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Galen Young Oral History

Philadelphia College of Osteopathic Medicine

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INTERVIEW WITH GALEN YOUNG, SR., D.O. (CLASS OF 1935)
by Carol Benenson Perloff for the
Philadelphia College of Osteopathic Medicine (PCOM)
April 8, 1996

PERLOFF: Dr. Young, could you please state your full name and date of birth?

YOUNG:

CBP: Where were you born and raised?

GSY:

CBP: Please give us your current address.

GSY:

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

GSY: The reason I pursued a career in osteopathy was because of some difficulty with my mother, who was violently ill, and given up by the allopathic profession. She was told she only had six weeks to live. She had some complications of diseases at that time. And then my father said that since he pursued the specialist in the allopathic group, not only from Lancaster, but from Philadelphia, coming out of the Depression, this was rather a hardship, but in order to save my mother's life he felt that he should have the head of the Department of Internal Medicine and his associate come up to Lancaster to examine my mother, which they did, and they agreed that she only had a very short time. As a matter of fact, they also put the six weeks tag on her. And at that time my father said we were going to change

to an osteopathic physician. He took her to a osteopathic physician in Lancaster, who was a family physician. He found several things that he felt should be attended to. He sent her to a surgeon, who had a very small hospital at that time -- an osteopathic hospital in Lancaster, Pennsylvania. To make a long story short, she was admitted to the hospital, three minor operations were performed, she received osteopathic manipulative treatment three times a day by Dr. James Purse, who was the intern in that hospital at that time. Again, to shorten the story, in six weeks she was back doing her own housework, and she lived to be ninety years of age.

CBP: Why did you select PCOM for your education?

GSY: I selected PCOM because I had registered and was accepted at Jefferson Medical College, and after that experience, my father felt that certainly I should register in a form of medical education which was more holistic in its approach to prevention and cure of disease. In August of 1931 we went to Philadelphia and had a tour of the hospital and the college, and before I left I was registered to study osteopathic medicine. Since we both saw that in addition to receiving good allopathic training in medicine -- I would receive the osteopathic philosophy -- principles and philosophy as well -- and be trained in a medical profession that had more of a holistic approach.

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

1930s? For example, courses or professors?

GSY: We had excellent professors. One of the highlights was, in those days, it was very difficult to get an internship. As a matter of fact, there were only six internships available in the United States. I was lucky. I was very fortunate in that I was able to get an internship at PCO. At that time it was called PCO. Now it's called PCOM. During that internship, the professor of surgery -- I guess it was about April or May -- while we were making rounds the chief surgeon said to me, "Your internship is completed in July." That was July of 1936. I said, "That is correct." "What are you going to do then?" his question was. My answer was, "I'm going back to Lancaster to engage in family practice," whereupon he informed me that I was not going back, and said that I was going to pursue a course in surgery, and I said that I didn't think I was qualified to do that, and further restraints were the fact that I had four brothers who also wanted a college education, and coming out of a Depression, I felt it would be too much of a drain on my parents, from a financial standpoint. The chief surgeon informed me that he had already spoken to my parents, and they agreed that I should stay there at the college for several more years to pursue a course in surgery. He said, "Someday you'll be chief surgeon of this hospital." I said, "I feel definitely that I'm not qualified to assume such a position." He

said, "You will be well qualified after you complete your surgical training in this institution." I guess that was the highlight, as far as professors were concerned. I had other professors. Dr. C. Haddon Soden, who was an instructor in osteopathic principles and practice. He was a very fine professor, and Dr. Ralph Fischer, who was the professor of internal medicine. He was an excellent surgeon, as well -- an excellent osteopathic specialist -- as well.

CBP: It is my understanding that your clinical training while you were a student at PCOM -- not while you were an intern, but as a medical student -- started in the second semester of your junior year. Could you please comment on the strengths and weaknesses of the clinical part of your curriculum as a medical student?

GSY: This is in the third and fourth semesters?

CBP: The second semester of your junior year, when you started the clinical component of your medical education, and then also in your senior year.

GSY: I'm not sure that I understand.

CBP: Please comment on the strengths and weaknesses of the clinical part of your education prior to going on to an internship.

GSY: We were given excellent clinical training, in addition to lectures. And at that time the curriculum consisted of four years of lectures, and the third

and fourth year were also associated with clinical training. I worked in the clinics at 48th and Spruce Streets. I received excellent clinical training by professors. The clinic was very, very busy. We were instructed in eliciting careful case histories. I think that that was one of the strengths, and we were also on a one-to-one instructor basis, which was very helpful because these men were very dedicated professors who were very interested in our education. I think one of the weaknesses in that particular time was the fact that we had too many lectures. However, we were fortunate in the fact that those lectures were -- we were able to put into practice what we learned in the lecture halls. We had some professors who, in my opinion, were engaged in practice as well, and they served as part-time teachers. I suppose because of their giving their voluntary basis teaching without being paid, had to also pursue an active practice, and that took a lot of their time. Because, as a matter of fact, after I had graduated, for the first thirty years I taught students and nurses -- at that time we had a nurses training school. After I graduated I took clinic three times a week and lectured in the college. It was all on a gratis basis.

CBP: When did that change -- the lecturing -- from being on a gratis basis to a paid basis?

GSY: That changed shortly after, in the 1960s. Shortly after the institution was

moved to City Line. The hospital moved to City Line in 1964, and at that time there were some funds that were available for heads of the departments. But again, most of the teachers -- the instructors -- they gave their services gratis, and then ultimately, we became a full-time paid faculty. This, in the early stages, in my opinion, seemed to work out quite well. However, as time went on and some of the men got their checks twice a month regardless of how much teaching they did, in my opinion they could have probably thought less about their paychecks and put more time in as far as teaching was concerned.

CBP: What do you recall about the Harvey School of Anatomy?

GSY: The Harvey School of Anatomy was under the auspices of a very excellent professor, Dr. Angus Cathie. I was privileged to do quite a bit of work in that section -- in that School of Anatomy -- in preparation for surgery. Even after I graduated and was active in major surgery, I spent some time in the dissection laboratory at the Harvey School of Anatomy under the auspices of several excellent professors, headed again by Dr. Cathie. We had an excellent museum. Again our gratitude to Dr. Cathie, who obtained unusual specimens and prepared them for the museum. We had an outstanding museum. As a matter of fact, some of the surgical specimens that I had operated on are still in that museum, amongst which is a cyclops.

