ORAL HISTORY PROJECT

Gerold L. Schiebler, MD

Interviewed by
Howard A. Pearson, MD

March 18, 2000
Amelia Island, Florida

This interview was supported by a donation from:

The Florida Chapter of the American Academy of Pediatrics/Florida Pediatric Society

Gerold L. Schiebler, MD

Interviewed by Howard A. Pearson, MD

PREFACE

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

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

ABOUT THE INTERVIEWER

Howard A. Pearson, M.D., F.A.A.P.

Dr. Howard A. Pearson is professor of pediatrics at the Yale University School of Medicine in New Haven, Connecticut. He was graduated from Dartmouth College and the two year Dartmouth Medical School. He transferred to the Harvard Medical School where he and Dr. Gerold Schiebler were classmates between 1952 and graduation in 1954. He served a rotating internship and a two year pediatric residency at the U.S. Naval Hospital in Bethesda, Maryland under Dr. Thomas E. Cone, Jr. He then had a fellowship in pediatric hematology under Dr. Louis K. Diamond at the Boston Children's Hospital. His first full-time academic position was at the University of Florida College of Medicine in Gainesville where he served on the pediatric faculty with Dr. Schiebler between 1962 and 1968. In 1968 he came to Yale as professor of pediatrics and chief of pediatric hematology/oncology.

Between 1974 and 1987 he was chairman of the Department of Pediatrics at Yale and chief of the pediatric services at Yale-New Haven Hospital. In 1991 Dr. Pearson was elected vice president of the American Academy of Pediatrics and served as the AAP president in 1992. In 1993 he was appointed to the AAP Historical Archives Advisory Committee and served as its first chairman.

Interview of Gerold L. Schiebler, MD

DR. PEARSON: This is Dr. Howard Pearson. The date is the morning of March 18, 2000. I'm in the beautiful condominium home of Audrey and Gerry Schiebler on Amelia Island in Northeastern Florida in order to take an oral history from Dr. Gerold L. Schiebler for the Oral History Project of the American Academy of Pediatrics Historical Archives Advisory Committee. Gerry, will you say a few words of introduction so that we can check the acoustics?

DR. SCHIEBLER: We are sitting here overlooking the beautiful Atlantic Ocean on Amelia Island, an idyllic part of Florida, the first of the barrier islands on the northeast coast of Florida, just below Georgia. Amelia Island was the only part of Florida to be governed under eight different flags.

DR. PEARSON: You were born at home in Hamburg, Berks County, Pennsylvania in 1928. Tell me something about your parents and family and your formative years growing up in Pennsylvania.

DR. SCHIEBLER: My parents were both German immigrants coming through Ellis Island. My father [Alwin Robert Schiebler] came from the province of Saxony; my mother came from the province of Thuringia, both in East Germany. They came to America separately just after World War I. By coincidence they both came to America because of two different branches of the same Katterman family, who were wealthy German-Americans. My mother, Charlotte [Elizabeth Katerina Sophia Schmoele] Schiebler came on a contract with the one branch of the Katterman family who were recruiting a cook and house servant while in Germany. She told me that she was one of fifty applicants who had been interviewed for just one job. The last ten finalists, she told me, had to come to the Katterman home in Germany and prepare a meal as a cook; and that she had won that contest. My mother was always very proud that she got to America on the basis of merit. She came across the Atlantic and worked and lived with the family. She had Wednesday afternoons off from work and on Sunday morning she had off to go to Catholic Mass. So my mother came over as a servant girl.

My father was educated as a teacher. He came to America about a year later than my mother in 1921, after having been encouraged to emigrate by members of a different branch of the same Katterman family. He told me stories of his immigration. He told me that when he got off the boat his major possession was a large goose down feather bed, which the Customs officials pummeled to make sure it didn't contain any illegal articles. Both my mother and father lived originally in New York City; but of course they didn't know each other. They met one night when my father was invited by his branch of the Katterman family to have dinner at the other Katterman house where my mother was doing the cooking and serving dinner. That's

how they met. Obviously they were two young people, at times lonely, both immigrants from Germany and from the same culture. They began to see each other regularly and soon decided to get married. Well, they decided to elope for a whole bunch of reasons. One, both sets of parents were deceased, and they had no immediate family in this country; two, they couldn't quite decide in which church to get married because of the religious aspects. My father was philosophically a staunch Lutheran; and my mother was a Catholic. As they told me, they went down to the New York City Hall to get married. The waiting line was three blocks long and they thought that America must be "the most marrying country in the world!" They finally got to a Justice of the Peace, and got married that same day. Without knowing it, they got married on Valentine's Day, February 14. My father in retrospect thought this was incredibly romantic. When later on I found out that there wasn't any Valentine's Day in Germany, I talked to my mother about this discordancy. She would always tell me more when we talked in our native language rather than in English. Thus, I asked her in German, "How did you get married on Valentine's Day when such a holiday didn't exist in Germany?" She told me that it was only later and in retrospect that they found out their wedding day was on Valentine's Day. The reason they got married on that particular day was because my mother had that Wednesday afternoon off. Thus it was fortuitous that my parents had this great stroke of fortune. My father was not one to pass up such an opportunity lightly; and he romanticized their wedding by telling all his children that their parents were married on Valentine's Day. We thought that this was really wonderful.

For a while after coming to America my father couldn't get a job because he couldn't speak English. The Kattermans finally got him a job in the basement of R. H. Macy's Department Store in the packing department. He was given a rubber sponge and some gummed paper and told to apply the paper to the sides of the packing boxes, in order to close them securely. This job didn't require any English! He, to some degree, taught himself English. In addition, both my parents went to night school in New York City to learn English. It was free and catered to the many different nationalities that entered the United States through New York City. The Katterman family owned several silk mills; and finally my father was asked by the Kattermans to go to Hamburg, Pennsylvania where they had opened a new mill. My father was recruited to be the office manager of this new silk mill. So when I was about eight months in utero, I was transported from Passaic, New Jersey to Hamburg, Pennsylvania. Thus, because of my father's promotion my family came to the small town of Hamburg, Berks County, Pennsylvania, which at that time had a population of about 3,000. It is by the Blue Mountains; and the Appalachian Trail was only two miles away.

This was a town in which the inhabitants were 99 percent of German-American heritage, almost all Protestants of one kind or another. It was the

most homogenous community in which I have ever lived in my whole life. I think there were only eight Catholic families in the whole town. My mother was one of the small congregation that attended St. Mary's Roman Catholic Church. There was only one Jewish family (the Morris Rubins) who owned and ran a local clothing store. There were no African-Americans in the entire community or any other minority group. It was an extraordinarily homogenous community. Over the generations, there had been a great deal of intermarriage between second or third cousins. Like all small communities, it had developed its own self-control measures. You couldn't do anything in that town without someone telling your parents. Thus, Hamburg didn't require much of a police force. I think the one policeman worked only five days a week. Therefore, the community policed itself very well. So that's how my family got to Hamburg, Pennsylvania.

DR. PEARSON: Were you bilingual at home?

DR. SCHIEBLER: Yes and no. We spoke only German at home early in my life. Later, as the children grew older, we spoke both languages at home depending on the situation. My parents tell the story that at age three I wandered off some 15 blocks from our home. The only reason people knew who I was, was that I couldn't speak English. I spoke only German early because that's what we spoke solely at home. My mother tells the story, about which I have no recollection, of the reception that we got in a new neighborhood of Hamburg. She got my older brother, Klaus [Gundolf] Schiebler and me all dressed up in new sailor suits and sent us out to meet the new neighborhood kids. Because we couldn't speak English, they beat us up and tore our new suits. When we came home my mother cried. My father gave us no sympathy whatsoever. He said, "If they want English, give them English." We went through the neighborhood's "Berlitz language course," i.e., playing with English speaking children every day; and in four months we were pretty good at English. We grew up speaking three different languages. We spoke predominantly German at home. When we got to school, we spoke English. Then in the streets we spoke the Pennsylvania-Dutch dialect, which is a mixture of German and English. It's not really Holland Dutch because the word Deutsche means German; so Pennsylvania-Dutch really means Pennsylvania-German. Pennsylvania Dutch is sort of a mixture of these two languages; and it has variants from county to county. We spoke a lot of the dialect in our interactions with the community. At home we spoke what we called "high German" or classical German; and we spoke English in the schools.

My mother, whom we called "Mutti," was completely dedicated to her family. She deeply cared for and loved each of her children, even when we disappointed her. She was an excellent, indeed immaculate, housekeeper and a phenomenal cook. She had learned to cook well during her later childhood, when she and her siblings were brought up in a home run by Catholic nuns, as her mother had died and her father couldn't take care of them by himself.

She stayed at home, very content to take care of my father (whom we called "Vati") and the three children. I can't remember my mother ever relaxing or just doing "nothing." At the end of the day, when she did sit down, she was invariably darning socks, knitting, or doing some crochet work. She assigned the chores in the household regardless of gender. Thus, my brother and I took our turns at washing the dishes and doing housework and my sister mowed the lawn. Being the second child and second son, with an older brother and a younger sister, was never a great spot in such rotations, or any other rotation.

Never being very much involved in the community, my mother never made any close women friends. She always spoke English with a distinct German accent. Once, she applied for membership in the Hamburg Women's Club; but she was denied admission because she couldn't speak English well enough. That rejection hurt her deeply.

She was about 5'2" in height and never weighed more then 100 pounds. She had some type of intestinal malabsorption syndrome; and thus, in spite of what she ate, she never gained weight.

My mother had an impeccable moral code; there was no "gray." There was only right or wrong; and she adhered to this philosophy throughout her life. Chicanery, half-truths, and bending of moral parameters were not in her lexicon. She was very thrifty, to the point of being frugal. For most of our childhood, she had to feed the entire family of five on a budget of $3.00 per day. We never went hungry, even in the midst of Depression, and her German-style soups, meats, bread, and pastries were fabulous. My father, in typical Germanic fashion, did almost nothing around the house. Thus it was left to my mother to run the hot air furnace, the separate hot water stove, and make all minor household repairs. Since we used coal as a fuel, we not only had to shovel coal, but also remove the ashes from the furnaces. These chores were <u>always</u> done by either my mother or one of the children.

We also worked in her flower garden in the back of our house. She loved flowers. During the war, my sister Lenore [Charlotte Muir] and I had a "Victory Garden." We were given a plot of ground near our home on which we worked prodigiously. All kinds of vegetables were raised by us, with the great help of the folks who had the adjacent plots of land. Their help was essential to our efforts, as neither parent was involved in that "Victory Garden."

In 1936, when I was eight years old and in the third grade, our family went to Germany as my parents wanted to see the Olympic Games. That was the famous "Jesse Owens Olympics" in Berlin, in which his four Olympic gold track medals embarrassed Hitler and the entire Nazi hierarchy. Apparently my father had a small estate left to him by his parents. He felt that because

he was a minor when both his parents died, he had an appointed executor who by his perception had literally robbed him. Under the laws of Hitler's Germany, you couldn't take your estate's fiscal resources outside the country. You had to spend it in Germany. So my parents went back to Germany in '36, along with my sister, Lenore and me. My older brother Klaus stayed with friends in the United States. We were in Hitler Germany for about fourteen months. For the most part, my mother stayed with us in Germany; but my father returned to the States after about six weeks to go back to work. My sister and I, during that time, were shifted between a whole series of relatives. We learned to adapt very rapidly, because every family had a different *modus operandi.* During that time we forgot all of our English. When we came back to Hamburg, I was in the fourth grade and my sister in the third grade. After that trip, since neither one of us spoke any English at all, we had to relearn our language. It was difficult for us in that environment because between German, English and the "Pennsylvania Dutch" dialect, we were never quite sure which language to use.

In the Hamburg community, for whatever reason, many of the children had nicknames. One of the star boy athletes at Hamburg High School, John D. [Daniel] Young, was called "Honey." I never remember anyone teasing him about his name! Other nicknames that I remember included Boonie, Butch, Fuzzy, Pinky, Buppy and Foxy, all of which had little or no relation to their real names.

At birth, my father gave me the nickname, "Butzi." I'm not sure why. It was said to be some derivative of the German language meaning "little boy." My sister, Lenore's nickname was "Lilla," and my brother, Klaus, was called "Klausie" by some. Growing up in Hamburg, almost everyone called me "Butzi" although some, especially the teachers in school, called me "Gerold." Even to this day, however, folks in Hamburg, particularly my high school classmates, call me "Butzi." No one *ever* called me "Gerry!"

I adopted "Gerry" the first day I got to Franklin and Marshall College; as I felt that would be more appropriate and very easily understood by all with whom I came in contact. My father did not believe in naming his children after anyone. When I asked him how he named me, he gave me a half-hour dissertation on the subject. In his usual precise way, he outlined his reasoning behind the crafting of my name. Each component had to have two syllables to give the full name a rolling rhythmic effect when pronounced. He also wanted to incorporate as many vowels as possible. Thus, the first name *Gerold* had "e" and "o" and the second, *Ludwig,* had a "u" and an "i." I was astonished, and indeed impressed, with the amount of effort and thought that had gone into fashioning my name.

DR. PEARSON: So you grew up in Hamburg, went to the high school in that community, which again was very homogeneous.

DR. SCHIEBLER: Yes, although Hamburg was a very small community, it was one of the most highly diversified, industrialized communities for its size in the state of Pennsylvania. There were about 33 different kinds of industry! Thus, the two broom factories were counted as one industry, the four ice-cream plants as one, the steel mill as another, a brass foundry as one, the battery works as one, the several knitting mills as one and the Katterman silk mill as one.

Growing up in Hamburg, I had two main jobs outside the home. The first was as a newspaper carrier for the Hess News Agency, run by P. F. [Percy Franklin] "Dutch" Hess. I inherited my brother's route, not one of the best since it didn't start at the store. I carried about 110 newspapers walking door to door in the east section of town. The salary was $1.00 per week for the six weekdays. If you carried the Sunday paper, that was 25 cents extra. At Christmas time, we passed out next year's calendars. That was a signal for all the subscribers to give us a Christmas gift. The most I ever received at Christmas from the folks on my paper route was $7.85, which was less than 8 cents per subscriber!

The added attraction at the Hess News Agency was that the newspaper carriers could read all the comic books free until the afternoon paper arrived from the county capital, Reading, where it was printed. Since my father didn't allow comic books in our home, I would go early to the news agency and read comic books for an hour or so. I really enjoyed the comic books!

The other job I had in Hamburg was with the Miller 5 and 10-cent store, owned and run by one of our neighbors, Mr. Arthur C. [Clyde] Miller. There I was the factotum, doing everything from stock boy during the week to being a salesperson on Friday and Saturday nights. I was assigned to either the hardware counter or to the front of the store dipping ice cream. Arthur Miller was a tough, demanding taskmaster; but he recognized hard work and commitment. I learned a great deal from him regarding managing staff and customers in a retail environment.

The money I earned from these various jobs I sheparded very carefully. Indeed, I was very thrifty, almost frugal, when it came to spending my own money. By the time I graduated from high school, I had a personal bank savings account of over $900, which in those days was a considerable sum!

My recollection of the community's educational system is that it was spectacular. We had grades one through six in one school. There was no kindergarten. Then grades seven to twelve, junior high and high school, were in the other school. To get to school you either walked or took a bike. If you lived out of town, you got bussed in by a school bus. The only cars in the school parking lot (usually only three or four) belonged to the principal

and one or more of the teachers. They bussed children into the Hamburg High School from a radius of 10 to 15 miles from all over the surrounding rural areas and small towns usually with populations of 500 to 1,200. There was no school lunch program, so you brought your lunch or you went home for lunch. I went home for lunch every day and walked back and forth. This was made quite easy, because for most of that time that we were going to that junior-senior high school we lived just aside of the school athletic field. Thus, a very short walk!

I think that because my father was educated as a teacher, the primary focus at home was education, education, education. For all immigrant families, the first thing you learned was that the only way to upward mobility was education. My father had three rules in regards to school: 1) Don't bring your problems home; 2) Solve them with your teacher; and 3) Even when the teachers are wrong, they're right. He adhered to this credo rigorously; even when we thought he should take our side of an issue because we thought some of the teachers weren't the best. He thought we should learn to deal with all kinds of people that we would meet later in our lives; outstanding, good, fair and incompetent. My father was very strict about us doing our homework and getting good grades. If you got a bad conduct mark, you got no allowance, regardless of excellent grades. For good school performance and good conduct, my father gave each child an allowance of a quarter a month, which at that time was a princely sum.

Every year my parents gave a big reception at our home for all the teachers involved in our education. We had several kinds of sandwiches, wine punch and pastry goodies. My father would give a flowery speech praising them all. He thanked them for the role they had played in the education of his children. We kept telling him some of our teachers were no good; but he didn't buy that concept. He said, "They all think they're good; and we're going to tell them they're all good!"

DR. PEARSON: At this time, he was still office manager at the Katterman family silk mill?

DR. SCHIEBLER: Yes. He was still at the silk mill. The industry, however, was in trouble, particularly since they couldn't get any more silk from Japan after Japan's entrance into World War II. Loss of access to their raw materials spelled the demise of the silk industry. The mill, attempting to address some profound technological changes, switched to making rayon and then came nylon. The nylon industry itself was undergoing constant change. In the early 1940s, larger companies and factories throughout the country finally forced this small mill out of business.

Prior to the closing of the silk mill my father took a job at a knitting mill in our town called Burkey Underwear, Inc. where he again became the office

manager. That mill primarily made undershirts and undershorts and a variety of ladies garments. My primary recollection of that mill was a big room filled with all sorts of fancy boxes on which the names Gimbels or R.H. Macy's or others were stamped. They were putting the exact same product into differently named boxes and shipping them out! During World War II, the mill made lots of Army garment products, and also made parachutes. My father worked in Hamburg at this knitting mill for the rest of his employment life; and at the age 62 he retired.

Then he and my mother went back to Europe, initially to Austria. After a year or so, they moved from Austria to the town of Baden-Baden in the Black Forest area of Germany where they both lived for the rest of their lives. My father explained to our friends in Hamburg that with only his Social Security payments to support him financially, it was less expensive to live in Europe. I felt that an additional component of his decision making was that neither of my parents ever recovered from my brother's death serving in the US Army in World War II.

DR. PEARSON: Tell me about Hamburg High School?

DR. SCHIEBLER: This for me was a tremendously intellectually stimulating environment. The principal of the high school, Mr. John Nathan Land, was not only a strict disciplinarian; but he was a phenomenally gifted educator. I remember that in our high school junior year Latin class taught by him, there were only seven of us. I wound up with a final grade of 92 for the year and that was the second lowest mark in the class! Those seven kids all went to college and they all graduated with honors cum laude or above. It was probably the brightest, most gifted class I've ever been in anywhere. These same individuals in later life did very well in a variety of careers. Another thing that benefited both my sister and me was that my older brother Klaus had preceded us. My brother Klaus' IQ was recorded at 167; and he was a mathematical wizard. Because he had done so well academically, even though he was three grades ahead of me, everyone expected me also to do well. My sister Lenore and I were not mathematical wizards; but the teachers thought that we should be, and treated us accordingly. In fact, the teacher in high school math [Mr. Mahlon Weber] had assigned the first seat in the front row on the far left side as the "Schiebler Seat." My brother sat there, I sat there and later my sister sat there too. He was a brilliant eccentric, but in our estimation, a very poor teacher.

I did very well in my high school. I think that I had the second highest overall academic average (98.2) of anyone who ever went to that high school. I was valedictorian of my class (1946), of which my parents were very proud. I think that our community's educational environment helped a lot. Our family never had a car when I was growing up. Having very little malleable

money decreases your options as to what you can do. So I think that a great deal of our time was spent on educational pursuits. There weren't the numerous distractions children have today. My father spent hours with us on our homework, much more than I ever did with my children. He drilled my brother and me extensively between the German, English and French languages, as he was trilingual. He would give us a phrase in one language; and we would have to repeat that phrase to him in the other two. My brother wasn't too interested in languages; but he was smart enough to pick up essentials. He felt that language skills were all "rote memory," and he was far more comfortable with abstract thinking, excelling in all forms of mathematical pursuits.

My father had some favorite maxims that he emphasized to his children. One of the most powerful was: "The first day you tell a lie is the easiest; but everyday thereafter it gets harder! The first day you tell the truth is the hardest; but everyday thereafter it gets easier!" I have thought about that dictum many times and it has proven very useful throughout my life, particularly in demanding situations when one is tempted to shade the truth.

One of my memories, growing up in Hamburg, involves the single time our family got involved in politics. My father worked almost every day in his role as office manager at one of the mills. He almost always worked Saturdays and Sundays, easily averaging an 80 to 90-hour workweek. For a variety of reasons, he intensely disliked FDR [President Franklin Delano Roosevelt]. Somewhat later, he decided to run for the office of borough secretary of Hamburg on the Republican ticket. I tried to dissuade him from this election role, since no Republican candidate had won an election in Hamburg, or anyplace in Berks County, since the Civil War.

In spite of a spirited campaign, the outcome was preordained. The Democratic candidate for borough secretary, one of our neighbors, Mr. Ralph Bond, received almost 1400 votes and my father less than 300 votes. Six months later Mr. Bond was admitted to the mental asylum in Wernersville, Pennsylvania; and my father interpreted this event as proof positive that, all Democrats were crazy. That ended the family's involvement in the political system of our community.

DR. PEARSON: You have described the town of Hamburg as being very ethnically homogeneous; and yet there were factions within it that made life difficult for your family in the early 1940's.

DR. SCHIEBLER: It was interesting that the second and third generation German immigrants, who made up most of the population, seemed to be trying to prove that they were better Americans than those of us who were the first generation Germans. I thought that I had finally arrived and was accepted as an American in the eighth grade when I got the American Legion

medal as the outstanding boy student. But I knew from day one that I was different from everybody else. In most homes, everybody else spoke the dialect and English. We spoke primarily either English or German. When your family is first generation German and all the children are doing very well in school, sometimes excellence engenders envy.

When the United States entered World War II in 1941, it became a very difficult time for us. We were almost alone in the community as first generation Germans. My parents both became naturalized American citizens in 1925, shortly after they were married. My parents belonged to no political activity groups. They were not members of the Deutschbund. They had no contact with any kind of German-oriented society. But I remember our great fright when, within 48 hours after Pearl Harbor, the FBI [Federal Bureau of Investigation] staff was at our front door to check out if anything of concern was going on. Then I knew that we as a family were different from anybody else in the community.

One of the things I remember vividly was that certain people in the Hamburg community reported us to the FBI for all kinds of alleged illegal activity. The FBI came to our door unannounced four times during the war. The second time was because somebody had reported that we were transmitting secret wireless code messages to Germany. The only thing we had in our home was an old radio, certainly no transmitting device. The next time someone reported that we had a hidden cache of arms; and they searched the whole house for guns. Well, even to this day, nobody in our family has ever owned a gun of any kind at anytime. The fourth time they reported us as having a Nazi flag over our fireplace. The FBI found out we had no fireplace and no flag. I believe, on the basis of the frequent visits of the FBI, that in the Hamburg community we as a family were singled out. I now know that there were certain people in town that disliked us intensely. Somebody obviously kept reporting us. The vast majority of the citizens of Hamburg were not involved in such anti-Schiebler family endeavors. They were either neutral and uninvolved or supporters, such as the families of my closest friends. These were Clarence L. [Lesher] Burkey, whose family owned a local furniture/funeral parlor; and John N. [Nathan] Rightmyer, whose family owned and operated a local car garage that specialized in battery and electrical work. Clarence, in later life, was the chief financial officer (comptroller) of several major corporations. John followed me to medical school and had a career in family medicine, which he practiced in a distinguished fashion for many years in our home community.

When did the FBI visits stop? They stopped after my brother Klaus got killed in the war at the battle of Shuri in Okinawa in 1945. They never came again. My father always said that we "paid our price in blood" to be Americans. After his death no one bothered us anymore. Soon thereafter we received the "Gold Star" flag. It was a white flag with a gold star in the

center. It was given only to families who had lost a son in the war. My mother became a "Gold Star Mother." After WWII ended, there was a victory celebration in Hamburg. All the nine "Gold Star Mothers" were in the parade, conveyed in several cars. What a terrible price to pay: nine young men from the Hamburg community killed in the war, coming from a population of only 3,000 people.

One of the things that was a great psychological benefit was that my sister, Lenore, and I spent many summer vacations with our aunt and uncle in Massachusetts. I call them my aunt and uncle; but they were just wonderful friends of my mother. Their home in New England was a peaceful haven for us. Nobody ever said anything about the fact that we had a German name and spoke that language. We spent a lot of summers in a little town called North Carver, which is on Route 44 on the Plymouth-Middleboro–Taunton-Providence highway. My aunt, Elise Regenass Loring [Tante Lisel], had been the assistant dean for women at American International College in Springfield, Mass. She married a New Englander, Wilfred Blanchard Loring, from the small town of North Carver in the cranberry growing area in eastern Massachusetts near Plymouth. He worked for the local cranberry box mill. I think that my parents, in their wisdom, sent us periodically to New England because we were safe there. We were not "marked people." In North Carver we were considered as relatives of Wilfred Loring. He had grown up in the area and was a respected member of this small town of about 700 people. The fact that we were first generation German-Americans was never raised as an issue.

DR. PEARSON: At about this time you must have started thinking about college.

DR SCHIEBLER: I chose Franklin and Marshall College in Lancaster, Pennsylvania because my high school principal, Mr. John Nathan Land, told me to go there. He himself had gone to Franklin and Marshall; and in those days you listened to your principal! He also said, "When you get there, sign up for Greek." I said, "I don't want to take a Greek course." Mr. Land said, "My son-in-law [Donald W. Prakken, PhD] is a professor of Greek at Franklin and Marshall; and they're short of Greek students. Indeed they may abolish the department. He needs students, so you're taking Greek." And so I signed up for a whole year of Greek, a tour de force, as there were only six students in the class, all the rest being pre-theology students. It meant that you had to do your homework for every class!

I thought languages were one of my strengths; and I enjoyed them. However, my speaking English, German and the Pennsylvania-Dutch dialect obviously affected my speech pattern in choice of words and pronunciation. One manifestation of that circumstance was that I thought I was a rather good public speaker when I was in high school. When I went to Franklin and

Marshall College, there were only two required courses. Because it was an Evangelical Reformed Church-oriented school, we had to take a semester of religion. Later, I ascertained no medical school accepted this course for credit. The second required course was public speaking. Beginning the first semester, I figured that because I'm a terrific public speaker, I'll get an easy A. I gave my first talk; and I thought I did great. The professor, whom I'll never forget, was a Dr. Darrell Denton Larsen. He came waddling down the aisle, and said, I quote, "Another goddamn Berks County Dutchman!" He could even tell from my accent what county I was from in Pennsylvania! He said, "Schiebler, that's a D-. At the rate you're going, you're going to flunk out the first semester. See me in my office afterwards." During my ten-minute talk, he had written down a series of words. He said I had used 55 words not in the English language. "That may be okay in Berks County in high school," he said, "but it's not going to get you anywhere at Franklin and Marshall." So I got an awakener. It's a little hard to get a grade of D- your first week in college! From then on, I worked very hard to recraft my English language skills; and except on very rare stressful occasions, I think that now I can pass as someone for whom English is his native language.

After my 19-year-old brother, Klaus, was killed on the field of battle in Okinawa in '45, I had a difficult time. I was in New England visiting with the Loring family in North Carver, Massachusetts when I received the news. I guess, in retrospect, I became depressed. Through the great wisdom of my aunt and uncle, they realized I needed to stay longer in New England for my psychological well being. The question was, where could I stay for the whole summer? My uncle went to see the owner of the local cranberry box factory where he worked, a Mr. Frank Cole. Mr. Cole took me down to the nearby Taunton, Mass. Annawon Council Boy Scout camp [Camp Norse on Darby Pond near East Carver, Massachusetts] and he introduced me to the camp director known as "Chief" Bill [William Arthur] Collins. Mr. Cole said I needed a job for the summer. Chief Collins asked about my scouting background. I mentioned that the Boy Scouting movement was a significant component of my boyhood life. First I started with the Cub Scouts, and then advanced to the regular Boy Scout movement. My parents were very proud of my achievements in the scouting organization. One of my outstanding scoutmasters was Mr. Robert Merritt Oberholtzer, from whom I learned how to be an effective communicator to adolescent boys. He was an outstanding role model. I went through the leadership ranks as patrol leader and then senior patrol leader with the Boy Scout troop associated with our church, St. John's Lutheran Church. Over the years, at the age of 16, I had earned the highest award, the rank of Eagle Scout. In time I received over 41 merit badges, which entitled me to get some "palms" attached to my Eagle Badge. After hearing my resume, Chief Collins offered me the only available job on the camp staff, which was one that nobody else wanted! That was head supervising dishwasher. I was responsible for that outdoor dish washing area of the mess hall complex. Every day before breakfast, lunch

and dinner, I built a fire and heated up a big barrel of water to the boiling point and put it under a big pulley. The camp boy scouts would leave their tables after each meal, wash their individual dishes by hand; and put the dishes in a wire basket. Then I would dip the dish-filled basket into the boiling water to sterilize them before the scouts took them back to their tables. That was okay job when the sun was shining. It wasn't too good a job when it was raining and you couldn't find any dry wood to build your fire. It wasn't a great job, because the kids really didn't like washing their own dishes. Thus, the whole first year at camp I was in charge of supervising the dishwashing and sterilizing of the dishes. But after having paid my dues on the camp staff doing this onerous job for one year, and because the camp director thought I did a good job, he asked me to come back on the staff.

I spent every summer at the same Boy Scout camp until I graduated from medical school. I did nature counseling one year, and then I supervised the waterfront and life-saving activities one year and for several years I led the Explorer Scout group. I set up the first Explorer Scout camp program in New England. We took three and four-day canoe or camping trips. The camp director, Chief Bill Collins, trusted me with a lot of responsibility and I learned a great deal from him regarding management and leadership skills. By that time I had been through college and was in medical school. I wound up the last couple of years as his assistant camp director. At that time my salary was $5.00 for the whole summer and all I could eat. I kept telling my father that I wasn't making much money to help fund my educational expenses. In retrospect, he had incredible wisdom. He said, "In your profession you'll never be able to take off a whole summer to be in the woods and money isn't that important now." The important thing in his mind was that I could be out in the woods enjoying nature, being with the Boy Scouts. I think that he was very wise. He thought I should take advantage of this period of my life, because it would never come again.

Another important contribution of scouting in my life was learning to swim. This was one of the most difficult challenges of my life. The Boy Scout movement in a way forced me to address this ability, because you couldn't advance in rank without getting both swimming and life-saving merit badges. I didn't want the members of my Boy Scout Patrol, of which I was the leader, to advance to a rank higher than me! Thus, I finally conquered my fear of the water, and passed all the swimming and life-saving skill tests by age fourteen. That was the main reason I personally instructed the non-swimmers at the summer Boy Scout camp in Massachusetts. I knew how hard it was for some children to feel comfortable in the water. What a difference in the generations! All of our children, and all of our grandchildren, had mastered swimming by age four!

