my baccalaureate degree at Temple University. Now I'm trying to get my degree as a doctorate at George Mason. If I can get down there, I hope to get started.

CBP: Please comment upon your experiences from a Jewish perspective at PCOM in the 1930s. Did you feel any anti-semitism?

LE: I was not discriminated against, number one, and we never heard of it. We really did not. I never heard any of the students mention anything about it. Even the one man -- these people with the urologist -- was in favor of Hitler.

CBP: Dr. Sterrett?

LE: Yes. His daughter was a classmate of my wife. But when I had any problems, he was just as wonderful as anything. In fact, when I wrote the wrong order for the catheter, it didn't cause any harm. But it

didn't do what I wanted it to do. Very, very kind -
- he taught me how to do it. But it's just a change
in the word -- in the order. Very, very kind. I
didn't experience any of it. The only one who was a
society surgeon -- Dr. Drew -- he would not have me
in a delivery room. And one night I was on duty
handling a delivery -- I was on duty for caudal
anesthesia, and he delivered the baby. He never
said a word. We never talked to one another. He
didn't complain or didn't order me out of the room.

CBP: Yet he wouldn't let you assist him on a society
delivery?

LE: That's right. Yes. Well, it isn't that he
wouldn't. You just didn't get to them, and I think
it was that. I guess if I was there he would have
said -- if I wanted to assist him, I think he would
not want me. I think so. That's an unkind thing to
say. I know his associate, Dr. Arthur Flack -- we
were wonderful friends. Did everything -- fine.
Then there was another doctor who was trained by a
society physician who had a brief breach

presentation, and he wanted to do a cesarean section and I wrote the consultation, and the Chairman of the department, Dr. Gruber, saw me later. He said, "Lester, why did you write that consultation for the cesarean section?" I said, "Dr. Gruber, Dr. so-and-so don't know how to deliver a breach." That was all. In other words, I was treated with respect. I had the opinion and so forth, and they did it. You might help me with this thing. We couldn't get any grants from the government to do any research, so the research we did was really clinical research, and I think I published about sixteen papers in the AOA Journal. Dave Wiley went to Europe with me. I think another person went to Europe with me. I would write to doctors in Europe. I'd be reading an article and I would like the article, and I would look in the bibliography, and I was afraid that if I said I was a D.O. or something, they might have some prejudice to me. I would write the doctor in Europe, "I've read your article, or have read the references that you have. May I visit with you?"

Do you know what happened? I was accepted, and I got more out of it that I wrote them in advance that I wanted to talk to them about what they were studying. And I was received always with an open hand. Absolutely. I can show you something that I got from one of the doctors.

CBP: With very few exceptions, African-Americans were essentially absent from PCOM's classes in the 1930s.

LE: Yes. I never saw any black student in class, and I never heard any discussion amongst the students or the doctors, except maybe one or two, that had any racial prejudice. And, in fact, there was one student -- there was none at that time, but this was after -- there was one black student, who was an older man. It isn't that he didn't want to try for an internship at PCO, but he thought he would have a better deal, and he did have a better deal, to the Jewish group, who had a little hospital.

CBP: In Philadelphia?

LE: In Philadelphia.

CBP: What group was that?

LE: It was the start of another hospital. They were trying to get a hospital started because there weren't any internships. It was down near 9th and Spruce or something. Name another hospital in Philadelphia.

CBP: Women's Lying-In.

LE: No, osteopathic. It was built by the Jewish group.

CBP: I forgot what they call it. It was at 3rd and Spruce or something like that. It was first on Green Street. But the Jewish boys that built that hospital. I was recently down there a couple years ago.

CBP: When you say the Jewish boys built it -- Jewish physicians or graduates from PCOM who built this hospital?

LE: No, they felt competent, but they didn't have a hospital to get into, so they built their own hospital.

CBP: PCOM graduates?

LE: Yes. Oh, yes. And the Jewish doctors around the area helped build the hospital. It was at 3rd and

LE: Spruce Street. I forgot what they called it.
Before that it was a little north of Market Street.

CBP: When did OB/GYN develop into a specialty within
osteopathy?

LE: I don't know. I don't know when the American
College of Osteopathic OB/GYN got that into a
specialty. I don't know.

CBP: Can you describe the growth of PCOM's OB/GYN
program? First of all, how was OB/GYN taught to
medical students?

LE: Of course, from the roster in the class, and working
with the senior doctors at bedside, and so forth.
That's how they learned.

CBP: If a medical student, upon graduation, wanted to
become an OB/GYN, was there further education
available at that time?