In my early stages I did some obstetrics, and one day delivered a cyclops, and that specimen is still in the museum.

CBP: When was the Harvey School started?

GSY: The Harvey School was started at 48th Street, I would say somewhere around the middle '40s.

CBP: Did Dr. Cathie start the Harvey School of Anatomy?

GSY: Yes, he did. He was an excellent professor, and spent thousands of hours in the dissection laboratory. One time we were inspected. I think that was in the '50s by the Navy, and they said we had one of the finest museums of anatomical specimens in the country -- in the United States.

CBP: Was the Harvey School a distinct institution from PCO, or was it part of PCO?

GSY: It was part of PCO. It was under the auspices of the administration, of course, at PCOM.

CBP: Where was it actually located?

GSY: It was located on the fourth floor of the college at 48th and Spruce Street.

CBP: Do you know why it was called the Harvey School of Anatomy?

GSY: I'm not sure about that.

CBP: Was it exclusively for PCO students, or did medical students from other institutions come to learn from your anatomy school?

GSY: I am told that from time to time there were students from other medical schools that would come to the Harvey School because of the unusual museum that we had in connection with the Harvey School.

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

GSY: Well, in medical education it's an ongoing process. Even at this stage, I still attend post-graduate courses. When I graduated, while I was an intern, I visited other institutions and I got considerable training at Lahey Clinic in Boston. That was, of course, in major surgery. I was under the tutelage of Dr. Lahey and a man who was known -- I forget his name. Anyway, he was under the auspices of Dr. Cattell and Dr. Lahey. Dr. Lahey and Dr. Cattell had worldwide acclaim or recognition in the surgical field. Dr. Lahey was the first person to do thyroid surgery, and I was very fortunate to have some tutelage under him. His associate, Dr. Cattell, did more pancreatic surgery than anybody else in the world. I was fortunate in that even after the formal education, I would receive a call from his secretary on a Thursday, and he would inform me that he had pancreatic surgery in one of the hospitals in Boston, and I would fly up to Boston Sunday afternoon and be in attendance at the pancreatic surgery. I was one of the early ones -- I was the first one and one of the early ones in Philadelphia -- to do

pancreatic surgery. I was very fortunate to have that training.

CBP: Given the perspective you have from your years on the faculty, please describe how the curriculum has evolved since the 1930s.

GSY: The curriculum has evolved considerably. I felt that I got a very good medical education. But, as in all the other medical schools, at that time there were very few specialists. My chief, who was a general surgeon, who was a graduate of the Kirksville College, and also a graduate of Hahnemann Medical College here in Philadelphia. After he had graduated, he came back, and we didn't have any certified or trained D.O. to train students in surgery. Dr. Snyder and the administration advised Dr. Pennock, my chief, to pursue a course in Hahnemann so he would get an M.D. degree, and with his qualifications then, he was in a position where he could train interns to become certified surgeons. I was in the first class of interns. As all medical education evolved, after several years, I had a surgical license and taught surgery -- first to nurses and then to the students and the residents. I continued my post-graduate education, and I set-up a curriculum under the aegis of my chief, Dr. D.S.B. Pennock. We had several of the members of the faculty pursue specialty courses. These men, as they got additional training in, for instance, orthopedic surgery, genitourinary surgery, gynecological surgery, there were professors who

took special training in these areas, became specialists. Then, in the '40s we set-up a faculty which had certified specialists teaching in the various disciplines. One of the early ones was orthopedic surgery. Dr. Eaton headed that department. Dr. Ed Drew headed the department of OB/GYN. Dr. Sterrett headed urinary specialties. The faculty of specialists then evolved, and this afforded specialty training for our students. Prior to that time, of course, students got excellent training in osteopathic practice and principles, and, of course, in general surgery. Dr. Pennock was head of general surgery. We developed an excellent faculty. All during this time I pursued post-graduate courses, and anyway, as time evolved, my chief got to the point where he retired and I was then -- after he was completely retired -- after they had two or three other people who served a very short time, I was charged with full responsibility of the surgical department.

CBP: I'm going to shift gears a little bit. Go back to the 1930s now, when you were a medical student. What were the highlights of your social experience at PCOM and in Philadelphia in the 1930s?

GSY: Coming from a rural section of Lancaster in my early days and my early childhood, I was in a rural section for a large time, and, of course, my social activities were pretty well limited to that until I got into high school and college. My heritage was from a very conservative background. My

father was German and my mother was Scotch-Irish. Social activities at that time were mainly associated with activities in the church. I did teaching in Sunday schools when I was very young, and attended church. In those days the church was the focus of most of the social activities.

CBP: How about when you got to Philadelphia and to the osteopathic college? What was your social experience here?

GSY: Well, then, the social activities -- well, they really increased when I went to pre-med college at Elizabethtown and I engaged in quite a few social activities there. I was a member of the glee club, and I was a member of various societies in connection with the courses. Then, when I got to Philadelphia again, the social activities were -- in the '30s they weren't anything like they are today. [laughs] Sure, we had some social activities in the college that I attended.

CBP: What types of activities?

GSY: Those were activities like -- I was a member of the Cardiovascular Society, I was a member of the Surgical Society, I was a member of different organizations within the college. I was a member of Phi Sigma Gamma fraternity and we had a lot of social functions there. I was president of the fraternity, and I was also president of the national Phi Sigma Gamma fraternity at the national level.

CBP: Where did the students live and where did the students eat while they were attending the college in West Philadelphia?