DR. PEARSON: When did you begin to think about a career in medicine? Was it at Franklin and Marshall or sooner?

DR. SCHIEBLER: By the tenth or eleventh grade, I was thinking of either a career in engineering or medicine. I was very discouraged in taking mathematics courses because my brother had such an established outstanding track record in mathematics. I knew I could never really compete with him in that category. In our county, which had about a quarter of a million people, they had an annual contest for the students in junior high (7th through 9th grade) and high school (10th through 12th grade) in various academic subjects: one being in mathematics, one in history and another in geography. You took a written test competing against all the other students in your county. As a seventh grader, I won the geography prize against all other seventh, eighth and ninth graders in the whole county, primarily because my father got me interested in stamp collecting. When you had a variety of stamps you had to look up the involved country on the world map or world globe. Thus, I learned a great deal of geography just looking up the countries of the various stamps. My brother as a tenth grader won the mathematics prize against all other sophomores, juniors and seniors in the whole county. We went with our parents to the county seat of Reading, Pennsylvania to the awards ceremony as brothers. As we were standing on the stage receiving our awards I'll never forget what my brother said to me, "That geography stuff, that's nothing but memorization. Mathematics, that's the real thing." He wasn't very impressed with my winning the geography prize, but my parents were tremendously impressed and very proud; because we were the only brothers who had won awards and we had beaten everybody in our own age cohort.

I began to think more about medicine toward the end of my eleventh grade year in high school.

DR. PEARSON: Did you have any mentors or role models?

DR. SCHIEBLER: Yes. Our first family physician in Hamburg, Dr. Arthur [Alexander] Cope was a phenomenal role model. He had delivered me at home on June 20, 1928. All three children were born at home. My father disliked hospitals! Later Dr. J. [John] George Meharg was our family physician; and he was outstanding! Our town physicians were all family physicians. They all had trained at Jefferson [Medical College], the University of Pennsylvania [School of Medicine] or Temple [University School of Medicine]. All the community physicians were outstanding individuals and very much a part of the community. All spoke the dialect in addition to English because they had to communicate with their patients. The rural folk spoke the dialect in preference to English. They succeeded financially in part, I think, because they practiced in a community where people believed in paying their bills. Each one was an integral part of the fabric of the Hamburg community and very highly respected. I think the doctors in our town all were phenomenal role models. The other professional

role model for me growing up was our family dentist, Art [Arthur] Moll [DMD]. He was terrific and handled children very well, especially this little boy who had lots of cavities and who didn't like needles and novocaine.

Growing up, I knew that if you had a very sick child whose family had no money, you sent him to Dr. Waldo E. "Bill" Nelson at St. Christopher's Children's Hospital [for Children] in Philadelphia. I didn't know who Waldo Nelson was. I didn't even know exactly where that hospital was located as a child; but I knew you sent sick children to Dr. Nelson.

With respect to the practice of medicine, I wasn't acquainted with what doctors had in their black medicine bags. I knew that my mother had a lot of German home folk remedies. If you had a sore throat, you got chamomile tea with rum. After three glasses of chamomile tea with a shot of rum, you either felt better or you didn't care. Then she would wrap itchy rags around our throats. First a white rag that had been soaked in very hot water and then rung out. This was covered with a red flannel rag to keep the heat in. We all slept in unheated bedrooms under our "feather beds" even in the winter. When the white rag lost its heat, it became very cold and clammy. She'd also put Vicks Vapor Rub on our necks with that program. We rapidly learned to tell her that our throat didn't hurt anymore. If you complained too much about a sore throat, she would call the doctor and he would "paint our throats" with a swab of Mercurochrome; that really hurt. That "painting" ostensibly was to kill the strep germ, although he probably had little or no idea about its effectiveness. Thus, I had my throat painted several times. Audrey remembers that in a similar situation her mother, Hilda I. [Irene Johnson] Lincourt melted the Vicks Vapor Rub and made her drink it! Of course, all the children in our home received a tablespoon of cod liver oil everyday as an integral component of our health regimen.

My father's main medical preoccupation was watching out for tuberculosis [TB]. I believe one or both of his parents died of tuberculosis. He sent me to the Harvard Medical School Infirmary to get the BCG [Bacillus Calmette Guerin] vaccine during my freshman year. TB was a great fear of many Europeans in that era. My father said, "Don't marry a skinny girl; because she might have tuberculosis." He said the Flemish artist Rubens [Peter Paul Rubens] uniformly drew robust women and those girls were healthy; but those skinny ones could have tuberculosis. He further said, "Eat a lot of butter. It keeps away the TB germs," whatever they were.

At one time the Hamburg community leaders had a choice between having either a junior college or the regional TB sanatorium. The local voters and town council decided they did not want college kids running around town creating disturbances; so the junior college was located in Kutztown, Pennsylvania and Hamburg got the TB sanatorium [Hamburg State Tuberculosis Sanatorium] known locally as "the Sani." So, TB was on our

minds every day. In time the sanatorium became an institution for the developmentally delayed and retarded; and later a locus for statewide governmental offices as TB faded from the medical scene.

In eleventh grade I started thinking of medicine as a career. By the time I became a senior in high school and before I went to college, I was pretty well decided on medicine. My parents didn't have any money to send me to college. My father never made more than $125.00 a week in his whole life. After he retired, he had no pension from his employer or any other financial equivalent beyond basic Social Security. I went through college without any significant financial support from my parents. We couldn't even afford a car. My main support financially was from a regional scholarship that paid all my tuition at Franklin and Marshall for all four years. All applicants to Franklin and Marshall from Berks County competed for this scholarship and I was most fortunate to be selected after filling out an application and going through a formal interview with all other applicants.

Franklin and Marshall at that time was an all-male school. I remember that I had set several goals for myself at Franklin and Marshall. One was to do well academically, which I did and graduated *magna cum laude*. Two, I wanted to develop some leadership skills, and I became president of my Delta Sigma Phi fraternity, Upsilon Chapter. Three, I wanted to get a Franklin and Marshall letter in one of the athletic programs. Thus, I ran cross country in college, which was not a great spectator sport. I finally got my letter in cross country, primarily because it didn't require much athletic skill. All I had to do was to run at least five miles everyday. I vividly remember that I would get out of the science lab at about 5:30 pm, then go to the gym to dress and put in my eight to ten miles running, then shower and then eat supper. By the time I got back to my room, it was 9:00 pm and I didn't feel like studying very much. I don't know how students are able to do collegiate contact sports. You get beat up physically in football. I don't know how you can do college contact sport athletics and maintain a level of scholarship at the same time.

My college roommate for all four years was David G. [George] Cross, a most fortuitous happenstance. He was a terrific roommate! We remain good friends and in contact with each other to this day. He also went to medical school. When we entered college in September 1946, there were two cohorts of students. One, those who just got out of high school; and two, everybody else who were just coming back from serving in the war. So, the freshman class was made up of those us who had missed the whole war because we had graduated from high school in '46 after the war had ended and the returning World War II veterans. The returning veterans had all the plush refurbished dormitory quarters and only two to a room. These prerogatives they richly deserved. An advantage that we had as students just out of high school was that we knew how to study! I had been quartered with two other

freshmen on the fourth floor of the Hartman Hall dormitory. Thus, there were three to a room and no elevators!

I vividly remember the day that my parents dropped me off at college. They had to get a neighbor to drive us down to Lancaster, Pennsylvania, because my parents up to then had never owned a car. The neighbor said, "I know the glee club director. Why don't you join the glee club, so you can have a sort of psychological uncle to go to for counsel if needed?" So I joined the glee club, as a mediocre baritone. The problem was that a few weeks after I arrived at Franklin and Marshall, the glee club director was caught *flagrante delicto* **with his secretary and got fired. So there went my psychological security blanket!**

After my parents dropped me off at my new dormitory room, there was a knock at the door. I was alone because my two roommates hadn't shown up yet. At the door were two big lugs wearing football outfits, both veterans. They said, "Kid, do you know what the rules are for you freshman who weren't in the war?" I said "No, sirs." I was petrified by fear. They said, "You have to clean our rooms every day." So I became their "slave" for a month. These big bruisers were both on the football team and I was a 128-pound weakling! I knew I didn't want to go to the administration and complain; and I knew that I had to work out my problems myself. My father had taught me that.

I was eventually saved because all three of us were in the same freshman history class and they were not doing well. When they came to me to ask me to help them study for the forthcoming first history test, I said, "Now there has to be a ***quid pro quo*** **here. If I help you study, I'm no longer your room slave." They accepted that arrangement, so I worked with them for a week. When the first history test came along, it was an essay test with ten questions. I made up twenty questions; and I drilled them on those twenty questions and the accompanying answers. They didn't know a thing else but they knew those twenty questions and answers cold. Nine of the twenty questions that I had composed were on the examination! One of them got a grade of 93 and the other got a grade of 94. I got a 99 on this test; but they always thought I had received the test questions in advance. I never got any credit from them for having cogently analyzed the classroom material. Thus ended my servitude to these two members of the football team!**

I learned about several different aspects of life and death at Franklin and Marshall. It was the first inkling I had of homosexuality. I had never experienced or encountered that previously. My brother one day had the temerity to ask my father what he thought of homosexuality. My father was livid. His face got red and his neck veins stuck out. When he was really mad, he didn't look at you. He said, "God, doesn't approve of it." That was all either of my parents ever said about this topic. I didn't know if

homosexuality was more endemic in an all-boys schools or not; but I had not encountered it previously in all-boy groups such as the Boy Scouts.

A second thing about which I learned during my college days was adolescent and young adult suicide. There were three student suicides that I remember vividly in college. I never had been exposed previously to suicide in that age group. Thus, homosexuality and adolescent suicide were two new encounters for me.

Another thing I remember vividly about Franklin and Marshall College that made a profound impression on me, and one that I had never been exposed to previously, was murder. There was a student in my class named Eddie [Edward Lester] Gibbs. In my senior year, one of the Dean's secretaries was murdered in a little town near Lancaster called Paradise. You know all the stories about the names of these Pennsylvania-Dutch towns, such as, "You can't get to Paradise except through Intercourse," and so on. It was not known for about ten days who was the murderer. Then one day when I was sitting in sociology class, the police came in and handcuffed Eddie Gibbs and took him to jail. After a trial filled with many lurid details, he was later electrocuted. The reason I remember all this information so well was that it was etched in my memory after an encounter many years later at a party in Tallahassee, Florida, the state capital. One of the State Supreme Court justices asked me where I had gone to college. When I said, "Franklin and Marshall," he answered, "Oh, I've heard of that college!" I puffed out my chest with pride; until he said, "Yes, I know that college well because the last person to get the electric chair for murder in the state of Pennsylvania was a Franklin and Marshall student named Eddie Gibbs." That's how he knew Franklin and Marshall! This episode led to the publication of a series of books called *Murder in Paradise.* They became part of a sensational series about murders on college campuses.

Because I had little or no malleable money and no car, it was difficult for me to get any dates except to walk four blocks to the St. Joseph's Hospital Nursing School. I could easily walk there! The students with cars went to coed Millersville State College eight miles away. A car gave them far more latitude and range than I had. After the Gibbs murder episode, I remember distinctly that the St. Joseph's Hospital Nursing School leadership issued a decree. For six months, they cut off all kind of dating of the student nurses with Franklin and Marshall students because we were obviously not to be trusted.

In retrospect, the fact that I had little extra money and no car may have saved me from all kinds of temptations. At least my father thought so. My parents sent me some care packages. I took or sent my laundry home. During my early college years, I worked assiduously on my English language structure and studied intensively for all tests. In those days, I remember

being able to digest enormous amounts of information in a very short period of time for an exam and then forget most of it within 48 hours. I've always had a very good memory, and I did well in most every course, except mathematics. In fact, I had to take the remedial course in mathematics [algebra] at Franklin and Marshall. All in all, I enjoyed my four years at Franklin and Marshall. It was and remains a very good school, especially for pre-medicine courses. Running cross country competitively every fall gave me an excellent diversion from scholarly tasks, and it kept me in very good physical shape.

The school physician at that time was Dr. James Z. Appel of Lancaster, Pennsylvania, who later became president of the American Medical Association. I noticed that he was checking our urine after our cross country races. I didn't realize at the time why he was doing this study. He later wrote a scientific paper on the assessment of urines of cross country runners after a race, in which the spun down sediment showed many red cells, white cells, and protein casts; because ostensibly running long distances puts a lot of stress on the kidneys. It was a benign occurrence, which resolved quickly after the end of each race.

Another event I remember about Lancaster was that a local physician [Dr. David B. Coursin] at the Lancaster General Hospital discovered that there was a newly developed infant formula that lacked a certain vitamin, which resulted in convulsions in a number of babies.

DR. PEARSON: The formula was SMA and the lacking vitamin was pyridoxine.

Dr. SCHIEBLER: That's it! One of the highlights was that I graduated *magna cum laude* from Franklin and Marshall College in 1950. I majored in biology. My teachers were very good. I did a small research project in my junior and senior years with one of my fellow students named Hank [Dr. Henry Moses] Wise [Jr.] on the immunologic response in frogs. Thus, I got some early research experience under the late James "Mac" [McCown] Darlington, PhD, a superb teacher and an outstanding individual. To me, Mac Darlington was the essence of Franklin and Marshall College.

I was very active in my fraternity, Delta Sigma Phi and in my senior year was president of the Upsilon Chapter of this national Greek letter fraternity. In this role I learned a lot about myself dealing with multiple problems with a group of intelligent but diverse individuals. I ran a lot of cross country each fall during all four years. I was a mediocre cross country runner, but I finally earned my F and M letter in that sport. I remained with the F and M glee club as an average baritone for all four years. The main advantage appeared to be that we visited various all-girl colleges in that geographic area to have joint concerts.

DR. PEARSON: Then you applied to medical schools. How many?

DR. SCHIEBLER: I applied to about five medical schools thinking that I would have my best chance of being accepted to the University of Pennsylvania, Jefferson or Temple, i.e., one of the Philadelphia medical schools, because they were close geographically and all had outstanding reputations. Then my father said, "Why didn't you apply to Harvard [Medical School]?" I said, "No Franklin and Marshall student has ever gotten into Harvard!" Franklin and Marshall College leadership had a very good track record in getting students into one of the above outstanding Pennsylvania medical schools. In fact, the Dean at the U. Pennsylvania Medical School was a pediatrician [Dr. John M. Mitchell] and he personally came down to our campus to interview six of us. I would have been privileged to go to Penn, Jeff or Temple. I did not apply to Hahnemann, but finally I did apply to Harvard, with my father's constant encouragement.

I went to Harvard Medical School in Boston [Roxbury], and I was interviewed by several people, never expecting to be accepted. Only later I realized that Harvard apparently had "state quotas," ostensibly to achieve geographic distribution; and they took me and such classmates as Bruce B. Stoler and Jack [John H.] Seipel as part of the quota of seven from Pennsylvania. The Idaho state quota was only one, Kenneth [R.] Briggs. But whatever the reason, I felt very privileged to be accepted to Harvard. I knew very little about the Boston area or the geographic location of Harvard Medical School. When I first went up to Boston to begin my freshman year I ended up on the main campus in Cambridge asking the way to the Medical School. They figured out immediately that I knew nothing about the location of the school. I had to take the subway back across the Charles River to downtown Boston and then the trolley clear out to Longwood Avenue off Huntington Avenue, from where I could walk to the medical school dormitory [Vanderbilt Hall].

I was sick half of my first semester with recurrent tonsillitis. When I was a child, I had many bouts of tonsillitis. A doctor in our home in Hamburg said he would take out my tonsils for $10.00. In fact, he'd take them out of all three children in the family for $25. My father said to the physician, "God put them there for a purpose and they're going to stay there." Thus, I remained in the position of getting recurrent tonsillitis in my first year of medical school.

DR. PEARSON: And your mother wasn't there with red and white rags, Vicks Vapor Rub or Mercurochrome.

DR. SCHIEBLER: Right! This was the fall of 1950. When a medical student got sick you were hospitalized at the Harvard College Infirmary in

Cambridge. During one of my hospitalizations for severe tonsillitis, one of the doctors taking care of me was doing a study under a drug grant. In those days there was no informed consent and no written protocols. Instead of giving me the standard treatment with penicillin, he put me on a new drug called Aureomycin, which didn't do a damn thing for my strep throat, but it gave me severe diarrhea for three days. Then he finally put me on penicillin, which worked. I knew my hospitalization was prolonged because I was a guinea pig in this drug study without my informed consent.

I must have missed six or seven weeks of my first semester in medical school with recurrent tonsillitis. So during the Christmas vacation of my first year, I signed my own operative permit and got my tonsils out under local anesthesia at the Massachusetts Eye and Ear Infirmary. My throat was sore for weeks. There were two kids, one six and one eight years old, on my ward who also had had their tonsils taken out. They were eating ice cream and chicken by the second post-operative day while I was barely able to swallow water. Tonsillectomy in your mid-20's is no fun, but it cured my tonsillitis!

In making my room selection at the medical school dormitory my father said that I should to be close to the front door. So he picked out my dormitory room, 207 Vanderbilt Hall. It was the room right over the front door! It was the gathering point for many medical students and thus it was the noisiest locale you can imagine. The next year I obviously shifted rooms to get a much quieter location.

I made some very good friends in my four years at Harvard Medical, particularly among the Pennsylvania group. I was assigned to a four student gross anatomy dissection group with three "Yalies," Nate [Nathan Pierce] Couch, Ed [Edward J.] Budil [Jr.] and [J.] Sumner Wood [Jr.]. They had never heard about Franklin and Marshall College. Since they were all from Yale, they were obviously initially unimpressed with my undergraduate education. Sumner Wood had his own ideas about what was important to do in the medical school curriculum; and his priorities did not include spending any time dissecting the cadaver in the gross anatomy lab. Sumner was a young cancer research scientist from Yale with a small but impressive bibliography. Sumner's idea of time allocation was to come into the lab at 10:00 am, look over things for fifteen minutes and then go home to check his mail. Then he'd come back at 3:00 pm, look over our dissection again for about fifteen minutes and then go back to the dormitory. He never did one bit of dissection! He was too busy either doing or contemplating his research. Nate Couch and Ed Budil both wanted to be surgeons. Thus, they were very interested in doing as much of the dissections as possible. Memorization was one of my strong points, so gross anatomy course work was very easy because I could memorize a great deal in a short amount of time. In fact, I was one of the ten sophomore medical students picked to be a prosector of the demonstration cadaver for the next year's freshman class. Gross anatomy

was one of my better med school experiences; and I did well. I didn't do as well in biochemistry because that took some creative thinking. When it came to pure memory work, however, I did very well. I also remember my excellent work in gross anatomy; because I had come from a small liberal arts college and originally my three Yale dissection partners conveyed to me that I had received "less than an Ivy League education." That concept, much to their credit, rapidly faded during the first year.

I remember a couple of things vividly about our medical school class of about 140. There were about ten or twelve students who were extraordinarily bright, and I was not one of them. Then there was a large segment in the middle of the class from about 15 to number 120, who were all very good and solid students. Then there were a few in the class from about 120 to 140 who I thought were not taking medical school very seriously. They were doing a lot of partying and whether they got B's or C's didn't seem to matter a lot to them. They were having a good time! I knew that at least I was ahead of that last group in the class standing. You really couldn't figure out what grades you got while you're at Harvard Med School. Much later, I got an official transcript of my grades from Harvard. I only got two A's during the clinical years. One was from Dr. Paul Dudley White in adult cardiology at the Massachusetts General Hospital and the other was from Dr. Robert E. Gross in pediatric surgery at the Boston Children's Hospital [Children's Hospital of Boston]. I knew I was someplace in the middle of the pack academically. I wasn't a virtual genius like some of my brilliant classmates; but neither was I one of the lower 20 students. I think the middle academically of a Harvard Medical School class is made up of a very solid group of individuals who were good students, bright and dedicated. In fact those students in the center of the class standings were virtually indistinguishable from one another.

In the third year of medical school, I was in a group of five students that stayed together for all of our clinical rotations. These were Jim [James F.] Marks and Bruce Stoler, Dick [Richard] Umansky and Don [Donald E.] Bedingfeld. We worked very well together. None of us were all-stars, but all of us were trying hard to do well. There was absolutely no competition among us about who was going to be the best or the worst. It was a very congenial group of five!

I enjoyed medical school. I worked part-time in Dr. Benjamin Castleman's office at the Massachusetts General Hospital cataloguing by hand pathological specimens. Tuition in 1950 was $800 per year. Harvard gave me $200 a year as a partial scholarship. My basic financial support came from my parents. They gave me all my deceased brother's army life insurance money. At that time, if you were an individual soldier killed in the war (World War II), your family got $10,000, parceled out monthly over 17 years. So my parents sent me all those funds. Thus, I'll always be in debt

psychologically to my brother, Klaus. The rest of the money I needed for medical school I just borrowed. I wound up with debts somewhere between $9,000 and $10,000, all from Harvard, but at an interest rate of 1.5% for five years! I owed no money to Franklin and Marshall. Every summer I kept telling my dad that I should be taking a job making more money then I did when I was a counselor at the Taunton, Massachusetts area Boy Scout camp. He wouldn't listen to it! He felt strongly that money wasn't the primary issue. The finances could be addressed later in life in my professional career. Now was the time for me to do something I enjoyed in a healthy and safe environment. In retrospect, I profited greatly from his innate wisdom.

DR. PEARSON: Where did you take your junior year of pediatrics?

DR. SCHIEBLER: I did my junior year clinical rotation in pediatrics at the Boston Children's Hospital. I remember Dr. Alexander S. Nadas very well. I well remember making rounds with Dr. Charles A. Janeway, the outstanding physician-in-chief. I was always impressed that he was trained as an internist, not as a pediatrician. I remember the excellent Saturday morning conferences with Dr. Sydney S. Gellis along with a ten-question quiz on almost any subject. I remember Dr. Clement A. Smith, of course, during the neonatal rotation. Those are the individual faculty that I remember best. There are others that I remember as a houseofficer, but not as a student.

DR. PEARSON: Was it Alexander Nadas that first interested you in pediatric cardiology?

DR. SCHIEBLER: No, that came later at the University of Minnesota. I liked Alex Nadas very much. First he was very skilled; second he was entertaining; and third he treated the medical students well. I remember being overwhelmed by the clinical pathology of rheumatic fever/rheumatic heart disease. Near Boston Children's Hospital was the House of the Good Samaritan. It was a facility for kids with rheumatic heart disease. It was a sad place and students called it the "Sad Sam." I think at that time I hadn't fully fashioned my career around pediatrics. I was still wandering around looking at various career options. I didn't have an idea of what I really wanted to do; and thus I took a lot of different electives. I took a month's pediatric radiology elective with Dr. Ed [Edward Blaine Duncan] Neuhauser and Martin H. [Dick] Wittenborg at Boston Children's Hospital. They were both great teachers and superb radiologists!

I enjoyed Neuhauser enormously. I remember one day that Dr. Neuhauser, after he had read his tenth consecutive normal chest film, and he hated evaluating routine examinations, said to me, "Hey Gerry, this is a boring morning. Why don't you tell these people from all over the United States and elsewhere how to make Pennsylvania Dutch scrapple." I said that I didn't know how scrapple was made. He said, "Okay, but we'll expect you to tell us

tomorrow during the radiology conference." I called up Billy [William Wilson] Seidel, a high school friend from the small town of Lenhartsville, Pennsylvania. He was the general manager of Peters Bros. Meat Market, and I asked him how to make scrapple. After I found out from him the involved ingredients in the process, I ate it with some trepidation after that. The next day, however, I gave a lecture on scrapple to the entire radiology department and all invited guests. Dr. Neuhauser, being originally from Lancaster County in Pennsylvania, was no stranger to scrapple!

I was very intrigued by radiology. I took a month with Dr. Merrill C. Sosman, the radiologist-in-chief at the Peter Bent Brigham Hospital. Sosman was a terrific radiologist besides being a great showman. One day he showed me an X-ray and asked for my interpretation. I didn't have the foggiest idea what it was. It turned out to be a case of leontiasis ossea ("lion-like facies," a form of polyostotic fibrous dysplasia). He gently berated me for not knowing anything about this rare diagnosis. A little later the same day Dr. Frederic N. Silverman, the noted pediatric radiologist from the Children's Hospital in Cincinnati, showed up as a visitor; and Dr. Sosman decided that the group (with Dr. Silverman present) should review this same film again as it was an extremely rare clinical entity. Dr. Sosman then said, "Fred, you never know what these Harvard Medical School students know. Let's check one of them out." Then he pointed to me to make the diagnosis. I pretended that I was thinking about the diagnosis; I pondered for awhile and finally very slowly came out with the right answer. Silverman was very impressed! Sosman was proud of me for having "schnockered" Fred Silverman into thinking that I, as a fourth-year student, knew a great deal of radiology. Later, after the conference, Dr. Sosman told me "Gerry, you did that well. You played it out like a pro."

There are several incidents I particularly remember as a medical student. One of the events that really impressed me was when I was working at the Brigham during my physical diagnosis rotation. I saw over 20 patients with Addison's disease, more cases of Addison's disease than you could believe. One day I was taking a history and examining one of these chronic Addisonians. She was no more interested in talking to me, a second year medical student, than the man in the moon. Then into the ward walked her physician, the professor and physician-in- chief of the medical service, Dr. George W. Thorn, with all of his large entourage. He was at that time one of the world's authorities on the function and malfunction of the adrenal glands. He said to me, "Doctor, I didn't mean to interrupt you. I'll come back later when you're finished," and he walked out of the room. I felt fifty feet high. Dr. Thorn didn't say, "Oh excuse me. I need to get some things done here, please step aside." He merely said, "“Excuse me doctor," and walked right out. I thought that was an incredible manifestation of his respect for the activities of the medical student. The patient was really impressed; and she paid a great deal more attention to my inquires and

examination after that incident. I was present at the Brigham as a student when Dr. Joseph Edward Murray did the first renal transplant, a feat for which he later earned the Nobel Prize in Medicine. There were exciting things at the Brigham nearly every day. It was a wonderful site in which to learn.

My experience with Dr. George W. Thorn was not a unique one. I had a similar experience when I took an adult cardiology elective with the famous Dr. Paul Dudley White at the Massachusetts General Hospital. One day I went to examine several of his VIP patients. One of these patients was the Finance Minister of Pakistan and the other U.S. Senator John Sherman Cooper from Kentucky. Both of them threw me out of their rooms. Neither wanted to be examined by "a student." When Dr. White came into their rooms, he opened their charts and said, "Gerry, where's your work-up?" I said, "Sir, they wouldn't let me examine them." He politely excused me; and he talked to them both privately. I don't know what he said; but I was certainly welcomed by them afterwards. I learned from some very outstanding mentors that unless you unequivocally support the educational process, you're going to find all kinds of excuses not to transmit knowledge by involving medical students and housestaff in the assessment of prestigious patients.

My month in cardiology was fabulous. It was a spectacular event each day just being with Paul Dudley White. One of my favorite stories was when a telephone call came for Dr. White, while we were rounding on his patients. The nurse involved indicated that it was an emergency. Dr. White said, "Gerry, please answer this emergency call for me." The voice on the phone asked, "Is this Dr. Paul Dudley White?" I said, "No, this is his medical student Gerry Schiebler." The voice then said, "This is the White House telephone operator calling." Not believing the source, I twittingly replied, "Yes, and I'm Ulysses S. [Simpson] Grant." When she haughtily insisted that she was indeed the White House operator, I returned to the group and said, "Dr. White, the White House operator is calling." So he went to the phone and after a conversation with the staff in the White House, he said, "Gerry, I've got to fly down to Washington. Ike's [President Dwight David Eisenhower] got a bellyache. Please finish my rounds." I said, "Yes, sir." Later that same morning I got a telephone call from Dr. White who was at Boston's Logan Airport. He had forgotten his hat. He said, "Gerry I need my hat; and I'm not leaving for Washington, DC, until I get my hat." I said, "How do I get it to you sir?" He said that in ten minutes there would be a Boston police cruiser at the front door of the Mass General. He said, "Just put my hat in the back seat of the cruiser; and they'll bring it to me." Sure enough two big policemen came in the assigned police car. I put Dr. White's fedora hat on the back seat; and they took it out to Logan Airport. He simply wouldn't leave for Washington to see President Eisenhower until he got his hat! Thus some of the great names in medicine always treated me

extraordinarily well as a student or as a house officer. I was most fortunate to have had a lot of superb physician role models.

I also took a fourth year pediatric surgery elective with the surgeon-in-chief Dr. Robert E. Gross at Boston Children's Hospital and had a phenomenal month. I was in the operating room when Dr. Gross lost his first patent ductus arteriosus cardiac patient on the operating table. The pediatric resident for that patient was the eminent Dr. Robert J. Haggerty. Dr. Gross, his pediatric cardiovascular surgical fellow, and I were the only ones scrubbed up at the table. Dr. Gross was letting Ronald W. Cooke, his fellow, do the actual surgery which he very closely monitored. In those days Gross did not believe in using ligatures to tie off the ductus. In his mind, division was the only sure way to achieve permanent ablation of the ductus. Thus, you had to cut and divide and sew up the two ends of the now divided ductus. Things were going pretty well until the pulmonary artery clamp slipped off before the pulmonary end of the ductus was sewed up. Suddenly there was blood all over the chest cavity. Dr. Gross and his fellow promptly switched sides of the table. Dr. Gross took over the operation and got the pulmonary end completely sewed up. During that component of the procedure, he injected through the pericardial sac, a dose of epinephrine into the heart to enhance its contractility. Everything seemed to be going all right when Dr. Robert M. Smith the senior anesthesiologist in the operating room (anesthesiologist-in-chief, Boston Children's Hospital) said "Dr. Gross, I can't get any arterial pulse." Dr. Gross reopened the chest and found a large hemopericardium. Inadvertently, he had hit a coronary artery with his epinephrine injection. A prolonged resuscitation was attempted; but the little girl finally died. I said to myself, "On this day, I don't want to be Robert Gross when he talks to the parents." He went out to see them; and there were screams of anguish in the hall. I then realized that at times education carries a price. Transmission of professional skills and knowledge to the next physician generation requires an extraordinary amount of supervision during the care of each patient. Transmitting skills and knowledge and the delegation of responsibilities to a student, resident or fellow is a heavy responsibility. Inexorably, sometimes things do not go well. Having spent a great deal of my professional life in a pediatric cardiac catheterization laboratory, I know it's sometimes very difficult to stand by and watch somebody else do the procedure, particularly when you know you can do it better and more quickly. But then, how else do you transmit knowledge and skills to future generations of physicians?