LE: No. There really wasn't any residency, as we know a
residency now. There was no facility for
residencies.

CBP: Was there any type of preceptorship to get
additional OB/GYN experience?

LE: Yes, there was. You could do that. They didn't call it preceptorship. You just worked with the person.

CBP: What did you do to get more experience in OB/GYN?

LE: I worked in the clinic. I got involved with the Maternal Mortality Board, and we would go over there to listen with them. I would find places in Europe that I could go.

CBP: This was after you graduated?

LE: Oh, yes, after I graduated. I would read an article of something I was interested in. I would look in the bibliography and I would write to this doctor, and I would tell him, "I have read your article and so forth, and I'll be in Europe on such-and-such a time. May I visit with you?" Do you know what happened? The door opened wide. The door opened wide, and we got received -- there was no problem with our degree. They didn't question it at all.

[end of side one]

CBP: Dr. Eisenberg has just handed the interviewer a tokograph in a box. Could you explain what this is, please?

LE: Yes. This was the result of Dr. Salay -- Loren Salay in Budapest -- of noticing of the enduring labor, delivery can be almost predicted by a ponderance of the upper segment of the uterus. So he had worked with dividing theoretically the uterus into three parts, and putting a device on the uterus during labor, to see when the waves get higher in the fundus, and diminishing in the latter two segments. This was a tokograph. An American wanted to patent that and try to sell it, and the machine that the interviewer has is a machine that the American gave me. But this would be too small to use. During all of this time that I was trying to work with it with the students, and we used -- at that time female contraceptive devices to act as a balloon. Dr. John Hahn in Yale developed an electronic method of monitoring the muscles during the labor. So that machine is now out of order.

But they do it electronically. go to the city morgue.

CBP: Whose patent was this particular one? Dr.

LE: This was made in America by a man who wanted to sell this to the hospitals, knowing what Dr. Loran in Budapest was working on. And he gave me that to see if we wanted to buy it. At that time I was at the Lancaster Osteopathic Hospital. He report, and I

CBP: Did you use this with your students? n who works for

LE: No, I was in administrative work then, but I did not buy for the hospital, either. ership and special

CBP: Was PCOM in any way at the forefront of OB/GYN? an to

LE: It would be in the forefront in Philadelphia because in the maternal mortality meetings they had the pathological reports -- the studies -- created by Dr. Dressler. The other hospitals did not have it in their maternal mortality reviews. When you had a maternal death in Philadelphia, it went to the coroner of the city. The coroner's reports of the city were not really very deep. Dr. Dressler had arranged somehow to be appointed to the mortality -- not the maternal commission, but every death in

LE: obstetrics in the city had to go to the city morgue, and the pathologist worked on the case. Dr. another Dressler became a member of the board, and therefore we had the best pathology reports of those people who had died. In fact, at one of the meetings after I gave a report, one of the medical physicians came to me and asked me how we got the report, and I mentioned that we have our own person who works for the city, and it was a very detailed report.

CBP: Could you comment on the leadership and special talents of Dr. Walter Evans and his contributions to PCOM?

LE: Leadership. He was very strong for attention to the patient in labor, for attention to the nursing care on the floor, and would really "fight" forgetting things that were needed that the physicians needed for the floor. The work on the floor and so forth. Absolutely. I think his was a very strong contribution. Very strong contribution.

CBP: Are there any other OB/GYNs from PCOM that you think should be acknowledged for their contributions?

LE: Well, there was Julian Mines, and Eddie Holroyd. Julian Mines was taking some courses down at another maternity hospital, and Eddie Holroyd would write very wonderful articles for the Journal of Anatomy. Osteopathic Association. In fact, when I came back from service, Julian Mines had brought in caudal anesthesia into the hospital. That replaces spinal anesthesia. His colleague was Eddie Holroyd, and the two of them would sit around talking, letting themselves go into different ranges of obstetrics and gynecology, and they were very nice articles. He brought caudal anesthesia from I don't know what hospital in Philadelphia it started, but he brought caudal anesthesia to both of them, up to 48th and Spruce Street. I think I told you about the physiologist who worked in the college at 48th Street -- he computed that a student had about six thousand hours of anatomy going through PCO. But he was also referring to microscopic anatomy, and other areas which they would work. For instance, at the time a student would be going into the obstetrical

gynecology lecture, we would give them anatomy. If

CBP: they were in a surgical lecture, they got anatomy from the surgery, etc. They had a lot of hours of

LE: anatomy. That also includes microscopic anatomy.