GSY: The students lived in private homes in the vicinity of 48th and Spruce Streets. There were, I think, only two boarding homes. There were some fraternities, where we went to eat, as well. My classmate and I became acquainted in Elizabethtown College with a gentleman from Steeltown who was also going to pursue a medical education at PCO in the osteopathic profession. We became good friends at pre-med college, and then when we got to college we roomed together on the third floor of a private home, and we were coming out of the Depression and money was hard to come by. I worked in a bakery from, I guess, about four to six o'clock about three afternoons a week. Coming out of the Depression, we were limited in funds and even in food. Some of my classmates who had plenty of money couldn't get enough food to eat because the food was scarce. My roommate and I did our own cooking on the third floor. We had a study room, pullman kitchen and a bedroom, and for four years that's where we lived. We would go upstate. My father bought us an old Packard car for fifty dollars. It was a seven-passenger car. We went upstate and we'd get little various things. We'd get chickens, eggs, potatoes, vegetables, and we'd load the car down. There was another colleague of mine that was

from that general section. He was married, and he and his wife would also ride with us in the old Packard car. I had that all the four years I was in college. As a matter of fact, I even had that when I courted my wife, who was a trained nurse. The nurses would kid her about going out in a seven-passenger car, so we got a big kick out of that anyway. [laughs]

CBP: Was it unusual for medical students to be married in the 1930s?

GSY: In the 1930s, there were only about ten percent that were married. Most of us were not married. I would say about ten to fifteen percent were married. Of course now it's just the opposite.

CBP: Could you describe any PCOM student traditions that you might remember? Traditions such as class rush or junior spree day?

GSY: Oh, yes. We had many good times in the fraternity, initiating new members. Those were the days of hazing.

CBP: How far did you carry that, as osteopathic students?

GSY: Well, what I'm going to say you probably won't want to print, but we'd get the people who would be joining the fraternity, and we'd blindfold them and then we'd take them in various rooms of the fraternity, and there we'd have different things set-up. One set-up was, of course, where there would be two rows of guys with paddles, and as they would go through the lines, each one of us would give them a swat on the posterior parts. We had

another area where they were blindfolded, and we'd put a piece of raw liver on a string and then we'd say, "This is a piece of liver from the dissection room," and we'd make them swallow them. We'd pull it back and make them swallow it again. [laughs] I told you you wouldn't like this. But you asked me.

CBP: How about junior spree day? Do you remember that?

GSY: Junior spree day was just a nice social get-together and nothing that I can remember that was outstanding. The outstanding things were with the fraternity.

CBP: Do you have any recollection of the founding of the first Charity Ball in 1935?

GSY: I sure do. I was part of that.

CBP: Why was that started?

GSY: Well, for several reasons. We felt it would be a good PR feature. We felt it would be a source of income. I think we got something like thirty-five thousand dollars, which was, at that time, quite a goodly amount. We had a lot of the socialites in Philadelphia who attended the Charity Ball.

CBP: Was that a fundraiser for the hospital or the college or both?

GSY: Both. Later on that was changed. The funds for the hospital were kept separate and the funds for the college were kept separate. That didn't

come, though, until probably in the fifties or sixties.

CBP: Do you remember the Musical Society that was started in 1934? -- a student Musical Society?

GSY: Yes, we had a glee club and I was part of that. You know, a lot of nice social times and sang on different occasions when they had social events at the college and hospital.

CBP: What was the nature of faculty-student relationships when you were a student in the 1930s?

GSY: In the 1930s the faculty -- they were very dedicated people, but I felt they were quite aloof from the students. As time went on, of course, that improved considerably. On the other hand, I must hasten to say that we got a lot of person-to-person training. But there was still an aloofness there that sort of alienated -- I guess alienated students. That was a problem that we're still working with. The students, even today, feel alienated to a degree. That doesn't exist near as much as it did at that time.

CBP: How about the relationships between the faculty and the administration?

GSY: The faculty and administration, I think, had a very good rapport. I knew quite a few of the people in the administration. I knew all the faculty at that time in the '30s, '40s, '50s and '60s because I was closely associated with the college and hospital all those years. As a matter of fact, I did

major surgery for over fifty years and taught major surgery. I had residents all over the United States, Europe, France, different countries. And, of course, you asked about social events, and, of course, I didn't delve into my courtship. I married a trained nurse.

CBP: Was this a PCOM romance?

GSY: That's right. [laughs] That was during my internship. Those were the days, you know, you didn't have any money. When we went out, we never got off until -- I think we had one weekend in a month where we both got off after midnight. In those days the drug stores were open, and when you went on a date you had two straws for one soda. [laughs] That's all you could afford. And even the boys that could afford more, they just couldn't get things. You couldn't take people out to dinner like you can today and like you could later. You know, people talk about the Depression over the years. Well, they don't know what depression is. When my father's bank account was frozen -- that was while I was in high school, I guess, or pre-med college. Those were really days of depression. Millionaires would be walking on railroads, picking up coals that fell out on the road beds, just so they wouldn't freeze to death. Those were real depression days.

CBP: Women comprised 12.5% of your graduating class.

GSY: That's about correct. Yes.

CBP: In your opinion, how were the female students of the 1930s viewed by their male classmates and the faculty?

GSY: I always felt the ladies were treated with respect by my classmates; and the faculty, I felt, treated them equally, as well as the male students.

CBP: How were women accepted by the patient community in the 1930s?

GSY: In the 1930s women were not accepted in any manner -- in any degree -- to what they are today. When I was chairman of the department, I must admit I shied away from women residents in surgery.

CBP: Why?

GSY: Well, in my opinion, they don't have the stamina. I did heavy surgery. Being chief surgeon and having the training I did, a lot of the rough cases were pushed on me, and I would be operating, and the intern at the table -- female -- we'd be into it probably an hour or an hour-and-a-half, and I'd hear sighs. When you are operating, you don't appreciate that. So the pressure became so great when I was chief surgeon that I had to take a female resident, and she was about the end of an hour or an hour-and-a-half, or if I had a five hour operation, she couldn't take it. She'd have to quit and I'd have to replace her with another resident. They just don't have the stamina, with a few exceptions. I did know a couple of women in the profession from Chicago and Michigan that were female surgeons that were

quite prominent in their profession. But when you're operating -- concentrating -- and the resident right across from you starts yawning and so on, that's very annoying, and my operating rooms were very strict, to the point where the nurses didn't discuss their dates the night before in my operating room. Part of medical education is discipline. And if the students don't get disciplined in medical school, they'll never have it in their lifetime. I guess I hear now from various sources that I was rather strict. Not because I liked to be strict, but I wanted them to have a good education. On Monday morning when I get a new set of residents, when they would come in, my golly, my resident across the table -- his hands were shaking. Well, I knew what he was doing. He was partying and drinking over the weekend. So, of course, then we'd get back in the dressing room and I'd really work on him. I'd say, "Look, do you want to be a surgeon, do you want to be a good surgeon, or do you want to be a mediocre surgeon, or don't you even want to be a surgeon?" I said, "You can't be a party man in my training. Come in on a Monday morning from drinking all weekend and think that you're going to get good training -- you just aren't qualified to do it." Anyway, I'd take him back in the dressing room and just say, "When you come in Monday morning I want you to be in a condition where you aren't shaking."