But I had a wonderful month in pediatric surgery at Children's; and I met a lot of very good people on all the medical and surgical services. I got to know all of the senior residents in pediatric surgery. I worked with Drs. Theodore C. [Ted] Jewett, Jr., Bob [Robert J.] Izant, Jr., Earle L. Wrenn, Jr., and W. Hardy Hendren, all of whom later became eminent pediatric surgeons-in-chief at their respective Children's Hospitals. They were fantastic with the

medical students, all very willing to teach and aid us in mastering Dr. Gross' modus operandi. At that time I also learned what a chintzy place Children's Hospital was. One day Earle Wrenn and I in the cafeteria line took two turkey popovers for lunch rather than the allotted one. At the checkout register, we were severely chastised by the cafeteria attendant who made us give one of them back. Also, at Children's Hospital during my rotation, they served a fruit and sandwich meal for all fourth year students/house officers at about 10:00 pm each evening. The food varied both in quality and content. One night two of the orthopedic surgical residents came in to eat. One was "Tiny" [Dr. Verner S.] Johnson, who weighed about 250 pounds. The other was Dr. Melvin J. Glimcher, later to become the orthopedic surgeon-in-chief at Mass General. When they opened up their bags of fruit, they found that all their banana skins were dark brown. In a rage, they made a banana puree of these very ripe bananas and covered the head dietician's desk with a layer of banana puree! The next two nights that I was on call, the bananas were wonderful! There were no more overly ripe bananas!!!

The housestaff at Boston Children's was spectacular, all very skilled and committed. The assistant hospital administrator at that time was named Lendon Snedeker. I'll never forget that once he made a calculation of the number of lollipops being eaten on various wards in the hospital. A notice went out from "Caesar Augustus," a.k.a. Len Snedeker, to all the medical students and housestaff saying, "Please don't eat the lollipops. They are for the children only!" Some candy manufacturer had donated the lollipops to the hospital; but Snedeker, apparently having too little to do, had calculated that there were too many lollipops per patient per day being consumed. Therefore his deduction that the housestaff had to be eating them. The housestaff's response was, "Hell, if you paid us, we wouldn't have to eat the lollipops!"

Medical school was a happy time for me. I spent a lot of time with several of my other classmates such as Dr. Bruce Stoler and particularly with Dr. Ken [Kenneth D.] Borg. I once went to Ken's home in Scarsdale, New York and met his family. I often went to the Boston Pops with him. That's why his unexpected suicide really bothered me enormously. He was extraordinarily bright. He academically ranked third or fourth in our class. About two months into his medical internship at the Brigham, he committed suicide in a small town near Boston (Clinton), Massachusetts by injecting himself with insulin. The suicides that I remember in college and the suicides that have occurred in my medical school class, I don't fully understand to this day. I wish I knew what could be done to prevent them. If you make an analysis of our classmates (HMS 1954), I think we're already up to nine suicides. Nine out of 140 classmates is a rather high percentage. I also was told that the day we graduated from medical school that there were 17 of our classmates

under some type of psychiatric therapy, some of them being my closest friends. I think that's a pretty high percentage too.

DR. PEARSON: Considering that Harvard Medical School students represent the intellectually elite of the country.

DR. SCHIEBLER: There are a couple of other events that stick in my mind about medical school. One was the week that the Congressional Jenner Committee [Senate Internal Security Committee] came to Harvard to investigate the Harvard faculty for communism. They were the Senate committee successors to the previous United States Senator Joe [Joseph Raymond] McCarthy initiatives. Senator [William E.] Jenner had a list of Harvard faculty alleged to be "communists." As it happened, nine of them were deceased; but they apparently were investigating certain faculty for their ties to communism, dead or alive! One in particular that they questioned was Helen W. Deane], PhD, an assistant professor of anatomy at the medical school, whose husband was head of a local labor union.

One memorable night during the week that the Jenner Committee came to Harvard, every toilet seat in Vanderbilt Hall was painted red. Since the color was red, the act was immediately linked to communism. Even a half a century later, I have never been able to find out who was the perpetrator. I knew it wasn't my roommate Tevor [David] Novack; because when he got up that morning to go to the bathroom and without looking sat down on the toilet seat, he wound up with a rim of red paint all over his fanny. Another thing I remember was that on weekends particularly, there was a lot of alcohol consumed in Vanderbilt Hall. Much of this was concentrated in the four student drinking clubs located in the dormitory.

Merrill [Jenks] King [Jr.] lived across from me in Vanderbilt Hall. After every exam, he shot off a small cannon over the inner courtyard. He then rapidly left his room while the smoke cleared; and before he could be confronted by the staff in the dormitory. At times our exuberance reached the limit; and periodically there were water bag fights. One classmate named Matty [Herbert Mehlin] Matthews lived on the sixth floor of Vanderbilt Hall overlooking the entire inner courtyard. From the rooftop he became a superb bombardier. He could hit anyone in the courtyard with a paper bag filled with water. One night somebody pulled out all the fire hoses. One of the senior students, George [B.] Murphy [Jr.] started shooting flaming arrows over the courtyard. They had to call in the Harvard police from Cambridge to restore order. When the police sergeant involved walked into the Vanderbilt Hall courtyard, he immediately was hit on the head by one of Matty Matthews' bags of water. They finally got the entire group of involved medical students calmed down at 3:00 am in the morning. Someone in the Harvard hierarchy made the "solomonic" decision of taking out all the

fire hoses to prevent a recurrence of such an incident. So much for fire protection in the dormitory!

DR. PEARSON: Well, there's one part of medical school that you haven't mentioned. You went to Providence, Rhode Island, for an obstetrics rotation.

DR. SCHIEBLER: That was probably the key event of my life. Some of the upper classmen told me that it was a great educational experience to go to the Providence Lying-In Hospital for the mandatory third-year obstetrics rotation. At that time, each medical student had to get 20 baby deliveries in order to graduate. There weren't enough such deliveries in Boston to accommodate the entire class; so some of each class went to Providence. I remember vividly the day when I went to the Dean's office to sign up on the roster for the Providence obstetric rotation. About 50 yards ahead of me walking to the Dean's office was Bernie [Bernard D.] Wiegand, who was also going to sign up for one of the remaining Providence Lying-In rotations. Well, Bernie stopped in the quadrangle to talk to somebody on the way, so I passed him. I got to Dotty [Dorothy] Murphy's medical student affairs office and signed up for the two-week rotation in what could have been Bernie's spot. He himself took a later rotation. I was assigned to go to Providence with Nate Couch. There were always two third-year medical students from Harvard in Providence, along with two fourth-year medical students from Tufts. I presume the Harvard leadership felt that this arrangement represented equivalency. There was a problem because Nate was just post-op from a thyroidectomy for a severe case of thyrotoxicosis. He had significant muscle weakness as a complication. When it came time to take our assigned night calls, I volunteered to take my own calls as well as some of Nate's calls, because he was so weak and tired easily. I remember he got thyrotoxicosis about two months after his older brother was killed after stepping on a land mine in Korea during that war. He had just finished seven years of surgical training at Columbia Presbyterian Hospital. That was the end of a very promising surgical career and an enormous tragedy for the Couch family. Certainly this event could have been an inciting agent of Nate's thyrotoxicosis.

At Providence Lying-In Hospital, I was assigned to a four-person team consisting of an attending physician, an obstetrical house officer, a medical student and a nursing student. By some divine "computer in the sky," Audrey [Jean] Lincourt, my future wife was the student nurse from the Newport [Rhode Island] Hospital nursing program assigned to the same four-person team for that two-week rotation. At Providence Lying-In, from 7:00 am in the morning until 11:00 pm at night, they had nurse anesthetists giving drop ether anesthesia for all obstetrical deliveries. However, none of the nurse anesthetists would take call from 11:00 pm at night until 7:00 am in the morning. Suddenly at 11 o'clock each night, the involved medical students had a huge metamorphosis and we became brilliant

anesthesiologists empowered to give drop ether anesthesia. Of course at 7:00 am in the morning, we again went back to the status of being plebeian unskilled students. Well, since I was doing my on-call nights and some of Nate's nights, I became very tired. One night I fell asleep giving anesthesia and I was discovered giving drop ether to the shoulder of some woman in labor rather than having the gauze mask over her nose and mouth. Then a hand reached over and placed the mask back over the lady's nose and mouth. When I woke up, I saw that this thoughtful act had been done by the young student nurse assigned to our team wearing the usual facemask. I said, "Oh, thank you very much." And she replied, "Doctor, anytime." I took that as a signal and soon afterwards asked the young nurse, who was Audrey, out on a date. Having no car and little money limited our dating options to taking the trolley and going to a movie. We started our relationship during that two-week period. Later I went down to her home in Newport, met her family and we dated several times over the next few months.

The first time I visited her home, Audrey was reading *The New York Times***. That really impressed me! It was the only newspaper my father allowed in our house. My father refused to have any newspaper in the house that had comics. He felt that many of the cartoon series were not funny, and besides, many of them contained slang words, often misspelled. He thought his children were having enough challenges learning to speak English and he did not wish to add another. I walked into the Lincourt family kitchen and saw a large water-filled wash tub with 23 live Maine lobsters swimming around. I said to myself, "This is the proverbial 'Promised Land.' Why go further? I have just crossed the Red Sea!" Soon thereafter, Audrey came to the Boston City Hospital for her pediatric training. Newport Hospital nursing students took their obstetrics training at Providence Lying-In and their pediatric experience at the Boston City Hospital. So she was in Boston for a couple of months, which gave us some quality time to be together. Soon thereafter we got married, in January (1/8/54) of my senior year. For a variety of reasons, we eloped, much to the disappointment of both sets of parents. I know marrying Audrey was the best decision I have ever made in my life. Our first apartment was on the third floor of a private house in Jamaica Plain. We had very little, except the most important thing, each other! Audrey maintained our financial structure by working initially at the local Longwood Hospital, where she had enormous responsibility on the labor and delivery service.**

DR. PEARSON: There weren't many of our class that were married, were there?

DR. SCHIEBLER: My recollection is that our class began our freshman year with less than 5 percent married. When we graduated, about 50 percent of the class were married. I remember vividly that being married when you

entered Harvard Medical School was a rarity. Art [Arthur R.] and Barbara [Bobbie] Kravitz were one of the few married couples that I remember; and they didn't get married until the beginning of the sophomore year. I also found out, before I met Audrey, that without a car and without much malleable money, you're limited in dating. I dated a few girls; but with no car and little money and even less ongoing interest, these various dates led to nothing. But as my father continued to espouse, maybe the lack of resources prevented me from doing anything that I would later regret. It certainly cut down on the number of temptations to which I was exposed. As you well know, Audrey is the gyroscope in my life; and she has provided me with a great deal of stability. In my family, ours is the only first marriage in the last century that was truly viable. I think that's a powerful tribute to Audrey!

From the point of view of deciding which medical career to pursue after medical school, I really didn't know what I wanted to do. I applied to family practice residencies, surgical residencies, internal medicine residencies and pediatric residency programs. I was frankly very confused and uncertain about what I wanted to do. I had formal interviews for surgery, medicine, family practice and general rotating internships. During the internship interview cycle, I'll never forget a trip to Philadelphia on the train. The group of classmates included Don [Donald B.] Martin, Fran [Francis Clark] Wood [Jr.] and Til [Tilbert R.M.] Gyorgy. You knew Til well because he transferred to Harvard with you from the then two-year program at Dartmouth. We all went to be interviewed at the Hospital of the University of Pennsylvania. Fran Wood's father, then professor and chairman of the department of medicine [Dr. Francis C. Wood, Sr.] was also the chairman of the interview committee. I was really impressed that Fran was being interviewed by his daddy! Professor Paul Gyorgy of the department of pediatrics, Til's father, was also on the committee. There were about twenty eminent physician faculty in the interview room, an intimidating environment. Fran Wood, my classmate, was always gracious, congenial and very talented. Since he was being interviewed by his father, who was chairman of the interview committee, I figured him to be a "shoo in" for an internship. Til Gyorgy told me later that when they asked him where else he had applied for an interview, he said candidly that he hadn't applied anywhere else, because he was coming to the University of Pennsylvania program! Then Dr. Isadore S. Ravdin, professor and chairman of the department of surgery, said, "Well, Til, what are you interested in besides medicine?" We all knew that Til, beyond his outstanding academic activities, was also interested in women and whiskey. In desperation, searching for an acceptable topic, Til said, "Oh, Dr. Ravdin, I'm interested in Chinese flowers." Ravdin, somewhat startled, said, "Chinese flowers? How about your interest in 'the birds and the bees?'" He then asked Til, "Who is E. H. Wilson?" Til searched desperately for the name of a medical syndrome with Wilson contained in the name. To no avail! Til knew nothing about Chinese flowers! Dr. Ravdin finally told him that E. H. Wilson had given

more Chinese flowers to the Philadelphia Arboretum than any other Philadelphian in history! Of course, Til got an internship at the University of Pennsylvania Hospital. I liked his chutzpa in applying to only one place and then telling the whole interview committee, "I didn't apply to any other place at all. I'm coming here!"

Finally, I was interviewed by Dr. Allan Macy Butler, chief of pediatrics, and Dr. Walter Bauer, professor and chief of medicine, at the Massachusetts General Hospital. They, in tandem, offered me a novel "mixed" pediatric-medicine internship at the Mass General in which during a two-year cycle I would do six months of pediatrics, one year of internal medicine and then six months of pediatrics. That format sounded intriguing. Indeed in my mind, it would be an excellent foundation for a career in family practice. A lot of pediatrics and internal medicine training would make me a well-grounded general practitioner. They had two such positions available and they matched me up with a classmate Ed [Edward C.] Haley so that one of us would always be on one service or the other. The problem with that plan was that Ed Haley had severe unrelenting Hodgkin's disease. He was on chemotherapy at the start of the internship; but he was not doing well. Ed died tragically within several months (September 1954). He was an excellent physician and a wonderful individual! It reminded me again of one of my father's favorite dictums, "When you have your health, you have everything!"

I started out on pediatrics. After six months, when I went to internal medicine, I felt like a pariah. The internal medicine residents as a group didn't give a twit about this novel mixed pediatric-internal medicine program. They, in general, thought I was some inferior specimen from the underworld. The first week as a house officer on the internal medicine service, the event that established my reputation was an incident involving a young adult patient with a high fever, the etiology of which baffled everyone: the chief resident, senior residents and everybody else involved. They finally diagnosed the patient as having mononucleosis. I went by to examine him and made the diagnosis of measles by noting Koplik spots in the throat. Soon thereafter, he was popping out with red spots everywhere. So suddenly, they thought, "maybe this pediatrician might know a few things." I was gradually accepted as a full-fledged contributing member of the internal medicine housestaff. The involved chief residents on internal medicine, Fred [Frederick Charles] Goetz and Dr. Dick [Richard A.] Fields, were incredibly supportive. Both were phenomenal physicians!

I thought that that Mass General housestaff was absolutely spectacular. In pediatrics, the chief, Dr. Butler, was incredibly helpful with all aspects of the housestaff training program. He was a very committed child advocate.

DR. PEARSON: He was a social activist, wasn't he?

DR. SCHIEBLER: Yes and Dr. Walter Bauer, the chief of medicine, was also a social activist. Dr. Bauer, mood-wise, had cyclical ups and downs. He allegedly had a psychiatric illness [manic-depression] in which he had moods of elation and then periodically depression. However, he was always very good to me even though I was an educational program oddity. I didn't really fit in with either the pediatric or internal medicine housestaff. The medical housestaff were spectacular. Later in their careers, they established themselves as outstanding members of the academic community. Howard Rasmussen of endocrinology fame [parathormone]. Zan [Zanvil A.] Cohn, later on the staff of the Rockefeller Institute in immunology; Dr. [Karl] Frank Austen in immunology; Marvin D. Siperstein in diabetes, Ralph C. [Chester] Williams in immunology/rheumatology; and Gerald M. Edelman [later Nobel Laureate] in immunology. There were many gifted people at the Mass General. Of course, I was on the housestaff as a pediatrician. I wasn't expected to know very much about internal medicine. So, I compensated by working very hard to establish myself in that cohort of brilliant housestaff.

At the time, the Mass General had three different medical services. One was located in the White Building, primarily for indigents. There were 32 patients in each large ward, the individual beds being separated by curtains. The wards were either all male or all female. The second service in the Baker Building was "semi-private," and the third service located in the Phillips House had patients who were ultra private. As an intern, you were assigned to the White Building service or to the Baker Building service. Only residents were assigned to the Phillips House, because that building was only for important and prominent patients who had the financial resources to pay for the increased rates. The housestaff loved the White Building rotation because they had the responsibility and decision control of their patients. On the Baker and Phillips House services, we were little more than scribes, making sure each chart contained an admission history and physical examination.

I learned to understand the Harvard-Boston gestalt. They believed that there was no place else in the world of their quality. They were very confident in their belief that they were "The Hub" of the medical universe. When presenting a case in the Ether Dome at medical grand rounds at the Mass General as an intern, you had all this rich tradition and wonderful history around you. In the front row sat Fuller Albright, Edward F. [Franklin] Bland, Paul Dudley White, "GI" [Chester Morse] Jones and all the other Boston medical giants. The Ether Dome was always packed on such occasions. When making a case presentation at medical grand rounds, you couldn't use any notes. You had to present all the data from memory. This was an intimidating environment. I remember one day an unfortunate intern fainted in the midst of his presentation. Everyone acted as if he didn't exist as he just continued to lie on the floor. The involved attending physician finally got up and finished the case presentation. It was the

damnedest thing I ever saw! I think that in my decision-making about whether I would go into pediatrics or internal medicine, I was tremendously influenced when I was assigned to the internal medicine intensive care unit in the White Building. Every patient was over 70 years. I said to myself, "Do I want to spend my time dealing with the past or do I want to deal with the future?" One of the incidents that really impressed me was a poor old Italian lady with a severe heart condition who had a lot of medical problems. One day I saved her life after a cardiac arrest with cardiopulmonary resuscitation only to be verbally assaulted after she recovered by her family who didn't want to take her home! They were all hoping that the elderly lady would have a peaceful demise so that they would no longer be burdened by her care. I decided that I'd rather deal with the future and deal with infants and children.

I spent a rotation at the Boston Lying-In Hospital on the newborn nursery service. In those days the housestaff had to do all the involved lab work and even run your own bilirubin tests on the jaundiced infants to ascertain whether or not an exchange transfusion was indicated.

DR. PEARSON: That's where Clem [Clement A.] Smith reigned?

DR. SCIEBLER: Yes. I'll never forget his courtesy and kindness at 4:00 pm on Thursdays, when we had "tea and crumpets" in his office and discussed various medical issues. Then I got involved with Dr. Murray E. Pendleton, a wonderful pediatrician. He and his associates were doing a study on the serial chest x-ray appearances of hyaline membrane disease. Thus, under the involved protocol, chest x-rays were ordered sequentially at birth, four, eight, twelve, twenty-four and forty-eight hours. Between 8:00 am and 5:00 pm, there were radiology staff around to help. However, the rest of the time there were no x-ray techs available; so the nurses and I had to get the babies to the x-ray department; take, develop and label all of the films; and get exposed to the involved radiation. There were no procedure permits or consent forms in those days. When I look at that wonderful scientific article by Murray E. Pendleton and his colleagues about the serial x-ray changes of hyaline membrane disease, I know who did all the work! Murray Pendleton was a superb teacher and always a wonderful attending physician; and the housestaff enjoyed working with him. This was a purely descriptive study. To the best of my knowledge, it didn't do anything for the babies.

DR. PEARSON: Except expose them to radiation.

DR. SCHIEBLER: And, of course, in that era the treatment of hyaline membrane disease at times involved the use of some gruesome instruments. They often used a big pincer clamp attached to the sternum and then with a rubber band attached to the top of the isolette to attempt to help the babies

breathe better. This procedure did nothing! At that time, there also was a clinical study of the treatment of hyaline membrane disease where they allegedly gave either cortisone or a placebo alternately to all the infants with this clinical entity. The involved housestaff perceived that cortisone was given to the private patients preferentially, but it didn't do any good anyhow. That's where I first learned about "double-blind studies based on economics!"

The amount of house officer work at the Lying-In Hospital was incredible. There were always a pair of residents in the newborn nursery, one from the Mass General and one from Boston Children's. Of course, the housestaff from the Mass General often were considered an inferior crop as compared to the interns/residents from Children's. The house officer with whom I was paired developed a recurrence of his ulcerative colitis. He was admitted to the Brigham because of the severity of his illness. The program director at Boston Children's at that time went to see him and then dismissed him from the pediatric housestaff program while he was hospitalized. I thought that act was one of the most ruthless pieces of pragmatism I've ever seen in a housestaff program. So I was left to cover four nights and four weekends out of each five-cycle rotation. They had a rotation schedule made for two housestaff; but if one guy dropped out, you know what happens! There was no replacement! I remember that as a period of time when I worked unusually long hours. I was so tired that I wasn't sure I knew what I was doing some of the time.

I first met Harry Prystowsky while on my newborn nursery rotation at the Boston Lying-In. He was the chief resident on the OB service. Harry was there as the exchange chief resident from Johns Hopkins. He was already a veritable terror in those days; and later he came to the University of Florida Health Science Center in Gainesville as the first professor and chairman of obstetrics/gynecology in the college of medicine.

I remember vividly that in my two years of mixed pediatric-internal medicine training at the Mass General, I gradually gravitated more and more toward pediatrics. Audrey during that time was the assistant head nurse on Vincent 2, the Mass General's gynecology ward. There was no obstetrics at the Mass General at that time. She continued to be the prime source of our finances.

DR. PEARSON: What were you paid?

DR. SCHIEBLER: Dr. Butler said to me the first week of my pediatric training, "Gerry, we have a new policy at the Mass General now. We're going to pay you. " I said, "Oh boy. What will it be?" He said, "$25 a month." As I was leaving he said to me, "Gerry are you married?" When I said, "Yes, sir," he said that there was a different pay scale for married

house officers, $28 a month. It was hard to tell Audrey that she was worth $3 a month!

Because of our very limited finances, we had no car. Fortunately, we lived on Chambers Street in a flat above a pharmacy in the West End of Boston within easy walking distance of the Mass General. The West End was an interesting place. There must have been five different denominations of churches in a one block area and a lot of little family-owned stores, most with a European flavor. You went either to a flower shop or a meat store or a bakery or a grocery. There were no supermarkets. There were people of all different European nationalities in the streets of the West End everyday. During the 1955 polio epidemic, there wasn't a single case of polio in the West End. Not one! The prevailing thought was that in this crowded section of Boston with less than ideal garbage pick-up, most of us had a sub-clinical case of polio, which protected us from the ravages of that terrible disease.

My wife, Audrey, was the assistant head nurse on the gynecology ward and my sister, Lenore, was a student nurse at the same time. The assistant head of nurses at the Mass General was Edna [Susan] Lepper. She was a long time personal friend of my family because her nephew, John A. Lepper from North Attleboro, Mass, had been one of my protegees at the Boy Scout camp [Camp Norse on Darby Pond]. He was eight or nine years my junior; but he was such a great athlete that I let him teach the skilled swimmers at camp and I taught the non-swimmers. Edna Lepper always took wonderful care of us if we needed something from the nursing service. Since my sister Lenore was married and her married name was Muir, I learned a lot of things about the inner workings of the Mass General because few people knew she was my sister.

In July, after my first year of mixed pediatric-internal medicine training, Dr. Bauer, despite my having only six months of internal medicine experience, appointed me as the medical resident assigned to run a White Building ward service with two outstanding interns, John R. David and Tom [Thomas G.] Gabuzda. My attending was Bob [Robert L.] Berg who later went to the University of Rochester in epidemiology [now a professor of community & preventive medicine]. The previous resident on that ward, the fabulous Zan Cohn, had kept a lot of very ill patients alive with skill, diligence and, as far as I perceived, scotch tape. We had 31 deaths on our ward in that July! The prevailing thought was that if you checked the number of deaths and autopsies throughout the year, you would find out that there was always a big difference in teaching hospitals between the number of deaths in June and July, ostensibly because of the housestaff changeover from an experienced team to a less experienced cohort of house officers.

Bob Berg gave us a party at the end of the month, in part because we had gotten 100 percent autopsies on all the deaths during that month. In the

middle of the party at his house he wondered why most of the invited guests weren't eating the main course. Bob Berg had served ham on a Friday night in Boston! He said to me, "Gerry, why aren't they eating the food?" I said, "Dr. Berg, Catholics don't eat ham on Fridays and Jews never eat it." His caterer, apparently, hadn't even considered that element in planning the menu.

When you were on the private service in the Baker or Phillips House units, you were primarily a scribe, responsible for getting histories and physical examinations in the medical chart for the private attending physician. Sunday was the prime admitting day on the Baker service. You'd work up about thirty patients and dictate all the reports on a Dictaphone for transcription by the hospital staff. You knew, however, that when you spent from around 12 noon to midnight working up about 30 patients, doing medical histories and physical exams and often ordering laboratory tests, you didn't learn much. We just accepted the fact that during that part of our housestaff training, we weren't going to learn a lot. The private attendings had the final say on their patients, as opposed to the White Building, which housed the indigent service. The housestaff loved that educational environment, because they had operational control! The attendings only came around once a day and hardly ever on weekends.

About this time, I was thinking of where to go next to complete my pediatric training. I talked to Dr. Butler about the various options. I wanted to go someplace else for another year to experience a different medical environment and perspective. I also wanted a higher pay scale because in the middle of that year (12/8/55), Mark L. [Lincourt] Schiebler, our first child and only son, was born. This took Audrey out of commission as a wage earner; and thus we weren't doing too well fiscally, as I became the only wage earner. I'll never forget that when Mark was born during my first year of residency, I went up to see her in the post-partum room at the Boston Lying-In. I was promptly thrown out by the head nurse because even fathers couldn't visit early postpartums. Mark, at birth, had two huge bilateral cephalohematomas. Audrey was told by our pediatrician that they would go away in 21 days. So she checked off each day on the calendar for 21 days; but in that interval, the two cephalohematomas merely developed a ring of calcium and remained easily palpable. So much for telling a mother the exact number of days for an event to occur!

After many pediatric residency applications, I picked out the program that paid the most money. That was the University of Minnesota program in Minneapolis. They paid third year residents the princely sum of eight hundred dollars a year! Thus, I selected Minnesota purely for financial reasons. We were pretty desperate for cash. After I accepted the pediatric residency at Minnesota, I didn't have enough money to get there. I traveled by bus from Boston. I had to stop at my home in Hamburg, Pennsylvania to

borrow money from my parents to be able to purchase a ticket to take a Greyhound bus to Minneapolis, a long, long ride.

My senior pediatric residency started on a Monday morning early in July 1956. I got there on the bus at 4:00 am on that that particular day. Dr. Donald V. [Vern] Eitzman was the pediatric chief resident. Eitzman said, "Where's the new resident from Boston?" I said, "Right here, sir," even though I had just gotten to Minneapolis several hours earlier and was very exhausted by my long bus trip. I assumed the University of Minnesota program supplied room and board, just like the Mass General; but they didn't. Only the interns, who were hospital employees, got room and board. As a resident in Minnesota, you were enrolled as a graduate student at the University. You got academic credit for the various pediatric rotations, courses assigned to build up their graduate program as they received additional state money for us being counted as graduate students. We formally registered for courses each semester. I had left Audrey and our son, Mark, in Newport, Rhode Island at the home of Audrey's parents [Mr. and Mrs. Leo George Lincourt] until I could find out what was going on and get settled in my new environment.

Don Eitzman gave me a schedule of my year's rotations. The first one was on the infants and small children's ward, called Ward 56. He then assigned me a new intern from the University of Alabama, Henry S. Sauls, a wonderful house officer. Unfortunately neither of us knew anything about the University of Minnesota or the University Hospital. We had difficulty finding our way to the various labs or even the bathrooms. We were "saved" when the second intern on the service showed up. He had just been discharged from a tour of duty with the Armed Forces. He arrived ten days after the start of the rotation; but he was a tremendous addition. Tom L. [Thomas Leo] Schafer was a graduate of the University of Minnesota Medical School and had grown up in Minneapolis. He knew everybody! His family owned and operated Schafer's grocery store in Dinkytown, an area just north of the University of Minnesota campus that had a collection of small shops, stores, and eating places. It was a favorite student hang out. After the first five days on that ward, I thought that I was doing pretty well. However, Don Eitzman came to me and said, "You haven't been to the nursery yet. See if you can get down there as soon as possible." I said, "What nursery?" He said, "The resident on your ward also takes care of the newborn nursery. I got a complaint that you haven't been down there." I said, "I didn't know I was assigned the nursery. Do I have to take care of this entire ward and the newborn nursery?" Eitzman said, "Yeah, but it's not too much work. They have a different arrangement down there." When I went down to the nursery area, the head nurse said to me, "Who are you and what are you doing here?" I confidently said, "I'm the senior pediatric resident assigned to the nursery." She said, "I haven't seen one of you for six months!" I then found out about this "unusual arrangement." Dr. John L.

[Big Red] McKelvey, professor and chairman, department of ob/gyn and his top assistant, Dr. Irwin H. Kaiser, actually supervised the entire nursery operation. Obstetrical staff were responsible for the nursery, took care of all the sick infants and did all the indicated exchange transfusions. The pediatric resident, who they hadn't been seen in six months, had virtually no role whatsoever. The assigned pediatric intern was responsible for checking out the normal newborns and giving each of them a final physical examination prior to discharge. This was the only assigned role pediatrics staff had in the newborn nursery. I couldn't believe that in 1956 at the prestigious University of Minnesota, obstetricians were completely running the nursery! No one had forewarned me of this unusual setup at Minnesota, so alien to my training in the Boston medical arena. By that time I had done about 50 exchange transfusions myself. When I asked what I should do during an exchange transfusion, I was told by the obstetrical housestaff that I could listen to the baby's heart now and then during exchange transfusion procedure. How humiliating!! I found out that pediatric residents were leaving the pediatric training program after three years without ever having done a single exchange transfusion! I remember vividly one day that twins were born, both of whom required an exchange transfusion. Don Eitzman went to the nursery himself and purloined one of the twins so that the senior pediatric resident on call could do his first exchange transfusion prior to completing his three year program. Training was terrific at Minnesota; but the "unusual set up" in the nursery really bothered me. I burned out my gut everyday fighting with Irwin Kaiser and the involved obstetrical housestaff over a whole series of issues. But then, I am perceived as being naturally pugilistic! At the end of my ward and nursery rotation, I was asked to go to see Dr. John A. [Adolph] Anderson, the professor and chairman of the department of pediatrics, along with Don Eitzman, to get my two-month evaluation. I was tired of this "unusual arrangement" in the nursery, and I was angry that they had allowed this situation to happen and to continue! After my twenty-minute verbal tirade, Dr. Anderson quietly said to me, "Well, Don and I have considered all of these factors, and we figured the situation was so bad that it required your kind of confrontational personality to bring it to the fore." He then ushered me out the door. The session was over! Over the period of the next few years, I was heartened to observe that the pediatric staff gradually took over the nursery's operation, just like in all other pediatric training programs.