CBP: So that's where that six thousand hours estimate

LE: comes from. I can tell you an

CBP: After the Second World War, you returned to the PCOM faculty and worked in the institution's -- three OB/GYN clinics: 48th Street, 3rd and Lehigh, and the airport vicinity. Were those clinics in existence when you were a medical student -- 3rd and Lehigh and the airport?

LE: They were in existence before the war, but I think after the war only one was in existence -- 3rd and Lehigh. I think the other two got lost.

CBP: The airport vicinity was lost?

LE: Yes.

CBP: During the post-war era, were osteopathic obstetricians more inclined toward home deliveries than allopathic obstetricians?

LE: I can't answer that. We had no way of knowing what

the allopaths were doing, and so forth.

CBP: What has been the osteopathic obstetrician's view

CBP: towards nurse/midwife deliveries? *... in the 1950s?*

LE: They never discussed it.

CBP: How about personally? How have you felt about them?

LE: I never gave it a thought. I can tell you an

CBP: anecdote which is connected with midwives and so

LE: forth. It's in the history. During the days, like

in the eighteenth century and so forth, the midwives

would deliver the babies at home. And if they

needed a doctor, they would call a doctor in, and

the doctor would have to work without seeing the

patient underneath the drapes. He had to work

almost blindfolded, and try to manipulate the baby,

because at that time it perhaps was a shame for the

CBP: physician to see the private areas of the women.

This was when midwives were doing all the work. But

LE: that's out of the history. I had no contacts like

CBP: that.

CBP: Did PCOM's satellite health care centers, such as

North Center Hospital, La Porte and Roxborough/

CBP: Manayunk, also have OB/GYN clinics?

LE: I have no knowledge of that.

CBP: Do you recall a North Center Hospital in the 1950s?

LE: No.

CBP: 20th and Susquehanna?

LE: Oh, Women's Homeopathic. Yes.

CBP: Was there an OB/GYN clinic there?

LE: Yes. At 20th and Susquehanna we had a clinic, and

we would send the patients over to Philadelphia.

Ony I was doing over at that clinic on a top floor, and I was done with my work, and I walked over to the elevator shaft and I stopped. I don't know why I stopped, but the door was open, but the elevator was down at the bottom. That was the condition of 20th and Susquehanna. I could have been down there.

CBP: What have been your greatest accomplishments as a practitioner/teacher?

LE: My greatest accomplishment as a teacher?

CBP: And as a practitioner.

LE: I guess respect for my elders. Getting respect for my elders. Absolutely.

CBP: What contribution do you feel you made to your and I students?

LE: If they have learned anything it would be attention to details. Attention to details.

CBP: What have been your contributions to your patients?

LE: Keeping up-to-date. Bringing in what I thought were new things, like the vacuum extractor.

CBP: Could you explain that, please?

LE: There was many times when they were trying to develop a vacuum extractor in this country and other places in the world, and it would sometimes work, and sometimes it would not work. But there was a man in Sweden, I think -- I'll tell you a little about that when I come back here -- named Malmstrom, and I visited with Malmstrom. The contribution he made to a vacuum extractor was making the extracting head look like a telephone automobile tire, where the scalp would go into the sides, whereas the other vacuum extractors were pointed. So his contribution was it was easier -- it wouldn't slip so much. We

brought that back, and brought that vacuum extractor

LE: into PCO. I visited with Malmstrom in Sweden, and I took with me on that trip David Wiley, from Lancaster. I stayed in my apartment and he went out for a walk, and he didn't come back, and he didn't come back, and he didn't come back. It seemed he walked along the river, and he walked into a military compound, and he was immediately surrounded by soldiers. But they let him go. That's David Wiley in Lancaster. God, that was funny. I wondered, "Where is David? Where is David?" [laughs]

CBP: When you brought this vacuum extractor into PCOM, was that its first introduction to America or to Philadelphia?

LE: It would be the first to Philadelphia, I think, because I didn't hear anybody talk about it. I didn't hear any of the medical colleagues at the Mortality Board talk about it. So I think it would be the first one at least in Philadelphia.

CBP: From 1969 to 1971, you were the Chairman of OB/GYN at PCOM.

LE: Right. ~~in at the College, that you were involved~~

CBP: Please describe your experiences in this position.

LE: Well, this will be funny. ~~see~~ [laughs] There were ~~he~~ problems with money, of course, and the board ~~and~~ brought in a man named Frederic Barth, who knew how to raise money. We think he also got some students into other colleges for money. We don't know about that. Because there was a political guy working around City Hall. So he became the President of the College, and I am the Chairman of the Department, and he wants to meet me every Monday at one o'clock.