CBP: The 1935 yearbook included photographs of three women faculty members: Sara W. Rupp (Neuro Anatomy and Mental Hygiene), Ruth E. Tinley (Pediatrics), and Marion A. Dick (Therapeutics and Osteopathic Technique). Please comment on these women and/or any others who were a part of your education at PCOM.

GSY: Ruth Tinley was Professor of Pediatrics. A very capable person. She was a master at treating children -- getting their confidence, and so on. I did have some reservations. I felt many times that her success in psychically handling the children and probably she could have been more astute in her specialty. I guess that's about as well as I can put it.

CBP: How about Sarah W. Rupp?

GSY: Sarah W. Rupp was in Psychiatry. Very good to the point. Good disciplinarian. Good teacher. I must admit she didn't challenge me at all as to go very far in psychiatry. And, of course, my opinion over the years -- I used to tell our Professor of Psychiatry -- I knew him. He graduated one or two years after I did, and first he was in family practice and he didn't like that, and then he went to nose and throat and he didn't get along there, and then he went to infectious diseases and he didn't get along there. He finally wound up in psychiatry. I used to kid him. I'd say, "George [Guest], the only reason you went into psychiatry is you wanted to find out

what was wrong with yourself." [laughs] He said, "You know, that's true. That's really true." He just died not long ago. We were good friends over the years. Dr. Dick -- excellent, excellent. Her husband was a blind man who gave us applied anatomy. Excellent teachers -- both of them. A subject which the faculty is very weak in today. We don't have anybody who could teach applied anatomy, applying the osteopathic technique and principles, as well as her husband and she. Dr. Dick -- her husband -- was blind, but let me tell you, he was a very fine osteopathic physician.

CBP: At any point during your career have you seen changes in the position of women, either in the school or the profession?

GSY: Oh, yes. Considerable changes. If I may digress a moment, my mother, when she was seventeen or eighteen, wanted to go to college and then to medical school. She was raised by a foster mother who was quite financially well-to-do. Her father died very young. Her mother said, "What? You're a lady. A doctor isn't a lady. A doctor couldn't be a lady. You can't do that." She wouldn't hear of it at all. But my mother had five boys, and three of us are D.O.s. But over the years we saw more respect for female doctors, especially in specialties, such as OB/GYN. Some good and some not so good. When I was chief surgeon I had to tell the head of the Department of GYN to get rid of a female surgeon. This female

surgeon tried to take a tumor by doing a vaginal hysterectomy with a tumor about that big and almost lost the patient because the patient wanted a pfannensteil incision, which is across, so she could continue to wear a bikini. And she proceeded -- this female specialist -- proceeded to do a vaginal hysterectomy. The patient almost died. I had to go in at night.

[end of side one]

CBP: Based upon a review of your yearbook, your graduating class contained no African-Americans. Was this the case, or did the yearbook leave somebody out?

GSY: This was the case. Yes.

CBP: Over the years, what changes have you seen in the position of minorities in the school and/or profession?

GSY: The profession -- in the school we have representatives of the minorities. However, we don't have many on the faculty. We have a Professor of OB/GYN who is Afro-American, who is very good.

CBP: What is his name?

GSY: I can't think of his name. I would say in the '70s, I guess it was, in the Dean's meeting we were challenged by the President of the NAACP, I

believe, and chastised because we didn't have minority students, or only very few. So Dr. Sherwood Mercer, who was the Dean at that time, he said to the President of the NAACP, "Okay, I'll tell you what I'll do." He wanted fifty students. He said, "Okay, we'll take fifty students in next year's class. But they have to be qualified students. We will not lower our educational standards for anybody." He said, "If you send me fifty qualified students, I'll take them."

CBP: What year was this, roughly?

GSY: Roughly in the '70s. He said, "Oh, yes, I'll send them." Okay. Three people applied and were accepted. One, the first day he was there he was taken through the college. He got one look at the dissection room, flew off down the fire escape and we never saw him again. Another one, his grades were 19, 24, 22, and so on. He flunked out. And the third one was very good. He became one of our professors. Very good.

CBP: Has there been an increasing trend in minority representation through the '70s?

GSY: Yes. We've had several. We've had quite a few Afro-Americans graduate and they have good practices. We have an Afro-American on the Board of Trustees now, too, of the college. The President of the institution and Carol Fox -- they've been trying to get more minority students in the

college, but as a result of that, too, they have a pre-entrance course that they give. I guess it starts about four to six weeks before the college starts. They are given an introduction, and I think that helped them, too, to sort of get their bearings of what's to come. I'm sure that has helped them quite a bit.

CBP: The class of 1935 included a blind student named Simon B. Van Wagnen. The Class of 1927 also graduated a blind student, a Canadian named J. Francis Smith. Do you have any recollections of Simon B. Van Wagnen, who was in your class, and particularly, how these blind medical students would have received their education?

GSY: Very much so. He was a member of our fraternity. He had a seeing eye dog, and everybody was very cooperative. He sat next to me, and every once in a while the dog would grab my shin. [laughs] We had to operate on him. One night we got a call to come to the hospital immediately. He was in an accident in New Jersey. He hit a tree. He came in and he was admitted to the hospital. One eye was gone. His other eye was on his cheek. Part of his brains were protruding. He was, of course, just breathing in and out.

CBP: He could see when he started the program?