My next rotation was pediatric cardiology, which included cardiac catheterization laboratory experience. I didn't know what or where the cath lab was located. When I showed up and began learning about the operation, I found out, to my chagrin, that they were way ahead of any comparable program in Boston in the diagnosis and surgical treatment of congenital heart disease. I had been taught that the world of medicine had its premier location in the Harvard/Boston complex. I was perplexed. What the hell was going on way out here in Minnesota? I couldn't believe how far they were

advanced. I'd never seen open-heart surgery. It was a complete revelation to me. Drs. Paul Adams, Jr. and Ray C. [Carl] Anderson, PhD, MD were the senior pediatric cardiologists. We did right heart catheterizations and we participated in all bi-plane angiocardiograms. I don't know how much radiation I got in that two month rotation, but I got a lot of it, particularly during bi-plane angiocardiographic procedures. I was captivated by pediatric cardiology. One, you could usually make a definitive diagnosis, and two, you were often able to correct the malformation surgically. It was a rapidly expanding area of knowledge; and thus, you could learn a great deal each year. That's when I started becoming really interested in the field of pediatric cardiology and this rapidly developing subspecialty of pediatrics.

I found the pediatric faculty at Minnesota to be spectacular. Bob [Robert A.] Good, PhD, MD, Bob [Robert Alger] Ulstrom, and Bill [William] Krivit, Dr. Lewis W. Wannamaker, Bob [Robert Lawrence] Vernier, and Dr. Eleanor Colle, were there. I met Dr. Bob Good under most unusual circumstances. I was the senior pediatric resident on my second general ward rotation when I got a telephone call from a lab technician telling me to draw 5 cc's of blood on every patient on the ward. I said, "What's it for?" He said it was for one of Dr. Good's laboratory experiments. I said, knowing so little about Minnesota, "Who's Dr. Good?" He replied, "Oh, he's a very big and important man around here in the department of pediatrics. If you don't do what he says, he'll get mad at you." I said to myself, "To hell with him. I'm not wasting my time drawing his blood. I don't even know what it's for." About a half-hour later, the same lab tech called back and said, "Where are the blood samples?" The head nurse told him, "Dr. Schiebler's not going to do it." The lab tech said, "What? Put him on the phone." I got on the phone; and he said "Where's the blood." I said, "Who are you?" He said, "I'm Dr. Good's lab tech." I said, "I don't know who Dr. Good is. What does he do around here?" He answered, "I'm going to get him personally on the phone." Bob Good got on the phone and said to me "Who the hell are you?" I answered, "And who the hell are you?" That's how I started off my relationship with Bob Good. I told him I wasn't going to do a damn thing until he himself came over to the ward and explained to me and the entire ward team what the requested blood samples were for, i.e., what experiment. To his great credit, he came over to the ward with a bunch of slides, gave a little lecture about the experiment for which he needed the blood, and our ward team then promptly drew the requested blood samples. That started my long and fantastic relationship with Bob Good, one of my most significant mentors and supporters in that phase of my pediatric career. He was an unswerving supporter and a wise counselor, even though I wasn't one of his immunology fellows.

DR. PEARSON: When did Audrey rejoin you?

DR. SCHIEBLER: Two months into my residency. She took care of Mark at her parents' home in the interim. When my sister, Lenore, had her second child she was in the midst of her MGH [Massachusetts General Hospital] nursing training program. In order to allow her to finish nursing school, Audrey was very kind to take our nephew, Bobby [Robert Thomas] Muir into our apartment in Minneapolis. Well this little boy infant screamed every day and night. He was destroying our sleep pattern and affecting our marital relationship. Audrey said that, "His eyes weren't right." I said, "There's nothing the matter with his eyes." We went to see our pediatrician, Bill Krivit, who also said reassuringly, "His eyes are okay, Audrey." But Audrey kept pestering me about his eyes. Finally, we took him to see an ophthalmologist at the University of Minnesota, who found he had significant neonatal glaucoma with an elevated intra-ocular pressure. They immediately put him on eye drops for this condition. Since my sister was still at the Mass General, she flew to Minneapolis and took him back to Boston to see an ophthalmologist at the Massachusetts Eye and Ear Infirmary. There the ocular pressures were recorded as normal. The ophthalmologists in Boston were unimpressed. They said, "Those physicians in Minneapolis, they can't even diagnose glaucoma." They took him off his drops; but the elevated intraocular pressures promptly recurred. Now they were convinced! Well, fortunately the condition was caught early enough through Audrey's persistence. I know Audrey saved Bobby Muir's eyesight! He was most fortunate, as neonatal glaucoma rarely responds to topical eye drops. He was kept on those eye drops until age five years. He had check-ups every six months until about age 12 years, when he was given "a clean bill of health." Now he's a police detective in Providence, Rhode Island, with normal eyesight. Bobby and his family are going to visit us in Amelia Island in a few weeks. As you could imagine, he and Audrey have always had a very special relationship. Again, I was reminded by this incident of the Boston medical establishment's intrinsic arrogance when my sister was told by them, "Those physicians out there in the Minnesota hinterland don't know what they're doing." The intra-ocular pressures were normal when they first saw him; because we had started treating him with topical eye drops which had decreased the pressures to normal!!!

My residency in Minnesota was truly exciting. The quality of the pediatric housestaff was terrific. I met a number of phenomenal people during my time there such as Dr. Paul G. [Gerhardt] Quie, Dr. Joe [Joseph W. William] St. Geme, Jr., Dr. Elia M. [Moussa] Ayoub, Dr. Russ [Russell V.] Lucas [Jr.], Dr. Jan Alban, Dr. Ken [Kenneth F.] Swaiman and Dr. Jerry [Louis Jerome] Krovetz. Don Eitzman was a great chief resident; and he was already then the same superb doctor and teacher that he is to this day. Eitzman did me a great favor, because rather then giving me rotations at a variety of outside hospitals I had most of mine at the University Hospital. I don't know if he crafted this schedule deliberately, or if it was just the way the overall

housestaff schedule arrangements worked out, or if he recognized I had no car which would have made the logistical arrangements difficult.

Largely because of my pediatric cardiology rotation, I applied for a cardiac fellowship for the next cycle beginning July 1st, 1957. I was instructed to send a pediatric cardiology fellowship training grant to the NIH [National Institutes of Health] to fund my salary, which I did. In late June of that year, it got turned down. I was already accepted as a pediatric cardiac fellow but had no money for my salary. When I started my fellowship on July 1st, there was still no salary money! The chairman of pediatrics, Dr. John A. Anderson, wouldn't sponsor me because salaries for fellows were a divisional and not a departmental responsibility. The head of pediatric cardiology, Dr. Paul Adams, Jr., had no divisional funds. I had started the fellowship in July and Audrey and I were running short of money. We were put in the position of borrowing money from our wonderful neighbors, Edwin [Joseph] and Irene [Bernadette] Lamere. In the middle of August, Bob Good saved me. Dr. Warren J. Warwick had just been taken into military service and so Bob Good assigned me Warren's cystic fibrosis fellowship for the rest of the year. That's how it became financially feasible for me to become a pediatric cardiologist! I made up my mind then, that if I were ever in a position of power and decision-making that such a circumstance would never happen to anybody within my realm of responsibility. When I became chairman of pediatrics at the University of Florida, no matter which division chief hired fellows without the appropriate financing, when such trainees showed up I funded them from departmental resources. I felt strongly that we had a moral obligation to do so. I was never going to let what happened to me happen to anyone else. To this day, I haven't quite forgiven my pediatric cardiology mentors for not taking better care of me in my hour of financial need. After all, I was working directly with and for them everyday, not Bob Good!

DR. PEARSON: You know, with me, at the end of medical school I had two children and absolutely no resources. I had no choice but to take an internship in the Navy because it paid a living salary. I was offered a position at the Mass General but I couldn't do it. When I left Harvard Medical I was told, "Too bad, it's the end of any academic career." Well, that's Boston again.

DR. SCHIEBLER: I never knew a period in my life during the time that I was in medical school or at the Mass General or in Minnesota when Audrey and I had any malleable money. The important element was that the educational environment at all these places was truly outstanding.

I was going through my pediatric cardiology fellowship working with brilliant people like Dick [Richard G.] Lester and Kurt A. [Anton] Amplatz, both brilliant and innovative cardioradiologists. I also learned a great deal from Drs. Walt [Clarence Walton] Lillehei and Dick [Richard Lynn] Varco

who were the pre-eminent cardiovascular surgeons developing and perfecting innovative open heart surgery and the associated heart-lung bypass perfusion techniques. It was very exciting; because at that time the University of Minnesota's open-heart program was recognized as the premier clinical center in the world. Both Drs. Lillehei and Varco, in all my contacts with them as a fellow, were incredibly supportive. To this day I am enormously grateful to both of them.

I started writing clinical papers, but in the pediatric cardiology division in Minnesota in those days there were no secretaries available to do the typing. I had to do all my own typing. For my first several clinical papers, I typed every word, including every revision by the "hunt and peck" technique. When I became chairman at Florida, I set up a departmental editorial office, which was available to type all kinds of papers for the housestaff and fellows. All a beginning author would have to do was to dictate or write his draft. To my dismay, there were few takers among the housestaff and fellowship cohorts, in spite of my constant encouragement.

Toward the end of that year, I got my first real academic job offer from the University of Tennessee in Memphis. The chairman, Dr. James G. Hughes, offered me the princely sum of $18,000 per year. I went to see Dr. Bob Good, who had become my prime academic mentor. He said, "No, you're not taking that position, Gerry. You're not ready yet. You're not a scientist. You've never been in a scientific atmosphere. The pediatric cardiologists here are very good; but they're purely clinical cardiologists. You need to go someplace where there's some science and basic laboratory work going on or else you'll never make it in the academic world. If you want to do general pediatrics, the clinic in Marshfield, Wisconsin is looking for pediatricians. Why don't you look at that opportunity?" But by that time, I had decided I wanted to be an academic pediatric cardiologist rather than a general pediatrician. However, Bob Good had said that I wasn't ready to take a full-time academic position. Then Good said, "I'm going to get you a fellowship at the Mayo Clinic in Rochester, Minnesota with Earl H. [Howard] Wood, MD, PhD, in his cardiac physiology laboratory. He called up Earl Wood on the spot and I was accepted, sight unseen, without an interview, but to start in six months [1/1/59].

So I spent the next six months with Jack [John Alexander] Johnson, PhD, in the department of physiology at the University of Minnesota, along with a surgical houseofficer named Paul C. Hodges, Jr., whose father was professor and chairman of radiology at the University of Chicago. I had six idyllic months and I learned a great deal about experimental work from Jack Johnson. Paul and I did a lot of heart-lung bypass perfusions on dogs, working on various aspects of the heart lung machine, the clinical application of which was still in its infancy. I worked very hard and I learned a lot about scientific techniques during that fill-in for six months until I could go to the

Mayo Clinic. One of my fondest memories is Jack Johnson persuading the cardiac surgeons to place a pacing wire in the heart muscle to maintain cardiac output in cases with post-operative complete heart block. This was the start of all pacemakers! At that time in Minnesota, the primary decision-makers in the medical school were Dr. Owen H. Wangensteen, chairman of surgery and Dr. Maurice B. Visscher, chairman of physiology. They had a long-standing symbiotic relationship with all surgical housestaff spending one or two years in the department of physiology.

I also learned about the challenges of faculty practice plans. The Dean, Dr. Harold S. [Sheely] Diehl, wanted to get all of the medical school faculty under the same faculty practice plan. He got everyone into the plan except five senior faculty. Two of them were the cardiac surgeons [Lillehei and Varco] and another was Dr. Leo G. [George] Rigler, chairman of radiology. So they were "grandfathered." Thus, all the private practice earnings they made they could keep. The news story came out that Drs. Varco and Lillehei could continue to keep their own earnings and not deposit them into the practice plan. Dr. Norman E. Shumway, who later in his career became the world famous heart transplant leader at Stanford Medical Center, at that time was the chief cardiothoracic resident at Minnesota. The tradition was that the chief surgical resident, like Shumway, ran the weekly Wednesday afternoon combined pediatric cardiology-cardiovascular surgery conferences in which various case presentations were made. In the middle of such a conference, soon after the faculty practice episode hit the newspapers, Dr. Varco walked in limping. He said, "Norm, I think I hurt my leg." Shumway, ever glib and witty, immediately responded by saying, "What's the matter, Dr. Varco? Did you fall off your wallet?"

One of the things that sticks most in my mind about my experiences in Minnesota was how everybody was so supportive and friendly. Drs. Paul Adams and Ray C. Anderson, particularly, and the other pediatric department faculty, made it a point to socialize with the housestaff and fellows, having Audrey and me at their homes often for dinner. They also invited the housestaff to costume parties that were extremely well done called "Jungle Medicine" parties. Audrey always came as the Goddess of Fertility; because she was consistently pregnant. She made appropriate costumes for me on such occasions. It was an environment that I've never seen anyplace else. The faculty-housestaff conviviality was fantastic.

This was in stark contrast to the Mass General milieu. In fact, the one time Dr. Butler invited us to his home, when Audrey and I arrived Dr. Butler met us at the front door in a T-shirt, pants and socks. He had obviously forgotten that he had invited us for the evening. Audrey initially thought that I had told her the wrong night! Thank goodness Dr. Tom [Thomas C.] Peebles, who was my superb pediatric chief resident, also showed up at the front door. Thus, I knew this was the evening that we were supposed to come! Dr.

Butler was his usual gracious and hospitable self. We were there until 10:00 pm; but there was no dinner. We drank scotch and ate potato chips for the whole evening. One thing that the Minnesota environment did extremely well was superb faculty-housestaff programmatic and social interactions. That overall feeling carried us through the long cold winters.

DR. PEARSON: Well, you carried that with you to Florida.

DR. SCHIEBLER: Yes, to a certain extent. But Audrey and I could never quite recreate the overall gestalt of our Minnesota experience, a wonderful segment of our lives. At one costume party that I particularly remember, the pediatric chief resident Don Eitzman won a prize, a box of chocolate-covered grasshoppers. He immediately opened his gift; and he was eating them with the accompanying sounds of crunch, crunch, crunch. I said, "Don, why are you eating them? Do they taste good?" He answered, "No, but I have a reputation to uphold!" Don was a well-recognized gourmet chef, who enjoyed both making and eating wonderful food.

When I look back on my educational sites in the acquisition of knowledge in pediatric cardiovascular disease, I feel very fortunate because as a medical student I worked with Dr. Robert E. Gross at Boston Children's Hospital; then as a resident and fellow with Drs. Lillehei and Varco at the University of Minnesota; and then later with Drs. Earl H. Wood, John W. Kirklin, Dwight C. McGoon, Jesse E. Edwards, James W. DuShane, Patrick A. Ongley and Howard B. Burchell at the Mayo Clinic. Individually, and in aggregate, that was an incredible educational experience. In retrospect, I recognize that I was able to work and train with the same of the most eminent nationally and internationally recognized cardiologists and cardiovascular surgeons of that period in the development of surgical techniques for congenital heart disease.

DR. PEARSON: Most of your research at this time focused on tachyarrythmias.

DR. SCHIEBLER: Indeed, I concentrated on writing about the Wolff-Parkinson-White [WPW] electrocardiographic syndrome in children, particularly the association of Ebstein's anomaly of the tricuspid valve with the Wolff-Parkinson-White syndrome. I was one of the first to describe the Wolff-Parkinson-White electrocardiographic pattern in Ebstein's. It was very exciting but also extremely laborious; because I had to do my own literature searches and do all my own typing. I was able to get some papers published, but it was very labor intensive.

When I got to the Mayo Clinic in Rochester, I found out that the University of Minnesota team was way behind the Mayo Clinic group when it came to cardiac catheterization techniques. The University of Minnesota had paid my salary while I was at the Mayo Clinic with the expectation that I would

come back to Minneapolis to be in charge of the pediatric catheterization lab after I had learned all these new techniques. That was the overall battle plan for my academic career. Audrey and I moved down to Rochester, Minnesota around Christmas in 1958. By that time, we had three children. We lived in an upstairs apartment above what was once the old Mayo Clinic Foundation stable house. It was a very nice place within walking distance of work, the Mayo Clinic Medical Sciences Building. We always had to be within walking distance of my place of work, because we had no car. It was one of the nicest accommodations we had ever had to that point in our lives. Rochester was a wonderful town. The last year that we were there, however, the temperature ranged from 101° F in the summer to -41° F in the winter and that low temperature was not wind chill! The entire Mayo Clinic staff, particularly Earl Wood and his team in the department of physiology, couldn't have been better to me. At that time there were 22 cardiovascular fellows in Earl Wood's lab from all over the world including Germany, South Africa, Brazil, Australia, New Zealand and many more. At that time I was the only pediatrician Earl Wood ever trained.

DR. PEARSON: Was Dick [Richard T.] Smith there or at Minnesota?

DR. SCHIEBLER: Dick was at Minnesota when I first got there in the summer of 1956. Later, he and Don Eitzman had gone to Southwestern Medical School in Dallas when I was a cardiac fellow. While at Minnesota, he and Don were doing some of the early seminal work in immunology. One of their projects was studying the eosinophilic cellular response of newborns by putting a small scratch on the skin of babies in the newborn nursery. That project went well as long as they were using only indigent babies. I well remember, they made a mistake one day and scratched the skin of one of the private newborns. The whole nursery environment blew up, because in those days no one had "informed consent."

After Dick became the chairman of pediatrics at the new University of Florida College of Medicine in Gainesville in 1958, he asked me to come down and look at the place to head up the division of pediatric cardiology. I thought, "If I went back to the University of Minnesota, I'd be at the peak of the pediatric cardiology world. Why should I go to an out-of-the way place like Gainesville when I could go to Minnesota?" So I turned him down. Besides, Audrey and I had qualms about the racial situation in the South. Later, Dr. Maddy [Madison S.] Spach came down from Duke; and he also turned Dick down for the pediatric cardiology leadership role. Thus, for a time Dick had to have all the pediatric heart patients at Gainesville taken care of by adult internal medicine cardiologists, a situation which really bothered him. After I had finished my advanced cardiovascular laboratory fellowship with Earl Wood, I was expected to return to the University of Minnesota where exciting events were going on in pediatric cardiology and cardiovascular surgery.

Jack Johnson, professor of physiology in Minnesota, had convinced Lillehei and Varco to place an electrode wire into the human heart to pace it after the inadvertent surgical induction of complete heart block in the repair of ventricular septal defects [VSD], particularly the large VSDs associated with the tetralogy of Fallot complex. I was privileged to be present the first time they paced a human heart after complete heart block. Jack Johnson had gotten that idea from the classical experiments done on dogs by Dr. Tom [Thomas E.] Starzl at Johns Hopkins, who had surgically induced complete heart block in such dogs by placing a ligature around the bundle of His. He then paced the heart at various rates to see what the cardiac output and stroke volumes were at each induced rate.

Before leaving Rochester, Minnesota, the Mayo Clinic personnel committee graciously offered me a job with [H.] Jeremy Swan to be the assistant cath lab director at the brand new facility to be located in St. Mary's Hospital. It was a very wonderful job offer in a most prestigious environment. About the same time, I got another call from Dick Smith to come down for a second visit to Gainesville. I said, "Well, Dick, I'm going back to the University of Minnesota. I have a terrific job offer as director of the pediatric cath lab." Now, having been trained by Earl Wood and his staff, I knew how to do dye (indicator dilution) curves and had a much better understanding of cardiac physiology. Besides, Minnesota had paid my salary while I was at the Mayo Clinic. I had already been to Gainesville once and Audrey and I thought that we didn't want to put up with "the problems of the South."

Then a series of events happened at the University of Florida's College of Medicine and its associated [William A.] Shands Teaching Hospital. The faculty doing the diagnostic cardiology on children with heart disease in Gainesville were all internists. They [Drs. William Jape Taylor, Lamar Earl Crevasse and James Russell Green, Jr.] were very competent; but each had had relatively little experience with infants. Additionally, when it came to allocating institutional monies for various heart programs, there wasn't much of an aliquot for pediatric cardiology. I was only asked to come back a second time to Gainesville by Dick Smith because of direct pressure from the Dean, Dr. George T. [Thomas] Harrell, Jr. This pressure occurred because a young girl had been taken to the operating room for open-heart surgery for closure of a small VSD. When they opened the heart, the surgeons could find no VSD! So they had apparently operated on "a normal heart," which really appalled the Dean. Later, we elicited additional information. When we restudied her many years later, she was found by left ventricular selective angiographic techniques to have a small muscular VSD, way down at the bottom of the ventricular septum. So she had a small VSD, but not one that is easily found at surgery. It's like going around a tree stump with multiple exposed roots trying to find the site of a small hole. This unfortunate event was brought to the attention of the Dean Harrell who was purpuric with rage

about operating on a child with a normal heart. Allegedly, he said, "Get that kid down here from Minneapolis, or from the Mayo Clinic or wherever he is." Dick Smith apparently said to George Harrell, "I thought you didn't like him, you told me after his first interview that he was loud-mouthed, hostile, aggressive and almost obnoxious." George Harrell replied, "That's true, but is he competent?" Dick said, "Yeah, he's competent, but he may be a problem." Dean Harrell said, "That's okay. I don't want any more normal hearts operated on. Just get him down here!" After my second trip they offered me the job of assistant professor, chief of the division of pediatric cardiology and director of the pediatric heart cath lab at the salary of $12,000 per year, a significant increase over my fellow's salary. After discussion with Audrey, I accepted that offer. That same little girl later became a student at our medical school, and to this day she takes full credit for getting Gerry Schiebler to the University of Florida!

DR. PEARSON: Great story. So you moved to Gainesville and very soon after you got there you established a substantial pediatric cardiology division. How did you get Jerry Krovetz, Ira H. [Harold] Gessner and the others to come down there?

DR. SCHIEBER: Well, Jerry Krovetz was trained with me in Minneapolis at the University of Minnesota. I knew he had different skills, a different mindset and different talents than I did. He was a very good theoretician regarding cardiovascular dynamics; and I thought together we would make a terrific combination. I convinced Dick Smith to hire Krovetz. I was helped tremendously because financially, soon after my arrival, I was making more faculty practice money than the rest of the departmental faculty combined. Among our first pediatric cardiology fellows was Dr. Ira H. Gessner, who had just left his Air Force assignment at NATO headquarters in Paris. Dick Smith initially offered Ira an internship, even though Ira had already had an internship, part of a pediatric residency and three years in the service as a flight surgeon. Reportedly, Ira said, "Hell, no. I'm coming as a resident or not at all." So Dick Smith, recognizing the inevitable, said, "Okay. You're coming as a resident." So Ira joined us on the faculty after completing his pediatric residency requirements, six months of which had already been on a pediatric cardiology rotation.

I hired Bill [William F.] Sutterer from the Mayo Clinic. He was a mechanical and innovative genius. He was an absolutely superb person on the mechanics involved in all types of cardiac catheterization equipment. His wife [Betts] worked in our pediatric cardiology office doing secretarial work. She had come out of the editorial office at the Mayo Clinic, so I had an instant editorial office. She was terrific. Larry P. [Paul] Elliott was sent to me by Dick Smith when I first came to Gainesville to get six months of pediatric cardiology training to complete his pediatric residency training requirements before going into anesthesiology. Larry was in the midst of

trying to figure out what to do with his professional life. Soon afterwards he dropped his anesthesiology aspirations and became a phenomenal fellow. He became a very productive and a prolific writer of scientific articles. He had a very special skill of taking complex topics and reducing them to language all could understand. Our group was tremendously enhanced by several more pediatric cardiology fellows: Drs. Bobby [Robert Holt] Miller, Ben [Benjamin Eduardo] Victorica and Tommy [Thomas George] McLoughlin. Each of them were superlative fellows; and I was privileged to be one of their mentors. They all wrote scientific papers increasing our productivity even further!

DR. PEARSON: Your CV lists an enormous number of papers published after 1962.

DR. SCHIEBLER: We as a group were writing a lot. Larry Elliott, Jerry Krovetz and I were a good team along with our great cadre of fellows. Larry would get a paper up to the 60 percent completion mark (the first draft), then I'd get it to the 90 percent mark (semi-completion stage) and one of them would finish it up. Then we started on our first book. The trio was then Krovetz, Gessner, and me. We wrote our book *The Handbook of Pediatric Cardiology* **by meeting regularly from ten at night until one in the morning in Krovetz's lab in the sub-basement. It was very quiet down there; and we could work undisturbed. That's how we combined our talents to write our initial book. I wrote the clinical component. Ira composed all the embryology pathology areas; and Jerry did the hemodynamic/cardiac catheterization components.**

After a year with us, I sent Larry off to spend time with the premier cardiac pathologist of that era, the incomparable Dr. Jesse E. Edwards. Dr. Edwards had relocated from the Mayo Clinic in Rochester to the Miller Hospital in St. Paul, Minnesota. Larry spent a wonderful year with him; and then he went into the radiology training program at the University of Minnesota. In time, he became one of the supreme cardiovascular radiologists in the country, known nationally and internationally. Later, I sent Ira off to Sweden to work for a year in cardiac embryology with Professor John Lind and his group at the Karolinska Institute in Stockholm, Sweden.

Several years later, we were lucky enough to get Dr. Bob [Lodewyk Hendrik Schenkenberg] Van Mierop to come to Gainesville from Albany Medical Center in New York; and we had him focus on his world-renowned expertise in cardiac embryology and pathology. Thus, as a group we had special areas of knowledge in pathology, embryology, cardiovascular hemodynamics and cardiac catheterization data, Ira's work on the experimental production of cardiac defects, and my clinical background. Years later we were asked to do a series of monographs on all known congenital heart conditions for the

National Foundation [March of Dimes] birth defects compendium. We were a writing machine!

It was the most academically productive period of my professional life because I wasn't encumbered with a lot of administrative garbage. I had a fantastic relationship with our University of Florida cardiovascular surgeons: Dr. Bill [Myron William] Wheat [Jr.] and Dr. Tom [Thomas Dale] Bartley. We had our own editorial office. My main problem was that I was getting all kinds of grief for having too big a pediatric cardiology division! At one time, we had three NIH Career Development awardees in our division [Krovetz, Gessner and Van Mierop]. In the whole medical school, there were only five such awards! I have always said the best role in academic medicine is to be the chief of a division in a department in which the chairman takes vicarious pleasure and pride in your achievements and is not threatened by your success. Dick Smith was all of that and more!

DR. PEARSON: But you didn't just stay in your cath lab in Gainesville.

DR. SCHIEBLER: Well, at that time [early 1960's] there were only three pediatric cardiologists in Florida: Dr. Frank [Francisco Adriano] Hernandez in Miami, Dr. Lou [Louis Eugene] Cimino, Sr. of Tampa, and me. I took the time to travel all over the state. The thing that really helped me develop a statewise image was my relationship with the Florida Pediatric Society [FPS]. I was the FPS annual meeting program chairman for five or six years; and thus I got to meet a lot of pediatricians throughout Florida.

I had been in Gainesville for only three months in 1960 when I was sent to Jamaica to that year's annual meeting of the Florida Pediatric Society. Dick Smith, our departmental chairman, was scheduled to go as one of the main scientific speakers. At the last minute, however, he got an invitation to go to Russia to attend a prestigious immunology conference. Faced with this choice, he elected to go to Russia. Ever mindful of his responsibilities to the FPS, he developed at alternate strategy. He said to me, "I'm sending you and Eitzman to Jamaica to represent the department." Then he said, "Gerry, don't get involved in the scientific program. Let Eitzman handle all of that. He'll do that very well." I asked, "Dick, well, why am I going?" He said, " To cover the social events; because Eitzman is not too good at meeting new people at social gatherings. You go to meet as many pediatricians as possible, as we're a very new department in a new medical school. Let Don represent the department at the CPC [Clinical-Pathological Conference] session and present the talk at the scientific program and you concentrate on doing the social scene." For the entire three days of the meeting, I led a very social existence. I attended every cocktail party from beginning to end, except for the ladies' spouses luncheon and that was because they wouldn't let me in. I attempted to meet as many pediatricians as possible! After three days, a pediatrician-allergist from Jacksonville, Dr. Ben [Benjamin Allen]

Johnson said to me, "Hey kid, they tell me that you're a professor at that new medical school in Gainesville." I said, "No, I'm only an assistant professor." He said, "You had me fooled. I thought you were a 'Good Time Charlie.' You've been the first one at every cocktail party and you stayed until the end of each one. Man, you've been hitting those cocktail parties!" I didn't know how to tell Ben Johnson that that was my assigned job from my Chairman! It was my first trip to the Caribbean. I had never been to Jamaica; and Audrey and I spent three wonderful days at a resort in Ocho Rios with the members of the FPS. The academic life certainly had some terrific fringe benefits.

The pediatricians in the state were fantastic. The Gainesville area pediatricians were enormously supportive. Our children and grandchildren's pediatricians, Dr. Thomas M. [Mortensen] Brill, Dr. Marvin L. Kokomoor, and Dr. George A. [Alexander] Dell, Jr., represented the best of our profession. Later I met Sid [Sidney] Levin, who had come from Johns Hopkins to head up the affiliated pediatric program in Jacksonville. Since I had become very involved in the state society as the program chairman of the annual meetings, I got to know a lot of pediatricians. They sent me a lot of patients with cardiac problems from all over the state. I made it a big point to stay very involved with communications with all referring doctors. I was a stickler for calling pediatricians on the phone and getting letters out promptly to keep them informed about their patients. If they sent their patients to me, they deserved to know about them in an expeditious fashion. I was putting in, as I always have, somewhere around 90 work hours a week. I didn't do anything but my work and to be with my family. I still do that demanding schedule to this day. In retrospect, the early 1960's were some of the happiest and most productive academic years of my life.

DR. PEARSON: Yes. I think many of us had halcyon days in Gainesville at that time.

DR. SCHIEBLER: You have to admire Dick Smith's ability to attract academic talent. Yes, he made a few mistakes. He was too encompassed by finances to approve getting Dr. Frank A. [Aram] Oski to join you in the hematology/oncology division, and we could have had him. He was most interested in joining us and he would have been a great addition. When Frank came down for an interview, Dick was out of town. In fact, when I became chairman in 1968, the first individual I tried to recruit was Frank Oski. Alas, without success.

Dick Smith gradually built an outstanding pediatric faculty. Don Eitzman was great in the nursery. Smith, within his top flight immunology group, had Johnny [John Bennett] Robbins, Marty [Martin] L. Schulkind, Elliot F. Ellis and Joe [Joseph] A. Bellanti. Additionally, there was Bill [William B.] Weil, Jr. in nephrology/metabolism, Dr. Melvin Greer in pediatric neurology

and you [Howard Pearson] in hematology/oncology. I think Dick was able to keep us focused, give us latitude and stress to us the academic aspects of our jobs. He had certain axioms that he stressed which I vividly remember to this day. These included: "Keep your academic work fun! If it's not fun, it is not worth doing."