CBP: And it seems that his niece was his secretary. So I would go over at one o'clock and he would come in

LE: about one-fifteen or one-thirty. So this went on for about five or six weeks. I mentioned to his ~~ere~~ secretary, his niece, that you call me when he comes in, and she laughed. So she called me when he came in and I went over, and after that he was never late again. I thought that was my greatest ~~obstetrical~~ accomplishment. [laughs] Oh, God, that was funny.

CBP: What else was going on during your position as ~~to~~

Chairman at the College, that you were involved with?

LE: Well, there was a guy named Harold Salkind, and he worked around the politics, around City Hall and things like that. He was the one that I think would sell entrances into the college. Not that Barth got them into our college. He did not get them into our college. I think that they get them into another medical school, and we don't know how any of us got into our school or not. That was all talk. All talk.

CBP: What changes took place in the Department while you were Chairman?

LE: When I was Chairman we had a lecture in the library in the new building, and two or three students were told to prepare a paper of eight hundred words, and

LE: I'll tell you about the eight hundred later. And then we would carry around this round table discussion amongst the students on the obstetrical floor. And pretty soon, all the other students in the hospital, if they were able, would come up to

the meeting. So they got -- maybe instead of eight students, they would have fifteen students come in. And I had a good library of books, and this time they did me bad. [laughs] I put the library of books in that room, and one day one of the students or two, knocked all of the books on the floor. But we'd bring donuts in. Once a week or once every day we would have a conference in that room, and the students not only from the floor, but the other students who were not busy, would come to the conference. I think that was the best contribution I had.

CBP: What do you recall about the OB/GYN residency program?

LE: Now?

CBP: As far back. Do you know when it was started?

LE: I do not know when it became formalized by AOA. That would come through the College of Obstetricians and Gynecologists. They have good programs. Absolutely.

CBP: Why did you leave your position at PCOM, and where

CBP: did you go? PCO around or Lancaster?

LE: I went to Lancaster County. Obstetrics was falling down. And when I read an article who was at Johns

CBP: Could you explain that, please? again with uterine

LE: Contraceptive medication was coming in that the women could take, so the obstetrics was falling down in the Hospital. I was a chairman of the attending Department, and from Lancaster Hospital, I got an offer to go up there to work. And, of course, my salary was going to be better. That hospital, also, was on probation, and in two years, the hospital enlarged from sixty beds to almost a hundred. It depended on programs. What the hospital was doing was using their own people for programs. What I did -- and I got the Board to do this -- we made a contract with the hospital in Baltimore -- Johns Hopkins -- and they provided us with speakers, and that brought our program up. We would have a speaker there once a month. The Board of Directors had no problems paying for it. And that brought PCO around. Also, in some of our -- good achievement.

CBP: It brought PCO around or Lancaster? *CS/GYN changed*

LE: Lancaster. And also while I was in Philadelphia, I

LE: met a man who I read an article who was at Johns

CBP: Hopkins Hospital. It had to do again with uterine

preponderance of the uterus. *on* I would go up there *ran*

and he would talk to me while he was doing the

LE: things. *on* Once I got thrown out because the attending

physician came in. [laughs] He moved up to

CBP: Lancaster when I was up at Lancaster. I knew that.

LE: I was working at Lancaster Hospital, and one of the

former residents who was in Lancaster -- Dave *on*

Wiley's partner -- when Reynolds came up to *on*

Lancaster, the other hospitals wanted them to speak,

and they would speak, and he wouldn't speak. His

friend knew that I knew this Reynolds, so I called

Reynolds, we had dinner at his house, I invited him

to speak, and the other hospitals got word of it,

and they came over to the meeting -- a few of them

did. Sam Reynolds. That's the one that was working

on uterine preponderance, too. He was not a *to*

physician. I think that was a good achievement. *ant*

CBP: How has the training of students in OB/GYN changed over time?

LE: I don't know. I have no idea.

CBP: How about during the time that you were active in the profession? Say, when you finished your program and did your time as Chair?

LE: In Garden City Hospital, who is the head of obstetrics?

CBP: I don't know.

LE: Well, this fellow was a brother of an older -- five years younger than another pediatrician -- and he was a student, the younger brother, and I was on duty, and I had him sit down. I trained the students to sit down while they're delivering a baby. I'm standing in the back of a room, and he turns around to me, and he says, like this, "What am I going to do?" [laughs] So I talked to him. I went through the mechanics of labor. He now is the medical director at Garden City Hospital, and he never forgot that. I talked him through how to deliver a baby. I think that was an accomplishment.