GSY: Oh, yes. Yes. He was a sophomore. My chief and I were called in. I

was a resident. We called consultation. Temple Faye was then the leading neurologist then in Philadelphia. We called Dr. Temple Faye in, and he as much said, "The guy is dying. It's no use to even try to do anything." He left and we were walking down the hall and Dr. Pennock, the chief, said to me, "What are you going to do now?" He said, "Go to the anesthesia department, get the nurses in, get everybody in as fast as you can, set-up the operating room." I said, "The guy just told you he's dying." He said, "We don't accept that. We're going to operate." We started to operate on him at three o'clock in the morning, and finished up at eleven o'clock the next morning. We put in place a silver plate -- put his brains back where they belonged and got all that bleeding stopped and tied off even the capillaries, practically. Anyway, he survived, and of course, they put artificial eyes in. But he was very adept in palpation sensation. He had extra sensory capabilities when it came to that part of it. He was a very good diagnostician. He had a trained nurse that was well trained. She was with him all the time in the office. He had a tremendous practice. He was a real D.O. He wasn't like a lot of these guys now who get out and are too lazy to practice and all -- to use OMT. You probably shouldn't put that in, but that's the truth. Dr. Smith -- I was well acquainted with him. He was blind when he came. Dr. Dick was his girlfriend, and ultimately, his wife.

They worked very well together. I sent a patient to him one time. He was a neurologist. The patient came back and said, "You said he's blind." I said, "Yes." He said, "I don't believe it." I said, "Why?" At that time twenty-five dollars was quite a fee for specialists. He said, "I had twenty-five dollars in my pocket and he charged me twenty-five dollars. I don't believe it that he can't see." [laughs] But he was excellent in neurology and applied anatomy. He was one of the best professors we ever had in applied anatomy. Nobody since that has given a course as well as he did.

CBP: When did surgery become a specialty within osteopathy?

GSY: When the institution started, as I said previously, no D.O. was trained in surgery. Dr. Pennock, who graduated from Kirksville, came here and was asked by the administration -- he was a very bright individual -- Quaker, very dedicated to the profession. Dr. Snyder and Dr. Wesley persuaded him to take a course at Hahnemann. He came from the old Philadelphia Pennock family, as well. He qualified financially in every way to take four more years. He got his M.D. degree, and then he was a resident in surgery, and then came back into our place and practiced surgery. I would say that that was probably in the middle-20s. The course in surgery then, until he had graduated -- taken his internship, and so on. As I said, our intern class was the first class that he trained D.O.s in surgery.

CBP: How did this compare to the pace at other osteopathic colleges, as far as getting a surgery program started?

GSY: At that time there weren't programs in other colleges.

CBP: PCO had the first surgery program?

GSY: Oh, yes. Yes. Kirksville was the only other college at that time.

CBP: By the mid-1920s Kirksville was the only other college?

GSY: Yes. I don't think they had surgery then, even at that time. We were the first one in the profession. Philadelphia College is the first one in the profession to teach surgery.

CBP: Could you describe the training you received in surgery during your internship and your preceptorship with Dr. Pennock?

GSY: Yes. It was very intense, and it was excellent training. I was privileged pretty early in my training to perform some surgery, under his guidance, of course, right there, at the surgical table. He was an excellent teacher, and I ultimately operated on him. That was a sad occasion. He had retired, and I was in the operating room one morning, and the message came up that Dr. Pennock is down in the lobby. He wants to see you as soon as you're finished. He has pain in his upper right quadrant, but he thinks it's from raking leaves. He was raking leaves over the weekend. He'd been fine until that particular time. No symptoms. One of my colleagues came into

the lobby and saw Dr. Pennock there -- who was my internist, Dr. Daiber. He said, "Dr. Pennock, what brings you here? You're retired." He said, "I'm waiting on Galen. He's in the operating room. He's going to see me as soon as he comes down." He said, "Well, Galen and I work together. I'm his internist. What seems to be your trouble?" So he told him. He got him x-rayed and they put barium down, and I went down. There was very little barium that had progressed from the stomach to the intestines, and I knew then that there was partial obstruction, if not maybe complete obstruction. When I finished in surgery, I went to the office about three o'clock in the afternoon, and they rechecked his x-rays and I was told to come in right away. They said that the stomach was completely obstructed, and I gave instructions to drop a tube down and syphon it out and all that, which they did. And then we did further tests, and we found out that he had cancer of the stomach. For the last ten years I did my own surgery and his surgery, too -- the last ten years that he was in surgery -- because he'd just come to the operating room and sit there, and I'd do his surgery. I was criticized sometimes. They'd say sometimes, "What's the matter?" Some of the men in the faculty would state, "You're afraid to take over? You have to have the old chief there?" I'd say, "I don't have to have him there but at my stage of the game, I need surgical wisdom. And you don't get

surgical wisdom out of books. You only get it one place, and that is from your peers." He would just come in the operating room and sit there while I was doing his surgery, and every once in a while I'd run into something I never saw before. I'd say, "Dr. Pennock, so-and-so." He'd come over to the operating table and say, "Galen, I had a case like that -- such-and-such a case. Years ago I did so-and-so." You just don't find that in books.

CBP: How did the surgery residency program evolve out of a preceptorship arrangement?

GSY: I was the preceptee and then ultimately a preceptor. That evolved when we started the various disciplines. I went from a preceptorship to where it was required -- for instance, if they wanted to specialize in orthopedic surgery over and above the internship, they had to spend two years under the tutelage of the orthopedic surgeon.

CBP: Was that considered a preceptorship?

GSY: Early on it was considered a preceptorship, and then that evolved into where it was a stable department where they had set rules up in their department, which we had to review and accept or reject from our standpoint -- Dr. Pennock and myself. That was really left up to me, but I don't know whether that should be included. But I was the one that really did it.

CBP: When was the transition from the preceptorship program to a structured residency program?

GSY: I would say that occurred probably in the '40s.

CBP: Could you please describe the surgical clinics at 48th and Spruce and North Centre Hospitals?

GSY: Yes. When I had charge of them?

CBP: Tell me the timeframe you're speaking about.