When I was appointed chairman, he gave me the following admonition. "Do what you think is right for children. Do not expect thanks or gratitude for what you do, or else you'll be disappointed. If they come, savor them." The Dean, George Harrell, had a very dim view of both pediatrics and obstetrics within the medical school constellation. In the initial allocation of clinical faculty lines to the various departments, if you look at the records, you will note that the department of medicine was allocated 18 full time equivalents, 15 for surgery, 1.5 in pediatrics and 1.5 in obstetrics/gynecology. When I first arrived, the department of pediatrics was allotted one half of one cold room, one and a half labs, and one half of a library room. The same space allocation was given to obstetrics. George Harrell, with his internal medicine gestalt, figured that these were two "half departments" and when you put them together they might make one department. To the great wisdom foresight, perseverance and genius of Dick Smith and Harry Prystowsky, the first professor and chair of ob/gyn, they refused to accept such second class status. From day one, they both vowed to become full partners in the medical school equation. I think that's the great legacy that Dick Smith left for me and for all succeeding pediatric departmental chairman. Even to this day, few decisions are made in the medical school without pediatrics being involved. Dr. Douglas J. [John] Barrett, our present pediatric chairman, is one of the "big three" at the University of Florida College of Medicine, i.e., medicine, surgery and peds. I think that that's the greatest legacy that Dick Smith left for the academic pediatricians at the University of Florida.

I got to meet faculty who were extraordinarily creative. One of the highlights of my time in Gainesville was that one of the pediatric faculty members, namely you Howard, did a bone marrow aspiration on a pediatric cardiology fellow who had anorexia nervosa. She had very low blood counts. No one, to the best of my knowledge, had previously ever done a bone marrow study in a patient with anorexia nervosa. The patient was intellectually very bright, and she might have been at that time one of the oldest persons with anorexia nervosa in the country. I don't fully understand or even begin to comprehend the clinical entity of anorexia nervosa, even to this day. It is a baffling, demanding disease, often extraordinarily destructive to the psychological well being of the entire family. With Dr. Andy [Andrew E.] Lorincz, one of Dick Smith's initial faculty recruits, I remember you doing bone marrows on "snorter dwarf cattle" and on a small lion from the Jacksonville Zoo, looking for mucopolysaccharoidoses. Another child we worked on together was a small black boy with both cyanotic tetralogy of Fallot and sickle cell anemia. He had been referred to you by Dr. J. K.

[Joseph Khalil] David of Jacksonville. He became the source of several scientific papers. You saw opportunities to do bedside clinical research in unique patients, a proclivity I never had but which I always admired and envied. Once you explained what you wanted to do, it was intriguing to me how you accomplished your objective. We, of course, both profited enormously in an academic environment in which our chairman, Dick Smith, gave us great latitude.

Of course, we both remember with great fondness Johnny Robbins, one of Dick's brightest and most engaging immunology fellows. [He recently won the Sabin Medal for his work on childhood vaccines.] He knew all the gossip in the whole institution. Besides his laboratory work, he was either in the hallway talking to folks or planning or giving parties. Johnny Robbins was always the irrepressible Johnny Robbins! No matter where you were in the building, you could hear his laugh all over the place. The immunology group assembled by Dick Smith also included Joe Bellanti and Elliot Ellis. They both worked in a small corner of Dick Smith's main lab. It proved to me that you don't necessarily need a big lab for every person in the group. They did a hell of a lot of very good scientific work while occupying only a very small space. The intellectual environment created by Dick was stimulating and exciting.

I'll never forget, when I first got hired, one of my college friends who had settled in Ormond Beach, Florida, the Rev. Ernest E. Haddad, sent me a clipping from a Tallahassee newspaper that said the Florida Cabinet by a 4-3 vote had approved a pay rate for a new medical school faculty member of $12,000 a year. In those days, the Florida Cabinet had to approve all state employee salaries of $10,000 per year or above. One of the Cabinet officers, the Treasurer of the State, R. A. [Robert Andrew] Gray, complained vociferously about "this exorbitant salary." But the then University of Florida President J. Wayne Reitz said to the members of the Cabinet that in a "competitive national market" you had to compete for faculty by paying appropriate salaries. My initial salary was $12,000 per year when I first got to Gainesville. I think Dick Smith was making about $17,000 a year as chairman. Today, if you offered $12,000, the applicant would ask if that amount was for a two week or one month salary period!

After I had been in Gainesville for about six years, Dick Smith got a chance to go to Sweden for a year's sabbatical in immunology. So they had to divide up his various responsibilities, i.e., who was going to do what. Dick told me that I ought to consider being acting chairman; but I said, "No, no way." He then said, "Do you want to be in charge of the housestaff curriculum?" Again, I said "No." He then said, "How about housestaff recruitment?" Well I knew I couldn't say no three times in a row, so I said, "Yes!" I became the housestaff recruiter. I went all over the eastern seaboard to look

for people, and that year we filled our housestaff quota with very good residents.

While Dick was on his sabbatical in Sweden, there were apparently intense negotiations between Dick and the then Dean of the medical school, Dr. Manny [Emmanuel] Suter, that culminated in Dick being appointed as the new professor and chairman of pathology. That was a cataclysmic event, because apparently no one in pediatrics was in any way participatory in these negotiations. All of a sudden pediatrics had no chairman; and we had no operational control of the department activities. As part of the agreement with the Dean, Dick moved all of his scientific equipment and laboratory staff over to pathology, without any input from the remaining faculty in pediatrics.

DR. PEARSON: Including the equipment that his fellows were using for their research.

DR. SCHIEBLER: Yes. Whatever agreement Suter and Smith made may have been intrinsically pragmatic, and in the best overall interests of the college; but it left pediatrics leaderless and unprotected. Manny Suter didn't want Dr. Charlie [Charles Upton] Lowe to be chairman, because Charlie on more than one occasion had publicly voiced his displeasure with the Dean's leadership skills. In fact, you and I went to see Manny Suter to push Charlie Lowe as chairman; because he had a well-established nationally recognized image as a leader in pediatrics with impeccable academic and scientific credentials. We felt he would be fine as long as he left us alone to run our respective divisions. Dick, for about two months ran both departments! During that time, under his agreement with the Dean, he was transferring pediatric resources and equipment to pathology. As a dual chair, he had signature authority over both departments. Then Manny asked me to consider becoming chairman. This I really didn't want to do, because I was having a really good time as head of the pediatric cardiology division. The situation remained unsettled for several months. Dick finally resigned as chair of pediatrics. When they couldn't find anybody to take the job of "acting chairman," they had to have somebody sign the departmental papers. Thus Jim [James Preston] McLean, an associate dean in the College of Medicine for administration, became acting chairman of pediatrics for about six or seven weeks. During that time, I was being accused by several other departmental chairs of holding out for too many new resources for the department, whatever that was. I instinctively knew that this was the time to bargain for additional support from the Dean. Then, of course, at about the same time for one reason or another, there was a mass exodus of faculty from the department. Johnny Robbins had gone to Albert Einstein [College of Medicine], you left to go to Yale [University], Charlie Lowe went to the NIH, Bill Weil went as chair of pediatrics to Michigan State and Andy Lorincz left for the University of Alabama. Eitzman, as scheduled, went to England for a

sabbatical year on a fellowship. At the airport as he was leaving Gainesville, he by happenstance met the Dean, Manny Suter, who told Don that they were going to change the orientation of the department of pediatrics to make it a more socially-oriented, community-involved department, i.e., less emphasis on science and basic laboratory involvement.

So, Eitzman leaves for England; you left for Yale; Bill Weil went to Michigan State and with the others leaving, there were very few faculty left in the department. The books showed that we had exactly $62,000 as the total financial reserves in the faculty practice plan account of the department of pediatrics. I tried to figure out what was going on fiscally; but I didn't have enough experience to decode the overall departmental finances. Besides, there's no book to tell you how to be a departmental chairman. If I were going to be a successful chairman, I realized that I had to recruit some new faculty and to figure out the departmental finances. About that time my Dad, an accountant in his previous life, came over from Europe for a visit. In desperation, I asked for his help. He developed a series of questions about the departmental finances; but he rapidly ascertained that I knew little or nothing about them. So my Dad set up all the departmental books so that I could see what was going on financially and get a solid handle on the various fiscal streams. I maintained his financial accounting format throughout my tenure as chairman.

After I became chairman of pediatrics, I thought that for a while I could still be chief of the division of cardiology. But being both a division chief and chairman doesn't work! These were a very tough couple of years just to get the department restarted again. Some people have said I was lucky because so many senior faculty left and thus I could pick my own people. In retrospect, I believe that was true; and I was able to concentrate on recruiting some very good pediatric faculty. In that recruitment effort, Audrey was a phenomenal help. I was also greatly aided by superb administrative staff who gave me terrific support and wise counsel in all my endeavors. Initially, there was Jo [Josephine Liener] Corrick, followed by Mary Lou Carson, and later by [Olivia] Ann [Underwood] Groves. I couldn't have succeeded without them. They were the sine qua non in all facets of the department's involvements.

Early on, I became very involved in the activities of the state Crippled Children's Bureau trying to find ways to fund some of the department's clinical activities. I found out that the overall program objectives of the Crippled Children's Bureau were Neanderthal. The entire program statewide was being run by orthopedists who were so limited in their scope and vision, that they wouldn't even authorize payment for a karyotype. They also didn't cover any "incurable conditions." There was no money allotted for children with diabetes because that condition was not "curable." For the same reason they didn't cover any cancer cases.

In the early part of my chairmanship, Dr. Ed [Francis Edwards] Rushton, a general pediatrician from Sarasota became head of the Crippled Children's Bureau. Ed had the gift of vision and thought that as long as a disease could be pronounced it was eligible for support by the bureau. He, in a short period of time, opened the whole program to children with all types of clinical conditions. One day, in a lightning strike, he came to Gainesville and talked to the University of Florida vice-president for health affairs [Dr. Edmund F. Ackell] and the Dean, Manny Suter. Immediately thereafter he fired the orthopedist [Dr. William F. Enneking] who was chief of the Crippled Children's Bureau in this section of Florida and, on the spot, Ed appointed me and Jim [James Lewis] Talbert, the head of our pediatric surgical program, to run the Crippled Children's service in our region. He did that all in one afternoon! Bill Enneking, an internationally recognized orthopedic surgeon who had developed an outstanding training program, hadn't talked to me in a collegial fashion in years. But suddenly he became very friendly now that Jim Talbert and I had operational control of the program including all orthopedic cases.

The Crippled Children's Bureau first gave us six counties to cover in north central Florida. This they did at the request of Dean Harrell and Bill Enneking who, in tandem, made a cogent case for assigning certain counties to the University of Florida program. This meant that children from those counties eligible for sponsorship by the Crippled Children's Bureau would be routed to the University of Florida programs for their clinical evaluation and treatment, including all appropriate surgeries. Dean Harrell and Bill Enneking deserve kudos for having the vision to successfully pursue this initiative. Later, they increased our region to ten counties. Now we have sixteen counties covering most of north central Florida for which the University of Florida faculty is operationally responsible under the Children's Medical Services unit of the Department of Health.

Soon after, I got involved with the Florida state government. My first experience with the Florida legislature was in the early '70's when I had an infant as a patient with a severe form of congenital heart disease, total anomalous pulmonary venous return to the right atrium. The child required two cardiac catheterizations and complex open heart surgery to correct his cardiac anomaly. He was in the Shands Hospital at the University of Florida for 38 days. The baby went home completely repaired and the hospital bill was about $17,000. His very grateful father said to me, "I'm not worried about my bill, Dr. Schiebler; my insurance company will cover it." Then the father came back to me a week later in tears. He had forgotten to read the small print in his policy, which said the insurance company didn't cover any condition for the first thirty days of life. This was clearly an attempt by the insurance industry to evade responsibility for children with congenital anomalies. Of course, these same policies also covered no premature infants

or any other neonatal problem. The father was an accountant in Gainesville making $10,500 a year; and now he owed a $17,000 bill. How long would it take the family to pay that off? There was no way this family could muster those fiscal resources for a long, long time without mortgaging everything they had.

This was the first time I found out how discriminatory the insurance industry was against children. I talked to our insurance specialist at the health center, Rick [Richard J.] Morrissey, and asked him what could be done. He said, "You have to get a law passed mandating insurance coverage for children from day one." I said, "Gee, how do you do that?" I knew little or nothing about the workings of the state legislature or its committee system or anything related to the passage of a law. But during the next two years, with Rick Morrissey's help, we figured out how the legislative system worked. We got a statewide network built up; and told all the involved pediatricians in the state to call their area legislators about this proposed law. Our efforts met with the implacable opposition of the insurance industry and their cadre of highly skilled lobbyists. It was a tense and frightening period of my life. One night at 2:30 am, an anonymous voice phoned me at home and said if I didn't stop working on the babies' insurance bill they were going to kill me and my whole family! I wasn't prepared psychologically for that chain of events. Certainly I didn't want to put my family at risk.

In fear and desperation, I called my Dad in Germany. He was surprised to hear from me, because I hadn't called him in years for his advice. Furthermore, even when he had given me advice, I hadn't always followed it. I described the situation. After listening intently, he gave me a very unexpected answer. He said, "Gerold, let's see. As I analyze the circumstances, you've now been threatened with death. Let's just look at our family history of the past 100 years. You lost your grandfather on the field of battle in the Franco-Prussian war. You lost your Uncle Fritz, my brother, in the second battle of the Marne in 1915 as an artillery officer in World War I. You lost your brother in Okinawa in World War II. If this is your battle, then you have to take the risk. Go forward and don't look back. At least you know what you're fighting for!"

Next, I heard that the insurance industry leadership had called up Bill [William Earl] Elmore who was vice-president for administration and finance at the University and chewed him out about my activities in confronting them in the legislative arena. They said they would give no more donations to the university and their annual financial contribution to the University of Florida Foundation would dry up. I said, "Mr. Elmore, aren't you in charge of the finances of the Shands Hospital on our campus?" He said, "Yes, of course I am." I said, "Do you know that this legislative bill is worth, if passed, four million dollars a year to the Shand's bottom line?" He

said, "What, what! I'll call you back." After a little while, on the same day, he called me back and said, "Gerry, great idea. Keep working on that wonderful little babies' insurance bill!"

I was immeasurably helped in my efforts by two outstanding pediatricians, one of whom was Dr. John C. [Clifton] Moore, Jr. of Lakeland, Florida, who was president of the Florida Pediatric Society at that time. At the annual meeting of the society, held in Curacao in the Netherland Antilles, he announced that the newly appointed insurance committee of the society would meet to discuss the legislative strategy involving the children's insurance bill on which we were working. Dr. Henry G. [George] Morton, of Sarasota, was the appointed chairman; and it was announced that the insurance committee would have a meeting that afternoon in room number so and so. After the scientific program was completed, I went down there to a nearly empty room and asked Dr. Morton, "Where's everybody else?" Henry said, "Oh Gerry, I'm the chairman, you're the member. It's just us two. I don't want anything cumbersome." Among the families in Sarasota in his pediatric practice was State Senator Warren S. [Swasey] Henderson, who is one of my heroes in the legislative world even to this day. The Hendersons had a child, who was born premature, needed a lot of oxygen to survive, and developed retrolental fibroplasia and was now legally blind. At that time, he had the same kind of problems with his insurance company. He was rejected for a large part of the medical bills because the expenses had been incurred shortly after birth. In fact, some insurance policies at that time covered no medical expenses for as long as 60 to 90 days after birth, not just 30! So he knew about this insurance problem first hand, as a daddy.

Warren Henderson came from the Swasey family of Cleveland and they had significant resources and considerable influence. He was also a very powerful and influential member of the state legislature in the Florida Senate. So Henry Morton called a meeting in Sarasota. At this meeting was the pediatrician leader, Henry Morton, State Senator Henderson and me. We were assembled to plan legislative strategy regarding the babies' insurance bill. This was another form of the legislative "iron triangle" a pediatrician, an influential legislator, and a legislator's child [daughter named Wendy], many of whose previous medical bills had not been covered by the family's insurance policy. Over a period of two years, the Florida Pediatric Society leadership, with the outstanding support of Drs. John C. Moore, Jr. and Bernie [Bernard Francis] O'Hara of Palm Beach pursued this legislative issue.

The Florida Medical Association [FMA] officers and staff, as a matter of policy, didn't support any mandated insurance benefits because they didn't want chiropractors to follow such an initiative and also have mandated insurance benefits. The concept was that if the pediatricians were successful in securing these mandated insurance benefits, it would serve as a wedge to

allow the chiropractors to do the same. Indeed, that eventually occurred. As the leadership of the FPS persisted in this effort, the FMA officers, at a formally called meeting, threatened to evict the entire FPS membership out of the association. To their everlasting courage and credit, John Moore and Bernie O'Hara, in a nice way, told them to, "Go to hell." We continued, but in a less confrontational way, on what we were doing. This was my first legislative contest with the insurance industry in Florida, a continuing challenge which has lasted even to this day. When the initial babies' insurance bill was finally passed by the Florida legislature, we had to perfect it. That effort took several additional years. For example: it didn't cover out-of-state policies issued to Floridians. Additionally, at first they wouldn't cover biochemical anomalies, only recognizable structural anomalies. Another question was how to cover "birth injuries" and how to define them. We even discussed coverage for intrauterine problems. But, we dropped that concept, too politically and emotionally dangerous! Over the years we were finally able to perfect this law.

My great allies in this legislative battle were the Catholic Church lobbyists, the trial lawyers who reflexly hated the insurance industry, the liberal Democrats in the Florida legislature, plus the social service agencies whose lobbying cadre was headed by a woman who was called "Budd" Bell. [Her real name was Elizabeth Landen Bell, called "Budd" because as a young lady she looked like Buddha.] During the legislative process we got into a huge fight over coverage for prematurity. Finally, the insurance industry leadership offered a compromise, i.e., to cover all infants at 4 pounds and above. "Uncle" Henry Morton, when consulted by me regarding this "compromise offer" said, "Hell, no. All or nothing." He was relentless, goal-oriented and uncompromising.

We were finally able to pass this babies' insurance bill with a great deal of help from our allies in the legislature. We were able to achieve insurance coverage from birth for all types of neonatal surgery, prematurity regardless of birth weight, and all the congenital anomalies. The same concept was adopted by the state's Crippled Children's Bureau for children born without insurance. Every insurance company and their influential lobbyists said that this bill was going to make them go broke financially, but no one did! I thought that this was a prime example of the tremendous anti-child stance by the entire insurance industry.

In retrospect, it was the most significant piece of pro-child legislation in which I was ever involved. Afterwards, and based on the precepts encompassed in our Florida bill, every state in the USA has made neonatal insurance coverage mandatory. It has proven to be financially feasible for the health insurance industry! Over the years, Audrey and I have been involved in about fifty other laws of benefit to children. Audrey

concentrated her efforts on the legal system as it involved children; and I made my priority health and safety issues.

During my time as chairman of pediatrics, I also enjoyed putting on the pediatric departmental chairman's orientation seminar for newly appointed American and Canadian pediatric chairmen under the aegis of the AMSPDC [Association of Medical School Pediatric Department Chairs] organization. This was one of the better initiatives that I organized. In these several day meetings, new pediatric chairmen could attend presentations on their multifaceted academic roles including such topics as faculty recruiting, how to address alcoholism and other substance abuse in the faculty, to on-going housestaff challenges and other problems. From my perspective, this several day meeting (always sponsored for all the new pediatric chairmen by Ross Laboratories through the phenomenal efforts and support of Mr. Dewey Sehring) was very rewarding and most useful for all involved. Whereas new chairmen were the "students," established chairmen were selected as "faculty" to make the formal presentations.

DR. PEARSON: You did it for a number of years. What was the turnover of American chairs of pediatrics? About 15 percent a year?

DR. SCHIEBLER: Yes. About every three years, between 28 and 30 chairmanships turned over to new leadership, which included all United States and Canadian medical schools.

DR. PEARSON: You did all this while you were still chairman?

DR. SCHIEBLER: Yes and more. I was chairman in the early 70's when Ed Rushton was in Tallahassee, our state capital, heading up the Crippled Children's Bureau. He decided that he didn't want to be a part of some other division in the state government that wasn't completely dedicated to children. He wanted the Crippled Children's Bureau to be at a higher administrative level, i.e., a division of state government, not a lower level bureau. When the state's human service units had been reorganized earlier by legislative action, the Crippled Children's Bureau, rather than remaining an independent operative organization, was put under the Division of Vocational Rehabilitation. There the Crippled Children's organization was slowly dying on the vine without much, if any, administrative latitude. So Ed Rushton, in an extraordinarily bold move, decided the way to capture everybody's attention, particularly the members of the Florida legislature, was to go broke in February; i.e., he spent all of the Crippled Children's Bureau's total budget by February of that fiscal year, July to June!!

The Tallahassee bureaucracy went wild. B. Craig Mills, the then director of the Division of Vocational Rehabilitation, was purpuric with rage; because he had trusted Ed to manage his finances. But Ed was primarily in

Tallahassee to show that more money was needed for children's programs. He started the whole effort to get a separate Division of Children's Medical Services, that being the highest-ranking level in the state government for human services. He had some great allies, including Dr. William Reed Bell, Sr. [known as Reed] who was close to the then Governor, Reubin O'Donovan Askew.

The pediatric strategy group met in Pensacola one night at the home of Reed Bell to discuss this initiative. Besides Reed Bell, Drs James L. Talbert, John H. [Howard] Whitcomb, Ed Rushton and I were present. Ed Rushton was there with a large diagram of all the units of Florida state government. He said that the Crippled Children's Bureau couldn't be a lower ranking section under some other division. We had to be an independent division; because only then could the director control his own finances and staff. So we began our legislative campaign to raise the Crippled Children's Bureau to a division. Rushton was the mastermind to develop the strategy. My contribution was that I had access to xerox machines and postal equipment and terrific staff. I utilized significant departmental fiscal resources (over $30,000) to send notices about our legislative plan to the pediatricians and other allies around the state.

We ultimately got 106 co-sponsors of our legislative bill out of the 120 members of the House of Representatives. Thus, the bill passed easily in that legislative chamber. However, when the bill came up for passage in the Senate, it was in danger of being killed. One of the opponents of the bill, State Senator Kenny [Kenneth M.] Myers, a very influential member, attempted the strategy of "loading up the bill," i.e., adding other legislation which would eventually make the bill so complicated and more fiscally demanding so that the bill would eventually be bypassed or outright "killed." Thus, he said, "Let's also create a division of aging." He completely underestimated the impact of his suggestion. Rather than being a negative force in the legislative process, within days there were many positive comments about a division of aging. Many AARP [American Association of Retired Persons] members showed up in Tallahassee saying that the legislature should indeed give special consideration to the two populations in need of continuing assistance and special care, the young and the aged. Thus, the legislative bill creating <u>both</u> the Divisions of Aging and Children's Medical Services passed. Everybody said, "Hallelujah!" One of the groups got votes for the other; and that's how the bill was passed and signed by the Governor. I was enormously helped by the fact that my friend and neighbor in Gainesville, Bob [Robert LeRoy] Saunders, Jr. was chairman of the Senate Appropriations Committee. In that capacity, Bob Saunders saved me again and again throughout all phases of the legislative process.

A little while after that legislative session, I went to a meeting in Tampa of human service agencies sponsored by the Department of Health and

Rehabilitative Services [HRS]. The secretary of that department was O. J. [Oliver James] Keller. O.J. said to me, "Well, you're responsible for getting the legislation passed to create this division and I need someone to run it. The interim director, Dr. Ben Johnson, an allergist from Jacksonville is leaving. How about you coming up to Tallahassee?" I said, "No, I'm can't come up to Tallahassee to run the Division of Children's Medical Services (CMS). I haven't even talked to Audrey; and besides, with my responsibilities in the medical school it's just not convenient." That twit head, O.J. Keller, the next morning without further consultation with me, and before an audience of over 400 people, proudly announced that I had accepted the job. He was determined to get me to Tallahassee to aid him in setting up this new unit. When I called up Audrey with the news she was in shock.

DR. PEARSON: Where was Ed Rushton at this point?

DR. SCHIEBLER: Ed Rushton had left the agency sometime before; and he was back in Sarasota returning to the practice of general pediatrics. By the time the Crippled Children's Bureau became a division, he was no longer in Tallahassee, having voluntarily left.

I was told that if I accepted this job that I would have to take a leave of absence from the University of Florida and become a full-time employee of the Department of Health and Rehabilitative Services because of a possible conflict of interest. The Governor's salary then was only $40,000; and I was offered $39,000. At that time, no state employee could have a salary higher than the Governor. During my approximately 18 months as director of the Division of Children's Medical Services [CMS], Audrey and I lost about $80,000 because of the reduced salary, loss of certain fringe benefits, and non-reimbursed professional expenses. The Governor, Reubin Askew, called me to a meeting and said, "Gerry, some of your detractors have said that all you will do in your new role is shift state CMS money to the University of Florida. Isn't your previous full-time faculty position as a chairman at the University of Florida a conflict of interest?" He and his top staff expected me to give all kinds of reasons as to why my new position would <u>not</u> be a conflict of interest. I decided to be very forthright. I said, "Governor, everything I do is a total conflict of interest. You just have to decide if such a conflict of interest in your favor, and will make your administration look good." The Governor, somewhat taken aback, chuckled and told O.J., "Okay, hire him."

While in Tallahassee, I soon learned that if you're going to foul up by making some erroneous administrative decision, do so in mid-August. That's because it is the time when everybody left town, and when the legislature is not in session. During my tenure in the state capital, I learned about the bureaucracy; and I learned a great deal about the function of the various

units of the state government! I also learned how to write rules. I wrote all the new rules for the newly created Division of Children's Medical Services, most of which have lasted for a quarter of a century. I wrote into the law a section defining the scope of activities of CMS, the phrase that the agency would sponsor, "Any child with a problem that had the potential of affecting their full development." In essence, that meant everybody with all conditions, thus no longer limiting the agency's support for only certain well-defined clinical entities.

Development of the programmatic format and the associated funding of the state's perinatal program was one of the best things I ever did. I was very lucky because the secretary of the department, O.J. Keller, gave me free rein. Also, I was there at the right time, i.e., when premature baby intensive care units were being set up throughout the state. Fortuitously, the Florida Pediatric Society leadership had this program as one of the top priorities of their legislative agenda. In this effort, I was aided enormously by Dr. Richard J. [Joseph] Boothby of Jacksonville who was head of the FPS perinatal committee. I'm not going to deny that there were continuing challenges and daily problems. I was advised to fire all the orthopedic surgeons who were CMS district medical directors, so as to make all of them pediatricians. I said, "To hell with that," because Drs. Phil [Philip] Oscar Lichtblau from the Palm Beach district and Joseph G. Matthews of the Orlando district had been incredibly supportive; and both of them were superb administrators. Besides, one of my cardinal tenets was that we needed to emphasize the concept of "physicians for children," which expanded the scope of physician involvement in all child advocacy and medical programs beyond just pediatricians.

While in Tallahassee, living alone in an apartment, I made two rules for myself: no liquor and no television. I worked until ten or eleven o'clock each night at the office. That's when I made all my phone calls and planned my schedule. I came home on weekends. I became known as "the Greyhound Professor of Pediatrics," as Audrey had our only car; and I took the Greyhound bus back and forth to Tallahassee throughout the year.

DR. PEARSON: But this time you didn't have to borrow bus fare from your parents!

DR. SCHIEBLER: Indeed! You deal however with a diverse strain of the general population on the Greyhound buses these days. I got on the bus one night in Gainesville. It happened that I was the only white person on the bus. At the last moment, another white guy got on. He was obviously drunk as a skunk. Guess where he sat? Right beside me! This was a guy who couldn't talk to you without punching you, i.e., to make sure he had your attention. He asked me, "What do you do, Bud?" I said, "I work for the government in Tallahassee." I had long ceased to tell folks that I was a physician, because

everyone knew that physicians didn't ride Greyhound buses! He said, "Oh, the government. I'm in voc rehab [vocational rehabilitation]. What do you do up there?" I said, "I'm in the Department of Health and Rehabilitative Services." He said, "Oh, do you know the folks in voc rehab?" I said, "Yes, I do sir." He said, "What are you up there in Tallahassee, a secretary?" I said, "No, I'm one notch below the secretary," meaning that I was a division director. He said, "Oh, one notch below a secretary, then you're a clerk typist!" So much for making an impression on my inebriated fellow passenger!

I was in Tallahassee for a year and a half; and that was a long time to be separated from the family. From the viewpoint of the department of pediatrics it was a downer; because I lost contact with the flow of events and the daily interaction with the faculty and housestaff. I came back to Gainesville after eighteen months and that hiatus from the department of pediatrics perspective was a long time. That period of separation left significant gaps. I lost the feel of the academic environment; and I lost the flow of almost daily information. In that interim, the housestaff membership had changed significantly; and I didn't even know the names of most of them. It was almost like coming back to a foreign land.

DR. PEARSON: Who covered for you while you were away?

DR. SCHIEBLER: Dr. Louie B. [Louis Bert] St. Petery, Jr., the chief resident, did a lot of the administrative work, farming out the correspondence to various faculty members. Dr. George A. [Anthony] Richard, one of our pediatric nephrologists, did yeoman work during that year, attending all the college of medicine administrative functions. With his title of acting chairman, he did a terrific job of representing the department of pediatrics during that interim. Thus, George did mainly administration; and Louie handled the clinical issues and all housestaff topics along with triaging all correspondence.

It was financially a very devastating time for our family as our income was significantly reduced. It also was a very tough period for Audrey and our children. Being far way for so long was one of the most demanding times of our marriage, particularly since one of our children was having significant adolescent challenges.

From the point of view of the department's finances, it was a plus, as we set up a variety of children's programs throughout the state that in aggregate had a fiscal base over 5 million dollars a year. I always insisted that the money received from the legislature for regional tertiary care programs should be split between the three medical schools in the state. Bill [William] West Cleveland, Lew [Lewis Abraham] Barness, and I got together regularly. The CMS state money for children's programs was always split

three ways, equally. Bill Cleveland at all meetings was "Chairman of the Chairmen," a role he handled with great skill. I was the scribe [secretary] who did the minutes of the meetings. Barness' role was to make cogent, often twitty, remarks. His contribution was enhanced by his remarkable scope of knowledge about virtually any aspect of pediatrics. The chemistry and mutual respect of the three chairmen was remarkable; and this triumvirate worked together very well.

DR. PEARSON: I have always been impressed there was a fair share of state money between the pediatric chairmen of the three Florida medical schools.