I don't remember his name, but he's medical director at Garden City Hospital now.

CBP: Over time, would you say that you personally have used OMT more, less, or the same in treating your patients?

LE: When I was treating patients, I had to watch out. When I was doing referred work, some of the doctors did not want their patients to be treated. When they were patients that I had from before and they came back, I would treat them. Now a funny story was sometimes some of the older doctors would get a vacation -- take a vacation -- and I would work in their office. One was Dr. Spaeth. He was a pediatrician. But he also had old ladies in there. I took his office for a couple weeks and so forth, or a month. You know, he paid me and so forth. He said, "Lester, my older patients didn't think you treated them hard enough." They wanted more and more pressure. Dr. Spaeth is a pediatrician, and also did general practice.

CBP: How would you characterize the trend in the use of

OMT in OB/GYN within the profession? differently

LE: Right now? this OB/GYN?

CBP: Yes. practice of it should be the same. The

LE: I have no idea. I have no idea. When I left Garden City Hospital as an administrator, the staff -- use

CBP: When were you at Garden City?

LE: I went from Lancaster to Garden City in 1970-1971.

LE: When I left Garden City, I was Director of Medical

CBP: Education and so forth. They gave me a treating

table. I got it over there. A treating table that

LE: cost about seven or eight hundred dollars. Every

once in a while I'll pull it out when somebody -- I

don't treat anybody here. My daughter would come

here once in a while and I'd treat her, and there

CBP: was somebody here who works here. I was treating

her daughter for seeing if we could help her asthma,

but what we all did was just do a regular treatment

LE: -- not specific. I would like to get back into

doing only manipulative work. I think it's so easy

to do. that would be the most important. And to

CBP: Other than the use of OMT, do you think that

osteopathic OB/GYNs approach practice differently than allopathic OB/GYNs?

LE: The practice of it should be the same. The difference would be the ability. But the practice - they all use the same medications, they all use the same anesthetic.

CBP: How about philosophy?

LE: I have no idea what the philosophy is today.

CBP: In your opinion, what has been PCOM's most significant contributions to the profession?

LE: The most significant contribution now to the profession is the size of the hospital and the facilities that it has. I think that's the greatest contribution.

CBP: What do you see as the primary challenges and goals for PCOM to meet as it approaches its centennial in 1999 and the 21st century?

LE: I think the goal should be to number one, pinpoint a lot of effort on manipulative therapy. Definitely. I think that would be the most important. And to make sure that it's done. Not just like this, a

little bit. The practice of medicine all over the country is similar, except to those colleges that have a lot of money. They have a lot of big laboratories. But the hands-on would be the best contribution to maintain and urge it and follow it.

CBP: Dr. Eisenberg, that concludes my prepared questions. Is there something else you would like to add to this interview?

LE: That's a good question! [laughs] I would like to see patients in hospitals get manipulation therapy whatever way they want to do it, but to do it conscientiously. I think that is still the main thing between that and any other school of medicine. I believe that. I think that the doctors -- not the students -- should seek post-graduate education -- I'm going to be egotistic -- by going to visit doctors and conventions, by introducing themselves first. When I would write a letter to Dr. Warren Smith, I would quote what he wrote. "Can I come over and visit with you?" That opens the door -- the respect that that doctor is not only that -- he

doesn't come in and say, "Here I am." He gains respect from the other doctor. And it opens the door for them. I think some of the people may be doing that, but that worked always for me. We visited, I think, six times. And, in fact, I was on some programs in Europe, where you had a chance to apply for a place to talk, and one of them in particular was in Israel, where they have the conventions, and then they have what they call open communications. The open communications are something like this. You have eight minutes to speak, and there will be two minutes for questions. So you had to learn to write a piece that would have eight hundred words and say a lot of things. And it can be done. The reason you had to do it that way is because the people who were not getting paid -- the doctors -- the people who would translate it would know what's going on. At international meetings they have people speaking three or four different languages and they have people who will translate it. But when they don't have their piece,

they had to do it ad lib. I think the school might say learn to speak eight hundred words in eight minutes, or ten hundred words in ten minutes, or something like that. It's not medical. It's not osteopathic. It's getting into the mainstream of post-graduate education, where you can explain yourself. I think maybe the schools, if they have time -- I don't know about the time of the school -- how busy they are -- they might have groups working on little projects. There's a lot of little projects, I think, in medicine. Are they doing manipulative therapy up there now?

CBP: Yes, they are.

LE: That's good.

CBP: This will conclude our interview. Thank you very much, Dr. Eisenberg.

LE: Thank you for coming.

End of Interview

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