GSY: Before I was chief surgeon, I was Clinical Professor of Surgery, and as Clinical Professor, I was charged with managing the clinics in surgery. We had an amphitheater on 48th Street. Being active in the clinic -- at that time it was a specialty -- I selected cases that needed surgery. I would work the case up, and then on a Saturday morning I'd have surgery from eight o'clock in the morning until twelve. I would take the case from the clinic. I would have an internist, a radiologist and my surgical resident and any other specialty. If I did a cesarean, I would have the OB/GYN man there, too. I always had very large clinics of standing room only. I never found out until about twenty years ago, when I was sitting in a restaurant upstate. I have a favorite restaurant I like to go up to eat. They have excellent food. Hershey's Farm. A friend of mine and I were eating, and this man comes over to us and says, "Are you Dr. Galen Young?" I said, "Yes. What's

left of me." [laughs] He said, "You don't know me, but I'm Dr. so-and-so." I said, "Nice to meet you." He said, "I know you don't know me, but I'm a graduate of Jefferson. And while we were at Jefferson, three other students and I bribed your students to give us gowns, and we'd come in your clinic because we didn't have anything like that at Jefferson." He said, "I learned a lot of surgery there." Of course, I didn't know it at that time. But they seemed to be very popular because I had other surgeons come from other places to be in the amphitheater. Then I would present my case. That wasn't entirely original. When I was a student I went to Lankenau, and they conducted clinics somewhat like that. I'm trying to think of the surgeon's name that was internationally known at Lankenau. He conducted clinics somewhat like that, but he didn't have an internist and a radiologist. He was the main show. He was a great show man. They would come there from all over the world. I was in those clinics and I got the idea, "Hey, it would be much more interesting if you had the internist there to be able to say what he found in the case and discuss his part, and the radiologist there and have the films there, and show the films to the students." I never had any difficulty with students attending classes.

CBP: What was the Survivors' Club, which was founded in 1945, and why was it formed?

GSY: I was very concerned about the attitude of the professors toward the interns and residents. Their attitude was, "We're up here. We're specialists. We're this. And you interns and residents -- clerkships and so on -- you're practically in another class." I got the idea of taking my interns and residents out to dinner. We started near 48th Street, and once a month I'd take them out to dinner and talk to them and they would vent their disappointments and disagreements with the concerning different people, and we tried to talk to them. We had one professor who came in what they call a wing collar, and a carnation on his lapel and a big diamond in his tie pin. He was Dr. E.G. Drew. He was the cock of the world. Very chauvinistic. You know, some of us interns caught on to some of their weaknesses. Some of that we felt was to overcome some of their weaknesses. That's another subject. [laughs] Anyway, as I did that -- it's fifty years this year -- and now they're going to have a big shin-dig.

CBP: So the Survivors' Club evolved from this dinner club?

GSY: Yes. We had six to start with and now it's up to over three hundred.

CBP: How many residents were there in the surgical residency program in each year?

GSY: Well, that varied from year to year. The AOA controls that. I had six residents. I used to have twenty-five or thirty patients in the hospital at that

time. And depending on the number of patients you had in the hospital, the AOA would give you a comparable number of interns to become residents.

CBP: Could you list the sequence of chairmen of the department of surgery, with dates if possible?

GSY: I'm bad in dates.

CBP: How about just give me a chronology and I'll go back and fill in the dates.

GSY: Okay. Dr. Pennock was the first chief surgeon. When he was starting to slow down in surgery, I was in his office on Pine Street. I was too young then to assume the responsibility as head of the department. And then, for a short time, Dr. Eaton became chairman of the department -- James Eaton. After Dr. Eaton, Dr. Flack was there for a short time. And then I was next. By that time, I was still too young in my opinion, but I was the only one that was qualified to train the residents. Well, Dr. Eaton died and Dr. Flack -- well, you shouldn't say things that ought not to be true. He became a womanizer and had to leave. So he went to Harrisburg. But all that time, although they were titular heads -- wait a minute. Dr. Street was in there, too. He was there for a short time.

CBP: Where was he in the sequence?

GSY: He was after Dr. Flack. The political situation -- Dr. Barth and I were both German. We just didn't see eye-to-eye. He told me one day that

since I was the only one qualified -- I mean, a lot of men that helped to train me in surgery were much older than I was, and I felt that I shouldn't be head of the department because they were older, and I got some tutelage under them. But they were in their various specialties, and I always stuck to general surgery. I took post-graduate work in that, to the point where I was the only one that was qualified to be chairman of the department. I was too young then, yet, to be head of the department. Because of the politics, Dr. Street came to me. He said, "I know you managed the department for Dr. Pennock, for Dr. Eaton, for Dr. Flack." He said, "I'm not too well, and I want you to keep right on managing the department." He said, "Dr., you know you and Dr. Barth are present. You just don't see eye-to-eye." He said, "I want you to continue. Anything that you say or do, I'll corroborate." I was his doctor in his terminal illness, too.

CBP: Who followed you as chief of surgery?

GSY: Dr. Wisely.

CBP: Who followed Dr. Wisely?

GSY: Dr. Pedano.

CBP: And after Dr. Pedano?

GSY: Dr. Sesso, I guess.

CBP: And after Dr. Sesso?

GSY: He is there. He and Dr. Craver worked, I guess, as co-chairmen. Dr. Sesso was my trainee. I trained him.

CBP: What were you saying about a co-chair?

GSY: I'm not sure what the relationship is. Dr. Craver came on the scene before Dr. Pedano retired. Dr. Pedano was preparing to retire when he got Dr. Craver. So you'd have to straighten that out.

CBP: Okay. What were your greatest accomplishments as chairman of surgery between 1978 and 1983?

GSY: Training surgeons -- training residents. I also, from time to time, revised the rules in surgery. I was in that era when -- I think that was in the '70s or '80s -- no, I was chief surgeon then. Well, anyway, I, from time to time, revised the rules in the surgical department. Downtown, one of the large hospitals -- one of the surgeons took on -- this guy had to have an amputation of his lower extremity and he took the wrong leg off. So in my surgical rules, I insisted that the surgeon comes in. When he comes into the prep room -- that he go into that room and say, "Good morning, Mrs. Jones. How are you feeling?" Look at the wrist band and say, "How do you feel," or something like that. Identify her before she was given anesthesia. That's where they made the mistake downtown and the guy took the wrong leg off. The patient was all prepared under anesthesia.