DR. SCHIEBLER: Yes, from day one we met regularly on our priorities for each legislative session. Thus, whether the agenda was neonatal biochemical screening, or any other programmatic effort, Bill Cleveland was always chairman of the group. When Dr. Bob [Robert Siegfried] Stempfel joined us in his capacity as associate chairman of the department of pediatrics at the University of Miami, it was a huge bonanza. Stempfel knew a great deal about educational programs for children; and he was able to interface health and educational priorities with great skill. He also had enormous respect and credibility within the state's educational hierarchy. With his retirement, we lost an irreplaceable child advocate in the state capital.

As noted before, the state money for any children's program involving tertiary care was always split three ways, equally. We did not use any other parameter, such as present or predicted patient volume. That policy worked very well and eliminated a lot of discussion. One of my vivid memories, while directing the Children's Medical Services programs in Tallahassee, was the legislative cycle in which we got $400,000 for the pediatric hematology/oncology centers at each school. I called up Barness to give him the good news about his new $400,000. Irrepressible, as always, he said, "Gerry, I'm really disappointed. I was hoping for a million!" Vintage Barness! Barness didn't fully understand all aspects of the legislative process, but he knew that he was getting his fair share of all the new programmatic funds, even though at the time he had a very new department of pediatrics at the University of South Florida in Tampa. I was psychologically greatly supported, because I knew that I was dealing with two people of impeccable integrity. Being together with Cleveland and Barness was a joy every year. They were pediatrician leaders with 100 percent credentials academically and educationally. Also, from my vantage point they were 100 percent human beings. After we had made an agreement, I never had to worry whether either one would renege. During my recent last year in the legislature, I got the three school pediatric departments a million new dollars in state monies.

From the point of view of my department of pediatrics, there were some cracks developing. Housestaff recruitment suffered; as well as some other

essential departmental functions. I found out that I was becoming so encompassed in child advocacy activities that I wasn't really doing my job as chairman as well as I should have by my own standards.

When I came back from my stint in Tallahassee, the housestaff organization at the University of Florida asked me if I would help them get a salary raise from the state legislature. At that time, Florida's economy was in a recession; but I said I'd try since I knew both Bob Saunders, Jr., who was then Chairman of State Senate Appropriations Committee and Al [Alvin Vaughn] Alsobrook, who was his top assistant. With their phenomenal help, we got the housestaff a $2,000 raise that year, the only employees in state government to get any raise at all! The housestaff were very appreciative; and they got me a big plaque. I said, "You guys have sand for brains. You should give this plaque to the Dean who permitted me to work with you on this project." They said, "No, he didn't do a damn thing." With further "explanation" of the political realities involved, the housestaff organization leadership finally agreed with my recommendation. They took the plaque back to the engraver, had my name erased and the Dean's inserted. A week later, in *The Friday Evening Post* [the in-house University of Florida Health Science Center publication], there was a big picture of Dean Al [Chandler Alton] Stetson [Jr.] accepting a plaque from the housestaff for getting their salaries increased!

Shortly thereafter, in part propelled by this legislative achievement, Dean Stetson thought that somebody from the College of Medicine was needed in Tallahassee during the state legislative sessions to represent the health center with emphasis on key legislation and acquiring additional financial resources. Thus, I became a part-time lobbyist, being in the state capital each year for the 60-day legislative session. To my great good fortune, the University had hired Al Alsobrook as director of governmental relations. Thus, we were in Tallahassee together; and I credit him for teaching me how to be an effective lobbyist in the state capital. Dr. George Richard, in our department, was acting chairman during those intervals; and he did an absolutely phenomenal job! I tried to continue doing my role as chairman of the department of pediatrics and practicing pediatric cardiology for a while; but that got to be more and more difficult with time. My job as the health center's lobbyist was rapidly becoming a year-round proposition. Now, except for a few long-term patients, I don't see any pediatric cardiology patients at all.

DR. PEARSON: When did that break occur?

DR. SCHIEBLER: I did the government relations work part-time from about 1975-1985, mainly during the annual spring legislative session. After that time, through a series of fortuitous circumstances, I was offered the full-time position of associate vice president for health affairs for external

relations by the then vice-president for health affairs, Dr. David [Reynolds] Challoner. This turned out to be a very symbiotic relationship. We had different talents, which dovetailed very well in support of the health center's priorities. Additionally, Audrey and I became very good friends of Jacki and David Challoner. They were, and are, a very "classy" couple. Upon assuming that role, I resigned my position as chairman of pediatrics.

DR. PEARSON: So they sent you to Tallahassee to represent the health center even though there was again a possible conflict of interest, but this time within the medical school.

DR. SCHIEBLER: Yes, I think some of the other clinical departmental chairmen resented the fact that besides getting funds to enhance the medical school budget, I was simultaneously getting funds for pediatrics in the health and other educational unit budgets. Today, if you look at the finances of various medical school departments of the University of Florida, pediatrics is the best balanced fiscally between state monies, extramural research grants and all the support we've gotten over the years through the CMS budget, primarily for patient service programs. I developed a format of getting such programmatic support division by division. One-by-one funds were received for a pediatric hematology/oncology program, the pediatric cardiology unit, followed by funds for adolescent medicine, and pediatric pulmonology. For example, the division of pediatric cardiology today, between Gainesville and Jacksonville, gets over $850,000 annual state general revenue to support those divisions for patient services through the CMS budget. Another example; Dr. John J. [Joseph] Ross in the department of pediatrics (a pediatric neurologist) receives over $600,000 annually in state funds for his program for children who are having problems learning in school. Such monies pay salaries of the involved staff, associated expenses and professional travel. Today, pediatrics is well balanced funding-wise because it has multiple fiscal streams. It's not dependent primarily on just patient practice income or extramural grants. In the College of Medicine today, the departments of pediatrics and internal medicine among the clinical departments, in aggregate together, have the majority of peer-reviewed research grants. Some of the other clinical departments or sub-units (divisions) have little or none. If you take medicine and pediatrics out of the equation when it comes to garnering extramural research funding, the remainder of the clinical departments are basically outstanding health service units.

After I left the pediatric chair, Ian M. [Meadows] Burr was hired. That was a very difficult time for the department of pediatrics. Ian really wanted the chair at Vanderbilt; and I perceived him to consider Florida as a way station as he worked toward that goal. Later, the medical school leadership informed me that Ian was negotiating with Vanderbilt Medical School in a clandestine fashion and planning a research building in Nashville at the same

time that he was chairman in Gainesville. He was at Florida only a year and a half. Again, to the consternation of the medical school leadership, he wasn't even in Florida during the intern match that year when we scored zero on the intern-matching plan. He is an extremely bright pediatrician and a gifted writer of research grants; but he certainly had no commitment to Florida. At Vanderbilt, Ian has done a very good job as chairman of pediatrics; but in the opinion of many individuals he really did very little for Florida during his brief tenure.

Then Bob Van Mierop was appointed as chairman during a most difficult time. One of the best things that he did was to rebuild the pediatric housestaff program. He did that very well against significant odds.

DR. PEARSON: I was interested in that because I knew the Florida system and knew that it was "Smiley" [Dr. Hugh Meighan Hill], the dean of students in the college that made all the decisions about where students should apply for internship. He must have realized that the pediatric department was in trouble.

DR. SCHIEBLER: Van Mierop as chairman had many positives and a few negatives. He was most comfortable with an autocratic style of leadership. One of the many positive accomplishments was that he rebuilt the housestaff program almost from scratch. He was ingenious enough to recruit a group of very smart German and Dutch medical students into the housestaff program. The present chairman of pediatrics is Dr. Douglas J. Barrett, a Florida native and a graduate of the University of South Florida College of Medicine. Doug is a superstar from every point of view of the role and responsibilities of a chairman.

Again I am coming to another time of transition in my professional life. The medical school and health center leader, vice-president for health affairs and dean of the college of medicine, Ken [Kenneth Ira] Berns, MD, PhD, has appointed Dr. Rick [Richard Lee] Bucciarelli to be my successor in the Tallahassee arena. There will be an eighteen-month period of transition before he will completely take over my full responsibilities. This will occur January 1, 2001. Rick was an excellent choice; and he will do well at both the national and state levels. He's been a Robert Wood Johnson Congressional Fellow, during which time he was on the staff of United States Senator Jay [John D.] Rockefeller IV for a whole year. During that period he learned a great deal about health care financing. He understands health care in all of its permutations and the detailed aspects of present health care plans. Presently, he's chair of the AAP [American Academy of Pediatrics] Committee on Federal Governmental Affairs [COFGA], in which capacity he has done a superb job. When and if we ever get universal health coverage for all children, I know that Rick will be a central figure in such an initiative. I think that having an eighteen-month transition to learn the state system

will help him a lot; and I've always felt that such a mentoring role was a privilege.

Well, I have nine and a half months to go before we move permanently to this condominium on Amelia Island. I'm still putting in my 90-hour workweek; and I'm still up at 4:00 am everyday dividing my time between my work and my family. I've never done much of anything else.

DR. PEARSON: Let's talk a little bit more about Audrey Schiebler:

DR. SCHIEBLER: Audrey has been responsible for the passage of a whole set of state laws, primarily dealing with the legal system for children, especially child abuse legislation. She sat on the National Committee to Prevent Child Abuse for several terms including being on the executive committee. She started the Guardian ad litem program in the state, being the prime mover for both the legislation and its associated financing. This program assures that there will be an independent advocate for the child in legal proceedings. Sometimes neither parent is the ideal advocate for the child's best interests. She got the Medal of Honor from the Florida Bar Foundation for her work with the Guardian ad litem program. She's worked very hard within various state agencies being a member of, or chairing, a lot of committees and boards. As you know, Howard, she has played a key role in the development and funding of the Boggy Creek Gang Camp, a facility near Orlando for children with all types of clinical conditions who are aided by a camping experience. You yourself provided the medical leadership in the establishment of the forerunner of such a facility with the Hole in the Wall Gang Camp in northeastern Connecticut.

I'm very proud of what she's done, particularly since she has accomplished so much in a relatively short period of time, i.e., after our last child [Michele] left home to go to college. The laws that we've each gotten passed are more parallel than in tandem, because Audrey has a whole different orientation. She has found her own niches and areas of advocacy. She broke down a lot of membership barriers in various organizations within the state, particularly those barriers of race and religion. She surmounted those hurdles in her own special way with collegial advocacy rather than public confrontation. Recently, the Governor [Lawton Mainor Chiles, Jr.] gave us a joint award, a picture of the Myakka River, painted by his wife, Rhea [Grafton Chiles]. This was in recognition of our mutual child advocacy efforts over several decades. Its title is the "Heart Land" Award. Audrey has her own identity and people like her instinctively. When she walks into a room she captures the attention of legislators immediately. The entire environment changes with her presence. I don't have that capacity, but she does it with consummate skill.

DR. PEARSON: Tell me about your kids.

DR. SCHIEBLER: Our oldest child, Dr. Mark L. [Lincourt], is a radiologist in Orlando with the Florida Hospital system. He is married to a neuroradiologist, Dr. Susan L. [Lynn] Rebsamen. Mark has two older children from his first marriage and two younger children from his second marriage.

Our next child and oldest daughter, Marcella Lynn Caswell, has done extraordinarily well, considering the fact she has significant challenges. She is a terrific example of Audrey's "magic." She's married with a small baby. She's worked for the financial services department of the Shands HealthCare system for 16 years and lives in the Gainesville area. She drives her own car and has never had an accident. We're very proud of her accomplishments especially considering the obstacles she has had to surmount. Her husband, John B. [Bruce] Caswell, Jr., is the assistant manager of a shoe store in Gainesville.

Our next child is Kristen L. [Loring] Wharton. She was educated as a social worker and she has worked with a CMS child protection team addressing all components of child abuse in our society. She worked within the Baptist Hospital system in Jacksonville until after her second child was born. Then she decided she would rather be a mother rather than a social worker. She's married to Dr. Paul W. [William] Wharton who is a PhD in developmental pediatrics. He's associated with the department of pediatrics at the University of Florida Health Science Center campus in Jacksonville. He has spent a lot of time with me in the Tallahassee arena and he has become a very superb lobbyist.

Our fourth child, Bettina L. [Lise] Brown, is a real estate lawyer who went to Mercer University in Macon, Georgia for her law degree. She's married to a family physician, Dr. George W. [Washington] Brown IV. He is the associate director of the family medicine training program at the Atlanta Medical Center (formerly Georgia Baptist Hospital). They live in Georgia on a 180-acre beautiful piece of property southwest of Atlanta within 25 minutes from the Atlanta Hartsfield International Airport. She practiced real-estate law full-time until she got married. When they had their second baby, she then decided she wanted to be a mother instead of a full-time lawyer. Presently Bettina works only several days at the end of each month when she does real estate closings. The rest of the time she's a full-time mother. They now have three children.

The fifth child, Wanda L. [Leslie] Corcoran, lives in Darien, Connecticut. She had worked previously for Conning and Company, an investment group specializing in insurance located in Hartford, Connecticut. She started with that company as a systems analyst. She rose in the hierarchy to become a vice-president in the research and consulting department. She then married

Mr. John B. [Baring] Corcoran, a stock trader; and they now have four children. Shortly after her marriage, she gave up her full time job and now works exclusively with her family.

The sixth and youngest child is Michele L. [Lenore] Cook who is married to Robert P. [Patterson] Cook, a timber businessman whose family is very prominent in northeastern Florida. Michele lives in Lake City, Florida about 40 miles north of Gainesville. She has three children, two boys and a girl, and she was trained as a public school teacher. She taught kindergarten for a number of years in the Jacksonville area, until she got married and had her own children.

Thus, we have one child in Darien, Connecticut, one in the Atlanta, Georgia area, one in Lake City, Florida, one in Jacksonville, one in the Gainesville area and one in the Orlando area (Maitland section). So, as a group they are all up and down the eastern section of this country. We got together this past Thanksgiving with the Darien contingent. At Christmas we got together with the Florida group. We're getting together this summer for a cruise to Alaska with three of the children and eight of our grandchildren. This will be a trip with the Jacksonville Pediatric Alumni Association (JPAA) which is the housestaff alumni organization of the graduates of our pediatric training program on the Jacksonville campus. So, we're doing more and more family things. It's interesting when you have six diverse children. The last three, the Florida-born children, talk a lot to each other, almost daily by phone. With the older children, there was more of an age separation. However, as a group, they're all very close and communicate a lot to each other. It's been one of the aspects of our family life that has been refreshing and rewarding to both Audrey and me as we get older.

We now have 17 grandchildren, the last being born 12/21/99, our first little Schiebler boy! We have decided that for each of our grandchildren we will either purchase the Florida prepaid tuition plan or give their parents the equivalent amount of dollars to buy and invest in the stock market for their future tuition payments. We think one of our prime contributions to our grandchildren is to try to assure them an education. At the University of Florida, where our oldest granddaughter, Brianne L. [Lise] Schiebler is going, her entire tuition was paid through the State of Florida tuition plan. Thus, it's a rather reasonable way fiscally to go to college.

DR. PEARSON: And not a bad place to go, Gerry. You talked about the 55 laws that you and Audrey got passed. You also mentioned that the one that you're proudest of is the children's insurance plan that's been copied nationally. What were some of the others?

DR. SCHIEBLER: Our children's insurance bill mandating health insurance coverage from birth has been copied nationally by every state.

Passing mandated insurance benefits, of which we have done a lot, is very difficult. The insurance industry, the HMOs and the business groups will always be against you with the argument that mandated benefits of necessity increase premiums, which cause families to drop their insurance and join the cohort of our population that is uninsured. You have to muster allies. We got our greatest support from the trial lawyers, the Catholic Church lobbyists, the social service groups, and Roger W. Wise, Jr., a representative of Ross Laboratories, who was "loaned" to us by that organization during a key legislative session. He was a terrific lobbyist. They were always with us. Traditionally, more Democratic legislators supported our children's initiatives than Republican. The leader of that liberal Democratic legislative group in the House of Representatives was Fred [Frederick] Lippman who supported us in every pro-child legislative endeavor. He was a consistent and unswerving supporter; and Audrey and I enjoy his friendship to this day.

Another great victory was passage of the Child Health Insurance Program which mandated that all insurance companies and HMOs would cover all the periodic physical evaluations and immunizations using the American Academy of Pediatrics guidelines. This law was first passed in Florida primarily, in my mind, because of the tremendous support of the then Speaker of the House of Representatives, a near neighbor in Gainesville, the Honorable Jon L. [Lester] Mills, presently dean of the law school at the University of Florida. In the Senate deliberations on this bill, we were most fortunate to have as president of the FPS at that time, Dr. Bud [Arnold Lawrence] Tanis of Hollywood, Florida. He was the pediatrician to the family of State Senator Ken [Kenneth Clarence] Jenne II, who was chairman that session of the rules and calendar committee, a very powerful position. Without Ken Jenne and the constant unrelenting advocacy of Bud Tanis, this bill would never have passed the Senate!

Another achievement of which I'm proud is that we were able to effectively regionalize complex children's health services with the involvement of various children's specialty groups. We got appropriate funding and legislation for neonatal biochemical screening, scoliosis screening in the schools at the appropriate age, and child abuse laws with the establishment of child protection teams under CMS, each headed by a pediatrician with special knowledge and commitment to this ever demanding field.

I worked for over thirty years on the funding and legislation relating to poison control center networks, both at the state and at the federal levels. I was unprepared for the resistance of the telephone companies. I didn't realize that there were 17 different phone companies in Florida, until I asked them all to come to a meeting in Tallahassee. I wanted them to put our Florida Poison Control Center Network toll-free 1-800 number on the back of the front page of the telephone books by the 911 section. There it would have a prominent location that could be easily found in an emergency

situation. Out of the 17 phone companies invited, only two came to the meeting, indicating that they were not making our petition a priority. Then Governor Lawton Chiles, a supreme child advocate, got the Public Service Commission to hold a hearing. After this hearing, the Commission passed a rule mandating that every phone company print the 1-800 toll-free poison control center number in all of their directories as we had requested. So in Florida, the Poison Control Center number is right beside the 911 emergency number. This is a toll free 1-800 statewide number. Now we have about 3.6 million dollars in the CMS budget to operate the statewide network and the associated data center. Our computerized data system gives us a mechanism for tracking regional area poisonings. The professionals that are running the three poison control centers in Jacksonville, Tampa and Miami are spectacular, some of the best with whom I have ever worked at both the state and federal levels. Much credit for the success of the Poison Control Center Network system in Florida must go to the center directors, particularly Jay L. [Lawrence] Schauben, PharmD, and Rich [Richard Scott] Weisman, PharmD. The three centers handle about 180,000 calls a year.

President [William Jefferson] Clinton just signed a law, the Poison Control Center Enhancement and Awareness Act, which authorizes the establishment of a single 1-800 toll free number for the whole nation! This will be a tremendous step forward. Everybody at times asks why we have three centers instead of one in Florida. There are many good reasons for having a center each serving about 5 million people. Hurricane Andrew knocked out two centers, and the third center in Jacksonville had to serve the whole state for several days. Later, the involved legislative staffs asked for a sophisticated computer data tracking system. We now have a centralized data system so we can rapidly track poison occurrences statewide and can expeditiously pinpoint a regional problem. Let me give you two examples. First, some adolescents in the Orlando area of Florida were making a "tea" out of the flowers of the angel's trumpet plant, which is hallucinogenic. It gives one a "high," but it also causes seizures and the symptoms may progress to coma. When three of these cases wound up in medical intensive care units in central Florida, we were able to rapidly establish the cause through our computerized data system, which records the postal zip code of each reported incident. Within three weeks, we sent out a medical alert through every county health department in the entire state. Thus we were able to prevent any further cases of this type of poisoning. The second example is that we had a number of cases in Daytona Beach of what is called ciguatera poisoning. It's caused by plankton that gets ingested by fish and becomes imbedded in the flesh. It contains a toxin that you can't taste or smell. Once ingested by people, it has dramatic physiological effects including great aberrations in the sensation of temperature; so that there is a hot-cold reversal. Patients feel chilly with temperatures of 104° F and vice-versa. After several cases were reported from emergency rooms in that part of the state, we traced these poisonings to a specific batch of fish. Certain

portions of the batch were already being carried by trucks to the Orlando, Florida and Atlanta, Georgia markets. These trucks were intercepted and that batch of fish destroyed, thus preventing further occurrences of this type of poisoning. Just think of the dollar savings to our health care system by having this type of Poison Control Center Network with a great data system!

DR. PEARSON: There was one other law that I have heard about that people have used to show how pragmatic you are. That was the one about the hot water temperature.

DR. SCHIEBLER: What happens in many homes is that when water has to run from the heater to the tap, there's a certain delay before you get hot water. So in many homes and condominiums the water temperature control in the water heating unit was set very high-150 degrees or higher. Thus, kids were being scalded and often severely burned. Upon our advocacy, the Florida legislature passed a law mandating the water heater temperature control unit should be set at no more than 125 degrees F. Opponents of this proposed bill attacked it for a variety of reasons, including "government interference" and the fact that the lower temperature water, when used in the dishwasher, would leave spots on the dishes. Sam [Samuel Paris] Bell III, a powerful legislator at that time, and one of the best child advocates that I have ever known in the legislative arena, provided the leadership to shepherd the "hot water bill" through the legislative process. We got it passed to protect children; but also to prevent scalding and burns in the aged, two vulnerable segments of our population. Sam Bell in support of this bill made an absolutely brilliant mesmerizing speech on the floor of the Florida House of Representatives. His closing line to his colleagues during the floor debate was, "What do you want? Do you want to prevent burns or eliminate spots on the dishes?" In Audrey's and my experience in the Florida legislature, Sam Bell was the finest child advocate legislator that we have ever known! He was responsible for many pro-child laws, including the establishment of the state's perinatal center network, mandatory scoliosis screening in the schools and mandates relating to car seats and seat belts for children.

DR. PEARSON: Didn't you sell the hot water heater regulations not only on the basis of the safety for kids but that it was going to save fuel?

DR. SCHIEBLER: Yes! It was during the fuel crises in 1973-74. That crisis helped a lot; but also because the law involved increased safety for the elderly. It saved fuel and electricity costs to be sure, but the fact that it would protect old people as well as children helped to get the law passed.

We passed another health insurance mandate law that if grandparents raised a grandchild, the offspring of a minor single parent, i.e., their daughter or son, the grandchild's medical bills would be covered under the grandparent's medical insurance policy! Wow!

Our mandatory bicycle helmet law for children under 16 years and children's mandatory seat belt law were very tough to pass, particularly in a legislative environment like Florida where many legislators don't like what they think are proposed laws that are regarded as "government meddling." I think a lot of credit for these successes should be given to the other child advocates who were involved. I think I got too much credit for a lot of these successes, because I was the point man on these issues and highly visible in the halls of the legislature. Fortunately for me, my administrative superiors at the University of Florida were comfortable with my involvement in such child advocacy issues; as long as I made the University of Florida Health Science Center and Shands Teaching Hospital's legislative issues the highest priority. This admonition I accepted as my legislative mantra. Fortunately for me both David Challoner and Ken Berns supported me 100 percent in all my various activities. They may not have fully understood every aspect of my modus operandi; but they each knew that every facet of my activities was designed to enhance the status and role of the medical school, the other professional schools in the health center, and Shands HealthCare System. Trust, particularly in the political arena, is 100 percent or zero. I am most fortunate to have had their unswerving support and trust.

DR. PEARSON: One of the legends about you, you are demonstrating right now. Tell me about your narcolepsy.

DR. SCHIEBLER: I've had this condition since college. I've never had it fully evaluated medically. It may be another type of significant sleep disorder. Unless people know about it, one of the down sides is that they may come running up to me as I'm fast asleep and begin resuscitation thinking I've had a heart attack. To this day I don't drive unless I've had a long sleep before. I usually have a University driver who takes me anywhere in Florida within a 200-mile radius of Gainesville. James Herbert Brown has driven me over 500,000 accident-free miles in the last decade. I can't control this propensity to fall asleep. I can have narcolepsy followed shortly thereafter by significant insomnia. One of the great stories about this condition was when my partner in the Tallahassee arena [Al Alsobrook] got stopped by the state police on the interstate (I-10) for apparently carrying a "dead body," me, in the front seat. To their surprise and relief, I woke up when the car stopped.

I must also relate that my executive secretary [Lisa Ann Van Nocker] picks me up every morning at my home in Gainesville to take me to the health center. At times I may be fast asleep by the time we're out of the driveway of our home. She drives me to work, and often somebody else drives me back home. It doesn't interfere or bother me, however, if I'm giving a speech or talk, i.e., when I'm energized. Whether it's classical narcolepsy or a type of sleep disorder, it's certainly not controllable by me. It's been part of my life

for many years; and it really doesn't interfere with what I'm doing. Falling asleep during conferences has become kind of a trademark for me; particularly when the lights go out, I go out! But, for some reason, I still seem to know what is being said and what's going on!

DR. PEARSON: In looking at your CV, one of the things that impressed me was an enormous number of awards you have received from the state of Florida including the naming of a building in your honor. You certainly have also been honored locally at the College of Medicine. Many of us feel that we're much more respected and honored out of town than we are in town, "A prophet without honor," and so on. But you've managed to do both. You've not only been recognized in Gainesville and the state of Florida but you've also received some of the most prestigious national pediatric honors.

DR. SCHIEBLER: Yes, I received the Abraham Jacobi Award from the AAP and the AMA [American Medical Association]. I also received the Dr. Benjamin Rush Award from the AMA for outstanding community service. I've gotten a great deal of recognition from the Florida Pediatric Society, the Florida Medical Association, the Florida Heart Association and a lot of voluntary health agencies. I was most fortunate to have been elected president of the Florida Heart Association, the Florida Medical Association, and the Florida Medical Association Political Action Committee [FLAMPAC]. For years I worked very hard for each of them. It's very difficult for an academic pediatrician to become president of the Florida Medical Association, but once I did, a precedent was set. I enjoyed every facet of my leadership involvement with the Florida Medical Association and indeed each of the other organizations.

DR. PEARSON: Looking back forty-five years and what you've done, from your perspective is there a role for doctors in government affairs including lobbying?

DR. SCHIEBLER: My answer to that should be obvious. Absolutely, yes! I think we ourselves need to represent our own profession on critical issues in the legislative arena, both on scope of practice topics as well as items vital to as our patients. I feel strongly that doctors ought to be involved in lobbying, both at the state and federal levels. Over the years, I have tried to get medical students, housestaff and faculty involved in the political process. One obvious example is Rick Bucciarelli, who will take over my job next January 2001. I think that his present philosophy toward the political process was markedly influenced by my own. We have more medical students involved in political affairs than most medical schools in the nation. Last year the University of Florida got the outstanding medical student award and an outstanding resident award for political activism. My role today with the medical school students is almost solely concerned with encouraging student political activism and knowledge of the political process.

I have brought politicians to Gainesville to speak to the students and housestaff about an entire constellation of topics.

One year on Residents' Day when all the new housestaff register and fill out the required paper work, we set up a voter registration booth. I found out that only about seven percent of the interns and residents within the University of Florida system had ever bothered to register and vote. Today in the medical school environment, the students and housestaff with whom I spend most of my time are those I've gotten to know through political/governmental relations activity. The pediatric departments in Gainesville and Jacksonville regularly send housestaff to Tallahassee for a day or so to get more knowledge about how the state legislature works and to get some information about the key legislative issues being discussed, particularly those relating to medicine. I took housestaff to Tallahassee with me when I was director of Children's Medical Services. At that time Rick Bucciarelli spent a week with me when he was an intern in pediatrics. It was one of his first introductions into the governmental relations arena.

DR. PEARSON: You've told me that six months from now you're going to retire. What will happen with the 90 hours a week?

DR. SCHIEBLER: Everybody, including Gerry Schiebler himself, asks that question. I think that Audrey would like to sell our house in Gainesville and move permanently to our Amelia Island condominium. But it may be very difficult to break my lifetime habit pattern. Like I did today, I still get up at 4:00 am. I spend a half an hour on the treadmill almost every day, so that I maintain my weight and keep my physical fitness. It's quiet here in the morning. It's a good time to reflect. I have told Audrey that I might even apply to be a bag boy at the local Publix Super Market if I need to fill the day's activities. People have asked me to consider going part-time in the legislative arena in a lobbying role, but I've said, "No." I think to do the job right in the state and federal milieu requires 100 percent involvement. I've tried *a la carte* in Tallahassee. I've tried only going Monday through Wednesday; I've tried Tuesday through Thursday and Wednesday through Friday. But you have to be there every day for the entire sixty days that the Florida legislature is in session! Else you are in danger of missing some vital component to the decision-making process or not learning a key bit of information. It's hard for me not to do 100 percent of each assignment that I'm given to do. I can't do something part way and just pay a little bit of attention to a project. I'm not a halfway guy. I've either got to do everything 100 percent or nothing at all.

DR. PEARSON: Well, your previous transition supports that too. When you realized you weren't doing a full-time job as chairman you made a break that was fairly clean.

DR. SCHIEBER: I still miss being an active clinician some days. I miss my contact with patients and with the pediatric housestaff. My contact now is mostly with medical students. Audrey and I do a lot of medical student entertaining and involve ourselves in medical student activities. Each year we give two University of Florida student brunches, one in the fall and one in the spring. Over one hundred students come to these events from all branches of the campus but mostly from the medical school. We usually have these brunches on Sunday from 11:30 am to 2:00 pm at a small Lebanese restaurant near the campus called Farah's. In the past few years, those students that we've gotten to know best are those who have been involved with us in governmental relations/political activity, a cadre of five or six students in every class. Three of them are graduating from medical school in May that I called affectionately my three "ne'er-do-wells," Drs. Kendall Kyle Peters, Isaac Michael Neuhaus and Druery Reed DeVore. Some of our present and former students have become very skilled and knowledgeable about the political environment and the governmental process. One is Dr. Bob [Robert LeRoy] Phillips [Jr.], presently at the Robert Graham Center: Policy Studies in Family Practice and Primary Care in Washington, DC, a "think tank" unit affiliated with the American Academy of Family Physicians.

DR. PEARSON: And you have an army, literally, an army of former pediatric housestaff all over Florida.

DR. SCHIEBLER: Yes. They've done fantastic work, particularly in their respective communities. My academic pediatric "children" are in a lot of important leadership places. Dr. Bill [William Bradford] Blanchard, one of my former cardiac fellows, now living in Pensacola, is President of the Florida Affiliate of the American Heart Association this year. A lot of the presidents of the Florida Pediatric Society have been graduates of our pediatric training programs. Our department of pediatrics, since its inception, has produced 14 departmental chairmen occupying key leadership roles throughout the country.

DR. PEARSON: Look ahead. Where is medicine going to go with all the crazy changes now around us?

DR. SCHIEBLER: I think that in many ways you and I have lived in a "golden age," both as physicians and as departmental chairmen. We had maximum latitude to utilize the chairmanship as an instrument to proceed in research, education and clinical practice endeavors. Government intrusion in the practice of medicine has increased precipitously in a relatively short period of time. I think that we were privileged to grow up and practice medicine in an age of phenomenal scientific development within a very short time frame.