The surgeon walked in and they had the wrong leg prepared, so he went ahead and took the good leg off. That never happened in our place because I saw to that. Oh, I had my problems. I had surgeons that I had to -- during surgery for sometimes for quite a number of years -- the residents would say, "Dr. so-and-so does such-and-such." And as head of the department, I was responsible. You know, when they were sued, I was sued, too. Many a time I was called everything that was in the dictionary, and then some more. I had to talk to some of my men that helped to train me, men that were a lot older than I was.

CBP: Which other surgeons at PCOM, other than yourself and Dr. Pennock, whom you've talked about, warrant recognition for their contributions as teachers and/or as practitioners?

GSY: Oh, I can tell you quite a few of those. Dr. Street, Dr. Kiser, Dr. Leuzinger, Dr. Foster True, Dr. Evans, Dr. Kohn -- Dr. Herman Kohn. He's another surgeon. I think that pretty well covers it.

CBP: What role did PCOM play in the development of other areas or departments? Other specialties? We talked about PCOM having the first surgery program. Are you aware of any other areas in which PCOM was at the forefront in the osteopathic profession?

GSY: Yes. The hospital downtown -- the D.O. hospital down there -- a lot of the

people that I trained were surgeons down there. Well, some residents went down there.

CBP: In departments other than surgery, are you aware of any specialties in which PCOM took the lead?

GSY: Well, Delaware Valley -- we helped them to get started at Norristown. At Wilmington -- I was chief surgeon there for a while. Some of my residents took over that I had trained there. And at Norristown Suburban and at Delaware Valley. And in the hospital downtown.

CBP: What was the Research Department under F.A. Long in the 1930s?

GSY: He did a lot of research. At that time he was one of my professors. He was a very astute man, and very astute in research in osteopathic therapeutics technique. As far as I was concerned, I thought he did an excellent job. He treated the president judge of the courts in Philadelphia, and the judge was internationally known. I can't think of his name, but I'm sure you can find it out. He used to call Dr. Long at six-thirty in the morning and say, "I'll meet you in your office at seven-thirty because I have a very rough case today that's going to require concentration, and I need an osteopathic manipulative treatment before." He was a very astute professor.

CBP: What do you see as PCOM's contributions to medical research?

GSY: I think they made considerable -- well, medical institutions now are taking a lot of the things that I do here in the office, and they're implementing them in their curricula. They, of course, take the credit. They don't give us the credit. Since Harvard and Yale have started hands-on manipulation, Jefferson and University now -- they have courses. That's all from osteopathy. The numbskulls, the allopaths, for a hundred years called us everything in the book -- quacks, cults -- everything else. Now, all of a sudden, "This is great." But it took them a hundred years.

CBP: Could you describe your role as Chancellor since 1990?

GSY: Well, I guess as a result of that, I was made Chairman of the Advisory Committee to the Board of Trustees because I've always been very close to the college.

CBP: This is your role as Chancellor?

GSY: Well, because I am Chancellor, I think that's why. Well, I have to probably go back on that a little bit. When Herb Lotman was made Chairman of the Board -- after he was there for some time, he said, "You know, I have relatives in this profession. I have nephews -- three of them - - that I helped to train -- they are brothers. And that's about as much as I knew about osteopathy until my daughter married Dr. Fisher, so my son-in-law is a specialist at Graduate downtown. Scott Fisher. Dr. Fisher." One

day at the board of trustees, he said, "You know, we have trustees here that don't know what an osteopathic manipulative treatment is." One day in a board meeting he said, "I want somebody around here that's been in osteopathic medical education for many years." Well, there were two or three other doctors so I kept my nose down. I was the oldest one in there. "I want a volunteer." Anyway, we waited a little bit and nobody volunteered. I was sort of hiding. [laughs] Anyway he finally said, "I don't know anything about medical education. I want somebody that I can confide in, and I want that person to appoint a committee." Nobody volunteered so he said, "I want you to be chairman of that committee. You can have your own committee members." He said, "Except one person I want on there, my son-in-law, Dr. Fisher." I said, "Fine." He said, "He's at Graduate downtown. He's a specialist in oncology and radiology." So anyway, I selected a committee, and I'm close to osteopathic education, and we have meetings and then I report, and the minutes get sent to Mr. Lotman so he knows what's going on.

CBP: What is the name of this committee?

GSY: Advisory Committee to the Board of Trustees. Executive Advisory Committee to the Board of Trustees. The Chancellor -- I guess they didn't know where else to put me. [laughs] I was made emeritus professor of

surgery. I was on the old board. As a matter of fact, I was a bad boy and the board got rid of the old board. I started it. I got two D.O.s to go with me, and I got the best corporate attorney in Philadelphia. I got two judges on there that said we'd never get rid of that board. The president wasn't doing anything and we just had to get rid of them. Anyway, we got rid of them. And then, that's when Finkelstein came in.

CBP: That's what I'm leading to. Could you describe the events leading to the transition from the Tilley administration to the Finkelstein administration?

GSY: Yes. Well, at that time the medical community was entirely different than it is today. At that time we were vitally interested that the hospital continue as an osteopathic hospital. Dr. Meals and Dr. D'Alonzo -- Albert D'Alonzo -- I picked them as my committee to go with me. I took them down to the attorney's office, told them what our problem was, and, of course, he knew the judge well because he was former District Attorney and former judge.

CBP: Is this Judge Hoffman?