There are some worrisome things today, such as the relationship of doctors to patients. Many of our medical students today are now coming from upper strata economic backgrounds. In some schools in the country, this is over 70 percent. I worry about how students from the middle and lower economic echelons can enter and afford medical school. I am very concerned about medical student debt at the time of graduation. At the University of Florida presently the average medical student debt at graduation is $84,000. The affluence of physicians has risen to such a degree that they are almost never in continuing social contact with the "average person" in the community. They belong mainly to their private clubs, particularly those with golf courses. It's like living in this condominium. There may be someone in this building who isn't quite wealthy, but I don't know who that is. Virtually all are retired executives or prominent businessmen from all over the eastern seaboard. I think that many physicians have almost divorced themselves socially and economically from the rest of the population. When I grew up in Hamburg, Pennsylvania, the family physicians were an integral component of the community.

Today, along with increased government intrusion into medical practice, I think there is a great lack of understanding by the government, at both the state and federal levels, of the financial needs of education and particularly graduate medical education. That is an issue that still needs to be addressed. I think that it is far more difficult to be a clinical department chairman these days than it was when you and I were chairmen. In my estimation, this is because they have more and more committees making clinical and fiscal decisions that affect their departments. They also have to deal with HMOs, insurance companies, Medicaid and state child health insurance programs [SCHIP]. The days of great operational latitude by chairmen are over.

DR. PEARSON: We had five women in our class at Harvard. How do you think gender is affecting medicine?

DR. SCHIEBER: Harvard was one of the last American medical schools to go co-ed (1945). I remember in the first week at Harvard Medical School, one of the lecturers was Dr. Thomas B. Quigley in orthopedics. Thomas Quigley had been on the medical school's admissions committee prior to the onset of World War II. He said, "I don't know what women are doing in this medical school. We never admitted women. When 'the men' went off to war, 'those who were left' on the admissions committee admitted women."

We were the class of 1954. The first Harvard Medical School class that had women was about a decade prior when they admitted twelve women in 1945. I worry about some women in academic medicine for several reasons. When I left the chairmanship, I had thirteen women in a total faculty of about 68, the highest female/male ratio in the school. But only three of them were able to accomplish the demanding tripod of being simultaneously an effective

mother, a wife and a professional. I think it's very hard to concomitantly meet all these three challenges. I believe that there are certain medical careers and medical specialties that lend themselves more easily to being a mother, wife and a physician. I've been told that every dermatology residency in the country could be filled by women applicants. In this specialty they can go to work at 9:30 am after driving the children to school. They can be home at 3:00 pm, and work five days a week or less with virtually no night or weekend call. That's a very nice profession for a woman, who indeed these days may be married to a another physician; and she wants to be simultaneously a mother, spouse and doctor. I think that is a demanding tripod that not many women can handle. I also think that the days when physicians predominantly married lab technicians or nurses or schoolteachers or allied health professionals are about over. Now, more doctors are marrying other doctors which makes academic recruitment more difficult. Rarely are both partners equally desired within an academic institution. In this situation, one partner in the marriage often becomes the appendage to the other partner's academic aspirations, not a wonderful marital environment.

DR. PEARSON: Another thing that bothers me, and you alluded to it earlier when you said that you wrote your cardiology textbook between 10:00 pm and 1:00 am every day. If you go into our medical schools now after 5:00 pm and on Saturdays and Sundays, they're wastelands. Forty years ago we felt that this was part of our job. We knew that we had to do a lot of our research and writing on our own time.

DR. SCHIEBLER: Yes. I've tried to stay away from making invidious comparisons; but I remember when I was writing my first scientific papers in Minnesota, I did my own typing, my own literature search and everything else associated with the publication. For one reason or another, I don't see that same kind of drive today among the pediatric housestaff and fellowship programs. I know that when our pediatric cardiology group wrote the birth defects series for the National Foundation [March of Dimes], I couldn't get everyone involved at the same time. I finally found the magnet that was successful in getting us together on a regular basis. I served pizza for lunch and they all showed up! One time we had at our house Dr. Bob [Robert] Grayson, who at that time was AAP district chairman. We invited the entire housestaff to meet him to hear about the recent activities/priorities of the American Academy of Pediatrics. The only one that showed up was Dr. Fred [Frederick Allen] Berger; and the only reason he came was that he was the chief resident and I had given him a mandate to be present. Bob said to me, "You have to serve dinner, Gerry, and invite the wives or they won't show up." Sure enough, the next time that we sponsored such an event at our home I served dinner. Hell, they were there in droves.

When we first came to Gainesville in 1960, Dean George T. Harrell, Jr. had built an apartment complex beside the hospital named Schucht Village. He felt that the housestaff should live close by so that they could take call from home and walk a short distance to the hospital. In the beginning, this apartment building was packed with medical students and housestaff. By 1990, there wasn't a single medical student or houseofficer in those apartments! The complex was completely filled up with foreign PhD students from all over the world. They have since bulldozed these apartments and built a garage on that site. So much for George Harrell's great vision of having the housestaff live close to the hospital. Today, housestaff and medical students are not going to wait as long as we did before getting a car, or even two cars. We waited until I got a faculty position at the University of Florida. Thus, at the age of 32, I had my first car, an American Motors Rambler station wagon. Individuals are not going to do that now. Even with our own children, we had lots of discussions about cars. Our kids didn't get a car from us until the day they graduated from college! We had a lot of gnashing of teeth and many conversations about how unfortunate they were in comparison to their classmates. It didn't make it any easier when our next door neighbor bought his 16-year old son a $45,000 Porsche. Thereupon, I said, "Well, he's got no place to go but down; and you have no place to go but up." It didn't sell very well to our children; but our family policy remained in effect!

I made clinical rounds [chairman's rounds] every Saturday morning at 8:30 am. These sessions are the ones generations of medical students and housestaff best remember about Gerry Schiebler. The format was a combination of medical knowledge, health care economics, the political system as it relates to health care and personal philosophy. I think that the residents and junior faculty are smarter today in allocating time than we were; because they are taking more time off for their families. Requests bordering on demands for time off are ever increasing at all levels of the medical education system. There's a whole different "gestalt" today. I don't want to say that what we did was necessarily better. At the Massachusetts General Hospital, there were times on the medical service when I was 36 hours on and 12 hours off. I was frequently very tired; and I don't fully know how this affected my judgement. In contrast our son, Mark Schiebler, as a radiology resident at Georgetown University Medical Center, worked one night out of every eleventh night!

With the passage of time, the educational aspects of our training programs, as opposed to pure "scut work," have been increasing. The amount of time devoted to drawing bloods and doing lab tests and other "scut work" has gone way down. It's a whole different world! There's no question about the tremendous intelligence and commitment of our current medical students and house officers. They are very, very bright. The overall work load has

gone down and I think that overall this change has been good. We really don't want sleep deprived housestaff making clinical decisions!

I worry about the fact that some patients now are admitted to the hospital on the morning of their surgery. They then go directly to the operating room and in the next day or so are transferred to a hotel or other facility. The medical students and housestaff see them only briefly or not at all in the pre and post-op periods. I think they're missing something in their education, i.e., the continuum of a particular clinical entity. Often their people skills and physical diagnosis abilities could use enhancement. It is said that most pediatric cardiology fellows today go first to the echocardiographic machine to make a diagnosis. Indeed, why waste time with any other test when "the echo" gives you the immediate answer! Some of our pediatric residents go through three years of training without ever having seen or picked up an inguinal hernia. They're usually detected in a pediatrician's office. They're repaired as surgical outpatients; and the pediatric housestaff never sees them.

Also, today most parents request or indeed demand, no matter what the illness may be, that their child get some kind of antibiotic. If you don't give it to their child, they'll go someplace else, i.e., to another physician or a "doc in the box" facility. By one modality or another, their child is going to get that antibiotic! I think that the greatest danger to the practice of pediatrics today is the invasion into primary care medical practice by limited scope practitioners. Their watchword is, "We can do almost all a pediatrician does for less money." That concerns me. If I had another child going into medicine, I'd suggest to him/her that they become orthopedic surgeons or some other surgical specialty, because that's going to be the last area of medicine to be successfully invaded by limited scope practitioners. Once established, all limited license health practitioners have an insatiable desire to increase the scope of their practice!

DR. PEARSON: Gerry, is there anything we haven't covered?

DR. SCHIEBLER: I know that I've been very lucky. I don't know of any other country in the world where the son of immigrants could have had the kind of opportunity and success that I have enjoyed. I had parents who stressed education; and I grew up in a wonderful small town environment that was ideal for me. I had a phenomenal education at all levels of my career. I was exposed to some of the world's greatest medical doctors of our time. I hope that in some way that I have emulated them, particularly in mentoring medical students and housestaff and being a role model for them.

DR. PEARSON: But you followed through in your own interactions with students. You told a story yesterday that I'd like you to repeat.

DR. SCHIEBLER: Well, Audrey and I were invited to a physician's house in Tallahassee. This home turned out to be very difficult to find because of extensive highway construction. We knew that were in the right neighborhood; and we knew that we were close. However, we didn't know exactly where the house was or how to get there. So we drove into another driveway, hoping we could get some information from the inhabitants of that house about where we were supposed to go. When we got close to the house, a big black dog ran toward us barking loudly. I'm scared of big dogs; and so I stayed in the car. Then the owner of the house came out. I started to say to him, "I'm Dr." He said, "Stop, Dr. Schiebler, I know who you are. I was one of your medical students. I want to tell you that you played a very important role in my life. I was in my third year of medical school at the University of Florida. I didn't know what I was going to do in my life. In fact, I was thinking of dropping out of school. You had a family that came to Gainesville on a private jet from Texas to have you evaluate their child for Ebstein's anomaly of the tricuspid valve. This wealthy family only wanted to see you; and said they didn't want to talk to me or have me examine their child because I was a medical student. You told them, 'You are either going to see both of us or neither of us.' The family reluctantly relented; and so I did my history taking and physical examination. I never felt so important in my life. It gave me more faith in the medical educational system and encouraged me to continue." What an unexpected highlight of that evening! After that conversation, he [John Richard Lyon, II, MD] got into his jeep and led us to the home of our hosts which was only a few houses away but which was very difficult to find.

We need to be cognizant of an anti-housestaff, anti-medical educational feeling that is prevalent in some constituencies that are involved in the lobbying process in our state capitol. There was a concerted effort a couple of years ago to legislatively mandate that on every informed consent form that you obtained for a procedure, you had to indicate what was going to be done, who was going to do it, and how many times that individual had done this specific procedure previously. Under this law, you would have had to keep your own extensive record of, say, how many lumbar punctures you had done. If a hypothetical third-year medical student, such as Gerry Schiebler came along who previously had never done a lumbar puncture, the informed consent form would have to indicate that lack of any previous experience with that procedure. The usual reaction would be for the involved parent or patient to say, "Since he's never done one before; he can't do it on me or my child." You would have to get your resident or attending physician to do the procedure; and you yourself would never learn. Everybody's got to do a particular procedure the first time. The prime challenge remains, how do you produce efficiency, efficacy and safety along with transmitting medical knowledge. That must remain as one of the key objectives for us as educators. We have all been faced with such educational issues that must be addressed and surmounted successfully. The educational

system is intrinsically inefficient. I'm still haunted, even thirty or forty years later, by my errors in clinical judgement that I've made. Not because I didn't try hard enough. Just that with the evidence I had on hand, I took the wrong pathway and made the wrong decision, which resulted in an untoward incident. When that occurs, no one flagellates you as much as you do yourself!

DR. PEARSON: Hopefully. Well, Gerry I've enjoyed listening to you, as always. I think there were a few new stories, but not too many. It has been gratifying for me to see that as you (and I) approach the end of the trail with more behind than ahead, that you have been recognized for the extraordinary things that you've accomplished and that you have been honored in your home, in your city, by your medical school, by your state and in your country. Congratulations.

DR. SCHIEBLER: Thank you, Howard. It has been an unusual privilege and opportunity to have been selected for this initiative.

Attribution:

In the development and editing of this manuscript, several individuals must be recognized for their special contributions. My wife, Audrey, and my sister Lenore read, and indeed re-read this document and made numerous cogent and insightful comments that were incorporated into the final version.

Rebecca Ann Johnson, on the staff of the Governmental Affairs Office at the University of Florida Health Science Center, typed and re-typed many drafts of this manuscript. She, in tandem with our granddaughter, Brianne Lise Schiebler, a senior at the University of Florida, made over 1,000 contacts via letter, e-mail, telephone calls, internet searches and personal communications to garner information relating to this document, especially getting the full names of the individuals mentioned throughout this manuscript.

Their unflagging commitment to the finalization of this document was essential to its completion.

INDEX

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

Y

CURRICULUM VITAE

NAME: Gerold L. Schiebler, M.D.

TITLE: Associate Vice President for Health Affairs for External Relations
University of Florida Health Science Center

BIRTH: June 20, 1928, Hamburg, Pennsylvania

EDUCATION:
High School Diploma, Hamburg High School, Hamburg, PA - Valedictorian, 1946
B.S., Magna cum laude, Franklin and Marshall College, Lancaster, PA, 1950
M.D., Harvard Medical School, Boston, MA, 1954
Intern (Mixed Pediatric and Internal Medicine), Massachusetts General Hospital, Boston, MA, 1954-55
Resident (Mixed Pediatric and Internal Medicine), Massachusetts General Hospital, 1955-56
Teaching Fellow, Harvard Medical School, 1955-56
Medical Fellow in Pediatrics (Senior Resident), University of Minnesota Hospital, Minneapolis, MN, 1956-57
Fellow in Pediatric Cardiology, Department of Pediatrics, University of Minnesota, University of Minnesota Hospital (Program under direction of Drs. Paul Adams, Jr., and Ray C. Anderson), 1957-58
Post-doctoral Research Fellow, Department of Physiology, University of Minnesota (Laboratory of Dr. John Johnson), 7/1/58-12/30/58
Medical Fellow (Post-doctoral Research Fellow), Mayo Clinic and Mayo Foundation, Section of Physiology, Laboratory of Dr. Earl H. Wood, 1/1/59-5/30/60.

APPOINTMENTS:
Assistant Professor of Pediatrics (Chief, Division of Pediatric Cardiology), University of Florida College of Medicine, Gainesville, FL, 1960-63
Associate Professor of Pediatrics (Chief, Division of Pediatric Cardiology), University of Florida College of Medicine, 1963-1966
Professor of Pediatrics and Chief, Division of Pediatric Cardiology, University of Florida College of Medicine, 1966-70
Professor of Pediatrics, Division of Pediatric Cardiology, University of Florida College of Medicine, 1970-1992

Distinguished Service Professor, Division of Pediatric Cardiology,

APPOINTMENTS: (Cont.'d)

University of Florida College of Medicine, 1992-present
Chairman, Department of Pediatrics, College of Medicine, University of Florida, 1968-85
Associate Vice President for Health Affairs for External Relations, University of Florida, 1985-Present
Member, Executive Committee, College of Medicine, 1968-85
Member, Clinical Science Board, College of Medicine, 1968-85
Member, The Medical Board, Shands Hospital, 1968-85
Director, Shands Teaching Hospital, Cardiovascular Laboratory, 1968-73
University of Florida, Sunland Committee, Chairman, 1968-82
Cardiovascular Technician Training Program, University of Florida and Santa Fe Community College
Advisory Board, Shands Teaching Hospital, 1970-Present
Program Co-Director, 1970-76
Program Director, 1976-Present
Legislative Liaison for University of Florida Health Science Center, 1975-Present
Co-responsibility with Mr. Alvin Alsobrookfor all legislative affairs relating to UF Health Center, 1975-85
Primary responsibility for legislative liaison for UF Health Science Center, 1985-PresentMember, State Cardiac Advisory Committee to Florida Crippled Children's Commission, Bureau of Crippled Children, and Division of Children's Medical Services, 1963-73
Consultant to Cardiac Sub-Council, Children's Medical Services, 1975-present
District IX Medical Director, Bureau of Crippled Children, State of Florida, 1971-73
District III, HRS, Assistant Medical Director, Children's Medical Services, 1975-83
Medical Director, 1983-Present
Director, Division of Children's Medical Services, Department of Health and Rehabilitative Services (formerly, Bureau of Crippled Children), State of Florida, Tallahassee, FL, 11/15/73-12/31/74 (leave of absence from University of Florida during this interval)

Member, Technical Advisory Committee, Department of Human Resources, State of North Carolina, 1976-80

APPOINTMENTS: (Cont.'d)

Member, Florida Developmental Disabilities Planning Council, 1977 (Gubernatorial Appointment),Re-appointed 1978, 1980, 1983-85
Member, Board of Directors, Florida Center for Children and Youth (FCCY), 1976-80
Chairman, Health Committee for FCCY, 1976-79
Advisory Council, State of Florida, Department of Corrections, District II, 1978-79 (Gubernatorial Appointment), Re-appointed 1980-81
Member, Advisory Council to State Medical Journal Advertising Bureau (SMJAB), 1978-80
Member, Scientific Review Panel, James Whitcomb Riley Foundation, Indianapolis, IN, 1979-84
Member, Governor's Constituency for Children (Gubernatorial appointment), 1984-88, 1989-Present Chairman, Legislative Committee, 1984-1988
Member, Board of Directors, Friends of RMH, Inc. (Ronald McDonald House Organization), 1979-Present
Member, Board of Directors, Florida Special Olympics, Inc., 1982-85
Legal Affairs and Insurance Committee,1982-83
Medical Advisory Committee, 1982-85
Member, Board of Directors, Shands Hospital, Inc., Gainesville, FL, 1985-Present
Member, Board of Directors, University Medical Center, Inc., University Hospital, Jacksonville, FL, 1986-Present
Legislative liaison for University Medical Center,Jacksonville, 1985-Present
Member, Governor's Task Force on AIDS, 1983, 1985-Present

HONORS AND AWARDS:

Hippocratic Award (Outstanding Medical School Professor, as voted by the Graduating Medical Class, 1971)
Gold Distinguished Service Medal, Florida Heart Association, 1972
Volunteer of the Year, Florida Heart Association Field Staff Award, 1972
Distinguished University of Florida Faculty Award, Florida Blue Key leadership fraternity, 1973

Distinguished Service Medallion, Florida Heart Association, 1974

HONORS AND AWARDS: (Cont.'d)

18th Annual Grover F. Powers Memorial Lecturer, Yale University, 1976
President's Award, Florida Affiliate, American Heart Association, 1977
William Wiley Jones Lecturer, Children's Hospital, Denver, CO, 1977
Listed by Harper's Bazaar as one of the most outstanding Pediatric Cardiologists in the country, 1979
Florida Affiliate of the American Heart

Association Awards:

Golden Heart Outstanding Achievement, 1996 Distinguished Achievement Award, 1979

Special Award in appreciation for 15 years of Distinguished Service, 1979

Honored by the Florida State Legislature (Resolution by Florida House of Representatives) for outstanding accomplishments as an advocate of improved child health services, 1983

Claud Batson Memorial Lecture, University of Mississippi, 10/24/84

Birdsong Conference Key-note Lecture, University of Virginia, May 1985

Florida's Federation of Women's Clubs (State Award) for outstanding service to children, 1985

National Ambulatory Pediatric Association (George Armstrong Award) for outstanding service to children, 1985

Eminent Scholar's Chair in Pediatric Cardiology, Chair named by the Palm Beach County Chapter of the American Heart Association, 1985

Gerold L. Scheibler Lectureship established for the Guest Lecturer for the Annual Meeting of the Florida Pediatric Alumni Association, presented by the Florida Pediatric Alumni Association, Inc., 1986

Alpha Omega Alpha Guest Lecturer, West Virginia University, 1988

Featured in Contemporary Pediatrics as outstanding Advocate for Children,National award presented March 1989 at American Academy of Pediatrics meeting

State of Florida Legislature passed bill naming the Children's Medical Services Clinic Building the Gerold L. Schiebler Children's Medical Services Building, 4/26/90

Award of Merit, American Heart Association, Florida Affiliate, 1991

Abraham Jacobi Award, American Academy of Pediatrics and the Pediatric Section of the American Medical Association, March 1993

Doctor Benjamin Rush Award for Citizenship and Community Service, American Medical Association, December 1993

Sharon Solomon Child Advocate of Valor Award, Florida Center for Children and Youth, October 1997

Governor’s Heartland Award, Presented to Dr. and Mrs. Schiebler by Governor and Mrs. Lawton Chiles, February 1998

Proclamation by Governor Jeb Bush naming Dr.

Schiebler the Children's Medical Services Pediatrician of the Decade, June 1999

EDITORIAL POSITIONS:

Editorial Board, Clinical Pediatrics, 1968-81

Editorial Board, Journal of the Florida Medical Association
- Consulting Editor, 1971-72
- Assistant Editor, 1972-75
- Editor, 1975-80
- Assistant Editor, 1980-Present

The National Foundation - March of Dimes, Birth Defects: Atlas and Compendium, section on Congenital Heart Disease, 1st, 2nd, and 3rd eds., Associate Editor, 1972-Present

BOARDS:

American Board of Pediatrics, 1959, No. 6994

Sub-board of Pediatric Cardiology, American Board of Pediatrics, 1961, No. 45

Medical Licensure, State of Florida, 1961, No. 9585

SOCIETY MEMBERSHIPS:

Phi Beta Kappa

Florida Pediatric Society, Florida Chapter, American Academy of Pediatrics
- Chairman, Program Committee, 1962-67
- Member, Executive Committee, 1968-85
- Child Advocate Member, Executive Committee, 1985-Present

Alpha Omega Alpha, Faculty Member

American College of Cardiology

American Academy of Pediatrics
- Member, Committee on Scientific Programs, 1972-78

Member, Governmental Affairs Committee, 1980-85 Member, Standards Committee (Section on Cardiology), 1976-1985
- Chairman, AAP ad hoc Committee on Office of Maternal and Child Health, 1980

American Association for the Advancement of Science

Society for Pediatric Research (Emeritus Member)

Southern Society for Pediatric Research

Florida Medical Association
- Committee on Scientific Publications
- Member, 1972-75, 1980-Present
- Chairman and Editor of Journal of FMA, 1975-80
- Scientific Program Committee Member, 1966-73, Chairman, 1969, 1972, 1973
- Council on Scientific Activities,
- Chairman, 1973-74, Member, 1975-80
- Vice President, 1980-81, 1981-82
- Member, Board of Governors, Dist.A,1980-90

SOCIETY MEMBERSHIPS: (Cont.'d)
- Member, Council on Legislation, 1986-Present
- Key contact physician, Congressman Kenneth H. (Buddy) McKay, 1986-88
- Key contact physician, Congressman Clifford Stearns, 1988-Present
- President-Elect, 1990-91
- President, 1991-92

Alachua County (Florida) Medical Society
- Chairman, Special Activities Committee, 1963-64
- Chairman, Program Committee, 1964-65

Alternate delegate, 1963-65
Delegate to Florida Medical Association, 1963, 1973-80
Association of Medical School Pediatric Departmental Chairmen, 1968-85
Member, Executive Committee, 1983-85
Chairman, New Chairmen's Meeting Program, 1981, 1984
Florida Blue Key, Honorary Member, 1989
Northwestern Pediatric Society
American Pediatric Society Nominating Committee, 1976
Committee Relating to the International Year of the Child, 1978-79
American Heart Association, Florida Affiliate
Member, Clinics Committee, 1964-65, 1969-70
Board of Directors, 1965-68, 1970-Present
Member, Clinics & Community Program, 1965-68
Chairman, Clinics & Community Program, 1966-67
Member, Executive Committee, 1968-73, 1974-75
Member, Budget committee, 1968-70
Member, Budget & Finance Committee, 1971-85
Member, Long-Term Planning and Policy Committee, 1968-70, 1973-74, 1975-77
Chairman, Long-Term Planning and Policy Committee, 1972-73
Chairman, Professional Education Committee, 1968-70
Member, Nominating Committee, 1969-1970, 1973-75
Chairman, Nominating Committee, 1972-73
2nd Vice President, 1970-71
Special Consultant, Public Relations and Public Information, 1970-71
Member, Task Force on Evaluation of Research Program, 1970-72
1st Vice President, 1971-72

SOCIETY MEMBERSHIPS: (Cont.d)

President-Elect, 1972-73
President, 1973-74
Member, Personnel Policies Committee, 1972-74
Member, T/F Risk Factor Screening Committee, 1972-73
Chairman, Program Steering Committee, 1972-73
Member, Program Steering Committee, 1973-74, President, 1973-74
Lifetime Board Member, 1974
Chairman, Awards & Honors Committee, 1974-75 Member, Awards & Honors Committee, 1975-Present

Member, Subcommittee on Evaluations, 1975-76
Member, Legislative Committee, 1975-78
Chairman, Legislative Committee, 1979-Present
Chairman, Public Affairs Committee, 1991-92
Special Consultant, Committee on Cardiopulmonary Disease in Young, 1976-79
Special Consultant, Rheumatic Fever and Rheumatic Heart Disease Task Force, 1975-Present
New York Academy of Sciences
Alachua County Heart Association
Society for Adolescent Medicine
University of Florida Medical School Alumni Association
American Medical Association
Member, Ad Hoc Task Force on Health Care Standards for Juvenile Long- and Short-term facilities, 1978
Member, Diagnostic and Therapeutic Technology Assessment Committee (DATTA), 1984-Present
Institute of Medicine, 1991-Present

PUBLICATIONS:

1. Schiebler GL, Wise HM Jr. The relation of antibody titer to the differential white cell count in frogs as a response to injected antigen. Proceedings of the Pennsylvania Academy of Science, vol. 24, 1950, pp. 40-7.
2. Schiebler GL, Adams P Jr., Anderson RC. Wolff-Parkinson-White (pre-excitation) syndrome in infancy and childhood. University of Minnesota Medical Bulletin, vol. 30, Nov. 15, 1958, pp. 94-109.
3. Schiebler GL, Adams P Jr., Anderson RC, Amplatz K, Lester TG. Clinical study of twenty-three cases of Ebstein's anomaly of the tricuspid valve. Circulation, vol. 19, Feb. 1959, pp. 165-87.

4. Amplatz K, Lester RG, Schiebler GL, Adams P Jr., Anderson RC. The roentgenologic features of Ebstein's anomaly of the tricuspid valve. Am J Roentgenol, vol. 19, May 1959, pp. 165-87.
5. Schiebler GL, Adams P Jr., Anderson RC. Familial cardiomegaly in association with the Wolff-Parkinson-White syndrome. Am Heart J, vol. 58, Jly 1959, pp. 113-9.
6. Schiebler GL, Adams P Jr., Anderson RD. The Wolff-Parkinson-White syndrome in infants and children. A review and report of 28 cases. Pediatrics, vol. 24, Oct. 1959, pp. 585-603.
7. Schiebler GL, Edwards JE, Burchell HB, DuShane JW, Ongley PA, Wood EH. Congenital corrected transposition of the great vessels: A study of 33 cases. Pediatrics, vol. 27, May 1961, suppl., pp. 851-87.
8. Elliott LP, Best EB, Schiebler GL. Aortic atresia: A case report and a review. Am Heart J, vol. 62, Dec. 1961, pp. 821-9.
9. Wood RS, Taylor WJ, Wheat MW Jr., Schiebler GL. Muscular subaortic stenosis in childhood: Report of occurrence in three siblings. Pediatrics, vol. 30, Nov. 1962, pp. 749-58.
10. Elliott LP, Shanklin DR, Schiebler GL. Congenital insufficiency of the pulmonary valve with a ventricular septal defect. Dis Chest, vol. 42, Nov. 1962, pp. 534-40.
11. Elliott LP, Taylor WJ, Schiebler GL. Combined ventricular hypertrophy in infancy. Vectorcardiographic observations with special reference to the Katz-Wachtel phenomenon. Am J Cardiol, vol. 11, Feb. 1963, pp. 164-72.
12. Cruze K, Schiebler GL. Production of complete atrioventricular dissociation. A new experimental technique. Arch Surg, vol. 86, Feb. 1963, pp. 331-3.
13. Schiebler GL, Wood RS, Johnson WS. Paroxysmal pseudoventricular tachycardia in an infant with the Wolff-Parkinson-White syndrome. J Fla Med Assoc, vol. 49, April 1963, pp. 805-7.
14. Cruze K, Elliott LP, Schiebler GL, Wheat MW Jr. Unusual manifestations of patent ductus arteriosus in infancy. Dis Chest, vol. 43, June 1963, pp. 563-71.
15. McLoughlin TG, Krobetz LJ, Schiebler GL. Heart disease in the Laurence-Mood-Biedl-Bardet syndrome: A review and a report of three brothers. J Pediatr, vol. 65, Sep. 1964, pp. 388-99.
16. Best BE, Elliott LP, Wood RS, Schiebler GL. Anomaly of a vessel of the aortic arch (brachiocephalic artery) associated with ventricular septal defect. Radiology, vol. 83, Sep. 1964, pp. 424-7.
17. Benson RW, Krovetz LJ, Schiebler GL. A new type of syringe holder for performance of indicator-dilution curves. J Appl Physiol, vol. 19, Sep. 1964, pp. 1022-3.
18. Gessner IH, Krovetz LJ, Wheat MW Jr., Shanklin DR, Schiebler GL. Total anomalous pulmonary venous connection. Electrovector-cardiographic and anatomic correlations in 11 cases. Am Heart J, vol. 68, Oct. 1964, pp. 459-67.