GSY: Judge Jamison. He was the attorney. He knew Judge Hoffman and his nephew, who were on the board. Judge Hoffman was Chairman of the Board, and Dr. Tilley insisted on selling the hospital. We didn't want the hospital sold and neither did Dr. Finkelstein. While we were negotiating,

Mr. Jamison was negotiating with the hospital and with the PCO attorney, Rome Blank, and so on. While they were negotiating, Finkelstein found out about it so he said, "Why can't I come on the committee, too?" I said, "Well, I know you. I've known you ever since you were a student. I see no reason why you can't come on the committee." So he came on the committee. At that juncture we were pretty well on the way to get rid of the old board. However, he did help, too. I want to give him due credit. Then he went around talking to different groups and saying, "We can't sell the hospital, we can't sell the hospital. It will affect the profession locally. It will intimidate us. It will effect us nationally." And various groups met with various groups, and convinced them that the hospital should not be sold. So anyway, however, within three years he did sell the hospital. But in all fairness, the hospital -- the medical community -- had changed considerably, and that's the trend today. To sell the hospitals -- one large conglomerate. Have a lot of hospitals and make billionaires out of these people in a short time. That's what's happening. Anyway, the hospital was sold after three years. During that transition, Judge Jamison got in the position where it would have been a conflict of interest because then, negotiating to buy the hospital with Dr. Finkelstein was Harold Kramer, and Harold Kramer was in the law offices -- was one of the lawyers with

Attorney Jamison. So we had to get another attorney, which we did. So the collaboration between that attorney and the hospital attorneys wasn't good. But in spite of that, I think Finkelstein played a good part in after we were pretty well on the way to help to get rid of the old board. Then he got on the committee and told the Judge one day, "If you don't want those gowns to be bloody, you should resign." The Judge said, "No way, no way," but it wasn't long after that that he did resign, and his nephew as well. And that started the ball rolling, until the rest of the board resigned. I was still a member of the old board, and I was made a member of the new board, as well. They transitioned. We had our problems, but it happened. And it happened on the premise that we were going to keep the hospital. Within three years there were so many changes in the medical community that the corporation went along with the recommendation that they sell the hospital, which was part of my heart, because I did financially and in many ways, I helped to keep 48th Street and helped to keep the hospital going. When they sold it, if I had kept on the way I was going, I'd have gotten sick. So I thought that was crazy. But that was one of the worst times of my life because that hospital was part of my blood. Even today when I go in there, the way we had that hospital fixed up -- with our finances, I might add -- coming in and purchasing the hospital after we had it in A #1

condition, we practically gave them the hospital. That was before Mr.

Lotman came on the scene. I just don't know why he couldn't have been there before.

CBP: Do you think that would have avoided having to sell?

GSY: At that particular time, yes. Finkelstein was a student of mine. I knew Finkelstein. He was very aggressive. I liked his aggressiveness, but there were some other things. Sometimes he and I had different judgements on different things. As I told him one day in a board meeting, I said, "That shouldn't be done." He said, "I was around here twenty-five years." I said, "Mister, I've been around here when you were just a gleam in your pappy's eyes." I said, "You talk about twenty-five years. I've been around at that time, I guess it was around fifty-five or almost sixty years." So anyway, when the hospital was sold -- it wasn't sold in my opinion. It was given away. Because the accounts receivable were the same amount that we got for the hospital. So we practically gave it to them. And they bought the accounts receivable with the hospital. But doctors that don't have any business ability, and of course, I told Finkelstein many times before Lotman came -- we, as doctors -- including myself -- we aren't any person to negotiate with a man like Harold Kramer. Harold Kramer is -- one of his classmates who was on the board, who resigned because of what

was going on. He called him everything in the book. He was with him in law school. Called him what he was then and is today. If I'd have said that I'd have been sued, but he was a lawyer, so he got away with it.

Anyway, the hospital sold and it's just happening. We had precedence to this. And time and again I told Len -- I said, "Look, you need a good businessman in here." So we finally got Mr. Lotman. So now Mr. Lotman -- we finally had eighteen million in the endowment, and we guarded that with our life until it was spent like leaps and bounds, and practically all was spent before Lotman came on the scene. Well, Lotman has built it up already until now we have forty-three million in the endowment. Why? Because we have a businessman in there. They wanted me to be Chairman of the Board and President and all that stuff. I said, "No, I'm a doctor. My place is in the operating room." And so was Finkelstein. He's an excellent G.U. surgeon. No question about it.

CBP: How did the faculty react to the hospital being sold three years after there had been a struggle not to sell it?

GSY: I would probably be indicted if I gave you a true answer on it. So you can read between the lines. We are trying to run this campaign, and because of certain people in high positions, the campaign -- I don't see how we'll ever reach our goal, but we're trying.

CBP: Could you evaluate the successes and the shortcomings of the Finkelstein administration since 1990?

GSY: I better pass on that. I should say this. The school has gone forward. The college has gone forward. No question about it. We lost our full-time faculty, which certainly wasn't a plus situation.

CBP: What do you mean you lost full-time faculty.

GSY: When finances were bad, we had to get rid of the full-time faculty, and now we're trying to build up -- Dr. Finkelstein is trying to build up a full-time faculty again. We need heads of departments. You see, in my day you felt an obligation to the institution that put you where you are. That loyalty is all gone. I taught for thirty years at the expense of my own practice. I never got a cent. Guys that come on today or some of the people that Finkelstein hired -- they gave them checks for two hundred and fifty thousand. And that was stopped fast when Lotman came. I don't know if that should go in there or not, but it's the truth. I can cite the man that got them because one man that got the contract for that came to me and said, "It's not right. Please, you stay here, but I'm going to resign. It's not right." And he was a friend of Dr. Finkelstein's. You know, some things like that were certainly not on the positive side. But the college has gone forward since Mr. Lotman has come in. It's grown by leaps and bounds.

The finances are better now than ever. But the finances held us down for some time, too, in making many things that we would have liked to have seen because we were held down. There was a time when we -- the old board -- the hospital would lose about two million a year. So we'd take two million from the budget of the college and make that deficit up for the hospital, and that's the way we kept going for quite a number of years. Of course, some people didn't approve of that, and that was another reason I think the hospital was sold. I don't think -- I know that. But a very disheartening thing was when some people that were in high positions -- or one person that is in a high position now with the Graduate people -- said at the first executive meeting we had with the Graduate Hospital -- he made the statement that he found two million dollars in fat, and there was the two million that we were in deficit. When interrogated as to why he did not report this item to the Executive Committee, he stated he was fearful of losing his job. This statement was made by the assistant to the president.

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