19. Brogdon BG, Bartley TD, Schiebler GL, Shanklin DR, Krovetz LJ, Lorincz AE. Cardiovascular radiology in calves. Angiology, vol. 15, Nov. 1964, pp. 496-504.
20. Krovetz LJ, Lorincz AE, Schiebler GL. Cardiovascular manifestations of the Hurler syndrome. Hemodynamic and angiocardiographic observations in 15 patients. Circulation, vol. 31, Jan. 1965, pp. 132-141.
21. Elliott LP, Schiebler GL. X-ray diagnosis of congenital cardiac disease. Part I. Normal and abnormal roentgenologic anatomy of the heart and great vessels. Postgrad Med, vol. 37, no. 1, Jan. 1965, pp. A-87.
22. Elliott LP, Schiebler GL. X-ray diagnosis of congenital cardiac disease. Part II. Six specific lesions. Postgrad Med, vol. 37, no. 1, Feb. 1965, pp. A-93.
23. Elliott LP, Schiebler GL. X-ray diagnosis of congenital cardiac disease. Part III. Five specific lesions. Postgrad Med, vol. 37, no. 3, Mar. 1965, pp. A-87.
24. Elliott LP, Tuna N. Ruttenberg HD, Schiebler GL. The significance of the posteriorly oriented QRS sE loop in congenital heart disease. A potential source of error in the electrocardiographic diagnosis of ventricular hypertrophy. Dis Chest, vol. 47, Mar. 1965, pp. 254-63.
25. Benson RW, Sheiebler GL, Krovetz LJ, Sutterer F. An electro-optical meniscus-sensing system for a pressurized flush bottle. J Appl Physiol, vol. 20, May 1965, pp. 569-70.
26. Green JR Jr., Bartley TD, Schiebler GL. The Wolff-Parkinson-White syndrome and ventricular septal defect. A case report of successful surgery in an 18-year-old man. Dis Chest, vol. 47, June 1965, pp. 659-62.
27. Cox MA, Schiebler GL, Taylor WJ, Wheat MW Jr., Krovetz LJ. Reversible pulmonary hypertension in a child with respiratory obstruction and cor pulmonale. J Pediatr, vol. 67, Aug. 1965, pp. 192-7.
28. Bowers DE, Schiebler GL, Krovetz LJ. Interruption of the aortic arch with complete transposition of the great vessels. Hemodynamic and angiocardiographic data of a case diagnosed during life. Am J Cardiol, vol. 16, Sep. 1965, pp. 442-8.
29. Pearson HA, Schiebler GL, Krovetz LJ, Bartley TD, David JK. Sickle cell anemia association with tetralogy of Fallot. N Engl J Med, vol. 273, Nov. 1965, pp. 1079, 1083.
30. Morgan AD, Krovetz LJ, Schiebler GL, Shanklin DR, Wheat MW Jr., Bartley TD. Diagnosis and palliative surgery in complete transposition of the great vessels. Ann Thorac Surg, vol. 1, Nov. 1965, pp. 711-22.
31. Morgan AD, Krovetz LJ, Bartley TD, Green JR Jr., Shanklin DR, Wheat MW Jr., Schiebler GL. Clinical features of single ventricle with congenitally corrected transposition. Am J Cardiol, vol. 17, Mar. 1966, pp. 379-88.
32. McLoughlin TG, Schiebler GL, Krovetz LJ. Endocardial fibroelastosis in American negro children: A distinct entity? Am Heart J, vol. 71, June 1966, pp. 748-56.

33. Sutterer WF, Hardin SE, Benson RW, Krovetz JL, Schiebler GL. Studies of optical behavior on indocyanine green dye in blood and in aqueous solution. Am Heart J, vol. 72, Sep. 1966, pp. 345-50.
34. Guest JL Jr., Krovetz JL, Bartley TD, Schiebler GL, Wheat MW Jr. Palliative operations in congenital heart disease. Current status. J Fla Med Assoc, vol. 54, Apr. 1967, pp. 329-36.
35. Krovetz LJ, McLoughlin TG, Mitchell MB, Schiebler GL. Hemodynamic findings in normal children. Pediatr Res, vol. 1, 1967, pp. 122.
36. Shippey SH Jr., Krovetz LJ, bartley TD, Schiebler GL, Wheat MW Jr. The repair of endocardial cushion defects. Surgery, vol. 62, Aug. 1967, pp. 274-84.
37. Ramsey HW, de la Torre A, Linhart JW, Krovetz LJ, Schiebler GL, Green JR Jr. Idiopathic dilation of the pulmonary artery. Am J Cardiol, vol. 20, Sep. 1967, pp. 324-30.
38. Schiebler GL, Gravenstein JS, Van Mierop LHS. Translation of original description of Ebstein's anomaly of the tricuspid valve. University of Florida Press, 1967.
39. McLoughl,in TG, Schiebler GL, Krovetz LJ. Clinical and hemodynamic findings in children with endocardial fibroelastosis. J Fla Med Assoc, vol. 55, Jan. 1968, pp. 28-31.
40. McLoughlin TG, Schiebler GL, Lrovetz LJ. Hemodynamic findings in children with endocardial fibroelastosis, analysis of 22 cases. Am Heart J, vol. 75, Mar. 1968, pp. 162-72.
41. Donegan CC Jr., Moore MM, Wiley TM Jr., Hernandez FA, Green JR Jr., Schiebler GL. Familial Ebstein's anomaly of the tricuspid valve. Am Heart J, vol. 75, March 1968, pp. 375-9.
42. Krovetz LJ, McLoughlin TG, Schiebler GL. Left ventricular function in children studied by increasing peripheral resistance with angiotensin. Circulation, vol. 37, May 1968, pp. 729-37.
43. Krovetz LJ, Shanklin DR, Schiebler GL. Serious and fatal complications of catheterization and angiocardiography in infants and children. Am Heart J, vol. 76, July 1968, pp. 39-47.
44. Hamilton SD, Bartley TD, Miller RH, Schiebler GL, Marriott HJL. Disturbances in atrial rhythm and conduction following the surgical creation of an atrial septal defect by the Blalock-Hanlon technique. Circulation, col. 38, July 1968, pp. 73-81.
45. Victorica BE, Gessner IH, Van Mierop LHS, Schiebler GL. Persistent truncus arteriosus. An electrovector cardiographic study in 14 infants. Dis Chest, vol. 54, Aug. 1968, pp. 100-4.
46. Elliott LP, Van Mierop LHS, Gleason DC, Schiebler GL. The roentgenology of tricuspid atresia. Semin Roentgenol, vol. 3, Oct. 1968, pp. 399-409.
47. Elliott LP, Van Mierop LHS, Gleason DC, Schiebler GL. Radiologia dell-atresia tricuspidale. Progressi in Radiologia, (Italian), vol. 3, Dec. 1968, pp. 524-38.

48. Elliott LP, Van Mierop LHS, Gleason DC, Schiebler GL. Radiologia de la atresia tricuspide. Seminarios de Roentgenologia, (Spanish), vol. 3, Dec. 1968, pp. 432-483.
49. Victorica BE, Gessner IH, Schiebler GL. Persistent truncus arteriosus. Phonocardiographic findings in 13 infants. Br Heart J, vol. 30, Nov. 1968, pp. 812-6.
50. Eisen S, Schiebler GL, Elliott LP. The roentgenologic findings in congenital complete heart block without associated defects. Radiology, vol. 91, Nov. 1968, pp. 905-9.
51. Schiebler GL, Miller RH, Gessner IH. The triad of cyanosis, decreased pulmonary vascularity and cardiomegaly: Clinical, pathologic and physiologic considerations. Radiol Clin North Am, vol. 6, Dec. 1968, pp. 361-5.
52. Schiebler GL, Gravenstein JS, Van Mierop LHS. Ebstein's anomaly of the tricuspid valve. Translation of original description with comments. Am J Cardiol, vol. 22, Dec. 1968, pp. 867-73.
53. Victorica BE, Krovetz LH, Elliott LP, Van Mierop LHS, Bartley TD, Gessner IH, Schiebler GL. Persistent truncus arteriosus in infancy. A study fo 14 cases. Am Heart J, vol 77, Jan. 1969, pp. 13-25.
54. Hoffman LE, Krovetz LJ, Van Mierop LHS, Gessner IH, Wheat MW Jr., Bartley TD, Schiebler GL. Secundum atrial septal defects in children: A post-operative evaluation of 65 cases. Ann Thorac Surg, vol. 7, Feb. 1969, pp. 104-9.
55. Krovetz LJ, Grumbar PA, Hardin S, Morgan AD, Schiebler GL. Complication s following the use of four angiocardiographic contrast media in infants and children. Invest Radiol, vol. 4, Jan.-Feb. 1969, pp. 13-9.
56. Hernandez FA, Miller RH, Schiebler GL. Rarity of coarctation of the aorta in the American negro. J Pediatr, vol. 74, Apr. 1969, pp. 623-5.
57. Daicoff CR, Schiebler GL, Elliott LP, Van Mierop LHS, Bartley TD, Gessner IH, Wheat MW Jr. Surgical repair of complete transposition of the great arteries with pulmonary stenosis. Ann Thorac Surg, vol. 7, June 1969, pp. 529-38.
58. Mikller BL, Pearson HA, Wheat MW Jr., White AW Jr., Schiebler GL. Delayed onset of hemolytic anemia in a child: An indicator of ball variance of aortic valve prosthesis. Circulation, vol. 44, July 1969, pp. 55-60.
59. Miller BL, Gessner IH, Schiebler GL. Office electrocardiography in general pediatrics. I. Introductory principles. Clin Pediatr, vol. 8, Aug. 1969, pp. 447-52.
60. Boruchow IB, Bartley TD, Elliott LP, Schiebler GL. Later superior vena cava syndrome after superior vena cava-right pulmonary artery anastomosis. N Engl J Med, vol. 281, Sep. 1969, pp. 646-50.
61. Miller RH, Schiebler GL, Grumbar P, Krovetz JL. Relation of hemodynamics to height and weight percentiles in children with ventricular septal defects. Am Heart J, vol. 78, Oct. 1969, pp. 523-9.

62. Boruchow IB, Bartley TD, Elliott LP, Wheat MW Jr., Krovetz LJ, Schiebler GL. Use of superior vena cava-right pulmonary artery anastomosis in congenital heart disease with decreased pulmonary flow. Circulation, vol. 40, Dec. 1969, pp. 77-84.
63. Boruchow IB, Swenson EW, Elliott LP, Bartley TD, Wheat M Jr., Schiebler GL. Study of the mechanisms of shunt failure after superior vena cava-right pulmonary artery anastomosis. J Thorac Cardiovasc Surg, vol. 60, Oct. 1970, pp. 531-9.
64. Van Mierop LHS, Eisen S, Schiebler GL. The radiologic appearance of the tracheobronchial tree as an indicator of visceral situs. Am J Cardiol, vol. 80, Nov. 1970, pp. 660-70.
65. Krovetz LJ, Rowe RD, Schiebler GL. Hemodynamics of aortic valve atresia. Circulation, vol. 42, Nov. 1970, pp. 953-9.
66. Brodsky SJ, Korvetz LJ, Schiebler GL. Assessment of severity of isolatled valvar pulmonary stenosis using isoproterenol. Am Heart J vol. 80, Nov. 1970, pp. 660-80.
67. Ibach JR Jr., Bartley TD, Daicoff GR, Wheat MW Jr., Gessner IH, Van Mierop LHS, Schiebler GL, Miller RH. Correction of ventricular septal defect I childhood. Ann Thorac Surg, vol. 11, June 1971, pp. 499-507.
68. Pearson HA, Schiebler GL, Spencer RP. Functional hyposplenia in cyanotic congenital heart disease. Pediatrics, vol. 48, Aug. 1971, pp. 277-80.
69. Elliott LP, Schiebler GL. A roentgenologic electrocardiographic approach to cyanotic forms of heart disease. Pediatr Clin N Am, vol. 18, Nov. 1971, pp. 1133-61.
70. Krovetz LJ, Schiebler GL. Cardiovascular manifestationso of the genetic mucopolysaccharidoses. The cardiovascular system. Birth Defects - Original Article Series, vol. 8, Aug. 1972, pp. 192-6.
71. Van Mierop LHS, Gessner IH, Schiebler GL. Asplenia and polysplenia syndromes. Congenital cardiac defects - recent advances. Birth Defects - Original Article Series, vol. 8, Feb. 1972, pp. 74-82.
72. Schiebler GL, Dumas PA, Brode PE. Ebstein anomaly (Birth Defect no. 254). In: Bergsma D (ed.): Birth Defects Atlas and Compendium. Baltimore: The Williams & Wilkins Company for the National Foundation - March of Dimes, 1973, pp. 363-4.
73. Dumas PA, Schiebler GL. Inversion of ventricles with transposition of great arteries (Birth Defect no. 444). In: Bergsma D (ed.): Birth Defects Atlas and Compendium. Baltimore: The Williams & Wilkins Company for the National Foundation - March of Dimes, 1973, pp. 540-1.
74. Dumas PA, Elliott LP, Schiebler GL, an Mierop LHS. Inversion of ventricles without transposition of great arteries (Birth Defect no. 445). In: Bergsma D (ed.): Birth Defects Atlas and Compendium. Baltimore: The Williams & Wilkins Company for the National Foudation - March of Dimes, 1973, pp. 542-3.

75. Dumas PA, Schiebler GL. Ventricular diverticulum (Birth Defect no. 823). In: Bergsma D (ed.): Birth Defects Atlas and Compendium. Baltimore: The Williams & Wilkins Company for the National Foundation - March of Dimes, 1973, p. 884.
76. Brodman RF, Zavelson TM, Schiebler Gl. Congenital chylothorax: Report of a patient with tetralogy of Fallot. Review of 34 cases, and recommendation for treatment. J Pediatr, vol. 85, Oct. 1974, p. 516.
77. Daicoff GR, Aslami A, Victorica BE, Schiebler GL. Ascending aorta to pulmonary artery anastomosis for cyanotic congenital heart diseases. Ann Thorac Surg, vol. 18, Sep. 1974, p. 260.
78. Altemeier WA, St. Petery L, Schiebler GL. The demonstration of private practice to pediatric residents through office rotations. J Med Educ, vol. 51, Feb. 1976, pp. 138-40.
79. Bucciarelli RL, Schiebler GL. Aortico-pulmonary septal defect (No. 83). In: Bergsma D (ed.): Birth Defects Compendium (2nd edition). New York: Alan R. Liss, Inc., 1979, pp. 116-7.
80. Schiebler GL, Van Mierop LHS, Ebstein anomaly, (no. 332). In: Bergsma D (ed.): Birth Defects Compendium (2nd edition). New York: Alan R. Liss, Inc., 1979, pp. 379-80.
81. Schiebler GL. Inversion of ventricles with transposition of great arteries (no. 540). In: Bergsma D (ed.): Birth Defects Compendium (2nd edition). New York: Alan R. Liss, Inc., 1979, pp. 596-7.
82. Elliott LP, Schiebler GL, Van Mierop LHS. Inversion of ventricles without transposition of great arteries (no. 541). In: Bergsma D (ed.): Birth Defects Compendium (2nd edition). New York: Alan R. Liss, Inc., 1979, pp. 598-9.
83. Schiebler GL. Ventricular diverticulum (no. 988). IN: Bergsma D (ed.): Birth Defects Compendium (2nd edition). New York: Alan R. Liss, Inc., 1979, p. 1069.
84. Schiebler GL. Children's health programs in Florida. Fla Bar J, vol. 53(11), 1979, pp. 697-8.
85. Phillips JB III, Rosenbloom AL, Schiebler GL. Subspecialty training in pediatrics: An academic model. J Med Educ, vol. 57, Sep. 1982, p. 720.
86. Schiebler GL, Freedman SA. Regionalized neonatal/perinatal intensive care center program: A political history. J Fla Med Assoc, vol. 70(9), Sep. 1983, pp. 704-7.

Books and Chapters in Books Published

1. Morgan AD, Krovetz LJ, Schiebler GL. Electrovector cardiographic analysis of nine cases of single ventricle with great vessel arrangement of congenitally corrected transposition. In: Hoffman I, Taymore RE (eds.): Vectorcardiography - 1965. Amsterdam: North-Holland Publishing Company, pp. 327-36.

2. Schiebler GL, Van Mierop LHS, Krovetz LJ. Disease of the tricuspid valve. In: Moss AJ, Adams F (eds.): Heart Disease in Infants, Children and Adolescents. Baltimore: The Williams & Wilkins Co., Chap. 23, pp. 492-516, 1968.
3. Krovetz LJ, Lorincz AE, Schiebler GL. Cardiovascular manifestations of the Hunter-Hurler syndrome. In: Moss AJ, Adams F (eds.): Heart Disease in Infants, Children and Adolescents. Baltimore: The Williams & Wilkins Co., Chap. 41, pp. 916-21, 1968.
4. Elliott LP, Schiebler GL (eds.): X-Ray Diagnosis of Congenital Cardiac Disease. Springfield: Charles C. Thomas, 1968.
5. McLoughlin TG, Schiebler GL. Congenital cardiac disease. In: Conn HF, Conn RB Jr. (eds.): Current Diagnosis. Philadelphia: W.B. Saunders, pp. 209-36, 1968.
6. Krovetz LJ, Gessner IH, Schiebler GL (eds.): Handbook of Pediatric Cardiology. New York: Hoeber Medical Division, Harepr & Row, Publisher, Inc. 1969.
7. Dumas PA, Schiebler GL. Miscellaneous congenital cardiovascular abnormalities. In: Gellis SS, Kagan BM (eds.): Current Pediatric Therapy - 4. Philadelphia: W.B. Saunders Company, pp. 226-32, 1970.
8. Gessner IH, Elliott LP, Schiebler GL, Van Mierop LHS, Miller BL. The vectorcardiogram in double inlet left ventricle with and without ventricular inversion. In: Hoffman I (ed.): Vectorcardiography - 1970. Amsterdam: North-Holland Publishing Company, pp. 624-37, 1971.
9. Van Mierop LHS, Schiebler GL, Victorica BE. Anomalies of the tricuspid valve resulting in stenosis or incompetence. In: Moss AJ, Adams FH (eds.): Heart Disease in Infants, Children, and Adolescents. Baltimore: Williams & Wilkins Company, pp. 262-76, 1977.
10. Krovetz LJ, Gessner IH, Schiebler GL (eds.): Handbook of Pediatric Cardiology (2^{nd} ed.). Baltimore: University Park Press, pp. 400, 1979.
11. Elliott LP, Schiebler GL: X-ray Diagnosis of Congenital Cardiac Disease in Infants, Children and Adolescents (2^{nd} ed.). Charles C. Thomas, Publisher, pp. 448, 1979.
12. Van Mierop LHS, Schiebler GL, Victorica BE. Anomalies of the tricuspid valve resulting in stenosis or incompetence. In: Moss AJ, Adams FH (eds.): Heart Disease in Infants, Children and Adolescents (3^{rd} ed.). Baltimore: Williams & Wilkins Company, 1964.
13. Ayoub EM, Schiebler GL. Acute rheumatic fever. In: Kelly VC (ed.): Practice of Pediatrics. Philadelphia: Harper & Row, pp. 1-29, 1985.
14. Schiebler GL, Elliott LP. Pathophysiology and roentgenologic findings in pulmonary valve stenosis. In: Cardiac and Vascular Radiology, pp. 1-5, vol. 2, chapter 21. Philadelphia: J.B. Lippincott Co., 1986.

Abstracts

1. Schiebler GL, Adams P Jr., Anderson RC, Amplatz K, Lester RG. Ebstein's anomaly of the tricuspid valve: A clinical analysis of twenty-four cases. Am J Dis Child, vol. 96, 1958, p. 540.
2. Schiebler GL, Adams P Jr., Anderson TC, Amplatz K, Lester RG. Ebstein's anomaly of the tricuspid valve. Mod Med, vol. 27, 1969, p. 101.
3. Schiebler GL, Adams P Jr., Anderson RC. The Wolff-Parkinson-White syndrome. Mod Med, vol. 38, 1960, p. 134.
4. Schiebler GL, Kitchin AH, Donald DE. Cardiac output in dogs with acute and chronic complete atriventricular dissociation. The effect of heart rate, tilting and pentobarbital anesthesia. Feb Proc, vol. 19, 1960, p. 118.
5. Schiebler GL, Edwards JE, Burchell HB, DuShane JW, Ongley PO, Wood EH. Anatomic, clinical and hemodynamic alterations in thirty-three cases of congenital corrected transposition of great vessels. Circulation, vol. 22, 1960, p. 806.
6. Cruze K, Elliott LP, Schiebler GL, Wheat MW Jr. Unusual manifestations of the infant patent ductus arteriosus. Circulation, vol. 24, 1961, p. 912.
7. Schiebler GL, Adams P Jr., Anderson RC, Amplatz K, Lester RG. Ebstein's anomaly of the tricuspid valve. Am J Cardiol, vol. 7, June 1961, pp. 886-7.
8. Schiebler GL, Cruze K. Hemodynamic effects of thoracotomy in dogs with and without complete atrioventricular dissociation, Society for Pediatric Research, 32nd Annual Meeting, May 8-10, 1962, p. 62.
9. Gessner IH, Krovetz LJ, Wheat MW Jr., Shanklin DR, Schiebler GL. Hemodynamic correlations in total anomalous pulmonary venous connection. Circulation, vol. 26, 1962, p. 719.
10. Schiebler GL, Lorincz AE, Brogdon BG, Shanklin DR, Krovetz LJ. Cardiovascular manifestations of Hurler's syndrome. Circulation, vol. 26, 1962, p. 782.
11. Gessner IH, Krovetz LJ, Wheat MW Jr., Shanklin DR, Schiebler GL. Hemodynamic correlations in total anomalous pulmonary venous connection. South Med J, vol. 55, 1962, p. 1334.
12. Krovetz JL. Lorincz AE, Schiebler GL. Hemodynamic studies in the Hunter-Hurler syndrome. Circulation, vol. 28, 1963, p. 753.
13. McLoughlin TG, Krovetz LJ, Schiebler GL. Heart disease in the Laurence-Moon-Biedl-Bardet syndrome. American Academy of Pediatrics Meeting, Chicago, Ill., October 1963.
14. Krovetz LJ, Schiebler GL. Endocardial fibroelastosis in American Negro children. South Med J, vol. 57, 1964, p. 1475.
15. Bartley TD, Benson RW, Schiebler GL. Hemodynamic effects of acute induction of varying degrees of atrioventricular dissociation by a new experimental technique. Society for Pediatric Research, 34th Annual meeting, Seattle, Wash., June 18-20, 1964, p. 57.
16. Casey RW, Miller JK, Schiebler GL, Fregly MJ. Insensible water loss of infants

in congestive heart failure. Circulation, vol. 29 (suppl. 3), 1964, p. 141.

17. Morgan AD, Krovetz LJ, Bartley TD, Wheat MW Jr., Green JR, Schiebler GL. The clinical spectrum of single ventricle with congenital corrected transposition of the great vessels. Am J Cardiol, vol. 15, 1965, p. 141.
18. Pearson HA, Krovetz LJ, Schiebler GL, Bartley TD. In vivo sickling in a patient with cyanotic heart disease and sickle cell anemia. Southern Section of the American Federation of Clinical Research in New Orleans, La., vol. 13, Jan. 1965, p. 1.
19. Casey RK, Miller JK, Schiebler GL, Fregly MJ. Insensible water in infants in congestive heart failure. Society for Pediatric Research, 35th Annual Meeting, Philadelphia, Pa., 1965, p. 2.
20. Cox MA, Schiebler GL, Taylor WJ. Wheat MW Jr., Krovetz LJ. Hypertension with airway obstruction. Use of tracheostomy. Mod Med, vol. 33, Sep. 27, 1965, p. 191.
21. McLoughlin TG, Schiebler GL, Krovetz LJ. Hemodynamic findings in children with endocardial fibroelastosis. American Academy of Pediatrics, Section on Cardiology, Chicago, Ill., Oct. 23, 1965.
22. Morgan AD, Krovetz LJ, Schiebler GL, Shanklin DR, Wheat MW Jr., Bartley TD. Diagnosis and palliative surgery in complete transposition of the great vessels. American Academy of Pediatrics, Section on Cardiology, Chicago, Ill., Oct. 24, 1965.
23. Kottmeier CA, Schiebler GL, Bartley TD, Krovetz LJ, Wheat MW Jr. Atrial septal defects. Southern Thoracic Surgical Association, 12th Annual Meeting, Freeport, Grand Bahama Islands, Nov. 11-13, 1965.
24. Cox MA, Schiebler GL, Taylor WJ, Wheat MW Jr., Krovetz LJ. Reversible pulmonary hypertension in a child with respiratory obstruction and cor pulmonale. In: Braunwald E et al (eds.); Year Book of Cardiovascular and Renal Diseases. Chicago, Ill.: Year Book Medical Publishers, Year Book Series, 1965-66, pp. 91-3.
25. Shippey SH, Krovetz LJ, Bartley TD, Schiebler GL, Wheat MW Jr. The repair of endocardial cushion defects. Thoracic Surgical Association Meeting, Asheville, N.C., Nov. 2-5, 1966.
26. Guest JL Jr., Krovetz LJ, Bartley TD, Schiebler GL, Wheat MW Jr. Palliative surgery in cyanotic congenital heart disease. American College of Chest Physicians, Washington, D.C., Nov. 13-4, 1966.
27. Krovetz LJ, McLoughlin TG, Schiebler GL. Studies of left ventricular function in children by increasing peripheral resistance with angiotensin. Society for Pediatric Research, 37th Annual Meeting, Atlantic City, N.J., April 28-9, 1967, p. 15.
28. Miller BL, Schiebler GL, Wheat MW Jr., White AW Jr., Pearson HA. Intravascular hemolysis following aortic Starr-Edwards valve insertion in a child: Presenting two years later in aplastic crisis. American Academy of Pediatrics, Section on Cardiology, Washington, D.C., Oct. 23-4, 1967.

29. Miller RH, Schiebler GL, Krovetz LJ. Ventricular septal defects and growth failure: Relation of hemodynamics to height and weight percentiles. American Academy of Pediatrics, Section on Cardiology, Washington, D.C., Oct. 23-4, 1967.
30. Hoffman LE Jr., Krovetz LJ, Gessner IH, Van Mierop LHS, Bartley TD, Wheat MW Jr., Schiebler GL. Atrial septal defects in children: A postoperative evaluation of 66 cases. J Fla Med Assoc, vol. 55, April 1968, p. 350.
31. McLoughlin TG, Schiebler GL, Krovetz LJ. Hemodynamic findings in 22 children with endocardial fibroelastosis. Pediatr Digest, vol. 10, Oct. 1968, p. 23.
32. Hoffman LE, Krovetz LJ, Gessner IH, Van Mierop LHS, Bartley TD, Wheat mW Jr., Schiebler GL. Atrial septal defects in children: A postoperative evaluation of 65 cases. Southern Thoracic Surgical Association, San Juan, Puerto Rico, Nov. 14-16, 1968.
33. Daicoff GR, Schiebler GL, Elliott LP, Van Mierop LHS, Bartley TD, Gessner IH, Wheat MW Jr. Transposition of the great vessels with pulmonary stenosis: The surgical correction. Southern Thoracic Surgical Association, San Juan, Puerto Rico, Nov. 14-16, 1968.
34. Daicoff GR, Schiebler GL, Elliott LP, Van Mierop LHS, Bartley TD, Gessner IH, Wheat MW Jr. Factors responsible for improved management of transposition of the great vessels (TGV). 41st Scientific Sessions, American Heart Association, Bal Harbour, FL, Nov. 21-24, 1968.
35. Daicoff GR, Schiebler GL, Elliott LP, Van Mierop LHS, Bartley TD, Wheat MW Jr. The surgical repair of complete transposition of the great vessels with pulmonary stenosis. Society for Thoracic Surgeons, San Diego, Calif., Jan. 27-29, 1969.
36. Hoffman LE, Krovetz LJ, Van Mierop LHS, Gessner IH, Wheat MW Jr., Bartley TD, Schiebler GL. Atrial septal defects in children: Postoperative evaluation of 65 cases. JAMA, vol. 207, March 3, 1969, p. 1740.
37. Victorica BE, Gessner IH, Schiebler GL. Phonocardiographic findings in persistent truncus arteriosus. Circulation, vol. 39, Apr. 1969, p. 540.
38. Boruchow IB, Bartley TD, Elliott LP, Schiiebler GL. Clinical, hemodynamic and angiocardiogaphic findings following circulatory by-pass of the right side of the heart. Revista Argentina de Angiologia, vol. 3, Sep. 1969, p. 81.
39. Victorica BE, Krovetz LJ, Elliott LP, Van Mierop LHS, Bartley TD, Gessner IH, Schiebler GL. Persistent truncus arteriosus in infancy. A study of 14 cases. Pediatr Digest, vol. 11, Oct. 1969, p. 43.
40. Boruchow IB, Bartley TD, Elliott LP, Wheat MW Jr., Krovetz LJ, Schiebler GL. Long-term follow-up after superior vena cava - right pulmonary artery shunt (SVC-RPA). American Heart Association, 42nd Scientific Sessions and 23rd Annual Meeting, Dallas, Texas, Nov. 13-16, 1969.
41. Boruchow IB, Bartley TD, Elliott LP, Wheat MW Jr., Krovetz LJ, Schiebler GL.

Long-term follow-up after superior vena cava - right pulmonary artery shunt (SVC-RPA). Circulation, vol. 40 (suppl. III), Oct. 1969, p. 49.

42. Brodsky SJ, Krovetz LJ, Schiebler GL. Assessment of severity of isolated valvar pulmonic stenosis using isoproterenol. American Academy of Pediatrics, Chicago, Ill., Oct. 1969.
43. Elliott LP, Schiebler GL. ECG (amateur) classification and approach to cyanotic heart disease. 55th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Inc., Chicago, Ill., Nov. 30-Dec. 5, 1969.
44. Miller BL, Schiebler GL, Pearson HA, Wheat MW Jr., White AW Jr., Delayed onset of hemolytic anemia in a child: An indicator of ball variance of aortic valve prosthesis. Pediatr News, vol. 3, Dec. 1969, p. 17
45. Brodsky SJ, Krovetz LJ, Schiebler GL. Assessment of severity of isolated valvar pulmonic stenosis using isoproterenol. Pediatr News, vol. 3, Dec. 1969, p. 15.
46. Schiebler GL. Management of the infant in non-cardiac shock. Variety Children's Hospital Annual Pediatric Postgraduate Course ("Current Pediatric Therapy"), Miami, Fla., Jan. 25-29, 1970.
47. Schiebler GL. Cardiac failure. Variety Children's Hospital Annual Pediatric Postgraduate Course ("Current Pediatric Therapy"), Miami, Fla., Jan. 25-29, 1970.
48. Boruchow IB, Bartley TD, Elliott LP, Wheat MW Jr., Schiebler GL. Late results of superior vena cava - right pulmonary artery shunt. 50th Annual Meeting of the American Association for Thoracic Surgery, Washington, D.C., Apr. 6-8, 1970.
49. Daicoff GR, Schiebler GL, Van Mierop LHS, Bartley TD, Gessner IH, Wheat MW Jr. Surgical repair of complete transposition of the great arteries with pulmonary stenosis. Excerpta Medica, vol. 14, Apr. 1970, p. 252.
50. Gessner IH, Elliott LP, Schiebler GL, Van Mierop LHS, Miller BL. The vectorcardiogram in double inlet left ventricle, with and without ventricular inversion. 11th International Symposium on Vectorcardiography, New York, NY, May 15-17, 1970.
51. Ibach JR Jr., Bartley TD, Daicoff GR, Wheat MW Jr., Gessner IH, Van Mierop LHS, Schiebler GL, Miller RH. Surgical correction of ventricular septal defect in childhood. Southern Thoracic Surgery Association, Bermuda, Nov. 5, 1970.
52. Watson DG, Schiebler GL, Elliott LP. Evaluation of the aortic valve (AV) in coarctation of the aorta (CoA). Section on Cardiology, American Academy of Pediatrics, Chicago, Ill., Oct. 20-21, 1973.
53. Moazam F, Schmidt JH, Chesrown SE, Graves SA, Heart SO, Drummond W, Talbert JL, Schiebler GL. Total lung lavage for pulmonary alveolar proteinosis in an infant without the use of cardiopulmonary bypass. American Academy of Pediatrics, Chicago, Sep. 15, 1984 (presented).